COMPARISON OF YEAR 2026 COMMUNITY RATED
STANDARDIZED MEDICARE SUPPLEMENT MONTHLY PREMIUMS
(PREMIUMS IN EFFECT AS OF JULY 1, 2026)

PLAN A	ALBANY	BUFFALO	LONG ISLAND	MID-HUDSON	NYC PROPER	ROCHESTER	SYRACUSE	UTICA	WATERTOWN	WESTCHESTER
FIRST THREE DIGITS OF ZIP CODE:	120-23 & 128-29	140-43 & 147	110 & 115-19	124-27	100-04 & 111-14	144-46	130-32 & 137-39 & 148-49	133-35	136	105-109
Aetna Life Insurance	$239.15	$207.56 $229.67	$318.21	$264.47	$318.21	$207.56 $229.67	$207.56 $229.67	$207.56 $229.67	$229.67	$318.21
Bankers Conseco	$328.18	$285.56	$413.53	$328.18	$413.53	$285.56	$285.56 $328.18	$285.56	$285.56	$328.18 $413.53
EmblemHealth Plan, Inc.	$236.97 $224.17	$224.17	$248.96	$236.97	$248.96	$224.17 $231.74	$231.74 $224.17 $236.97	$224.17 $236.97	$224.17	$248.96 $236.97
Excellus Health Plan, Inc. (d/b/a Excellus BlueCross BlueShield)	$241.76			$241.76		$247.89 $267.63 $292.43	$241.76 $247.89 $267.63 $292.43	$241.76	$241.76	
Excellus Health Plan, Inc. (d/b/a Univera Healthcare)		$292.43				$247.89 $267.63 $292.43	$241.76 $247.89 $267.63 $292.43			
Globe Life Insurance	$279.00	$279.00	$335.00	$279.00	$335.00 $375.00	$279.00	$279.00	$279.00	$279.00	$335.00
Highmark Western and Northeastern New York Inc. (d/b/a Blue Cross/Blue Shield of WNY)		$291.53				$291.53	$291.53			
Highmark Western and Northeastern New York Inc. (d/b/a Blue Shield of NNY)	$282.50			$282.50						
Humana	$261.10	$261.10	$308.15	$261.10 $288.79	$308.15	$261.10	$261.10	$261.10	$261.10	$308.15
Mutual Of Omaha	$264.29 $279.37	$264.29 $279.37	$351.72	$279.37	$351.72	$264.29	$264.29	$264.29	$264.29	$279.37 $351.72
UnitedHealthcare (AARP Program)	$192.75 $203.00	$192.75	$223.00	$203.00	$223.00	$192.75	$192.75 $203.00	$192.75 $203.00	$192.75	$203.00 $223.00

NOTE: If a premium is shown within a region, that premium may be offered in a part or all of the region. For more details on your exact premium, contact the company or use the Medicare Supplement Rate Look-up Application: https://myportal.dfs.ny.gov/web/guest-applications/medicare-monthly-premiums

COMPARISON OF YEAR 2026 COMMUNITY RATED
STANDARDIZED MEDICARE SUPPLEMENT MONTHLY PREMIUMS
(PREMIUMS IN EFFECT AS OF JULY 1, 2026)

PLAN B	ALBANY	BUFFALO	LONG ISLAND	MID-HUDSON	NYC PROPER	ROCHESTER	SYRACUSE	UTICA	WATERTOWN	WESTCHESTER
FIRST THREE DIGITS OF ZIP CODE:	120-23 & 128-29	140-43 & 147	110 & 115-19	124-27	100-04 & 111-14	144-46	130-32 & 137-39 & 148-49	133-35	136	105-109
Aetna Life Insurance	$272.33	$236.31 $261.52	$362.44	$301.19	$362.44	$236.31 $261.52	$236.31 $261.52	$236.31 $261.52	$261.52	$362.44
Bankers Conseco	$536.45	$466.68	$676.14	$536.45	$676.14	$466.68	$466.68 $536.45	$466.68	$466.68	$536.45 $676.14
EmblemHealth Plan, Inc.	$329.36 $311.63	$311.63	$344.07	$329.36	$344.07	$311.63 $322.11	$322.11 $311.63 $329.36	$311.63 $329.36	$311.63	$344.07 $329.36
Excellus Health Plan, Inc. (d/b/a Excellus BlueCross BlueShield)	$343.54			$343.54		$352.24 $380.30 $415.53	$343.54 $352.24 $380.30 $415.53	$343.54	$343.54	
Excellus Health Plan, Inc. (d/b/a Univera Healthcare)		$415.53				$352.24 $380.30 $415.53	$343.54 $352.24 $380.30 $415.53			
Globe Life Insurance	$375.00	$375.00	$449.00	$375.00	$449.00 $503.00	$375.00	$375.00	$375.00	$375.00	$449.00
Highmark Western and Northeastern New York Inc. (d/b/a Blue Cross/Blue Shield of WNY)		$221.99				$221.99	$221.99			
Highmark Western and Northeastern New York Inc. (d/b/a Blue Shield of NNY)	$232.31			$232.31						
Humana	$294.72	$294.72	$347.88	$294.72 $326.00	$347.88	$294.72	$294.72	$294.72	$294.72	$347.88
Mutual Of Omaha	$384.69 $406.68	$384.69 $406.68	$512.25	$406.68	$512.25	$384.69	$384.69	$384.69	$384.69	$406.68 $512.25
UnitedHealthcare (AARP Program)	$279.25 $294.00	$279.25	$323.00	$294.00	$323.00	$279.25	$279.25 $294.00	$279.25 $294.00	$279.25	$294.00 $323.00

NOTE: If a premium is shown within a region, that premium may be offered in a part or all of the region. For more details on your exact premium, contact the company or use the Medicare Supplement Rate Look-up Application: https://myportal.dfs.ny.gov/web/guest-applications/medicare-monthly-premiums

COMPARISON OF YEAR 2026 COMMUNITY RATED
STANDARDIZED MEDICARE SUPPLEMENT MONTHLY PREMIUMS
(PREMIUMS IN EFFECT AS OF JULY 1, 2026)

PLAN C*	ALBANY	BUFFALO	LONG ISLAND	MID-HUDSON	NYC PROPER	ROCHESTER	SYRACUSE	UTICA	WATERTOWN	WESTCHESTER
FIRST THREE DIGITS OF ZIP CODE:	120-23 & 128-29	140-43 & 147	110 & 115-19	124-27	100-04 & 111-14	144-46	130-32 & 137-39 & 148-49	133-35	136	105-109
EmblemHealth Plan, Inc.	$406.64 $384.64	$384.64	$423.98	$406.64	$423.98	$384.64 $397.50	$397.50 $384.64 $406.64	$384.64 $406.64	$384.64	$423.98 $406.64
Excellus Health Plan, Inc. (d/b/a Excellus BlueCross BlueShield)	$384.73			$384.73		$394.48 $425.90 $465.34	$384.73 $394.48 $425.90 $465.34	$384.73	$384.73	
Excellus Health Plan, Inc. (d/b/a Univera Healthcare)		$465.34				$394.48 $425.90 $465.34	$384.73 $394.48 $425.90 $465.34			
Globe Life Insurance	$416.00	$416.00	$500.00	$416.00	$500.00 $560.00	$416.00	$416.00	$416.00	$416.00	$500.00
Highmark Western and Northeastern New York Inc. (d/b/a Blue Cross/Blue Shield of WNY)		$275.80				$275.80	$275.80			
Highmark Western and Northeastern New York Inc. (d/b/a Blue Shield of NNY)	$290.39			$290.39						
Humana	$482.92	$482.92	$570.25	$482.92 $534.31	$570.25	$482.92	$482.92	$482.92	$482.92	$570.25
Mutual Of Omaha	$385.11 $407.13	$385.11 $407.13	$512.82	$407.13	$512.82	$385.11	$385.11	$385.11	$385.11	$407.13 $512.82
UnitedHealthcare (AARP Program)	$389.50 $399.50	$389.50	$443.00	$399.50	$443.00	$389.50	$389.50 $399.50	$389.50 $399.50	$389.50	$399.50 $443.00

*Plans C, F and F+ are only available after January 1, 2020 to individuals who first become eligible for Medicare prior to January 1, 2020.

COMPARISON OF YEAR 2026 COMMUNITY RATED
STANDARDIZED MEDICARE SUPPLEMENT MONTHLY PREMIUMS
(PREMIUMS IN EFFECT AS OF JULY 1, 2026)

PLAN D	ALBANY	BUFFALO	LONG ISLAND	MID-HUDSON	NYC PROPER	ROCHESTER	SYRACUSE	UTICA	WATERTOWN	WESTCHESTER
FIRST THREE DIGITS OF ZIP CODE:	120-23 & 128-29	140-43 & 147	110 & 115-19	124-27	100-04 & 111-14	144-46	130-32 & 137-39 & 148-49	133-35	136	105-109
Excellus Health Plan, Inc. (d/b/a Excellus BlueCross BlueShield)	$481.14			$481.14		$481.14	$481.14	$481.14	$481.14	
Excellus Health Plan, Inc. (d/b/a Univera Healthcare)		$481.14				$481.14	$481.14			
Globe Life Insurance	$410.00	$410.00	$492.00	$410.00	$492.00 $552.00	$410.00	$410.00	$410.00	$410.00	$492.00
Mutual Of Omaha	$404.77 $427.92	$404.77 $427.92	$539.03	$427.92	$539.03	$404.77	$404.77	$404.77	$404.77	$427.92 $539.03

NOTE: If a premium is shown within a region, that premium may be offered in a part or all of the region. For more details on your exact premium, contact the company or use the Medicare Supplement Rate Look-up Application: https://myportal.dfs.ny.gov/web/guest-applications/medicare-monthly-premiums

COMPARISON OF YEAR 2026 COMMUNITY RATED
STANDARDIZED MEDICARE SUPPLEMENT MONTHLY PREMIUMS
(PREMIUMS IN EFFECT AS OF JULY 1, 2026)

PLAN F*	ALBANY	BUFFALO	LONG ISLAND	MID-HUDSON	NYC PROPER	ROCHESTER	SYRACUSE	UTICA	WATERTOWN	WESTCHESTER
FIRST THREE DIGITS OF ZIP CODE:	120-23 & 128-29	140-43 & 147	110 & 115-19	124-27	100-04 & 111-14	144-46	130-32 & 137-39 & 148-49	133-35	136	105-109
Aetna Life Insurance	$317.67	$275.61 $305.05	$422.90	$351.38	$422.90	$275.61 $305.05	$275.61 $305.05	$275.61 $305.05	$305.05	$422.90
Bankers Conseco	$723.15	$630.06	$912.98	$723.15	$912.98	$630.06	$630.06 $723.15	$630.06	$630.06	$723.15 $912.98
EmblemHealth Plan, Inc.	$727.67 $688.30	$688.30	$758.71	$727.67	$758.71	$688.30 $711.35	$688.30 $711.35 $727.67	$688.30 $727.67	$688.30	$758.71 $727.67
Excellus Health Plan, Inc. (d/b/a Excellus BlueCross BlueShield)	$454.03			$454.03		$465.56 $502.65 $549.18	$454.03 $465.56 $502.65 $549.18	$454.03	$454.03	
Excellus Health Plan, Inc. (d/b/a Univera Healthcare)		$549.18				$465.56 $502.65 $549.18	$454.03 $465.56 $502.65 $549.18			
Globe Life Insurance	$472.00	$472.00	$566.00	$472.00	$566.00 $634.00	$472.00	$472.00	$472.00	$472.00	$566.00
Highmark Western and Northeastern New York Inc. (d/b/a Blue Cross/Blue Shield of WNY)		$749.55				$749.55	$749.55			
Highmark Western and Northeastern New York Inc. (d/b/a Blue Shield of NNY)	$679.15			$679.15						
Humana	$492.72	$492.72	$581.83	$492.72 $545.15	$581.83	$492.72	$492.72	$492.72	$492.72	$581.83
Mutual Of Omaha	$387.61 $409.78	$387.61 $409.78	$516.15	$409.78	$516.15	$387.61	$387.61	$387.61	$387.61	$409.78 $516.15
UnitedHealthcare (AARP Program)	$385.00 $378.00	$385.00	$419.00	$378.00	$419.00	$385.00	$385.00 $378.00	$385.00 $378.00	$385.00	$378.00 $419.00

*Plans C, F and F+ are only available after January 1, 2020 to individuals who first become eligible for Medicare prior to January 1, 2020.

NOTE: If a premium is shown within a region, that premium may be offered in a part or all of the region. For more details on your exact premium, contact the company or use the Medicare Supplement Rate Look-up Application: https://myportal.dfs.ny.gov/web/guest-applications/medicare-monthly-premiums

COMPARISON OF YEAR 2026 COMMUNITY RATED
STANDARDIZED MEDICARE SUPPLEMENT MONTHLY PREMIUMS
(PREMIUMS IN EFFECT AS OF JULY 1, 2026)

PLAN F+* (HIGH DEDUCTIBLE)	ALBANY	BUFFALO	LONG ISLAND	MID-HUDSON	NYC PROPER	ROCHESTER	SYRACUSE	UTICA	WATERTOWN	WESTCHESTER
FIRST THREE DIGITS OF ZIP CODE:	120-23 & 128-29	140-43 & 147	110 & 115-19	124-27	100-04 & 111-14	144-46	130-32 & 137-39 & 148-49	133-35	136	105-109
Bankers Conseco	$60.25	$52.53	$75.69	$60.25	$75.69	$52.53	$52.53 $60.25	$52.53	$52.53	$60.25 $75.69
EmblemHealth Plan, Inc.	$85.20 $80.59	$80.40	$88.23	$85.20	$88.23	$80.59 $80.40 $83.29	$83.29 $80.40 $85.20 $80.59	$80.59 $85.20	$80.59	$88.23 $85.20
Excellus Health Plan, Inc. (d/b/a Excellus BlueCross BlueShield)	$87.21			$87.21		$87.21	$87.21	$87.21	$87.21	
Excellus Health Plan, Inc. (d/b/a Univera Healthcare)		$87.21				$87.21	$87.21			
Globe Life Insurance	$115.00	$115.00	$137.00	$115.00	$137.00 $154.00	$115.00	$115.00	$115.00	$115.00	$137.00
Highmark Western and Northeastern New York Inc. (d/b/a Blue Cross/Blue Shield of WNY)		$154.35				$154.35	$154.35			
Highmark Western and Northeastern New York Inc. (d/b/a Blue Shield of NNY)	$125.05			$125.05						
Humana	$110.12	$110.12	$129.75	$110.12 $121.67	$129.75	$110.12	$110.12	$110.12	$110.12	$129.75

*Plans C, F and F+ are only available after January 1, 2020 to individuals who first become eligible for Medicare prior to January 1, 2020.

NOTE: If a premium is shown within a region, that premium may be offered in a part or all of the region. For more details on your exact premium, contact the company or use the Medicare Supplement Rate Look-up Application: https://myportal.dfs.ny.gov/web/guest-applications/medicare-monthly-premiums

COMPARISON OF YEAR 2026 COMMUNITY RATED
STANDARDIZED MEDICARE SUPPLEMENT MONTHLY PREMIUMS
(PREMIUMS IN EFFECT AS OF JULY 1, 2026)

PLAN G	ALBANY	BUFFALO	LONG ISLAND	MID-HUDSON	NYC PROPER	ROCHESTER	SYRACUSE	UTICA	WATERTOWN	WESTCHESTER
FIRST THREE DIGITS OF ZIP CODE:	120-23 & 128-29	140-43 & 147	110 & 115-19	124-27	100-04 & 111-14	144-46	130-32 & 137-39 & 148-49	133-35	136	105-109
Aetna Life Insurance	$305.19	$264.80 $293.07	$406.26	$337.56	$406.26	$264.80 $293.07	$264.80 $293.07	$264.80 $293.07	$293.07	$406.26
Bankers Conseco	$666.60	$579.94	$840.28	$666.60	$840.28	$579.94	$579.94 $666.60	$579.94	$579.94	$666.60 $840.28
EmblemHealth Plan, Inc.	$417.27 $394.69	$393.72	$432.09	$417.27	$432.09	$394.69 $393.72 $407.90	$407.90 $393.72 $417.27 $394.69	$394.69 $417.27	$394.69	$432.09 $417.27
Excellus Health Plan, Inc. (d/b/a Excellus BlueCross BlueShield)	$477.04			$477.04		$477.04	$477.04	$477.04	$477.04	
Excellus Health Plan, Inc. (d/b/a Univera Healthcare)		$477.04				$477.04	$477.04			
Globe Life Insurance	$384.00	$384.00	$461.00	$384.00	$461.00 $516.00	$384.00	$384.00	$384.00	$384.00	$461.00
Highmark Western and Northeastern New York Inc. (d/b/a Blue Cross/Blue Shield of WNY)		$497.43				$497.43	$497.43			
Highmark Western and Northeastern New York Inc. (d/b/a Blue Shield of NNY)	$492.20			$492.20						
Humana	$601.17	$601.17	$709.98	$601.17 $665.19	$709.98	$601.17	$601.17	$601.17	$601.17	$709.98
Mutual Of Omaha	$384.02 $405.98	$384.02 $405.98	$511.36	$405.98	$511.36	$384.02	$384.02	$384.02	$384.02	$405.98 $511.36
UnitedHealthcare (AARP Program)	$342.50 $336.25	$342.50	$372.50	$336.25	$372.50	$342.50	$342.50 $336.25	$342.50 $336.25	$342.50	$336.25 $372.50

NOTE: If a premium is shown within a region, that premium may be offered in a part or all of the region. For more details on your exact premium, contact the company or use the Medicare Supplement Rate Look-up Application: https://myportal.dfs.ny.gov/web/guest-applications/medicare-monthly-premiums

COMPARISON OF YEAR 2026 COMMUNITY RATED
STANDARDIZED MEDICARE SUPPLEMENT MONTHLY PREMIUMS
(PREMIUMS IN EFFECT AS OF JULY 1, 2026)

PLAN G+ (HIGH DEDUCTIBLE)	ALBANY	BUFFALO	LONG ISLAND	MID-HUDSON	NYC PROPER	ROCHESTER	SYRACUSE	UTICA	WATERTOWN	WESTCHESTER
FIRST THREE DIGITS OF ZIP CODE:	120-23 & 128-29	140-43 & 147	110 & 115-19	124-27	100-04 & 111-14	144-46	130-32 & 137-39 & 148-49	133-35	136	105-109
Bankers Conseco	$60.25	$52.53	$75.69	$60.25	$75.69	$52.53	$52.53 $60.25	$52.53	$52.53	$60.25 $75.69
EmblemHealth Plan, Inc.	$65.36 $61.83	$61.67	$67.69	$65.36	$67.69	$61.83 $61.67 $63.90	$63.90 $61.67 $65.36 $61.83	$61.83 $65.36	$61.83	$67.69 $65.36
Excellus Health Plan, Inc. (d/b/a Excellus BlueCross BlueShield)	$85.00			$85.00		$85.00	$85.00	$85.00	$85.00	
Excellus Health Plan, Inc. (d/b/a Univera Healthcare)		$85.00				$85.00	$85.00			
Globe Life Insurance	$76.00	$76.00	$91.00	$76.00	$91.00 $102.00	$76.00	$76.00	$76.00	$76.00	$91.00
Humana	$90.31	$90.31	$106.34	$90.31 $99.74	$106.34	$90.31	$90.31	$90.31	$90.31	$106.34

PLAN K	ALBANY	BUFFALO	LONG ISLAND	MID-HUDSON	NYC PROPER	ROCHESTER	SYRACUSE	UTICA	WATERTOWN	WESTCHESTER
FIRST THREE DIGITS OF ZIP CODE:	120-23 & 128-29	140-43 & 147	110 & 115-19	124-27	100-04 & 111-14	144-46	130-32 & 137-39 & 148-49	133-35	136	105-109
Bankers Conseco	$111.20	$96.86	$139.97	$111.20	$139.97	$96.86	$96.86 $111.20	$96.86	$96.86	$111.20 $139.97
Globe Life Insurance	$146.00	$146.00	$175.00	$146.00	$175.00 $196.00	$146.00	$146.00	$146.00	$146.00	$175.00
Humana	$170.30	$170.30	$200.86	$170.30 $188.29	$200.86	$170.30	$170.30	$170.30	$170.30	$200.86
UnitedHealthcare (AARP Program)	$98.25 $103.50	$98.25	$113.75	$103.50	$113.75	$98.25	$98.25 $103.50	$98.25 $103.50	$98.25	$103.50 $113.75

NOTE: If a premium is shown within a region, that premium may be offered in a part or all of the region. For more details on your exact premium, contact the company or use the Medicare Supplement Rate Look-up Application: https://myportal.dfs.ny.gov/web/guest-applications/medicare-monthly-premiums

COMPARISON OF YEAR 2026 COMMUNITY RATED
STANDARDIZED MEDICARE SUPPLEMENT MONTHLY PREMIUMS
(PREMIUMS IN EFFECT AS OF JULY 1, 2026)

PLAN L	ALBANY	BUFFALO	LONG ISLAND	MID-HUDSON	NYC PROPER	ROCHESTER	SYRACUSE	UTICA	WATERTOWN	WESTCHESTER
FIRST THREE DIGITS OF ZIP CODE:	120-23 & 128-29	140-43 & 147	110 & 115-19	124-27	100-04 & 111-14	144-46	130-32 & 137-39 & 148-49	133-35	136	105-109
Bankers Conseco	$255.94	$222.73	$322.45	$255.94	$322.45	$222.73	$222.73 $255.94	$222.73	$222.73	$255.94 $322.45
Globe Life Insurance	$259.00	$259.00	$311.00	$259.00	$311.00 $348.00	$259.00	$259.00	$259.00	$259.00	$311.00
Humana	$243.07	$243.07	$286.85	$243.07 $268.83	$286.85	$243.07	$243.07	$243.07	$243.07	$286.85
UnitedHealthcare (AARP Program)	$199.50 $210.00	$199.50	$230.75	$210.00	$230.75	$199.50	$199.50 $210.00	$199.50 $210.00	$199.50	$210.00 $230.75

PLAN M	ALBANY	BUFFALO	LONG ISLAND	MID-HUDSON	NYC PROPER	ROCHESTER	SYRACUSE	UTICA	WATERTOWN	WESTCHESTER
FIRST THREE DIGITS OF ZIP CODE:	120-23 & 128-29	140-43 & 147	110 & 115-19	124-27	100-04 & 111-14	144-46	130-32 & 137-39 & 148-49	133-35	136	105-109
Bankers Conseco	$354.44	$308.38	$446.64	$354.44	$446.64	$308.38	$308.38 $354.44	$308.38	$308.38	$354.44 $446.64
Mutual Of Omaha	$395.08 $417.67	$395.08 $417.67	$526.10	$417.67	$526.10	$395.08	$395.08	$395.08	$395.08	$417.67 $526.10

NOTE: If a premium is shown within a region, that premium may be offered in a part or all of the region. For more details on your exact premium, contact the company or use the Medicare Supplement Rate Look-up Application: https://myportal.dfs.ny.gov/web/guest-applications/medicare-monthly-premiums

COMPARISON OF YEAR 2026 COMMUNITY RATED
STANDARDIZED MEDICARE SUPPLEMENT MONTHLY PREMIUMS
(PREMIUMS IN EFFECT AS OF JULY 1, 2026)

PLAN N	ALBANY	BUFFALO	LONG ISLAND	MID-HUDSON	NYC PROPER	ROCHESTER	SYRACUSE	UTICA	WATERTOWN	WESTCHESTER
FIRST THREE DIGITS OF ZIP CODE:	120-23 & 128-29	140-43 & 147	110 & 115-19	124-27	100-04 & 111-14	144-46	130-32 & 137-39 & 148-49	133-35	136	105-109
Bankers Conseco	$415.40	$361.44	$523.54	$415.40	$523.54	$361.44	$361.44 $415.40	$361.44	$361.44	$415.40 $523.54
EmblemHealth Plan, Inc.	$303.96 $287.51	$286.81	$314.77	$303.96	$314.77	$287.51 $286.81 $297.14	$297.14 $286.81 $303.96 $287.51	$287.51 $303.96	$287.51	$314.77 $303.96
Excellus Health Plan, Inc. (d/b/a Excellus BlueCross BlueShield)	$481.97			$481.97		$494.20 $533.49 $582.93	$481.97 $494.20 $533.49 $582.93	$481.97	$481.97	
Excellus Health Plan, Inc. (d/b/a Univera Healthcare)		$582.93				$494.20 $533.49 $582.93	$481.97 $494.20 $533.49 $582.93			
Globe Life Insurance	$375.00	$375.00	$450.00	$375.00	$450.00 $504.00	$375.00	$375.00	$375.00	$375.00	$450.00
Highmark Western and Northeastern New York Inc. (d/b/a Blue Cross/Blue Shield of WNY)		$318.24				$318.24	$318.24			
Highmark Western and Northeastern New York Inc. (d/b/a Blue Shield of NNY)	$321.82			$321.82						
Humana	$426.20	$426.20	$503.23	$426.20 $471.52	$503.23	$426.20	$426.20	$426.20	$426.20	$503.23
UnitedHealthcare (AARP Program)	$269.00 $279.25	$269.00	$299.00	$279.25	$299.00	$269.00	$269.00 $279.25	$269.00 $279.25	$269.00	$279.25 $299.00

NOTE: If a premium is shown within a region, that premium may be offered in a part or all of the region. For more details on your exact premium, contact the company or use the Medicare Supplement Rate Look-up Application: https://myportal.dfs.ny.gov/web/guest-applications/medicare-monthly-premiums