

Premium Rating Area Classification

Use this page to identify your rating area for assistance in determining your monthly premium. Please locate your county below.

Area 1: (Premium rates begin on page 3)

Alpine, Lake, Los Angeles, Napa, Orange, Shasta

Area 2: (Premium rates begin on page 7)

Alameda, Calaveras, Contra Costa, Kern, Marin, Monterey, Plumas, Riverside, San Benito, San Bernardino, San Diego, Trinity, Ventura, Yuba

Area 3: (Premium rates begin on page 10)

Amador, Butte, Colusa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kings, Lassen, Madera, Mariposa, Mendocino, Merced, Modoc, Mono, Nevada, Placer, Sacramento, San Francisco, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Santa Cruz, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Tulare, Tuolumne, Yolo

Humana Achieve Medicare Supplement Area 1 Monthly Premiums

Effective Date: 04-01-2020

* Members who enroll prior to age 65 will remain in the same age category for the duration of the policy, as these policies are issue-age rated.

Attained Age & Gender	Premium Type	Plan A	Plan F	Plan G	High Deductible Plan G	Plan N
<65*-Unisex	Preferred	\$422.98	\$577.26	\$516.12	\$168.18	\$439.98
	Standard	\$486.13	\$663.55	\$593.24	\$193.12	\$505.68
65-Unisex	Preferred	\$224.26	\$274.53	\$238.12	\$83.08	\$186.19
	Standard	\$257.60	\$315.40	\$273.55	\$95.25	\$213.82
66-Unisex	Preferred	\$224.26	\$274.53	\$238.12	\$83.08	\$186.19
	Standard	\$257.60	\$315.40	\$273.55	\$95.25	\$213.82
67-Unisex	Preferred	\$224.26	\$274.53	\$238.12	\$83.08	\$186.19
	Standard	\$257.60	\$315.40	\$273.55	\$95.25	\$213.82
68-Unisex	Preferred	\$225.99	\$276.24	\$240.23	\$85.33	\$188.20
	Standard	\$259.59	\$317.38	\$275.95	\$97.83	\$216.12
69-Unisex	Preferred	\$230.31	\$281.14	\$241.96	\$88.02	\$190.95
	Standard	\$264.56	\$323.01	\$277.96	\$100.93	\$219.30
70-Unisex	Preferred	\$234.09	\$285.08	\$246.29	\$90.45	\$193.28
	Standard	\$268.90	\$327.54	\$282.93	\$103.72	\$221.98
71-Unisex	Preferred	\$241.11	\$294.24	\$255.10	\$93.56	\$201.52
	Standard	\$276.97	\$338.08	\$293.07	\$107.30	\$231.45
72-Unisex	Preferred	\$248.13	\$303.42	\$263.91	\$96.69	\$209.75
	Standard	\$285.04	\$348.63	\$303.20	\$110.90	\$240.92
73-Unisex	Preferred	\$255.15	\$312.58	\$272.72	\$99.81	\$218.00
	Standard	\$293.11	\$359.17	\$313.33	\$114.48	\$250.40
74-Unisex	Preferred	\$262.16	\$321.76	\$281.52	\$102.94	\$226.23
	Standard	\$301.19	\$369.72	\$323.45	\$118.08	\$259.87

Note: If you are going to have a birthday within the month of your requested coverage effective date, please use the age you will be turning on that birthday to determine your plan premium rate.

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Humana Achieve Medicare Supplement Area 1 Monthly Premiums

Effective Date: 04-01-2020

Attained Age & Gender	Premium Type	Plan A	Plan F	Plan G	High Deductible Plan G	Plan N
75-Unisex	Preferred	\$273.18	\$335.85	\$294.64	\$107.61	\$237.95
	Standard	\$313.86	\$385.93	\$338.54	\$123.46	\$273.34
76-Unisex	Preferred	\$284.16	\$350.66	\$308.96	\$110.50	\$251.25
	Standard	\$326.48	\$402.95	\$355.00	\$126.77	\$288.64
77-Unisex	Preferred	\$291.99	\$362.46	\$319.85	\$113.61	\$261.31
	Standard	\$335.49	\$416.53	\$367.53	\$130.36	\$300.21
78-Unisex	Preferred	\$300.28	\$374.91	\$331.32	\$116.89	\$271.89
	Standard	\$345.02	\$430.84	\$380.72	\$134.11	\$312.37
79-Unisex	Preferred	\$308.76	\$387.65	\$343.09	\$120.18	\$282.74
	Standard	\$354.78	\$445.50	\$394.25	\$137.90	\$324.85
80-Unisex	Preferred	\$318.37	\$401.88	\$356.17	\$123.88	\$294.70
	Standard	\$365.83	\$461.85	\$409.29	\$142.16	\$338.61
81-Unisex	Preferred	\$327.97	\$417.57	\$370.55	\$128.01	\$307.78
	Standard	\$376.86	\$479.91	\$425.83	\$146.92	\$353.65
82-Unisex	Preferred	\$338.15	\$434.18	\$385.77	\$132.35	\$321.61
	Standard	\$388.58	\$499.00	\$443.34	\$151.90	\$369.55
83-Unisex	Preferred	\$348.98	\$451.77	\$401.89	\$136.91	\$336.24
	Standard	\$401.03	\$519.23	\$461.87	\$157.15	\$386.38
84-Unisex	Preferred	\$360.48	\$470.41	\$418.96	\$141.71	\$351.72
	Standard	\$414.25	\$540.67	\$481.51	\$162.67	\$404.17
85-Unisex	Preferred	\$372.34	\$489.70	\$436.63	\$146.62	\$367.76
	Standard	\$427.89	\$562.86	\$501.83	\$168.31	\$422.63

Note: If you are going to have a birthday within the month of your requested coverage effective date, please use the age you will be turning on that birthday to determine your plan premium rate.

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Humana Achieve Medicare Supplement Area 1 Monthly Premiums

Effective Date: 04-01-2020

Attained Age & Gender	Premium Type	Plan A	Plan F	Plan G	High Deductible Plan G	Plan N
86-Unisex	Preferred	\$380.31	\$504.66	\$449.79	\$150.89	\$379.54
	Standard	\$437.07	\$580.06	\$516.96	\$173.23	\$436.17
87-Unisex	Preferred	\$390.57	\$521.99	\$465.62	\$155.10	\$393.94
	Standard	\$448.86	\$599.99	\$535.16	\$178.07	\$452.73
88-Unisex	Preferred	\$401.09	\$539.86	\$481.94	\$159.39	\$408.81
	Standard	\$460.96	\$620.55	\$553.94	\$182.99	\$469.83
89-Unisex	Preferred	\$411.89	\$558.28	\$498.77	\$163.75	\$424.15
	Standard	\$473.39	\$641.73	\$573.29	\$188.01	\$487.46
90-Unisex	Preferred	\$422.98	\$577.26	\$516.12	\$168.18	\$439.98
	Standard	\$486.13	\$663.55	\$593.24	\$193.12	\$505.68
91-Unisex	Preferred	\$431.78	\$593.73	\$531.16	\$171.87	\$453.67
	Standard	\$496.25	\$682.49	\$610.53	\$197.34	\$521.42
92-Unisex	Preferred	\$438.62	\$607.67	\$543.93	\$174.73	\$465.47
	Standard	\$504.11	\$698.51	\$625.22	\$200.64	\$535.00
93-Unisex	Preferred	\$445.57	\$621.88	\$556.97	\$177.61	\$477.53
	Standard	\$512.11	\$714.85	\$640.23	\$203.95	\$548.85
94-Unisex	Preferred	\$452.63	\$636.37	\$570.29	\$180.50	\$489.84
	Standard	\$520.22	\$731.53	\$655.53	\$207.27	\$563.01
95-Unisex	Preferred	\$453.06	\$641.60	\$575.30	\$182.42	\$495.05
	Standard	\$520.72	\$737.54	\$661.30	\$209.48	\$569.00
96-Unisex	Preferred	\$453.06	\$641.60	\$575.30	\$182.42	\$495.05
	Standard	\$520.72	\$737.54	\$661.30	\$209.48	\$569.00

Note: If you are going to have a birthday within the month of your requested coverage effective date, please use the age you will be turning on that birthday to determine your plan premium rate.

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Humana Achieve Medicare Supplement Area 1 Monthly Premiums

Effective Date: 04-01-2020

Attained Age & Gender	Premium Type	Plan A	Plan F	Plan G	High Deductible Plan G	Plan N
97-Unisex	Preferred	\$453.06	\$641.60	\$575.30	\$182.42	\$495.05
	Standard	\$520.72	\$737.54	\$661.30	\$209.48	\$569.00
98-Unisex	Preferred	\$453.06	\$641.60	\$575.30	\$182.42	\$495.05
	Standard	\$520.72	\$737.54	\$661.30	\$209.48	\$569.00
99+-Unisex	Preferred	\$453.06	\$641.60	\$575.30	\$182.42	\$495.05
	Standard	\$520.72	\$737.54	\$661.30	\$209.48	\$569.00

Note: If you are going to have a birthday within the month of your requested coverage effective date, please use the age you will be turning on that birthday to determine your plan premium rate.

Humana Achieve Medicare Supplement Area 2 Monthly Premiums

Effective Date: 04-01-2020

* Members who enroll prior to age 65 will remain in the same age category for the duration of the policy, as these policies are issue-age rated.

Attained Age & Gender	Premium Type	Plan A	Plan F	Plan G	High Deductible Plan G	Plan N
<65*-Unisex	Preferred	\$355.08	\$484.48	\$433.19	\$141.38	\$369.34
	Standard	\$408.05	\$556.85	\$497.88	\$162.30	\$424.44
65-Unisex	Preferred	\$188.41	\$230.57	\$200.04	\$70.01	\$156.48
	Standard	\$216.38	\$264.85	\$229.75	\$80.21	\$179.65
66-Unisex	Preferred	\$188.41	\$230.57	\$200.04	\$70.01	\$156.48
	Standard	\$216.38	\$264.85	\$229.75	\$80.21	\$179.65
67-Unisex	Preferred	\$188.41	\$230.57	\$200.04	\$70.01	\$156.48
	Standard	\$216.38	\$264.85	\$229.75	\$80.21	\$179.65
68-Unisex	Preferred	\$189.87	\$232.01	\$201.80	\$71.89	\$158.17
	Standard	\$218.04	\$266.51	\$231.77	\$82.37	\$181.59
69-Unisex	Preferred	\$193.48	\$236.11	\$203.26	\$74.14	\$160.48
	Standard	\$222.21	\$271.24	\$233.45	\$84.97	\$184.25
70-Unisex	Preferred	\$196.66	\$239.42	\$206.89	\$76.18	\$162.43
	Standard	\$225.85	\$275.03	\$237.62	\$87.31	\$186.50
71-Unisex	Preferred	\$202.54	\$247.11	\$214.27	\$78.79	\$169.34
	Standard	\$232.62	\$283.87	\$246.12	\$90.32	\$194.44
72-Unisex	Preferred	\$208.43	\$254.80	\$221.67	\$81.41	\$176.24
	Standard	\$239.39	\$292.72	\$254.62	\$93.33	\$202.39
73-Unisex	Preferred	\$214.32	\$262.49	\$229.05	\$84.04	\$183.16
	Standard	\$246.16	\$301.56	\$263.11	\$96.34	\$210.33
74-Unisex	Preferred	\$220.20	\$270.18	\$236.44	\$86.66	\$190.06
	Standard	\$252.93	\$310.41	\$271.60	\$99.35	\$218.28
75-Unisex	Preferred	\$229.44	\$282.00	\$247.44	\$90.58	\$199.89
	Standard	\$263.56	\$324.00	\$284.26	\$103.87	\$229.57
76-Unisex	Preferred	\$238.65	\$294.43	\$259.45	\$93.00	\$211.05
	Standard	\$274.15	\$338.28	\$298.07	\$106.64	\$242.41

Note: If you are going to have a birthday within the month of your requested coverage effective date, please use the age you will be turning on that birthday to determine your plan premium rate.

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Humana Achieve Medicare Supplement Area 2 Monthly Premiums

Effective Date: 04-01-2020

Attained Age & Gender	Premium Type	Plan A	Plan F	Plan G	High Deductible Plan G	Plan N
77-Unisex	Preferred	\$245.21	\$304.32	\$268.58	\$95.61	\$219.48
	Standard	\$281.70	\$349.67	\$308.57	\$109.66	\$252.11
78-Unisex	Preferred	\$252.17	\$314.76	\$278.20	\$98.36	\$228.36
	Standard	\$289.70	\$361.67	\$319.64	\$112.80	\$262.31
79-Unisex	Preferred	\$259.29	\$325.45	\$288.07	\$101.12	\$237.46
	Standard	\$297.88	\$373.97	\$330.98	\$115.98	\$272.77
80-Unisex	Preferred	\$267.35	\$337.38	\$299.04	\$104.22	\$247.49
	Standard	\$307.15	\$387.68	\$343.60	\$119.55	\$284.32
81-Unisex	Preferred	\$275.40	\$350.55	\$311.11	\$107.68	\$258.46
	Standard	\$316.40	\$402.83	\$357.47	\$123.54	\$296.93
82-Unisex	Preferred	\$283.93	\$364.47	\$323.87	\$111.32	\$270.06
	Standard	\$326.23	\$418.84	\$372.16	\$127.73	\$310.27
83-Unisex	Preferred	\$293.01	\$379.23	\$337.39	\$115.15	\$282.33
	Standard	\$336.67	\$435.80	\$387.69	\$132.12	\$324.38
84-Unisex	Preferred	\$302.66	\$394.86	\$351.71	\$119.18	\$295.31
	Standard	\$347.76	\$453.79	\$404.17	\$136.75	\$339.30
85-Unisex	Preferred	\$312.61	\$411.04	\$366.53	\$123.30	\$308.77
	Standard	\$359.20	\$472.40	\$421.21	\$141.48	\$354.79
86-Unisex	Preferred	\$319.29	\$423.58	\$377.56	\$126.87	\$318.65
	Standard	\$366.89	\$486.83	\$433.90	\$145.61	\$366.15
87-Unisex	Preferred	\$327.89	\$438.12	\$390.85	\$130.41	\$330.72
	Standard	\$376.78	\$503.54	\$449.17	\$149.67	\$380.03
88-Unisex	Preferred	\$336.72	\$453.11	\$404.53	\$134.01	\$343.19
	Standard	\$386.94	\$520.78	\$464.91	\$153.80	\$394.37
89-Unisex	Preferred	\$345.78	\$468.55	\$418.64	\$137.66	\$356.06
	Standard	\$397.36	\$538.55	\$481.15	\$158.01	\$409.16
90-Unisex	Preferred	\$355.08	\$484.48	\$433.19	\$141.38	\$369.34
	Standard	\$408.05	\$556.85	\$497.88	\$162.30	\$424.44

Note: If you are going to have a birthday within the month of your requested coverage effective date, please use the age you will be turning on that birthday to determine your plan premium rate.

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Humana Achieve Medicare Supplement Area 2 Monthly Premiums

Effective Date: 04-01-2020

Attained Age & Gender	Premium Type	Plan A	Plan F	Plan G	High Deductible Plan G	Plan N
91-Unisex	Preferred	\$362.46	\$498.29	\$445.81	\$144.47	\$380.82
	Standard	\$416.53	\$572.73	\$512.38	\$165.83	\$437.65
92-Unisex	Preferred	\$368.19	\$509.98	\$456.52	\$146.87	\$390.72
	Standard	\$423.13	\$586.17	\$524.70	\$168.60	\$449.03
93-Unisex	Preferred	\$374.03	\$521.90	\$467.46	\$149.28	\$400.83
	Standard	\$429.84	\$599.88	\$537.29	\$171.37	\$460.65
94-Unisex	Preferred	\$379.95	\$534.05	\$478.63	\$151.71	\$411.16
	Standard	\$436.64	\$613.86	\$550.12	\$174.16	\$472.53
95-Unisex	Preferred	\$380.31	\$538.44	\$482.83	\$153.32	\$415.52
	Standard	\$437.05	\$618.91	\$554.96	\$176.01	\$477.55
96-Unisex	Preferred	\$380.31	\$538.44	\$482.83	\$153.32	\$415.52
	Standard	\$437.05	\$618.91	\$554.96	\$176.01	\$477.55
97-Unisex	Preferred	\$380.31	\$538.44	\$482.83	\$153.32	\$415.52
	Standard	\$437.05	\$618.91	\$554.96	\$176.01	\$477.55
98-Unisex	Preferred	\$380.31	\$538.44	\$482.83	\$153.32	\$415.52
	Standard	\$437.05	\$618.91	\$554.96	\$176.01	\$477.55
99+-Unisex	Preferred	\$380.31	\$538.44	\$482.83	\$153.32	\$415.52
	Standard	\$437.05	\$618.91	\$554.96	\$176.01	\$477.55

Note: If you are going to have a birthday within the month of your requested coverage effective date, please use the age you will be turning on that birthday to determine your plan premium rate.

Humana Achieve Medicare Supplement Area 3 Monthly Premiums

Effective Date: 04-01-2020

* Members who enroll prior to age 65 will remain in the same age category for the duration of the policy, as these policies are issue-age rated.

Attained Age & Gender	Premium Type	Plan A	Plan F	Plan G	High Deductible Plan G	Plan N
<65*-Unisex	Preferred	\$321.13	\$438.08	\$391.73	\$127.98	\$334.02
	Standard	\$369.00	\$503.50	\$450.20	\$146.88	\$383.82
65-Unisex	Preferred	\$170.49	\$208.59	\$180.99	\$63.47	\$141.63
	Standard	\$195.76	\$239.58	\$207.85	\$72.69	\$162.57
66-Unisex	Preferred	\$170.49	\$208.59	\$180.99	\$63.47	\$141.63
	Standard	\$195.76	\$239.58	\$207.85	\$72.69	\$162.57
67-Unisex	Preferred	\$170.49	\$208.59	\$180.99	\$63.47	\$141.63
	Standard	\$195.76	\$239.58	\$207.85	\$72.69	\$162.57
68-Unisex	Preferred	\$171.80	\$209.89	\$182.59	\$65.17	\$143.15
	Standard	\$197.27	\$241.08	\$209.67	\$74.64	\$164.32
69-Unisex	Preferred	\$175.07	\$213.60	\$183.91	\$67.21	\$145.24
	Standard	\$201.04	\$245.35	\$211.20	\$76.99	\$166.73
70-Unisex	Preferred	\$177.94	\$216.59	\$187.19	\$69.05	\$147.00
	Standard	\$204.33	\$248.78	\$214.97	\$79.11	\$168.76
71-Unisex	Preferred	\$183.26	\$223.54	\$193.86	\$71.41	\$153.25
	Standard	\$210.45	\$256.77	\$222.65	\$81.82	\$175.94
72-Unisex	Preferred	\$188.58	\$230.50	\$200.55	\$73.78	\$159.49
	Standard	\$216.56	\$264.77	\$230.33	\$84.55	\$183.12
73-Unisex	Preferred	\$193.90	\$237.44	\$207.22	\$76.15	\$165.74
	Standard	\$222.68	\$272.76	\$238.01	\$87.27	\$190.30
74-Unisex	Preferred	\$199.22	\$244.40	\$213.89	\$78.52	\$171.98
	Standard	\$228.80	\$280.76	\$245.68	\$89.99	\$197.48
75-Unisex	Preferred	\$207.57	\$255.08	\$223.84	\$82.06	\$180.86
	Standard	\$238.41	\$293.04	\$257.12	\$94.07	\$207.69
76-Unisex	Preferred	\$215.90	\$266.31	\$234.70	\$84.25	\$190.95
	Standard	\$247.98	\$305.95	\$269.60	\$96.58	\$219.29

Note: If you are going to have a birthday within the month of your requested coverage effective date, please use the age you will be turning on that birthday to determine your plan premium rate.

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Humana Achieve Medicare Supplement Area 3 Monthly Premiums

Effective Date: 04-01-2020

Attained Age & Gender	Premium Type	Plan A	Plan F	Plan G	High Deductible Plan G	Plan N
77-Unisex	Preferred	\$221.83	\$275.25	\$242.95	\$86.61	\$198.57
	Standard	\$254.80	\$316.24	\$279.09	\$99.31	\$228.06
78-Unisex	Preferred	\$228.12	\$284.69	\$251.65	\$89.09	\$206.59
	Standard	\$262.03	\$327.09	\$289.09	\$102.15	\$237.28
79-Unisex	Preferred	\$234.55	\$294.35	\$260.57	\$91.59	\$214.82
	Standard	\$269.43	\$338.20	\$299.35	\$105.02	\$246.74
80-Unisex	Preferred	\$241.83	\$305.13	\$270.48	\$94.39	\$223.89
	Standard	\$277.81	\$350.60	\$310.75	\$108.25	\$257.17
81-Unisex	Preferred	\$249.11	\$317.03	\$281.39	\$97.52	\$233.80
	Standard	\$286.17	\$364.29	\$323.29	\$111.86	\$268.57
82-Unisex	Preferred	\$256.82	\$329.62	\$292.92	\$100.81	\$244.29
	Standard	\$295.05	\$378.76	\$336.56	\$115.64	\$280.63
83-Unisex	Preferred	\$265.03	\$342.96	\$305.14	\$104.27	\$255.38
	Standard	\$304.49	\$394.09	\$350.61	\$119.61	\$293.38
84-Unisex	Preferred	\$273.75	\$357.09	\$318.08	\$107.91	\$267.11
	Standard	\$314.51	\$410.35	\$365.50	\$123.80	\$306.87
85-Unisex	Preferred	\$282.74	\$371.71	\$331.48	\$111.63	\$279.27
	Standard	\$324.85	\$427.17	\$380.90	\$128.07	\$320.87
86-Unisex	Preferred	\$288.78	\$383.05	\$341.45	\$114.87	\$288.20
	Standard	\$331.81	\$440.21	\$392.37	\$131.80	\$331.13
87-Unisex	Preferred	\$296.56	\$396.19	\$353.46	\$118.06	\$299.12
	Standard	\$340.75	\$455.32	\$406.17	\$135.47	\$343.68
88-Unisex	Preferred	\$304.54	\$409.73	\$365.83	\$121.31	\$310.39
	Standard	\$349.92	\$470.90	\$420.40	\$139.20	\$356.64
89-Unisex	Preferred	\$312.73	\$423.69	\$378.58	\$124.61	\$322.01
	Standard	\$359.34	\$486.96	\$435.08	\$143.01	\$370.01
90-Unisex	Preferred	\$321.13	\$438.08	\$391.73	\$127.98	\$334.02
	Standard	\$369.00	\$503.50	\$450.20	\$146.88	\$383.82

Note: If you are going to have a birthday within the month of your requested coverage effective date, please use the age you will be turning on that birthday to determine your plan premium rate.

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Humana Achieve Medicare Supplement Area 3 Monthly Premiums

Effective Date: 04-01-2020

Attained Age & Gender	Premium Type	Plan A	Plan F	Plan G	High Deductible Plan G	Plan N
91-Unisex	Preferred	\$327.80	\$450.57	\$403.14	\$130.77	\$344.40
	Standard	\$376.67	\$517.85	\$463.31	\$150.08	\$395.76
92-Unisex	Preferred	\$332.98	\$461.13	\$412.82	\$132.94	\$353.34
	Standard	\$382.63	\$530.00	\$474.44	\$152.58	\$406.05
93-Unisex	Preferred	\$338.26	\$471.91	\$422.71	\$135.12	\$362.48
	Standard	\$388.70	\$542.39	\$485.82	\$155.09	\$416.55
94-Unisex	Preferred	\$343.61	\$482.89	\$432.80	\$137.31	\$371.81
	Standard	\$394.84	\$555.03	\$497.42	\$157.61	\$427.28
95-Unisex	Preferred	\$343.93	\$486.86	\$436.60	\$138.77	\$375.76
	Standard	\$395.22	\$559.59	\$501.79	\$159.28	\$431.82
96-Unisex	Preferred	\$343.93	\$486.86	\$436.60	\$138.77	\$375.76
	Standard	\$395.22	\$559.59	\$501.79	\$159.28	\$431.82
97-Unisex	Preferred	\$343.93	\$486.86	\$436.60	\$138.77	\$375.76
	Standard	\$395.22	\$559.59	\$501.79	\$159.28	\$431.82
98-Unisex	Preferred	\$343.93	\$486.86	\$436.60	\$138.77	\$375.76
	Standard	\$395.22	\$559.59	\$501.79	\$159.28	\$431.82
99+-Unisex	Preferred	\$343.93	\$486.86	\$436.60	\$138.77	\$375.76
	Standard	\$395.22	\$559.59	\$501.79	\$159.28	\$431.82

Note: If you are going to have a birthday within the month of your requested coverage effective date, please use the age you will be turning on that birthday to determine your plan premium rate.