

Medigap plans

Medigaps are health insurance policies that offer standardized benefits to work with Original Medicare (not Medicare Advantage). They are sold by private insurance companies. If you have a Medigap, it pays part or all of certain remaining costs after Original Medicare pays first. Medigaps may also cover health care costs that Medicare does not cover at all, like care received when traveling abroad.

Remember, Medigaps only work with Original Medicare. If you have a Medicare Advantage Plan, you cannot buy a Medigap.

Choosing a Medigap plan

Depending on where you live, you have up to 10 different Medigap policies to choose from: A, B, C, D, F, G, K, L, M and N. Medigap Plans C and F are only available to you if you became eligible for Medicare before January 1, 2020. Four other plans (E, H, I and J) stopped being sold to new members in 2010, but some people still have these plans. Each lettered plan pays for a certain set of benefits. The benefits are the same no matter which company sells the plan.

Listed below are things you should consider when choosing a Medigap plan. Make sure to review the Medigap plan benefits chart for additional information.

- **Plan A covers fewer costs than other Medigap plans.**
- **Plans F and G are the most comprehensive Medigaps.** Plans C and D are also very comprehensive.
- **Plans K and L only cover part of your Part B coinsurance.** Both plans pay 100% of your coinsurance after you reach an out-of-pocket maximum.
- **Medigap plans are guaranteed renewable.** That means that as long as you pay the premium, you can keep your plan. However, premiums may change yearly.

How to use these charts

1. **Medigap plan benefits:** Use this chart to compare each plan's benefits.
2. **Comparison of monthly premiums:** Use this chart to compare the monthly costs of Medigap plans in your area.

Remember: The benefits for each lettered plan (e.g., Plan A) are the same no matter which company sells it or what the premium is. Look for the best deal.

These premiums are subject to change. The charts provide information for this particular month.

2025 Medigap plan benefits

For plans sold on or after June 1, 2010

	A	B	C	D	F*	G*	K**	L**	M	N
Hospital coinsurance Coinsurance for days 61-90 (\$419) and days 91-150 (\$838) in hospital; Payment in full for 365 additional lifetime days	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
Part B coinsurance Coinsurance for Part B services, such as doctors' services, laboratory and x-ray services, durable medical equipment, and hospital outpatient services	▪	▪	▪	▪	▪	▪	50%	75%	▪	Except \$20 for doctors visits and \$50 for emergency visits
First three pints of blood	▪	▪	▪	▪	▪	▪	50%	75%	▪	▪
Hospital deductible Covers \$1,676 in each benefit period		▪	▪	▪	▪	▪	50%	75%	50%	▪
Skilled nursing facility (SNF) daily coinsurance Covers \$209.50 a day for days 21-100 each benefit period			▪	▪	▪	▪	50%	75%	▪	▪
Part B annual deductible Covers \$257 (Part B deductible)			▪		▪					
Part B excess charges benefits 100% of Part B excess charges. (Under federal law, the excess limit is 15% more than Medicare's approved charge when provider does not take assignment; under New York State law, the excess limit is 5% for most services)					▪	▪				
Emergency care outside the U.S. 80% of emergency care costs during the first 60 days of each trip, after an annual deductible of \$250, up to a maximum lifetime benefit of \$50,000.			▪	▪	▪	▪			▪	▪
100% of coinsurance for Part B-covered preventive care services after the Part B deductible has been paid	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
Hospice care Coinsurance for respite care and other Part A-covered services	▪	▪	▪	▪	▪	▪	50%	75%	▪	▪

Note: Plans C and F are only available to you if you became eligible for Medicare before January 1, 2020.

* Plans F & G also offer a high-deductible option. You pay a \$2,870 deductible in 2025 before Medigap coverage starts.
** Plans K and L pay 100% of your Part A and Part B copays after you spend a certain amount out of pocket. The 2025 out-of-pocket maximum is \$7,220 for Plan K and \$3,610 for Plan L.

Plans E, H, I, and J stopped being sold June 1, 2010. If you bought a Medigap between July 31, 1992 and June 1, 2010, you can keep it even if it's not being sold anymore. Your benefits are different from what's on the chart above.

This chart doesn't apply to Massachusetts, Minnesota and Wisconsin. Those states have their own Medigap systems.

**COMPARISON OF YEAR 2025 COMMUNITY RATED
STANDARDIZED MEDICARE SUPPLEMENT MONTHLY PREMIUMS
(PREMIUMS IN EFFECT AS OF JANUARY 1, 2025)**

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.	\$203.49	\$192.49	\$213.79	\$203.49	\$213.79	\$192.49	\$199.00	\$192.49	\$192.49	\$213.79
Excellus Health Plan, Inc. (d/b/a Excellus BlueCross BlueShield)	\$225.94			\$225.94		\$231.67 \$250.12 \$273.30	\$225.94 \$231.67 \$250.12 \$273.30	\$225.94	\$225.94	
Excellus Health Plan, Inc. (d/b/a Univera Healthcare)		\$273.30				\$231.67 \$250.12 \$273.30	\$225.94 \$231.67 \$250.12 \$273.30			
Globe Life Insurance	\$223.00	\$223.00	\$267.00	\$223.00	\$267.00 \$299.00	\$223.00	\$223.00	\$223.00	\$223.00	\$267.00
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	\$237.54	\$237.54	\$348.00	\$237.54 \$294.64	\$348.00	\$237.54	\$237.54	\$237.54	\$237.54	\$348.00
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
Transamerica Financial	\$162.71	\$162.71	\$230.50	\$189.83	\$230.50	\$162.71	\$162.71	\$162.71	\$162.71	\$230.50
UnitedHealthcare (AARP Program)	\$180.50 \$190.25	\$180.50	\$209.00	\$190.25	\$209.00	\$180.50	\$180.50 \$190.25	\$180.50 \$190.25	\$180.50	\$190.25 \$209.00

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 2025 COMMUNITY RATED
STANDARDIZED MEDICARE SUPPLEMENT MONTHLY PREMIUMS
(PREMIUMS IN EFFECT AS OF JANUARY 1, 2025)**

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	\$527.51	\$458.92	\$664.86	\$527.51	\$664.86	\$458.92	\$458.92 \$527.51	\$458.92	\$458.92	\$527.51 \$664.86
EmblemHealth Plan, Inc.	\$290.94	\$275.28	\$303.93	\$290.94	\$303.93	\$275.28	\$284.54	\$275.28	\$275.28	\$303.93
Excellus Health Plan, Inc. (d/b/a Excellus BlueCross BlueShield)	\$321.07			\$321.07		\$329.20 \$355.42 \$388.35	\$321.07 \$329.20 \$355.42 \$388.35	\$321.07	\$321.07	
Excellus Health Plan, Inc. (d/b/a Univera Healthcare)		\$388.35				\$329.20 \$355.42 \$388.35	\$321.07 \$329.20 \$355.42 \$388.35			
Globe Life Insurance	\$274.00	\$274.00	\$328.00	\$274.00	\$328.00 \$368.00	\$274.00	\$274.00	\$274.00	\$274.00	\$328.00
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	\$268.11	\$268.11	\$392.90	\$268.11 \$332.61	\$392.90	\$268.11	\$268.11	\$268.11	\$268.11	\$392.90
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
Transamerica Financial	\$196.19	\$196.19	\$277.94	\$228.89	\$277.94	\$196.19	\$196.19	\$196.19	\$196.19	\$277.94
UnitedHealthcare (AARP Program)	\$261.75 \$275.75	\$261.75	\$303.00	\$275.75	\$303.00	\$261.75	\$261.75 \$275.75	\$261.75 \$275.75	\$261.75	\$275.75 \$303.00

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**COMPARISON OF YEAR 2025 COMMUNITY RATED
STANDARDIZED MEDICARE SUPPLEMENT MONTHLY PREMIUMS
(PREMIUMS IN EFFECT AS OF JANUARY 1, 2025)**

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.	\$341.05	\$322.60	\$355.60	\$341.05	\$355.60	\$322.60	\$333.39	\$322.60	\$322.60	\$355.60
Excellus Health Plan, Inc. (d/b/a Excellus BlueCross BlueShield)	\$359.56			\$359.56		\$368.67 \$398.04 \$434.90	\$359.56 \$368.67 \$398.04 \$434.90	\$359.56	\$359.56	
Excellus Health Plan, Inc. (d/b/a Univera Healthcare)		\$434.90				\$368.67 \$398.04 \$434.90	\$359.56 \$368.67 \$398.04 \$434.90			
Globe Life Insurance	\$331.00	\$331.00	\$397.00	\$331.00	\$397.00 \$444.00	\$331.00	\$331.00	\$331.00	\$331.00	\$397.00
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	\$327.31	\$327.31	\$479.87	\$327.31 \$406.16	\$479.87	\$327.31	\$327.31	\$327.31	\$327.31	\$479.87
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
Transamerica Financial	\$254.17	\$254.17	\$360.08	\$296.54	\$360.08	\$254.17	\$254.17	\$254.17	\$254.17	\$360.08
UnitedHealthcare (AARP Program)	\$365.25 \$374.75	\$365.25	\$415.50	\$374.75	\$415.50	\$365.25	\$365.25 \$374.75	\$365.25 \$374.75	\$365.25	\$374.75 \$415.50

*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 2025 COMMUNITY RATED
STANDARDIZED MEDICARE SUPPLEMENT MONTHLY PREMIUMS
(PREMIUMS IN EFFECT AS OF JANUARY 1, 2025)**

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)	\$426.92			\$426.92		\$426.92	\$426.92	\$426.92	\$426.92	
Excellus Health Plan, Inc. (d/b/a Univera Healthcare)		\$426.92				\$426.92	\$426.92			
Globe Life Insurance	\$326.00	\$326.00	\$391.00	\$326.00	\$391.00 \$438.00	\$326.00	\$326.00	\$326.00	\$326.00	\$391.00
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
Transamerica Financial	\$233.56	\$233.56	\$330.88	\$272.49	\$330.88	\$233.56	\$233.56	\$233.56	\$233.56	\$330.88

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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	\$711.08	\$619.55	\$897.73	\$711.08	\$897.73	\$619.55	\$619.55 \$711.08	\$619.55	\$619.55	\$711.08 \$897.73
EmblemHealth Plan, Inc.	\$610.31	\$577.29	\$636.35	\$610.31	\$636.35	\$577.29	\$596.62	\$577.29	\$577.29	\$636.35
Excellus Health Plan, Inc. (d/b/a Excellus BlueCross BlueShield)	\$424.33			\$424.33		\$435.10 \$469.77 \$513.25	\$424.33 \$435.10 \$469.77 \$513.25	\$424.33	\$424.33	
Excellus Health Plan, Inc. (d/b/a Univera Healthcare)		\$513.25				\$435.10 \$469.77 \$513.25	\$424.33 \$435.10 \$469.77 \$513.25			
Globe Life Insurance	\$324.00	\$324.00	\$389.00	\$324.00	\$389.00 \$436.00	\$324.00	\$324.00	\$324.00	\$324.00	\$389.00
Highmark Western and Northeastern New York Inc. (d/b/a Blue Cross/Blue Shield of WNY)		\$647.14				\$647.14	\$647.14			
Highmark Western and Northeastern New York Inc. (d/b/a Blue Shield of NNY)	\$586.36			\$586.36						
Humana	\$333.94	\$333.94	\$489.60	\$333.94 \$414.40	\$489.60	\$333.94	\$333.94	\$333.94	\$333.94	\$489.60
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
Transamerica Financial	\$255.65	\$255.65	\$362.17	\$298.26	\$362.17	\$255.65	\$255.65	\$255.65	\$255.65	\$362.17
UnitedHealthcare (AARP Program)	\$362.00 \$355.25	\$362.00	\$394.00	\$355.25	\$394.00	\$362.00	\$362.00 \$355.25	\$362.00 \$355.25	\$362.00	\$355.25 \$394.00

*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.

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**COMPARISON OF YEAR 2025 COMMUNITY RATED
STANDARDIZED MEDICARE SUPPLEMENT MONTHLY PREMIUMS
(PREMIUMS IN EFFECT AS OF JANUARY 1, 2025)**

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 Conesco	\$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.	\$71.46 \$67.59	\$67.43	\$74.00	\$71.46	\$74.00	\$67.59 \$67.43 \$69.86	\$69.86 \$67.43 \$71.46 \$67.59	\$67.59 \$71.46	\$67.59	\$74.00 \$71.46
Excellus Health Plan, Inc. <i>(d/b/a Excellus BlueCross BlueShield)</i>	\$78.43			\$78.43		\$78.43	\$78.43	\$78.43	\$78.43	
Excellus Health Plan, Inc. <i>(d/b/a Univera Healthcare)</i>		\$78.43				\$78.43	\$78.43			
Globe Life Insurance	\$75.00	\$75.00	\$90.00	\$75.00	\$90.00 \$101.00	\$75.00	\$75.00	\$75.00	\$75.00	\$90.00
Highmark Western and Northeastern New York Inc. <i>(d/b/a Blue Cross/Blue Shield of WNY)</i>		\$133.27				\$133.27	\$133.27			
Highmark Western and Northeastern New York Inc. <i>(d/b/a Blue Shield of NNY)</i>	\$107.97			\$107.97						
Humana	\$76.43	\$76.43	\$111.34	\$76.43 \$94.47	\$111.34	\$76.43	\$76.43	\$76.43	\$76.43	\$111.34

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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	\$655.48	\$570.28	\$826.24	\$655.48	\$826.24	\$570.28	\$570.28 \$655.48	\$570.28	\$570.28	\$655.48 \$826.24
EmblemHealth Plan, Inc.	\$349.97 \$275.86	\$330.22	\$362.40	\$349.97	\$362.40	\$275.86 \$330.22 \$342.11	\$342.11 \$330.22 \$349.97 \$275.86	\$275.86 \$349.97	\$275.86	\$362.40 \$349.97
Excellus Health Plan, Inc. (d/b/a Excellus BlueCross BlueShield)	\$428.99			\$428.99		\$428.99	\$428.99	\$428.99	\$428.99	
Excellus Health Plan, Inc. (d/b/a Univera Healthcare)		\$428.99				\$428.99	\$428.99			
Globe Life Insurance	\$290.00	\$290.00	\$348.00	\$290.00	\$348.00 \$390.00	\$290.00	\$290.00	\$290.00	\$290.00	\$348.00
Highmark Western and Northeastern New York Inc. (d/b/a Blue Cross/Blue Shield of WNY)		\$429.47				\$429.47	\$429.47			
Highmark Western and Northeastern New York Inc. (d/b/a Blue Shield of NNY)	\$424.95			\$424.95						
Humana	\$414.46	\$414.46	\$607.88	\$414.46 \$514.44	\$607.88	\$414.46	\$414.46	\$414.46	\$414.46	\$607.88
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
Transamerica Financial	\$214.48	\$214.48	\$303.85	\$250.23	\$303.85	\$214.48	\$214.48	\$214.48	\$214.48	\$303.85
UnitedHealthcare (AARP Program)	\$300.50 \$294.75	\$300.50	\$326.75	\$294.75	\$326.75	\$300.50	\$300.50 \$294.75	\$300.50 \$294.75	\$300.50	\$294.75 \$326.75

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**COMPARISON OF YEAR 2025 COMMUNITY RATED
STANDARDIZED MEDICARE SUPPLEMENT MONTHLY PREMIUMS
(PREMIUMS IN EFFECT AS OF JANUARY 1, 2025)**

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 Conesco	\$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)	\$75.42			\$75.42		\$75.42	\$75.42	\$75.42	\$75.42	
Excellus Health Plan, Inc. (d/b/a Univera Healthcare)		\$75.42				\$75.42	\$75.42			
Globe Life Insurance	\$60.00	\$60.00	\$72.00	\$60.00	\$72.00 \$81.00	\$60.00	\$60.00	\$60.00	\$60.00	\$72.00
Humana	\$76.33	\$76.33	\$111.19	\$76.33 \$94.35	\$111.19	\$76.33	\$76.33	\$76.33	\$76.33	\$111.19

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 Conesco	\$109.42	\$95.31	\$137.69	\$109.42	\$137.69	\$95.31	\$95.31 \$109.42	\$95.31	\$95.31	\$109.42 \$137.69
Globe Life Insurance	\$114.00	\$114.00	\$137.00	\$114.00	\$137.00 \$154.00	\$114.00	\$114.00	\$114.00	\$114.00	\$137.00
Humana	\$155.00	\$155.00	\$226.75	\$155.00 \$192.09	\$226.75	\$155.00	\$155.00	\$155.00	\$155.00	\$226.75
Transamerica Financial	\$117.07	\$117.07	\$165.84	\$136.58	\$165.84	\$117.07	\$117.07	\$117.07	\$117.07	\$165.84
UnitedHealthcare (AARP Program)	\$92.25 \$97.00	\$92.25	\$106.75	\$97.00	\$106.75	\$92.25	\$92.25 \$97.00	\$92.25 \$97.00	\$92.25	\$97.00 \$106.75

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 2025 COMMUNITY RATED
STANDARDIZED MEDICARE SUPPLEMENT MONTHLY PREMIUMS
(PREMIUMS IN EFFECT AS OF JANUARY 1, 2025)**

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	\$195.00	\$195.00	\$234.00	\$195.00	\$234.00 \$262.00	\$195.00	\$195.00	\$195.00	\$195.00	\$234.00
Humana	\$221.16	\$221.16	\$323.93	\$221.16 \$274.28	\$323.93	\$221.16	\$221.16	\$221.16	\$221.16	\$323.93
Transamerica Financial	\$173.77	\$173.77	\$246.18	\$202.74	\$246.18	\$173.77	\$173.77	\$173.77	\$173.77	\$246.18
UnitedHealthcare (AARP Program)	\$187.00 \$197.00	\$187.00	\$216.25	\$197.00	\$216.25	\$187.00	\$187.00 \$197.00	\$187.00 \$197.00	\$187.00	\$197.00 \$216.25

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
Transamerica Financial	\$213.98	\$213.98	\$303.13	\$249.64	\$303.13	\$213.98	\$213.98	\$213.98	\$213.98	\$303.13

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**COMPARISON OF YEAR 2025 COMMUNITY RATED
STANDARDIZED MEDICARE SUPPLEMENT MONTHLY PREMIUMS
(PREMIUMS IN EFFECT AS OF JANUARY 1, 2025)**

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	\$408.49	\$355.44	\$514.82	\$408.49	\$514.82	\$355.44	\$355.44 \$408.49	\$355.44	\$355.44	\$408.49 \$514.82
EmblemHealth Plan, Inc.	\$254.95 \$200.95	\$240.55	\$264.00	\$254.95	\$264.00	\$200.95 \$240.55 \$249.22	\$249.22 \$240.55 \$254.95 \$200.95	\$200.95 \$254.95	\$200.95	\$264.00 \$254.95
Excellus Health Plan, Inc. (d/b/a Excellus BlueCross BlueShield)	\$413.00			\$413.00		\$423.48 \$457.15 \$499.51	\$413.00 \$423.48 \$457.15 \$499.51	\$413.00	\$413.00	
Excellus Health Plan, Inc. (d/b/a Univera Healthcare)		\$499.51				\$423.48 \$457.15 \$499.51	\$413.00 \$423.48 \$457.15 \$499.51			
Globe Life Insurance	\$274.00	\$274.00	\$329.00	\$274.00	\$329.00 \$369.00	\$274.00	\$274.00	\$274.00	\$274.00	\$329.00
Highmark Western and Northeastern New York Inc. (d/b/a Blue Cross/Blue Shield of WNY)		\$274.76				\$274.76	\$274.76			
Highmark Western and Northeastern New York Inc. (d/b/a Blue Shield of NNY)	\$277.85			\$277.85						
Humana	\$294.01	\$294.01	\$430.95	\$294.01 \$364.79	\$430.95	\$294.01	\$294.01	\$294.01	\$294.01	\$430.95
Transamerica Financial	\$201.21	\$201.21	\$285.05	\$234.75	\$285.05	\$201.21	\$201.21	\$201.21	\$201.21	\$285.05
UnitedHealthcare (AARP Program)	\$235.75 \$245.00	\$235.75	\$262.25	\$245.00	\$262.25	\$235.75	\$235.75 \$245.00	\$235.75 \$245.00	\$235.75	\$245.00 \$262.25

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>