Seguro suplemental para Medicare Original (Medigaps)

Los planes de Medigap

Los Medigaps son pólizas de seguro de salud que ofrecen beneficios estandarizados para complementar el Medicare Original (no incluye el Medicare Advantage). Las compañías de seguros privadas venden estas pólizas. Si Ud. tiene un Medigap, esta póliza pagará parte o la totalidad de ciertos gastos que queden en su factura después de que el Medicare Original los pague. Es posible que los Medigaps cubran los gastos de cuidados de salud que Medicare no cubre, por ejemplo, tratamientos médicos que Ud. reciba cuando viaje al extranjero.

Recuerde, los planes de Medigap solo son compatibles con el plan de Medicare Original. Si Ud. tiene un plan de Medicare Advantage, no podrá comprar un Medigap.

Seleccionando un plan de Medigap

Dependiendo de dónde Ud. viva, podrá seleccionar entre 10 pólizas de Medigap diferentes: A, B, C, D, F, G, K, L, M y N. Los planes de Medigap C y F solo son disponibles si Ud. se hizo elegible para Medicare antes del 1 de enero de 2020. Los planes E, H, I y J se dejaron de vender a nuevos miembros en 2010, pero algunas personas todavía tienen estos planes. Cada plan, indicado por su letra correspondiente, paga ciertos beneficios. No importa qué compañía le venda el plan, porque los beneficios serán iguales.

Debe considerar lo siguiente cuando seleccione un plan de Medigap. Asegúrese de revisar la tabla de beneficios de planes de Medigap para información adicional. **Nota:** Massachusetts, Minnesota y Wisconsin tienen planes de Medigap diferentes.

- **El Plan A cubre menos gastos que otros planes de Medigap.**
- **Los Planes F y G son los Medigaps más exhaustivos.** Los Planes C y D también son muy exhaustivos.
- **Los Planes K y L solo cubren parte de su coseguro de Parte B.** Después de que Ud. alcance el máximo de gastos de bolsillo, los dos planes pagarán el 100% de su coseguro.
- **Los planes de Medigap tienen garantía de renovación.** Si paga la prima, no perderá su plan. No obstante, las primas pueden cambiarse anualmente.
- **Haga comparaciones.** Diferentes compañías de seguro cobran primas diferentes por el mismo plan.

Planes de Medigap C y F

Las personas que se hicieron elegibles para Medicare en o después del 1 de enero de 2020 no pueden comprar planes de Medigap que paguen el deducible de la Parte B. Esto incluye el Plan C y el Plan F.

Si Ud. se hizo elegible para Medicare antes de esta fecha, todavía podrá comprar el Plan C o el Plan F. Si era elegible para Medicare antes de esta fecha, pero no se inscribió, podrá comprar un Plan C o Plan F mientras que esté dentro de su periodo de inscripción en Medigap o si tiene derecho a emisión garantizada en cuanto se inscriba en Medicare Original. Si ya tiene un Plan C o Plan F de Medigap, puede continuar renovándolo con aseguradores en su estado.

Beneficios de los planes de Medigap

Para planes vendidos en o después del 1 de junio de 2010

	A	B	C	D	F*	G*	K**	L**	M	N
Coseguro de hospital Coseguro para los días 61-90 ($419) y los días 91-150 ($838) en el hospital; pago completo para 365 adicionales de días de reserva de por vida	■	■	■	■	■	■	■	■	■	■
Coseguro de Parte B Coseguro para servicios de Parte B, por ejemplo, servicios de doctor, servicios de laboratorio y rayos-x, equipo médico duradero y servicios ambulatorios de hospital	■	■	■	■	■	■	**50%**	**75%**	■	Menos $20 para visitas al doctor y $50 para visitas a emergencias
Las primeras tres pintas de sangre	■	■	■	■	■	■	**50%**	**75%**	■	■
Deducible de hospital Cubre $1,676 en cada periodo de beneficios		■	■	■	■	■	**50%**	**75%**	**50%**	■
Coseguro diario de los centros de enfermería especializada (SNF, por sus siglas en inglés) Cubre $209.50 por día para los días 21-100 en cada periodo de beneficios			■	■	■	■	**50%**	**75%**	■	■
Deducible anual de Parte B Cubre $257 (deducible de Parte B)			■		■					
Beneficios de cargos en exceso de Parte B 100% de cargos en exceso de Parte B. (Bajo la ley federal, el límite de exceso es un 15% más del costo aprobado por Medicare cuando un proveedor no acepta asignación; bajo la ley de Nueva York, el límite de exceso es un 5% para la mayoría de los servicios)					■	■				
Cuidado de emergencia fuera de los EE.UU. 80% de gastos de emergencia durante los primeros 60 días de cada viaje, después de un deducible anual de $250, hasta un máximo beneficio de vida de $50,000.			■	■	■	■			■	■
100% del coseguro de servicios de cuidado preventativo cubierto por Parte B después de pagar el deducible de la Parte B	■	■	■	■	■	■	■	■	■	■
Cuidados de hospicio Coseguro para cuidado de relevo y otros servicios que cubre la Parte A	■	■	■	■	■	■	**50%**	**75%**	■	■

Nota: Los Planes C y F solo son disponibles si Ud. se hizo elegible para Medicare antes del 1 de enero de 2020.

* Los Planes F y G ofrecen una opción de deducible alta. Ud. paga un deducible de $2,870 en 2025 antes de que empiece la cobertura de Medigap.
** Los Planes K y L pagan el 100% de sus copagos de Parte A y Parte B después de que Ud. pague una determinada cantidad en gastos de bolsillo. El máximo de costos fuera de su bolsillo para 2025 son $7,220 para el Plan K y $3,610 para el Plan L.

Los planes E, H, I y J se dejaron de vender el 1 de junio de 2010. Si Ud. compró un plan de Medigap entre el 31 de julio de 1992 y el 1 de junio de 2010, puede quedarse con él, aunque ya no se venda. Sus beneficios son diferentes de los que se indican en la tabla anterior.

Esta tabla no es aplicable a Massachusetts, Minnesota y Wisconsin. Esos estados tienen sus propios sistemas de Medigap.

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

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 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

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 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.

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 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.	$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. (d/b/a Excellus BlueCross BlueShield)	$78.43			$78.43		$78.43	$78.43	$78.43	$78.43	
Excellus Health Plan, Inc. (d/b/a Univera Healthcare)		$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. (d/b/a Blue Cross/Blue Shield of WNY)		$133.27				$133.27	$133.27			
Highmark Western and Northeastern New York Inc. (d/b/a Blue Shield of NNY)	$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

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

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

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 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)	$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 Conseco	$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

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 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