



Medigap

Annual Change Notice



Get more from Medicare.

Priority Health Medigap plans make your Original Medicare coverage go further. With our Medigap plans, what you see is what you get; No hidden fees or complex statements. This Annual Change Notice (ACN) includes information on your benefits and premiums for 2024, and highlights ways to get the most from your plan.

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Important coverage and cost information

Because Original Medicare has changed the cost of certain Part A and Part B services for 2024, the cost of your Priority Health Medigap coverage will change, too. The “Plan benefits and costs” section of this document outlines your coverage while the “Understanding your premium” section lists your monthly premium. Both are effective January 1, 2024.

Your premium is based on the county in which you reside. You may continue your coverage if you permanently move outside the state of Michigan. You must reside in Michigan for at least six months of every year to be considered a resident. If you reside in Michigan for less than six months, we will consider you to have permanently moved out of the state. If you remain living in the United States or one of its territories, you may continue your coverage, provided all other eligibility requirements continue to be satisfied. Your premium will change to the Area 4 premium upon your renewal date. If you move outside of the United States or its territories, your Priority Health Medigap plan will be terminated.

Benefits included in our Medigap plans

Benefits	Plans					
	A	C	D	F	G	N
Inpatient hospital services Medicare Part A daily copayments plus an additional 365 days of coverage after Medicare benefits end
Hospice care Medicare Part A coinsurance and copayments
Medicare preventive care Medicare Part B coinsurance when applicable
Medical expenses Medicare Part B coinsurance	100% except up to a \$20 office visit copayment and up to a \$50 emergency visit copayment
Blood First 3 pints under Medicare Parts A and B
Skilled nursing facility care Medicare Part A daily copayments	
Medicare Part A deductible	
Medicare Part B deductible		.		.		
Medicare Part B excess charges				.	.	
Foreign travel Emergency services		80%	80%	80%	80%	80%

All benefits listed are covered at 100% unless the chart indicates otherwise. The Medigap plan covers copayments/coinsurances only after the deductible is met unless the Medigap plan also covers the deductible.

Medigap plan benefits and costs for 2024

The costs changing in 2024 are bold

		Plan A		Plan C		Plan D	
Services	Original Medicare pays	Plan pays	You pay	Plan pays	You pay	Plan pays	You pay
Medicare (Part A) hospital services per benefit period¹							
Hospitalization: Semiprivate room and board, general nursing and miscellaneous services and supplies							
First 60 days	All but \$1,632	Nothing	\$1,632 (Part A deductible)	\$1,632 (Part A deductible)	Nothing	\$1,632 (Part A deductible)	Nothing
61st through 90th day	All but \$408 a day	\$408 a day	Nothing	\$408 a day	Nothing	\$408 a day	Nothing
91st day and after (while using 60 lifetime reserve days)	All but \$816 a day	\$816 a day	Nothing	\$816 a day	Nothing	\$816 a day	Nothing
Once lifetime reserve days are used; additional 365 days	Nothing	100% of Medicare-eligible expenses	Nothing ²	100% of Medicare-eligible expenses	Nothing ²	100% of Medicare-eligible expenses	Nothing ²
Beyond the additional 365 days	Nothing	Nothing	All costs	Nothing	All costs	Nothing	All costs
Skilled nursing facility care¹: You must meet Medicare’s requirements, including having been in a hospital for at least three days and having entered a Medicare-approved facility within 30 days after leaving the hospital							
First 20 days	100%	Nothing					
21st through 100th day	All but \$204 a day	Nothing	Up to \$204 a day	Up to \$204 a day	Nothing	Up to \$204 a day	Nothing
101st day and after	Nothing	Nothing	All costs	Nothing	All costs	Nothing	All costs
Blood							
First 3 pints	Nothing	3 pints	Nothing	3 pints	Nothing	3 pints	Nothing
Additional amounts	100%	Nothing					
Hospice care: Available as long as your doctor certifies that you are terminally ill and you elect to receive these services							
Hospice care	100%	Nothing					
Outpatient prescription drugs	All but \$5 per prescription	\$5 per prescription	Nothing	\$5 per prescription	Nothing	\$5 per prescription	Nothing
Inpatient respite care	95%	5% of Medicare-eligible expenses	Nothing	5% of Medicare-eligible expenses	Nothing	5% of Medicare-eligible expenses	Nothing
Medicare (Part B) medical services per calendar year							
Medical expenses: In or out of the hospital and outpatient hospital treatment, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment							
First \$240 of Medicare- approved amounts (Part B deductible ³)	Nothing	Nothing	\$240	\$240	Nothing	Nothing	\$240
Remainder of Medicare-approved amounts (after deductible is met)	80%	20%	Nothing	20%	Nothing	20%	Nothing
Part B excess charges (above Medicare-approved amounts)	Nothing	Nothing	All costs	Nothing	All costs	Nothing	All costs

Medigap plan benefits and costs for 2024

The costs changing in 2024 are bold

		Plan F		Plan G		Plan N	
Services	Original Medicare pays	Plan pays	You pay	Plan pays	You pay	Plan pays	You pay
Medicare (Part A) hospital services per benefit period¹							
Hospitalization: Semiprivate room and board, general nursing and miscellaneous services and supplies							
First 60 days	All but \$1,632	\$1,632 (Part A deductible)	Nothing	\$1,632 (Part A deductible)	Nothing	\$1,632 (Part A deductible)	Nothing
61st through 90th day	All but \$408 a day	\$408 a day	Nothing	\$408 a day	Nothing	\$408 a day	Nothing
91st day and after (while using 60 lifetime reserve days)	All but \$816 a day	\$816 a day	Nothing	\$816 a day	Nothing	\$816 a day	Nothing
Once lifetime reserve days are used; additional 365 days	Nothing	100% of Medicare-eligible expenses	Nothing ²	100% of Medicare-eligible expenses	Nothing ²	100% of Medicare-eligible expenses	Nothing ²
Beyond the additional 365 days	Nothing	Nothing	All costs	Nothing	All costs	Nothing	All costs
Skilled nursing facility care¹: You must meet Medicare's requirements, including having been in a hospital for at least three days and having entered a Medicare-approved facility within 30 days after leaving the hospital							
First 20 days	100%	Nothing					
21st through 100th day	All but \$204 a day	Up to \$204 a day	Nothing	Up to \$204 a day	Nothing	Up to \$204 a day	Nothing
101st day and after	Nothing	Nothing	All costs	Nothing	All costs	Nothing	All costs
Blood							
First 3 pints	Nothing	3 pints	Nothing	3 pints	Nothing	3 pints	Nothing
Additional amounts	100%	Nothing					
Hospice care: Available as long as your doctor certifies that you are terminally ill and you elect to receive these services							
Hospice care	100%	Nothing					
Outpatient prescription drugs	All but \$5 per prescription	\$5 per prescription	Nothing	\$5 per prescription	Nothing	\$5 per prescription	Nothing
Inpatient respite care	95%	5% of Medicare-eligible expenses	Nothing	5% of Medicare-eligible expenses	Nothing	5% of Medicare-eligible expenses	Nothing
Medicare (Part B) medical services per calendar year							
Medical expenses: In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment							
First \$240 of Medicare- approved amounts (Part B deductible ³)	Nothing	\$240	Nothing	Nothing	\$240	Nothing	\$240
Remainder of Medicare- approved amounts (after deductible is met)	80%	20%	Nothing	20%	Nothing	20% except up to a \$20 office visit and up to a \$50 emergency visit copay	Up to \$20 per office visit and up to \$50 per emergency room visit ⁴
Part B excess charges (above Medicare-approved amounts)	Nothing	All costs	Nothing	All costs	Nothing	Nothing	All costs

Medigap plan benefits and costs for 2024

The costs changing in 2024 are bold

		Plan A		Plan C		Plan D	
Services	Original Medicare pays	Plan pays	You pay	Plan pays	You pay	Plan pays	You pay
Medicare preventive care							
First \$240 of Medicare-approved amounts (Part B deductible ³) when applicable	Nothing	Nothing	\$240	\$240	Nothing	Nothing	\$240
Medicare-approved amounts (after deductible is met) when applicable	80%	20%	Nothing	20%	Nothing	20%	Nothing
Blood							
First 3 pints	Nothing	3 pints	Nothing	3 pints	Nothing	3 pints	Nothing
Next \$240 of Medicare-approved amounts (Part B deductible ³)	Nothing	Nothing	\$240	\$240	Nothing	Nothing	\$240
Remainder of Medicare-approved amounts (after deductible is met)	80%	20%	Nothing	20%	Nothing	20%	Nothing
Clinical laboratory services							
Tests for diagnostic services	100%	Nothing					
Parts A & B Home health care: Medicare-approved services							
Medically necessary skilled care services and medical supplies	100%	Nothing					
Durable medical equipment first \$240 of Medicare-approved amounts (Part B deductible ³)	Nothing	Nothing	\$240	\$240	Nothing	Nothing	\$240
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	Nothing	20%	Nothing	20%	Nothing
Other Benefits: Services not covered by Medicare Foreign travel: Emergency care services beginning during the first 60 days of each trip outside the U.S.							
\$250 foreign travel deductible that must be met once each calendar year	Nothing	Nothing	All costs	Nothing	\$250	Nothing	\$250
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of \$50,000 ⁵	Nothing	Nothing	All costs	80%	20%	80%	20%

Medigap plan benefits and costs for 2024

The costs changing in 2024 are bold

		Plan F		Plan G		Plan N	
Services	Original Medicare pays	Plan pays	You pay	Plan pays	You pay	Plan pays	You pay
Medicare preventive care							
First \$240 of Medicare-approved amounts (Part B deductible ³) when applicable	Nothing	\$240	Nothing	Nothing	\$240	Nothing	\$240
Medicare-approved amounts (after deductible is met) when applicable	80%	20%	Nothing	20%	Nothing	20%	Nothing
Blood							
First 3 pints	Nothing	3 pints	Nothing	3 pints	Nothing	3 pints	Nothing
Next \$240 of Medicare-approved amounts (Part B deductible ³)	Nothing	\$240	Nothing	Nothing	\$240	Nothing	\$240
Remainder of Medicare-approved amounts (after deductible is met)	80%	20%	Nothing	20%	Nothing	20%	Nothing
Clinical laboratory services							
Tests for diagnostic services	100%	Nothing					
Parts A & B Home health care — Medicare-approved services							
Medically necessary skilled care services and medical supplies	100%	Nothing					
Durable medical equipment, first \$240 of Medicare-approved amounts (Part B deductible ³)	Nothing	\$240	Nothing	Nothing	\$240	Nothing	\$240
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	Nothing	20%	Nothing	20%	Nothing
Other Benefits: Services not covered by Medicare Foreign travel: Emergency care services beginning during the first 60 days of each trip outside the U.S.							
\$250 foreign travel deductible that must be met once each calendar year	Nothing	Nothing	\$250	Nothing	\$250	Nothing	\$250
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of \$50,000 ⁵	Nothing	80%	20%	80%	20%	80%	20%

Extra ways to take care of your health — and budget

Our Medigap plans come with more ways to help save you money while keeping healthy and active.

Sign up for a free member account.

Your member account gives you instant access to all your important plan information, tool and services, including:

- View your digital ID card.
- Set your communication preferences.
- Schedule 24/7 virtual care visits.
- Pay your premium.

New for 2024: Active&Fit Direct



Active&Fit Direct™ helps members* stay active with flexible fitness options starting at just \$28 a month, plus a one-time \$28 enrollment fee and applicable taxes. For more information, visit priorityhealth.com/activefit.

This includes:

- 12,200+ gyms (you can switch gyms at any time)
- 9,700+ on-demand videos
- 1:1 well-being coaching
- Membership options for your spouse⁶
- 5,800+ premium gym options nationwide at exercise studios, outdoor experiences, and others with 20% – 70% discounts at most locations⁷
- No annual fee or contract

**Available only to Medigap, employer group and individual members.*

The Active&Fit program is offered through American Specialty Health Fitness, Inc., one of the nation's leading fitness networks serving millions of members. Active&Fit Direct is a trademark of American Specialty Health Incorporated and used with permission herein.

The Wellbeing Hub

Your Priority Health Medigap plan gives you access to our online Wellbeing Hub through your member account. The Wellbeing Hub is filled with information and tools that can be tailored to your specific health and wellbeing needs—physical, mental or financial. You can sign up for Active&Fit through the Wellbeing Hub.



Discounts

Household discount

You may be eligible for a **12% reduction** in your monthly premium if another person in your household⁸ currently has, or is enrolling in, a Priority Health Medigap plan. The discounted rate will apply as long as each policy considered for the discount remains in effect and policyholders remain in the same household.

You do not need to be related to the other qualifying members of your household to receive this discount. The household discount will be applied to a member's account upon each individual member's 2024 renewal or upon becoming a qualified member of a household, whichever is later.



TruHearing®

Hearing

We partner with TruHearing® to give you hearing discounts including:

- \$0 copay for one comprehensive hearing exam, per year.
- Four levels of hearing aids with copays ranging from \$495 – \$1,695, per year.
- A 60-day risk-free trial and three-year warranty on hearing aids.
- One year of follow-up visits for fittings and adjustments.
- 80 free batteries per hearing aid (included with non-rechargeable models).



Vision

We partner with EyeMed® to give you vision discounts including:

- \$5 off retail cost for eye exams.
- \$10 off contact lens exam.
- 35% off the retail price for frames and lenses.
- 15% off the retail price for conventional contact lenses.
- 20% off the retail price of additional lens add-ons and services.
- 15% off the retail price of LASIK or 5% off a promotional price.

Go to **eyemed.com** to find an EyeMed® “Select” participating provider. Be sure to share **Plan ID: 1023992** with the provider to take advantage of the discount.

*Hearing aid program and vision discounts are subject to change.
Please visit **prioritymedicare.com** for the most accurate information.*



Travel without worry

With your Priority Health Medigap plan, you have access to Assist America for global emergency travel assistance when traveling more than 100 miles from home or in a foreign country.

Assist America is included in your plan at no extra cost to you. Services include:

- Worldwide access, regardless of geography or political climate.
- Medical referrals, critical care monitoring, emergency evacuation, help returning home and other support measures.
- Access to multilingual, medically trained employees.
- Replacement of forgotten or lost medication.
- Return of lost luggage and assistance with replacement of essential travel documents.
- Retrieval of vehicles or other valuable property left stranded because of your medical situation.
- Pre-trip information, including visa requirements, immunization regulations and security advisories.

To access Assist America services, you can:

- Download the free Assist America mobile app available for iPhone and Android.
- Call Assist America's 24-hour operations center at 800.872.1414 (TTY 711) when in the United States, or 609.986.1234, (TTY 711) when outside the United States.
- Email Assist America at **medservices@assistamerica.com**.

To learn more, visit **priorityhealth.com/assist-america**.
Priority Health Medicare reference number for members:
01-AA-PHP-12123M.

Understanding your premium

Use the following charts to determine your Priority Health Medigap plan premium, effective Jan. 1 – Dec 31, 2024.
For Priority Health Medigap plans, certain factors may affect your monthly premium.

Area 1

Counties:

Allegan, Barry, Berrien, Branch, Calhoun, Cass, Ionia, Kalamazoo, Kent, Lake, Mason, Mecosta,
Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, Saint Joseph, Van Buren

Attained age	Plan A						Plan C						Plan D					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	\$267.59	\$250.10	\$275.74	\$257.71	\$408.42	\$381.73	\$471.67	\$440.84	\$486.02	\$454.26	\$719.92	\$672.86	\$347.21	\$324.51	\$357.77	\$334.39	\$529.95	\$495.32
65	\$116.51	\$108.90	\$120.06	\$112.21	\$177.84	\$166.21	\$205.36	\$191.93	\$211.61	\$197.79	\$313.45	\$292.96	\$151.18	\$141.29	\$155.77	\$145.59	\$230.74	\$215.66
66	\$122.94	\$113.92	\$126.69	\$117.38	\$187.65	\$173.87	\$216.70	\$200.79	\$223.30	\$206.89	\$330.76	\$306.46	\$159.52	\$147.80	\$164.38	\$152.30	\$243.48	\$225.60
67	\$131.15	\$120.24	\$135.16	\$123.89	\$200.19	\$183.52	\$231.18	\$211.93	\$238.22	\$218.38	\$352.87	\$323.48	\$170.18	\$156.01	\$175.36	\$160.76	\$259.76	\$238.12
68	\$137.54	\$124.85	\$141.72	\$128.65	\$209.92	\$190.57	\$242.42	\$220.06	\$249.80	\$226.77	\$370.02	\$335.89	\$178.46	\$162.00	\$183.88	\$166.93	\$272.37	\$247.27
69	\$143.91	\$129.46	\$148.29	\$133.41	\$219.65	\$197.62	\$253.66	\$228.20	\$261.38	\$235.15	\$387.16	\$348.30	\$186.72	\$167.99	\$192.40	\$173.10	\$285.00	\$256.41
70	\$150.27	\$134.07	\$154.85	\$138.17	\$229.37	\$204.66	\$264.88	\$236.33	\$272.95	\$243.52	\$404.32	\$360.73	\$194.99	\$173.98	\$200.93	\$179.27	\$297.62	\$265.54
71	\$156.66	\$138.70	\$161.42	\$142.91	\$239.11	\$211.69	\$276.12	\$244.47	\$284.53	\$251.92	\$421.46	\$373.13	\$203.26	\$179.97	\$209.45	\$185.44	\$310.26	\$274.67
72	\$163.03	\$143.31	\$167.99	\$147.67	\$248.84	\$218.73	\$287.36	\$252.60	\$296.11	\$260.29	\$438.61	\$385.56	\$211.54	\$185.94	\$217.98	\$191.62	\$322.88	\$283.82
73	\$169.19	\$148.24	\$174.34	\$152.76	\$258.25	\$226.28	\$298.23	\$261.31	\$307.30	\$269.27	\$455.18	\$398.85	\$219.53	\$192.36	\$226.21	\$198.21	\$335.08	\$293.60
74	\$175.35	\$153.19	\$180.69	\$157.85	\$267.64	\$233.82	\$309.07	\$270.01	\$318.48	\$278.24	\$471.75	\$412.13	\$227.52	\$198.76	\$234.45	\$204.82	\$347.27	\$303.39
75	\$181.51	\$158.12	\$187.03	\$162.94	\$277.04	\$241.36	\$319.93	\$278.73	\$329.67	\$287.20	\$488.32	\$425.42	\$235.51	\$205.17	\$242.68	\$211.42	\$359.47	\$313.16
76	\$187.67	\$163.07	\$193.38	\$168.03	\$286.44	\$248.89	\$330.79	\$287.43	\$340.86	\$296.17	\$504.91	\$438.71	\$243.51	\$211.58	\$250.93	\$218.02	\$371.67	\$322.95
77	\$193.83	\$168.01	\$199.72	\$173.12	\$295.84	\$256.44	\$341.65	\$296.13	\$352.05	\$305.15	\$521.47	\$451.99	\$251.50	\$218.00	\$259.15	\$224.63	\$383.87	\$332.73
78	\$198.98	\$171.89	\$205.03	\$177.14	\$303.71	\$262.36	\$350.72	\$302.99	\$361.39	\$312.21	\$535.31	\$462.47	\$258.17	\$223.04	\$266.03	\$229.84	\$394.06	\$340.43
79	\$204.12	\$175.78	\$210.33	\$181.14	\$311.56	\$268.31	\$359.78	\$309.84	\$370.75	\$319.28	\$549.15	\$472.94	\$264.85	\$228.09	\$272.92	\$235.03	\$404.25	\$348.14
80	\$209.26	\$179.68	\$215.65	\$185.15	\$319.41	\$274.24	\$368.86	\$316.71	\$380.09	\$326.34	\$563.00	\$483.38	\$271.52	\$233.14	\$279.80	\$240.23	\$414.44	\$355.85
81	\$214.41	\$183.57	\$220.94	\$189.16	\$327.27	\$280.18	\$377.93	\$323.55	\$389.43	\$333.40	\$576.86	\$493.86	\$278.20	\$238.18	\$286.67	\$245.43	\$424.65	\$363.54
82	\$219.56	\$187.46	\$226.24	\$193.17	\$335.12	\$286.12	\$387.01	\$330.41	\$398.78	\$340.46	\$590.70	\$504.31	\$284.90	\$243.22	\$293.56	\$250.64	\$434.84	\$371.24
83	\$226.06	\$192.51	\$232.95	\$198.37	\$345.06	\$293.84	\$398.48	\$339.32	\$410.61	\$349.65	\$608.21	\$517.94	\$293.34	\$249.80	\$302.27	\$257.39	\$447.73	\$381.26
84	\$232.58	\$197.57	\$239.66	\$203.58	\$355.01	\$301.57	\$409.96	\$348.25	\$422.43	\$358.86	\$625.73	\$531.54	\$301.78	\$256.36	\$310.97	\$264.16	\$460.63	\$391.28
85+	\$239.09	\$202.64	\$246.37	\$208.81	\$364.93	\$309.29	\$421.42	\$357.17	\$434.26	\$368.04	\$643.24	\$545.15	\$310.23	\$262.92	\$319.67	\$270.93	\$473.52	\$401.31



You may be eligible for a discount on your monthly premium.

See page 10 for more information.

Attained age	Plan F						Plan G						Plan N					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65	\$215.65	\$201.54	\$222.20	\$207.68	\$329.14	\$307.63	\$167.18	\$156.25	\$172.27	\$161.01	\$255.18	\$238.50	\$136.17	\$127.26	\$140.31	\$131.14	\$207.83	\$194.24
66	\$227.55	\$210.84	\$234.48	\$217.25	\$347.31	\$321.80	\$176.41	\$163.45	\$181.79	\$168.43	\$269.27	\$249.50	\$143.68	\$133.13	\$148.06	\$137.19	\$219.31	\$203.21
67	\$242.76	\$222.54	\$250.14	\$229.32	\$370.53	\$339.68	\$188.21	\$172.54	\$193.93	\$177.78	\$287.27	\$263.34	\$153.28	\$140.52	\$157.95	\$144.79	\$233.97	\$214.48
68	\$254.55	\$231.07	\$262.30	\$238.12	\$388.54	\$352.71	\$197.36	\$179.16	\$203.36	\$184.61	\$301.24	\$273.46	\$160.73	\$145.91	\$165.63	\$150.36	\$245.34	\$222.71
69	\$266.35	\$239.63	\$274.46	\$246.92	\$406.54	\$365.75	\$206.51	\$185.77	\$212.80	\$191.43	\$315.20	\$283.56	\$168.18	\$151.32	\$173.31	\$155.91	\$256.71	\$230.95
70	\$278.15	\$248.16	\$286.62	\$255.71	\$424.55	\$378.78	\$215.66	\$192.39	\$222.21	\$198.25	\$329.15	\$293.67	\$175.64	\$156.70	\$180.99	\$161.48	\$268.08	\$239.18
71	\$289.95	\$256.70	\$298.77	\$264.51	\$442.56	\$391.83	\$224.79	\$199.03	\$231.64	\$205.08	\$343.11	\$303.77	\$183.08	\$162.09	\$188.66	\$167.03	\$279.46	\$247.42
72	\$301.75	\$265.25	\$310.93	\$273.32	\$460.56	\$404.86	\$233.94	\$205.65	\$241.06	\$211.90	\$357.07	\$313.89	\$190.53	\$167.50	\$196.34	\$172.58	\$290.82	\$255.65
73	\$313.15	\$274.39	\$322.67	\$282.75	\$477.97	\$418.81	\$242.79	\$212.73	\$250.17	\$219.20	\$370.56	\$324.70	\$197.74	\$173.26	\$203.74	\$178.54	\$301.81	\$264.46
74	\$324.55	\$283.53	\$334.42	\$292.16	\$495.37	\$432.76	\$251.63	\$219.83	\$259.28	\$226.51	\$384.05	\$335.53	\$204.93	\$179.03	\$211.17	\$184.49	\$312.79	\$273.27
75	\$335.95	\$292.67	\$346.18	\$301.58	\$512.78	\$446.72	\$260.46	\$226.90	\$268.38	\$233.81	\$397.55	\$346.34	\$212.14	\$184.81	\$218.58	\$190.43	\$323.78	\$282.08
76	\$347.35	\$301.82	\$357.92	\$311.00	\$530.17	\$460.67	\$269.30	\$234.00	\$277.49	\$241.12	\$411.04	\$357.15	\$219.33	\$190.58	\$226.01	\$196.38	\$334.78	\$290.90
77	\$358.75	\$310.95	\$369.67	\$320.43	\$547.57	\$474.63	\$278.13	\$241.09	\$286.61	\$248.43	\$424.53	\$367.97	\$226.52	\$196.35	\$233.43	\$202.33	\$345.76	\$299.71
78	\$368.27	\$318.16	\$379.49	\$327.83	\$562.12	\$485.62	\$285.52	\$246.67	\$294.22	\$254.17	\$435.81	\$376.50	\$232.54	\$200.90	\$239.63	\$207.01	\$354.94	\$306.63
79	\$377.80	\$325.36	\$389.31	\$335.26	\$576.65	\$496.61	\$292.91	\$252.25	\$301.82	\$259.92	\$447.07	\$385.01	\$238.55	\$205.44	\$245.82	\$211.70	\$364.12	\$313.58
80	\$387.33	\$332.56	\$399.12	\$342.68	\$591.20	\$507.59	\$300.29	\$257.83	\$309.44	\$265.68	\$458.35	\$393.54	\$244.58	\$209.99	\$252.01	\$216.38	\$373.30	\$320.51
81	\$396.86	\$339.75	\$408.93	\$350.10	\$605.73	\$518.58	\$307.68	\$263.42	\$317.05	\$271.43	\$469.62	\$402.05	\$250.59	\$214.54	\$258.22	\$221.06	\$382.49	\$327.46
82	\$406.38	\$346.95	\$418.74	\$357.51	\$620.26	\$529.57	\$315.06	\$268.99	\$324.65	\$277.18	\$480.89	\$410.56	\$256.60	\$219.07	\$264.42	\$225.74	\$391.67	\$334.39
83	\$418.42	\$356.31	\$431.17	\$367.17	\$638.67	\$543.85	\$324.40	\$276.25	\$334.28	\$284.66	\$495.16	\$421.66	\$264.21	\$225.00	\$272.25	\$231.85	\$403.28	\$343.42
84	\$430.48	\$365.68	\$443.58	\$376.82	\$657.05	\$558.15	\$333.74	\$283.51	\$343.90	\$292.14	\$509.41	\$432.73	\$271.82	\$230.90	\$280.10	\$237.94	\$414.89	\$352.44
85+	\$442.52	\$375.05	\$455.99	\$386.46	\$675.45	\$572.45	\$343.09	\$290.78	\$353.54	\$299.62	\$523.66	\$443.81	\$279.44	\$236.82	\$287.94	\$244.03	\$426.51	\$361.47

Area 2

Counties:

Arenac, Bay, Clare, Clinton, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Isabella, Jackson, Lapeer, Lenawee, Livingston, Macomb, Midland, Monroe, Oakland, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw, Wayne

Attained age	Plan A						Plan C						Plan D					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	\$251.54	\$235.10	\$259.19	\$242.26	\$383.94	\$358.85	\$443.37	\$414.39	\$456.86	\$427.01	\$676.73	\$632.51	\$326.39	\$305.05	\$336.31	\$314.33	\$498.17	\$465.61
65	\$109.52	\$102.36	\$112.85	\$105.48	\$167.17	\$156.24	\$193.04	\$180.42	\$198.92	\$185.91	\$294.65	\$275.39	\$142.10	\$132.83	\$146.43	\$136.87	\$216.90	\$202.72
66	\$115.56	\$107.08	\$119.09	\$110.35	\$176.40	\$163.43	\$203.70	\$188.74	\$209.89	\$194.49	\$310.92	\$288.09	\$149.95	\$138.93	\$154.52	\$143.17	\$228.88	\$212.07
67	\$123.29	\$113.03	\$127.04	\$116.47	\$188.19	\$172.52	\$217.32	\$199.22	\$223.93	\$205.29	\$331.70	\$304.07	\$159.98	\$146.66	\$164.85	\$151.11	\$244.18	\$223.84
68	\$129.28	\$117.37	\$133.22	\$120.94	\$197.34	\$179.14	\$227.88	\$206.86	\$234.81	\$213.16	\$347.82	\$315.75	\$167.74	\$152.27	\$172.86	\$156.92	\$256.04	\$232.44
69	\$135.28	\$121.70	\$139.40	\$125.41	\$206.48	\$185.75	\$238.45	\$214.52	\$245.69	\$221.04	\$363.94	\$327.42	\$175.53	\$157.91	\$180.87	\$162.71	\$267.91	\$241.03
70	\$141.27	\$126.04	\$145.57	\$129.88	\$215.62	\$192.37	\$249.00	\$222.16	\$256.59	\$228.91	\$380.07	\$339.09	\$183.31	\$163.54	\$188.88	\$168.52	\$279.78	\$249.62
71	\$147.25	\$130.38	\$151.74	\$134.35	\$224.77	\$199.00	\$259.57	\$229.80	\$267.47	\$236.80	\$396.18	\$350.76	\$191.07	\$169.17	\$196.89	\$174.32	\$291.65	\$258.20
72	\$153.25	\$134.72	\$157.92	\$138.83	\$233.91	\$205.63	\$270.13	\$237.46	\$278.35	\$244.68	\$412.31	\$362.43	\$198.85	\$174.81	\$204.90	\$180.13	\$303.50	\$266.79
73	\$159.05	\$139.36	\$163.88	\$143.60	\$242.76	\$212.71	\$280.33	\$245.64	\$288.86	\$253.12	\$427.88	\$374.92	\$206.36	\$180.83	\$212.65	\$186.33	\$314.98	\$276.00
74	\$164.84	\$144.01	\$169.85	\$148.38	\$251.59	\$219.79	\$290.53	\$253.82	\$299.39	\$261.54	\$443.46	\$387.41	\$213.87	\$186.85	\$220.39	\$192.53	\$326.45	\$285.19
75	\$170.61	\$148.65	\$175.82	\$153.18	\$260.43	\$226.88	\$300.74	\$262.00	\$309.90	\$269.98	\$459.04	\$399.90	\$221.39	\$192.87	\$228.13	\$198.74	\$337.92	\$294.39
76	\$176.41	\$153.28	\$181.79	\$157.95	\$269.27	\$233.97	\$310.95	\$270.18	\$320.41	\$278.41	\$474.62	\$412.39	\$228.90	\$198.90	\$235.87	\$204.95	\$349.39	\$303.58
77	\$182.20	\$157.93	\$187.75	\$162.73	\$278.10	\$241.05	\$321.16	\$278.37	\$330.93	\$286.84	\$490.19	\$424.89	\$236.40	\$204.92	\$243.62	\$211.16	\$360.86	\$312.77
78	\$187.04	\$161.58	\$192.74	\$166.51	\$285.49	\$246.64	\$329.69	\$284.81	\$339.72	\$293.49	\$503.21	\$434.72	\$242.69	\$209.67	\$250.09	\$216.04	\$370.42	\$320.03
79	\$191.88	\$165.24	\$197.71	\$170.27	\$292.86	\$252.22	\$338.22	\$291.26	\$348.52	\$300.13	\$516.23	\$444.56	\$248.97	\$214.40	\$256.54	\$220.93	\$380.01	\$327.26
80	\$196.71	\$168.89	\$202.70	\$174.04	\$300.26	\$257.80	\$346.74	\$297.71	\$357.29	\$306.77	\$529.24	\$454.39	\$255.25	\$219.15	\$263.01	\$225.83	\$389.59	\$334.50
81	\$201.55	\$172.56	\$207.69	\$177.82	\$307.64	\$263.38	\$355.27	\$304.15	\$366.08	\$313.41	\$542.26	\$464.23	\$261.52	\$223.89	\$269.48	\$230.71	\$399.18	\$341.74
82	\$206.39	\$176.21	\$212.68	\$181.57	\$315.02	\$268.95	\$363.79	\$310.60	\$374.87	\$320.05	\$555.27	\$474.06	\$267.80	\$228.64	\$275.95	\$235.61	\$408.75	\$348.98
83	\$212.52	\$180.98	\$218.99	\$186.48	\$324.37	\$276.21	\$374.58	\$318.97	\$385.99	\$328.69	\$571.74	\$486.87	\$275.75	\$234.81	\$284.13	\$241.96	\$420.87	\$358.41
84	\$218.63	\$185.72	\$225.29	\$191.37	\$333.71	\$283.48	\$385.37	\$327.37	\$397.09	\$337.32	\$588.21	\$499.66	\$283.68	\$240.98	\$292.31	\$248.31	\$433.00	\$367.81
85+	\$224.76	\$190.48	\$231.60	\$196.28	\$343.05	\$290.74	\$396.16	\$335.74	\$408.21	\$345.97	\$604.67	\$512.46	\$291.63	\$247.15	\$300.49	\$254.68	\$445.11	\$377.24



You may be eligible for a discount on your monthly premium.

See page 10 for more information.

Attained age	Plan F						Plan G						Plan N					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65	\$202.70	\$189.47	\$208.87	\$195.22	\$309.41	\$289.18	\$146.17	\$136.60	\$150.61	\$140.76	\$223.08	\$208.51	\$128.00	\$119.63	\$131.89	\$123.27	\$195.37	\$182.60
66	\$213.89	\$198.19	\$220.41	\$204.22	\$326.48	\$302.51	\$154.23	\$142.90	\$158.92	\$147.25	\$235.40	\$218.12	\$135.06	\$125.14	\$139.18	\$128.96	\$206.15	\$191.02
67	\$228.19	\$209.20	\$235.15	\$215.56	\$348.30	\$319.30	\$164.54	\$150.84	\$169.55	\$155.42	\$251.14	\$230.22	\$144.09	\$132.10	\$148.49	\$136.12	\$219.95	\$201.63
68	\$239.30	\$217.21	\$246.56	\$223.84	\$365.23	\$331.56	\$172.54	\$156.62	\$177.78	\$161.39	\$263.34	\$239.06	\$151.09	\$137.17	\$155.69	\$141.34	\$230.63	\$209.36
69	\$250.38	\$225.24	\$258.00	\$232.11	\$382.16	\$343.81	\$180.54	\$162.41	\$186.03	\$167.36	\$275.54	\$247.90	\$158.10	\$142.23	\$162.91	\$146.57	\$241.32	\$217.11
70	\$261.47	\$233.29	\$269.43	\$240.38	\$399.08	\$356.06	\$188.52	\$168.21	\$194.26	\$173.32	\$287.76	\$256.74	\$165.10	\$147.30	\$170.12	\$151.78	\$252.00	\$224.84
71	\$272.57	\$241.32	\$280.85	\$248.66	\$416.01	\$368.33	\$196.52	\$174.00	\$202.51	\$179.28	\$299.96	\$265.58	\$172.10	\$152.37	\$177.34	\$157.01	\$262.69	\$232.57
72	\$283.65	\$249.34	\$292.28	\$256.94	\$432.95	\$380.57	\$204.52	\$179.77	\$210.74	\$185.25	\$312.16	\$274.42	\$179.11	\$157.44	\$184.56	\$162.24	\$273.37	\$240.32
73	\$294.36	\$257.94	\$303.32	\$265.78	\$449.31	\$393.70	\$212.25	\$185.99	\$218.71	\$191.64	\$323.96	\$283.86	\$185.88	\$162.87	\$191.53	\$167.83	\$283.70	\$248.59
74	\$305.09	\$266.52	\$314.37	\$274.64	\$465.66	\$406.81	\$219.98	\$192.18	\$226.67	\$198.03	\$335.75	\$293.32	\$192.65	\$168.30	\$198.51	\$173.42	\$294.04	\$256.87
75	\$315.80	\$275.12	\$325.41	\$283.49	\$482.02	\$419.93	\$227.70	\$198.37	\$234.64	\$204.40	\$347.55	\$302.78	\$199.40	\$173.72	\$205.49	\$179.01	\$304.38	\$265.16
76	\$326.51	\$283.72	\$336.45	\$292.35	\$498.37	\$433.04	\$235.44	\$204.56	\$242.60	\$210.80	\$359.35	\$312.24	\$206.17	\$179.15	\$212.45	\$184.60	\$314.68	\$273.45
77	\$337.24	\$292.30	\$347.49	\$301.22	\$514.74	\$446.17	\$243.15	\$210.75	\$250.55	\$217.18	\$371.13	\$321.70	\$212.95	\$184.58	\$219.42	\$190.20	\$325.03	\$281.73
78	\$346.19	\$299.08	\$356.73	\$308.17	\$528.41	\$456.49	\$249.62	\$215.65	\$257.20	\$222.20	\$381.00	\$329.14	\$218.60	\$188.85	\$225.24	\$194.60	\$333.65	\$288.25
79	\$355.14	\$305.84	\$365.95	\$315.15	\$542.07	\$466.82	\$256.08	\$220.53	\$263.86	\$227.23	\$390.85	\$336.59	\$224.25	\$193.12	\$231.07	\$199.00	\$342.28	\$294.78
80	\$364.09	\$312.61	\$375.19	\$322.12	\$555.74	\$477.15	\$262.53	\$225.40	\$270.51	\$232.26	\$400.71	\$344.04	\$229.90	\$197.39	\$236.90	\$203.40	\$350.91	\$301.29
81	\$373.06	\$319.38	\$384.41	\$329.10	\$569.41	\$487.48	\$268.99	\$230.29	\$277.17	\$237.30	\$410.55	\$351.48	\$235.55	\$201.67	\$242.72	\$207.81	\$359.54	\$307.82
82	\$382.01	\$326.14	\$393.64	\$336.08	\$583.07	\$497.81	\$275.44	\$235.16	\$283.82	\$242.32	\$420.41	\$358.93	\$241.21	\$205.95	\$248.55	\$212.21	\$368.18	\$314.33
83	\$393.33	\$334.95	\$405.31	\$345.14	\$600.37	\$511.25	\$283.61	\$241.51	\$292.24	\$248.85	\$432.88	\$368.62	\$248.37	\$211.50	\$255.94	\$217.95	\$379.09	\$322.81
84	\$404.66	\$343.75	\$416.98	\$354.21	\$617.65	\$524.68	\$291.78	\$247.85	\$300.66	\$255.41	\$445.34	\$378.30	\$255.52	\$217.05	\$263.30	\$223.66	\$390.01	\$331.30
85+	\$415.99	\$352.56	\$428.66	\$363.29	\$634.94	\$538.11	\$299.94	\$254.19	\$309.07	\$261.95	\$457.81	\$388.00	\$262.67	\$222.62	\$270.66	\$229.39	\$400.92	\$339.79

Area 3

Counties:

Alcona, Alger, Alpena, Antrim, Baraga, Benzie, Charlevoix, Cheboygan, Chippewa, Crawford, Delta, Dickinson, Emmet, Gogebic, Grand Traverse, Houghton, Iosco, Iron, Kalkaska, Keweenaw, Leelanau, Luce, Mackinac, Manistee, Marquette, Menominee, Missaukee, Montmorency, Ogemaw, Ontonagon, Oscoda, Otsego, Presque Isle, Roscommon, Schoolcraft, Wexford

	Plan A						Plan C						Plan D					
Attained age	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	\$256.19	\$239.46	\$264.00	\$246.76	\$391.05	\$365.50	\$451.59	\$422.07	\$465.34	\$434.92	\$689.28	\$644.23	\$332.43	\$310.71	\$342.55	\$320.16	\$507.41	\$474.24
65	\$111.55	\$104.25	\$114.94	\$107.44	\$170.26	\$159.14	\$196.63	\$183.76	\$202.62	\$189.36	\$300.11	\$280.49	\$144.74	\$135.28	\$149.13	\$139.40	\$220.91	\$206.49
66	\$117.71	\$109.07	\$121.29	\$112.39	\$179.66	\$166.47	\$207.48	\$192.24	\$213.80	\$198.09	\$316.67	\$293.42	\$152.73	\$141.51	\$157.38	\$145.82	\$233.12	\$216.00
67	\$125.58	\$115.12	\$129.40	\$118.62	\$191.67	\$175.71	\$221.34	\$202.91	\$228.07	\$209.09	\$337.85	\$309.72	\$162.94	\$149.37	\$167.89	\$153.92	\$248.70	\$227.99
68	\$131.69	\$119.54	\$135.69	\$123.18	\$200.99	\$182.46	\$232.10	\$210.70	\$239.17	\$217.12	\$354.27	\$321.60	\$170.86	\$155.10	\$176.05	\$159.83	\$260.78	\$236.74
69	\$137.78	\$123.95	\$141.98	\$127.73	\$210.30	\$189.20	\$242.85	\$218.49	\$250.26	\$225.14	\$370.69	\$333.49	\$178.77	\$160.84	\$184.22	\$165.73	\$272.87	\$245.49
70	\$143.89	\$128.38	\$148.26	\$132.28	\$219.62	\$195.95	\$253.61	\$226.28	\$261.33	\$233.17	\$387.10	\$345.38	\$186.70	\$166.57	\$192.38	\$171.65	\$284.96	\$254.25
71	\$149.99	\$132.78	\$154.55	\$136.84	\$228.94	\$202.69	\$264.37	\$234.06	\$272.43	\$241.19	\$403.52	\$357.25	\$194.62	\$172.31	\$200.54	\$177.55	\$297.05	\$262.99
72	\$156.09	\$137.21	\$160.84	\$141.38	\$238.25	\$209.42	\$275.14	\$241.85	\$283.50	\$249.21	\$419.94	\$369.14	\$202.53	\$178.03	\$208.70	\$183.46	\$309.14	\$271.75
73	\$161.99	\$141.93	\$166.92	\$146.25	\$247.25	\$216.66	\$285.52	\$250.18	\$294.23	\$257.81	\$435.82	\$381.87	\$210.18	\$184.17	\$216.58	\$189.77	\$320.81	\$281.11
74	\$167.88	\$146.67	\$173.00	\$151.13	\$256.26	\$223.87	\$295.93	\$258.52	\$304.93	\$266.39	\$451.67	\$394.59	\$217.84	\$190.31	\$224.47	\$196.09	\$332.49	\$290.48
75	\$173.78	\$151.40	\$179.07	\$156.01	\$265.26	\$231.09	\$306.31	\$266.86	\$315.64	\$274.99	\$467.54	\$407.32	\$225.49	\$196.43	\$232.35	\$202.42	\$344.18	\$299.84
76	\$179.69	\$156.12	\$185.16	\$160.88	\$274.25	\$238.31	\$316.72	\$275.19	\$326.36	\$283.57	\$483.42	\$420.03	\$233.15	\$202.57	\$240.23	\$208.74	\$355.86	\$309.21
77	\$185.58	\$160.86	\$191.22	\$165.75	\$283.26	\$245.52	\$327.10	\$283.53	\$337.07	\$292.16	\$499.28	\$432.76	\$240.80	\$208.71	\$248.13	\$215.06	\$367.53	\$318.58
78	\$190.51	\$164.58	\$196.31	\$169.59	\$290.78	\$251.21	\$335.79	\$290.10	\$346.02	\$298.93	\$512.53	\$442.78	\$247.19	\$213.55	\$254.71	\$220.04	\$377.29	\$325.95
79	\$195.42	\$168.31	\$201.38	\$173.43	\$298.30	\$256.88	\$344.47	\$296.66	\$354.97	\$305.69	\$525.79	\$452.80	\$253.58	\$218.38	\$261.30	\$225.03	\$387.05	\$333.31
80	\$200.36	\$172.03	\$206.46	\$177.26	\$305.82	\$262.58	\$353.17	\$303.23	\$363.91	\$312.45	\$539.05	\$462.82	\$259.98	\$223.21	\$267.88	\$230.01	\$396.81	\$340.70
81	\$205.29	\$175.75	\$211.54	\$181.09	\$313.34	\$268.26	\$361.86	\$309.78	\$372.86	\$319.22	\$552.30	\$472.84	\$266.36	\$228.04	\$274.48	\$234.98	\$406.57	\$348.07
82	\$210.22	\$179.48	\$216.62	\$184.93	\$320.87	\$273.94	\$370.53	\$316.34	\$381.82	\$325.97	\$565.57	\$482.86	\$272.77	\$232.88	\$281.07	\$239.96	\$416.34	\$355.45
83	\$216.45	\$184.32	\$223.04	\$189.93	\$330.38	\$281.34	\$381.53	\$324.89	\$393.13	\$334.78	\$582.34	\$495.89	\$280.84	\$239.17	\$289.40	\$246.44	\$428.68	\$365.05
84	\$222.69	\$189.17	\$229.47	\$194.92	\$339.89	\$288.73	\$392.51	\$333.42	\$404.45	\$343.58	\$599.10	\$508.93	\$288.94	\$245.45	\$297.74	\$252.93	\$441.02	\$374.63
85+	\$228.91	\$194.01	\$235.88	\$199.91	\$349.41	\$296.12	\$403.50	\$341.97	\$415.78	\$352.37	\$615.87	\$521.96	\$297.02	\$251.74	\$306.07	\$259.39	\$453.36	\$384.23



You may be eligible for a discount on your monthly premium.

See page 10 for more information.

Attained age	Plan F						Plan G						Plan N					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65	\$206.46	\$192.97	\$212.74	\$198.84	\$315.14	\$294.53	\$160.07	\$149.61	\$164.94	\$154.17	\$244.33	\$228.35	\$130.38	\$121.85	\$134.34	\$125.56	\$198.99	\$185.99
66	\$217.86	\$201.86	\$224.49	\$208.01	\$332.54	\$308.12	\$168.90	\$156.51	\$174.05	\$161.26	\$257.81	\$238.88	\$137.57	\$127.46	\$141.75	\$131.35	\$209.98	\$194.55
67	\$232.43	\$213.07	\$239.50	\$219.56	\$354.76	\$325.22	\$180.20	\$165.20	\$185.68	\$170.22	\$275.04	\$252.14	\$146.76	\$134.55	\$151.23	\$138.63	\$224.01	\$205.36
68	\$243.71	\$221.25	\$251.14	\$227.99	\$372.00	\$337.70	\$188.96	\$171.54	\$194.70	\$176.75	\$288.41	\$261.82	\$153.90	\$139.71	\$158.58	\$143.95	\$234.90	\$213.24
69	\$255.01	\$229.43	\$262.78	\$236.40	\$389.25	\$350.18	\$197.71	\$177.87	\$203.73	\$183.28	\$301.77	\$271.49	\$161.04	\$144.87	\$165.93	\$149.27	\$245.79	\$221.13
70	\$266.31	\$237.61	\$274.43	\$244.83	\$406.49	\$362.67	\$206.48	\$184.21	\$212.75	\$189.82	\$315.15	\$281.17	\$168.16	\$150.04	\$173.28	\$154.60	\$256.67	\$229.00
71	\$277.61	\$245.79	\$286.07	\$253.27	\$423.72	\$375.15	\$215.23	\$190.55	\$221.78	\$196.35	\$328.52	\$290.84	\$175.30	\$155.20	\$180.63	\$159.92	\$267.57	\$236.88
72	\$288.91	\$253.96	\$297.71	\$261.69	\$440.98	\$387.62	\$223.99	\$196.89	\$230.80	\$202.88	\$341.88	\$300.52	\$182.43	\$160.36	\$187.99	\$165.24	\$278.45	\$244.77
73	\$299.82	\$262.71	\$308.94	\$270.71	\$457.63	\$401.00	\$232.46	\$203.68	\$239.52	\$209.88	\$354.79	\$310.89	\$189.32	\$165.88	\$195.08	\$170.94	\$288.97	\$253.19
74	\$310.74	\$271.47	\$320.20	\$279.74	\$474.29	\$414.35	\$240.92	\$210.47	\$248.25	\$216.87	\$367.71	\$321.24	\$196.21	\$171.41	\$202.19	\$176.63	\$299.48	\$261.63
75	\$321.65	\$280.21	\$331.44	\$288.76	\$490.95	\$427.71	\$249.37	\$217.25	\$256.97	\$223.87	\$380.63	\$331.61	\$203.11	\$176.93	\$209.29	\$182.33	\$310.00	\$270.08
76	\$332.57	\$288.97	\$342.70	\$297.76	\$507.62	\$441.06	\$257.84	\$224.04	\$265.69	\$230.86	\$393.55	\$341.96	\$210.00	\$182.47	\$216.39	\$188.03	\$320.53	\$278.51
77	\$343.48	\$297.73	\$353.93	\$306.78	\$524.28	\$454.43	\$266.30	\$230.82	\$274.42	\$237.85	\$406.47	\$352.31	\$216.89	\$188.00	\$223.49	\$193.72	\$331.05	\$286.95
78	\$352.60	\$304.61	\$363.34	\$313.89	\$538.19	\$464.95	\$273.36	\$236.17	\$281.69	\$243.36	\$417.25	\$360.47	\$222.65	\$192.35	\$229.43	\$198.20	\$339.83	\$293.59
79	\$361.73	\$311.50	\$372.73	\$320.98	\$552.11	\$475.47	\$280.45	\$241.51	\$288.98	\$248.86	\$428.04	\$368.63	\$228.41	\$196.70	\$235.36	\$202.69	\$348.62	\$300.24
80	\$370.84	\$318.40	\$382.13	\$328.09	\$566.04	\$485.99	\$287.51	\$246.85	\$296.27	\$254.37	\$438.85	\$376.78	\$234.17	\$201.05	\$241.29	\$207.17	\$357.42	\$306.88
81	\$379.96	\$325.30	\$391.54	\$335.20	\$579.95	\$496.51	\$294.58	\$252.20	\$303.56	\$259.87	\$449.64	\$384.94	\$239.93	\$205.40	\$247.23	\$211.66	\$366.21	\$313.51
82	\$389.09	\$332.20	\$400.92	\$342.29	\$593.87	\$507.02	\$301.66	\$257.54	\$310.84	\$265.37	\$460.43	\$393.10	\$245.68	\$209.75	\$253.16	\$216.14	\$375.00	\$320.16
83	\$400.62	\$341.15	\$412.82	\$351.54	\$611.49	\$520.72	\$310.60	\$264.49	\$320.06	\$272.54	\$474.09	\$403.71	\$252.97	\$215.42	\$260.67	\$221.98	\$386.11	\$328.80
84	\$412.17	\$350.12	\$424.70	\$360.77	\$629.09	\$534.40	\$319.54	\$271.45	\$329.27	\$279.70	\$487.73	\$414.33	\$260.26	\$221.07	\$268.17	\$227.81	\$397.23	\$337.44
85+	\$423.69	\$359.08	\$436.59	\$370.02	\$646.70	\$548.09	\$328.49	\$278.40	\$338.49	\$286.86	\$501.38	\$424.93	\$267.54	\$226.74	\$275.68	\$233.65	\$408.36	\$346.09

Area 4

Outside the state of Michigan

After you become a member, you may continue your coverage if you permanently move outside the state of Michigan. If you reside in Michigan for less than six months of the year, we will consider you to have permanently moved out of the state. Your premium will change to the Area 4 premium upon your renewal date. If you remain living in the United States or one of its territories, you may continue your coverage provided all other eligibility requirements continue to be satisfied. If you move outside of the United States or its territories, your Priority Health Medigap plan will be terminated.

Attained age	Plan A						Plan C						Plan D					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	\$270.78	\$253.09	\$279.02	\$260.78	\$413.31	\$386.28	\$477.28	\$446.08	\$491.80	\$459.66	\$728.48	\$680.87	\$351.34	\$328.38	\$362.04	\$338.38	\$536.26	\$501.21
65	\$117.90	\$110.20	\$121.48	\$113.54	\$179.94	\$168.18	\$207.81	\$194.22	\$214.13	\$200.14	\$317.18	\$296.45	\$152.96	\$142.96	\$157.63	\$147.33	\$233.49	\$218.23
66	\$124.40	\$115.27	\$128.19	\$118.78	\$189.88	\$175.93	\$219.28	\$203.18	\$225.95	\$209.36	\$334.69	\$310.12	\$161.41	\$149.56	\$166.33	\$154.11	\$246.37	\$228.29
67	\$132.72	\$121.67	\$136.76	\$125.38	\$202.57	\$185.71	\$233.94	\$214.45	\$241.05	\$220.99	\$357.06	\$327.33	\$172.20	\$157.86	\$177.44	\$162.68	\$262.85	\$240.96
68	\$139.17	\$126.34	\$143.41	\$130.18	\$212.42	\$192.83	\$245.30	\$222.69	\$252.78	\$229.47	\$374.41	\$339.89	\$180.58	\$163.93	\$186.07	\$168.91	\$275.62	\$250.21
69	\$145.62	\$131.01	\$150.05	\$135.00	\$222.27	\$199.96	\$256.67	\$230.91	\$264.48	\$237.95	\$391.76	\$352.45	\$188.94	\$169.99	\$194.69	\$175.16	\$288.40	\$259.45
70	\$152.07	\$135.68	\$156.70	\$139.80	\$232.11	\$207.09	\$268.04	\$239.14	\$276.20	\$246.43	\$409.13	\$365.02	\$197.32	\$176.04	\$203.33	\$181.40	\$301.17	\$268.70
71	\$158.52	\$140.35	\$163.35	\$144.61	\$241.96	\$214.22	\$279.41	\$247.37	\$287.92	\$254.91	\$426.48	\$377.58	\$205.68	\$182.09	\$211.95	\$187.65	\$313.94	\$277.95
72	\$164.98	\$145.02	\$170.00	\$149.43	\$251.80	\$221.34	\$290.78	\$255.61	\$299.63	\$263.39	\$443.84	\$390.15	\$214.05	\$188.17	\$220.57	\$193.89	\$326.72	\$287.20
73	\$171.20	\$150.02	\$176.41	\$154.57	\$261.31	\$228.98	\$301.76	\$264.42	\$310.95	\$272.47	\$460.61	\$403.59	\$222.14	\$194.65	\$228.90	\$200.57	\$339.07	\$297.10
74	\$177.43	\$155.02	\$182.84	\$159.73	\$270.82	\$236.61	\$312.75	\$273.23	\$322.27	\$281.55	\$477.36	\$417.04	\$230.22	\$201.13	\$237.23	\$207.25	\$351.41	\$307.00
75	\$183.67	\$160.01	\$189.25	\$164.88	\$280.34	\$244.23	\$323.75	\$282.04	\$333.59	\$290.63	\$494.13	\$430.48	\$238.32	\$207.63	\$245.56	\$213.95	\$363.75	\$316.90
76	\$189.90	\$165.01	\$195.68	\$170.03	\$289.85	\$251.85	\$334.73	\$290.84	\$344.91	\$299.71	\$510.92	\$443.94	\$246.40	\$214.11	\$253.89	\$220.62	\$376.09	\$326.79
77	\$196.13	\$170.01	\$202.11	\$175.18	\$299.38	\$259.48	\$345.72	\$299.66	\$356.23	\$308.78	\$527.67	\$457.38	\$254.50	\$220.58	\$262.25	\$227.31	\$388.44	\$336.70
78	\$201.35	\$173.94	\$207.48	\$179.23	\$307.31	\$265.49	\$354.89	\$306.60	\$365.69	\$315.93	\$541.68	\$467.97	\$261.26	\$225.70	\$269.20	\$232.57	\$398.75	\$344.48
79	\$206.55	\$177.88	\$212.84	\$183.30	\$315.27	\$271.50	\$364.07	\$313.53	\$375.16	\$323.08	\$555.70	\$478.55	\$268.01	\$230.80	\$276.17	\$237.83	\$409.07	\$352.28
80	\$211.75	\$181.81	\$218.20	\$187.35	\$323.22	\$277.51	\$373.25	\$320.47	\$384.61	\$330.23	\$569.71	\$489.15	\$274.77	\$235.92	\$283.12	\$243.09	\$419.38	\$360.07
81	\$216.97	\$185.75	\$223.57	\$191.40	\$331.16	\$283.51	\$382.43	\$327.41	\$394.07	\$337.38	\$583.73	\$499.74	\$281.52	\$241.02	\$290.09	\$248.35	\$429.70	\$367.88
82	\$222.17	\$189.68	\$228.94	\$195.47	\$339.11	\$289.52	\$391.60	\$334.34	\$403.53	\$344.53	\$597.73	\$510.32	\$288.28	\$246.12	\$297.05	\$253.61	\$440.01	\$375.67
83	\$228.77	\$194.81	\$235.73	\$200.73	\$349.16	\$297.33	\$403.22	\$343.38	\$415.50	\$353.81	\$615.45	\$524.09	\$296.82	\$252.76	\$305.87	\$260.46	\$453.06	\$385.80
84	\$235.35	\$199.92	\$242.51	\$206.01	\$359.22	\$305.15	\$414.83	\$352.40	\$427.46	\$363.11	\$633.18	\$537.88	\$305.38	\$259.41	\$314.66	\$267.31	\$466.11	\$395.94
85+	\$241.94	\$205.05	\$249.30	\$211.29	\$369.27	\$312.96	\$426.45	\$361.42	\$439.42	\$372.42	\$650.90	\$551.65	\$313.92	\$266.05	\$323.48	\$274.15	\$479.15	\$406.08

Your premium will change annually based on your age. Age is determined as of the end of the month in which the plan is renewing.



You may be eligible for a discount on your monthly premium.

See page 10 for more information.

Attained age	Plan F						Plan G						Plan N					
	Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2		Preferred		Tier 1		Tier 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<65	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65	\$218.20	\$203.95	\$224.85	\$210.15	\$333.06	\$311.29	\$169.17	\$158.11	\$174.33	\$162.93	\$258.22	\$241.34	\$137.78	\$128.77	\$141.98	\$132.70	\$210.31	\$196.56
66	\$230.24	\$213.34	\$237.26	\$219.84	\$351.44	\$325.64	\$178.51	\$165.40	\$183.94	\$170.44	\$272.47	\$252.46	\$145.39	\$134.72	\$149.82	\$138.83	\$221.91	\$205.63
67	\$245.65	\$225.19	\$253.13	\$232.04	\$374.94	\$343.72	\$190.46	\$174.58	\$196.24	\$179.90	\$290.68	\$266.48	\$155.11	\$142.20	\$159.84	\$146.52	\$236.76	\$217.03
68	\$257.59	\$233.83	\$265.43	\$240.95	\$393.17	\$356.91	\$199.70	\$181.30	\$205.79	\$186.81	\$304.82	\$276.71	\$162.66	\$147.65	\$167.59	\$152.16	\$248.26	\$225.36
69	\$269.52	\$242.48	\$277.74	\$249.85	\$411.38	\$370.10	\$208.96	\$188.00	\$215.32	\$193.72	\$318.94	\$286.94	\$170.19	\$153.10	\$175.36	\$157.77	\$259.76	\$233.69
70	\$281.46	\$251.12	\$290.02	\$258.76	\$429.60	\$383.29	\$218.21	\$194.69	\$224.86	\$200.63	\$333.07	\$297.16	\$177.73	\$158.56	\$183.14	\$163.39	\$271.28	\$242.03
71	\$293.40	\$259.76	\$302.33	\$267.66	\$447.82	\$396.49	\$227.47	\$201.39	\$234.39	\$207.52	\$347.20	\$307.40	\$185.27	\$164.02	\$190.90	\$169.02	\$282.78	\$250.36
72	\$305.33	\$268.41	\$314.63	\$276.58	\$466.04	\$409.68	\$236.73	\$208.09	\$243.94	\$214.42	\$361.32	\$317.62	\$192.81	\$169.48	\$198.67	\$174.64	\$294.28	\$258.69
73	\$316.88	\$277.65	\$326.51	\$286.11	\$483.65	\$423.80	\$245.67	\$215.27	\$253.15	\$221.82	\$374.97	\$328.57	\$200.08	\$175.32	\$206.17	\$180.66	\$305.41	\$267.61
74	\$328.41	\$286.91	\$338.41	\$295.64	\$501.27	\$437.91	\$254.61	\$222.44	\$262.36	\$229.20	\$388.62	\$339.52	\$207.37	\$181.17	\$213.69	\$186.68	\$316.51	\$276.51
75	\$339.95	\$296.15	\$350.29	\$305.17	\$518.87	\$452.04	\$263.57	\$229.61	\$271.59	\$236.61	\$402.28	\$350.46	\$214.66	\$187.01	\$221.19	\$192.69	\$327.64	\$285.43
76	\$351.48	\$305.41	\$362.19	\$314.71	\$536.48	\$466.15	\$272.50	\$236.78	\$280.80	\$243.99	\$415.93	\$361.40	\$221.94	\$192.84	\$228.70	\$198.71	\$338.75	\$294.35
77	\$363.03	\$314.65	\$374.07	\$324.24	\$554.10	\$480.28	\$281.45	\$243.96	\$290.01	\$251.38	\$429.58	\$372.36	\$229.22	\$198.69	\$236.20	\$204.73	\$349.88	\$303.27
78	\$372.66	\$321.94	\$384.01	\$331.75	\$568.80	\$491.40	\$288.93	\$249.60	\$297.72	\$257.19	\$441.00	\$380.97	\$235.32	\$203.29	\$242.48	\$209.49	\$359.17	\$310.29
79	\$382.29	\$329.23	\$393.93	\$339.25	\$583.52	\$502.51	\$296.40	\$255.26	\$305.42	\$263.02	\$452.39	\$389.59	\$241.39	\$207.88	\$248.76	\$214.22	\$368.46	\$317.31
80	\$391.93	\$336.52	\$403.87	\$346.75	\$598.23	\$513.64	\$303.86	\$260.90	\$313.12	\$268.84	\$463.81	\$398.21	\$247.49	\$212.50	\$255.02	\$218.96	\$377.74	\$324.33
81	\$401.58	\$343.80	\$413.80	\$354.27	\$612.94	\$524.75	\$311.33	\$266.54	\$320.81	\$274.65	\$475.20	\$406.84	\$253.58	\$217.09	\$261.29	\$223.70	\$387.04	\$331.36
82	\$411.22	\$351.08	\$423.73	\$361.77	\$627.66	\$535.88	\$318.81	\$272.19	\$328.52	\$280.48	\$486.62	\$415.47	\$259.66	\$221.69	\$267.57	\$228.44	\$396.33	\$338.38
83	\$423.41	\$360.56	\$436.30	\$371.53	\$646.26	\$550.34	\$328.26	\$279.53	\$338.26	\$288.06	\$501.05	\$426.68	\$267.35	\$227.67	\$275.49	\$234.61	\$408.08	\$347.49
84	\$435.61	\$370.04	\$448.86	\$381.29	\$664.88	\$564.79	\$337.72	\$286.90	\$348.01	\$295.61	\$515.47	\$437.88	\$275.06	\$233.65	\$283.43	\$240.77	\$419.83	\$356.63
85+	\$447.80	\$379.52	\$461.43	\$391.06	\$683.49	\$579.26	\$347.18	\$294.24	\$357.74	\$303.18	\$529.91	\$449.10	\$282.76	\$239.64	\$291.36	\$246.94	\$431.58	\$365.77



¹A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

²NOTICE: When your Medicare Part A hospital benefits are exhausted, Priority Health stands in the place of Medicare and pays whatever amount Medicare would have paid for up to an additional 365 days. During this time, the hospital can't bill you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

³The Part B deductible needs to be met only once each calendar year (January 1 – December 31). Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with a ³), your Part B deductible will have been met for the calendar year.

⁴Emergency visit copay waived and visit covered as a Part A expense if you are admitted to any hospital.

⁵Member pays all amounts over \$50,000.

⁶Add a spouse/domestic partner to a primary membership for additional monthly fees. Spouses/domestic partners must be 18 years or older. Fees may vary based on fitness center selection.

⁷Costs for premium exercise studios exceed \$28/mo. and an enrollment fee will apply for each premium location selected, plus applicable taxes. Fees vary based on premium fitness studios selected.

⁸A household is defined as a condominium unit, a single-family home or an apartment unit within an apartment complex. Assisted living facilities, group homes, adult day care facilities, nursing homes or any other health residential facilities are not included in the definition of a household.