

2025 MedicareBlue SupplementSM

Preferred: Non-Tobacco Premiums-Male



Premiums are effective for **RENEWALS** and **NEW** policies sold on or after Jan. 1, 2025.

Age	Plan D	Plan F ¹	High Deductible Plan F ²	Plan G without Household Discount ³	Plan G with Household Discount ³	High Deductible Plan G without Household Discount ³	High Deductible Plan G with Household Discount ³	Plan N
64 and under	\$347.20	\$385.00	\$203.20	\$361.70	\$325.50	\$144.70	\$130.20	\$275.50
65	\$193.20	\$214.20	\$113.10	\$201.30	\$181.20	\$80.50	\$72.50	\$153.20
66	\$199.40	\$221.10	\$116.50	\$207.70	\$186.90	\$83.10	\$74.80	\$158.10
67	\$205.60	\$228.10	\$120.30	\$214.30	\$192.90	\$85.70	\$77.10	\$163.10
68	\$211.80	\$235.00	\$123.90	\$220.80	\$198.70	\$88.30	\$79.50	\$168.00
69	\$218.80	\$242.40	\$128.00	\$227.70	\$204.90	\$91.10	\$82.00	\$173.40
70	\$224.60	\$249.20	\$131.30	\$234.10	\$210.70	\$93.60	\$84.20	\$178.10
71	\$243.70	\$270.30	\$142.60	\$254.00	\$228.60	\$101.60	\$91.40	\$193.40
72	\$251.00	\$278.50	\$146.70	\$261.60	\$235.40	\$104.60	\$94.10	\$199.10
73	\$258.40	\$286.60	\$151.20	\$269.30	\$242.40	\$107.70	\$96.90	\$205.00
74	\$266.20	\$295.40	\$155.80	\$277.50	\$249.80	\$111.00	\$99.90	\$211.20
75	\$274.30	\$304.20	\$160.50	\$285.80	\$257.20	\$114.30	\$102.90	\$217.60
76	\$287.50	\$318.80	\$168.20	\$299.50	\$269.60	\$119.80	\$107.80	\$228.10
77	\$301.90	\$334.80	\$176.60	\$314.50	\$283.10	\$125.80	\$113.20	\$239.40
78	\$317.60	\$352.50	\$185.90	\$331.20	\$298.10	\$132.50	\$119.30	\$252.00
79	\$333.30	\$369.70	\$195.10	\$347.40	\$312.70	\$139.00	\$125.10	\$264.70
80	\$350.30	\$388.40	\$204.90	\$364.90	\$328.40	\$146.00	\$131.40	\$277.80
81 and over	\$387.00	\$429.10	\$226.40	\$403.10	\$362.80	\$161.20	\$145.10	\$306.90

¹ Plan F is available for anyone who is eligible for Medicare **before** Jan. 1, 2020.

² High Deductible Plan F is not available for new sales; all rates displayed are for renewals.

³ To be eligible to receive the Household Discount, members must have a legal spouse or another adult living at their residence (but no more than three other persons age 60 or older) who is 18 years of age or older with whom they have continuously resided with for the last 12 months.

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2025 MedicareBlue SupplementSM

Preferred: Non-Tobacco Premiums-Female



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Age	Plan D	Plan F ¹	High Deductible Plan F ²	Plan G without Household Discount ³	Plan G with Household Discount ³	High Deductible Plan G without Household Discount ³	High Deductible Plan G with Household Discount ³	Plan N
64 and under	\$307.00	\$340.50	\$179.70	\$319.90	\$287.90	\$128.00	\$115.20	\$243.50
65	\$170.90	\$189.50	\$99.90	\$178.00	\$160.20	\$71.20	\$64.10	\$135.50
66	\$176.30	\$195.40	\$103.20	\$183.50	\$165.20	\$73.40	\$66.10	\$139.80
67	\$181.80	\$201.70	\$106.20	\$189.50	\$170.60	\$75.80	\$68.20	\$144.20
68	\$187.40	\$207.70	\$109.70	\$195.20	\$175.70	\$78.10	\$70.30	\$148.60
69	\$193.30	\$214.40	\$113.10	\$201.40	\$181.30	\$80.60	\$72.50	\$153.40
70	\$198.50	\$220.20	\$116.20	\$206.90	\$186.20	\$82.80	\$74.50	\$157.50
71	\$215.50	\$239.10	\$126.00	\$224.70	\$202.20	\$89.90	\$80.90	\$170.90
72	\$221.90	\$246.10	\$129.90	\$231.20	\$208.10	\$92.50	\$83.30	\$176.00
73	\$228.50	\$253.40	\$133.70	\$238.10	\$214.30	\$95.20	\$85.70	\$181.20
74	\$235.50	\$261.20	\$137.80	\$245.40	\$220.90	\$98.20	\$88.40	\$186.80
75	\$242.40	\$269.00	\$141.80	\$252.80	\$227.50	\$101.10	\$91.00	\$192.40
76	\$254.10	\$282.10	\$148.80	\$265.00	\$238.50	\$106.00	\$95.40	\$201.60
77	\$267.00	\$296.00	\$156.20	\$278.10	\$250.30	\$111.20	\$100.10	\$211.70
78	\$280.70	\$311.70	\$164.40	\$292.80	\$263.50	\$117.10	\$105.40	\$222.90
79	\$294.60	\$327.00	\$172.50	\$307.20	\$276.50	\$122.90	\$110.60	\$233.80
80	\$309.70	\$343.50	\$181.10	\$322.80	\$290.50	\$129.10	\$116.20	\$245.80
81 and over	\$342.10	\$379.30	\$200.10	\$356.40	\$320.80	\$142.60	\$128.30	\$271.40

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2025 MedicareBlue SupplementSM

Preferred: Tobacco Premiums - Male



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Age	Plan D	Plan F ¹	High Deductible Plan F ²	Plan G without Household Discount ³	Plan G with Household Discount ³	High Deductible Plan G without Household Discount ³	High Deductible Plan G with Household Discount ³	Plan N
64 and under	\$381.90	\$423.60	\$223.50	\$397.90	\$358.10	\$159.20	\$143.30	\$303.00
65	\$212.50	\$235.70	\$124.40	\$221.40	\$199.30	\$88.60	\$79.70	\$168.50
66	\$219.40	\$243.20	\$128.20	\$228.40	\$205.60	\$91.40	\$82.30	\$173.90
67	\$226.10	\$250.90	\$132.30	\$235.70	\$212.10	\$94.30	\$84.90	\$179.30
68	\$233.00	\$258.60	\$136.30	\$242.90	\$218.60	\$97.20	\$87.50	\$184.70
69	\$240.60	\$266.60	\$140.80	\$250.50	\$225.50	\$100.20	\$90.20	\$190.70
70	\$247.00	\$274.10	\$144.40	\$257.50	\$231.80	\$103.00	\$92.70	\$195.90
71	\$268.10	\$297.40	\$156.90	\$279.40	\$251.50	\$111.80	\$100.60	\$212.70
72	\$276.10	\$306.40	\$161.40	\$287.80	\$259.00	\$115.10	\$103.60	\$219.00
73	\$284.30	\$315.30	\$166.30	\$296.20	\$266.60	\$118.50	\$106.70	\$225.50
74	\$292.80	\$325.00	\$171.40	\$305.20	\$274.70	\$122.10	\$109.90	\$232.30
75	\$301.70	\$334.60	\$176.50	\$314.30	\$282.90	\$125.70	\$113.10	\$239.40
76	\$316.30	\$350.70	\$185.00	\$329.40	\$296.50	\$131.80	\$118.60	\$250.90
77	\$332.10	\$368.30	\$194.30	\$345.90	\$311.30	\$138.40	\$124.60	\$263.30
78	\$349.30	\$387.80	\$204.50	\$364.20	\$327.80	\$145.70	\$131.10	\$277.20
79	\$366.60	\$406.70	\$214.60	\$382.10	\$343.90	\$152.80	\$137.50	\$291.10
80	\$385.30	\$427.30	\$225.40	\$401.40	\$361.30	\$160.60	\$144.50	\$305.50
81 and over	\$425.70	\$472.00	\$249.00	\$443.40	\$399.10	\$177.40	\$159.70	\$337.60

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2025 MedicareBlue SupplementSM

Preferred: Tobacco Premiums - Female



Premiums are effective for **RENEWALS** and **NEW** policies sold on or after Jan. 1, 2025.

Age	Plan D	Plan F ¹	High Deductible Plan F ²	Plan G without Household Discount ³	Plan G with Household Discount ³	High Deductible Plan G without Household Discount ³	High Deductible Plan G with Household Discount ³	Plan N
64 and under	\$337.50	\$374.50	\$197.70	\$351.80	\$316.60	\$140.70	\$126.60	\$267.80
65	\$187.90	\$208.50	\$109.90	\$195.80	\$176.20	\$78.30	\$70.50	\$149.10
66	\$193.90	\$214.90	\$113.50	\$201.90	\$181.70	\$80.80	\$72.70	\$153.70
67	\$199.90	\$221.90	\$116.90	\$208.40	\$187.60	\$83.40	\$75.10	\$158.60
68	\$206.10	\$228.50	\$120.60	\$214.60	\$193.10	\$85.80	\$77.20	\$163.50
69	\$212.70	\$235.80	\$124.40	\$221.50	\$199.40	\$88.60	\$79.70	\$168.70
70	\$218.30	\$242.30	\$127.80	\$227.60	\$204.80	\$91.00	\$81.90	\$173.20
71	\$237.00	\$263.00	\$138.60	\$247.10	\$222.40	\$98.80	\$88.90	\$188.00
72	\$244.10	\$270.70	\$142.90	\$254.30	\$228.90	\$101.70	\$91.50	\$193.60
73	\$251.40	\$278.80	\$147.10	\$261.90	\$235.70	\$104.80	\$94.30	\$199.30
74	\$259.00	\$287.40	\$151.60	\$269.90	\$242.90	\$108.00	\$97.20	\$205.50
75	\$266.60	\$296.00	\$155.90	\$278.00	\$250.20	\$111.20	\$100.10	\$211.60
76	\$279.50	\$310.30	\$163.70	\$291.50	\$262.40	\$116.60	\$104.90	\$221.70
77	\$293.70	\$325.70	\$171.80	\$305.90	\$275.30	\$122.40	\$110.20	\$232.90
78	\$308.80	\$342.90	\$180.90	\$322.10	\$289.90	\$128.80	\$115.90	\$245.10
79	\$324.10	\$359.70	\$189.70	\$337.90	\$304.10	\$135.20	\$121.70	\$257.20
80	\$340.60	\$377.90	\$199.20	\$355.00	\$319.50	\$142.00	\$127.80	\$270.40
81 and over	\$376.20	\$417.30	\$220.10	\$392.00	\$352.80	\$156.80	\$141.10	\$298.50

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This is a Medicare supplement insurance plan. These premiums are presented in conjunction with the accompanying Outline of Coverage for the applicable products. These plans are not connected with or endorsed by the U.S. government or the federal Medicare program. Wellmark Blue Cross and Blue Shield of Iowa is an independent licensee of the Blue Cross and Blue Shield Association.