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Michigan

Medicare Supplement Rates

Plans A, F, HdF, G, HdG, and N

Effective 9-1-2026

38 00718 0926 MI

How to calculate the premium

Utilize QuickQuote.myenroller.com or the worksheet below to calculate the premium.

Step 1: Find the monthly base premium rate
Find the monthly premium rate on the following tables based on the plan, applicant's age, gender, ZIP code, and household discount eligibility. Write the monthly base premium rate on line 1 below.

Step 2: Determine the rate class
Write 1 on line 2 below for all applicants in an open enrollment or guaranteed issue period.

Write 1.25 on line 2 below for all other applicants who use tobacco.

Use the height and weight chart on page 3 to determine the rate class and factor for all other applicants who don't use tobacco. Write the rate factor on line 2 below.

Step 3: Dental Rider premium (optional)
If the applicant has selected the optional Dental Rider, write the rider premium $17.50 on Line 3 below.

Step 4: Find the mode factor
Determine the mode factor for the method of premium payment requested by the applicant. Write the mode factor on line 4 below.

Note: If a method of premium payment is not listed here, it is not available.

Mode factors	
Monthly via automatic bank withdrawal	1
Quarterly via automatic bank withdrawal	3
Semi-annually via automatic bank withdrawal	6
Annually via automatic bank withdrawal	12
Monthly via credit or debit card	1.032
Quarterly via credit or debit card	3.096
Semi-annually via credit or debit card	6.18
Annually via credit or debit card	12.36

Step 5: Calculate the premium

Multiply lines 1 and 2; add line 3; multiply by line 4 to determine the premium and round to the nearest cent:

$_____ x _____ = _____ + _____ = _____ x _____ = $_____

Line 1 Monthly base premium rate	Line 2 Rate class factor		Line 3 Dental Rider premium		Line 4 Mode factor	Final premium

Please note: Open Enrollment and guaranteed issue applicants will be rated as preferred rate class. Due to rounding, premium amounts you calculate may differ by a few cents from the final premium.

Height and weight chart

Find the applicant's height in the left column then find their weight in that row. The rate class and factor are shown at the top and bottom of the column.

Rate class →	Decline	Preferred	Standard I	Standard II	Decline
Rate factor →	**N/A**	**1**	**1.1**	**1.25**	**N/A**
BMI	<=18.4	18.5 - 29.9	30 - 37.5	37.6 - 41.9	>=42
Height	**Weight**				
4'5"	<=73	74 - 119	120 - 150	151 - 167	>=168
4'6"	<=76	77 - 124	125 - 155	156 - 174	>=175
4'7"	<=79	80 - 128	129 - 161	162 - 180	>=181
4'8"	<=82	83 - 133	134 - 167	168 - 187	>=188
4'9"	<=85	86 - 138	139 - 173	174 - 193	>=194
4'10"	<=88	89 - 143	144 - 179	180 - 200	>=201
4'11"	<=91	92 - 148	149 - 185	186 - 207	>=208
5'	<=94	95 - 153	154 - 192	193 - 214	>=215
5'1"	<=97	98 - 158	159 - 198	199 - 222	>=223
5'2"	<=100	101 - 163	164 - 205	206 - 229	>=230
5'3"	<=104	105 - 169	170 - 211	212 - 236	>=237
5'4"	<=107	108 - 174	175 - 218	219 - 244	>=245
5'5"	<=110	111 - 179	180 - 225	226 - 252	>=253
5'6"	<=114	115 - 185	186 - 232	233 - 259	>=260
5'7"	<=117	118 - 191	192 - 239	240 - 267	>=268
5'8"	<=121	122 - 196	197 - 246	247 - 275	>=276
5'9"	<=124	125 - 202	203 - 254	255 - 284	>=285
5'10"	<=128	129 - 208	209 - 261	262 - 292	>=293
5'11"	<=132	133 - 214	215 - 269	270 - 300	>=301
6'	<=136	137 - 220	221 - 276	277 - 309	>=310
6'1"	<=139	140 - 227	228 - 284	285 - 317	>=318
6'2"	<=143	144 - 233	234 - 292	293 - 326	>=327
6'3"	<=147	148 - 239	240 - 300	301 - 335	>=336
6'4"	<=151	152 - 246	247 - 308	309 - 344	>=345
6'5"	<=155	156 - 252	253 - 316	317 - 353	>=354
6'6"	<=159	160 - 259	260 - 324	325 - 363	>=364
6'7"	<=163	164 - 265	266 - 333	334 - 372	>=373
6'8"	<=167	168 - 272	273 - 341	342 - 381	>=382
6'9"	<=172	173 - 279	280 - 350	351 - 391	>=392
6'10"	<=176	177 - 286	287 - 359	360 - 401	>=402
6'11"	<=180	181 - 293	294 - 367	368 - 411	>=412
7'	<=185	186 - 300	301 - 376	377 - 421	>=422
Rate class →	**Decline**	**Preferred**	**Standard I**	**Standard II**	**Decline**
Rate factor →	**N/A**	**1**	**1.1**	**1.25**	**N/A**

Michigan

ZIP codes: 489-492, 495-497

Effective September 1, 2026

Monthly base rates with household discount

Female							Male					
Plan A	Plan F	Plan HdF	Plan G	Plan HdG	Plan N	Attained Age	Plan A	Plan F	Plan HdF	Plan G	Plan HdG	Plan N
142.28	192.07	57.62	142.85	49.29	105.86	65	163.62	220.88	66.27	164.28	56.68	121.74
142.28	192.07	57.62	142.85	49.29	105.86	66	163.62	220.88	66.27	164.28	56.68	121.74
142.28	192.07	57.62	142.85	49.29	105.86	67	163.62	220.88	66.27	164.28	56.68	121.74
142.28	192.07	57.62	142.85	49.29	105.86	68	163.62	220.88	66.27	164.28	56.68	121.74
142.99	193.04	57.91	143.56	49.53	106.39	69	164.45	221.99	66.60	165.10	56.96	122.34
143.71	194.00	58.20	144.28	49.78	106.92	70	165.26	223.10	66.93	165.93	57.24	122.96
144.42	194.97	58.49	145.01	50.02	107.45	71	166.10	224.21	67.27	166.76	57.53	123.57
145.15	195.94	58.79	145.73	50.28	107.99	72	166.92	225.34	67.60	167.59	57.82	124.19
145.88	196.92	59.07	146.46	50.53	108.53	73	167.76	226.46	67.94	168.43	58.11	124.81
149.52	201.85	60.56	150.12	51.80	111.25	74	171.95	232.12	69.63	172.65	59.57	127.93
153.26	206.89	62.07	153.88	53.08	114.03	75	176.25	237.93	71.38	176.96	61.05	131.13
157.09	212.07	63.62	157.72	54.42	116.88	76	180.65	243.88	73.16	181.38	62.57	134.41
161.02	217.36	65.21	161.67	55.78	119.80	77	185.17	249.97	74.99	185.92	64.14	137.77
167.46	226.06	67.82	168.13	58.00	124.59	78	192.58	259.97	77.99	193.35	66.70	143.28
174.16	235.11	70.53	174.86	60.33	129.58	79	200.28	270.37	81.11	201.09	69.37	149.01
181.13	244.51	73.35	181.85	62.74	134.76	80	208.30	281.18	84.36	209.13	72.15	154.97
188.37	254.29	76.29	189.13	65.25	140.14	81	216.63	292.44	87.73	217.50	75.04	161.17
195.90	264.46	79.34	196.69	67.86	145.76	82	225.29	304.13	91.23	226.20	78.04	167.61
203.74	275.04	82.51	204.56	70.57	151.58	83	234.30	316.29	94.89	235.25	81.16	174.32
211.89	286.04	85.81	212.74	73.40	157.65	84	243.67	328.95	98.68	244.66	84.40	181.29
220.36	297.48	89.24	221.25	76.33	163.96	85	253.42	342.10	102.63	254.44	87.78	188.55
230.28	310.87	93.26	231.21	79.76	171.33	86	264.83	357.50	107.25	265.89	91.73	197.03
240.65	324.86	97.46	241.61	83.36	179.04	87	276.75	373.58	112.07	277.85	95.86	205.89
251.48	339.48	101.85	252.49	87.10	187.10	88	289.20	390.40	117.12	290.36	100.17	215.16
262.79	354.76	106.42	263.85	91.02	195.52	89	302.21	407.96	122.39	303.42	104.68	224.85
274.62	370.72	111.21	275.72	95.12	204.31	90	315.81	426.33	127.89	317.08	109.39	234.96
286.97	387.40	116.22	288.13	99.41	213.51	91	330.02	445.51	133.65	331.35	114.32	245.53
299.89	404.83	121.45	301.09	103.88	223.12	92	344.87	465.56	139.67	346.26	119.46	256.58
313.39	423.05	126.91	314.64	108.56	233.16	93	360.39	486.51	145.95	361.84	124.83	268.13
327.49	442.09	132.63	328.80	113.44	243.65	94	376.61	508.40	152.52	378.12	130.45	280.19
342.22	461.98	138.59	343.60	118.54	254.61	95	393.55	531.28	159.39	395.14	136.32	292.80
357.62	482.77	144.83	359.06	123.88	266.07	96	411.27	555.18	166.55	412.92	142.46	305.98
373.72	504.49	151.35	375.22	129.45	278.04	97	429.77	580.17	174.05	431.50	148.87	319.75
390.54	527.20	158.16	392.10	135.28	290.56	98	449.11	606.28	181.88	450.92	155.56	334.14
408.11	550.92	165.28	409.74	141.36	303.63	99	469.33	633.55	190.06	471.21	162.57	349.18

Dental Rider monthly premium $17.50

Note: These are the monthly base rates. Please refer to the "How to calculate the premium" instructions on page 2.

Michigan

ZIP codes: 489-492, 495-497 **Effective September 1, 2026**

Monthly base rates without household discount

Female							Male					
Plan A	Plan F	Plan HdF	Plan G	Plan HdG	Plan N	Attained Age	Plan A	Plan F	Plan HdF	Plan G	Plan HdG	Plan N
162.24	219.01	65.70	162.89	56.20	120.71	65	186.57	251.86	75.56	187.32	64.63	138.81
162.24	219.01	65.70	162.89	56.20	120.71	66	186.57	251.86	75.56	187.32	64.63	138.81
162.24	219.01	65.70	162.89	56.20	120.71	67	186.57	251.86	75.56	187.32	64.63	138.81
162.24	219.01	65.70	162.89	56.20	120.71	68	186.57	251.86	75.56	187.32	64.63	138.81
163.05	220.11	66.03	163.70	56.48	121.31	69	187.51	253.12	75.94	188.26	64.95	139.50
163.86	221.21	66.36	164.52	56.76	121.92	70	188.44	254.39	76.32	189.20	65.27	140.20
164.68	222.31	66.69	165.35	57.04	122.52	71	189.39	255.66	76.70	190.15	65.60	140.90
165.51	223.42	67.03	166.17	57.33	123.14	72	190.33	256.94	77.08	191.10	65.93	141.61
166.34	224.54	67.36	167.00	57.62	123.75	73	191.29	258.22	77.47	192.05	66.26	142.32
170.49	230.16	69.05	171.18	59.06	126.85	74	196.07	264.68	79.40	196.86	67.92	145.87
174.76	235.91	70.77	175.46	60.53	130.02	75	200.97	271.30	81.39	201.78	69.61	149.52
179.12	241.81	72.54	179.84	62.05	133.27	76	205.99	278.08	83.42	206.82	71.35	153.26
183.60	247.85	74.36	184.34	63.60	136.60	77	211.14	285.03	85.51	211.99	73.14	157.09
190.95	257.77	77.33	191.71	66.14	142.06	78	219.59	296.43	88.93	220.47	76.06	163.37
198.59	268.08	80.42	199.38	68.79	147.75	79	228.37	308.29	92.49	229.29	79.10	169.91
206.53	278.80	83.64	207.36	71.54	153.66	80	237.51	320.62	96.19	238.46	82.27	176.70
214.79	289.95	86.99	215.65	74.40	159.80	81	247.01	333.45	100.03	248.00	85.56	183.77
223.38	301.55	90.47	224.28	77.38	166.20	82	256.89	346.78	104.03	257.92	88.98	191.12
232.32	313.61	94.08	233.25	80.47	172.84	83	267.16	360.65	108.20	268.24	92.54	198.77
241.61	326.16	97.85	242.58	83.69	179.76	84	277.85	375.08	112.52	278.97	96.24	206.72
251.27	339.20	101.76	252.28	87.04	186.95	85	288.96	390.08	117.02	290.13	100.09	214.99
262.58	354.47	106.34	263.64	90.95	195.36	86	301.97	407.64	122.29	303.18	104.60	224.66
274.40	370.42	111.13	275.50	95.05	204.15	87	315.56	425.98	127.79	316.82	109.30	234.77
286.75	387.09	116.13	287.90	99.32	213.34	88	329.76	445.15	133.55	331.08	114.22	245.34
299.65	404.51	121.35	300.85	103.79	222.94	89	344.60	465.18	139.55	345.98	119.36	256.38
313.13	422.71	126.81	314.39	108.46	232.97	90	360.10	486.12	145.83	361.55	124.73	267.91
327.22	441.73	132.52	328.54	113.35	243.45	91	376.31	507.99	152.40	377.82	130.35	279.97
341.95	461.61	138.48	343.32	118.45	254.41	92	393.24	530.85	159.26	394.82	136.21	292.57
357.34	482.38	144.71	358.77	123.78	265.86	93	410.94	554.74	166.42	412.59	142.34	305.74
373.42	504.09	151.23	374.92	129.35	277.82	94	429.43	579.70	173.91	431.15	148.75	319.49
390.22	526.77	158.03	391.79	135.17	290.32	95	448.75	605.79	181.74	450.56	155.44	333.87
407.78	550.48	165.14	409.42	141.25	303.39	96	468.95	633.05	189.91	470.83	162.44	348.89
426.13	575.25	172.58	427.84	147.61	317.04	97	490.05	661.54	198.46	492.02	169.75	364.59
445.31	601.14	180.34	447.09	154.25	331.31	98	512.10	691.31	207.39	514.16	177.38	381.00
465.35	628.19	188.46	467.21	161.19	346.21	99	535.15	722.41	216.72	537.30	185.37	398.15

Dental Rider monthly premium $17.50

Note: These are the monthly base rates. Please refer to the "How to calculate the premium" instructions on page 2.

Michigan

ZIP codes: 480-485 **Effective September 1, 2026**

Monthly base rates with household discount

Female							Male					
Plan A	Plan F	Plan HdF	Plan G	Plan HdG	Plan N	Attained Age	Plan A	Plan F	Plan HdF	Plan G	Plan HdG	Plan N
153.78	207.59	62.28	154.40	53.27	114.41	65	176.85	238.74	71.62	177.56	61.26	131.58
153.78	207.59	62.28	154.40	53.27	114.41	66	176.85	238.74	71.62	177.56	61.26	131.58
153.78	207.59	62.28	154.40	53.27	114.41	67	176.85	238.74	71.62	177.56	61.26	131.58
153.78	207.59	62.28	154.40	53.27	114.41	68	176.85	238.74	71.62	177.56	61.26	131.58
154.55	208.63	62.59	155.17	53.53	114.98	69	177.73	239.93	71.98	178.44	61.57	132.23
155.33	209.67	62.90	155.95	53.80	115.56	70	178.62	241.13	72.33	179.34	61.87	132.89
156.10	210.73	63.21	156.73	54.07	116.14	71	179.51	242.33	72.70	180.23	62.18	133.56
156.88	211.78	63.53	157.51	54.34	116.72	72	180.41	243.54	73.06	181.14	62.50	134.22
157.67	212.84	63.85	158.30	54.61	117.30	73	181.31	244.76	73.43	182.04	62.80	134.90
161.60	218.15	65.45	162.25	55.98	120.24	74	185.85	250.88	75.26	186.59	64.37	138.27
165.65	223.61	67.08	166.31	57.37	123.24	75	190.49	257.15	77.15	191.26	65.99	141.72
169.79	229.20	68.76	170.47	58.81	126.32	76	195.26	263.58	79.07	196.04	67.63	145.27
174.03	234.93	70.48	174.73	60.28	129.48	77	200.14	270.17	81.05	200.94	69.33	148.90
181.00	244.33	73.30	181.72	62.70	134.65	78	208.14	280.98	84.30	208.98	72.10	154.85
188.23	254.10	76.23	188.98	65.20	140.05	79	216.47	292.22	87.66	217.34	74.98	161.05
195.76	264.27	79.28	196.54	67.81	145.64	80	225.13	303.91	91.17	226.03	77.98	167.49
203.60	274.83	82.45	204.41	70.52	151.48	81	234.13	316.06	94.82	235.07	81.10	174.19
211.73	285.83	85.75	212.58	73.34	157.53	82	243.50	328.71	98.61	244.47	84.34	181.16
220.21	297.27	89.18	221.09	76.27	163.83	83	253.23	341.85	102.56	254.25	87.72	188.41
229.01	309.15	92.74	229.93	79.32	170.38	84	263.36	355.53	106.66	264.42	91.23	195.94
238.18	321.52	96.45	239.13	82.50	177.20	85	273.90	369.75	110.92	275.00	94.87	203.78
248.89	335.99	100.79	249.89	86.21	185.18	86	286.23	386.39	115.91	287.38	99.14	212.95
260.09	351.11	105.34	261.14	90.09	193.51	87	299.11	403.77	121.13	300.31	103.61	222.53
271.80	366.91	110.07	272.89	94.15	202.22	88	312.56	421.94	126.59	313.83	108.27	232.55
284.03	383.42	115.03	285.17	98.38	211.31	89	326.63	440.93	132.28	327.95	113.14	243.01
296.81	400.67	120.20	298.00	102.81	220.83	90	341.33	460.78	138.23	342.70	118.23	253.94
310.17	418.71	125.61	311.41	107.43	230.77	91	356.69	481.51	144.45	358.12	123.55	265.37
324.12	437.54	131.26	325.43	112.27	241.15	92	372.74	503.18	150.95	374.24	129.11	277.32
338.71	457.23	137.17	340.07	117.33	252.00	93	389.51	525.82	157.75	391.08	134.93	289.80
353.95	477.81	143.35	355.37	122.60	263.34	94	407.04	549.48	164.84	408.67	141.00	302.84
369.87	499.31	149.79	371.37	128.12	275.19	95	425.36	574.21	172.26	427.06	147.34	316.47
386.52	521.78	156.54	388.07	133.88	287.57	96	444.50	600.04	180.01	446.29	153.97	330.71
403.92	545.26	163.58	405.53	139.91	300.51	97	464.50	627.05	188.12	466.37	160.89	345.59
422.09	569.80	170.94	423.78	146.20	314.04	98	485.40	655.27	196.58	487.36	168.14	361.14
441.09	595.44	178.63	442.86	152.78	328.16	99	507.25	684.75	205.43	509.28	175.71	377.39

Dental Rider monthly premium $17.50

Note: These are the monthly base rates. Please refer to the "How to calculate the premium" instructions on page 2.

Michigan

ZIP codes: 480-485 **Effective September 1, 2026**

Monthly base rates without household discount

Female							Male					
Plan A	Plan F	Plan HdF	Plan G	Plan HdG	Plan N	Attained Age	Plan A	Plan F	Plan HdF	Plan G	Plan HdG	Plan N
175.35	236.71	71.01	176.05	60.74	130.46	65	201.65	272.22	81.66	202.46	69.85	150.03
175.35	236.71	71.01	176.05	60.74	130.46	66	201.65	272.22	81.66	202.46	69.85	150.03
175.35	236.71	71.01	176.05	60.74	130.46	67	201.65	272.22	81.66	202.46	69.85	150.03
175.35	236.71	71.01	176.05	60.74	130.46	68	201.65	272.22	81.66	202.46	69.85	150.03
176.23	237.89	71.37	176.93	61.04	131.11	69	202.66	273.58	82.07	203.47	70.20	150.78
177.11	239.08	71.72	177.82	61.35	131.77	70	203.67	274.95	82.48	204.49	70.55	151.53
177.99	240.28	72.08	178.71	61.65	132.43	71	204.69	276.32	82.90	205.51	70.90	152.29
178.88	241.48	72.44	179.60	61.96	133.09	72	205.71	277.70	83.31	206.54	71.26	153.05
179.78	242.69	72.81	180.50	62.27	133.75	73	206.74	279.09	83.73	207.57	71.61	153.82
184.27	248.75	74.63	185.01	63.83	137.10	74	211.91	286.07	85.82	212.76	73.40	157.66
188.88	254.97	76.49	189.64	65.42	140.52	75	217.21	293.22	87.97	218.08	75.24	161.60
193.60	261.35	78.40	194.38	67.06	144.04	76	222.64	300.55	90.16	223.53	77.12	165.64
198.44	267.88	80.36	199.24	68.74	147.64	77	228.21	308.06	92.42	229.12	79.05	169.78
206.38	278.60	83.58	207.21	71.49	153.54	78	237.33	320.39	96.12	238.29	82.21	176.57
214.63	289.74	86.92	215.49	74.35	159.69	79	246.83	333.20	99.96	247.82	85.50	183.64
223.22	301.33	90.40	224.11	77.32	166.07	80	256.70	346.53	103.96	257.73	88.92	190.98
232.15	313.38	94.01	233.08	80.41	172.72	81	266.97	360.39	108.12	268.04	92.47	198.62
241.43	325.92	97.78	242.40	83.63	179.62	82	277.65	374.81	112.44	278.76	96.17	206.57
251.09	338.96	101.69	252.10	86.97	186.81	83	288.75	389.80	116.94	289.91	100.02	214.83
261.13	352.51	105.75	262.18	90.45	194.28	84	300.30	405.39	121.62	301.51	104.02	223.42
271.58	366.61	109.98	272.67	94.07	202.05	85	312.32	421.61	126.48	313.57	108.18	232.36
283.80	383.11	114.93	284.94	98.30	211.15	86	326.37	440.58	132.17	327.68	113.05	242.82
296.57	400.35	120.11	297.76	102.73	220.65	87	341.06	460.40	138.12	342.43	118.14	253.74
309.92	418.37	125.51	311.16	107.35	230.58	88	356.40	481.12	144.34	357.84	123.45	265.16
323.86	437.19	131.16	325.16	112.18	240.95	89	372.44	502.77	150.83	373.94	129.01	277.09
338.44	456.87	137.06	339.80	117.23	251.80	90	389.20	525.40	157.62	390.76	134.81	289.56
353.67	477.43	143.23	355.09	122.50	263.13	91	406.72	549.04	164.71	408.35	140.88	302.59
369.58	498.91	149.67	371.07	128.02	274.97	92	425.02	573.75	172.12	426.73	147.22	316.21
386.21	521.36	156.41	387.76	133.78	287.34	93	444.14	599.57	179.87	445.93	153.85	330.44
403.59	544.82	163.45	405.21	139.80	300.27	94	464.13	626.55	187.96	465.99	160.77	345.31
421.75	569.34	170.80	423.45	146.09	313.78	95	485.02	654.74	196.42	486.96	168.00	360.85
440.73	594.96	178.49	442.50	152.66	327.90	96	506.84	684.20	205.26	508.88	175.56	377.09
460.57	621.73	186.52	462.41	159.53	342.66	97	529.65	714.99	214.50	531.78	183.46	394.06
481.29	649.71	194.91	483.22	166.71	358.08	98	553.48	747.17	224.15	555.71	191.72	411.79
502.95	678.95	203.68	504.97	174.21	374.19	99	578.39	780.79	234.24	580.71	200.35	430.32

Dental Rider monthly premium $17.50

Note: These are the monthly base rates. Please refer to the "How to calculate the premium" instructions on page 2.

Michigan

All other ZIP codes **Effective September 1, 2026**

Monthly base rates with household discount

Female							Male					
Plan A	Plan F	Plan HdF	Plan G	Plan HdG	Plan N	Attained Age	Plan A	Plan F	Plan HdF	Plan G	Plan HdG	Plan N
165.28	223.12	66.93	165.95	57.25	122.96	65	190.07	256.58	76.97	190.84	65.84	141.41
165.28	223.12	66.93	165.95	57.25	122.96	66	190.07	256.58	76.97	190.84	65.84	141.41
165.28	223.12	66.93	165.95	57.25	122.96	67	190.07	256.58	76.97	190.84	65.84	141.41
165.28	223.12	66.93	165.95	57.25	122.96	68	190.07	256.58	76.97	190.84	65.84	141.41
166.10	224.23	67.27	166.77	57.54	123.58	69	191.02	257.86	77.36	191.79	66.17	142.12
166.94	225.35	67.61	167.60	57.82	124.20	70	191.98	259.15	77.75	192.75	66.49	142.83
167.77	226.48	67.94	168.45	58.11	124.82	71	192.94	260.45	78.13	193.71	66.83	143.55
168.61	227.61	68.28	169.29	58.40	125.45	72	193.90	261.75	78.53	194.68	67.16	144.26
169.45	228.75	68.63	170.13	58.70	126.07	73	194.87	263.06	78.92	195.65	67.50	144.99
173.69	234.47	70.34	174.38	60.16	129.23	74	199.75	269.64	80.89	200.54	69.19	148.61
178.03	240.33	72.10	178.74	61.67	132.45	75	204.74	276.38	82.91	205.56	70.91	152.33
182.48	246.34	73.90	183.21	63.21	135.77	76	209.86	283.29	84.99	210.70	72.69	156.13
187.05	252.50	75.75	187.79	64.79	139.16	77	215.10	290.37	87.11	215.96	74.51	160.03
194.53	262.60	78.78	195.31	67.38	144.72	78	223.71	301.99	90.59	224.60	77.49	166.44
202.31	273.10	81.93	203.12	70.07	150.51	79	232.65	314.06	94.22	233.59	80.59	173.09
210.40	284.03	85.21	211.24	72.88	156.54	80	241.96	326.63	97.99	242.93	83.81	180.01
218.81	295.38	88.61	219.70	75.79	162.80	81	251.64	339.70	101.91	252.65	87.17	187.21
227.56	307.20	92.16	228.48	78.82	169.30	82	261.71	353.28	105.99	262.75	90.65	194.70
236.67	319.49	95.85	237.62	81.98	176.08	83	272.17	367.41	110.22	273.26	94.28	202.49
246.14	332.27	99.68	247.12	85.26	183.13	84	283.06	382.11	114.63	284.19	98.05	210.59
255.98	345.56	103.67	257.01	88.66	190.45	85	294.38	397.40	119.22	295.56	101.97	219.01
267.50	361.10	108.34	268.57	92.66	199.02	86	307.63	415.28	124.59	308.86	106.56	228.87
279.53	377.36	113.20	280.66	96.83	207.97	87	321.47	433.97	130.19	322.76	111.35	239.18
292.12	394.34	118.30	293.30	101.19	217.34	88	335.93	453.49	136.05	337.29	116.36	249.94
305.27	412.08	123.62	306.49	105.74	227.12	89	351.05	473.90	142.17	352.47	121.60	261.18
319.00	430.63	129.19	320.28	110.49	237.33	90	366.85	495.22	148.56	368.32	127.07	272.93
333.36	450.01	135.01	334.69	115.47	248.02	91	383.35	517.51	155.26	384.90	132.79	285.22
348.35	470.26	141.07	349.76	120.67	259.17	92	400.60	540.80	162.24	402.22	138.77	298.05
364.03	491.42	147.42	365.49	126.10	270.84	93	418.64	565.13	169.54	420.32	145.01	311.47
380.42	513.54	154.06	381.94	131.77	283.03	94	437.47	590.56	177.17	439.23	151.54	325.48
397.54	536.65	160.99	399.13	137.70	295.76	95	457.16	617.14	185.14	459.00	158.35	340.13
415.42	560.79	168.23	417.09	143.90	309.07	96	477.74	644.91	193.47	479.65	165.48	355.43
434.12	586.03	175.81	435.86	150.37	322.98	97	499.23	673.93	202.18	501.24	172.93	371.43
453.65	612.40	183.72	455.47	157.14	337.51	98	521.70	704.26	211.28	523.79	180.71	388.14
474.06	639.96	191.98	475.97	164.21	352.70	99	545.17	735.95	220.78	547.36	188.84	405.60

Dental Rider monthly premium $17.50

Note: These are the monthly base rates. Please refer to the "How to calculate the premium" instructions on page 2.

Michigan

All other ZIP codes **Effective September 1, 2026**

Monthly base rates without household discount

Female							Male					
Plan A	Plan F	Plan HdF	Plan G	Plan HdG	Plan N	Attained Age	Plan A	Plan F	Plan HdF	Plan G	Plan HdG	Plan N
188.46	254.41	76.32	189.22	65.28	140.21	65	216.73	292.57	87.77	217.60	75.07	161.24
188.46	254.41	76.32	189.22	65.28	140.21	66	216.73	292.57	87.77	217.60	75.07	161.24
188.46	254.41	76.32	189.22	65.28	140.21	67	216.73	292.57	87.77	217.60	75.07	161.24
188.46	254.41	76.32	189.22	65.28	140.21	68	216.73	292.57	87.77	217.60	75.07	161.24
189.40	255.68	76.70	190.16	65.61	140.91	69	217.81	294.03	88.21	218.69	75.45	162.05
190.35	256.96	77.09	191.11	65.93	141.62	70	218.90	295.50	88.65	219.78	75.82	162.86
191.30	258.24	77.47	192.07	66.26	142.33	71	220.00	296.98	89.09	220.88	76.20	163.68
192.26	259.53	77.86	193.03	66.59	143.04	72	221.09	298.46	89.54	221.98	76.58	164.49
193.22	260.83	78.25	193.99	66.93	143.75	73	222.20	299.96	89.99	223.09	76.97	165.32
198.05	267.35	80.21	198.84	68.60	147.35	74	227.76	307.46	92.24	228.67	78.89	169.45
203.00	274.04	82.21	203.81	70.32	151.03	75	233.45	315.14	94.54	234.39	80.86	173.69
208.07	280.89	84.27	208.91	72.07	154.81	76	239.29	323.02	96.91	240.25	82.88	178.03
213.28	287.91	86.37	214.13	73.88	158.68	77	245.27	331.10	99.33	246.25	84.96	182.48
221.81	299.43	89.83	222.70	76.83	165.02	78	255.08	344.34	103.30	256.10	88.36	189.78
230.68	311.40	93.42	231.61	79.90	171.62	79	265.28	358.11	107.43	266.35	91.89	197.37
239.91	323.86	97.16	240.87	83.10	178.49	80	275.89	372.44	111.73	277.00	95.57	205.26
249.50	336.81	101.04	250.51	86.42	185.63	81	286.93	387.34	116.20	288.08	99.39	213.47
259.48	350.29	105.09	260.53	89.88	193.05	82	298.41	402.83	120.85	299.60	103.36	222.01
269.86	364.30	109.29	270.95	93.48	200.78	83	310.34	418.94	125.68	311.59	107.50	230.89
280.66	378.87	113.66	281.78	97.22	208.81	84	322.76	435.70	130.71	324.05	111.80	240.13
291.88	394.02	118.21	293.06	101.10	217.16	85	335.67	453.13	135.94	337.01	116.27	249.73
305.02	411.75	123.53	306.24	105.65	226.93	86	350.77	473.52	142.06	352.18	121.50	260.97
318.74	430.28	129.08	320.02	110.41	237.14	87	366.56	494.83	148.45	368.03	126.97	272.72
333.09	449.65	134.89	334.43	115.38	247.82	88	383.05	517.09	155.13	384.59	132.68	284.99
348.08	469.88	140.96	349.47	120.57	258.97	89	400.29	540.36	162.11	401.90	138.65	297.81
363.74	491.03	147.31	365.20	125.99	270.62	90	418.30	564.68	169.40	419.98	144.89	311.21
380.11	513.12	153.94	381.63	131.66	282.80	91	437.12	590.09	177.03	438.88	151.41	325.22
397.21	536.21	160.86	398.81	137.59	295.52	92	456.79	616.65	184.99	458.63	158.23	339.85
415.09	560.34	168.10	416.75	143.78	308.82	93	477.35	644.39	193.32	479.27	165.35	355.15
433.77	585.56	175.67	435.51	150.25	322.72	94	498.83	673.39	202.02	500.83	172.79	371.13
453.29	611.91	183.57	455.11	157.01	337.24	95	521.28	703.69	211.11	523.37	180.56	387.83
473.68	639.44	191.83	475.59	164.08	352.42	96	544.74	735.36	220.61	546.92	188.69	405.28
495.00	668.22	200.47	496.99	171.46	368.28	97	569.25	768.45	230.54	571.54	197.18	423.52
517.27	698.29	209.49	519.35	179.18	384.85	98	594.87	803.03	240.91	597.25	206.05	442.58
540.55	729.71	218.91	542.72	187.24	402.17	99	621.63	839.17	251.75	624.13	215.33	462.49

Dental Rider monthly premium $17.50

Note: These are the monthly base rates. Please refer to the "How to calculate the premium" instructions on page 2.