

If taking a Supplemental Plan, you MUST add a Part D (prescription) plan as well (these can be found on the backside of this paper - flip)

Standardized Medicare Supplement Monthly Premiums in effect January 1, 2026

Insurer	Plan A	Plan B	Plan C	Plan D	Plan F	Plan HDF	Plan G	Plan HDG	Plan K	Plan L	Plan M	Plan N
Aetna Life Insurance	\$229.67	\$261.52			\$305.05		\$293.07					
Bankers Conesco	\$285.56	\$466.68			\$630.06	\$52.53	\$579.94	\$52.53	\$96.86	\$222.73	\$308.38	\$361.44
EmblemHealth Plan, Inc.	\$224.17	\$311.63	\$384.64		\$688.30	\$88.23	\$393.72	\$61.67				\$286.81
Excellus Health Plan (d/b/a Excellus BC/BS)	\$292.43											
Excellus Health Plan, Inc. (d/b/a Univera)		\$415.53	\$465.34	\$481.14	\$549.18	\$87.21	\$477.04	\$85.00				\$582.93
Globe Life Insurance	\$279.00	\$375.00	\$416.00	\$410.00	\$472.00	\$115.00	\$384.00	\$76.00	\$146.00	\$259.00		\$375.00
Highmark Western & Northeastern NY Inc. (d/b/a BC/BS of WNY)		\$221.99	\$275.80		\$749.55	\$154.35	\$497.43					\$318.24
Highmark Western and Northeastern New York Inc. (d/b/a Blue Shield of NNY)	\$282.50											
Humana	\$237.54	\$268.11	\$360.62		\$367.93	\$81.27	\$441.28	\$76.33	\$155.00	\$221.16		\$312.99
Mutual of Omaha	\$279.37	\$406.68	\$407.13	\$427.92	\$409.78		\$405.98				\$417.67	
Transamerica Financial	\$238.21	\$287.22	\$372.11	\$341.94	\$374.27		\$314.00		\$171.38	\$254.40	\$313.26	\$294.57
United Healthcare (AARP Program)	\$203.00	\$279.25	\$389.50		\$385.00		\$342.50		\$98.25	\$199.50		\$269.00

Aetna: 1-800-264-4000

Transamerica (Must be: NRA, VFW, MOOSE, American Legion, GoodSam, or American Senior Benefits Association Members): 1-800-752-9797

American Senior Benefits: 1-877-906-2722 (Free to join)

United Healthcare (Must be AARP member): 1-800-523-5800

Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F and High Deductible F+.

New York State 2026 Medicare Prescription Drug Plans

Plan Type	Plan Name	Part D Total Premium	Annual Part D Deductible Amount	Drug Benefit Category	Low Income Subsidy (LIS) Auto Enrollment	Contract ID	Plan ID	Part D Out-of-Pocket (OOP) Threshold
PDP	Wellcare Classic (PDP)	\$45.70	\$615.00	Basic	X	S4802	077	\$2,100.00
PDP	Wellcare Value Script (PDP)	\$42.40	\$615.00	Enhanced		S4802	138	\$2,100.00
PDP	SilverScript Choice (PDP)	\$116.00	\$615.00	Basic		S5601	006	\$2,100.00
PDP	HealthSpring Assurance Rx (PDP)	\$35.70	\$615.00	Basic	X	S5617	013	\$2,100.00
PDP	HealthSpring Extra Rx (PDP)	\$91.60	\$615.00	Enhanced		S5617	353	\$2,100.00
PDP	Humana Basic Rx Plan (PDP)	\$140.90	\$615.00	Basic		S5884	216	\$2,100.00
PDP	Humana Premier Rx Plan (PDP)	\$173.60	\$0.00	Enhanced		S5884	217	\$2,100.00
PDP	Humana Value Rx Plan (PDP)	\$158.90	\$601.00	Enhanced		S5884	218	\$2,100.00
PDP	AARP Medicare Rx Saver from UHC (PDP)	\$105.80	\$615.00	Basic		S5921	379	\$2,100.00
PDP	AARP Medicare Rx Preferred from UHC (PDP)	\$163.70	\$130.00	Enhanced		S5921	382	\$2,100.00

HealthSpring: 1-877-665-1842

Wellcare: 1-844-480-0700

AARP (UnitedHealthcare): 1-888-867-5564

SilverScript (Aetna): 1-833-526-2445

Humana: 1-877-529-9871