

Rate Changes 11/1/24 - 11/30/24 (Excludes MA, MN, and WI)



Company	State	Type	Effective Date	----- Plan -----												
				A	B	C	D	F	F (High)	G	HDG	K	L	M	N	
AARP - UnitedHealthcare Insurance Company	OR	SEL	1/1/2025								14.6%					14.6%
AARP - UnitedHealthcare Insurance Company	OR	SUPP	1/1/2025	14.7%	14.6%	14.6%		14.6%		14.6%			14.8%	14.6%		14.6%
Aetna Health and Life Insurance Company	NH	SUPP	1/1/2025	20.0%	20.0%			20.0%	0.0%	20.0%						20.0%
American Benefit Life Insurance Company	NM	SUPP	1/1/2025	8.0%				8.0%		8.0%						8.0%
American Benefit Life Insurance Company	VA	SUPP	12/1/2024	12.0%				12.0%		12.0%						8.0%
Bankers Life Ins Co	NY	SUPP	1/1/2025	0.0%	6.5%			6.5%	0.0%	6.5%	0.0%	6.5%	0.0%	0.0%	0.0%	6.5%
Federal Life Insurance Company	CO	SUPP	12/1/2024	16.0%				10.0%		16.0%						10.0%
Federal Life Insurance Company	IL	SUPP	12/1/2024	16.0%				16.0%		16.0%	6.0%					16.0%
Federal Life Insurance Company	MS	SUPP	12/1/2024	9.0%				9.0%		9.0%						9.0%
Globe Life Insurance Company of New York	NY	SUPP	2/1/2025	0.0%	8.8%	0.0%	0.0%	16.4%	21.3%	5.2%	0.0%	1.8%	6.2%			9.1%
GPM Health and Life Insurance Company	CO	SUPP	12/1/2024	18.0%				18.0%		18.0%						18.0%
GPM Health and Life Insurance Company	ID	SUPP	12/1/2024	10.0%				10.0%		10.0%						10.0%
GPM Health and Life Insurance Company	IN	SUPP	12/1/2024	25.0%				25.0%		25.0%						25.0%
GPM Health and Life Insurance Company	MD	SUPP	12/1/2024	19.9%				9.0%		19.9%						19.9%
GPM Health and Life Insurance Company	MT	SUPP	12/1/2024	20.0%				20.0%		20.0%						20.0%
GPM Health and Life Insurance Company	SC	SUPP	12/1/2024	20.0%				19.0%		20.0%						20.0%
GPM Health and Life Insurance Company	UT	SUPP	12/1/2024	20.0%				20.0%		20.0%						20.0%
Manhattan Life Assurance Company	IN	SUPP	1/1/2025	19.0%				19.0%		19.1%						19.0%
Manhattan Life Assurance Company	KS	SUPP	11/1/2024	12.0%				12.0%		12.0%						12.0%
Manhattan Life Assurance Company	ND	SUPP	1/1/2025	19.0%				19.0%		19.0%						3.0%
Manhattan Life Assurance Company	NE	SUPP	1/1/2025	0.0%				0.0%		0.0%						0.0%
Manhattan Life Assurance Company	NV	SUPP	1/1/2025	19.0%				19.0%		19.0%						19.0%
Manhattan Life Assurance Company	OH	SUPP	1/1/2025	20.0%				20.0%		20.0%						20.0%
Manhattan Life Assurance Company	OK	SUPP	1/1/2025	18.0%				18.0%		18.0%						18.0%
Manhattan Life Assurance Company	SC	SUPP	12/1/2024	19.0%				19.0%		19.0%						19.1%
Manhattan Life Assurance Company	TX	SUPP	1/1/2025	20.0%				15.0%		18.0%						15.0%
Manhattan Life Assurance Company	WY	SUPP	1/1/2025	20.0%				20.0%		20.0%						20.1%
Mutual of Omaha Insurance Company	MT	SUPP	12/1/2024	7.0%		7.0%		25.0%		25.0%	0.0%					25.0%
Royal Arcanum	AZ	SUPP	2/1/2025	18.0%				18.0%		18.0%						18.0%
Royal Arcanum	MI	SUPP	2/1/2025	18.0%			18.0%	18.0%		18.0%						18.0%
Royal Arcanum	OH	SUPP	2/1/2025	14.0%			14.0%	14.0%		14.0%						14.0%
United World Life Insurance Company	CA	SUPP	12/1/2024	6.8%				15.0%		17.0%	0.0%					9.0%
Washington National Insurance Company	NE	SUPP	1/1/2025	0.0%				0.0%		0.0%	0.0%					0.0%
Wellcare (Centene)	WA	SUPP	4/1/2025	9.0%				9.0%		9.0%						9.0%

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New Additions 11/1/24 - 11/30/24



Company	State	Type	Effective Date	----- Plan -----												
				A	B	C	D	F	F (High)	G	HDG	K	L	M	N	
Atlantic Capital Life Assurance Company (Preferred)	IL	SUPP	11/19/2024	X				X		X	X	X			X	
Atlantic Capital Life Assurance Company (Standard)	IL	SUPP	11/19/2024	X				X		X	X	X			X	

MA, MN, and WI Plan Codes

Plan Code	Description
<u>MA</u>	
MA_CORE	Core Plan
MA_SUPP1	Standard Plan
MA_SUPP2	Massachusetts Standard Plan 1A
<u>MN</u>	
MN_50%	50% Plan
MN_75%	75% Plan
MN_A50%	Rider - 50% Part A Deductible
MN_BASIC	Basic Plan
MN_HDED	High Deductible Base Plan
MN_HDED2	High Deductible Base Plan without Part B Ded. Coverage
MN_PBCO	Part B Copay
MN_XBAS	Extended Basic Plan (Same as MN_EXTB)
MN_XBAS2	Extended Basic Plan without Part B Ded. Coverage
MNR_EXCS	Rider - Part B Excess
MNR_PREV	Rider - Preventive Health
MNR_PTA	Rider - Part A Deductible
MNR_PT B	Rider - Part B Deductible
MNR_UHC1	Part A Ded + Part B Exc + Prev Care (United Healthcare Only)
<u>WI</u>	
WI_50%	50% Cost-Sharing Plan (Plan K)
WI_75%	25% Cost-Sharing Plan (Plan L)
WI_BASE	Base Plan
WI_HDED	High Deductible Plan
WI_HDED2	High Deductible Base Plan without Part B Ded. Coverage
WIR_A50%	50% Part A Deductible
WIR_EXCS	Rider - Part B Excess
WIR_HH	Rider - Home Health
WIR_PBCO	Part B Copay
WIR_PTA	Rider - Part A Deductible
WIR_PT B	Rider - Part B Deductible
WIR_TVL	Rider - Foreign Travel
WIR_UA2	BASIC + PT A DED. + FOREIGN TRAVEL + HOME HEALTH CARE (United American Only)
WIR_UA3	BASIC + PT A & B DED.+ FOREIGN TRAVEL + HOME HEALTH CARE + PT B EXCESS (United American Only)
WIR_UA4	BASIC + PT A DED + FOREIGN TRAVEL + HOME HEALTH CARE + COPAY DISCOUNT (United American Only)
WIR_UHR1	PT A DEDUCT + PT B EXCESS + FOREIGN TRAVEL (United Healthcare Only)
WIR_UHR2	50% PT A DEDUCT + PT B EXCESS + FOREIGN TRAVEL (United Healthcare Only)

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