

This is an advertisement. The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company. Not connected with or endorsed by the U.S Government or the Federal Medicare Program. This policy may not cover all of your medical expenses.

**New Hampshire
Monthly Premium Rates
Effective January 1, 2024 - December 31, 2024**

Medicare Supplement benefit Plan F will not be offered to individuals newly eligible for Medicare on or after January 1, 2020.

Issue Age	Plan A	Plan F	Plan G	Plan M	Plan N
Less 65	\$424.00	\$636.00	\$466.00	\$463.00	\$450.00
65	\$234.00	\$289.00	\$196.00	\$238.00	\$202.00
66	\$237.00	\$292.00	\$219.00	\$240.00	\$208.00
67	\$241.00	\$303.00	\$229.00	\$245.00	\$212.00
68	\$252.00	\$311.00	\$239.00	\$257.00	\$225.00
69	\$256.00	\$323.00	\$252.00	\$265.00	\$229.00
70	\$263.00	\$337.00	\$262.00	\$273.00	\$235.00
71	\$273.00	\$343.00	\$271.00	\$280.00	\$243.00
72	\$282.00	\$351.00	\$282.00	\$287.00	\$255.00
73	\$285.00	\$361.00	\$294.00	\$292.00	\$261.00
74	\$289.00	\$368.00	\$306.00	\$300.00	\$264.00
75	\$297.00	\$376.00	\$317.00	\$306.00	\$271.00
76	\$300.00	\$382.00	\$331.00	\$310.00	\$275.00
77	\$309.00	\$393.00	\$343.00	\$313.00	\$283.00
78	\$311.00	\$399.00	\$355.00	\$322.00	\$291.00
79	\$320.00	\$406.00	\$370.00	\$325.00	\$294.00
80+	\$424.00	\$636.00	\$466.00	\$463.00	\$450.00

Rates are in effect for 12 months from the member's initial enrollment date.



**HPHC Insurance
Company**

Visit us online at hpforlife.org
or call 1-877-909-4742, TTY 711 for more information