

SOUTH DAKOTA MEDICARE SUPPLEMENT RATES (PLAN G)

ALL RATES ARE PREFERRED NON-TOBACCO

FOR AGENT USE ONLY
RATES SUBJECT TO CHANGE
UPDATED 3/20/2023

WELLMARK				
AGE	WITHOUT HOUSEHOLD DISCOUNT		WITH HOUSEHOLD DISCOUNT	
	MALE	FEMALE	MALE	FEMALE
Thru 64	\$251.90	\$222.60	\$226.70	\$200.30
65	\$170.40	\$150.70	\$153.40	\$135.60
66	\$170.40	\$150.70	\$153.40	\$135.60
67	\$183.40	\$162.20	\$165.10	\$146.00
68	\$196.60	\$173.90	\$176.90	\$156.50
69	\$196.60	\$173.90	\$176.90	\$156.50
70	\$212.60	\$188.00	\$191.30	\$169.20
71	\$228.40	\$202.00	\$205.60	\$181.80
72	\$233.30	\$206.40	\$210.00	\$185.80
73	\$239.00	\$211.40	\$215.10	\$190.30
74	\$243.80	\$215.60	\$219.40	\$194.00
75	\$251.90	\$222.60	\$226.70	\$200.30
76	\$257.10	\$227.30	\$231.40	\$204.60
77	\$262.20	\$231.90	\$236.00	\$208.70
78	\$267.50	\$236.60	\$240.80	\$212.90
79	\$272.80	\$241.20	\$245.50	\$217.10
80	\$278.00	\$245.90	\$250.20	\$221.30
81	\$283.20	\$250.30	\$254.90	\$225.30
82	\$288.70	\$255.30	\$259.80	\$229.80
83	\$293.70	\$259.60	\$264.30	\$233.60
84	\$299.10	\$264.50	\$269.20	\$238.10
85+	\$301.90	\$266.80	\$271.70	\$240.10

MUTUAL OF OMAHA				
AGE	WITHOUT HOUSEHOLD DISCOUNT		WITH HOUSEHOLD DISCOUNT	
	MALE	FEMALE	MALE	FEMALE
Thru 64	\$182.85	\$159.00	\$160.91	\$139.92
65	\$146.28	\$127.20	\$128.73	\$111.94
66	\$146.28	\$127.20	\$128.73	\$111.94
67	\$146.28	\$127.20	\$128.73	\$111.94
68	\$149.79	\$130.25	\$131.82	\$114.62
69	\$153.30	\$133.31	\$134.90	\$117.31
70	\$156.81	\$136.36	\$137.99	\$120.00
71	\$160.32	\$139.41	\$141.08	\$122.68
72	\$163.83	\$142.46	\$144.17	\$125.36
73	\$170.39	\$148.16	\$149.94	\$130.38
74	\$176.94	\$153.86	\$155.71	\$135.40
75	\$183.49	\$159.56	\$161.47	\$140.41
76	\$190.05	\$165.26	\$167.24	\$145.43
77	\$196.60	\$170.96	\$173.01	\$150.44
78	\$202.49	\$176.08	\$178.19	\$154.95
79	\$208.39	\$181.21	\$183.38	\$159.46
80	\$214.29	\$186.34	\$188.58	\$163.98
81	\$220.19	\$191.47	\$193.77	\$168.49
82	\$226.09	\$196.60	\$198.96	\$173.01
83	\$234.23	\$203.86	\$206.12	\$179.24
84	\$242.36	\$210.76	\$213.28	\$185.47
85	\$250.50	\$217.83	\$220.44	\$191.69
86	\$258.64	\$224.90	\$227.60	\$197.91
87	\$266.78	\$231.98	\$234.77	\$204.14
88	\$272.12	\$236.62	\$239.47	\$208.23
89	\$277.56	\$241.36	\$244.25	\$212.40
90	\$283.11	\$246.18	\$249.14	\$216.64
91	\$288.77	\$251.10	\$254.12	\$220.97
92	\$294.55	\$256.13	\$259.20	\$225.39
93	\$300.44	\$261.25	\$264.39	\$229.90
94	\$306.45	\$266.47	\$269.68	\$234.49
95	\$312.58	\$271.81	\$275.07	\$239.19
96	\$318.83	\$277.24	\$280.57	\$243.97
97	\$325.21	\$282.79	\$286.18	\$248.86
98	\$331.70	\$288.84	\$291.90	\$253.83
99+	\$338.34	\$294.21	\$297.74	\$258.90

MEDICA				
AGE	WITHOUT HOUSEHOLD DISCOUNT		WITH HOUSEHOLD DISCOUNT	
	MALE	FEMALE	MALE	FEMALE
Thru 64	\$174.71	\$151.45	\$153.27	\$133.28
65	\$136.00	\$118.26	\$119.68	\$104.07
66	\$136.00	\$118.26	\$119.68	\$104.07
67	\$136.00	\$118.26	\$119.68	\$104.07
68	\$136.00	\$118.26	\$119.68	\$104.07
69	\$139.04	\$120.90	\$122.36	\$106.40
70	\$144.44	\$125.60	\$127.11	\$110.53
71	\$149.56	\$130.05	\$131.61	\$114.45
72	\$154.96	\$134.51	\$136.12	\$118.37
73	\$161.09	\$140.08	\$141.76	\$123.27
74	\$167.58	\$145.72	\$147.47	\$128.24
75	\$174.17	\$151.45	\$153.27	\$133.28
76	\$180.47	\$156.93	\$158.82	\$138.10
77	\$186.92	\$162.54	\$164.49	\$143.04
78	\$193.53	\$168.29	\$170.31	\$148.09
79	\$200.29	\$174.16	\$176.25	\$153.27
80	\$207.21	\$180.18	\$182.34	\$158.56
81	\$214.19	\$186.25	\$188.49	\$163.90
82	\$221.33	\$192.46	\$194.77	\$169.37
83	\$228.64	\$198.82	\$201.20	\$174.96
84	\$236.12	\$205.32	\$207.78	\$180.68
85	\$243.77	\$211.97	\$214.52	\$186.54
86	\$250.43	\$217.76	\$220.38	\$191.63
87	\$257.23	\$223.68	\$226.36	\$196.84
88	\$264.18	\$229.72	\$232.48	\$202.16
89	\$271.28	\$235.90	\$238.73	\$207.59
90	\$278.54	\$242.21	\$245.11	\$213.14
91	\$283.00	\$246.09	\$249.04	\$216.56
92	\$287.51	\$250.01	\$253.01	\$220.01
93	\$292.07	\$253.97	\$257.02	\$223.50
94	\$296.68	\$257.98	\$261.08	\$227.02
95	\$301.34	\$262.03	\$265.18	\$230.59
96	\$301.34	\$262.03	\$265.18	\$230.59
97	\$301.34	\$262.03	\$265.18	\$230.59
98	\$301.34	\$262.03	\$265.18	\$230.59
99+	\$301.34	\$262.03	\$265.18	\$230.59

GRABER & ASSOCIATES

(800) 669-3959
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2023 MEDICARE PDP PREMIUMS

SAME RATE FOR SD AND SURROUNDING

HUMANA	
WALMART VALUE RX	\$30.50
BASIC RX	\$37.00
PREMIER RX	\$75.40

WELLMARK	
BLUE RX SELECT	\$17.30
BLUE RX STANDARD	\$80.70
BLUE RX PREMIER	\$113.60

SILVERSCRIPT	
CHOICE	\$39.90
PLUS	\$84.30

MUTUAL OF OMAHA	
RX ESSENTIAL	\$18.40
RX PREMIER	\$62.20
RX PLUS	\$75.30

WELLCARE	
VALUE SCRIPT	\$7.50
CLASSIC	\$35.00
MEDICARE RX VALUE PLUS	\$71.40

UNITED HEALTHCARE	
RX WALGREENS	\$28.30
RX SAVERS PLUS	\$33.40
RX PREFERRED	\$105.30

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2023 SD MEDICARE COST/ADVANTAGE PLANS

SAME RATE FOR ALL AGES

FOR AGENT USE ONLY
RATES SUBJECT TO CHANGE
UPDATED 3/20/2023

MEDICA	
STANDARD	\$0.00
THRIFT	\$40.00
CORE	\$86.00
PREMIER	\$195.00
STANDARD with RX	\$49.40
THRIFT with RX	\$90.30
CORE with RX	\$149.10
PREMIER with RX	\$266.20

ALIGN POWERED BY SANFORD	
CHOICE PLUS PPO	\$0.00
CHOICE ELITE PPO	\$49.00

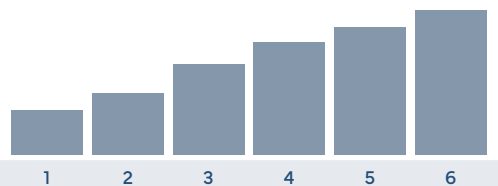


HUMANA	
CHOICE PPO (H5216-273-000)	\$0.00
CHOICE PPO (H5525-067-000)	\$0.00
CHOICE HMO (H0028-053-004)	\$0.00
CHOICE PPO (H5216-103-000)	\$105.00
GOLD PLUS HMO (H0028-053-004)	\$0.00
HONOR PPO (H5216-354-000)	\$0.00
HONOR PPO (H5216-278-001)	\$0.00
HONOR PPO (H5525-066-000)	\$0.00
GOLD PLUS HMO D-SNP (H0028-058-000)	\$0.00

WELLMARK ADVANTAGE HEALTH PLAN	
BLUE MED. ADVANTAGE AVERA PPO	\$0.00
BLUE MED. ADVANTAGE VALOR PPO	\$0.00
BLUE MED. ADVANTAGE PPO	\$19.00
BLUE MED. ADVANTAGE ENHANCED	\$69.00

UNITED HEALTHCARE	
CHOICE PPO	\$0.00
PATRIOT PPO	\$0.00
DUAL COMPLETE PPO D-SNP	\$0.00

AETNA	
MEDICARE ELITE PPO	\$0.00
MEDICARE PREMIER PPO	\$0.00
MEDICARE EAGLE PPO	\$0.00
MEDICARE ASSURE PREMIER D-SNP	\$0.00

2023 PART D STANDARD BENEFIT

ANNUAL DEDUCTIBLE	You Pay	All	MAXIMUM ALLOWABLE \$505		CALENDAR YEAR
COPAYS AND COINSURANCE	You Pay	Tiers		Until shared drug costs reach \$4,660	
COVERAGE GAP	You Pay	Generic		Member-only drug* costs up to \$7,400	
		Brand Name			
CATASTROPHIC COVERAGE	You Pay	Generic/ Preferred	GREATER OF \$4.15 OR 5%	Dollar amount or %	
		Brand Name	GREATER OF \$10.35 OR 5%		

*In the Coverage Gap, member receives a manufacturer paid 70% discount on covered brand drugs and 95% of the covered brand drug cost counts toward total out-of-pocket drug costs.