## SOUTH DAKOTA MEDICARE SUPPLEMENT RATES (PLAN G)

WITH HOUSEHOLD DISCOUNT

FEMALE

\$213.00

MALE

\$240.90

ALL RATES ARE PREFERRED NON-TOBACCO

WITHOUT HOUSEHOLD DISCOUNT

MALE

\$267.70

Thru 64

WELLMARK

FEMALE

\$236.70

				-				U	PDATED 1/1/2024	
MUTUAL OF OMAHA						MEDICA				
	WITHOUT HOUSEHOLD DISCOUNT			USEHOLD DUNT	AGE	WITHOUT HOUSEHOLD DISCOUNT			NITH HOUSEHOLD DISCOUNT	
	MALE	FEMALE	MALE	FEMALE		MALE	FEMALE	MALE	FEMALE	
ŀ	\$182.85	\$159.00	\$160.91	\$139.92	Thru 64	\$189.85	\$165.08	\$167.07	\$145.27	
	\$146.28	\$127.20	\$128.73	\$111.94	65	\$148.24	\$128.90	\$130.45	\$113.44	
	\$146.28	\$127.20	\$128.73	\$111.94	66	\$148.24	\$128.90	\$130.45	\$113.44	
	\$146.28	\$127.20	\$128.73	\$111.94	67	\$148.24	\$128.90	\$130.45	\$113.44	
	\$149.79	\$130.25	\$131.82	\$114.62	68	\$148.24	\$128.90	\$130.45	\$113.44	

65	\$181.10	\$160.20	\$163.00	\$144.20
66	\$181.10	\$160.20	\$163.00	\$144.20
67	\$195.00	\$172.40	\$175.50	\$155.20
68	\$209.00	\$184.80	\$188.10	\$166.30
69	\$209.00	\$184.80	\$188.10	\$166.30
70	\$226.00	\$199.80	\$203.40	\$179.80
71	\$242.80	\$214.70	\$218.50	\$193.20
72	\$248.00	\$219.40	\$223.20	\$197.50
73	\$254.00	\$224.70	\$228.60	\$202.20
74	\$259.20	\$229.10	\$233.30	\$206.20
75	\$267.70	\$236.70	\$240.90	\$213.00
76	\$273.30	\$241.70	\$246.00	\$217.50
77	\$278.80	\$246.50	\$250.90	\$221.90
78	\$284.40	\$251.50	\$256.00	\$226.40
79	\$290.00	\$256.40	\$261.00	\$230.80
80	\$295.60	\$261.40	\$266.00	\$235.30
81	\$301.00	\$266.10	\$270.90	\$239.50
82	\$306.90	\$271.40	\$276.20	\$244.30
83	\$312.20	\$276.00	\$281.00	\$248.40
84	\$317.90	\$281.10	\$286.10	\$253.00
85+	\$320.90	\$283.60	\$288.80	\$255.20



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	MOTORE OF OMAILA			MEDICA						
AGE		IOUSEHOLD OUNT		WITH HOUSEHOLD DISCOUNT		AGE	WITHOUT HOUSEHOLD DISCOUNT		WITH HOUSEHOLD DISCOUNT	
	MALE	FEMALE	MALE	FEMALE			MALE	FEMALE	MALE	FEMALE
Thru 64	\$182.85	\$159.00	\$160.91	\$139.92		Thru 64	\$189.85	\$165.08	\$167.07	\$145.27
65	\$146.28	\$127.20	\$128.73	\$111.94		65	\$148.24	\$128.90	\$130.45	\$113.44
66	\$146.28	\$127.20	\$128.73	\$111.94		66	\$148.24	\$128.90	\$130.45	\$113.44
67	\$146.28	\$127.20	\$128.73	\$111.94		67	\$148.24	\$128.90	\$130.45	\$113.44
68	\$149.79	\$130.25	\$131.82	\$114.62		68	\$148.24	\$128.90	\$130.45	\$113.44
69	\$153.30	\$133.31	\$134.90	\$117.31		69	\$151.55	\$131.79	\$133.37	\$115.97
70	\$156.81	\$136.36	\$137.99	\$120.00		70	\$157.44	\$136.90	\$138.55	\$120.47
71	\$160.32	\$139.41	\$141.08	\$122.68		71	\$163.02	\$141.76	\$143.46	\$124.75
72	\$163.83	\$142.46	\$144.17	\$125.36		72	\$168.61	\$146.62	\$148.37	\$129.02
73	\$170.39	\$148.16	\$149.94	\$130.38		73	\$175.59	\$152.68	\$154.52	\$134.36
74	\$176.94	\$153.86	\$155.71	\$135.40		74	\$182.67	\$158.84	\$160.75	\$139.78
75	\$183.49	\$159.56	\$161.47	\$140.41		75	\$189.85	\$165.08	\$167.07	\$145.27
76	\$190.05	\$165.26	\$167.24	\$145. 43		76	\$196.72	\$171.06	\$173.11	\$150.53
77	\$196.60	\$170.96	\$173.01	\$150.44		77	\$203.75	\$177.17	\$179.30	\$155.91
78	\$202.49	\$176.08	\$178.19	\$154.95		78	\$210.95	\$183.43	\$185.63	\$161.42
79	\$208.39	\$181.21	\$183.38	\$159.46		79	\$218.32	\$189.84	\$192.12	\$167.06
80	\$214.29	\$186.34	\$188.58	\$163.98		80	\$225.86	\$196.40	\$198.76	\$172.83
81	\$220.19	\$191.47	\$193.77	\$168.49		81	\$233.47	\$203.01	\$205.45	\$178.65
82	\$226.09	\$196.60	\$198.96	\$173.01		82	\$241.25	\$209.78	\$212.30	\$184.61
83	\$234.23	\$203.86	\$206.12	\$179.24		83	\$249.22	\$216.71	\$219.31	\$190.71
84	\$242.36	\$210.76	\$213.28	\$185.47		84	\$257.37	\$223.80	\$226.48	\$196.94
85	\$250.50	\$217.83	\$220.44	\$191.69		85	\$265.71	\$231.05	\$233.82	\$203.32
86	\$258.64	\$224.90	\$227.60	\$197.91		86	\$272.97	\$237.36	\$240.21	\$208.88
87	\$266.78	\$231.98	\$234.77	\$204.14		87	\$280.38	\$243.81	\$246.74	\$214.55
88	\$272.12	\$236.62	\$239.47	\$208.23		88	\$287.96	\$250.40	\$253.40	\$220.35
89	\$277.56	\$241.36	\$244.25	\$212.40		89	\$295.70	\$257.13	\$260.22	\$226.27
90	\$283.11	\$246.18	\$249.14	\$216.64		90	\$303.61	\$264.01	\$267.17	\$232.33
91	\$288.77	\$251.10	\$254.12	\$220.97		91	\$308.47	\$268.24	\$271.45	\$236.05
92	\$294.55	\$256.13	\$259.20	\$225.39		92	\$313.39	\$272.51	\$275.78	\$239.81
93	\$300.44	\$261.25	\$264.39	\$229.90		93	\$318.36	\$276.83	\$280.15	\$243.61
94	\$306.45	\$266.47	\$269.68	\$234.49		94	\$323.38	\$281.20	\$284.57	\$247.45
95	\$312.58	\$271.81	\$275.07	\$239.19		95	\$328.46	\$285.62	\$289.04	\$251.34
96	\$318.83	\$277.24	\$280.57	\$243.97		96	\$328.46	\$285.62	\$289.04	\$251.34
97	\$325.21	\$282.79	\$286.18	\$248.86		97	\$328.46	\$285.62	\$289.04	\$251.34
98	\$331.70	\$288.84	\$291.90	\$253.83		98	\$328.46	\$285.62	\$289.04	\$251.34
99+	\$338.34	\$294.21	\$297.74	\$258.90		99+	\$328.46	\$285.62	\$289.04	\$251.34

#### 2024 MEDICARE PDP PREMIUMS

SAME RATE FOR SD AND SURROUNDING

HUMANA	
WALMART VALUE RX	\$38.00
BASIC RX*	\$44.50
PREMIER RX	\$95.20

WELLMARK	
BLUE RX SELECT	\$20.20
BLUE RX STANDARD	\$76.40
BLUE RX PREMIER	\$123.50

SILVERSCRIPT	
CHOICE	\$41.00
PLUS	\$92.60
SMARTSAVER*	\$5.30

MUTUAL OF OMAH	4
RX ESSENTIAL	\$22.90
RX PREMIER	\$70.30
RX PLUS	\$40.90

WELLCARE	
VALUE SCRIPT	\$0.50
CLASSIC	\$39.40
MEDICARE RX VALUE PLUS	\$79.00

UNITED HEALTHCARE			
RX WALGREENS	\$62.00		
RX BASIC	\$38.50		
RX PREFERRED	\$103.80		

CIGNA	
SAVER PDP	\$20.30
SECURE PDP	\$59.20
EXTRA PDP	\$80.70
*NON-COMMISSIONABLE PLAN	

#### 2024 SD MEDICARE COST/ADVANTAGE PLANS

SAME RATE FOR ALL AGES

MEDICA				
STANDARD	\$0.00			
THRIFT	\$43.00			
CORE	\$90.00			
PREMIER	\$205.00			
STANDARD with RX	\$49.30			
THRIFT with RX	\$79.70			
CORE with RX	\$139.30			
PREMIER with RX	\$264.70			
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 PPO (H5216-398-000)	\$69.00
GOLD PLUS HMO (H0028-053-004)	\$0.00
HONOR PPO (H5216-354-000)	\$0.00
HONOR PPO (H5216-278-001)	\$0.00
GOLD PLUS HMO D-SNP (H0028-058-000)	\$0.00

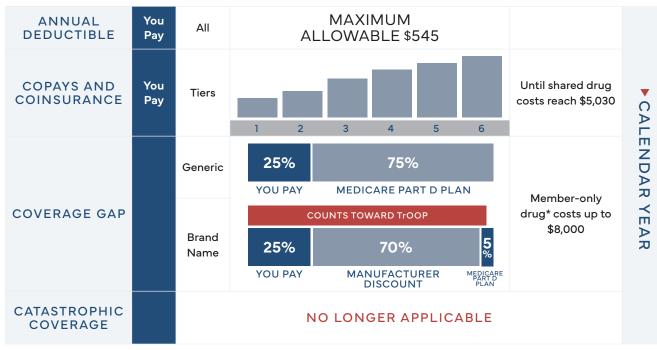
UPDATE	D 1/1/2024
WELLMARK ADVANTAGE HEALTH	H PLAN
BLUE MED. ADVANTAGE AVERA PPO	\$0.00
BLUE MED. ADVANTAGE VALOR PPO	\$0.00
BLUE MED. ADVANTAGE PPO	\$19.00

# BLUE MED. ADVANTAGE ENHANCED \$64.00 UNITED HEALTHCARE

MEDICARE ADVANTAGE PPO	\$0.00
PATRIOT NO RX 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
MEDICARE ENHANCED SELECT PPO	\$135.00

### 2024 PART D STANDARD BENEFIT



\*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.



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FOR AGENT USE ONLY RATES SUBJECT TO CHANGE UPDATED 1/1/2024