

SOUTH DAKOTA MEDICARE SUPPLEMENT RATES (PLAN G)

ALL RATES ARE PREFERRED NON-TOBACCO

FOR AGENT USE ONLY
RATES SUBJECT TO CHANGE
UPDATED 1/1/2025

WELLMARK				
AGE	WITHOUT HOUSEHOLD DISCOUNT		WITH HOUSEHOLD DISCOUNT	
	MALE	FEMALE	MALE	FEMALE
Thru 64	\$317.20	\$280.40	\$285.50	\$252.40
65	\$214.60	\$189.90	\$193.10	\$170.90
66	\$214.60	\$189.90	\$193.10	\$170.90
67	\$231.00	\$204.30	\$207.90	\$183.90
68	\$247.60	\$219.00	\$222.80	\$197.10
69	\$247.60	\$219.00	\$222.80	\$197.10
70	\$267.90	\$236.80	\$241.10	\$213.10
71	\$287.80	\$254.40	\$259.00	\$229.00
72	\$293.90	\$260.00	\$264.50	\$234.00
73	\$301.00	\$266.30	\$270.90	\$239.70
74	\$307.10	\$271.50	\$276.40	\$244.40
75	\$317.20	\$280.40	\$285.50	\$252.40
76	\$323.90	\$286.40	\$291.50	\$257.80
77	\$330.30	\$292.10	\$297.30	\$262.90
78	\$337.00	\$298.10	\$303.30	\$268.30
79	\$343.60	\$303.80	\$309.20	\$273.40
80	\$350.20	\$309.70	\$315.20	\$278.70
81	\$356.70	\$315.30	\$321.00	\$283.80
82	\$363.70	\$321.60	\$327.30	\$289.40
83	\$369.90	\$327.00	\$332.90	\$294.30
84	\$376.80	\$333.10	\$339.10	\$299.80
85+	\$380.20	\$336.10	\$342.20	\$302.50

MUTUAL OF OMAHA				
AGE	WITHOUT HOUSEHOLD DISCOUNT		WITH HOUSEHOLD DISCOUNT	
	MALE	FEMALE	MALE	FEMALE
Thru 64	\$200.22	\$174.10	\$176.19	\$153.21
65	\$160.18	\$139.29	\$140.95	\$122.57
66	\$160.18	\$139.29	\$140.95	\$122.57
67	\$160.18	\$139.29	\$140.95	\$122.57
68	\$164.02	\$142.63	\$144.33	\$125.51
69	\$167.86	\$145.97	\$147.72	\$128.45
70	\$171.71	\$149.31	\$151.10	\$131.40
71	\$175.55	\$152.66	\$154.48	\$134.34
72	\$179.40	\$156.00	\$157.87	\$137.28
73	\$186.57	\$162.23	\$164.18	\$142.77
74	\$193.74	\$168.48	\$170.49	\$148.26
75	\$200.93	\$174.72	\$176.81	\$153.75
76	\$208.10	\$180.96	\$183.13	\$159.24
77	\$215.28	\$187.19	\$189.44	\$164.73
78	\$221.73	\$192.81	\$195.12	\$169.68
79	\$228.19	\$198.43	\$200.80	\$174.62
80	\$234.65	\$204.04	\$206.49	\$179.56
81	\$241.11	\$209.66	\$212.17	\$184.50
82	\$247.57	\$215.28	\$217.86	\$189.44
83	\$256.48	\$223.03	\$225.70	\$196.26
84	\$265.39	\$230.78	\$233.54	\$203.08
85	\$274.30	\$238.52	\$241.39	\$209.90
86	\$283.21	\$246.27	\$249.23	\$216.72
87	\$292.13	\$254.02	\$257.07	\$223.54
88	\$297.97	\$259.10	\$262.21	\$228.01
89	\$303.93	\$264.29	\$267.46	\$232.57
90	\$310.00	\$269.57	\$272.80	\$237.22
91	\$316.20	\$274.96	\$278.26	\$241.96
92	\$322.53	\$280.46	\$283.83	\$246.80
93	\$328.98	\$286.07	\$289.50	\$251.74
94	\$335.56	\$291.79	\$295.29	\$256.77
95	\$342.27	\$297.63	\$301.20	\$261.91
96	\$349.12	\$303.58	\$307.23	\$267.15
97	\$356.10	\$309.65	\$313.37	\$272.49
98	\$363.22	\$315.84	\$319.63	\$277.94
99+	\$370.48	\$322.16	\$326.03	\$283.50

MEDICA				
AGE	WITHOUT HOUSEHOLD DISCOUNT		WITH HOUSEHOLD DISCOUNT	
	MALE	FEMALE	MALE	FEMALE
Thru 64	\$218.31	\$189.84	\$192.11	\$167.06
65	\$170.47	\$148.23	\$150.01	\$130.44
66	\$170.47	\$148.23	\$150.01	\$130.44
67	\$170.47	\$148.23	\$150.01	\$130.44
68	\$170.47	\$148.23	\$150.01	\$130.44
69	\$174.28	\$151.55	\$153.37	\$133.36
70	\$181.05	\$157.43	\$159.32	\$138.54
71	\$187.47	\$163.02	\$164.97	\$143.46
72	\$193.89	\$168.60	\$170.62	\$148.37
73	\$201.92	\$175.58	\$177.69	\$154.51
74	\$210.06	\$182.66	\$184.85	\$160.74
75	\$218.31	\$189.84	\$192.11	\$167.06
76	\$226.21	\$196.71	\$199.05	\$173.10
77	\$234.30	\$203.74	\$206.18	\$179.29
78	\$242.58	\$210.94	\$213.47	\$185.63
79	\$251.05	\$218.31	\$220.92	\$192.11
80	\$259.73	\$225.85	\$228.56	\$198.75
81	\$268.47	\$233.46	\$236.25	\$205.44
82	\$277.43	\$241.24	\$244.14	\$212.29
83	\$286.59	\$249.21	\$252.20	\$219.30
84	\$295.96	\$257.36	\$260.44	\$226.48
85	\$305.55	\$265.70	\$268.88	\$233.82
86	\$313.90	\$272.95	\$276.23	\$240.20
87	\$322.43	\$280.37	\$283.74	\$246.73
88	\$331.14	\$287.95	\$291.40	\$253.40
89	\$340.04	\$295.69	\$299.24	\$260.21
90	\$349.13	\$303.60	\$307.23	\$267.17
91	\$354.73	\$308.46	\$312.16	\$271.44
92	\$360.38	\$313.37	\$317.13	\$275.77
93	\$366.09	\$318.34	\$322.16	\$280.14
94	\$371.67	\$323.37	\$327.25	\$284.57
95	\$377.71	\$328.44	\$332.38	\$289.03
96	\$377.71	\$328.44	\$332.38	\$289.03
97	\$377.71	\$328.44	\$332.38	\$289.03
98	\$377.71	\$328.44	\$332.38	\$289.03
99+	\$377.71	\$328.44	\$332.38	\$289.03

AETNA		
AGE	HOUSEHOLD DISCOUNT UNAVAILABLE	
	MALE	FEMALE
Thru 64	\$212.33	\$184.76
65	\$160.44	\$139.69
66	\$160.44	\$139.69
67	\$160.44	\$139.69
68	\$167.18	\$145.44
69	\$174.85	\$152.11
70	\$181.59	\$158.10
71	\$188.67	\$164.02
72	\$195.09	\$169.60
73	\$201.34	\$175.10
74	\$207.25	\$180.09
75	\$212.33	\$184.76
76	\$217.41	\$188.92
77	\$221.91	\$193.01
78	\$226.16	\$196.75
79	\$230.07	\$200.17
80	\$233.91	\$203.42
81	\$237.24	\$206.25
82	\$240.49	\$209.08
83	\$243.57	\$211.75
84	\$246.65	\$214.50
85	\$249.48	\$216.91
86	\$252.07	\$219.41
87	\$254.90	\$221.58
88	\$257.40	\$223.74
89	\$259.81	\$225.99
90	\$262.15	\$228.08
91	\$264.23	\$229.99
92	\$266.48	\$231.74
93	\$268.23	\$233.24
94	\$270.06	\$234.82
95	\$271.64	\$236.07
96	\$273.31	\$237.49
97	\$274.56	\$238.90
98	\$276.22	\$240.40
99+	\$277.89	\$241.74

GRABER & ASSOCIATES

(800) 669-3959

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2025 MEDICARE PDP PREMIUMS

SAME RATE FOR SD AND SURROUNDING STATES

HUMANA	
WALMART VALUE RX	\$41.20
BASIC RX*	\$69.00
PREMIER RX	\$117.40

WELLMARK	
BLUE RX STANDARD	\$51.00
BLUE RX PREMIER	\$116.90

SILVERSCRIPT	
CHOICE*	\$40.30

MUTUAL OF OMAHA	
RX ESSENTIAL	DISCONTINUED
RX PREMIER	DISCONTINUED
RX PLUS	DISCONTINUED

WELLCARE	
VALUE SCRIPT*	\$0.00
CLASSIC*	\$22.30
MEDICARE RX VALUE PLUS*	\$107.30

UNITED HEALTHCARE	
RX SAVER	\$36.20
RX PREFERRED	\$97.00

CIGNA	
SAVER PDP	\$16.50
ASSURANCE PDP*	\$75.90
EXTRA PDP	\$102.90

*NON-COMMISSIONABLE PLAN

2025 SD MEDICARE COST/ADVANTAGE PLANS

SAME RATE FOR ALL AGES

FOR AGENT USE ONLY
RATES SUBJECT TO CHANGE
UPDATED 1/1/2025

MEDICA	
STANDARD	\$0.00
THRIFT	\$53.00
CORE	\$98.00
PREMIER	\$217.00
STANDARD with RX	\$64.10
THRIFT with RX	\$101.80
CORE with RX	\$182.80
PREMIER with RX	\$307.10
VALUE MAPD	\$0.00
SELECT MAPD	\$66.00
PREFERRED MAPD	\$201.00
MA-ONLY MAPD	\$0.00

WELLMARK ADVANTAGE HEALTH PLAN	
BLUE MED. ADVANTAGE AVERA PPO	\$0.00
BLUE MED. ADVANTAGE VALOR PPO	\$0.00
BLUE MED. ADVANTAGE PPO	\$22.00
BLUE MED. ADVANTAGE ENHANCED	\$63.00

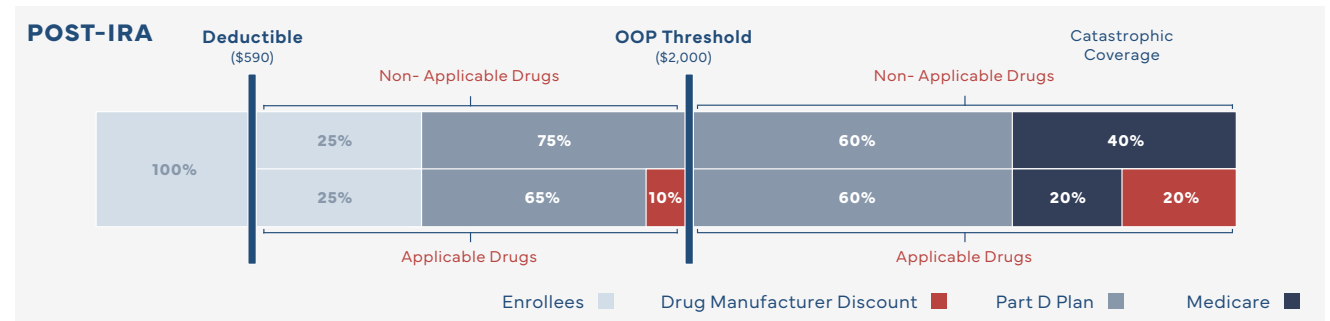
HUMANA	
CHOICE PPO (H5216-092-000)	\$48.00
CHOICE PPO (H5216-088-000)	\$101.00
VALUE PLUS PPO (H5216-171-000)	\$46.40
HONOR PPO (H5216-354-000)	\$0.00
HONOR PPO (H5216-278-001)	\$0.00

UNITED HEALTHCARE	
MEDICARE ADVANTAGE PPO (SD-0001)	\$57.00
PATRIOT NO RX PPO	\$0.00
DUAL COMPLETE PPO D-SNP (SD-S2)	\$0.00
MEDICARE ADVANTAGE PPO (SI-0001)	\$24.00
DUAL COMPLETE PPO D-SNP (SD-Q1)	\$0.00

AETNA	
MEDICARE VALUE PLUS PPO	\$48.30
MEDICARE PREMIER PPO	\$0.00
MEDICARE EAGLE PPO	\$0.00
MEDICARE ASSURE PREMIER D-SNP	\$0.00
MEDICARE ENHANCED SELECT PPO	\$142.00

ALIGN POWERED BY SANFORD	
CHOICE PLUS PPO	\$0.00
CHOICE ELITE PPO	\$64.00

2025 PART D STANDARD BENEFIT



- ANNUAL DEDUCTIBLE.** The enrollee pays 100% of their gross covered prescription drug costs (GCPDC) until the deductible of \$590 for CY 2025 is met.
- INITIAL COVERAGE.** The enrollee pays 25% coinsurance for covered Part D drugs. The sponsor typically pays 65% of the cost of applicable drugs and 75% of the cost of all other covered Part D drugs. The manufacturer, through the Discount Program, typically covers 10% of the cost of applicable drugs. This phase ends when the enrollee has reached the annual OOP threshold of \$2,000 for CY 2025.
- CATASTROPHIC.** The enrollee pays no cost sharing for covered Part D drugs. Sponsors typically pay 60% of the costs of all covered Part D drugs. The manufacturer pays a discount, typically equal to 20%, for applicable drugs. CMS pays a reinsurance subsidy equal to 20% of the costs of applicable drugs and equivalent to 40% of the costs of all other covered Part D drugs that are not applicable drugs.

*The Discount Program is phased in for certain drugs of qualifying drug manufacturers during the initial coverage phase from 2025 through 2028 and in the catastrophic phase from 2025 through 2030. For drugs subject to the phase-in, Part D sponsors will be responsible for the additional cost that would have otherwise been covered by the manufacturer discount.

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