



2026 Rate Information

for AARP Medicare Supplement Insurance Plans

2026 Florida premium rate information is now available for AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare® Insurance Company (UHIC).

Effective June 1, 2026, the premium rates in Florida will change. Please see pages below to view rates for new enrollees with initial plan effective dates of June 1, 2026, to May 1, 2027, or rate change percentages.

In addition to the *What's Up with Med Supp?* page on Jarvis, state-specific rate information can also be found in Medicare Supplement JarvisEnroll or in Enrollment Kits available in [Jarvis](#) under Sales Tools > Sales Materials > Sales Materials Portal.

Find helpful resources

- ✓ Use Medicare Supplement JarvisEnroll for an easy enrollment experience or continue to use your state's current Enrollment Kit until new ones become available, remembering to quote the applicable rate based on the requested plan effective date.
- ✓ Find state-specific Producer Handbooks on the Sales Materials Portal, accessible via [Jarvis](#) and check out *Learning Lab* within [Jarvis](#) to discover helpful guides, job aids, on-demand learnings, and more.
- ✓ Find AARP Medicare Supplement Plans state-specific trainings on [Jarvis](#) under Knowledge Center > Agent Training > National Webinar Schedule, click on Local Trainings.

Questions?

Our dedicated Producer Help Desk (PHD) is here for you every step of the way. [Live chat via Jarvis](#) or call 1-888-381-8581. Español Presione la opcion 2.

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Cover Page - Rates
Female Non-Tobacco Monthly Plan Rates for Florida - Area 1
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ²	
Female Non-Tobacco Standard Rates											
Age ¹	Plan A	Plan B	Plan G	High Deductible Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
50-64	\$1,258.19	\$1,481.65	\$1,598.35	\$1,313.26	\$1,303.54	\$505.47	\$1,029.67	\$1,246.04	\$1,016.20	\$1,716.62	\$1,726.61
65	\$293.04	\$354.97	\$339.04	\$78.91	\$307.87	\$113.03	\$246.94	\$290.25	\$252.76	\$411.45	\$413.91
66	\$302.84	\$366.83	\$350.37	\$84.43	\$318.16	\$116.81	\$255.20	\$299.95	\$261.20	\$425.20	\$427.74
67	\$314.80	\$381.32	\$364.21	\$90.74	\$330.73	\$121.43	\$265.28	\$311.80	\$271.52	\$442.00	\$444.65
68	\$326.41	\$395.38	\$377.64	\$94.69	\$342.93	\$125.90	\$275.06	\$323.30	\$281.54	\$458.30	\$461.04
69	\$338.38	\$409.88	\$391.49	\$98.63	\$355.50	\$130.52	\$285.15	\$335.15	\$291.86	\$475.10	\$477.95
70	\$349.62	\$423.50	\$404.49	\$106.52	\$367.31	\$134.86	\$294.62	\$346.29	\$301.56	\$490.89	\$493.83
71	\$360.86	\$437.12	\$417.50	\$118.36	\$379.12	\$139.19	\$304.10	\$357.43	\$311.25	\$506.67	\$509.71
72	\$371.74	\$450.30	\$430.09	\$130.19	\$390.56	\$143.39	\$313.26	\$368.20	\$320.64	\$521.95	\$525.08
73	\$382.99	\$463.92	\$443.10	\$145.97	\$402.37	\$147.73	\$322.74	\$379.34	\$330.33	\$537.73	\$540.96
74	\$393.14	\$476.22	\$454.85	\$157.81	\$413.04	\$151.64	\$331.30	\$389.40	\$339.09	\$551.99	\$555.30
75	\$404.02	\$489.40	\$467.43	\$169.65	\$424.47	\$155.84	\$340.46	\$400.17	\$348.48	\$567.27	\$570.67
76	\$413.81	\$501.26	\$478.76	\$181.48	\$434.76	\$159.62	\$348.72	\$409.87	\$356.92	\$581.02	\$584.50
77	\$424.33	\$514.00	\$490.93	\$197.26	\$445.80	\$163.67	\$357.58	\$420.29	\$366.00	\$595.78	\$599.35
78	\$428.32	\$518.83	\$495.55	\$197.26	\$450.00	\$165.21	\$360.94	\$424.24	\$369.44	\$601.39	\$604.99
79	\$428.32	\$518.83	\$495.55	\$197.26	\$450.00	\$165.21	\$360.94	\$424.24	\$369.44	\$601.39	\$604.99
80+	\$468.22	\$567.16	\$541.70	\$236.72	\$491.91	\$180.60	\$394.56	\$463.76	\$403.85	\$657.40	\$661.34

*The rates above are for plan effective dates from June 2026 through May 2027 and may change.
The rates shown may be reduced by 3% when you qualify for a Multi-Insured Discount.*

Cover Page - Rates
Female Tobacco Monthly Plan Rates for Florida - Area 1
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ²	
Female Tobacco Standard Rates											
Age ¹	Plan A	Plan B	Plan G	High Deductible Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
50-64	\$1,384.00	\$1,629.81	\$1,758.18	\$1,444.58	\$1,433.89	\$556.01	\$1,132.63	\$1,370.64	\$1,117.82	\$1,888.28	\$1,899.27
65	\$322.34	\$390.46	\$372.94	\$86.80	\$338.65	\$124.33	\$271.63	\$319.27	\$278.03	\$452.59	\$455.30
66	\$333.12	\$403.51	\$385.40	\$92.87	\$349.97	\$128.49	\$280.72	\$329.94	\$287.32	\$467.72	\$470.51
67	\$346.28	\$419.45	\$400.63	\$99.81	\$363.80	\$133.57	\$291.80	\$342.98	\$298.67	\$486.20	\$489.11
68	\$359.05	\$434.91	\$415.40	\$104.15	\$377.22	\$138.49	\$302.56	\$355.63	\$309.69	\$504.13	\$507.14
69	\$372.21	\$450.86	\$430.63	\$108.49	\$391.05	\$143.57	\$313.66	\$368.66	\$321.04	\$522.61	\$525.74
70	\$384.58	\$465.85	\$444.93	\$117.17	\$404.04	\$148.34	\$324.08	\$380.91	\$331.71	\$539.97	\$543.21
71	\$396.94	\$480.83	\$459.25	\$130.19	\$417.03	\$153.10	\$334.51	\$393.17	\$342.37	\$557.33	\$560.68
72	\$408.91	\$495.33	\$473.09	\$143.20	\$429.61	\$157.72	\$344.58	\$405.02	\$352.70	\$574.14	\$577.58
73	\$421.28	\$510.31	\$487.41	\$160.56	\$442.60	\$162.50	\$355.01	\$417.27	\$363.36	\$591.50	\$595.05
74	\$432.45	\$523.84	\$500.33	\$173.59	\$454.34	\$166.80	\$364.43	\$428.34	\$372.99	\$607.18	\$610.83
75	\$444.42	\$538.34	\$514.17	\$186.61	\$466.91	\$171.42	\$374.50	\$440.18	\$383.32	\$623.99	\$627.73
76	\$455.19	\$551.38	\$526.63	\$199.62	\$478.23	\$175.58	\$383.59	\$450.85	\$392.61	\$639.12	\$642.95
77	\$466.76	\$565.40	\$540.02	\$216.98	\$490.38	\$180.03	\$393.33	\$462.31	\$402.60	\$655.35	\$659.28
78	\$471.15	\$570.71	\$545.10	\$216.98	\$495.00	\$181.73	\$397.03	\$466.66	\$406.38	\$661.52	\$665.48
79	\$471.15	\$570.71	\$545.10	\$216.98	\$495.00	\$181.73	\$397.03	\$466.66	\$406.38	\$661.52	\$665.48
80+	\$515.04	\$623.87	\$595.87	\$260.39	\$541.10	\$198.66	\$434.01	\$510.13	\$444.23	\$723.14	\$727.47

*The rates above are for plan effective dates from June 2026 through May 2027 and may change.
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Cover Page - Rates
Male Non-Tobacco Monthly Plan Rates for Florida - Area 1
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ²	
Male Non-Tobacco Standard Rates											
Age ¹	Plan A	Plan B	Plan G	High Deductible Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
50-64	\$1,367.42	\$1,610.29	\$1,737.12	\$1,501.86	\$1,416.71	\$549.35	\$1,119.07	\$1,354.22	\$1,104.43	\$1,865.65	\$1,876.52
65	\$318.48	\$385.78	\$368.47	\$90.24	\$334.60	\$122.85	\$268.38	\$315.45	\$274.70	\$447.17	\$449.85
66	\$329.13	\$398.68	\$380.78	\$96.55	\$345.78	\$126.95	\$277.35	\$325.99	\$283.88	\$462.11	\$464.88
67	\$342.13	\$414.43	\$395.83	\$103.77	\$359.45	\$131.97	\$288.31	\$338.88	\$295.10	\$480.37	\$483.25
68	\$354.75	\$429.71	\$410.43	\$108.28	\$372.70	\$136.83	\$298.94	\$351.37	\$305.98	\$498.08	\$501.07
69	\$367.76	\$445.47	\$425.48	\$112.80	\$386.37	\$141.85	\$309.90	\$364.25	\$317.20	\$516.35	\$519.44
70	\$379.97	\$460.27	\$439.61	\$121.82	\$399.20	\$146.56	\$320.20	\$376.36	\$327.74	\$533.50	\$536.70
71	\$392.19	\$475.07	\$453.75	\$135.36	\$412.04	\$151.28	\$330.50	\$388.46	\$338.28	\$550.66	\$553.96
72	\$404.02	\$489.39	\$467.43	\$148.89	\$424.46	\$155.84	\$340.46	\$400.17	\$348.47	\$567.26	\$570.66
73	\$416.24	\$504.19	\$481.57	\$166.94	\$437.30	\$160.55	\$350.76	\$412.27	\$359.01	\$584.42	\$587.92
74	\$427.27	\$517.56	\$494.34	\$180.47	\$448.90	\$164.81	\$360.06	\$423.20	\$368.53	\$599.91	\$603.51
75	\$439.10	\$531.89	\$508.02	\$194.01	\$461.32	\$169.37	\$370.02	\$434.92	\$378.73	\$616.52	\$620.21
76	\$449.74	\$544.78	\$520.33	\$207.55	\$472.50	\$173.47	\$378.99	\$445.46	\$387.91	\$631.46	\$635.24
77	\$461.17	\$558.62	\$533.55	\$225.59	\$484.51	\$177.88	\$388.62	\$456.78	\$397.77	\$647.51	\$651.39
78	\$465.51	\$563.88	\$538.57	\$225.59	\$489.06	\$179.56	\$392.28	\$461.07	\$401.51	\$653.60	\$657.51
79	\$465.51	\$563.88	\$538.57	\$225.59	\$489.06	\$179.56	\$392.28	\$461.07	\$401.51	\$653.60	\$657.51
80+	\$508.87	\$616.40	\$588.73	\$270.71	\$534.62	\$196.28	\$428.82	\$504.02	\$438.91	\$714.47	\$718.76

*The rates above are for plan effective dates from June 2026 through May 2027 and may change.
The rates shown may be reduced by 3% when you qualify for a Multi-Insured Discount.*

Cover Page - Rates
Male Tobacco Monthly Plan Rates for Florida - Area 1
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ²	
Male Tobacco Standard Rates											
Age ¹	Plan A	Plan B	Plan G	High Deductible Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
50-64	\$1,504.16	\$1,771.31	\$1,910.83	\$1,652.04	\$1,558.38	\$604.28	\$1,230.97	\$1,489.64	\$1,214.87	\$2,052.21	\$2,064.17
65	\$350.32	\$424.35	\$405.31	\$99.26	\$368.06	\$135.13	\$295.21	\$346.99	\$302.17	\$491.88	\$494.83
66	\$362.04	\$438.54	\$418.85	\$106.20	\$380.35	\$139.64	\$305.08	\$358.58	\$312.26	\$508.32	\$511.36
67	\$376.34	\$455.87	\$435.41	\$114.14	\$395.39	\$145.16	\$317.14	\$372.76	\$324.61	\$528.40	\$531.57
68	\$390.22	\$472.68	\$451.47	\$119.10	\$409.97	\$150.51	\$328.83	\$386.50	\$336.57	\$547.88	\$551.17
69	\$404.53	\$490.01	\$468.02	\$124.08	\$425.00	\$156.03	\$340.89	\$400.67	\$348.92	\$567.98	\$571.38
70	\$417.96	\$506.29	\$483.57	\$134.00	\$439.12	\$161.21	\$352.22	\$413.99	\$360.51	\$586.85	\$590.37
71	\$431.40	\$522.57	\$499.12	\$148.89	\$453.24	\$166.40	\$363.55	\$427.30	\$372.10	\$605.72	\$609.35
72	\$444.42	\$538.32	\$514.17	\$163.77	\$466.90	\$171.42	\$374.50	\$440.18	\$383.31	\$623.98	\$627.72
73	\$457.86	\$554.60	\$529.72	\$183.63	\$481.03	\$176.60	\$385.83	\$453.49	\$394.91	\$642.86	\$646.71
74	\$469.99	\$569.31	\$543.77	\$198.51	\$493.79	\$181.29	\$396.06	\$465.52	\$405.38	\$659.90	\$663.86
75	\$483.01	\$585.07	\$558.82	\$213.41	\$507.45	\$186.30	\$407.02	\$478.41	\$416.60	\$678.17	\$682.23
76	\$494.71	\$599.25	\$572.36	\$228.30	\$519.75	\$190.81	\$416.88	\$490.00	\$426.70	\$694.60	\$698.76
77	\$507.28	\$614.48	\$586.90	\$248.14	\$532.96	\$195.66	\$427.48	\$502.45	\$437.54	\$712.26	\$716.52
78	\$512.06	\$620.26	\$592.42	\$248.14	\$537.96	\$197.51	\$431.50	\$507.17	\$441.66	\$718.96	\$723.26
79	\$512.06	\$620.26	\$592.42	\$248.14	\$537.96	\$197.51	\$431.50	\$507.17	\$441.66	\$718.96	\$723.26
80+	\$559.75	\$678.04	\$647.60	\$297.78	\$588.08	\$215.90	\$471.70	\$554.42	\$482.80	\$785.91	\$790.63

*The rates above are for plan effective dates from June 2026 through May 2027 and may change.
The rates shown may be reduced by 3% when you qualify for a Multi-Insured Discount.*

1 Your age as of your plan effective date. Your rate will always be based on your age on your effective date.

2 **IMPORTANT: Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C and F.**

3 You must use a network hospital with Select Plans G and N.

FLORIDA Area 1 ZIP Codes

The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"

33002	33068	33137	33180	33305	33388	33443
33004	33069	33138	33181	33306	33394	33444
33008	33071	33139	33182	33307	33401	33445
33009	33072	33140	33183	33308	33402	33446
33010	33073	33141	33184	33309	33403	33447
33011	33074	33142	33185	33310	33404	33448
33012	33075	33143	33186	33311	33405	33449
33013	33076	33144	33187	33312	33406	33454
33014	33077	33145	33188	33313	33407	33458
33015	33081	33146	33189	33314	33408	33459
33016	33082	33147	33190	33315	33409	33460
33017	33083	33148	33193	33316	33410	33461
33018	33084	33149	33194	33317	33411	33462
33019	33090	33150	33195	33318	33412	33463
33020	33092	33151	33196	33319	33413	33464
33021	33093	33152	33197	33320	33414	33465
33022	33097	33153	33199	33321	33415	33466
33023	33101	33154	33222	33322	33416	33467
33024	33102	33155	33231	33323	33417	33468
33025	33107	33156	33233	33324	33418	33469
33026	33109	33157	33234	33325	33419	33470
33027	33110	33158	33238	33326	33420	33472
33028	33111	33159	33239	33327	33421	33473
33029	33112	33160	33242	33328	33422	33474
33030	33114	33161	33243	33329	33424	33476
33031	33116	33162	33245	33330	33425	33477
33032	33119	33163	33247	33331	33426	33478
33033	33121	33164	33255	33332	33427	33480
33034	33122	33165	33256	33334	33428	33481
33035	33124	33166	33257	33335	33429	33482
33039	33125	33167	33261	33336	33430	33483
33054	33126	33168	33265	33337	33431	33484
33055	33127	33169	33266	33338	33432	33486
33056	33128	33170	33269	33339	33433	33487
33060	33129	33172	33280	33340	33434	33488
33061	33130	33173	33283	33345	33435	33493
33062	33131	33174	33296	33346	33436	33496
33063	33132	33175	33299	33348	33437	33497
33064	33133	33176	33301	33349	33438	33498
33065	33134	33177	33302	33351	33439	33499
33066	33135	33178	33303	33355	33441	
33067	33136	33179	33304	33359	33442	

Cover Page - Rates
Female Non-Tobacco Monthly Plan Rates for Florida - Area 2
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ²	
Female Non-Tobacco Standard Rates											
Age ¹	Plan A	Plan B	Plan G	High Deductible Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
50-64	\$1,014.28	\$1,194.42	\$1,288.49	\$1,058.67	\$1,050.83	\$407.48	\$830.06	\$1,004.48	\$819.20	\$1,383.83	\$1,391.89
65	\$236.23	\$286.15	\$273.31	\$63.61	\$248.19	\$91.12	\$199.07	\$233.98	\$203.76	\$331.68	\$333.67
66	\$244.13	\$295.71	\$282.44	\$68.06	\$256.48	\$94.17	\$205.72	\$241.80	\$210.57	\$342.77	\$344.82
67	\$253.78	\$307.40	\$293.61	\$73.15	\$266.62	\$97.89	\$213.85	\$251.36	\$218.89	\$356.31	\$358.45
68	\$263.13	\$318.73	\$304.43	\$76.33	\$276.45	\$101.50	\$221.74	\$260.63	\$226.96	\$369.45	\$371.66
69	\$272.78	\$330.42	\$315.59	\$79.51	\$286.58	\$105.22	\$229.87	\$270.18	\$235.28	\$383.00	\$385.29
70	\$281.84	\$341.40	\$326.08	\$85.87	\$296.11	\$108.71	\$237.51	\$279.16	\$243.10	\$395.72	\$398.09
71	\$290.91	\$352.38	\$336.56	\$95.41	\$305.63	\$112.21	\$245.14	\$288.14	\$250.91	\$408.45	\$410.90
72	\$299.68	\$363.00	\$346.71	\$104.95	\$314.84	\$115.59	\$252.54	\$296.82	\$258.48	\$420.76	\$423.28
73	\$308.74	\$373.98	\$357.20	\$117.68	\$324.36	\$119.09	\$260.17	\$305.80	\$266.30	\$433.49	\$436.09
74	\$316.93	\$383.90	\$366.67	\$127.22	\$332.97	\$122.25	\$267.07	\$313.91	\$273.36	\$444.98	\$447.65
75	\$325.70	\$394.52	\$376.82	\$136.76	\$342.18	\$125.63	\$274.46	\$322.60	\$280.92	\$457.30	\$460.04
76	\$333.59	\$404.08	\$385.95	\$146.30	\$350.47	\$128.67	\$281.11	\$330.41	\$287.73	\$468.38	\$471.19
77	\$342.07	\$414.35	\$395.76	\$159.02	\$359.38	\$131.94	\$288.26	\$338.81	\$295.04	\$480.29	\$483.16
78	\$345.29	\$418.25	\$399.48	\$159.02	\$362.76	\$133.18	\$290.97	\$342.00	\$297.82	\$484.80	\$487.71
79	\$345.29	\$418.25	\$399.48	\$159.02	\$362.76	\$133.18	\$290.97	\$342.00	\$297.82	\$484.80	\$487.71
80+	\$377.45	\$457.21	\$436.69	\$190.83	\$396.55	\$145.59	\$318.07	\$373.85	\$325.56	\$529.96	\$533.13

*The rates above are for plan effective dates from June 2026 through May 2027 and may change.
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Cover Page - Rates
Female Tobacco Monthly Plan Rates for Florida - Area 2
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ²	
Female Tobacco Standard Rates											
Age ¹	Plan A	Plan B	Plan G	High Deductible Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
50-64	\$1,115.70	\$1,313.86	\$1,417.33	\$1,164.53	\$1,155.91	\$448.22	\$913.06	\$1,104.92	\$901.12	\$1,522.21	\$1,531.07
65	\$259.85	\$314.76	\$300.64	\$69.97	\$273.00	\$100.23	\$218.97	\$257.37	\$224.13	\$364.84	\$367.03
66	\$268.54	\$325.28	\$310.68	\$74.86	\$282.12	\$103.58	\$226.29	\$265.98	\$231.62	\$377.04	\$379.30
67	\$279.15	\$338.14	\$322.97	\$80.46	\$293.28	\$107.67	\$235.23	\$276.49	\$240.77	\$391.94	\$394.29
68	\$289.44	\$350.60	\$334.87	\$83.96	\$304.09	\$111.65	\$243.91	\$286.69	\$249.65	\$406.39	\$408.82
69	\$300.05	\$363.46	\$347.14	\$87.46	\$315.23	\$115.74	\$252.85	\$297.19	\$258.80	\$421.30	\$423.81
70	\$310.02	\$375.54	\$358.68	\$94.45	\$325.72	\$119.58	\$261.26	\$307.07	\$267.41	\$435.29	\$437.89
71	\$320.00	\$387.61	\$370.21	\$104.95	\$336.19	\$123.43	\$269.65	\$316.95	\$276.00	\$449.29	\$451.99
72	\$329.64	\$399.30	\$381.38	\$115.44	\$346.32	\$127.14	\$277.79	\$326.50	\$284.32	\$462.83	\$465.60
73	\$339.61	\$411.37	\$392.92	\$129.44	\$356.79	\$130.99	\$286.18	\$336.38	\$292.93	\$476.83	\$479.69
74	\$348.62	\$422.29	\$403.33	\$139.94	\$366.26	\$134.47	\$293.77	\$345.30	\$300.69	\$489.47	\$492.41
75	\$358.27	\$433.97	\$414.50	\$150.43	\$376.39	\$138.19	\$301.90	\$354.86	\$309.01	\$503.03	\$506.04
76	\$366.94	\$444.48	\$424.54	\$160.93	\$385.51	\$141.53	\$309.22	\$363.45	\$316.50	\$515.21	\$518.30
77	\$376.27	\$455.78	\$435.33	\$174.92	\$395.31	\$145.13	\$317.08	\$372.69	\$324.54	\$528.31	\$531.47
78	\$379.81	\$460.07	\$439.42	\$174.92	\$399.03	\$146.49	\$320.06	\$376.20	\$327.60	\$533.28	\$536.48
79	\$379.81	\$460.07	\$439.42	\$174.92	\$399.03	\$146.49	\$320.06	\$376.20	\$327.60	\$533.28	\$536.48
80+	\$415.19	\$502.93	\$480.35	\$209.91	\$436.20	\$160.14	\$349.87	\$411.23	\$358.11	\$582.95	\$586.44

*The rates above are for plan effective dates from June 2026 through May 2027 and may change.
The rates shown may be reduced by 3% when you qualify for a Multi-Insured Discount.*

Cover Page - Rates
Male Non-Tobacco Monthly Plan Rates for Florida - Area 2
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ²	
Male Non-Tobacco Standard Rates											
Age ¹	Plan A	Plan B	Plan G	High Deductible Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
50-64	\$1,102.34	\$1,298.12	\$1,400.36	\$1,210.71	\$1,142.07	\$442.86	\$902.12	\$1,091.69	\$890.32	\$1,503.98	\$1,512.74
65	\$256.74	\$311.00	\$297.04	\$72.74	\$269.74	\$99.03	\$216.35	\$254.30	\$221.45	\$360.48	\$362.64
66	\$265.32	\$321.39	\$306.97	\$77.84	\$278.75	\$102.34	\$223.58	\$262.80	\$228.85	\$372.53	\$374.76
67	\$275.81	\$334.09	\$319.10	\$83.66	\$289.77	\$106.39	\$232.42	\$273.18	\$237.89	\$387.25	\$389.57
68	\$285.98	\$346.41	\$330.86	\$87.29	\$300.45	\$110.31	\$240.99	\$283.25	\$246.66	\$401.53	\$403.93
69	\$296.46	\$359.11	\$342.99	\$90.93	\$311.46	\$114.35	\$249.83	\$293.64	\$255.71	\$416.25	\$418.74
70	\$306.31	\$371.04	\$354.39	\$98.20	\$321.81	\$118.15	\$258.13	\$303.40	\$264.20	\$430.08	\$432.66
71	\$316.16	\$382.97	\$365.79	\$109.12	\$332.16	\$121.95	\$266.43	\$313.15	\$272.70	\$443.91	\$446.57
72	\$325.70	\$394.52	\$376.81	\$120.03	\$342.18	\$125.63	\$274.46	\$322.59	\$280.92	\$457.29	\$460.03
73	\$335.55	\$406.45	\$388.21	\$134.58	\$352.53	\$129.43	\$282.76	\$332.35	\$289.42	\$471.12	\$473.95
74	\$344.44	\$417.23	\$398.50	\$145.49	\$361.87	\$132.86	\$290.26	\$341.16	\$297.09	\$483.62	\$486.51
75	\$353.98	\$428.77	\$409.53	\$156.40	\$371.89	\$136.54	\$298.29	\$350.60	\$305.31	\$497.00	\$499.98
76	\$362.56	\$439.17	\$419.46	\$167.31	\$380.90	\$139.84	\$305.52	\$359.10	\$312.71	\$509.05	\$512.10
77	\$371.77	\$450.33	\$430.12	\$181.86	\$390.58	\$143.40	\$313.29	\$368.23	\$320.66	\$521.98	\$525.11
78	\$375.27	\$454.56	\$434.16	\$181.86	\$394.26	\$144.75	\$316.23	\$371.69	\$323.67	\$526.89	\$530.05
79	\$375.27	\$454.56	\$434.16	\$181.86	\$394.26	\$144.75	\$316.23	\$371.69	\$323.67	\$526.89	\$530.05
80+	\$410.22	\$496.90	\$474.60	\$218.23	\$430.98	\$158.23	\$345.69	\$406.31	\$353.82	\$575.97	\$579.42

*The rates above are for plan effective dates from June 2026 through May 2027 and may change.
The rates shown may be reduced by 3% when you qualify for a Multi-Insured Discount.*

Cover Page - Rates
Male Tobacco Monthly Plan Rates for Florida - Area 2
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ²	
Male Tobacco Standard Rates											
Age ¹	Plan A	Plan B	Plan G	High Deductible Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
50-64	\$1,212.57	\$1,427.93	\$1,540.39	\$1,331.78	\$1,256.27	\$487.14	\$992.33	\$1,200.85	\$979.35	\$1,654.37	\$1,664.01
65	\$282.41	\$342.10	\$326.74	\$80.01	\$296.71	\$108.93	\$237.98	\$279.73	\$243.59	\$396.52	\$398.90
66	\$291.85	\$353.52	\$337.66	\$85.62	\$306.62	\$112.57	\$245.93	\$289.08	\$251.73	\$409.78	\$412.23
67	\$303.39	\$367.49	\$351.01	\$92.02	\$318.74	\$117.02	\$255.66	\$300.49	\$261.67	\$425.97	\$428.52
68	\$314.57	\$381.05	\$363.94	\$96.01	\$330.49	\$121.34	\$265.08	\$311.57	\$271.32	\$441.68	\$444.32
69	\$326.10	\$395.02	\$377.28	\$100.02	\$342.60	\$125.78	\$274.81	\$323.00	\$281.28	\$457.87	\$460.61
70	\$336.94	\$408.14	\$389.82	\$108.02	\$353.99	\$129.96	\$283.94	\$333.74	\$290.62	\$473.08	\$475.92
71	\$347.77	\$421.26	\$402.36	\$120.03	\$365.37	\$134.14	\$293.07	\$344.46	\$299.97	\$488.30	\$491.22
72	\$358.27	\$433.97	\$414.49	\$132.03	\$376.39	\$138.19	\$301.90	\$354.84	\$309.01	\$503.01	\$506.03
73	\$369.10	\$447.09	\$427.03	\$148.03	\$387.78	\$142.37	\$311.03	\$365.58	\$318.36	\$518.23	\$521.34
74	\$378.88	\$458.95	\$438.35	\$160.03	\$398.05	\$146.14	\$319.28	\$375.27	\$326.79	\$531.98	\$535.16
75	\$389.37	\$471.64	\$450.48	\$172.04	\$409.07	\$150.19	\$328.11	\$385.66	\$335.84	\$546.70	\$549.97
76	\$398.81	\$483.08	\$461.40	\$184.04	\$418.99	\$153.82	\$336.07	\$395.01	\$343.98	\$559.95	\$563.31
77	\$408.94	\$495.36	\$473.13	\$200.04	\$429.63	\$157.74	\$344.61	\$405.05	\$352.72	\$574.17	\$577.62
78	\$412.79	\$500.01	\$477.57	\$200.04	\$433.68	\$159.22	\$347.85	\$408.85	\$356.03	\$579.57	\$583.05
79	\$412.79	\$500.01	\$477.57	\$200.04	\$433.68	\$159.22	\$347.85	\$408.85	\$356.03	\$579.57	\$583.05
80+	\$451.24	\$546.59	\$522.06	\$240.05	\$474.07	\$174.05	\$380.25	\$446.94	\$389.20	\$633.56	\$637.36

*The rates above are for plan effective dates from June 2026 through May 2027 and may change.
The rates shown may be reduced by 3% when you qualify for a Multi-Insured Discount.*

1 Your age as of your plan effective date. Your rate will always be based on your age on your effective date.

2 **IMPORTANT: Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C and F.**

3 You must use a network hospital with Select Plans G and N.

FLORIDA Area 2 ZIP Codes

The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"

32099	32246	33541	33606	33679	33755	33890	34266	34690
32201	32247	33542	33607	33680	33756	33930	34267	34691
32202	32250	33543	33608	33681	33757	33935	34268	34692
32203	32254	33544	33609	33682	33758	33944	34269	34695
32204	32255	33545	33610	33684	33759	33960	34601	34697
32205	32256	33547	33611	33685	33760	33975	34602	34698
32206	32257	33548	33612	33686	33761	34002	34603	34945
32207	32258	33549	33613	33687	33762	34004	34604	34946
32208	32266	33550	33614	33688	33763	34006	34605	34947
32209	32267	33556	33615	33689	33764	34007	34606	34948
32210	32277	33558	33616	33690	33765	34008	34607	34949
32211	32290	33559	33617	33694	33766	34020	34608	34950
32212	33001	33563	33618	33701	33767	34021	34609	34951
32214	33036	33564	33619	33702	33769	34022	34610	34952
32215	33037	33565	33620	33703	33770	34023	34611	34953
32216	33040	33566	33621	33704	33771	34024	34613	34954
32217	33041	33567	33622	33705	33772	34025	34614	34956
32218	33042	33568	33623	33706	33773	34030	34636	34957
32219	33043	33569	33624	33707	33774	34031	34637	34958
32220	33045	33570	33625	33708	33775	34032	34638	34972
32221	33050	33571	33626	33709	33776	34033	34639	34973
32222	33051	33572	33629	33710	33777	34034	34652	34974
32223	33052	33573	33630	33711	33778	34035	34653	34979
32224	33070	33574	33631	33712	33779	34036	34654	34981
32225	33440	33575	33633	33713	33780	34037	34655	34982
32226	33455	33576	33634	33714	33781	34038	34656	34983
32227	33471	33578	33635	33715	33782	34039	34660	34984
32228	33475	33579	33637	33716	33784	34041	34661	34985
32229	33503	33583	33646	33729	33785	34042	34667	34986
32230	33508	33584	33647	33730	33786	34043	34668	34987
32231	33509	33586	33650	33731	33825	34050	34669	34988
32232	33510	33587	33651	33732	33826	34055	34673	34990
32233	33511	33592	33655	33733	33834	34058	34674	34991
32234	33523	33593	33660	33734	33852	34076	34677	34992
32235	33524	33594	33661	33736	33857	34078	34679	34994
32236	33525	33595	33662	33737	33862	34079	34680	34995
32237	33526	33596	33663	33738	33865	34090	34681	34996
32238	33527	33598	33664	33740	33870	34091	34682	34997
32239	33530	33601	33672	33741	33871	34092	34683	
32240	33534	33602	33673	33742	33872	34093	34684	
32241	33537	33603	33674	33743	33873	34095	34685	
32244	33539	33604	33675	33744	33875	34098	34688	
32245	33540	33605	33677	33747	33876	34265	34689	

Cover Page - Rates
Female Non-Tobacco Monthly Plan Rates for Florida - Area 3
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ²	
Female Non-Tobacco Standard Rates											
Age ¹	Plan A	Plan B	Plan G	High Deductible Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
50-64	\$933.71	\$1,099.54	\$1,186.14	\$974.57	\$967.36	\$375.11	\$764.12	\$924.69	\$754.13	\$1,273.91	\$1,281.33
65	\$217.47	\$263.42	\$251.60	\$58.56	\$228.47	\$83.88	\$183.26	\$215.40	\$187.57	\$305.34	\$307.17
66	\$224.74	\$272.22	\$260.01	\$62.65	\$236.11	\$86.69	\$189.38	\$222.59	\$193.84	\$315.54	\$317.43
67	\$233.62	\$282.98	\$270.28	\$67.34	\$245.44	\$90.11	\$196.87	\$231.39	\$201.50	\$328.01	\$329.98
68	\$242.23	\$293.42	\$280.25	\$70.27	\$254.49	\$93.43	\$204.12	\$239.92	\$208.93	\$340.10	\$342.14
69	\$251.11	\$304.17	\$290.52	\$73.19	\$263.82	\$96.86	\$211.61	\$248.72	\$216.59	\$352.57	\$354.69
70	\$259.46	\$314.28	\$300.18	\$79.05	\$272.58	\$100.08	\$218.64	\$256.98	\$223.79	\$364.29	\$366.47
71	\$267.80	\$324.39	\$309.83	\$87.83	\$281.35	\$103.30	\$225.67	\$265.25	\$230.98	\$376.00	\$378.26
72	\$275.87	\$334.17	\$319.17	\$96.62	\$289.83	\$106.41	\$232.48	\$273.25	\$237.95	\$387.34	\$389.66
73	\$284.22	\$344.27	\$328.82	\$108.33	\$298.60	\$109.63	\$239.51	\$281.51	\$245.14	\$399.05	\$401.45
74	\$291.75	\$353.40	\$337.54	\$117.11	\$306.52	\$112.53	\$245.86	\$288.97	\$251.64	\$409.64	\$412.09
75	\$299.83	\$363.18	\$346.88	\$125.90	\$315.00	\$115.65	\$252.66	\$296.97	\$258.61	\$420.97	\$423.49
76	\$307.09	\$371.99	\$355.29	\$134.68	\$322.63	\$118.45	\$258.78	\$304.17	\$264.88	\$431.18	\$433.76
77	\$314.90	\$381.44	\$364.32	\$146.39	\$330.83	\$121.46	\$265.36	\$311.90	\$271.61	\$442.13	\$444.78
78	\$317.86	\$385.03	\$367.75	\$146.39	\$333.94	\$122.60	\$267.86	\$314.83	\$274.16	\$446.29	\$448.97
79	\$317.86	\$385.03	\$367.75	\$146.39	\$333.94	\$122.60	\$267.86	\$314.83	\$274.16	\$446.29	\$448.97
80+	\$347.47	\$420.89	\$402.00	\$175.67	\$365.05	\$134.02	\$292.81	\$344.16	\$299.70	\$487.86	\$490.78

*The rates above are for plan effective dates from June 2026 through May 2027 and may change.
The rates shown may be reduced by 3% when you qualify for a Multi-Insured Discount.*

Cover Page - Rates
Female Tobacco Monthly Plan Rates for Florida - Area 3
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ²	
Female Tobacco Standard Rates											
Age ¹	Plan A	Plan B	Plan G	High Deductible Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
50-64	\$1,027.08	\$1,209.49	\$1,304.75	\$1,072.02	\$1,064.09	\$412.62	\$840.53	\$1,017.15	\$829.54	\$1,401.30	\$1,409.46
65	\$239.21	\$289.76	\$276.76	\$64.41	\$251.31	\$92.26	\$201.58	\$236.94	\$206.32	\$335.87	\$337.88
66	\$247.21	\$299.44	\$286.01	\$68.91	\$259.72	\$95.35	\$208.31	\$244.84	\$213.22	\$347.09	\$349.17
67	\$256.98	\$311.27	\$297.30	\$74.07	\$269.98	\$99.12	\$216.55	\$254.52	\$221.65	\$360.81	\$362.97
68	\$266.45	\$322.76	\$308.27	\$77.29	\$279.93	\$102.77	\$224.53	\$263.91	\$229.82	\$374.11	\$376.35
69	\$276.22	\$334.58	\$319.57	\$80.50	\$290.20	\$106.54	\$232.77	\$273.59	\$238.24	\$387.82	\$390.15
70	\$285.40	\$345.70	\$330.19	\$86.95	\$299.83	\$110.08	\$240.50	\$282.67	\$246.16	\$400.71	\$403.11
71	\$294.58	\$356.82	\$340.81	\$96.61	\$309.48	\$113.63	\$248.23	\$291.77	\$254.07	\$413.60	\$416.08
72	\$303.45	\$367.58	\$351.08	\$106.28	\$318.81	\$117.05	\$255.72	\$300.57	\$261.74	\$426.07	\$428.62
73	\$312.64	\$378.69	\$361.70	\$119.16	\$328.46	\$120.59	\$263.46	\$309.66	\$269.65	\$438.95	\$441.59
74	\$320.92	\$388.74	\$371.29	\$128.82	\$337.17	\$123.78	\$270.44	\$317.86	\$276.80	\$450.60	\$453.29
75	\$329.81	\$399.49	\$381.56	\$138.49	\$346.50	\$127.21	\$277.92	\$326.66	\$284.47	\$463.06	\$465.83
76	\$337.79	\$409.18	\$390.81	\$148.14	\$354.89	\$130.29	\$284.65	\$334.58	\$291.36	\$474.29	\$477.13
77	\$346.39	\$419.58	\$400.75	\$161.02	\$363.91	\$133.60	\$291.89	\$343.09	\$298.77	\$486.34	\$489.25
78	\$349.64	\$423.53	\$404.52	\$161.02	\$367.33	\$134.86	\$294.64	\$346.31	\$301.57	\$490.91	\$493.86
79	\$349.64	\$423.53	\$404.52	\$161.02	\$367.33	\$134.86	\$294.64	\$346.31	\$301.57	\$490.91	\$493.86
80+	\$382.21	\$462.97	\$442.20	\$193.23	\$401.55	\$147.42	\$322.09	\$378.57	\$329.67	\$536.64	\$539.85

*The rates above are for plan effective dates from June 2026 through May 2027 and may change.
The rates shown may be reduced by 3% when you qualify for a Multi-Insured Discount.*

Cover Page - Rates
Male Non-Tobacco Monthly Plan Rates for Florida - Area 3
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ²	
Male Non-Tobacco Standard Rates											
Age ¹	Plan A	Plan B	Plan G	High Deductible Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
50-64	\$1,014.77	\$1,195.00	\$1,289.12	\$1,114.54	\$1,051.35	\$407.68	\$830.46	\$1,004.97	\$819.60	\$1,384.51	\$1,392.57
65	\$236.35	\$286.29	\$273.44	\$66.97	\$248.31	\$91.16	\$199.17	\$234.10	\$203.86	\$331.85	\$333.84
66	\$244.25	\$295.86	\$282.58	\$71.65	\$256.61	\$94.21	\$205.82	\$241.92	\$210.67	\$342.94	\$344.99
67	\$253.90	\$307.55	\$293.75	\$77.01	\$266.75	\$97.93	\$213.96	\$251.48	\$218.99	\$356.49	\$358.62
68	\$263.26	\$318.89	\$304.58	\$80.36	\$276.58	\$101.54	\$221.85	\$260.75	\$227.07	\$369.63	\$371.85
69	\$272.91	\$330.58	\$315.75	\$83.71	\$286.72	\$105.27	\$229.98	\$270.31	\$235.39	\$383.18	\$385.48
70	\$281.98	\$341.57	\$326.24	\$90.40	\$296.25	\$108.77	\$237.62	\$279.30	\$243.21	\$395.92	\$398.29
71	\$291.05	\$352.55	\$336.73	\$100.45	\$305.78	\$112.26	\$245.26	\$288.28	\$251.04	\$408.65	\$411.10
72	\$299.82	\$363.18	\$346.88	\$110.49	\$315.00	\$115.65	\$252.66	\$296.97	\$258.61	\$420.97	\$423.49
73	\$308.89	\$374.16	\$357.37	\$123.89	\$324.52	\$119.15	\$260.30	\$305.95	\$266.43	\$433.70	\$436.30
74	\$317.08	\$384.09	\$366.85	\$133.93	\$333.13	\$122.31	\$267.20	\$314.06	\$273.49	\$445.20	\$447.87
75	\$325.86	\$394.72	\$377.00	\$143.98	\$342.35	\$125.69	\$274.60	\$322.75	\$281.06	\$457.52	\$460.26
76	\$333.76	\$404.28	\$386.14	\$154.02	\$350.65	\$128.74	\$281.25	\$330.58	\$287.87	\$468.61	\$471.42
77	\$342.24	\$414.56	\$395.95	\$167.41	\$359.56	\$132.01	\$288.40	\$338.98	\$295.19	\$480.52	\$483.40
78	\$345.46	\$418.45	\$399.68	\$167.41	\$362.94	\$133.25	\$291.11	\$342.17	\$297.96	\$485.04	\$487.94
79	\$345.46	\$418.45	\$399.68	\$167.41	\$362.94	\$133.25	\$291.11	\$342.17	\$297.96	\$485.04	\$487.94
80+	\$377.63	\$457.43	\$436.90	\$200.90	\$396.74	\$145.66	\$318.23	\$374.04	\$325.72	\$530.22	\$533.39

*The rates above are for plan effective dates from June 2026 through May 2027 and may change.
The rates shown may be reduced by 3% when you qualify for a Multi-Insured Discount.*

Cover Page - Rates
Male Tobacco Monthly Plan Rates for Florida - Area 3
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ²	
Male Tobacco Standard Rates											
Age ¹	Plan A	Plan B	Plan G	High Deductible Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
50-64	\$1,116.24	\$1,314.50	\$1,418.03	\$1,225.99	\$1,156.48	\$448.44	\$913.50	\$1,105.46	\$901.56	\$1,522.96	\$1,531.82
65	\$259.98	\$314.91	\$300.78	\$73.66	\$273.14	\$100.27	\$219.08	\$257.51	\$224.24	\$365.03	\$367.22
66	\$268.67	\$325.44	\$310.83	\$78.81	\$282.27	\$103.63	\$226.40	\$266.11	\$231.73	\$377.23	\$379.48
67	\$279.29	\$338.30	\$323.12	\$84.71	\$293.42	\$107.72	\$235.35	\$276.62	\$240.88	\$392.13	\$394.48
68	\$289.58	\$350.77	\$335.03	\$88.39	\$304.23	\$111.69	\$244.03	\$286.82	\$249.77	\$406.59	\$409.03
69	\$300.20	\$363.63	\$347.32	\$92.08	\$315.39	\$115.79	\$252.97	\$297.34	\$258.92	\$421.49	\$424.02
70	\$310.17	\$375.72	\$358.86	\$99.44	\$325.87	\$119.64	\$261.38	\$307.23	\$267.53	\$435.51	\$438.11
71	\$320.15	\$387.80	\$370.40	\$110.49	\$336.35	\$123.48	\$269.78	\$317.10	\$276.14	\$449.51	\$452.21
72	\$329.80	\$399.49	\$381.56	\$121.53	\$346.50	\$127.21	\$277.92	\$326.66	\$284.47	\$463.06	\$465.83
73	\$339.77	\$411.57	\$393.10	\$136.27	\$356.97	\$131.06	\$286.33	\$336.54	\$293.07	\$477.07	\$479.93
74	\$348.78	\$422.49	\$403.53	\$147.32	\$366.44	\$134.54	\$293.92	\$345.46	\$300.83	\$489.72	\$492.65
75	\$358.44	\$434.19	\$414.70	\$158.37	\$376.58	\$138.25	\$302.06	\$355.02	\$309.16	\$503.27	\$506.28
76	\$367.13	\$444.70	\$424.75	\$169.42	\$385.71	\$141.61	\$309.37	\$363.63	\$316.65	\$515.47	\$518.56
77	\$376.46	\$456.01	\$435.54	\$184.15	\$395.51	\$145.21	\$317.24	\$372.87	\$324.70	\$528.57	\$531.74
78	\$380.00	\$460.29	\$439.64	\$184.15	\$399.23	\$146.57	\$320.22	\$376.38	\$327.75	\$533.54	\$536.73
79	\$380.00	\$460.29	\$439.64	\$184.15	\$399.23	\$146.57	\$320.22	\$376.38	\$327.75	\$533.54	\$536.73
80+	\$415.39	\$503.17	\$480.59	\$220.99	\$436.41	\$160.22	\$350.05	\$411.44	\$358.29	\$583.24	\$586.72

*The rates above are for plan effective dates from June 2026 through May 2027 and may change.
The rates shown may be reduced by 3% when you qualify for a Multi-Insured Discount.*

1 Your age as of your plan effective date. Your rate will always be based on your age on your effective date.

2 **IMPORTANT: Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C and F .**

3 You must use a network hospital with Select Plans G and N.

FLORIDA Area 3 ZIP Codes

The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"

32007	32121	32182	32336	32603	32669	33597	33868	34476
32008	32122	32183	32337	32604	32680	33801	33877	34477
32013	32123	32185	32340	32605	32681	33802	33880	34478
32024	32124	32187	32341	32606	32683	33803	33881	34479
32025	32125	32189	32343	32607	32686	33804	33882	34480
32026	32126	32190	32344	32608	32692	33805	33883	34481
32038	32127	32192	32345	32609	32693	33806	33884	34482
32040	32128	32193	32346	32610	32694	33807	33885	34483
32042	32129	32195	32347	32611	32696	33809	33888	34484
32044	32130	32198	32348	32612	32697	33810	33896	34487
32052	32131	32301	32350	32613	32702	33811	33897	34488
32053	32132	32302	32351	32614	32706	33812	33898	34489
32054	32133	32303	32352	32615	32713	33813	34420	34491
32055	32134	32304	32353	32616	32720	33815	34421	34492
32056	32135	32305	32355	32617	32721	33820	34423	34498
32058	32136	32306	32356	32618	32722	33823	34428	34705
32059	32137	32307	32357	32619	32723	33827	34429	34711
32060	32138	32308	32358	32621	32724	33830	34430	34712
32061	32139	32309	32359	32622	32725	33831	34431	34713
32062	32140	32310	32360	32625	32726	33835	34432	34714
32063	32141	32311	32361	32626	32727	33836	34433	34715
32064	32142	32312	32362	32627	32728	33837	34434	34729
32066	32147	32313	32395	32628	32735	33838	34436	34731
32071	32148	32314	32399	32631	32736	33839	34442	34736
32072	32149	32315	32420	32633	32738	33840	34445	34737
32083	32157	32316	32421	32634	32739	33841	34446	34748
32087	32158	32317	32423	32635	32744	33843	34447	34749
32091	32159	32318	32424	32639	32753	33844	34448	34753
32094	32162	32320	32426	32640	32756	33845	34449	34755
32096	32163	32321	32430	32641	32757	33846	34450	34756
32102	32164	32322	32431	32643	32759	33847	34451	34759
32105	32168	32323	32432	32644	32763	33849	34452	34762
32110	32169	32324	32440	32648	32764	33850	34453	34785
32111	32170	32326	32442	32653	32767	33851	34460	34788
32112	32173	32327	32443	32654	32774	33853	34461	34789
32113	32174	32328	32445	32655	32776	33854	34464	34797
32114	32175	32329	32446	32658	32778	33855	34465	
32115	32176	32330	32447	32662	32784	33856	34470	
32116	32177	32331	32448	32663	33513	33858	34471	
32117	32178	32332	32449	32664	33514	33859	34472	
32118	32179	32333	32460	32666	33521	33860	34473	
32119	32180	32334	32601	32667	33538	33863	34474	
32120	32181	32335	32602	32668	33585	33867	34475	

Cover Page - Rates
Female Non-Tobacco Monthly Plan Rates for Florida - Area 4
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ²	
Female Non-Tobacco Standard Rates											
Age ¹	Plan A	Plan B	Plan G	High Deductible Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
50-64	\$989.99	\$1,165.82	\$1,257.65	\$1,033.33	\$1,025.68	\$397.72	\$810.19	\$980.43	\$799.59	\$1,350.71	\$1,358.57
65	\$230.58	\$279.30	\$266.77	\$62.09	\$242.25	\$88.94	\$194.31	\$228.38	\$198.88	\$323.74	\$325.68
66	\$238.28	\$288.64	\$275.68	\$66.43	\$250.34	\$91.91	\$200.80	\$236.01	\$205.52	\$334.56	\$336.57
67	\$247.70	\$300.04	\$286.58	\$71.40	\$260.24	\$95.54	\$208.73	\$245.34	\$213.65	\$347.78	\$349.87
68	\$256.83	\$311.10	\$297.14	\$74.50	\$269.83	\$99.07	\$216.43	\$254.39	\$221.52	\$360.61	\$362.77
69	\$266.25	\$322.51	\$308.04	\$77.61	\$279.72	\$102.70	\$224.37	\$263.71	\$229.65	\$373.83	\$376.07
70	\$275.10	\$333.23	\$318.27	\$83.82	\$289.02	\$106.11	\$231.82	\$272.48	\$237.28	\$386.25	\$388.56
71	\$283.94	\$343.94	\$328.51	\$93.13	\$298.31	\$109.52	\$239.28	\$281.24	\$244.91	\$398.67	\$401.06
72	\$292.50	\$354.31	\$338.41	\$102.44	\$307.31	\$112.82	\$246.49	\$289.72	\$252.29	\$410.69	\$413.15
73	\$301.35	\$365.03	\$348.65	\$114.86	\$316.60	\$116.24	\$253.94	\$298.48	\$259.92	\$423.11	\$425.65
74	\$309.34	\$374.71	\$357.89	\$124.17	\$324.99	\$119.32	\$260.68	\$306.39	\$266.81	\$434.33	\$436.93
75	\$317.90	\$385.08	\$367.80	\$133.48	\$333.99	\$122.62	\$267.89	\$314.87	\$274.20	\$446.35	\$449.02
76	\$325.61	\$394.41	\$376.71	\$142.80	\$342.08	\$125.59	\$274.39	\$322.50	\$280.84	\$457.17	\$459.91
77	\$333.88	\$404.44	\$386.29	\$155.21	\$350.78	\$128.79	\$281.36	\$330.70	\$287.98	\$468.79	\$471.60
78	\$337.02	\$408.24	\$389.92	\$155.21	\$354.08	\$130.00	\$284.00	\$333.81	\$290.69	\$473.20	\$476.03
79	\$337.02	\$408.24	\$389.92	\$155.21	\$354.08	\$130.00	\$284.00	\$333.81	\$290.69	\$473.20	\$476.03
80+	\$368.41	\$446.26	\$426.23	\$186.26	\$387.06	\$142.10	\$310.46	\$364.90	\$317.76	\$517.27	\$520.37

*The rates above are for plan effective dates from June 2026 through May 2027 and may change.
The rates shown may be reduced by 3% when you qualify for a Multi-Insured Discount.*

Cover Page - Rates
Female Tobacco Monthly Plan Rates for Florida - Area 4
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ²	
Female Tobacco Standard Rates											
Age ¹	Plan A	Plan B	Plan G	High Deductible Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
50-64	\$1,088.98	\$1,282.40	\$1,383.41	\$1,136.66	\$1,128.24	\$437.49	\$891.20	\$1,078.47	\$879.54	\$1,485.78	\$1,494.42
65	\$253.63	\$307.23	\$293.44	\$68.29	\$266.47	\$97.83	\$213.74	\$251.21	\$218.76	\$356.11	\$358.24
66	\$262.10	\$317.50	\$303.24	\$73.07	\$275.37	\$101.10	\$220.88	\$259.61	\$226.07	\$368.01	\$370.22
67	\$272.47	\$330.04	\$315.23	\$78.54	\$286.26	\$105.09	\$229.60	\$269.87	\$235.01	\$382.55	\$384.85
68	\$282.51	\$342.21	\$326.85	\$81.95	\$296.81	\$108.97	\$238.07	\$279.82	\$243.67	\$396.67	\$399.04
69	\$292.87	\$354.76	\$338.84	\$85.37	\$307.69	\$112.97	\$246.80	\$290.08	\$252.61	\$411.21	\$413.67
70	\$302.61	\$366.55	\$350.09	\$92.20	\$317.92	\$116.72	\$255.00	\$299.72	\$261.00	\$424.87	\$427.41
71	\$312.33	\$378.33	\$361.36	\$102.44	\$328.14	\$120.47	\$263.20	\$309.36	\$269.40	\$438.53	\$441.16
72	\$321.75	\$389.74	\$372.25	\$112.68	\$338.04	\$124.10	\$271.13	\$318.69	\$277.51	\$451.75	\$454.46
73	\$331.48	\$401.53	\$383.51	\$126.34	\$348.26	\$127.86	\$279.33	\$328.32	\$285.91	\$465.42	\$468.21
74	\$340.27	\$412.18	\$393.67	\$136.58	\$357.48	\$131.25	\$286.74	\$337.02	\$293.49	\$477.76	\$480.62
75	\$349.69	\$423.58	\$404.58	\$146.82	\$367.38	\$134.88	\$294.67	\$346.35	\$301.62	\$490.98	\$493.92
76	\$358.17	\$433.85	\$414.38	\$157.08	\$376.28	\$138.14	\$301.82	\$354.75	\$308.92	\$502.88	\$505.90
77	\$367.26	\$444.88	\$424.91	\$170.73	\$385.85	\$141.66	\$309.49	\$363.77	\$316.77	\$515.66	\$518.76
78	\$370.72	\$449.06	\$428.91	\$170.73	\$389.48	\$143.00	\$312.40	\$367.19	\$319.75	\$520.52	\$523.63
79	\$370.72	\$449.06	\$428.91	\$170.73	\$389.48	\$143.00	\$312.40	\$367.19	\$319.75	\$520.52	\$523.63
80+	\$405.25	\$490.88	\$468.85	\$204.88	\$425.76	\$156.31	\$341.50	\$401.39	\$349.53	\$568.99	\$572.40

*The rates above are for plan effective dates from June 2026 through May 2027 and may change.
The rates shown may be reduced by 3% when you qualify for a Multi-Insured Discount.*

Cover Page - Rates
Male Non-Tobacco Monthly Plan Rates for Florida - Area 4
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ²	
Male Non-Tobacco Standard Rates											
Age ¹	Plan A	Plan B	Plan G	High Deductible Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
50-64	\$1,075.95	\$1,267.04	\$1,366.84	\$1,181.73	\$1,114.73	\$432.25	\$880.53	\$1,065.55	\$869.01	\$1,467.98	\$1,476.52
65	\$250.60	\$303.55	\$289.93	\$71.00	\$263.28	\$96.66	\$211.18	\$248.21	\$216.15	\$351.85	\$353.96
66	\$258.97	\$313.69	\$299.62	\$75.97	\$272.08	\$99.89	\$218.23	\$256.50	\$223.37	\$363.61	\$365.79
67	\$269.21	\$326.09	\$311.46	\$81.65	\$282.83	\$103.84	\$226.86	\$266.64	\$232.20	\$377.98	\$380.24
68	\$279.13	\$338.11	\$322.94	\$85.20	\$293.26	\$107.67	\$235.22	\$276.47	\$240.76	\$391.91	\$394.26
69	\$289.37	\$350.51	\$334.78	\$88.75	\$304.01	\$111.61	\$243.85	\$286.61	\$249.58	\$406.28	\$408.72
70	\$298.98	\$362.16	\$345.91	\$95.85	\$314.11	\$115.32	\$251.95	\$296.13	\$257.88	\$419.78	\$422.30
71	\$308.59	\$373.80	\$357.03	\$106.50	\$324.21	\$119.03	\$260.05	\$305.65	\$266.17	\$433.28	\$435.88
72	\$317.90	\$385.07	\$367.79	\$117.15	\$333.99	\$122.62	\$267.89	\$314.87	\$274.19	\$446.35	\$449.02
73	\$327.51	\$396.72	\$378.92	\$131.35	\$344.09	\$126.33	\$275.99	\$324.39	\$282.49	\$459.85	\$462.60
74	\$336.20	\$407.24	\$388.96	\$142.00	\$353.21	\$129.68	\$283.31	\$332.99	\$289.98	\$472.04	\$474.87
75	\$345.50	\$418.51	\$399.73	\$152.66	\$362.99	\$133.27	\$291.15	\$342.21	\$298.00	\$485.10	\$488.01
76	\$353.88	\$428.65	\$409.42	\$163.31	\$371.78	\$136.50	\$298.21	\$350.50	\$305.23	\$496.86	\$499.84
77	\$362.87	\$439.55	\$419.82	\$177.51	\$381.23	\$139.97	\$305.79	\$359.41	\$312.98	\$509.49	\$512.54
78	\$366.28	\$443.68	\$423.77	\$177.51	\$384.82	\$141.28	\$308.66	\$362.79	\$315.93	\$514.28	\$517.36
79	\$366.28	\$443.68	\$423.77	\$177.51	\$384.82	\$141.28	\$308.66	\$362.79	\$315.93	\$514.28	\$517.36
80+	\$400.40	\$485.01	\$463.24	\$213.01	\$420.66	\$154.44	\$337.41	\$396.58	\$345.35	\$562.18	\$565.55

*The rates above are for plan effective dates from June 2026 through May 2027 and may change.
The rates shown may be reduced by 3% when you qualify for a Multi-Insured Discount.*

Cover Page - Rates
Male Tobacco Monthly Plan Rates for Florida - Area 4
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Plans Available to All Applicants										Medicare first eligible before 2020 only ²	
Male Tobacco Standard Rates											
Age ¹	Plan A	Plan B	Plan G	High Deductible Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
50-64	\$1,183.54	\$1,393.74	\$1,503.52	\$1,299.90	\$1,226.20	\$475.47	\$968.58	\$1,172.10	\$955.91	\$1,614.77	\$1,624.17
65	\$275.66	\$333.90	\$318.92	\$78.10	\$289.60	\$106.32	\$232.29	\$273.03	\$237.76	\$387.03	\$389.35
66	\$284.86	\$345.05	\$329.58	\$83.56	\$299.28	\$109.87	\$240.05	\$282.15	\$245.70	\$399.97	\$402.36
67	\$296.13	\$358.69	\$342.60	\$89.81	\$311.11	\$114.22	\$249.54	\$293.30	\$255.42	\$415.77	\$418.26
68	\$307.04	\$371.92	\$355.23	\$93.72	\$322.58	\$118.43	\$258.74	\$304.11	\$264.83	\$431.10	\$433.68
69	\$318.30	\$385.56	\$368.25	\$97.62	\$334.41	\$122.77	\$268.23	\$315.27	\$274.53	\$446.90	\$449.59
70	\$328.87	\$398.37	\$380.50	\$105.43	\$345.52	\$126.85	\$277.14	\$325.74	\$283.66	\$461.75	\$464.53
71	\$339.44	\$411.18	\$392.73	\$117.15	\$356.63	\$130.93	\$286.05	\$336.21	\$292.78	\$476.60	\$479.46
72	\$349.69	\$423.57	\$404.56	\$128.86	\$367.38	\$134.88	\$294.67	\$346.35	\$301.60	\$490.98	\$493.92
73	\$360.26	\$436.39	\$416.81	\$144.48	\$378.49	\$138.96	\$303.58	\$356.82	\$310.73	\$505.83	\$508.86
74	\$369.82	\$447.96	\$427.85	\$156.20	\$388.53	\$142.64	\$311.64	\$366.28	\$318.97	\$519.24	\$522.35
75	\$380.05	\$460.36	\$439.70	\$167.92	\$399.28	\$146.59	\$320.26	\$376.43	\$327.80	\$533.61	\$536.81
76	\$389.26	\$471.51	\$450.36	\$179.64	\$408.95	\$150.15	\$328.03	\$385.55	\$335.75	\$546.54	\$549.82
77	\$399.15	\$483.50	\$461.80	\$195.26	\$419.35	\$153.96	\$336.36	\$395.35	\$344.27	\$560.43	\$563.79
78	\$402.90	\$488.04	\$466.14	\$195.26	\$423.30	\$155.40	\$339.52	\$399.06	\$347.52	\$565.70	\$569.09
79	\$402.90	\$488.04	\$466.14	\$195.26	\$423.30	\$155.40	\$339.52	\$399.06	\$347.52	\$565.70	\$569.09
80+	\$440.44	\$533.51	\$509.56	\$234.31	\$462.72	\$169.88	\$371.15	\$436.23	\$379.88	\$618.39	\$622.10

*The rates above are for plan effective dates from June 2026 through May 2027 and may change.
The rates shown may be reduced by 3% when you qualify for a Multi-Insured Discount.*

1 Your age as of your plan effective date. Your rate will always be based on your age on your effective date.

2 **IMPORTANT: Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C and F.**

3 You must use a network hospital with Select Plans G and N.

FLORIDA Area 4 ZIP Codes

The ZIP Codes Below Apply to Rates Included on the Page Headed "Cover Page – Rates"

32003	32413	32524	32701	32795	32856	32931	33908	33976	34205	34277
32004	32417	32526	32703	32796	32857	32932	33909	33980	34206	34278
32006	32422	32530	32704	32798	32858	32934	33910	33981	34207	34280
32009	32425	32531	32707	32799	32859	32935	33911	33982	34208	34281
32011	32427	32533	32708	32801	32860	32936	33912	33983	34209	34282
32030	32428	32534	32709	32802	32861	32937	33913	33990	34210	34284
32033	32433	32535	32710	32803	32862	32940	33914	33991	34211	34285
32034	32434	32536	32712	32804	32867	32941	33915	33993	34212	34286
32035	32435	32537	32714	32805	32868	32948	33916	33994	34215	34287
32041	32437	32538	32715	32806	32869	32949	33917	34101	34216	34288
32043	32438	32539	32716	32807	32872	32950	33918	34102	34217	34289
32046	32439	32540	32718	32808	32877	32951	33919	34103	34218	34290
32050	32444	32541	32719	32809	32878	32952	33920	34104	34219	34291
32065	32452	32542	32730	32810	32885	32953	33921	34105	34220	34292
32067	32454	32544	32732	32811	32886	32954	33922	34106	34221	34293
32068	32455	32547	32733	32812	32887	32955	33924	34107	34222	34295
32073	32456	32548	32745	32814	32890	32956	33927	34108	34223	34734
32079	32457	32549	32746	32815	32891	32957	33928	34109	34224	34739
32080	32459	32550	32747	32816	32893	32958	33931	34110	34228	34740
32081	32461	32559	32750	32817	32896	32959	33932	34112	34229	34741
32082	32462	32560	32751	32818	32897	32960	33936	34113	34230	34742
32084	32463	32561	32752	32819	32898	32961	33938	34114	34231	34743
32085	32464	32562	32754	32820	32899	32962	33945	34116	34232	34744
32086	32465	32563	32762	32821	32901	32963	33946	34117	34233	34745
32092	32466	32564	32765	32822	32902	32964	33947	34119	34234	34746
32095	32501	32565	32766	32824	32903	32965	33948	34120	34235	34747
32097	32502	32566	32768	32825	32904	32966	33949	34133	34236	34758
32145	32503	32567	32771	32826	32905	32967	33950	34134	34237	34760
32160	32504	32568	32772	32827	32906	32968	33951	34135	34238	34761
32259	32505	32569	32773	32828	32907	32969	33952	34136	34239	34769
32260	32506	32570	32775	32829	32908	32970	33953	34137	34240	34770
32401	32507	32571	32777	32830	32909	32971	33954	34138	34241	34771
32402	32508	32572	32779	32831	32910	32976	33955	34139	34242	34772
32403	32509	32577	32780	32832	32911	32978	33956	34140	34243	34773
32404	32511	32578	32781	32833	32912	33848	33957	34141	34250	34777
32405	32512	32579	32782	32834	32919	33900	33965	34142	34251	34778
32406	32513	32580	32783	32835	32920	33901	33966	34143	34260	34786
32407	32514	32583	32789	32836	32922	33902	33967	34145	34264	34787
32408	32516	32588	32790	32837	32923	33903	33970	34146	34270	
32409	32520	32590	32791	32839	32924	33904	33971	34201	34272	
32410	32521	32591	32792	32853	32925	33905	33972	34202	34274	
32411	32522	32592	32793	32854	32926	33906	33973	34203	34275	
32412	32523	32656	32794	32855	32927	33907	33974	34204	34276	



2026 Florida Rate Information for AARP® Medicare Supplement Insurance Plans: Effective June 1, 2026

Updates have been made to the Florida rates for 2026 for AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare® Insurance Company (UHIC), effective **June 1, 2026**.

If you are enrolling a consumer in an AARP Medicare Supplement Plan, please make sure you are using the most up-to-date rate. You'll find each plan's standard rate percentage change for individuals ages 65+ listed below.

	A	B	C	Select C	F	Select F	G	Select G	High-Ded G	K	L	N	Select N
Area 1 Male	20.3%	20.3%	20.3%	20.3%	20.3%	20.3%	20.3%	20.3%	17.5%	20.3%	20.3%	20.3%	20.3%
Area 1 Female	15.2%	15.2%	15.2%	15.2%	15.2%	15.2%	15.2%	15.2%	17.5%	15.2%	15.2%	15.2%	15.2%
Area 2 Male	20.3%	20.3%	20.3%	20.3%	20.3%	20.3%	20.3%	20.3%	17.5%	20.3%	20.3%	20.3%	20.3%
Area 2 Female	15.2%	15.2%	15.2%	15.2%	15.2%	15.2%	15.2%	15.2%	17.5%	15.2%	15.2%	15.2%	15.2%
Area 3 Male	20.3%	20.3%	20.3%	20.3%	20.3%	20.3%	20.3%	20.3%	17.5%	20.3%	20.3%	20.3%	20.3%
Area 3 Female	15.2%	15.2%	15.2%	15.2%	15.2%	15.2%	15.2%	15.2%	17.5%	15.2%	15.2%	15.2%	15.2%
Area 4 Male	20.3%	20.3%	20.3%	20.3%	20.3%	20.3%	20.3%	20.3%	17.5%	20.3%	20.3%	20.3%	20.3%
Area 4 Female	15.2%	15.2%	15.2%	15.2%	15.2%	15.2%	15.2%	15.2%	17.5%	15.2%	15.2%	15.2%	15.2%

Individual rate increases may vary by plan, rate level, tobacco use and gender.

Questions?

Our dedicated Producer Help Desk (PHD) is here for you every step of the way. [Live chat via Jarvis](#) or call 1-888-381-8581. Español Presione la opcion 2.

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