



2026 Rate Information

for AARP Medicare Supplement Insurance Plans

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

Effective January 1, 2026, the premium rates in Oregon will change. Please see pages below to view rates for new enrollees with initial plan effective dates of January 1, 2026, to December 1, 2026, 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 opción 2.

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

Age ¹	Plan A	Plan B	Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
	Standard Rates									
under 65	\$150.49	\$226.51	\$232.81	\$209.71	\$77.00	\$155.95	\$183.11	\$170.93	\$239.25	\$262.21
65	\$150.49	\$226.51	\$232.81	\$209.71	\$77.00	\$155.95	\$183.11	\$170.93	\$239.25	\$262.21
66	\$150.49	\$226.51	\$232.81	\$209.71	\$77.00	\$155.95	\$183.11	\$170.93	\$239.25	\$262.21
67	\$150.49	\$226.51	\$232.81	\$209.71	\$77.00	\$155.95	\$183.11	\$170.93	\$239.25	\$262.21
68	\$158.59	\$238.70	\$245.34	\$221.00	\$81.14	\$164.35	\$192.97	\$180.13	\$252.12	\$276.32
69	\$166.67	\$250.85	\$257.83	\$232.25	\$85.27	\$172.71	\$202.79	\$189.30	\$264.96	\$290.39
70	\$174.77	\$263.04	\$270.36	\$243.53	\$89.42	\$181.11	\$212.65	\$198.50	\$277.84	\$304.50
71	\$182.87	\$275.24	\$282.89	\$254.82	\$93.56	\$189.50	\$222.50	\$207.70	\$290.72	\$318.61
72	\$190.94	\$287.39	\$295.38	\$266.07	\$97.69	\$197.87	\$232.33	\$216.87	\$303.55	\$332.68
73	\$199.04	\$299.58	\$307.91	\$277.36	\$101.83	\$206.26	\$242.18	\$226.07	\$316.43	\$346.79
74	\$207.14	\$311.77	\$320.44	\$288.65	\$105.98	\$214.66	\$252.04	\$235.27	\$329.31	\$360.91
75	\$216.83	\$326.35	\$335.43	\$302.15	\$110.94	\$224.70	\$263.83	\$246.28	\$344.71	\$377.79
76	\$226.54	\$340.98	\$350.46	\$315.69	\$115.91	\$234.76	\$275.65	\$257.31	\$360.15	\$394.72
77	\$236.26	\$355.60	\$365.49	\$329.23	\$120.88	\$244.83	\$287.47	\$268.35	\$375.60	\$411.64
78	\$245.98	\$370.22	\$380.52	\$342.76	\$125.85	\$254.90	\$299.29	\$279.38	\$391.04	\$428.57
79	\$255.69	\$384.84	\$395.55	\$356.30	\$130.82	\$264.97	\$311.11	\$290.42	\$406.49	\$445.50
80	\$265.38	\$399.43	\$410.54	\$369.80	\$135.78	\$275.01	\$322.90	\$301.42	\$421.89	\$462.38

The rates above are for plan effective dates from January 2026 through December 2026 and may change.

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

Age ¹	Plan A	Plan B	Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
81	\$275.09	\$414.05	\$425.56	\$383.34	\$140.75	\$285.07	\$334.72	\$312.46	\$437.34	\$479.30
82	\$284.81	\$428.67	\$440.59	\$396.88	\$145.72	\$295.14	\$346.54	\$323.49	\$452.78	\$496.23
83	\$294.52	\$443.29	\$455.62	\$410.42	\$150.69	\$305.21	\$358.36	\$334.52	\$468.22	\$513.16
84	\$304.21	\$457.88	\$470.61	\$423.92	\$155.64	\$315.25	\$370.15	\$345.53	\$483.63	\$530.04
85	\$313.93	\$472.50	\$485.64	\$437.46	\$160.61	\$325.32	\$381.97	\$356.56	\$499.07	\$546.96
86	\$323.64	\$487.12	\$500.67	\$450.99	\$165.58	\$335.38	\$393.79	\$367.60	\$514.52	\$563.89

The rates above are for plan effective dates from January 2026 through December 2026 and may change.

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

Age ¹	Plan A	Plan B	Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
	Standard Rates									
under 65	\$165.53	\$249.16	\$256.09	\$230.68	\$84.70	\$171.54	\$201.42	\$188.02	\$263.17	\$288.43
65	\$165.53	\$249.16	\$256.09	\$230.68	\$84.70	\$171.54	\$201.42	\$188.02	\$263.17	\$288.43
66	\$165.53	\$249.16	\$256.09	\$230.68	\$84.70	\$171.54	\$201.42	\$188.02	\$263.17	\$288.43
67	\$165.53	\$249.16	\$256.09	\$230.68	\$84.70	\$171.54	\$201.42	\$188.02	\$263.17	\$288.43
68	\$174.44	\$262.57	\$269.87	\$243.10	\$89.25	\$180.78	\$212.26	\$198.14	\$277.33	\$303.95
69	\$183.33	\$275.93	\$283.61	\$255.47	\$93.79	\$189.98	\$223.06	\$208.23	\$291.45	\$319.42
70	\$192.24	\$289.34	\$297.39	\$267.88	\$98.36	\$199.22	\$233.91	\$218.35	\$305.62	\$334.95
71	\$201.15	\$302.76	\$311.17	\$280.30	\$102.91	\$208.45	\$244.75	\$228.47	\$319.79	\$350.47
72	\$210.03	\$316.12	\$324.91	\$292.67	\$107.45	\$217.65	\$255.56	\$238.55	\$333.90	\$365.94
73	\$218.94	\$329.53	\$338.70	\$305.09	\$112.01	\$226.88	\$266.39	\$248.67	\$348.07	\$381.46
74	\$227.85	\$342.94	\$352.48	\$317.51	\$116.57	\$236.12	\$277.24	\$258.79	\$362.24	\$397.00
75	\$238.51	\$358.98	\$368.97	\$332.36	\$122.03	\$247.17	\$290.21	\$270.90	\$379.18	\$415.56
76	\$249.19	\$375.07	\$385.50	\$347.25	\$127.50	\$258.23	\$303.21	\$283.04	\$396.16	\$434.19
77	\$259.88	\$391.16	\$402.03	\$362.15	\$132.96	\$269.31	\$316.21	\$295.18	\$413.16	\$452.80
78	\$270.57	\$407.24	\$418.57	\$377.03	\$138.43	\$280.39	\$329.21	\$307.31	\$430.14	\$471.42
79	\$281.25	\$423.32	\$435.10	\$391.93	\$143.90	\$291.46	\$342.22	\$319.46	\$447.13	\$490.05
80	\$291.91	\$439.37	\$451.59	\$406.78	\$149.35	\$302.51	\$355.19	\$331.56	\$464.07	\$508.61

The rates above are for plan effective dates from January 2026 through December 2026 and may change.

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

Age ¹	Plan A	Plan B	Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
81	\$302.59	\$455.45	\$468.11	\$421.67	\$154.82	\$313.57	\$368.19	\$343.70	\$481.07	\$527.23
82	\$313.29	\$471.53	\$484.64	\$436.56	\$160.29	\$324.65	\$381.19	\$355.83	\$498.05	\$545.85
83	\$323.97	\$487.61	\$501.18	\$451.46	\$165.75	\$335.73	\$394.19	\$367.97	\$515.04	\$564.47
84	\$334.63	\$503.66	\$517.67	\$466.31	\$171.20	\$346.77	\$407.16	\$380.08	\$531.99	\$583.04
85	\$345.32	\$519.75	\$534.20	\$481.20	\$176.67	\$357.85	\$420.16	\$392.21	\$548.97	\$601.65
86	\$356.00	\$535.83	\$550.73	\$496.08	\$182.13	\$368.91	\$433.16	\$404.36	\$565.97	\$620.27

The rates above are for plan effective dates from January 2026 through December 2026 and may change.

Male Non-Tobacco Monthly Plan Rates for Oregon - Area 1
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Age ¹	Plan A	Plan B	Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
	Standard Rates									
under 65	\$169.70	\$255.42	\$262.53	\$236.48	\$86.82	\$175.86	\$206.49	\$192.75	\$269.79	\$295.68
65	\$169.70	\$255.42	\$262.53	\$236.48	\$86.82	\$175.86	\$206.49	\$192.75	\$269.79	\$295.68
66	\$169.70	\$255.42	\$262.53	\$236.48	\$86.82	\$175.86	\$206.49	\$192.75	\$269.79	\$295.68
67	\$169.70	\$255.42	\$262.53	\$236.48	\$86.82	\$175.86	\$206.49	\$192.75	\$269.79	\$295.68
68	\$178.84	\$269.17	\$276.66	\$249.21	\$91.50	\$185.33	\$217.60	\$203.13	\$284.31	\$311.59
69	\$187.94	\$282.88	\$290.74	\$261.90	\$96.16	\$194.76	\$228.68	\$213.47	\$298.78	\$327.46
70	\$197.08	\$296.62	\$304.87	\$274.62	\$100.83	\$204.23	\$239.79	\$223.84	\$313.31	\$343.37
71	\$206.21	\$310.37	\$319.00	\$287.35	\$105.50	\$213.69	\$250.91	\$234.22	\$327.83	\$359.29
72	\$215.32	\$324.08	\$333.09	\$300.04	\$110.16	\$223.13	\$261.98	\$244.56	\$342.30	\$375.15
73	\$224.45	\$337.82	\$347.22	\$312.77	\$114.83	\$232.59	\$273.10	\$254.93	\$356.82	\$391.07
74	\$233.58	\$351.57	\$361.35	\$325.50	\$119.51	\$242.06	\$284.21	\$265.31	\$371.35	\$406.98
75	\$244.51	\$368.02	\$378.25	\$340.72	\$125.10	\$253.38	\$297.51	\$277.72	\$388.71	\$426.02
76	\$255.47	\$384.51	\$395.20	\$355.99	\$130.70	\$264.73	\$310.84	\$290.16	\$406.13	\$445.10
77	\$266.42	\$400.99	\$412.15	\$371.25	\$136.31	\$276.09	\$324.17	\$302.60	\$423.55	\$464.19
78	\$277.38	\$417.48	\$429.09	\$386.52	\$141.91	\$287.44	\$337.50	\$315.05	\$440.96	\$483.28
79	\$288.33	\$433.97	\$446.04	\$401.79	\$147.52	\$298.79	\$350.83	\$327.49	\$458.38	\$502.37
80	\$299.26	\$450.42	\$462.94	\$417.01	\$153.11	\$310.11	\$364.12	\$339.90	\$475.75	\$521.40

The rates above are for plan effective dates from January 2026 through December 2026 and may change.

Male Non-Tobacco Monthly Plan Rates for Oregon - Area 1
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Age ¹	Plan A	Plan B	Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
81	\$310.21	\$466.91	\$479.89	\$432.28	\$158.71	\$321.47	\$377.45	\$352.34	\$493.17	\$540.49
82	\$321.17	\$483.39	\$496.84	\$447.54	\$164.32	\$332.82	\$390.78	\$364.79	\$510.58	\$559.58
83	\$332.12	\$499.88	\$513.79	\$462.81	\$169.92	\$344.17	\$404.11	\$377.23	\$528.00	\$578.67
84	\$343.05	\$516.33	\$530.69	\$478.03	\$175.51	\$355.49	\$417.40	\$389.64	\$545.37	\$597.70
85	\$354.00	\$532.82	\$547.64	\$493.30	\$181.12	\$366.85	\$430.73	\$402.08	\$562.78	\$616.79
86	\$364.96	\$549.31	\$564.58	\$508.57	\$186.72	\$378.20	\$444.06	\$414.53	\$580.20	\$635.88

The rates above are for plan effective dates from January 2026 through December 2026 and may change.

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

Age ¹	Plan A	Plan B	Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
	Standard Rates									
under 65	\$186.67	\$280.96	\$288.78	\$260.12	\$95.50	\$193.44	\$227.13	\$212.02	\$296.76	\$325.24
65	\$186.67	\$280.96	\$288.78	\$260.12	\$95.50	\$193.44	\$227.13	\$212.02	\$296.76	\$325.24
66	\$186.67	\$280.96	\$288.78	\$260.12	\$95.50	\$193.44	\$227.13	\$212.02	\$296.76	\$325.24
67	\$186.67	\$280.96	\$288.78	\$260.12	\$95.50	\$193.44	\$227.13	\$212.02	\$296.76	\$325.24
68	\$196.72	\$296.08	\$304.32	\$274.13	\$100.65	\$203.86	\$239.36	\$223.44	\$312.74	\$342.74
69	\$206.73	\$311.16	\$319.81	\$288.09	\$105.77	\$214.23	\$251.54	\$234.81	\$328.65	\$360.20
70	\$216.78	\$326.28	\$335.35	\$302.08	\$110.91	\$224.65	\$263.76	\$246.22	\$344.64	\$377.70
71	\$226.83	\$341.40	\$350.90	\$316.08	\$116.05	\$235.05	\$276.00	\$257.64	\$360.61	\$395.21
72	\$236.85	\$356.48	\$366.39	\$330.04	\$121.17	\$245.44	\$288.17	\$269.01	\$376.53	\$412.66
73	\$246.89	\$371.60	\$381.94	\$344.04	\$126.31	\$255.84	\$300.41	\$280.42	\$392.50	\$430.17
74	\$256.93	\$386.72	\$397.48	\$358.05	\$131.46	\$266.26	\$312.63	\$291.84	\$408.48	\$447.67
75	\$268.96	\$404.82	\$416.07	\$374.79	\$137.61	\$278.71	\$327.26	\$305.49	\$427.58	\$468.62
76	\$281.01	\$422.96	\$434.72	\$391.58	\$143.77	\$291.20	\$341.92	\$319.17	\$446.74	\$489.61
77	\$293.06	\$441.08	\$453.36	\$408.37	\$149.94	\$303.69	\$356.58	\$332.86	\$465.90	\$510.60
78	\$305.11	\$459.22	\$471.99	\$425.17	\$156.10	\$316.18	\$371.25	\$346.55	\$485.05	\$531.60
79	\$317.16	\$477.36	\$490.64	\$441.96	\$162.27	\$328.66	\$385.91	\$360.23	\$504.21	\$552.60
80	\$329.18	\$495.46	\$509.23	\$458.71	\$168.42	\$341.12	\$400.53	\$373.89	\$523.32	\$573.54

The rates above are for plan effective dates from January 2026 through December 2026 and may change.

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

Age ¹	Plan A	Plan B	Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
81	\$341.23	\$513.60	\$527.87	\$475.50	\$174.58	\$353.61	\$415.19	\$387.57	\$542.48	\$594.53
82	\$353.28	\$531.72	\$546.52	\$492.29	\$180.75	\$366.10	\$429.85	\$401.26	\$561.63	\$615.53
83	\$365.33	\$549.86	\$565.16	\$509.09	\$186.91	\$378.58	\$444.52	\$414.95	\$580.80	\$636.53
84	\$377.35	\$567.96	\$583.75	\$525.83	\$193.06	\$391.03	\$459.14	\$428.60	\$599.90	\$657.47
85	\$389.40	\$586.10	\$602.40	\$542.63	\$199.23	\$403.53	\$473.80	\$442.28	\$619.05	\$678.46
86	\$401.45	\$604.24	\$621.03	\$559.42	\$205.39	\$416.02	\$488.46	\$455.98	\$638.22	\$699.46

The rates above are for plan effective dates from January 2026 through December 2026 and may change.

1 Your age as of your plan effective date. All rates are subject to an annual change, based on changes in health care costs and the claims experience of the plan. Additionally, rates will change each year on the anniversary date of your plan from age 68 until age 86. After the anniversary date of your plan following age 86, your rate will become level, and never change just because you get older.

2 **IMPORTANT:** Plans C and F are available only to applicants eligible for Medicare prior to 1/1/2020.

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

Oregon Area 1 ZIP Codes

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

97001	97053	97124	97221	97810
97003	97054	97125	97222	97812
97004	97055	97127	97223	97813
97005	97056	97128	97224	97818
97006	97057	97129	97225	97823
97007	97058	97130	97227	97824
97008	97060	97131	97228	97826
97009	97062	97132	97229	97827
97010	97063	97133	97230	97828
97011	97064	97134	97231	97835
97013	97065	97135	97232	97836
97014	97067	97136	97233	97838
97015	97068	97138	97236	97839
97016	97070	97140	97238	97841
97017	97075	97141	97239	97842
97018	97076	97143	97240	97843
97019	97077	97144	97242	97844
97021	97078	97145	97250	97846
97022	97079	97146	97251	97850
97023	97080	97147	97252	97857
97024	97086	97148	97253	97859
97027	97089	97149	97254	97861
97028	97101	97201	97256	97862
97029	97102	97202	97266	97867
97030	97103	97203	97267	97868
97031	97106	97204	97268	97875
97033	97107	97205	97269	97876
97034	97108	97206	97280	97880
97035	97109	97207	97281	97882
97036	97110	97208	97282	97883
97037	97111	97209	97283	97885
97038	97112	97210	97286	97886
97039	97113	97211	97290	
97040	97114	97212	97291	
97041	97115	97213	97292	
97042	97116	97214	97293	
97044	97117	97215	97294	
97045	97118	97216	97296	
97048	97119	97217	97298	
97049	97121	97218	97378	
97050	97122	97219	97396	
97051	97123	97220	97801	

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

Age ¹	Plan A	Plan B	Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
	Standard Rates									
under 65	\$142.17	\$213.98	\$219.94	\$198.11	\$72.74	\$147.33	\$172.99	\$161.48	\$226.02	\$247.71
65	\$142.17	\$213.98	\$219.94	\$198.11	\$72.74	\$147.33	\$172.99	\$161.48	\$226.02	\$247.71
66	\$142.17	\$213.98	\$219.94	\$198.11	\$72.74	\$147.33	\$172.99	\$161.48	\$226.02	\$247.71
67	\$142.17	\$213.98	\$219.94	\$198.11	\$72.74	\$147.33	\$172.99	\$161.48	\$226.02	\$247.71
68	\$149.82	\$225.50	\$231.77	\$208.78	\$76.65	\$155.26	\$182.30	\$170.17	\$238.19	\$261.04
69	\$157.45	\$236.98	\$243.57	\$219.41	\$80.56	\$163.16	\$191.58	\$178.84	\$250.31	\$274.33
70	\$165.10	\$248.50	\$255.41	\$230.07	\$84.47	\$171.09	\$200.89	\$187.53	\$262.48	\$287.67
71	\$172.76	\$260.02	\$267.25	\$240.73	\$88.39	\$179.02	\$210.20	\$196.22	\$274.64	\$301.00
72	\$180.38	\$271.50	\$279.05	\$251.36	\$92.29	\$186.93	\$219.48	\$204.88	\$286.77	\$314.29
73	\$188.04	\$283.02	\$290.89	\$262.03	\$96.20	\$194.86	\$228.79	\$213.57	\$298.93	\$327.62
74	\$195.69	\$294.53	\$302.73	\$272.69	\$100.12	\$202.79	\$238.10	\$222.27	\$311.10	\$340.95
75	\$204.84	\$308.31	\$316.89	\$285.45	\$104.80	\$212.27	\$249.24	\$232.66	\$325.65	\$356.90
76	\$214.02	\$322.13	\$331.08	\$298.23	\$109.50	\$221.78	\$260.41	\$243.09	\$340.24	\$372.89
77	\$223.20	\$335.94	\$345.28	\$311.02	\$114.19	\$231.30	\$271.57	\$253.51	\$354.83	\$388.88
78	\$232.38	\$349.75	\$359.48	\$323.81	\$118.89	\$240.81	\$282.74	\$263.94	\$369.42	\$404.87
79	\$241.55	\$363.57	\$373.68	\$336.60	\$123.59	\$250.32	\$293.91	\$274.36	\$384.01	\$420.87
80	\$250.71	\$377.34	\$387.84	\$349.36	\$128.27	\$259.80	\$305.05	\$284.76	\$398.57	\$436.81

The rates above are for plan effective dates from January 2026 through December 2026 and may change.

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

Age ¹	Plan A	Plan B	Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
81	\$259.89	\$391.16	\$402.04	\$362.15	\$132.96	\$269.31	\$316.21	\$295.18	\$413.16	\$452.80
82	\$269.06	\$404.97	\$416.23	\$374.94	\$137.66	\$278.82	\$327.38	\$305.61	\$427.75	\$468.80
83	\$278.24	\$418.79	\$430.43	\$387.73	\$142.36	\$288.34	\$338.55	\$316.03	\$442.34	\$484.79
84	\$287.39	\$432.56	\$444.59	\$400.48	\$147.04	\$297.82	\$349.69	\$326.43	\$456.89	\$500.73
85	\$296.57	\$446.38	\$458.79	\$413.27	\$151.73	\$307.33	\$360.85	\$336.85	\$471.48	\$516.73
86	\$305.75	\$460.19	\$472.99	\$426.06	\$156.43	\$316.84	\$372.02	\$347.28	\$486.07	\$532.72

The rates above are for plan effective dates from January 2026 through December 2026 and may change.

Female Tobacco Monthly Plan Rates for Oregon - Area 2
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Age ¹	Plan A	Plan B	Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
	Standard Rates									
under 65	\$156.38	\$235.37	\$241.93	\$217.92	\$80.01	\$162.06	\$190.28	\$177.62	\$248.62	\$272.48
65	\$156.38	\$235.37	\$241.93	\$217.92	\$80.01	\$162.06	\$190.28	\$177.62	\$248.62	\$272.48
66	\$156.38	\$235.37	\$241.93	\$217.92	\$80.01	\$162.06	\$190.28	\$177.62	\$248.62	\$272.48
67	\$156.38	\$235.37	\$241.93	\$217.92	\$80.01	\$162.06	\$190.28	\$177.62	\$248.62	\$272.48
68	\$164.80	\$248.05	\$254.94	\$229.65	\$84.31	\$170.78	\$200.53	\$187.18	\$262.00	\$287.14
69	\$173.19	\$260.67	\$267.92	\$241.35	\$88.61	\$179.47	\$210.73	\$196.72	\$275.34	\$301.76
70	\$181.61	\$273.35	\$280.95	\$253.07	\$92.91	\$188.19	\$220.97	\$206.28	\$288.72	\$316.43
71	\$190.03	\$286.02	\$293.97	\$264.80	\$97.22	\$196.92	\$231.22	\$215.84	\$302.10	\$331.10
72	\$198.41	\$298.65	\$306.95	\$276.49	\$101.51	\$205.62	\$241.42	\$225.36	\$315.44	\$345.71
73	\$206.84	\$311.32	\$319.97	\$288.23	\$105.82	\$214.34	\$251.66	\$234.92	\$328.82	\$360.38
74	\$215.25	\$323.98	\$333.00	\$299.95	\$110.13	\$223.06	\$261.91	\$244.49	\$342.21	\$375.04
75	\$225.32	\$339.14	\$348.57	\$313.99	\$115.28	\$233.49	\$274.16	\$255.92	\$358.21	\$392.59
76	\$235.42	\$354.34	\$364.18	\$328.05	\$120.45	\$243.95	\$286.45	\$267.39	\$374.26	\$410.17
77	\$245.52	\$369.53	\$379.80	\$342.12	\$125.60	\$254.43	\$298.72	\$278.86	\$390.31	\$427.76
78	\$255.61	\$384.72	\$395.42	\$356.19	\$130.77	\$264.89	\$311.01	\$290.33	\$406.36	\$445.35
79	\$265.70	\$399.92	\$411.04	\$370.26	\$135.94	\$275.35	\$323.30	\$301.79	\$422.41	\$462.95
80	\$275.78	\$415.07	\$426.62	\$384.29	\$141.09	\$285.78	\$335.55	\$313.23	\$438.42	\$480.49

The rates above are for plan effective dates from January 2026 through December 2026 and may change.

Female Tobacco Monthly Plan Rates for Oregon - Area 2
AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare Insurance Company

Age ¹	Plan A	Plan B	Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
81	\$285.87	\$430.27	\$442.24	\$398.36	\$146.25	\$296.24	\$347.83	\$324.69	\$454.47	\$498.08
82	\$295.96	\$445.46	\$457.85	\$412.43	\$151.42	\$306.70	\$360.11	\$336.17	\$470.52	\$515.68
83	\$306.06	\$460.66	\$473.47	\$426.50	\$156.59	\$317.17	\$372.40	\$347.63	\$486.57	\$533.26
84	\$316.12	\$475.81	\$489.04	\$440.52	\$161.74	\$327.60	\$384.65	\$359.07	\$502.57	\$550.80
85	\$326.22	\$491.01	\$504.66	\$454.59	\$166.90	\$338.06	\$396.93	\$370.53	\$518.62	\$568.40
86	\$336.32	\$506.20	\$520.28	\$468.66	\$172.07	\$348.52	\$409.22	\$382.00	\$534.67	\$585.99

The rates above are for plan effective dates from January 2026 through December 2026 and may change.

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

Age ¹	Plan A	Plan B	Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
	Standard Rates									
under 65	\$160.32	\$241.30	\$248.01	\$223.41	\$82.02	\$166.14	\$195.07	\$182.10	\$254.87	\$279.33
65	\$160.32	\$241.30	\$248.01	\$223.41	\$82.02	\$166.14	\$195.07	\$182.10	\$254.87	\$279.33
66	\$160.32	\$241.30	\$248.01	\$223.41	\$82.02	\$166.14	\$195.07	\$182.10	\$254.87	\$279.33
67	\$160.32	\$241.30	\$248.01	\$223.41	\$82.02	\$166.14	\$195.07	\$182.10	\$254.87	\$279.33
68	\$168.95	\$254.29	\$261.36	\$235.43	\$86.44	\$175.08	\$205.57	\$191.90	\$268.59	\$294.37
69	\$177.55	\$267.24	\$274.67	\$247.42	\$90.84	\$183.99	\$216.04	\$201.67	\$282.27	\$309.35
70	\$186.18	\$280.22	\$288.02	\$259.44	\$95.26	\$192.94	\$226.53	\$211.47	\$295.98	\$324.39
71	\$194.81	\$293.21	\$301.37	\$271.47	\$99.67	\$201.88	\$237.03	\$221.27	\$309.70	\$339.42
72	\$203.41	\$306.16	\$314.67	\$283.45	\$104.07	\$210.79	\$247.50	\$231.04	\$323.38	\$354.41
73	\$212.04	\$319.15	\$328.02	\$295.48	\$108.49	\$219.73	\$258.00	\$240.84	\$337.10	\$369.44
74	\$220.67	\$332.13	\$341.37	\$307.50	\$112.90	\$228.68	\$268.50	\$250.64	\$350.81	\$384.48
75	\$230.99	\$347.67	\$357.34	\$321.89	\$118.18	\$239.37	\$281.06	\$262.36	\$367.22	\$402.46
76	\$241.34	\$363.25	\$373.35	\$336.31	\$123.48	\$250.10	\$293.65	\$274.12	\$383.68	\$420.50
77	\$251.69	\$378.82	\$389.36	\$350.73	\$128.77	\$260.82	\$306.24	\$285.87	\$400.13	\$438.53
78	\$262.04	\$394.40	\$405.37	\$365.15	\$134.07	\$271.55	\$318.84	\$297.63	\$416.58	\$456.56
79	\$272.39	\$409.98	\$421.38	\$379.57	\$139.36	\$282.27	\$331.43	\$309.39	\$433.04	\$474.59
80	\$282.71	\$425.52	\$437.35	\$393.96	\$144.64	\$292.97	\$343.99	\$321.11	\$449.45	\$492.58

The rates above are for plan effective dates from January 2026 through December 2026 and may change.

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

Age ¹	Plan A	Plan B	Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
81	\$293.06	\$441.09	\$453.36	\$408.38	\$149.94	\$303.69	\$356.58	\$332.86	\$465.90	\$510.61
82	\$303.41	\$456.67	\$469.37	\$422.80	\$155.23	\$314.42	\$369.17	\$344.62	\$482.35	\$528.64
83	\$313.76	\$472.25	\$485.38	\$437.22	\$160.53	\$325.14	\$381.77	\$356.37	\$498.81	\$546.67
84	\$324.08	\$487.78	\$501.35	\$451.61	\$165.81	\$335.84	\$394.33	\$368.10	\$515.22	\$564.66
85	\$334.43	\$503.36	\$517.36	\$466.03	\$171.10	\$346.57	\$406.92	\$379.85	\$531.67	\$582.69
86	\$344.78	\$518.94	\$533.37	\$480.45	\$176.40	\$357.29	\$419.51	\$391.61	\$548.12	\$600.72

The rates above are for plan effective dates from January 2026 through December 2026 and may change.

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

Age ¹	Plan A	Plan B	Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
	Standard Rates									
under 65	\$176.35	\$265.43	\$272.81	\$245.75	\$90.22	\$182.75	\$214.57	\$200.31	\$280.35	\$307.26
65	\$176.35	\$265.43	\$272.81	\$245.75	\$90.22	\$182.75	\$214.57	\$200.31	\$280.35	\$307.26
66	\$176.35	\$265.43	\$272.81	\$245.75	\$90.22	\$182.75	\$214.57	\$200.31	\$280.35	\$307.26
67	\$176.35	\$265.43	\$272.81	\$245.75	\$90.22	\$182.75	\$214.57	\$200.31	\$280.35	\$307.26
68	\$185.84	\$279.71	\$287.49	\$258.97	\$95.08	\$192.58	\$226.12	\$211.09	\$295.44	\$323.80
69	\$195.30	\$293.96	\$302.13	\$272.16	\$99.92	\$202.38	\$237.64	\$221.83	\$310.49	\$340.28
70	\$204.79	\$308.24	\$316.82	\$285.38	\$104.78	\$212.23	\$249.18	\$232.61	\$325.57	\$356.82
71	\$214.29	\$322.53	\$331.50	\$298.61	\$109.63	\$222.06	\$260.73	\$243.39	\$340.67	\$373.36
72	\$223.75	\$336.77	\$346.13	\$311.79	\$114.47	\$231.86	\$272.25	\$254.14	\$355.71	\$389.85
73	\$233.24	\$351.06	\$360.82	\$325.02	\$119.33	\$241.70	\$283.80	\$264.92	\$370.81	\$406.38
74	\$242.73	\$365.34	\$375.50	\$338.25	\$124.19	\$251.54	\$295.35	\$275.70	\$385.89	\$422.92
75	\$254.08	\$382.43	\$393.07	\$354.07	\$129.99	\$263.30	\$309.16	\$288.59	\$403.94	\$442.70
76	\$265.47	\$399.57	\$410.68	\$369.94	\$135.82	\$275.11	\$323.01	\$301.53	\$422.04	\$462.55
77	\$276.85	\$416.70	\$428.29	\$385.80	\$141.64	\$286.90	\$336.86	\$314.45	\$440.14	\$482.38
78	\$288.24	\$433.84	\$445.90	\$401.66	\$147.47	\$298.70	\$350.72	\$327.39	\$458.23	\$502.21
79	\$299.62	\$450.97	\$463.51	\$417.52	\$153.29	\$310.49	\$364.57	\$340.32	\$476.34	\$522.04
80	\$310.98	\$468.07	\$481.08	\$433.35	\$159.10	\$322.26	\$378.38	\$353.22	\$494.39	\$541.83

The rates above are for plan effective dates from January 2026 through December 2026 and may change.

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

Age ¹	Plan A	Plan B	Plan G	Select G ³	Plan K	Plan L	Plan N	Select N ³	Plan C ²	Plan F ²
81	\$322.36	\$485.19	\$498.69	\$449.21	\$164.93	\$334.05	\$392.23	\$366.14	\$512.49	\$561.67
82	\$333.75	\$502.33	\$516.30	\$465.08	\$170.75	\$345.86	\$406.08	\$379.08	\$530.58	\$581.50
83	\$345.13	\$519.47	\$533.91	\$480.94	\$176.58	\$357.65	\$419.94	\$392.00	\$548.69	\$601.33
84	\$356.48	\$536.55	\$551.48	\$496.77	\$182.39	\$369.42	\$433.76	\$404.91	\$566.74	\$621.12
85	\$367.87	\$553.69	\$569.09	\$512.63	\$188.21	\$381.22	\$447.61	\$417.83	\$584.83	\$640.95
86	\$379.25	\$570.83	\$586.70	\$528.49	\$194.04	\$393.01	\$461.46	\$430.77	\$602.93	\$660.79

The rates above are for plan effective dates from January 2026 through December 2026 and may change.

1 Your age as of your plan effective date. All rates are subject to an annual change, based on changes in health care costs and the claims experience of the plan. Additionally, rates will change each year on the anniversary date of your plan from age 68 until age 86. After the anniversary date of your plan following age 86, your rate will become level, and never change just because you get older.

2 **IMPORTANT:** Plans C and F are available only to applicants eligible for Medicare prior to 1/1/2020.

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

Oregon Area 2 ZIP Codes

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

97002	97350	97409	97459	97525	97702	97845
97020	97351	97410	97461	97526	97703	97848
97026	97352	97411	97462	97527	97707	97856
97032	97355	97412	97463	97528	97708	97864
97071	97357	97413	97464	97530	97709	97865
97137	97358	97414	97465	97531	97710	97869
97301	97360	97415	97466	97532	97711	97870
97302	97361	97416	97467	97533	97712	97873
97303	97362	97417	97469	97534	97720	97874
97304	97364	97419	97470	97535	97721	97877
97305	97365	97420	97471	97536	97722	97884
97306	97366	97423	97473	97537	97730	97901
97307	97367	97424	97475	97538	97731	97902
97308	97368	97426	97476	97539	97732	97903
97309	97369	97429	97477	97540	97733	97904
97310	97370	97430	97478	97541	97734	97905
97311	97371	97431	97479	97543	97735	97906
97312	97373	97432	97480	97544	97736	97907
97314	97374	97434	97481	97601	97737	97908
97317	97375	97435	97484	97602	97738	97909
97321	97376	97436	97486	97603	97739	97910
97322	97377	97437	97487	97604	97741	97911
97324	97380	97438	97488	97620	97750	97913
97325	97381	97439	97489	97621	97751	97914
97326	97383	97440	97490	97622	97752	97917
97327	97384	97441	97491	97623	97753	97918
97329	97385	97442	97492	97624	97754	97920
97330	97386	97443	97493	97625	97756	
97331	97388	97444	97494	97626	97758	
97333	97389	97446	97495	97627	97759	
97335	97390	97447	97496	97630	97760	
97336	97391	97448	97497	97632	97761	
97338	97392	97449	97498	97633	97814	
97339	97394	97450	97499	97634	97817	
97341	97401	97451	97501	97635	97819	
97342	97402	97452	97502	97636	97820	
97343	97403	97453	97503	97637	97825	
97344	97404	97454	97504	97638	97830	
97345	97405	97455	97520	97639	97833	
97346	97406	97456	97522	97640	97834	
97347	97407	97457	97523	97641	97837	
97348	97408	97458	97524	97701	97840	



2026 Oregon Rate Information for AARP Medicare Supplement Insurance Plans: Effective January 1, 2026

Updates have been made to Oregon premium rates for 2026 for AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare® Insurance Company (UHIC), effective **January 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	K	L	N	Select N
Area 1	28.0%	20.0%	10.0%	10.0%	20.0%	28.0%	28.1%	28.1%	28.1%	28.1%	28.0%	28.0%
Area 2	28.0%	20.0%	10.0%	10.0%	20.0%	28.0%	28.1%	28.1%	27.9%	28.1%	28.1%	28.1%

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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