

CONNECTICUT



2023 ProCare[®] RATE SHEETS

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www.unitedamerican.com

Plans C, F and HDF are only available to applicants first eligible for Medicare Part A before January 1, 2020.

Premium portions for Plans C and F are for Part B deductible; subtract from the appropriate mode to calculate commission:

A	SA	Q	M
\$ 225	\$ 113	\$ 57	\$ 19

Community Rates policy rates are the same for all ages 65 and over. Community rates increase with medical care cost increases.

Under Age 65 During Open Enrollment Period (OE) policy rates available during Open Enrollment period.

Under Age 65 During Guaranteed Issue Period (GI) policy rates available during Guaranteed Issue period.

COMMUNITY RATES FOR ALL AGES 65 AND OVER

Male/Female

Community						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	2663	1332	666	222	5A8	02/15/2020
B	4142	2071	1036	346	5AQ	02/01/2023
C	4906	2453	1227	409	5B8	02/01/2023
D	4885	2443	1222	408	5BQ	02/01/2023
F	4346	2173	1087	363	5C8	02/01/2023
HDF	613	307	154	52	5CQ	01/01/2021
G	4558	2279	1140	380	5D8	02/01/2023
HDG	595	298	149	50	5HS	01/01/2020
K	1614	807	404	135	P87	01/01/2013
L	2397	1199	600	200	P90	02/15/2020
N	2481	1241	621	207	5DQ	02/15/2020

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

UNDER AGE 65 GUARANTEED ISSUE PERIOD (G/I)**Male/Female**

Community						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	2663	1332	666	222	5AD	02/15/2020
B	4142	2071	1036	346	5AV	02/01/2023
C	4906	2453	1227	409	5BD	02/01/2023
D	4885	2443	1222	408	5BV	02/01/2023

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.

UNDER AGE 65 DURING OPEN ENROLLMENT (O/E)**Male/Female**

Community						
Plan	A	SA	Q	M	Plan Code	Effective Date
A	2663	1332	666	222	5AD	02/15/2020
B	4142	2071	1036	346	5AV	02/01/2023
C	4906	2453	1227	409	5BD	02/01/2023
D	4885	2443	1222	408	5BV	02/01/2023

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.