

**Highmark Blue Shield (CPA)**  
**Medigap Blue Plans A, B, C, D, F, High Deductible F, G and N**  
**EFFECTIVE JANUARY 1, 2018 MONTHLY SUBSCRIPTION RATES**

<b>Age</b>	<b>Plan A</b>		<b>Plan B</b>		<b>Plan C</b>		<b>Plan D</b>	
	<b>Preferred</b>	<b>Standard</b>	<b>Preferred</b>	<b>Standard</b>	<b>Preferred</b>	<b>Standard</b>	<b>Preferred</b>	<b>Standard</b>
<b>&lt;65</b>	\$108.40	N/A	\$110.90	N/A	\$149.65	N/A	\$120.70	N/A
<b>65</b>	\$108.40	\$130.10	\$110.90	\$133.10	\$149.65	\$179.60	\$120.70	\$181.05
<b>66</b>	\$112.90	\$135.45	\$115.50	\$138.65	\$156.10	\$187.35	\$120.70	\$181.05
<b>67</b>	\$117.15	\$140.60	\$120.05	\$144.00	\$162.35	\$194.80	\$120.70	\$181.05
<b>68</b>	\$121.50	\$145.80	\$124.65	\$149.60	\$168.70	\$202.45	\$128.80	\$193.20
<b>69</b>	\$125.75	\$150.95	\$129.10	\$154.95	\$175.00	\$210.00	\$136.85	\$205.28
<b>70</b>	\$130.15	\$156.25	\$133.75	\$160.50	\$181.30	\$217.60	\$144.90	\$217.35
<b>71</b>	\$134.65	\$161.50	\$138.35	\$166.05	\$187.70	\$225.25	\$153.05	\$229.58
<b>72</b>	\$138.85	\$166.65	\$142.90	\$171.45	\$193.90	\$232.70	\$161.00	\$241.50
<b>73</b>	\$143.25	\$171.85	\$147.50	\$177.00	\$200.35	\$240.40	\$169.15	\$253.73
<b>74</b>	\$147.55	\$177.05	\$152.05	\$182.45	\$206.55	\$247.85	\$177.10	\$265.65
<b>75</b>	\$152.70	\$183.25	\$157.45	\$188.95	\$214.15	\$256.95	\$186.40	\$279.60
<b>76</b>	\$157.35	\$188.90	\$162.35	\$194.75	\$220.90	\$265.05	\$194.90	\$292.35
<b>77</b>	\$162.05	\$194.50	\$167.35	\$200.80	\$227.60	\$273.15	\$203.35	\$305.03
<b>78</b>	\$166.75	\$200.10	\$172.20	\$206.65	\$234.50	\$281.35	\$211.95	\$317.93
<b>79</b>	\$171.35	\$205.60	\$177.15	\$212.60	\$241.25	\$289.55	\$220.45	\$330.68
<b>80</b>	\$173.65	\$208.40	\$179.55	\$215.40	\$244.55	\$293.40	\$225.55	\$338.33
<b>81</b>	\$177.45	\$212.90	\$183.45	\$220.10	\$249.95	\$300.00	\$232.70	\$349.05
<b>82</b>	\$181.05	\$217.30	\$187.35	\$224.80	\$255.35	\$306.45	\$239.90	\$359.85
<b>83</b>	\$184.85	\$221.80	\$191.25	\$229.55	\$260.85	\$313.05	\$247.15	\$370.73
<b>84</b>	\$188.55	\$226.30	\$195.20	\$234.20	\$266.25	\$319.50	\$254.30	\$381.45
<b>85+</b>	\$193.05	\$231.65	\$199.85	\$239.90	\$272.70	\$327.25	\$262.50	\$393.75

**Medigap Blue Plans A, B, C, D, F, High Deductible F, G and N**  
**EFFECTIVE JANUARY 1, 2018 MONTHLY SUBSCRIPTION RATES**

Age	Plan F		Plan F(HD)		Plan G		Plan N	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
<65	\$149.95	N/A	\$76.45	N/A	\$121.00	N/A	\$109.05	N/A
65	\$149.95	\$179.95	\$76.45	\$91.75	\$121.00	\$181.50	\$109.05	\$130.85
66	\$156.45	\$187.70	\$79.35	\$95.20	\$121.00	\$181.50	\$113.40	\$136.10
67	\$162.60	\$195.10	\$82.05	\$98.45	\$121.00	\$181.50	\$117.70	\$141.25
68	\$169.05	\$202.85	\$84.95	\$101.90	\$129.20	\$193.80	\$122.10	\$146.55
69	\$175.25	\$210.30	\$87.70	\$105.25	\$137.15	\$205.73	\$126.40	\$151.65
70	\$181.65	\$218.00	\$90.50	\$108.65	\$145.30	\$217.95	\$130.80	\$156.95
71	\$187.95	\$225.55	\$93.35	\$112.00	\$153.35	\$230.03	\$135.25	\$162.30
72	\$194.25	\$233.10	\$96.05	\$115.30	\$161.35	\$242.03	\$139.50	\$167.40
73	\$200.70	\$240.85	\$98.95	\$118.70	\$169.55	\$254.33	\$143.95	\$172.75
74	\$206.90	\$248.30	\$101.70	\$122.05	\$177.50	\$266.25	\$148.20	\$177.85
75	\$214.50	\$257.40	\$105.05	\$126.05	\$186.80	\$280.20	\$153.45	\$184.15
76	\$221.25	\$265.50	\$108.05	\$129.70	\$195.30	\$292.95	\$158.15	\$189.80
77	\$228.10	\$273.70	\$111.05	\$133.25	\$203.85	\$305.78	\$162.80	\$195.35
78	\$234.95	\$281.95	\$114.00	\$136.80	\$212.45	\$318.68	\$167.60	\$201.15
79	\$241.65	\$290.00	\$117.10	\$140.50	\$220.90	\$331.35	\$172.25	\$206.65
80	\$244.95	\$293.95	\$118.60	\$142.30	\$226.00	\$339.00	\$174.45	\$209.30
81	\$250.50	\$300.60	\$120.95	\$145.15	\$233.30	\$349.95	\$178.25	\$213.85
82	\$255.85	\$307.00	\$123.40	\$148.10	\$240.40	\$360.60	\$182.00	\$218.45
83	\$261.20	\$313.45	\$125.75	\$150.90	\$247.55	\$371.33	\$185.80	\$223.00
84	\$266.65	\$320.00	\$128.20	\$153.85	\$254.75	\$382.13	\$189.45	\$227.35
85+	\$273.20	\$327.85	\$131.00	\$157.20	\$263.05	\$394.58	\$193.90	\$232.70