

CONNECTICUT



2022 ProCare[®] RATE SHEETS

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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
\$ 232	\$ 116	\$ 58	\$ 20

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	2/15/2020
B	3945	1973	987	329	5AQ	1/15/2022
C	4672	2336	1168	390	5B8	1/15/2022
D	4652	2326	1163	388	5BQ	1/15/2022
F	4139	2070	1035	345	5C8	1/15/2022
HDF	613	307	154	52	5CQ	1/1/2021
G	4341	2171	1086	362	5D8	1/15/2022
HDG	595	298	149	50	5HS	1/1/2020
K	1614	807	404	135	P87	1/1/2013
L	2397	1199	600	200	P90	2/15/2020
N	2481	1241	621	207	5DQ	2/15/2020

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	2/15/2020
B	3945	1973	987	329	5AV	1/15/2022
C	4672	2336	1168	390	5BD	1/15/2022
D	4652	2326	1163	388	5BV	1/15/2022

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	2/15/2020
B	3945	1973	987	329	5AV	1/15/2022
C	4672	2336	1168	390	5BD	1/15/2022
D	4652	2326	1163	388	5BV	1/15/2022

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