United American insurance company

2024 ProCare® Rates – New Jersey

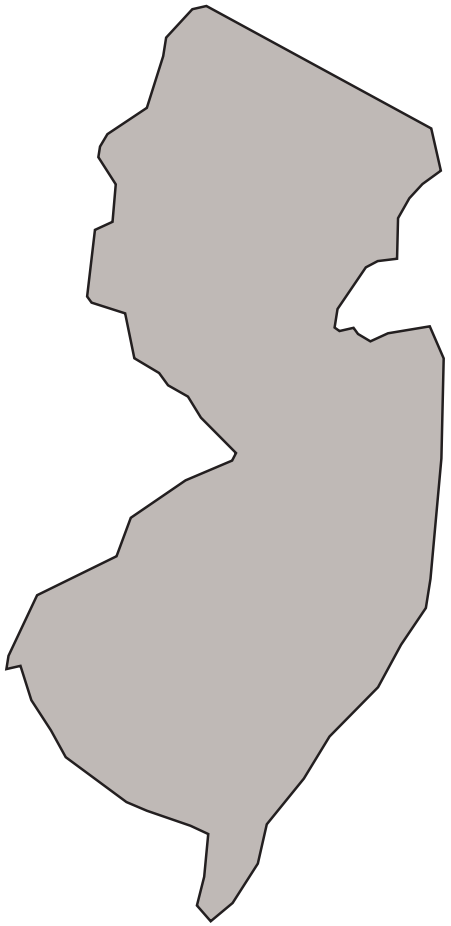
Plans C, F and HDF are only available to applicants first eligible for Medicare Part A before January 1, 2020.

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

A	SA	Q	M
$256	$128	$64	$22

Attained Age policy rates are based on the policyholder's current age. Rates increase yearly (as the policyholder's age increases) on the policy anniversary date, usually up to age 80. Any rate increases due to medical care cost increases are in addition to the increases due to aging. Plans A, C, D, F, HDF, G, HDG, and N are Attained Age rated.

Under Age 65 During Open Enrollment/Guaranteed Issue (OE/GI) policy rates available during Open Enrollment / Guaranteed Issue period for Plans C and D only. Available to applicants ages 50 thru 64.



PLAN A

Male

Preferred

Effective Date: 06/01/2025 Plan Code: 5A4

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2464	1232	616	206
66	2523	1262	631	211
67	2575	1288	644	215
68	2644	1322	661	221
69	2714	1357	679	227
70	2790	1395	698	233
71	2850	1425	713	238
72	2891	1446	723	241
73	3017	1509	755	252
74	3149	1575	788	263
75	3283	1642	821	274
76	3408	1704	852	284
77	3470	1735	868	290
78	3470	1735	868	290
79	3470	1735	868	290
80+	3470	1735	868	290

Standard

Effective Date: 06/01/2025 Plan Code: 5A6

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2835	1418	709	237
66	2903	1452	726	242
67	2964	1482	741	247
68	3043	1522	761	254
69	3123	1562	781	261
70	3211	1606	803	268
71	3280	1640	820	274
72	3327	1664	832	278
73	3472	1736	868	290
74	3624	1812	906	302
75	3778	1889	945	315
76	3922	1961	981	327
77	3994	1997	999	333
78	3994	1997	999	333
79	3994	1997	999	333
80+	3994	1997	999	333

Female

Preferred

Effective Date: 06/01/2025 Plan Code: 5A5

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2143	1072	536	179
66	2194	1097	549	183
67	2240	1120	560	187
68	2300	1150	575	192
69	2360	1180	590	197
70	2427	1214	607	203
71	2479	1240	620	207
72	2514	1257	629	210
73	2624	1312	656	219
74	2738	1369	685	229
75	2855	1428	714	238
76	2964	1482	741	247
77	3018	1509	755	252
78	3018	1509	755	252
79	3018	1509	755	252
80+	3018	1509	755	252

Standard

Effective Date: 06/01/2025 Plan Code: 5A7

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2464	1232	616	206
66	2523	1262	631	211
67	2575	1288	644	215
68	2644	1322	661	221
69	2714	1357	679	227
70	2790	1395	698	233
71	2850	1425	713	238
72	2891	1446	723	241
73	3017	1509	755	252
74	3149	1575	788	263
75	3283	1642	821	274
76	3408	1704	852	284
77	3470	1735	868	290
78	3470	1735	868	290
79	3470	1735	868	290
80+	3470	1735	868	290

PLAN C

Male

Preferred — Effective Date: 06/01/2025 — Plan Code: 5B4

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3739	1870	935	312
66	3864	1932	966	322
67	3994	1997	999	333
68	4130	2065	1033	345
69	4266	2133	1067	356
70	4409	2205	1103	368
71	4553	2277	1139	380
72	4706	2353	1177	393
73	4865	2433	1217	406
74	5026	2513	1257	419
75	5192	2596	1298	433
76	5361	2681	1341	447
77	5540	2770	1385	462
78	5730	2865	1433	478
79	5916	2958	1479	493
80+	6112	3056	1528	510

Standard — Effective Date: 06/01/2025 — Plan Code: 5B6

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	4303	2152	1076	359
66	4447	2224	1112	371
67	4597	2299	1150	384
68	4752	2376	1188	396
69	4909	2455	1228	410
70	5074	2537	1269	423
71	5239	2620	1310	437
72	5416	2708	1354	452
73	5599	2800	1400	467
74	5784	2892	1446	482
75	5975	2988	1494	498
76	6170	3085	1543	515
77	6375	3188	1594	532
78	6594	3297	1649	550
79	6808	3404	1702	568
80+	7034	3517	1759	587

Female

Preferred — Effective Date: 06/01/2025 — Plan Code: 5B5

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3251	1626	813	271
66	3361	1681	841	281
67	3474	1737	869	290
68	3591	1796	898	300
69	3710	1855	928	310
70	3834	1917	959	320
71	3959	1980	990	330
72	4093	2047	1024	342
73	4231	2116	1058	353
74	4371	2186	1093	365
75	4515	2258	1129	377
76	4663	2332	1166	389
77	4818	2409	1205	402
78	4983	2492	1246	416
79	5144	2572	1286	429
80+	5315	2658	1329	443

Standard — Effective Date: 06/01/2025 — Plan Code: 5B7

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3739	1870	935	312
66	3864	1932	966	322
67	3994	1997	999	333
68	4130	2065	1033	345
69	4266	2133	1067	356
70	4409	2205	1103	368
71	4553	2277	1139	380
72	4706	2353	1177	393
73	4865	2433	1217	406
74	5026	2513	1257	419
75	5192	2596	1298	433
76	5361	2681	1341	447
77	5540	2770	1385	462
78	5730	2865	1433	478
79	5916	2958	1479	493
80+	6112	3056	1528	510

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN D

Male

Preferred

Effective Date: 06/01/2025 Plan Code: 5BM

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2907	1454	727	243
66	3014	1507	754	252
67	3126	1563	782	261
68	3242	1621	811	271
69	3361	1681	841	281
70	3485	1743	872	291
71	3608	1804	902	301
72	3742	1871	936	312
73	3880	1940	970	324
74	4019	2010	1005	335
75	4163	2082	1041	347
76	4309	2155	1078	360
77	4464	2232	1116	372
78	4627	2314	1157	386
79	4790	2395	1198	400
80+	4959	2480	1240	414

Standard

Effective Date: 06/01/2025 Plan Code: 5BO

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3346	1673	837	279
66	3468	1734	867	289
67	3598	1799	900	300
68	3731	1866	933	311
69	3867	1934	967	323
70	4011	2006	1003	335
71	4152	2076	1038	346
72	4306	2153	1077	359
73	4466	2233	1117	373
74	4625	2313	1157	386
75	4791	2396	1198	400
76	4959	2480	1240	414
77	5137	2569	1285	429
78	5325	2663	1332	444
79	5513	2757	1379	460
80+	5707	2854	1427	476

Female

Preferred

Effective Date: 06/01/2025 Plan Code: 5BN

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2528	1264	632	211
66	2621	1311	656	219
67	2719	1360	680	227
68	2820	1410	705	235
69	2922	1461	731	244
70	3031	1516	758	253
71	3137	1569	785	262
72	3254	1627	814	272
73	3375	1688	844	282
74	3495	1748	874	292
75	3620	1810	905	302
76	3747	1874	937	313
77	3882	1941	971	324
78	4024	2012	1006	336
79	4166	2083	1042	348
80+	4312	2156	1078	360

Standard

Effective Date: 06/01/2025 Plan Code: 5BP

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2907	1454	727	243
66	3014	1507	754	252
67	3126	1563	782	261
68	3242	1621	811	271
69	3361	1681	841	281
70	3485	1743	872	291
71	3608	1804	902	301
72	3742	1871	936	312
73	3880	1940	970	324
74	4019	2010	1005	335
75	4163	2082	1041	347
76	4309	2155	1078	360
77	4464	2232	1116	372
78	4627	2314	1157	386
79	4790	2395	1198	400
80+	4959	2480	1240	414

PLAN F

Male

Preferred — Effective Date: 06/01/2025 — Plan Code: 5C4

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3758	1879	940	314
66	3881	1941	971	324
67	4011	2006	1003	335
68	4147	2074	1037	346
69	4281	2141	1071	357
70	4427	2214	1107	369
71	4571	2286	1143	381
72	4723	2362	1181	394
73	4882	2441	1221	407
74	5041	2521	1261	421
75	5210	2605	1303	435
76	5380	2690	1345	449
77	5558	2779	1390	464
78	5748	2874	1437	479
79	5935	2968	1484	495
80+	6129	3065	1533	511

Standard — Effective Date: 06/01/2025 — Plan Code: 5C6

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	4325	2163	1082	361
66	4467	2234	1117	373
67	4616	2308	1154	385
68	4772	2386	1193	398
69	4927	2464	1232	411
70	5095	2548	1274	425
71	5260	2630	1315	439
72	5436	2718	1359	453
73	5619	2810	1405	469
74	5802	2901	1451	484
75	5996	2998	1499	500
76	6191	3096	1548	516
77	6396	3198	1599	533
78	6615	3308	1654	552
79	6830	3415	1708	570
80+	7054	3527	1764	588

Female

Preferred — Effective Date: 06/01/2025 — Plan Code: 5C5

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3268	1634	817	273
66	3375	1688	844	282
67	3488	1744	872	291
68	3606	1803	902	301
69	3723	1862	931	311
70	3850	1925	963	321
71	3975	1988	994	332
72	4108	2054	1027	343
73	4246	2123	1062	354
74	4384	2192	1096	366
75	4531	2266	1133	378
76	4678	2339	1170	390
77	4833	2417	1209	403
78	4999	2500	1250	417
79	5161	2581	1291	431
80+	5330	2665	1333	445

Standard — Effective Date: 06/01/2025 — Plan Code: 5C7

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3758	1879	940	314
66	3881	1941	971	324
67	4011	2006	1003	335
68	4147	2074	1037	346
69	4281	2141	1071	357
70	4427	2214	1107	369
71	4571	2286	1143	381
72	4723	2362	1181	394
73	4882	2441	1221	407
74	5041	2521	1261	421
75	5210	2605	1303	435
76	5380	2690	1345	449
77	5558	2779	1390	464
78	5748	2874	1437	479
79	5935	2968	1484	495
80+	6129	3065	1533	511

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN HDF

Male

Preferred — Effective Date: 06/01/2025 — Plan Code: 5CM

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	920	460	230	77
66	946	473	237	79
67	972	486	243	81
68	1010	505	253	85
69	1041	521	261	87
70	1076	538	269	90
71	1113	557	279	93
72	1135	568	284	95
73	1190	595	298	100
74	1252	626	313	105
75	1316	658	329	110
76	1375	688	344	115
77	1416	708	354	118
78	1431	716	358	120
79	1445	723	362	121
80+	1513	757	379	127

Standard — Effective Date: 06/01/2025 — Plan Code: 5CO

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1059	530	265	89
66	1089	545	273	91
67	1119	560	280	94
68	1162	581	291	97
69	1198	599	300	100
70	1238	619	310	104
71	1280	640	320	107
72	1306	653	327	109
73	1369	685	343	115
74	1441	721	361	121
75	1514	757	379	127
76	1582	791	396	132
77	1629	815	408	136
78	1646	823	412	138
79	1662	831	416	139
80+	1742	871	436	146

Female

Preferred — Effective Date: 06/01/2025 — Plan Code: 5CN

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	800	400	200	67
66	823	412	206	69
67	845	423	212	71
68	878	439	220	74
69	905	453	227	76
70	936	468	234	78
71	968	484	242	81
72	987	494	247	83
73	1035	518	259	87
74	1089	545	273	91
75	1144	572	286	96
76	1196	598	299	100
77	1231	616	308	103
78	1244	622	311	104
79	1256	628	314	105
80+	1316	658	329	110

Standard — Effective Date: 06/01/2025 — Plan Code: 5CP

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	920	460	230	77
66	946	473	237	79
67	972	486	243	81
68	1010	505	253	85
69	1041	521	261	87
70	1076	538	269	90
71	1113	557	279	93
72	1135	568	284	95
73	1190	595	298	100
74	1252	626	313	105
75	1316	658	329	110
76	1375	688	344	115
77	1416	708	354	118
78	1431	716	358	120
79	1445	723	362	121
80+	1513	757	379	127

Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and High Deducible F.

PLAN G

Male

Preferred

Effective Date: 06/01/2025 Plan Code: 5D4

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2913	1457	729	243
66	3019	1510	755	252
67	3133	1567	784	262
68	3248	1624	812	271
69	3365	1683	842	281
70	3491	1746	873	291
71	3613	1807	904	302
72	3748	1874	937	313
73	3885	1943	972	324
74	4025	2013	1007	336
75	4168	2084	1042	348
76	4314	2157	1079	360
77	4468	2234	1117	373
78	4632	2316	1158	386
79	4794	2397	1199	400
80+	4965	2483	1242	414

Standard

Effective Date: 06/01/2025 Plan Code: 5D6

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	3352	1676	838	280
66	3474	1737	869	290
67	3605	1803	902	301
68	3738	1869	935	312
69	3872	1936	968	323
70	4017	2009	1005	335
71	4158	2079	1040	347
72	4314	2157	1079	360
73	4471	2236	1118	373
74	4633	2317	1159	387
75	4797	2399	1200	400
76	4965	2483	1242	414
77	5142	2571	1286	429
78	5331	2666	1333	445
79	5518	2759	1380	460
80+	5714	2857	1429	477

Female

Preferred

Effective Date: 06/01/2025 Plan Code: 5D5

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2533	1267	634	212
66	2625	1313	657	219
67	2724	1362	681	227
68	2824	1412	706	236
69	2926	1463	732	244
70	3036	1518	759	253
71	3142	1571	786	262
72	3260	1630	815	272
73	3378	1689	845	282
74	3501	1751	876	292
75	3625	1813	907	303
76	3752	1876	938	313
77	3885	1943	972	324
78	4028	2014	1007	336
79	4169	2085	1043	348
80+	4318	2159	1080	360

Standard

Effective Date: 06/01/2025 Plan Code: 5D7

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2913	1457	729	243
66	3019	1510	755	252
67	3133	1567	784	262
68	3248	1624	812	271
69	3365	1683	842	281
70	3491	1746	873	291
71	3613	1807	904	302
72	3748	1874	937	313
73	3885	1943	972	324
74	4025	2013	1007	336
75	4168	2084	1042	348
76	4314	2157	1079	360
77	4468	2234	1117	373
78	4632	2316	1158	386
79	4794	2397	1199	400
80+	4965	2483	1242	414

PLAN HDG

Male

Preferred

Effective Date: 06/01/2025 Plan Code: 5HO

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	920	460	230	77
66	946	473	237	79
67	972	486	243	81
68	1010	505	253	85
69	1041	521	261	87
70	1076	538	269	90
71	1113	557	279	93
72	1135	568	284	95
73	1190	595	298	100
74	1252	626	313	105
75	1316	658	329	110
76	1375	688	344	115
77	1416	708	354	118
78	1431	716	358	120
79	1445	723	362	121
80+	1513	757	379	127

Standard

Effective Date: 06/01/2025 Plan Code: 5HQ

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	1059	530	265	89
66	1089	545	273	91
67	1119	560	280	94
68	1162	581	291	97
69	1198	599	300	100
70	1238	619	310	104
71	1280	640	320	107
72	1306	653	327	109
73	1369	685	343	115
74	1441	721	361	121
75	1514	757	379	127
76	1582	791	396	132
77	1629	815	408	136
78	1646	823	412	138
79	1662	831	416	139
80+	1742	871	436	146

Female

Preferred

Effective Date: 06/01/2025 Plan Code: 5HP

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	800	400	200	67
66	823	412	206	69
67	845	423	212	71
68	878	439	220	74
69	905	453	227	76
70	936	468	234	78
71	968	484	242	81
72	987	494	247	83
73	1035	518	259	87
74	1089	545	273	91
75	1144	572	286	96
76	1196	598	299	100
77	1231	616	308	103
78	1244	622	311	104
79	1256	628	314	105
80+	1316	658	329	110

Standard

Effective Date: 06/01/2025 Plan Code: 5HR

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	920	460	230	77
66	946	473	237	79
67	972	486	243	81
68	1010	505	253	85
69	1041	521	261	87
70	1076	538	269	90
71	1113	557	279	93
72	1135	568	284	95
73	1190	595	298	100
74	1252	626	313	105
75	1316	658	329	110
76	1375	688	344	115
77	1416	708	354	118
78	1431	716	358	120
79	1445	723	362	121
80+	1513	757	379	127

PLAN N

Male

Preferred

Effective Date: 06/01/2025 Plan Code: 5DM

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2399	1200	600	200
66	2492	1246	623	208
67	2592	1296	648	216
68	2693	1347	674	225
69	2797	1399	700	234
70	2904	1452	726	242
71	3014	1507	754	252
72	3129	1565	783	261
73	3250	1625	813	271
74	3370	1685	843	281
75	3497	1749	875	292
76	3627	1814	907	303
77	3759	1880	940	314
78	3905	1953	977	326
79	4047	2024	1012	338
80+	4195	2098	1049	350

Standard

Effective Date: 06/01/2025 Plan Code: 5DO

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2761	1381	691	231
66	2868	1434	717	239
67	2982	1491	746	249
68	3099	1550	775	259
69	3219	1610	805	269
70	3342	1671	836	279
71	3468	1734	867	289
72	3600	1800	900	300
73	3740	1870	935	312
74	3879	1940	970	324
75	4024	2012	1006	336
76	4174	2087	1044	348
77	4326	2163	1082	361
78	4494	2247	1124	375
79	4657	2329	1165	389
80+	4828	2414	1207	403

Female

Preferred

Effective Date: 06/01/2025 Plan Code: 5DN

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2087	1044	522	174
66	2167	1084	542	181
67	2254	1127	564	188
68	2342	1171	586	196
69	2432	1216	608	203
70	2526	1263	632	211
71	2621	1311	656	219
72	2721	1361	681	227
73	2826	1413	707	236
74	2931	1466	733	245
75	3041	1521	761	254
76	3154	1577	789	263
77	3269	1635	818	273
78	3396	1698	849	283
79	3519	1760	880	294
80+	3648	1824	912	304

Standard

Effective Date: 06/01/2025 Plan Code: 5DP

Attained Age	Annual	Semi Annual	Quarterly	Monthly
65	2399	1200	600	200
66	2492	1246	623	208
67	2592	1296	648	216
68	2693	1347	674	225
69	2797	1399	700	234
70	2904	1452	726	242
71	3014	1507	754	252
72	3129	1565	783	261
73	3250	1625	813	271
74	3370	1685	843	281
75	3497	1749	875	292
76	3627	1814	907	303
77	3759	1880	940	314
78	3905	1953	977	326
79	4047	2024	1012	338
80+	4195	2098	1049	350

AGE 50 - 64 GUARANTEED ISSUE PERIOD (G/I) *

Male

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
C	3739	1870	935	312	5F4	06/01/2025
D	2907	1454	727	243	5F8	06/01/2025

Female

Preferred

Plan	A	SA	Q	M	Plan Code	Effective Date
C	3251	1626	813	271	5F5	06/01/2025
D	2528	1264	632	211	5F9	06/01/2025

*** NOTE: In NEW JERSEY, once the policyholder reaches age 65, rates for their policy will change to reflect the rates of the corresponding overage plan.**

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

AGE 50 - 64 DURING OPEN ENROLLMENT (O/E) *

Male

Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
C	3739	1870	935	312	5F4	06/01/2025
D	2907	1454	727	243	5F8	06/01/2025

Female

Preferred						
Plan	A	SA	Q	M	Plan Code	Effective Date
C	3251	1626	813	271	5F5	06/01/2025
D	2528	1264	632	211	5F9	06/01/2025

Underage Coverage:

Plans C and D are available for qualified consumers aged 50-64 who are eiligible for Medicare by reason of disability.

Open Enrollment

You are eligible for Guaranteed Acceptance in Plan C if your Medicare Part B effective date is prior to 1/1/2020 and you apply:

(1) within six months of enrollment in Medicare Part B; or

(2) within six months beginning with the month in which a retroactive determination of eiligible for Medicare is made.

You are eligible for Guaranteed Acceptance in Plan D if:

(1) your Medicare Part B effective date is prior to 1/1/2020 and you apply within six months of enrollment in Medicare Part B and you are not covered by any other Medicare Supplement Plan; or

(2) your Medicare Part B effective date is on or after 1/1/2020 and you apply within 12 months of enrollment in Medicare Part B.

*** NOTE: In NEW JERSEY, once the policyholder reaches age 65, rates for their policy will change to reflect the rates of the corresponding overage plan.**

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