Attachment C2
Members Health Insurance Company
Medicare Supplement Group Policy Form MH-KSG-LG-FL19-025
State of Kansas - All Zip Codes
Rates Effective September 1, 2025
Monthly Base Rates - Attained Age

Attained Age	Plan A	Plan D	Plan G	Plan N
Under Age 65	$ 114.99	$ 135.40	$ 141.06	$ 102.81
65	114.99	135.40	141.06	102.81
66	119.06	138.90	144.73	105.37
67	123.51	143.45	149.45	108.76
68	128.25	148.90	155.14	112.88
69	133.20	155.05	161.55	117.56
70	138.24	161.66	168.43	122.62
71	143.24	168.52	175.57	127.89
72	148.05	175.41	182.76	133.21
73	152.55	182.25	189.87	138.52
74	156.74	189.00	196.91	143.78
75	160.62	195.70	203.87	149.01
76	164.15	202.28	210.74	154.19
77	167.24	208.71	217.43	159.29
78	169.82	214.89	223.87	164.21
79	171.93	220.91	230.13	169.05
80	173.63	226.82	236.26	173.83
81	174.93	232.62	242.30	178.56
82	175.79	238.26	248.17	183.20
83	176.19	243.69	253.81	187.72
84	176.23	249.04	259.38	192.20
85	176.52	254.43	264.98	196.75
86	176.68	259.87	270.64	201.35
87	176.75	265.24	276.21	205.91
88	176.75	270.24	281.40	210.16
89	176.75	274.49	285.81	213.80
90	176.75	277.70	289.15	216.60
91	176.75	280.04	291.57	218.69
92	176.75	281.80	293.41	220.32
93	176.75	283.17	294.82	221.63
94	176.75	283.92	295.59	222.50
95	176.75	283.96	295.61	222.80
96	176.75	284.35	296.02	222.79
97	176.75	284.35	296.02	223.14
98	176.75	284.35	296.02	223.34
99	176.75	284.35	296.02	223.34
100	176.75	284.35	296.02	223.34