

PENNSYLVANIA MEDICARE SUPPLEMENT RATE INCREASES IN 2026

Evidence from regulatory filings, actuarial records and ZIP-code premium comparisons

INDEPENDENT MARKET RESEARCH REPORT

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Report at a Glance

This report examines selected 2026 Pennsylvania Medicare Supplement rate activity using market quote comparisons, CSG Actuarial rate-history information and primary SERFF regulatory documents. It is designed for journalists, policy researchers and consumers seeking evidence-based context on Medigap premium changes.

18%-20% Observed August-to-October increases at four carriers in the six-market study	6 markets Philadelphia, Bethlehem, Scranton, Pittsburgh, Camp Hill/Harrisburg and Erie
3 ages Bethlehem Plan G tested at ages 65, 70 and 75	\$544.68 Largest annualized age-75 increase observed in the Bethlehem case study

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Executive Summary

Pennsylvania Medicare Supplement policyholders are facing meaningful premium pressure in 2026, but the size and timing of increases vary considerably by insurance company, product block and geographic market.

This report combines three forms of evidence: ZIP-code Medicare Supplement quote comparisons, historical rate information from CSG Actuarial, and primary regulatory documents filed through Pennsylvania SERFF Filing Access.

The research does not attempt to catalog every Medicare Supplement rate action in Pennsylvania. Instead, it examines selected insurers and markets in sufficient depth to determine whether significant 2026 increases are observable, whether those changes persist across applicant ages and locations, and what insurers themselves reported to Pennsylvania regulators about the reasons behind higher premiums.

Core statewide finding

Plan G and Plan N comparisons across six Pennsylvania markets identified approximately 18% increases at Nassau Life, 20% at LifeShield National, 19% at American Benefit Life and 19.5% at Heartland National Life between the August and October study dates. Separate CSG information showed USAA Plan G and Plan N increases of 15% effective June 1, 2026.

In every Pennsylvania market tested, at least one lower October premium was displayed for the same Plan G or Plan N applicant profile. Eligibility for a particular rate can still depend on underwriting, discounts, rating class and other factors.^[1]

A deeper Bethlehem study found that the same four approximately 18%-20% Plan G increases appeared at ages 65, 70 and 75, providing a useful cross-check that the observed rate actions were not confined to one applicant age.^[2]

Regulatory documents provide additional context. American Benefit Life formally requested a 19% increase on Plans A, B, F, G and N, following increases of 3% in 2023, 8% in 2024 and 19.9% in 2025. The company told Pennsylvania regulators that worsening claims experience justified the request.^[5]

Highmark's Northeastern Pennsylvania filing provides a separate example. Its final rate schedule shows a 14.4% Plan G increase effective July 1, 2026. The filing projected 3,480 Plan G members and 10,538 members across the affected NEPA Medigap block.^[10]

Bottom line

Double-digit Medicare Supplement rate actions are a material feature of Pennsylvania's 2026 market. Standardized benefits do not prevent substantial differences in premiums or rate trajectories among insurers.

1. Purpose of the Study

Medicare Supplement insurance, commonly called Medigap, is standardized by plan letter. A Plan G policy generally provides the same standardized basic benefits regardless of the insurance company issuing it, yet premiums can vary considerably among insurers.

That creates a particularly important consumer question when premiums rise: Is the increase simply part of the market, or has a policyholder's current insurer become substantially more expensive than other companies offering the same standardized plan?

This study was designed to investigate that question using actual Pennsylvania premium data and regulatory records rather than relying exclusively on statewide averages or anecdotal premium notices.

RESEARCH QUESTIONS

- Are significant 2026 Medicare Supplement rate increases observable across Pennsylvania?
- Do the same carrier increases appear in multiple markets and at multiple ages?
- What do insurers report to Pennsylvania regulators as the reasons for higher rates?
- After an increase, are materially lower premiums still displayed elsewhere in the market for the same standardized plan?

2. Methodology

2.1 Pennsylvania market comparison

Plan G and Plan N premiums were compared using August and October 2026 quote data for six Pennsylvania markets: Philadelphia, Bethlehem, Scranton, Pittsburgh, Camp Hill/Harrisburg and Erie. ^[1]

The broader Pennsylvania analysis used matched applicant profiles within each comparison so that changes in premiums could be evaluated without intentionally changing the plan letter or applicant characteristics.

Company	Approx. observed change
Nassau Life	18%
LifeShield National	20%
American Benefit Life	19%
Heartland National Life	19.5%

Observed in the August-to-October comparison window; USAA had a separate 15% Plan G and Plan N increase effective June 1, 2026. Source note [1].

2.2 Bethlehem age study

A separate Plan G analysis was conducted for Bethlehem ZIP 18017, Northampton County, using a female, non-tobacco applicant at ages 65, 70 and 75. The age-65 comparison used August 13 and October 1 effective dates. The age-70 and age-75 comparisons used August 1 and October 1 effective dates. ^{[2] [3] [4]}

These age comparisons are cross-sectional pricing comparisons. They are not predictions of exactly what one individual policyholder's premium will become over five or ten years.

2.3 Regulatory research

Pennsylvania SERFF Filing Access was searched for Medicare Supplement filings submitted between January 1 and August 13, 2026. The search returned 113 filings matching the selected Medicare Supplement categories. Those records included rate filings, advertising filings, form filings, withdrawals and other regulatory submissions, so 113 should not be interpreted as 113 rate increases.

This report examines two filings in depth: American Benefit Life Insurance Company, SERFF CSGA-134859599, and Highmark NEPA 2010 Plans, SERFF HGHM-134841281. Supporting documents reviewed included actuarial memoranda, rate histories, claims-trend exhibits, policy counts, loss-ratio projections and rate schedules. ^[5]

2.4 Data limitations

CSG Actuarial states that it does not guarantee the accuracy of premium or underwriting information, that carriers may make changes not yet reflected in its database, and that displayed monthly premiums may include EFT discounts.

CSG also notes that multiple rates can appear for the same company when special underwriting or administrative rules apply.^[11]

Evidence categories are kept separate

This paper distinguishes among regulatory filing evidence, CSG rate-history information and observed ZIP-code quote comparisons. They are complementary sources, but they are not treated as interchangeable.

3. Findings Across Pennsylvania

The six-market analysis found a remarkably consistent pattern among the four companies whose premiums changed during the August-to-October study window.

Company	Observed change	Evidence type
Nassau Life	~18%	ZIP-level quote comparison
LifeShield National	~20%	ZIP-level quote comparison
American Benefit Life	~19%	Quote comparison + rate history + SERFF filing
Heartland National Life	~19.5%	Quote comparison + CSG rate history
USAA	15%	CSG rate-change data; effective before August window

The statewide comparison covered Philadelphia, Bethlehem, Scranton, Pittsburgh, Camp Hill/Harrisburg and Erie. Source note [1].

For Nassau and LifeShield, the findings came from ZIP-level quote comparisons. Nassau showed a new rate table effective October 1, while LifeShield showed a new rate table effective September 1.^[1]

The broader market context is equally important: in every Pennsylvania market tested, at least one lower October premium was displayed for the same applicant profile and plan letter.^[1]

Consumer relevance

An insurer's rate increase does not necessarily mean every competing premium moved upward by the same amount. However, a lower displayed rate does not guarantee eligibility; underwriting and discounts may still matter.

4. Bethlehem Case Study: Ages 65, 70 and 75

Bethlehem ZIP 18017 provides a useful local case study because the same Plan G carrier actions can be observed at three distinct ages for a female, non-tobacco applicant.

Age 65 - Plan G

Company	August	October	Monthly change	Approx. change
Nassau Life	\$133.47	\$157.49	+\$24.02	18.0%

Company	August	October	Monthly change	Approx. change
LifeShield National	\$135.21	\$162.25	+\$27.04	20.0%
American Benefit Life	\$149.16	\$177.50	+\$28.34	19.0%
Heartland National	\$191.41	\$228.74	+\$37.33	19.5%

Age 65 effective dates: August 13, 2026 and October 1, 2026. Source note [2].

Age 70 - Plan G

Company	August	October	Monthly change	Approx. change
LifeShield National	\$140.02	\$168.02	+\$28.00	20.0%
Nassau Life	\$144.66	\$170.70	+\$26.04	18.0%
American Benefit Life	\$153.41	\$182.56	+\$29.15	19.0%
Heartland National	\$191.41	\$228.74	+\$37.33	19.5%

Age 70 effective dates: August 1, 2026 and October 1, 2026. Source note [3].

Age 75 - Plan G

Company	August	October	Monthly change	Annualized change
Nassau Life	\$173.57	\$204.82	+\$31.25	+\$375.00
LifeShield National	\$172.25	\$206.70	+\$34.45	+\$413.40
American Benefit Life	\$186.85	\$222.36	+\$35.51	+\$426.12
Heartland National	\$232.72	\$278.11	+\$45.39	+\$544.68

Age 75 effective dates: August 1, 2026 and October 1, 2026. Source note [4].

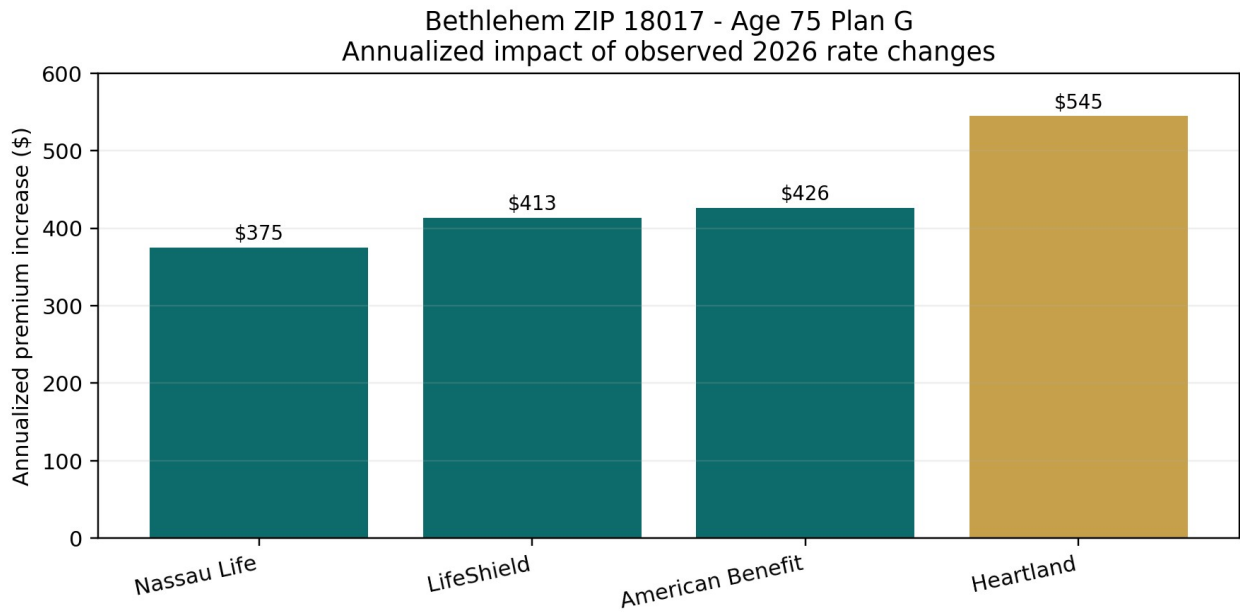


Figure 1. Annualized impact of the observed age-75 Bethlehem Plan G changes.

The most important result is not simply that premiums are higher at older ages. It is that the same four carrier rate actions reproduce at approximately the same percentages at ages 65, 70 and 75.

At the same time, an equal percentage increase creates a larger dollar consequence when the underlying premium is higher. In the age-75 test, the 19.5% Heartland change equates to approximately \$45.39 per month, or \$544.68 over 12 months.^[4]

Interpretation

This supports a distinction between carrier rate action and the underlying age-rated premium. The age tests are cross-sectional and should not be presented as one person's five- or ten-year premium history.

5. American Benefit Life: Inside a 2026 Rate Filing

American Benefit Life provides one of the clearest case studies because its regulatory filing contains detailed actuarial support. Its actuarial memorandum states directly that the filing concerns existing Medicare Supplement forms and requests 19% changes on Plans A, B, F, G and N. The memorandum says the requested change was based on nationwide and state-specific experience and would apply to both existing and new-business policies.^[5]

A rapidly increasing rate history

Effective year	Rate adjustment
2023	3.0%
2024	8.0%
2025	19.9%
2026 filing request	19.0%

American Benefit Life Pennsylvania rate history and 2026 filing request. Source notes [5] and [6].

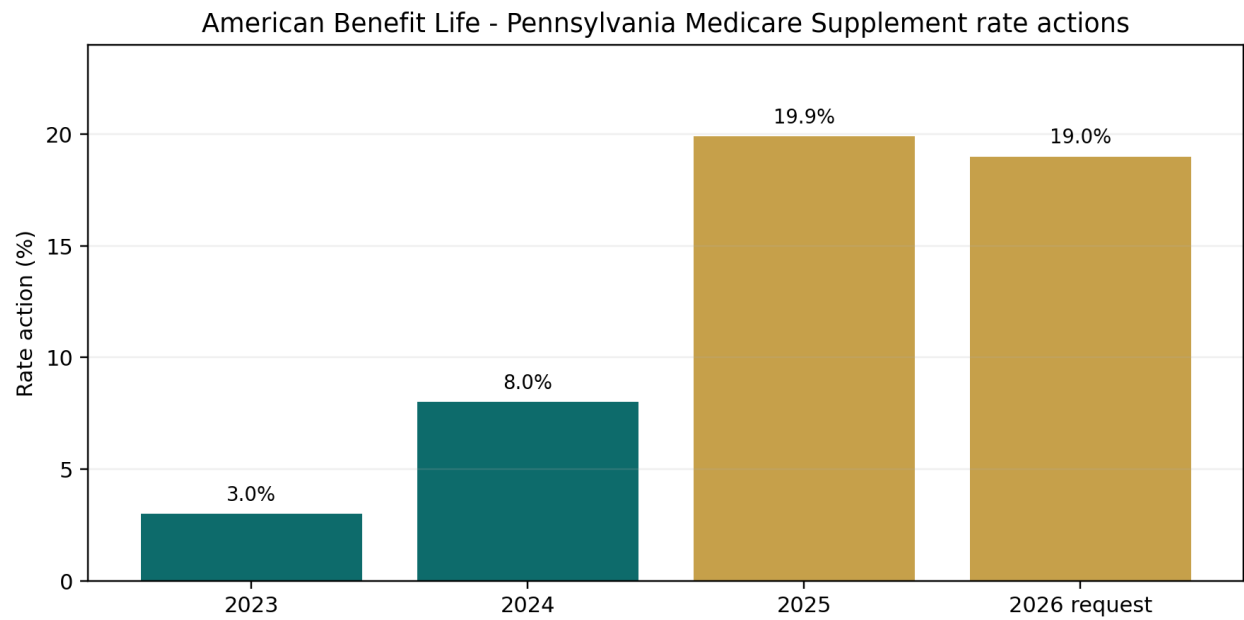


Figure 2. American Benefit Life Pennsylvania Medicare Supplement rate actions.

If applied sequentially, those four rate actions represent approximately 58.7% compounded rate-table movement from the pre-2023 level. That figure is not an individual policyholder premium history. American Benefit uses an attained-age structure, and actual premiums can also be affected by ZIP code, gender, underwriting class and discounts. ^[5]

Claims experience

American Benefit supported its request with claims-trend data showing Plan G normalized incurred claims per member per month increasing from \$148.00 in 2022 to \$166.62 in 2023, \$181.02 in 2024 and \$205.08 in 2025. The exhibit calculated an average Plan G claims trend of 11.5%, with an overall average trend of 11.7%. ^[7]

The actuarial memorandum nevertheless used a 9% annual medical trend assumption for future years and described that assumption as reflecting recent experience. ^[5]

Pennsylvania regulators questioned the request

The Pennsylvania Department questioned the company's future trend assumption and asked American Benefit to explain a rate request it viewed as significantly above trend. The Department also noted that the block had received a 19.9% increase effective October 1, 2025 and proposed a 14.9% adjustment at that stage of the review. ^[9]

American Benefit continued to defend the higher request. In its response, the company argued that the prior nationwide increase and proposed 2026 increase would amount to roughly a 43% compounded increase over the two years, yet that claims experience indicated an even greater rate need. ^[9]

Regulatory nuance

SERFF shows the filing as Closed - Approved. This paper does not rely on the disposition alone to state that Pennsylvania approved exactly 19%; the observed 19% change is separately corroborated by CSG rate history and October quote data.

Pennsylvania policyholders in the block

Plan	PA policies	Annualized premium	Avg. annual premium
Plan F	29	\$90,927	\$3,135
Plan G	401	\$762,827	\$1,902
Plan N	51	\$76,257	\$1,495
Total	481	\$930,011	\$1,933

American Benefit Life Exhibit 3, in-force counts as of December 31, 2025. Source note [8].

Plan G represented approximately 83% of the Pennsylvania policies shown in the exhibit, making the Plan G rate action especially relevant to the company's Pennsylvania block.^[8]

6. Highmark: A Regional Pennsylvania Example

Highmark provides an important second case because it files Medicare Supplement rates by Pennsylvania region. The Northeastern Pennsylvania 2010-plan filing, SERFF HGHM-134841281, contains an attained-age Plan G rate schedule effective July 1, 2026.^[10]

For female Plan G applicants, the filed schedule shows a 14.4% increase at every listed age.^[10]

Age	Current preferred	New preferred	Current standard	New standard
65	\$133.15	\$152.35	\$199.80	\$228.60
70	\$145.60	\$166.60	\$218.30	\$249.75
75	\$168.75	\$193.05	\$253.10	\$289.55

Highmark Northeastern Pennsylvania female Plan G filed rate schedule. Source note [10].

The final impact exhibit projected 1,734 male Plan G members and 1,746 female Plan G members - 3,480 Plan G members combined - within a total affected NEPA Medigap block of 10,538 projected members.^[10]

Highmark projected an additional \$40,154 per month from male Plan G and \$37,055 per month from female Plan G. Combined, that is approximately \$77,209 per month, or \$926,508 annually, in additional projected Plan G premium.^[10]

Across the broader affected NEPA block, the filing projected approximately \$380,587 in additional premium per month, or about \$4.57 million annually.^[10]

Regional pricing matters

The NEPA filing should not be assumed to represent Bethlehem, Pittsburgh, Erie or another Pennsylvania market without confirming the applicable Highmark rating region. Highmark maintains separate Central, Northeastern and Western Pennsylvania filings.

7. Consumer Implications

The principal consumer implication is straightforward: the same standardized Medicare Supplement plan can have materially different premiums and rate histories depending on the insurance company.

A policyholder receiving a double-digit increase therefore has two separate questions to answer: Why did my insurer raise its rates? And after the increase, is my current premium still competitive?

The first question may be informed by carrier filings and claims experience. The second requires comparing the individual's actual premium with current alternatives available for the same plan letter and applicant circumstances.

That does not mean every policyholder should switch insurers after an increase. Medical underwriting may apply outside protected enrollment or guaranteed-issue circumstances, and the lowest advertised or displayed rate is not automatically available to every applicant.^[1]

Practical takeaway

A large premium increase is a rational point to re-evaluate whether a policy remains competitively priced. It is not, by itself, a reason to cancel existing coverage before replacement coverage is approved.

8. Limitations

- This research is observational and market-specific. It is not a census of every Pennsylvania Medicare Supplement insurer or every 2026 rate filing.
- The SERFF search identified 113 filings under the selected Medicare Supplement categories, but those records included submissions unrelated to premium increases. The number 113 should never be described as the number of Pennsylvania Medigap rate increases.
- The six-market quote research tested selected applicant profiles and effective dates. Results for another age, ZIP code, gender, tobacco status, underwriting class or discount status may differ.
- The Bethlehem age study represents three cross-sectional applicant ages. It does not recreate the exact five- or ten-year premium history of one insured person.
- Displayed CSG premiums may reflect household or EFT discounts, and multiple rates may be presented for the same company when underwriting or administrative rules differ.^[11]
- An approved SERFF filing and a displayed quote serve different evidentiary purposes. Regulatory records document insurer filings and review; quote systems show premiums under specified applicant assumptions.

9. Conclusion

The evidence reviewed for this study demonstrates significant Medicare Supplement premium pressure in Pennsylvania during 2026.

In six Pennsylvania markets, four insurers examined during the August-to-October comparison window showed increases clustered between approximately 18% and 20%. USAA had implemented a 15% Plan G and Plan N increase earlier in the year.^[1]

The Bethlehem analysis strengthens that finding by reproducing the same four approximately 18%-20% Plan G rate actions at ages 65, 70 and 75.^[2]

Primary regulatory records provide context behind those numbers. American Benefit Life sought another 19% adjustment following a 19.9% increase the prior year and cited claims experience substantially above expectations. Pennsylvania regulators questioned the magnitude before the company defended its request with additional actuarial evidence.^[9]

Highmark's separate NEPA filing shows a 14.4% Plan G action affecting a projected 3,480 Plan G members, illustrating both the scale of a single carrier action and the importance of examining Pennsylvania markets regionally.^[10]

Perhaps the most important finding for Pennsylvania beneficiaries is that a substantial premium increase at one insurer did not mean every competing rate rose by the same amount. Every Pennsylvania market tested still displayed at least one lower October premium for the same Plan G or Plan N applicant profile.^[1]

Final conclusion

The appropriate conclusion is not that consumers should automatically change Medicare Supplement companies after an increase. It is that a large premium increase is a rational point to re-evaluate whether the current policy remains competitively priced.

Sources and Documentation

Source notes are intentionally grouped by evidentiary type so journalists and reviewers can distinguish quote observations from regulatory records.

[1] Pennsylvania six-market comparison

Lehigh Partners Senior Benefits 2026 Pennsylvania Medicare Supplement rate-increase research using CSG Actuarial and carrier quote data. Markets: Philadelphia, Bethlehem, Scranton, Pittsburgh, Camp Hill/Harrisburg and Erie. Key observed changes: Nassau ~18%, LifeShield ~20%, American Benefit ~19%, Heartland ~19.5%; USAA 15% Plan G/N effective June 1, 2026.

[2] Bethlehem age 65 Plan G quote reports

CSG Actuarial quote exports for ZIP 18017, Northampton County, female, non-tobacco, Plan G; effective dates August 13, 2026 and October 1, 2026.

[3] Bethlehem age 70 Plan G quote reports

CSG Actuarial quote exports for ZIP 18017, Northampton County, female, non-tobacco, Plan G; effective dates August 1, 2026 and October 1, 2026.

[4] Bethlehem age 75 Plan G quote reports

CSG Actuarial quote exports for ZIP 18017, Northampton County, female, non-tobacco, Plan G; effective dates August 1, 2026 and October 1, 2026.

[5] American Benefit Life SERFF filing

SERFF Tracking No. CSGA-134859599. American Benefit Life Insurance Company, Pennsylvania Medicare Supplement actuarial memorandum and filing materials. Submitted March 25, 2026; filing status Closed - Approved.

[6] American Benefit Life rate history

Exhibit 4 - Rate History, Pennsylvania block, within SERFF CSGA-134859599.

[7] American Benefit Life claims trend

Exhibit 5 - Claim Trend Support, within SERFF CSGA-134859599; Plan G normalized claims PMPM and trend support.

[8] American Benefit Life in-force counts

Exhibit 3 - In Force Counts and Annualized Premium, as of December 31, 2025, within SERFF CSGA-134859599.

[9] Pennsylvania objection / ABL response

Regulatory objection and American Benefit Life response within SERFF CSGA-134859599, including discussion of the 2025 increase, future trend assumption and 2026 request.

[10] Highmark NEPA 2026 rate filing

SERFF Tracking No. HGHM-134841281. Highmark Inc. d/b/a Highmark Blue Cross Blue Shield. Northeastern Pennsylvania 2010 plans rate schedule and impact exhibit, effective July 1, 2026.

[11] CSG Actuarial disclaimer and NAIC market-data notice

CSG Actuarial quote report disclaimer: rates and underwriting information are not guaranteed; carrier changes may not yet be reflected; displayed monthly rates may include EFT discounts; multiple rates may appear due to underwriting or administrative rules.

Research Disclosure and Media Contact

This report was prepared by Lehigh Partners Senior Benefits, an independent insurance agency that assists Medicare beneficiaries with Medicare Supplement, Medicare Advantage and prescription drug coverage.

The agency may receive compensation from an insurance company when a consumer enrolls in coverage through the agency. No insurer analyzed in this report sponsored this research, and inclusion of a company should not be interpreted as a recommendation for or against that insurer.

The research is intended to describe observed market and regulatory data and is not actuarial advice, a prediction of future rate changes, or a guarantee that any applicant will qualify for a particular premium.

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Suggested media headline

Pennsylvania Medicare Supplement Study Finds Multiple Double-Digit 2026 Rate Increases as Regulatory Filings Reveal Rising Claims Pressure

Suggested media subhead

Analysis of six Pennsylvania markets and insurer regulatory filings found approximately 18%-20% increases at several Medicare Supplement companies, while lower competing premiums remained available in every market tested.