



## OUTLINE OF MEDICARE SUPPLEMENT COVERAGE

**The Wisconsin Insurance Commissioner has set standards for Medicare supplement insurance. This policy meets those standards. This policy, along with Medicare, may not cover all of your medical costs. You should review carefully all of the limitations of the policy. For an explanation of these standards and other important information, see “Wisconsin Guide to Health Insurance for People with Medicare,” given to you when you applied for this policy. Do not buy this policy if you did not get this guide.**

### PREMIUM INFORMATION

United Commercial Travelers (UCT) may change your premium if a new table of rates is applicable to the policy. The change in the table of rates will apply to all covered persons in the same class on the date of change. Class is defined as attained age, your underwriting class, and the state and zip code of your residence. Premiums are based on your attained age and will automatically change on the anniversary of the date of issue.

### RENEWABILITY

Your policy is guaranteed renewable and is subject to premium rate changes by class, based on attained age, smoker/non-smoker and state and zip code of residence of the insured. We will not cancel or non-renew this contract for any reason other than the nonpayment of premium or material misrepresentation.

### DISCLOSURES

Use this outline to compare benefits and premiums among policies.

### READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy’s most important features. This policy is your insurance contract. You must read the policy itself to



understand all of the rights and duties of both you and your insurance company.

### **RIGHT TO RETURN POLICY**

If you find that you are not satisfied with your policy, you may return it to our Home Office at 632 N. Park Street, Columbus, Ohio 43215. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments directly to you.

### **POLICY REPLACEMENT**

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

### **NOTICE**

This policy may not fully cover all of your medical costs.

## **Neither United Commercial Travelers nor its agents are connected with Medicare.**

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

**IN ADDITION TO THIS OUTLINE OF COVERAGE, UNITED COMMERCIAL TRAVELERS WILL SEND AN ANNUAL NOTICE TO YOU 30 DAYS PRIOR TO THE EFFECTIVE DATE OF MEDICARE CHANGES, WHICH WILL DESCRIBE THESE CHANGES AND THE CHANGES IN YOUR MEDICARE SUPPLEMENT COVERAGE.**

### **USUAL, CUSTOMARY AND REASONABLE CHARGES (UCR)**

This policy limits covered expenses to the usual, customary, and reasonable charge for services, in which usual and customary refer only to mandated benefits. We settle claims based on a specific methodology and the eligible amount of a claim may be less than the provider's billed charge. A usual charge is the actual charge by a provider for a given service. A charge is customary when it is within a range (as determined by us) of usual charges billed by most physicians or other professional providers. A charge is reasonable when it meets the usual or customary criteria, whichever is less, or it may be reasonable if, in the opinion of an appropriate medical/surgical review committee of the insurance carrier, it merits special consideration based on the nature and extent of treatment of the particular case.



**WISCONSIN  
 ATTAINED AGE  
 ANNUAL RATES  
 MALE NON-SMOKING  
 ZIP CODE: 530-532, 534**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	1,691.40	500.19	94.74	128.25	118.99	70.51
65	1,064.72	315.10	59.49	128.25	73.82	45.16
66	1,064.72	315.10	59.49	128.25	73.82	45.16
67	1,064.72	315.10	59.49	128.25	73.82	45.16
68	1,111.43	329.42	61.69	128.25	78.22	46.27
69	1,162.56	343.74	65.00	128.25	81.53	48.47
70	1,211.04	358.06	67.20	128.25	84.83	50.67
71	1,256.00	371.29	69.41	128.25	88.13	52.88
72	1,300.94	384.50	72.71	128.25	91.44	53.98
73	1,342.36	397.73	76.02	128.25	94.74	56.18
74	1,384.67	409.85	78.22	128.25	96.95	57.29
75	1,424.34	420.87	80.43	128.25	100.25	59.49
76	1,462.24	432.98	81.53	128.25	102.46	60.59
77	1,494.84	442.90	83.73	128.25	104.66	61.69
78	1,530.11	452.82	85.93	128.25	106.87	63.90
79	1,554.79	459.43	87.03	128.25	109.07	65.00
80	1,582.99	468.24	89.23	128.25	111.27	66.10
81	1,605.03	475.95	90.34	128.25	112.38	67.20
82	1,627.06	481.46	91.44	128.25	114.58	68.31
83	1,649.98	489.17	92.54	128.25	115.68	68.31
84	1,671.13	494.68	93.64	128.25	116.78	69.41
85	1,691.40	500.19	94.74	128.25	118.99	70.51
86	1,714.32	507.91	95.85	128.25	120.09	71.61
87	1,732.83	513.41	96.95	128.25	121.19	72.71
88	1,753.10	518.92	98.05	128.25	123.40	72.71
89	1,769.84	523.33	99.15	128.25	124.50	73.82
90	1,787.47	528.84	100.25	128.25	125.60	74.92
91	1,806.87	534.35	101.36	128.25	126.70	74.92
92	1,821.85	538.75	102.46	128.25	127.79	76.02
93	1,836.83	543.16	102.46	128.25	128.90	76.02
94	1,850.06	547.57	103.56	128.25	130.00	77.12
95	1,865.92	551.97	104.66	128.25	131.10	77.12
96	1,879.15	556.38	104.66	128.25	131.10	78.22
97	1,895.01	559.68	105.76	128.25	132.20	78.22
98	1,908.23	565.19	106.87	128.25	134.41	80.43
99	1,923.21	569.60	106.87	128.25	135.51	80.43



**WISCONSIN  
 ATTAINED AGE  
 ANNUAL RATES  
 MALE NON-SMOKING  
 ZIP CODE: All Others**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	1,424.34	421.22	79.78	108.00	100.20	59.38
65	896.61	265.34	50.10	108.00	62.16	38.03
66	896.61	265.34	50.10	108.00	62.16	38.03
67	896.61	265.34	50.10	108.00	62.16	38.03
68	935.94	277.41	51.95	108.00	65.87	38.96
69	979.00	289.46	54.74	108.00	68.66	40.82
70	1,019.82	301.53	56.59	108.00	71.43	42.67
71	1,057.68	312.66	58.45	108.00	74.22	44.53
72	1,095.53	323.79	61.23	108.00	77.00	45.46
73	1,130.41	334.93	64.02	108.00	79.78	47.31
74	1,166.04	345.14	65.87	108.00	81.64	48.24
75	1,199.44	354.42	67.73	108.00	84.42	50.10
76	1,231.36	364.62	68.66	108.00	86.28	51.02
77	1,258.82	372.97	70.51	108.00	88.14	51.95
78	1,288.51	381.32	72.36	108.00	89.99	53.81
79	1,309.30	386.89	73.29	108.00	91.85	54.74
80	1,333.04	394.30	75.14	108.00	93.70	55.66
81	1,351.60	400.80	76.07	108.00	94.63	56.59
82	1,370.15	405.44	77.00	108.00	96.49	57.52
83	1,389.46	411.94	77.93	108.00	97.42	57.52
84	1,407.26	416.58	78.86	108.00	98.34	58.45
85	1,424.34	421.22	79.78	108.00	100.20	59.38
86	1,443.64	427.71	80.71	108.00	101.13	60.30
87	1,459.22	432.34	81.64	108.00	102.06	61.23
88	1,476.30	436.98	82.57	108.00	103.91	61.23
89	1,490.39	440.70	83.50	108.00	104.84	62.16
90	1,505.24	445.34	84.42	108.00	105.77	63.09
91	1,521.58	449.98	85.35	108.00	106.70	63.09
92	1,534.19	453.69	86.28	108.00	107.62	64.02
93	1,546.81	457.40	86.28	108.00	108.54	64.02
94	1,557.94	461.11	87.21	108.00	109.47	64.94
95	1,571.30	464.82	88.14	108.00	110.40	64.94
96	1,582.44	468.53	88.14	108.00	110.40	65.87
97	1,595.80	471.31	89.06	108.00	111.33	65.87
98	1,606.93	475.95	89.99	108.00	113.18	67.73
99	1,619.54	479.66	89.99	108.00	114.11	67.73



**WISCONSIN  
 ATTAINED AGE  
 ANNUAL RATES  
 MALE SMOKING  
 ZIP CODE: 530-532, 534**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	1,993.73	589.44	110.17	128.25	141.02	83.73
65	1,256.00	372.39	70.51	128.25	88.13	52.88
66	1,256.00	372.39	70.51	128.25	88.13	52.88
67	1,256.00	372.39	70.51	128.25	88.13	52.88
68	1,313.29	388.91	72.71	128.25	92.54	55.08
69	1,372.33	405.44	77.12	128.25	95.85	57.29
70	1,426.99	423.07	80.43	128.25	100.25	59.49
71	1,480.76	438.49	82.63	128.25	104.66	62.80
72	1,533.63	453.92	85.93	128.25	107.97	65.00
73	1,582.99	468.24	88.13	128.25	111.27	66.10
74	1,633.22	483.66	91.44	128.25	114.58	68.31
75	1,679.94	497.99	93.64	128.25	117.89	70.51
76	1,724.01	511.20	95.85	128.25	121.19	71.61
77	1,762.80	522.22	98.05	128.25	124.50	73.82
78	1,802.46	533.24	100.25	128.25	126.70	74.92
79	1,832.43	543.16	102.46	128.25	128.90	76.02
80	1,865.04	551.97	103.56	128.25	131.10	77.12
81	1,891.48	559.68	105.76	128.25	132.20	78.22
82	1,917.04	567.40	106.87	128.25	134.41	79.33
83	1,945.25	575.11	107.97	128.25	136.61	81.53
84	1,969.93	582.83	109.07	128.25	137.71	82.63
85	1,993.73	589.44	110.17	128.25	141.02	83.73
86	2,020.17	598.24	113.48	128.25	142.12	84.83
87	2,043.08	604.86	114.58	128.25	143.22	85.93
88	2,065.11	610.37	115.68	128.25	145.43	85.93
89	2,085.38	616.98	116.78	128.25	146.53	87.03
90	2,106.55	623.59	117.89	128.25	147.63	88.13
91	2,129.45	630.20	118.99	128.25	148.73	89.23
92	2,146.21	634.61	120.09	128.25	149.83	89.23
93	2,164.72	641.21	120.09	128.25	152.04	90.34
94	2,180.58	645.62	121.19	128.25	153.14	91.44
95	2,198.21	651.13	122.29	128.25	154.24	91.44
96	2,214.08	655.54	124.50	128.25	155.34	92.54
97	2,232.58	661.05	124.50	128.25	156.45	92.54
98	2,248.45	665.46	125.60	128.25	157.55	94.74
99	2,266.07	670.97	126.70	128.25	158.65	94.74



**WISCONSIN  
 ATTAINED AGE  
 ANNUAL RATES  
 MALE SMOKING  
 ZIP CODE: All Others**

**Effective: 2-1-08**

**MODE FACTORS**

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 Premiums.

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	1,678.93	496.37	92.78	108.00	118.75	70.51
65	1,057.68	313.59	59.38	108.00	74.22	44.53
66	1,057.68	313.59	59.38	108.00	74.22	44.53
67	1,057.68	313.59	59.38	108.00	74.22	44.53
68	1,105.93	327.50	61.23	108.00	77.93	46.38
69	1,155.65	341.42	64.94	108.00	80.71	48.24
70	1,201.67	356.27	67.73	108.00	84.42	50.10
71	1,246.95	369.26	69.58	108.00	88.14	52.88
72	1,291.48	382.25	72.36	108.00	90.92	54.74
73	1,333.04	394.30	74.22	108.00	93.70	55.66
74	1,375.34	407.30	77.00	108.00	96.49	57.52
75	1,414.69	419.36	78.86	108.00	99.27	59.38
76	1,451.80	430.49	80.71	108.00	102.06	60.30
77	1,484.46	439.77	82.57	108.00	104.84	62.16
78	1,517.86	449.05	84.42	108.00	106.70	63.09
79	1,543.10	457.40	86.28	108.00	108.54	64.02
80	1,570.56	464.82	87.21	108.00	110.40	64.94
81	1,592.82	471.31	89.06	108.00	111.33	65.87
82	1,614.35	477.81	89.99	108.00	113.18	66.80
83	1,638.10	484.30	90.92	108.00	115.04	68.66
84	1,658.89	490.80	91.85	108.00	115.97	69.58
85	1,678.93	496.37	92.78	108.00	118.75	70.51
86	1,701.19	503.78	95.56	108.00	119.68	71.43
87	1,720.49	509.35	96.49	108.00	120.61	72.36
88	1,739.04	513.99	97.42	108.00	122.46	72.36
89	1,756.11	519.56	98.34	108.00	123.39	73.29
90	1,773.94	525.13	99.27	108.00	124.32	74.22
91	1,793.22	530.70	100.20	108.00	125.25	75.14
92	1,807.34	534.41	101.13	108.00	126.18	75.14
93	1,822.92	539.97	101.13	108.00	128.03	76.07
94	1,836.28	543.68	102.06	108.00	128.96	77.00
95	1,851.12	548.32	102.98	108.00	129.89	77.00
96	1,864.49	552.03	104.84	108.00	130.82	77.93
97	1,880.06	556.67	104.84	108.00	131.74	77.93
98	1,893.43	560.38	105.77	108.00	132.67	79.78
99	1,908.27	565.02	106.70	108.00	133.60	79.78



**WISCONSIN  
 ATTAINED AGE  
 ANNUAL RATES  
 FEMALE NON-SMOKING  
 ZIP CODE: 530-532, 534**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	1,471.06	435.19	81.53	128.25	103.56	61.69
65	927.23	274.33	51.78	128.25	65.00	38.56
66	927.23	274.33	51.78	128.25	65.00	38.56
67	927.23	274.33	51.78	128.25	65.00	38.56
68	968.65	286.45	53.98	128.25	67.20	40.76
69	1,011.84	298.57	56.18	128.25	71.61	41.87
70	1,052.38	311.79	58.39	128.25	73.82	44.06
71	1,092.94	322.81	60.59	128.25	77.12	45.16
72	1,130.82	334.93	62.80	128.25	79.33	47.37
73	1,168.73	344.84	65.00	128.25	82.63	48.47
74	1,203.98	355.86	67.20	128.25	84.83	50.67
75	1,238.36	366.88	68.31	128.25	87.03	51.78
76	1,271.85	376.80	70.51	128.25	89.23	52.88
77	1,300.94	385.61	71.61	128.25	91.44	53.98
78	1,330.03	393.32	74.92	128.25	93.64	55.08
79	1,352.95	401.03	74.92	128.25	94.74	56.18
80	1,376.74	407.65	76.02	128.25	96.95	57.29
81	1,396.13	413.16	77.12	128.25	98.05	58.39
82	1,414.65	417.56	78.22	128.25	99.15	59.49
83	1,434.03	424.17	79.33	128.25	101.36	59.49
84	1,454.31	430.78	80.43	128.25	102.46	60.59
85	1,471.06	435.19	81.53	128.25	103.56	61.69
86	1,489.56	441.80	82.63	128.25	104.66	61.69
87	1,508.07	446.21	83.73	128.25	105.76	62.80
88	1,523.93	451.72	84.83	128.25	106.87	63.90
89	1,538.04	455.02	85.93	128.25	107.97	63.90
90	1,554.79	460.53	85.93	128.25	109.07	65.00
91	1,570.65	464.94	88.13	128.25	110.17	65.00
92	1,584.75	468.24	89.23	128.25	111.27	66.10
93	1,597.09	472.64	89.23	128.25	112.38	66.10
94	1,609.43	475.95	90.34	128.25	113.48	67.20
95	1,622.65	480.36	91.44	128.25	113.48	67.20
96	1,635.00	483.66	91.44	128.25	114.58	68.31
97	1,647.33	486.97	92.54	128.25	115.68	68.31
98	1,659.67	490.28	92.54	128.25	115.68	69.41
99	1,672.89	495.79	93.64	128.25	116.78	69.41



**WISCONSIN  
 ATTAINED AGE  
 ANNUAL RATES  
 FEMALE NON-SMOKING  
 ZIP CODE: All Others**

**Effective: 2-1-08**

**MODE FACTORS**

All rates shown are annual  
 Premiums.

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
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Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	1,238.78	366.47	68.66	108.00	87.21	51.95
65	780.82	231.02	43.60	108.00	54.74	32.47
66	780.82	231.02	43.60	108.00	54.74	32.47
67	780.82	231.02	43.60	108.00	54.74	32.47
68	815.70	241.22	45.46	108.00	56.59	34.33
69	852.07	251.42	47.31	108.00	60.30	35.26
70	886.22	262.56	49.17	108.00	62.16	37.10
71	920.37	271.84	51.02	108.00	64.94	38.03
72	952.27	282.05	52.88	108.00	66.80	39.89
73	984.19	290.39	54.74	108.00	69.58	40.82
74	1,013.88	299.67	56.59	108.00	71.43	42.67
75	1,042.83	308.95	57.52	108.00	73.29	43.60
76	1,071.03	317.30	59.38	108.00	75.14	44.53
77	1,095.53	324.72	60.30	108.00	77.00	45.46
78	1,120.02	331.22	63.09	108.00	78.86	46.38
79	1,139.33	337.71	63.09	108.00	79.78	47.31
80	1,159.36	343.28	64.02	108.00	81.64	48.24
81	1,175.69	347.92	64.94	108.00	82.57	49.17
82	1,191.28	351.63	65.87	108.00	83.50	50.10
83	1,207.61	357.19	66.80	108.00	85.35	50.10
84	1,224.68	362.76	67.73	108.00	86.28	51.02
85	1,238.78	366.47	68.66	108.00	87.21	51.95
86	1,254.37	372.04	69.58	108.00	88.14	51.95
87	1,269.95	375.75	70.51	108.00	89.06	52.88
88	1,283.31	380.39	71.43	108.00	89.99	53.81
89	1,295.19	383.18	72.36	108.00	90.92	53.81
90	1,309.30	387.82	72.36	108.00	91.85	54.74
91	1,322.66	391.53	74.22	108.00	92.78	54.74
92	1,334.53	394.30	75.14	108.00	93.70	55.66
93	1,344.92	398.02	75.14	108.00	94.63	55.66
94	1,355.31	400.80	76.07	108.00	95.56	56.59
95	1,366.44	404.51	77.00	108.00	95.56	56.59
96	1,376.84	407.30	77.00	108.00	96.49	57.52
97	1,387.22	410.08	77.93	108.00	97.42	57.52
98	1,397.62	412.86	77.93	108.00	97.42	58.45
99	1,408.75	417.50	78.86	108.00	98.34	58.45



**WISCONSIN  
 ATTAINED AGE  
 ANNUAL RATES  
 FEMALE SMOKING  
 ZIP CODE: 530-532, 534**

**Effective: 2-1-08**

**MODE FACTORS**

All rates shown are annual  
 Premiums.

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	1,734.59	513.41	96.95	128.25	121.19	72.71
65	1,092.94	322.81	60.59	128.25	77.12	45.16
66	1,092.94	322.81	60.59	128.25	77.12	45.16
67	1,092.94	322.81	60.59	128.25	77.12	45.16
68	1,142.29	338.24	63.90	128.25	80.43	48.47
69	1,194.29	353.66	67.20	128.25	83.73	50.67
70	1,242.77	366.88	69.41	128.25	88.13	51.78
71	1,289.48	381.21	71.61	128.25	90.34	53.98
72	1,334.44	395.52	73.82	128.25	93.64	56.18
73	1,378.51	407.65	77.12	128.25	96.95	57.29
74	1,419.93	419.77	79.33	128.25	99.15	59.49
75	1,460.47	431.88	81.53	128.25	102.46	60.59
76	1,500.14	444.00	83.73	128.25	105.76	62.80
77	1,533.63	452.82	85.93	128.25	107.97	65.00
78	1,568.00	463.84	87.03	128.25	110.17	66.10
79	1,594.45	471.54	89.23	128.25	112.38	67.20
80	1,622.65	480.36	90.34	128.25	113.48	68.31
81	1,645.57	486.97	91.44	128.25	115.68	69.41
82	1,667.61	493.58	92.54	128.25	116.78	69.41
83	1,692.29	501.30	94.74	128.25	118.99	70.51
84	1,714.32	506.81	95.85	128.25	120.09	71.61
85	1,734.59	513.41	96.95	128.25	121.19	72.71
86	1,757.51	520.02	98.05	128.25	122.29	73.82
87	1,776.90	525.53	99.15	128.25	125.60	73.82
88	1,795.41	531.04	100.25	128.25	126.70	74.92
89	1,813.91	536.55	101.36	128.25	127.79	76.02
90	1,832.43	542.06	102.46	128.25	128.90	76.02
91	1,851.82	547.57	103.56	128.25	130.00	77.12
92	1,867.68	551.97	103.56	128.25	131.10	77.12
93	1,883.55	556.38	104.66	128.25	132.20	78.22
94	1,896.77	561.89	105.76	128.25	133.30	78.22
95	1,913.51	565.19	105.76	128.25	133.30	80.43
96	1,926.73	570.70	106.87	128.25	134.41	80.43
97	1,942.60	574.01	109.07	128.25	136.61	81.53
98	1,956.71	578.42	109.07	128.25	137.71	81.53
99	1,971.69	582.83	110.17	128.25	138.81	82.63



**WISCONSIN  
 ATTAINED AGE  
 ANNUAL RATES  
 FEMALE SMOKING  
 ZIP CODE: All Others**

**Effective: 2-1-08**

**MODE FACTORS**

All rates shown are annual  
 Premiums.

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	1,460.70	432.34	81.64	108.00	102.06	61.23
65	920.37	271.84	51.02	108.00	64.94	38.03
66	920.37	271.84	51.02	108.00	64.94	38.03
67	920.37	271.84	51.02	108.00	64.94	38.03
68	961.93	284.83	53.81	108.00	67.73	40.82
69	1,005.72	297.82	56.59	108.00	70.51	42.67
70	1,046.54	308.95	58.45	108.00	74.22	43.60
71	1,085.88	321.02	60.30	108.00	76.07	45.46
72	1,123.74	333.07	62.16	108.00	78.86	47.31
73	1,160.85	343.28	64.94	108.00	81.64	48.24
74	1,195.73	353.49	66.80	108.00	83.50	50.10
75	1,229.87	363.69	68.66	108.00	86.28	51.02
76	1,263.27	373.90	70.51	108.00	89.06	52.88
77	1,291.48	381.32	72.36	108.00	90.92	54.74
78	1,320.42	390.60	73.29	108.00	92.78	55.66
79	1,342.70	397.09	75.14	108.00	94.63	56.59
80	1,366.44	404.51	76.07	108.00	95.56	57.52
81	1,385.74	410.08	77.00	108.00	97.42	58.45
82	1,404.30	415.65	77.93	108.00	98.34	58.45
83	1,425.09	422.14	79.78	108.00	100.20	59.38
84	1,443.64	426.78	80.71	108.00	101.13	60.30
85	1,460.70	432.34	81.64	108.00	102.06	61.23
86	1,480.01	437.91	82.57	108.00	102.98	62.16
87	1,496.34	442.55	83.50	108.00	105.77	62.16
88	1,511.93	447.19	84.42	108.00	106.70	63.09
89	1,527.50	451.83	85.35	108.00	107.62	64.02
90	1,543.10	456.47	86.28	108.00	108.54	64.02
91	1,559.42	461.11	87.21	108.00	109.47	64.94
92	1,572.78	464.82	87.21	108.00	110.40	64.94
93	1,586.14	468.53	88.14	108.00	111.33	65.87
94	1,597.28	473.17	89.06	108.00	112.26	65.87
95	1,611.38	475.95	89.06	108.00	112.26	67.73
96	1,622.51	480.59	89.99	108.00	113.18	67.73
97	1,635.87	483.38	91.85	108.00	115.04	68.66
98	1,647.75	487.09	91.85	108.00	115.97	68.66
99	1,660.37	490.80	92.78	108.00	116.90	69.58



**WISCONSIN  
 ATTAINED AGE  
 SEMI-ANNUAL RATES  
 MALE NON-SMOKING  
 ZIP CODE: 530-532, 534**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	871.07	257.60	48.79	66.05	61.28	36.31
65	548.33	162.27	30.64	66.05	38.01	23.26
66	548.33	162.27	30.64	66.05	38.01	23.26
67	548.33	162.27	30.64	66.05	38.01	23.26
68	572.39	169.65	31.77	66.05	40.28	23.83
69	598.72	177.03	33.47	66.05	41.99	24.96
70	623.69	184.40	34.61	66.05	43.69	26.10
71	646.84	191.21	35.74	66.05	45.39	27.23
72	669.98	198.02	37.45	66.05	47.09	27.80
73	691.32	204.83	39.15	66.05	48.79	28.93
74	713.11	211.07	40.28	66.05	49.93	29.50
75	733.53	216.75	41.42	66.05	51.63	30.64
76	753.05	222.99	41.99	66.05	52.77	31.20
77	769.84	228.09	43.12	66.05	53.90	31.77
78	788.01	233.20	44.25	66.05	55.04	32.91
79	800.72	236.61	44.82	66.05	56.17	33.47
80	815.24	241.14	45.96	66.05	57.31	34.04
81	826.59	245.11	46.52	66.05	57.87	34.61
82	837.93	247.95	47.09	66.05	59.01	35.18
83	849.74	251.92	47.66	66.05	59.58	35.18
84	860.63	254.76	48.23	66.05	60.14	35.74
85	871.07	257.60	48.79	66.05	61.28	36.31
86	882.88	261.57	49.36	66.05	61.85	36.88
87	892.41	264.41	49.93	66.05	62.41	37.45
88	902.85	267.24	50.50	66.05	63.55	37.45
89	911.47	269.51	51.06	66.05	64.12	38.01
90	920.55	272.35	51.63	66.05	64.68	38.58
91	930.54	275.19	52.20	66.05	65.25	38.58
92	938.25	277.46	52.77	66.05	65.81	39.15
93	945.97	279.73	52.77	66.05	66.38	39.15
94	952.78	282.00	53.33	66.05	66.95	39.72
95	960.95	284.26	53.90	66.05	67.52	39.72
96	967.76	286.53	53.90	66.05	67.52	40.28
97	975.93	288.24	54.47	66.05	68.08	40.28
98	982.74	291.07	55.04	66.05	69.22	41.42
99	990.45	293.34	55.04	66.05	69.79	41.42



**WISCONSIN  
 ATTAINED AGE  
 SEMI-ANNUAL RATES  
 MALE NON-SMOKING  
 ZIP CODE: All Others**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	733.53	216.93	41.09	55.62	51.60	30.58
65	461.75	136.65	25.80	55.62	32.01	19.59
66	461.75	136.65	25.80	55.62	32.01	19.59
67	461.75	136.65	25.80	55.62	32.01	19.59
68	482.01	142.87	26.76	55.62	33.92	20.06
69	504.19	149.07	28.19	55.62	35.36	21.02
70	525.21	155.29	29.14	55.62	36.79	21.98
71	544.71	161.02	30.10	55.62	38.22	22.93
72	564.20	166.75	31.53	55.62	39.66	23.41
73	582.16	172.49	32.97	55.62	41.09	24.37
74	600.51	177.75	33.92	55.62	42.04	24.84
75	617.71	182.52	34.88	55.62	43.48	25.80
76	634.15	187.78	35.36	55.62	44.43	26.28
77	648.29	192.08	36.31	55.62	45.39	26.76
78	663.58	196.38	37.27	55.62	46.35	27.71
79	674.29	199.25	37.74	55.62	47.30	28.19
80	686.52	203.07	38.70	55.62	48.26	28.67
81	696.07	206.41	39.18	55.62	48.74	29.14
82	705.63	208.80	39.66	55.62	49.69	29.62
83	715.57	212.15	40.13	55.62	50.17	29.62
84	724.74	214.54	40.61	55.62	50.65	30.10
85	733.53	216.93	41.09	55.62	51.60	30.58
86	743.47	220.27	41.57	55.62	52.08	31.06
87	751.50	222.66	42.04	55.62	52.56	31.53
88	760.29	225.05	42.52	55.62	53.51	31.53
89	767.55	226.96	43.00	55.62	53.99	32.01
90	775.20	229.35	43.48	55.62	54.47	32.49
91	783.61	231.74	43.96	55.62	54.95	32.49
92	790.11	233.65	44.43	55.62	55.42	32.97
93	796.61	235.56	44.43	55.62	55.90	32.97
94	802.34	237.47	44.91	55.62	56.38	33.45
95	809.22	239.38	45.39	55.62	56.86	33.45
96	814.96	241.29	45.39	55.62	56.86	33.92
97	821.84	242.73	45.87	55.62	57.33	33.92
98	827.57	245.12	46.35	55.62	58.29	34.88
99	834.07	247.03	46.35	55.62	58.77	34.88



**WISCONSIN  
 ATTAINED AGE  
 SEMI-ANNUAL RATES  
 MALE SMOKING  
 ZIP CODE: 530-532, 534**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	1026.77	303.56	56.74	66.05	72.62	43.12
65	646.84	191.78	36.31	66.05	45.39	27.23
66	646.84	191.78	36.31	66.05	45.39	27.23
67	646.84	191.78	36.31	66.05	45.39	27.23
68	676.34	200.29	37.45	66.05	47.66	28.37
69	706.75	208.80	39.72	66.05	49.36	29.50
70	734.90	217.88	41.42	66.05	51.63	30.64
71	762.59	225.82	42.55	66.05	53.90	32.34
72	789.82	233.77	44.25	66.05	55.60	33.47
73	815.24	241.14	45.39	66.05	57.31	34.04
74	841.11	249.09	47.09	66.05	59.01	35.18
75	865.17	256.46	48.23	66.05	60.71	36.31
76	887.87	263.27	49.36	66.05	62.41	36.88
77	907.84	268.95	50.50	66.05	64.12	38.01
78	928.27	274.62	51.63	66.05	65.25	38.58
79	943.70	279.73	52.77	66.05	66.38	39.15
80	960.50	284.26	53.33	66.05	67.52	39.72
81	974.11	288.24	54.47	66.05	68.08	40.28
82	987.28	292.21	55.04	66.05	69.22	40.85
83	1001.80	296.18	55.60	66.05	70.35	41.99
84	1014.51	300.15	56.17	66.05	70.92	42.55
85	1026.77	303.56	56.74	66.05	72.62	43.12
86	1040.39	308.10	58.44	66.05	73.19	43.69
87	1052.19	311.50	59.01	66.05	73.76	44.25
88	1063.53	314.34	59.58	66.05	74.89	44.25
89	1073.97	317.74	60.14	66.05	75.46	44.82
90	1084.87	321.15	60.71	66.05	76.03	45.39
91	1096.67	324.55	61.28	66.05	76.60	45.96
92	1105.30	326.82	61.85	66.05	77.16	45.96
93	1114.83	330.22	61.85	66.05	78.30	46.52
94	1123.00	332.49	62.41	66.05	78.87	47.09
95	1132.08	335.33	62.98	66.05	79.43	47.09
96	1140.25	337.60	64.12	66.05	80.00	47.66
97	1149.78	340.44	64.12	66.05	80.57	47.66
98	1157.95	342.71	64.68	66.05	81.14	48.79
99	1167.03	345.55	65.25	66.05	81.70	48.79



**WISCONSIN  
 ATTAINED AGE  
 SEMI-ANNUAL RATES  
 MALE SMOKING  
 ZIP CODE: All Others**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	864.65	255.63	47.78	55.62	61.16	36.31
65	544.71	161.50	30.58	55.62	38.22	22.93
66	544.71	161.50	30.58	55.62	38.22	22.93
67	544.71	161.50	30.58	55.62	38.22	22.93
68	569.55	168.66	31.53	55.62	40.13	23.89
69	595.16	175.83	33.45	55.62	41.57	24.84
70	618.86	183.48	34.88	55.62	43.48	25.80
71	642.18	190.17	35.84	55.62	45.39	27.23
72	665.11	196.86	37.27	55.62	46.82	28.19
73	686.52	203.07	38.22	55.62	48.26	28.67
74	708.30	209.76	39.66	55.62	49.69	29.62
75	728.56	215.97	40.61	55.62	51.13	30.58
76	747.68	221.70	41.57	55.62	52.56	31.06
77	764.50	226.48	42.52	55.62	53.99	32.01
78	781.70	231.26	43.48	55.62	54.95	32.49
79	794.69	235.56	44.43	55.62	55.90	32.97
80	808.84	239.38	44.91	55.62	56.86	33.45
81	820.30	242.73	45.87	55.62	57.33	33.92
82	831.39	246.07	46.35	55.62	58.29	34.40
83	843.62	249.42	46.82	55.62	59.25	35.36
84	854.33	252.76	47.30	55.62	59.72	35.84
85	864.65	255.63	47.78	55.62	61.16	36.31
86	876.11	259.45	49.21	55.62	61.64	36.79
87	886.05	262.32	49.69	55.62	62.11	37.27
88	895.61	264.71	50.17	55.62	63.07	37.27
89	904.40	267.57	50.65	55.62	63.55	37.74
90	913.58	270.44	51.13	55.62	64.02	38.22
91	923.51	273.31	51.60	55.62	64.50	38.70
92	930.78	275.22	52.08	55.62	64.98	38.70
93	938.80	278.08	52.08	55.62	65.94	39.18
94	945.68	280.00	52.56	55.62	66.41	39.66
95	953.33	282.38	53.04	55.62	66.89	39.66
96	960.21	284.30	53.99	55.62	67.37	40.13
97	968.23	286.69	53.99	55.62	67.85	40.13
98	975.12	288.60	54.47	55.62	68.33	41.09
99	982.76	290.99	54.95	55.62	68.80	41.09



**WISCONSIN  
 ATTAINED AGE  
 SEMI-ANNUAL RATES  
 FEMALE NON-SMOKING  
 ZIP CODE: 530-532, 534**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	757.59	224.12	41.99	66.05	53.33	31.77
65	477.52	141.28	26.66	66.05	33.47	19.86
66	477.52	141.28	26.66	66.05	33.47	19.86
67	477.52	141.28	26.66	66.05	33.47	19.86
68	498.85	147.52	27.80	66.05	34.61	20.99
69	521.10	153.76	28.93	66.05	36.88	21.56
70	541.98	160.57	30.07	66.05	38.01	22.69
71	562.86	166.25	31.20	66.05	39.72	23.26
72	582.37	172.49	32.34	66.05	40.85	24.39
73	601.89	177.59	33.47	66.05	42.55	24.96
74	620.05	183.27	34.61	66.05	43.69	26.10
75	637.76	188.94	35.18	66.05	44.82	26.66
76	655.00	194.05	36.31	66.05	45.96	27.23
77	669.98	198.59	36.88	66.05	47.09	27.80
78	684.96	202.56	38.58	66.05	48.23	28.37
79	696.77	206.53	38.58	66.05	48.79	28.93
80	709.02	209.94	39.15	66.05	49.93	29.50
81	719.01	212.77	39.72	66.05	50.50	30.07
82	728.54	215.04	40.28	66.05	51.06	30.64
83	738.53	218.45	40.85	66.05	52.20	30.64
84	748.97	221.85	41.42	66.05	52.77	31.20
85	757.59	224.12	41.99	66.05	53.33	31.77
86	767.12	227.53	42.55	66.05	53.90	31.77
87	776.66	229.80	43.12	66.05	54.47	32.34
88	784.83	232.63	43.69	66.05	55.04	32.91
89	792.09	234.34	44.25	66.05	55.60	32.91
90	800.72	237.17	44.25	66.05	56.17	33.47
91	808.89	239.44	45.39	66.05	56.74	33.47
92	816.15	241.14	45.96	66.05	57.31	34.04
93	822.50	243.41	45.96	66.05	57.87	34.04
94	828.86	245.11	46.52	66.05	58.44	34.61
95	835.66	247.38	47.09	66.05	58.44	34.61
96	842.02	249.09	47.09	66.05	59.01	35.18
97	848.37	250.79	47.66	66.05	59.58	35.18
98	854.73	252.49	47.66	66.05	59.58	35.74
99	861.54	255.33	48.23	66.05	60.14	35.74



**WISCONSIN  
 ATTAINED AGE  
 SEMI-ANNUAL RATES  
 FEMALE NON-SMOKING  
 ZIP CODE: All Others**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	637.97	188.73	35.36	55.62	44.91	26.76
65	402.12	118.97	22.45	55.62	28.19	16.72
66	402.12	118.97	22.45	55.62	28.19	16.72
67	402.12	118.97	22.45	55.62	28.19	16.72
68	420.09	124.23	23.41	55.62	29.14	17.68
69	438.82	129.48	24.37	55.62	31.06	18.16
70	456.40	135.22	25.32	55.62	32.01	19.11
71	473.99	140.00	26.28	55.62	33.45	19.59
72	490.42	145.25	27.23	55.62	34.40	20.54
73	506.86	149.55	28.19	55.62	35.84	21.02
74	522.15	154.33	29.14	55.62	36.79	21.98
75	537.06	159.11	29.62	55.62	37.74	22.45
76	551.58	163.41	30.58	55.62	38.70	22.93
77	564.20	167.23	31.06	55.62	39.66	23.41
78	576.81	170.58	32.49	55.62	40.61	23.89
79	586.75	173.92	32.49	55.62	41.09	24.37
80	597.07	176.79	32.97	55.62	42.04	24.84
81	605.48	179.18	33.45	55.62	42.52	25.32
82	613.51	181.09	33.92	55.62	43.00	25.80
83	621.92	183.95	34.40	55.62	43.96	25.80
84	630.71	186.82	34.88	55.62	44.43	26.28
85	637.97	188.73	35.36	55.62	44.91	26.76
86	646.00	191.60	35.84	55.62	45.39	26.76
87	654.03	193.51	36.31	55.62	45.87	27.23
88	660.91	195.90	36.79	55.62	46.35	27.71
89	667.02	197.34	37.27	55.62	46.82	27.71
90	674.29	199.73	37.27	55.62	47.30	28.19
91	681.17	201.64	38.22	55.62	47.78	28.19
92	687.28	203.07	38.70	55.62	48.26	28.67
93	692.63	204.98	38.70	55.62	48.74	28.67
94	697.99	206.41	39.18	55.62	49.21	29.14
95	703.72	208.32	39.66	55.62	49.21	29.14
96	709.07	209.76	39.66	55.62	49.69	29.62
97	714.42	211.19	40.13	55.62	50.17	29.62
98	719.77	212.62	40.13	55.62	50.17	30.10
99	725.51	215.01	40.61	55.62	50.65	30.10



**WISCONSIN  
 ATTAINED AGE  
 SEMI-ANNUAL RATES  
 FEMALE SMOKING  
 ZIP CODE: 530-532, 534**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	893.31	264.41	49.93	66.05	62.41	37.45
65	562.86	166.25	31.20	66.05	39.72	23.26
66	562.86	166.25	31.20	66.05	39.72	23.26
67	562.86	166.25	31.20	66.05	39.72	23.26
68	588.28	174.19	32.91	66.05	41.42	24.96
69	615.06	182.13	34.61	66.05	43.12	26.10
70	640.03	188.94	35.74	66.05	45.39	26.66
71	664.08	196.32	36.88	66.05	46.52	27.80
72	687.23	203.69	38.01	66.05	48.23	28.93
73	709.93	209.94	39.72	66.05	49.93	29.50
74	731.26	216.18	40.85	66.05	51.06	30.64
75	752.14	222.42	41.99	66.05	52.77	31.20
76	772.57	228.66	43.12	66.05	54.47	32.34
77	789.82	233.20	44.25	66.05	55.60	33.47
78	807.52	238.88	44.82	66.05	56.74	34.04
79	821.14	242.84	45.96	66.05	57.87	34.61
80	835.66	247.38	46.52	66.05	58.44	35.18
81	847.47	250.79	47.09	66.05	59.58	35.74
82	858.82	254.19	47.66	66.05	60.14	35.74
83	871.53	258.17	48.79	66.05	61.28	36.31
84	882.88	261.01	49.36	66.05	61.85	36.88
85	893.31	264.41	49.93	66.05	62.41	37.45
86	905.12	267.81	50.50	66.05	62.98	38.01
87	915.10	270.65	51.06	66.05	64.68	38.01
88	924.64	273.49	51.63	66.05	65.25	38.58
89	934.16	276.32	52.20	66.05	65.81	39.15
90	943.70	279.16	52.77	66.05	66.38	39.15
91	953.69	282.00	53.33	66.05	66.95	39.72
92	961.86	284.26	53.33	66.05	67.52	39.72
93	970.03	286.53	53.90	66.05	68.08	40.28
94	976.84	289.37	54.47	66.05	68.65	40.28
95	985.46	291.07	54.47	66.05	68.65	41.42
96	992.27	293.91	55.04	66.05	69.22	41.42
97	1000.44	295.61	56.17	66.05	70.35	41.99
98	1007.70	297.88	56.17	66.05	70.92	41.99
99	1015.42	300.15	56.74	66.05	71.49	42.55



**WISCONSIN  
 ATTAINED AGE  
 SEMI-ANNUAL RATES  
 FEMALE SMOKING  
 ZIP CODE: All Others**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	752.26	222.66	42.04	55.62	52.56	31.53
65	473.99	140.00	26.28	55.62	33.45	19.59
66	473.99	140.00	26.28	55.62	33.45	19.59
67	473.99	140.00	26.28	55.62	33.45	19.59
68	495.39	146.69	27.71	55.62	34.88	21.02
69	517.95	153.38	29.14	55.62	36.31	21.98
70	538.97	159.11	30.10	55.62	38.22	22.45
71	559.23	165.32	31.06	55.62	39.18	23.41
72	578.72	171.53	32.01	55.62	40.61	24.37
73	597.84	176.79	33.45	55.62	42.04	24.84
74	615.80	182.05	34.40	55.62	43.00	25.80
75	633.38	187.30	35.36	55.62	44.43	26.28
76	650.59	192.56	36.31	55.62	45.87	27.23
77	665.11	196.38	37.27	55.62	46.82	28.19
78	680.02	201.16	37.74	55.62	47.78	28.67
79	691.49	204.50	38.70	55.62	48.74	29.14
80	703.72	208.32	39.18	55.62	49.21	29.62
81	713.66	211.19	39.66	55.62	50.17	30.10
82	723.22	214.06	40.13	55.62	50.65	30.10
83	733.92	217.40	41.09	55.62	51.60	30.58
84	743.47	219.79	41.57	55.62	52.08	31.06
85	752.26	222.66	42.04	55.62	52.56	31.53
86	762.20	225.52	42.52	55.62	53.04	32.01
87	770.61	227.91	43.00	55.62	54.47	32.01
88	778.64	230.30	43.48	55.62	54.95	32.49
89	786.66	232.69	43.96	55.62	55.42	32.97
90	794.69	235.08	44.43	55.62	55.90	32.97
91	803.10	237.47	44.91	55.62	56.38	33.45
92	809.98	239.38	44.91	55.62	56.86	33.45
93	816.86	241.29	45.39	55.62	57.33	33.92
94	822.60	243.68	45.87	55.62	57.81	33.92
95	829.86	245.12	45.87	55.62	57.81	34.88
96	835.59	247.50	46.35	55.62	58.29	34.88
97	842.47	248.94	47.30	55.62	59.25	35.36
98	848.59	250.85	47.30	55.62	59.72	35.36
99	855.09	252.76	47.78	55.62	60.20	35.84



**WISCONSIN  
 ATTAINED AGE  
 QUARTERLY RATES  
 MALE NON-SMOKING  
 ZIP CODE: 530-532, 534**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	443.99	131.30	24.87	33.67	31.23	18.51
65	279.49	82.71	15.62	33.67	19.38	11.86
66	279.49	82.71	15.62	33.67	19.38	11.86
67	279.49	82.71	15.62	33.67	19.38	11.86
68	291.75	86.47	16.19	33.67	20.53	12.14
69	305.17	90.23	17.06	33.67	21.40	12.72
70	317.90	93.99	17.64	33.67	22.27	13.30
71	329.70	97.46	18.22	33.67	23.13	13.88
72	341.50	100.93	19.09	33.67	24.00	14.17
73	352.37	104.40	19.95	33.67	24.87	14.75
74	363.48	107.59	20.53	33.67	25.45	15.04
75	373.89	110.48	21.11	33.67	26.32	15.62
76	383.84	113.66	21.40	33.67	26.90	15.91
77	392.40	116.26	21.98	33.67	27.47	16.19
78	401.65	118.86	22.56	33.67	28.05	16.77
79	408.13	120.60	22.85	33.67	28.63	17.06
80	415.53	122.91	23.42	33.67	29.21	17.35
81	421.32	124.94	23.71	33.67	29.50	17.64
82	427.10	126.38	24.00	33.67	30.08	17.93
83	433.12	128.41	24.29	33.67	30.37	17.93
84	438.67	129.85	24.58	33.67	30.66	18.22
85	443.99	131.30	24.87	33.67	31.23	18.51
86	450.01	133.33	25.16	33.67	31.52	18.80
87	454.87	134.77	25.45	33.67	31.81	19.09
88	460.19	136.22	25.74	33.67	32.39	19.09
89	464.58	137.37	26.03	33.67	32.68	19.38
90	469.21	138.82	26.32	33.67	32.97	19.67
91	474.30	140.27	26.61	33.67	33.26	19.67
92	478.24	141.42	26.90	33.67	33.55	19.95
93	482.17	142.58	26.90	33.67	33.84	19.95
94	485.64	143.74	27.18	33.67	34.12	20.24
95	489.80	144.89	27.47	33.67	34.41	20.24
96	493.28	146.05	27.47	33.67	34.41	20.53
97	497.44	146.92	27.76	33.67	34.70	20.53
98	500.91	148.36	28.05	33.67	35.28	21.11
99	504.84	149.52	28.05	33.67	35.57	21.11



**WISCONSIN  
 ATTAINED AGE  
 QUARTERLY RATES  
 MALE NON-SMOKING  
 ZIP CODE: All Others**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	373.89	110.57	20.94	28.35	26.30	15.59
65	235.36	69.65	13.15	28.35	16.32	9.98
66	235.36	69.65	13.15	28.35	16.32	9.98
67	235.36	69.65	13.15	28.35	16.32	9.98
68	245.69	72.82	13.64	28.35	17.29	10.23
69	256.99	75.98	14.37	28.35	18.02	10.71
70	267.70	79.15	14.86	28.35	18.75	11.20
71	277.64	82.07	15.34	28.35	19.48	11.69
72	287.58	85.00	16.07	28.35	20.21	11.93
73	296.73	87.92	16.80	28.35	20.94	12.42
74	306.09	90.60	17.29	28.35	21.43	12.66
75	314.85	93.03	17.78	28.35	22.16	13.15
76	323.23	95.71	18.02	28.35	22.65	13.39
77	330.44	97.90	18.51	28.35	23.14	13.64
78	338.23	100.10	18.99	28.35	23.62	14.12
79	343.69	101.56	19.24	28.35	24.11	14.37
80	349.92	103.50	19.73	28.35	24.60	14.61
81	354.80	105.21	19.97	28.35	24.84	14.86
82	359.66	106.43	20.21	28.35	25.33	15.10
83	364.73	108.13	20.46	28.35	25.57	15.10
84	369.41	109.35	20.70	28.35	25.82	15.34
85	373.89	110.57	20.94	28.35	26.30	15.59
86	378.96	112.27	21.19	28.35	26.55	15.83
87	383.05	113.49	21.43	28.35	26.79	16.07
88	387.53	114.71	21.67	28.35	27.28	16.07
89	391.23	115.68	21.92	28.35	27.52	16.32
90	395.13	116.90	22.16	28.35	27.76	16.56
91	399.41	118.12	22.40	28.35	28.01	16.56
92	402.73	119.09	22.65	28.35	28.25	16.80
93	406.04	120.07	22.65	28.35	28.49	16.80
94	408.96	121.04	22.89	28.35	28.74	17.05
95	412.47	122.01	23.14	28.35	28.98	17.05
96	415.39	122.99	23.14	28.35	28.98	17.29
97	418.90	123.72	23.38	28.35	29.22	17.29
98	421.82	124.94	23.62	28.35	29.71	17.78
99	425.13	125.91	23.62	28.35	29.95	17.78



**WISCONSIN  
 ATTAINED AGE  
 QUARTERLY RATES  
 MALE SMOKING  
 ZIP CODE: 530-532, 534**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	523.35	154.73	28.92	33.67	37.02	21.98
65	329.70	97.75	18.51	33.67	23.13	13.88
66	329.70	97.75	18.51	33.67	23.13	13.88
67	329.70	97.75	18.51	33.67	23.13	13.88
68	344.74	102.09	19.09	33.67	24.29	14.46
69	360.24	106.43	20.24	33.67	25.16	15.04
70	374.58	111.06	21.11	33.67	26.32	15.62
71	388.70	115.10	21.69	33.67	27.47	16.48
72	402.58	119.15	22.56	33.67	28.34	17.06
73	415.53	122.91	23.13	33.67	29.21	17.35
74	428.72	126.96	24.00	33.67	30.08	17.93
75	440.98	130.72	24.58	33.67	30.94	18.51
76	452.55	134.19	25.16	33.67	31.81	18.80
77	462.74	137.08	25.74	33.67	32.68	19.38
78	473.15	139.98	26.32	33.67	33.26	19.67
79	481.01	142.58	26.90	33.67	33.84	19.95
80	489.57	144.89	27.18	33.67	34.41	20.24
81	496.51	146.92	27.76	33.67	34.70	20.53
82	503.22	148.94	28.05	33.67	35.28	20.82
83	510.63	150.97	28.34	33.67	35.86	21.40
84	517.11	152.99	28.63	33.67	36.15	21.69
85	523.35	154.73	28.92	33.67	37.02	21.98
86	530.29	157.04	29.79	33.67	37.31	22.27
87	536.31	158.77	30.08	33.67	37.60	22.56
88	542.09	160.22	30.37	33.67	38.17	22.56
89	547.41	161.96	30.66	33.67	38.46	22.85
90	552.97	163.69	30.94	33.67	38.75	23.13
91	558.98	165.43	31.23	33.67	39.04	23.42
92	563.38	166.58	31.52	33.67	39.33	23.42
93	568.24	168.32	31.52	33.67	39.91	23.71
94	572.40	169.48	31.81	33.67	40.20	24.00
95	577.03	170.92	32.10	33.67	40.49	24.00
96	581.20	172.08	32.68	33.67	40.78	24.29
97	586.05	173.53	32.68	33.67	41.07	24.29
98	590.22	174.68	32.97	33.67	41.36	24.87
99	594.84	176.13	33.26	33.67	41.65	24.87



**WISCONSIN  
 ATTAINED AGE  
 QUARTERLY RATES  
 MALE SMOKING  
 ZIP CODE: All Others**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	440.72	130.30	24.35	28.35	31.17	18.51
65	277.64	82.32	15.59	28.35	19.48	11.69
66	277.64	82.32	15.59	28.35	19.48	11.69
67	277.64	82.32	15.59	28.35	19.48	11.69
68	290.31	85.97	16.07	28.35	20.46	12.18
69	303.36	89.62	17.05	28.35	21.19	12.66
70	315.44	93.52	17.78	28.35	22.16	13.15
71	327.32	96.93	18.27	28.35	23.14	13.88
72	339.01	100.34	18.99	28.35	23.87	14.37
73	349.92	103.50	19.48	28.35	24.60	14.61
74	361.03	106.92	20.21	28.35	25.33	15.10
75	371.36	110.08	20.70	28.35	26.06	15.59
76	381.10	113.00	21.19	28.35	26.79	15.83
77	389.67	115.44	21.67	28.35	27.52	16.32
78	398.44	117.88	22.16	28.35	28.01	16.56
79	405.06	120.07	22.65	28.35	28.49	16.80
80	412.27	122.01	22.89	28.35	28.98	17.05
81	418.12	123.72	23.38	28.35	29.22	17.29
82	423.77	125.42	23.62	28.35	29.71	17.54
83	430.00	127.13	23.87	28.35	30.20	18.02
84	435.46	128.84	24.11	28.35	30.44	18.27
85	440.72	130.30	24.35	28.35	31.17	18.51
86	446.56	132.24	25.08	28.35	31.42	18.75
87	451.63	133.70	25.33	28.35	31.66	18.99
88	456.50	134.92	25.57	28.35	32.15	18.99
89	460.98	136.38	25.82	28.35	32.39	19.24
90	465.66	137.85	26.06	28.35	32.63	19.48
91	470.72	139.31	26.30	28.35	32.88	19.73
92	474.43	140.28	26.55	28.35	33.12	19.73
93	478.52	141.74	26.55	28.35	33.61	19.97
94	482.02	142.72	26.79	28.35	33.85	20.21
95	485.92	143.93	27.03	28.35	34.10	20.21
96	489.43	144.91	27.52	28.35	34.34	20.46
97	493.52	146.13	27.52	28.35	34.58	20.46
98	497.03	147.10	27.76	28.35	34.83	20.94
99	500.92	148.32	28.01	28.35	35.07	20.94



**WISCONSIN  
 ATTAINED AGE  
 QUARTERLY RATES  
 FEMALE NON-SMOKING  
 ZIP CODE: 530-532, 534**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	386.15	114.24	21.40	33.67	27.18	16.19
65	243.40	72.01	13.59	33.67	17.06	10.12
66	243.40	72.01	13.59	33.67	17.06	10.12
67	243.40	72.01	13.59	33.67	17.06	10.12
68	254.27	75.19	14.17	33.67	17.64	10.70
69	265.61	78.37	14.75	33.67	18.80	10.99
70	276.25	81.84	15.33	33.67	19.38	11.57
71	286.90	84.74	15.91	33.67	20.24	11.86
72	296.84	87.92	16.48	33.67	20.82	12.43
73	306.79	90.52	17.06	33.67	21.69	12.72
74	316.05	93.41	17.64	33.67	22.27	13.30
75	325.07	96.31	17.93	33.67	22.85	13.59
76	333.86	98.91	18.51	33.67	23.42	13.88
77	341.50	101.22	18.80	33.67	24.00	14.17
78	349.13	103.25	19.67	33.67	24.58	14.46
79	355.15	105.27	19.67	33.67	24.87	14.75
80	361.39	107.01	19.95	33.67	25.45	15.04
81	366.48	108.45	20.24	33.67	25.74	15.33
82	371.34	109.61	20.53	33.67	26.03	15.62
83	376.43	111.34	20.82	33.67	26.61	15.62
84	381.76	113.08	21.11	33.67	26.90	15.91
85	386.15	114.24	21.40	33.67	27.18	16.19
86	391.01	115.97	21.69	33.67	27.47	16.19
87	395.87	117.13	21.98	33.67	27.76	16.48
88	400.03	118.58	22.27	33.67	28.05	16.77
89	403.74	119.44	22.56	33.67	28.34	16.77
90	408.13	120.89	22.56	33.67	28.63	17.06
91	412.30	122.05	23.13	33.67	28.92	17.06
92	416.00	122.91	23.42	33.67	29.21	17.35
93	419.24	124.07	23.42	33.67	29.50	17.35
94	422.48	124.94	23.71	33.67	29.79	17.64
95	425.94	126.09	24.00	33.67	29.79	17.64
96	429.19	126.96	24.00	33.67	30.08	17.93
97	432.42	127.83	24.29	33.67	30.37	17.93
98	435.66	128.70	24.29	33.67	30.37	18.22
99	439.13	130.14	24.58	33.67	30.66	18.22



**WISCONSIN  
 ATTAINED AGE  
 QUARTERLY RATES  
 FEMALE NON-SMOKING  
 ZIP CODE: All Others**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	325.18	96.20	18.02	28.35	22.89	13.64
65	204.97	60.64	11.45	28.35	14.37	8.52
66	204.97	60.64	11.45	28.35	14.37	8.52
67	204.97	60.64	11.45	28.35	14.37	8.52
68	214.12	63.32	11.93	28.35	14.86	9.01
69	223.67	66.00	12.42	28.35	15.83	9.25
70	232.63	68.92	12.91	28.35	16.32	9.74
71	241.60	71.36	13.39	28.35	17.05	9.98
72	249.97	74.04	13.88	28.35	17.54	10.47
73	258.35	76.23	14.37	28.35	18.27	10.71
74	266.14	78.66	14.86	28.35	18.75	11.20
75	273.74	81.10	15.10	28.35	19.24	11.45
76	281.15	83.29	15.59	28.35	19.73	11.69
77	287.58	85.24	15.83	28.35	20.21	11.93
78	294.01	86.94	16.56	28.35	20.70	12.18
79	299.07	88.65	16.56	28.35	20.94	12.42
80	304.33	90.11	16.80	28.35	21.43	12.66
81	308.62	91.33	17.05	28.35	21.67	12.91
82	312.71	92.30	17.29	28.35	21.92	13.15
83	317.00	93.76	17.54	28.35	22.40	13.15
84	321.48	95.22	17.78	28.35	22.65	13.39
85	325.18	96.20	18.02	28.35	22.89	13.64
86	329.27	97.66	18.27	28.35	23.14	13.64
87	333.36	98.63	18.51	28.35	23.38	13.88
88	336.87	99.85	18.75	28.35	23.62	14.12
89	339.99	100.58	18.99	28.35	23.87	14.12
90	343.69	101.80	18.99	28.35	24.11	14.37
91	347.20	102.78	19.48	28.35	24.35	14.37
92	350.31	103.50	19.73	28.35	24.60	14.61
93	353.04	104.48	19.73	28.35	24.84	14.61
94	355.77	105.21	19.97	28.35	25.08	14.86
95	358.69	106.18	20.21	28.35	25.08	14.86
96	361.42	106.92	20.21	28.35	25.33	15.10
97	364.15	107.65	20.46	28.35	25.57	15.10
98	366.87	108.38	20.46	28.35	25.57	15.34
99	369.80	109.59	20.70	28.35	25.82	15.34



**WISCONSIN  
 ATTAINED AGE  
 QUARTERLY RATES  
 FEMALE SMOKING  
 ZIP CODE: 530-532, 534**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	455.33	134.77	25.45	33.67	31.81	19.09
65	286.90	84.74	15.91	33.67	20.24	11.86
66	286.90	84.74	15.91	33.67	20.24	11.86
67	286.90	84.74	15.91	33.67	20.24	11.86
68	299.85	88.79	16.77	33.67	21.11	12.72
69	313.50	92.83	17.64	33.67	21.98	13.30
70	326.23	96.31	18.22	33.67	23.13	13.59
71	338.49	100.07	18.80	33.67	23.71	14.17
72	350.29	103.82	19.38	33.67	24.58	14.75
73	361.86	107.01	20.24	33.67	25.45	15.04
74	372.73	110.19	20.82	33.67	26.03	15.62
75	383.37	113.37	21.40	33.67	26.90	15.91
76	393.79	116.55	21.98	33.67	27.76	16.48
77	402.58	118.86	22.56	33.67	28.34	17.06
78	411.60	121.76	22.85	33.67	28.92	17.35
79	418.54	123.78	23.42	33.67	29.50	17.64
80	425.94	126.09	23.71	33.67	29.79	17.93
81	431.96	127.83	24.00	33.67	30.37	18.22
82	437.75	129.57	24.29	33.67	30.66	18.22
83	444.23	131.59	24.87	33.67	31.23	18.51
84	450.01	133.04	25.16	33.67	31.52	18.80
85	455.33	134.77	25.45	33.67	31.81	19.09
86	461.35	136.51	25.74	33.67	32.10	19.38
87	466.44	137.95	26.03	33.67	32.97	19.38
88	471.30	139.40	26.32	33.67	33.26	19.67
89	476.15	140.84	26.61	33.67	33.55	19.95
90	481.01	142.29	26.90	33.67	33.84	19.95
91	486.10	143.74	27.18	33.67	34.12	20.24
92	490.27	144.89	27.18	33.67	34.41	20.24
93	494.43	146.05	27.47	33.67	34.70	20.53
94	497.90	147.50	27.76	33.67	34.99	20.53
95	502.30	148.36	27.76	33.67	34.99	21.11
96	505.77	149.81	28.05	33.67	35.28	21.11
97	509.93	150.68	28.63	33.67	35.86	21.40
98	513.64	151.83	28.63	33.67	36.15	21.40
99	517.57	152.99	28.92	33.67	36.44	21.69



**WISCONSIN  
 ATTAINED AGE  
 QUARTERLY RATES  
 FEMALE SMOKING  
 ZIP CODE: All Others**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	383.43	113.49	21.43	28.35	26.79	16.07
65	241.60	71.36	13.39	28.35	17.05	9.98
66	241.60	71.36	13.39	28.35	17.05	9.98
67	241.60	71.36	13.39	28.35	17.05	9.98
68	252.51	74.77	14.12	28.35	17.78	10.71
69	264.00	78.18	14.86	28.35	18.51	11.20
70	274.72	81.10	15.34	28.35	19.48	11.45
71	285.04	84.27	15.83	28.35	19.97	11.93
72	294.98	87.43	16.32	28.35	20.70	12.42
73	304.72	90.11	17.05	28.35	21.43	12.66
74	313.88	92.79	17.54	28.35	21.92	13.15
75	322.84	95.47	18.02	28.35	22.65	13.39
76	331.61	98.15	18.51	28.35	23.38	13.88
77	339.01	100.10	18.99	28.35	23.87	14.37
78	346.61	102.53	19.24	28.35	24.35	14.61
79	352.46	104.24	19.73	28.35	24.84	14.86
80	358.69	106.18	19.97	28.35	25.08	15.10
81	363.76	107.65	20.21	28.35	25.57	15.34
82	368.63	109.11	20.46	28.35	25.82	15.34
83	374.09	110.81	20.94	28.35	26.30	15.59
84	378.96	112.03	21.19	28.35	26.55	15.83
85	383.43	113.49	21.43	28.35	26.79	16.07
86	388.50	114.95	21.67	28.35	27.03	16.32
87	392.79	116.17	21.92	28.35	27.76	16.32
88	396.88	117.39	22.16	28.35	28.01	16.56
89	400.97	118.61	22.40	28.35	28.25	16.80
90	405.06	119.82	22.65	28.35	28.49	16.80
91	409.35	121.04	22.89	28.35	28.74	17.05
92	412.86	122.01	22.89	28.35	28.98	17.05
93	416.36	122.99	23.14	28.35	29.22	17.29
94	419.29	124.21	23.38	28.35	29.47	17.29
95	422.99	124.94	23.38	28.35	29.47	17.78
96	425.91	126.16	23.62	28.35	29.71	17.78
97	429.42	126.89	24.11	28.35	30.20	18.02
98	432.53	127.86	24.11	28.35	30.44	18.02
99	435.85	128.84	24.35	28.35	30.69	18.27



**WISCONSIN  
 ATTAINED AGE  
 DIRECT MONTHLY RATES  
 MALE NON-SMOKING  
 ZIP CODE: 530-532, 534**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	169.14	50.02	9.47	12.83	11.90	7.05
65	106.47	31.51	5.95	12.83	7.38	4.52
66	106.47	31.51	5.95	12.83	7.38	4.52
67	106.47	31.51	5.95	12.83	7.38	4.52
68	111.14	32.94	6.17	12.83	7.82	4.63
69	116.26	34.37	6.50	12.83	8.15	4.85
70	121.10	35.81	6.72	12.83	8.48	5.07
71	125.60	37.13	6.94	12.83	8.81	5.29
72	130.09	38.45	7.27	12.83	9.14	5.40
73	134.24	39.77	7.60	12.83	9.47	5.62
74	138.47	40.98	7.82	12.83	9.69	5.73
75	142.43	42.09	8.04	12.83	10.03	5.95
76	146.22	43.30	8.15	12.83	10.25	6.06
77	149.48	44.29	8.37	12.83	10.47	6.17
78	153.01	45.28	8.59	12.83	10.69	6.39
79	155.48	45.94	8.70	12.83	10.91	6.50
80	158.30	46.82	8.92	12.83	11.13	6.61
81	160.50	47.60	9.03	12.83	11.24	6.72
82	162.71	48.15	9.14	12.83	11.46	6.83
83	165.00	48.92	9.25	12.83	11.57	6.83
84	167.11	49.47	9.36	12.83	11.68	6.94
85	169.14	50.02	9.47	12.83	11.90	7.05
86	171.43	50.79	9.58	12.83	12.01	7.16
87	173.28	51.34	9.69	12.83	12.12	7.27
88	175.31	51.89	9.80	12.83	12.34	7.27
89	176.98	52.33	9.92	12.83	12.45	7.38
90	178.75	52.88	10.03	12.83	12.56	7.49
91	180.69	53.43	10.14	12.83	12.67	7.49
92	182.19	53.88	10.25	12.83	12.78	7.60
93	183.68	54.32	10.25	12.83	12.89	7.60
94	185.01	54.76	10.36	12.83	13.00	7.71
95	186.59	55.20	10.47	12.83	13.11	7.71
96	187.91	55.64	10.47	12.83	13.11	7.82
97	189.50	55.97	10.58	12.83	13.22	7.82
98	190.82	56.52	10.69	12.83	13.44	8.04
99	192.32	56.96	10.69	12.83	13.55	8.04



**WISCONSIN  
 ATTAINED AGE  
 DIRECT MONTHLY RATES  
 MALE NON-SMOKING  
 ZIP CODE: All Others**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	142.43	42.12	7.98	10.80	10.02	5.94
65	89.66	26.53	5.01	10.80	6.22	3.80
66	89.66	26.53	5.01	10.80	6.22	3.80
67	89.66	26.53	5.01	10.80	6.22	3.80
68	93.59	27.74	5.20	10.80	6.59	3.90
69	97.90	28.95	5.47	10.80	6.87	4.08
70	101.98	30.15	5.66	10.80	7.14	4.27
71	105.77	31.27	5.84	10.80	7.42	4.45
72	109.55	32.38	6.12	10.80	7.70	4.55
73	113.04	33.49	6.40	10.80	7.98	4.73
74	116.60	34.51	6.59	10.80	8.16	4.82
75	119.94	35.44	6.77	10.80	8.44	5.01
76	123.14	36.46	6.87	10.80	8.63	5.10
77	125.88	37.30	7.05	10.80	8.81	5.20
78	128.85	38.13	7.24	10.80	9.00	5.38
79	130.93	38.69	7.33	10.80	9.18	5.47
80	133.30	39.43	7.51	10.80	9.37	5.57
81	135.16	40.08	7.61	10.80	9.46	5.66
82	137.02	40.54	7.70	10.80	9.65	5.75
83	138.95	41.19	7.79	10.80	9.74	5.75
84	140.73	41.66	7.89	10.80	9.83	5.84
85	142.43	42.12	7.98	10.80	10.02	5.94
86	144.36	42.77	8.07	10.80	10.11	6.03
87	145.92	43.23	8.16	10.80	10.21	6.12
88	147.63	43.70	8.26	10.80	10.39	6.12
89	149.04	44.07	8.35	10.80	10.48	6.22
90	150.52	44.53	8.44	10.80	10.58	6.31
91	152.16	45.00	8.54	10.80	10.67	6.31
92	153.42	45.37	8.63	10.80	10.76	6.40
93	154.68	45.74	8.63	10.80	10.85	6.40
94	155.79	46.11	8.72	10.80	10.95	6.49
95	157.13	46.48	8.81	10.80	11.04	6.49
96	158.24	46.85	8.81	10.80	11.04	6.59
97	159.58	47.13	8.91	10.80	11.13	6.59
98	160.69	47.60	9.00	10.80	11.32	6.77
99	161.95	47.97	9.00	10.80	11.41	6.77



**WISCONSIN  
 ATTAINED AGE  
 DIRECT MONTHLY RATES  
 MALE SMOKING  
 ZIP CODE: 530-532, 534**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	199.37	58.94	11.02	12.83	14.10	8.37
65	125.60	37.24	7.05	12.83	8.81	5.29
66	125.60	37.24	7.05	12.83	8.81	5.29
67	125.60	37.24	7.05	12.83	8.81	5.29
68	131.33	38.89	7.27	12.83	9.25	5.51
69	137.23	40.54	7.71	12.83	9.58	5.73
70	142.70	42.31	8.04	12.83	10.03	5.95
71	148.08	43.85	8.26	12.83	10.47	6.28
72	153.36	45.39	8.59	12.83	10.80	6.50
73	158.30	46.82	8.81	12.83	11.13	6.61
74	163.32	48.37	9.14	12.83	11.46	6.83
75	167.99	49.80	9.36	12.83	11.79	7.05
76	172.40	51.12	9.58	12.83	12.12	7.16
77	176.28	52.22	9.80	12.83	12.45	7.38
78	180.25	53.32	10.03	12.83	12.67	7.49
79	183.24	54.32	10.25	12.83	12.89	7.60
80	186.50	55.20	10.36	12.83	13.11	7.71
81	189.15	55.97	10.58	12.83	13.22	7.82
82	191.70	56.74	10.69	12.83	13.44	7.93
83	194.52	57.51	10.80	12.83	13.66	8.15
84	196.99	58.28	10.91	12.83	13.77	8.26
85	199.37	58.94	11.02	12.83	14.10	8.37
86	202.02	59.82	11.35	12.83	14.21	8.48
87	204.31	60.49	11.46	12.83	14.32	8.59
88	206.51	61.04	11.57	12.83	14.54	8.59
89	208.54	61.70	11.68	12.83	14.65	8.70
90	210.65	62.36	11.79	12.83	14.76	8.81
91	212.95	63.02	11.90	12.83	14.87	8.92
92	214.62	63.46	12.01	12.83	14.98	8.92
93	216.47	64.12	12.01	12.83	15.20	9.03
94	218.06	64.56	12.12	12.83	15.31	9.14
95	219.82	65.11	12.23	12.83	15.42	9.14
96	221.41	65.55	12.45	12.83	15.53	9.25
97	223.26	66.10	12.45	12.83	15.64	9.25
98	224.85	66.55	12.56	12.83	15.75	9.47
99	226.61	67.10	12.67	12.83	15.87	9.47



**WISCONSIN  
 ATTAINED AGE  
 DIRECT MONTHLY RATES  
 MALE SMOKING  
 ZIP CODE: All Others**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	167.89	49.64	9.28	10.80	11.88	7.05
65	105.77	31.36	5.94	10.80	7.42	4.45
66	105.77	31.36	5.94	10.80	7.42	4.45
67	105.77	31.36	5.94	10.80	7.42	4.45
68	110.59	32.75	6.12	10.80	7.79	4.64
69	115.56	34.14	6.49	10.80	8.07	4.82
70	120.17	35.63	6.77	10.80	8.44	5.01
71	124.70	36.93	6.96	10.80	8.81	5.29
72	129.15	38.22	7.24	10.80	9.09	5.47
73	133.30	39.43	7.42	10.80	9.37	5.57
74	137.53	40.73	7.70	10.80	9.65	5.75
75	141.47	41.94	7.89	10.80	9.93	5.94
76	145.18	43.05	8.07	10.80	10.21	6.03
77	148.45	43.98	8.26	10.80	10.48	6.22
78	151.79	44.90	8.44	10.80	10.67	6.31
79	154.31	45.74	8.63	10.80	10.85	6.40
80	157.06	46.48	8.72	10.80	11.04	6.49
81	159.28	47.13	8.91	10.80	11.13	6.59
82	161.44	47.78	9.00	10.80	11.32	6.68
83	163.81	48.43	9.09	10.80	11.50	6.87
84	165.89	49.08	9.18	10.80	11.60	6.96
85	167.89	49.64	9.28	10.80	11.88	7.05
86	170.12	50.38	9.56	10.80	11.97	7.14
87	172.05	50.94	9.65	10.80	12.06	7.24
88	173.90	51.40	9.74	10.80	12.25	7.24
89	175.61	51.96	9.83	10.80	12.34	7.33
90	177.39	52.51	9.93	10.80	12.43	7.42
91	179.32	53.07	10.02	10.80	12.52	7.51
92	180.73	53.44	10.11	10.80	12.62	7.51
93	182.29	54.00	10.11	10.80	12.80	7.61
94	183.63	54.37	10.21	10.80	12.90	7.70
95	185.11	54.83	10.30	10.80	12.99	7.70
96	186.45	55.20	10.48	10.80	13.08	7.79
97	188.01	55.67	10.48	10.80	13.17	7.79
98	189.34	56.04	10.58	10.80	13.27	7.98
99	190.83	56.50	10.67	10.80	13.36	7.98



**WISCONSIN  
 ATTAINED AGE  
 DIRECT MONTHLY RATES  
 FEMALE NON-SMOKING  
 ZIP CODE: 530-532, 534**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	147.11	43.52	8.15	12.83	10.36	6.17
65	92.72	27.43	5.18	12.83	6.50	3.86
66	92.72	27.43	5.18	12.83	6.50	3.86
67	92.72	27.43	5.18	12.83	6.50	3.86
68	96.86	28.65	5.40	12.83	6.72	4.08
69	101.18	29.86	5.62	12.83	7.16	4.19
70	105.24	31.18	5.84	12.83	7.38	4.41
71	109.29	32.28	6.06	12.83	7.71	4.52
72	113.08	33.49	6.28	12.83	7.93	4.74
73	116.87	34.48	6.50	12.83	8.26	4.85
74	120.40	35.59	6.72	12.83	8.48	5.07
75	123.84	36.69	6.83	12.83	8.70	5.18
76	127.19	37.68	7.05	12.83	8.92	5.29
77	130.09	38.56	7.16	12.83	9.14	5.40
78	133.00	39.33	7.49	12.83	9.36	5.51
79	135.30	40.10	7.49	12.83	9.47	5.62
80	137.67	40.76	7.60	12.83	9.69	5.73
81	139.61	41.32	7.71	12.83	9.80	5.84
82	141.46	41.76	7.82	12.83	9.92	5.95
83	143.40	42.42	7.93	12.83	10.14	5.95
84	145.43	43.08	8.04	12.83	10.25	6.06
85	147.11	43.52	8.15	12.83	10.36	6.17
86	148.96	44.18	8.26	12.83	10.47	6.17
87	150.81	44.62	8.37	12.83	10.58	6.28
88	152.39	45.17	8.48	12.83	10.69	6.39
89	153.80	45.50	8.59	12.83	10.80	6.39
90	155.48	46.05	8.59	12.83	10.91	6.50
91	157.07	46.49	8.81	12.83	11.02	6.50
92	158.48	46.82	8.92	12.83	11.13	6.61
93	159.71	47.26	8.92	12.83	11.24	6.61
94	160.94	47.60	9.03	12.83	11.35	6.72
95	162.26	48.04	9.14	12.83	11.35	6.72
96	163.50	48.37	9.14	12.83	11.46	6.83
97	164.73	48.70	9.25	12.83	11.57	6.83
98	165.97	49.03	9.25	12.83	11.57	6.94
99	167.29	49.58	9.36	12.83	11.68	6.94



**WISCONSIN  
 ATTAINED AGE  
 DIRECT MONTHLY RATES  
 FEMALE NON-SMOKING  
 ZIP CODE: All Others**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	123.88	36.65	6.87	10.80	8.72	5.20
65	78.08	23.10	4.36	10.80	5.47	3.25
66	78.08	23.10	4.36	10.80	5.47	3.25
67	78.08	23.10	4.36	10.80	5.47	3.25
68	81.57	24.12	4.55	10.80	5.66	3.43
69	85.21	25.14	4.73	10.80	6.03	3.53
70	88.62	26.26	4.92	10.80	6.22	3.71
71	92.04	27.18	5.10	10.80	6.49	3.80
72	95.23	28.20	5.29	10.80	6.68	3.99
73	98.42	29.04	5.47	10.80	6.96	4.08
74	101.39	29.97	5.66	10.80	7.14	4.27
75	104.28	30.90	5.75	10.80	7.33	4.36
76	107.10	31.73	5.94	10.80	7.51	4.45
77	109.55	32.47	6.03	10.80	7.70	4.55
78	112.00	33.12	6.31	10.80	7.89	4.64
79	113.93	33.77	6.31	10.80	7.98	4.73
80	115.94	34.33	6.40	10.80	8.16	4.82
81	117.57	34.79	6.49	10.80	8.26	4.92
82	119.13	35.16	6.59	10.80	8.35	5.01
83	120.76	35.72	6.68	10.80	8.54	5.01
84	122.47	36.28	6.77	10.80	8.63	5.10
85	123.88	36.65	6.87	10.80	8.72	5.20
86	125.44	37.20	6.96	10.80	8.81	5.20
87	127.00	37.58	7.05	10.80	8.91	5.29
88	128.33	38.04	7.14	10.80	9.00	5.38
89	129.52	38.32	7.24	10.80	9.09	5.38
90	130.93	38.78	7.24	10.80	9.18	5.47
91	132.27	39.15	7.42	10.80	9.28	5.47
92	133.45	39.43	7.51	10.80	9.37	5.57
93	134.49	39.80	7.51	10.80	9.46	5.57
94	135.53	40.08	7.61	10.80	9.56	5.66
95	136.64	40.45	7.70	10.80	9.56	5.66
96	137.68	40.73	7.70	10.80	9.65	5.75
97	138.72	41.01	7.79	10.80	9.74	5.75
98	139.76	41.29	7.79	10.80	9.74	5.84
99	140.88	41.75	7.89	10.80	9.83	5.84



**WISCONSIN  
 ATTAINED AGE  
 DIRECT MONTHLY RATES  
 FEMALE SMOKING  
 ZIP CODE: 530-532, 534**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	173.46	51.34	9.69	12.83	12.12	7.27
65	109.29	32.28	6.06	12.83	7.71	4.52
66	109.29	32.28	6.06	12.83	7.71	4.52
67	109.29	32.28	6.06	12.83	7.71	4.52
68	114.23	33.82	6.39	12.83	8.04	4.85
69	119.43	35.37	6.72	12.83	8.37	5.07
70	124.28	36.69	6.94	12.83	8.81	5.18
71	128.95	38.12	7.16	12.83	9.03	5.40
72	133.44	39.55	7.38	12.83	9.36	5.62
73	137.85	40.76	7.71	12.83	9.69	5.73
74	141.99	41.98	7.93	12.83	9.92	5.95
75	146.05	43.19	8.15	12.83	10.25	6.06
76	150.01	44.40	8.37	12.83	10.58	6.28
77	153.36	45.28	8.59	12.83	10.80	6.50
78	156.80	46.38	8.70	12.83	11.02	6.61
79	159.45	47.15	8.92	12.83	11.24	6.72
80	162.26	48.04	9.03	12.83	11.35	6.83
81	164.56	48.70	9.14	12.83	11.57	6.94
82	166.76	49.36	9.25	12.83	11.68	6.94
83	169.23	50.13	9.47	12.83	11.90	7.05
84	171.43	50.68	9.58	12.83	12.01	7.16
85	173.46	51.34	9.69	12.83	12.12	7.27
86	175.75	52.00	9.80	12.83	12.23	7.38
87	177.69	52.55	9.92	12.83	12.56	7.38
88	179.54	53.10	10.03	12.83	12.67	7.49
89	181.39	53.66	10.14	12.83	12.78	7.60
90	183.24	54.21	10.25	12.83	12.89	7.60
91	185.18	54.76	10.36	12.83	13.00	7.71
92	186.77	55.20	10.36	12.83	13.11	7.71
93	188.35	55.64	10.47	12.83	13.22	7.82
94	189.68	56.19	10.58	12.83	13.33	7.82
95	191.35	56.52	10.58	12.83	13.33	8.04
96	192.67	57.07	10.69	12.83	13.44	8.04
97	194.26	57.40	10.91	12.83	13.66	8.15
98	195.67	57.84	10.91	12.83	13.77	8.15
99	197.17	58.28	11.02	12.83	13.88	8.26



**WISCONSIN  
 ATTAINED AGE  
 DIRECT MONTHLY RATES  
 FEMALE SMOKING  
 ZIP CODE: All Others**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	146.07	43.23	8.16	10.80	10.21	6.12
65	92.04	27.18	5.10	10.80	6.49	3.80
66	92.04	27.18	5.10	10.80	6.49	3.80
67	92.04	27.18	5.10	10.80	6.49	3.80
68	96.19	28.48	5.38	10.80	6.77	4.08
69	100.57	29.78	5.66	10.80	7.05	4.27
70	104.65	30.90	5.84	10.80	7.42	4.36
71	108.59	32.10	6.03	10.80	7.61	4.55
72	112.37	33.31	6.22	10.80	7.89	4.73
73	116.08	34.33	6.49	10.80	8.16	4.82
74	119.57	35.35	6.68	10.80	8.35	5.01
75	122.99	36.37	6.87	10.80	8.63	5.10
76	126.33	37.39	7.05	10.80	8.91	5.29
77	129.15	38.13	7.24	10.80	9.09	5.47
78	132.04	39.06	7.33	10.80	9.28	5.57
79	134.27	39.71	7.51	10.80	9.46	5.66
80	136.64	40.45	7.61	10.80	9.56	5.75
81	138.57	41.01	7.70	10.80	9.74	5.84
82	140.43	41.56	7.79	10.80	9.83	5.84
83	142.51	42.21	7.98	10.80	10.02	5.94
84	144.36	42.68	8.07	10.80	10.11	6.03
85	146.07	43.23	8.16	10.80	10.21	6.12
86	148.00	43.79	8.26	10.80	10.30	6.22
87	149.63	44.26	8.35	10.80	10.58	6.22
88	151.19	44.72	8.44	10.80	10.67	6.31
89	152.75	45.18	8.54	10.80	10.76	6.40
90	154.31	45.65	8.63	10.80	10.85	6.40
91	155.94	46.11	8.72	10.80	10.95	6.49
92	157.28	46.48	8.72	10.80	11.04	6.49
93	158.61	46.85	8.81	10.80	11.13	6.59
94	159.73	47.32	8.91	10.80	11.23	6.59
95	161.14	47.60	8.91	10.80	11.23	6.77
96	162.25	48.06	9.00	10.80	11.32	6.77
97	163.59	48.34	9.18	10.80	11.50	6.87
98	164.78	48.71	9.18	10.80	11.60	6.87
99	166.04	49.08	9.28	10.80	11.69	6.96



**WISCONSIN  
 ATTAINED AGE  
 EFT MONTHLY RATES  
 MALE NON-SMOKING  
 ZIP CODE: 530-532, 534**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	140.94	41.68	7.89	10.69	9.92	5.88
65	88.72	26.26	4.96	10.69	6.15	3.76
66	88.72	26.26	4.96	10.69	6.15	3.76
67	88.72	26.26	4.96	10.69	6.15	3.76
68	92.62	27.45	5.14	10.69	6.52	3.86
69	96.88	28.64	5.42	10.69	6.79	4.04
70	100.92	29.84	5.60	10.69	7.07	4.22
71	104.66	30.94	5.78	10.69	7.34	4.41
72	108.41	32.04	6.06	10.69	7.62	4.50
73	111.86	33.14	6.33	10.69	7.89	4.68
74	115.38	34.15	6.52	10.69	8.08	4.77
75	118.69	35.07	6.70	10.69	8.35	4.96
76	121.85	36.08	6.79	10.69	8.54	5.05
77	124.57	36.91	6.98	10.69	8.72	5.14
78	127.50	37.73	7.16	10.69	8.91	5.32
79	129.56	38.28	7.25	10.69	9.09	5.42
80	131.91	39.02	7.44	10.69	9.27	5.51
81	133.75	39.66	7.53	10.69	9.36	5.60
82	135.58	40.12	7.62	10.69	9.55	5.69
83	137.49	40.76	7.71	10.69	9.64	5.69
84	139.25	41.22	7.80	10.69	9.73	5.78
85	140.94	41.68	7.89	10.69	9.92	5.88
86	142.85	42.32	7.99	10.69	10.01	5.97
87	144.40	42.78	8.08	10.69	10.10	6.06
88	146.09	43.24	8.17	10.69	10.28	6.06
89	147.48	43.61	8.26	10.69	10.37	6.15
90	148.95	44.07	8.35	10.69	10.47	6.24
91	150.57	44.53	8.45	10.69	10.56	6.24
92	151.82	44.89	8.54	10.69	10.65	6.33
93	153.06	45.26	8.54	10.69	10.74	6.33
94	154.17	45.63	8.63	10.69	10.83	6.43
95	155.49	46.00	8.72	10.69	10.92	6.43
96	156.59	46.36	8.72	10.69	10.92	6.52
97	157.91	46.64	8.81	10.69	11.02	6.52
98	159.01	47.10	8.91	10.69	11.20	6.70
99	160.26	47.46	8.91	10.69	11.29	6.70



**WISCONSIN  
 ATTAINED AGE  
 EFT MONTHLY RATES  
 MALE NON-SMOKING  
 ZIP CODE: All Others**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	118.69	35.10	6.65	9.00	8.35	4.95
65	74.71	22.11	4.17	9.00	5.18	3.17
66	74.71	22.11	4.17	9.00	5.18	3.17
67	74.71	22.11	4.17	9.00	5.18	3.17
68	77.99	23.12	4.33	9.00	5.49	3.25
69	81.58	24.12	4.56	9.00	5.72	3.40
70	84.98	25.13	4.72	9.00	5.95	3.56
71	88.14	26.05	4.87	9.00	6.18	3.71
72	91.29	26.98	5.10	9.00	6.42	3.79
73	94.20	27.91	5.33	9.00	6.65	3.94
74	97.17	28.76	5.49	9.00	6.80	4.02
75	99.95	29.53	5.64	9.00	7.04	4.17
76	102.61	30.38	5.72	9.00	7.19	4.25
77	104.90	31.08	5.88	9.00	7.34	4.33
78	107.37	31.78	6.03	9.00	7.50	4.48
79	109.10	32.24	6.11	9.00	7.65	4.56
80	111.08	32.86	6.26	9.00	7.81	4.64
81	112.63	33.40	6.34	9.00	7.89	4.72
82	114.17	33.79	6.42	9.00	8.04	4.79
83	115.78	34.33	6.49	9.00	8.12	4.79
84	117.27	34.71	6.57	9.00	8.20	4.87
85	118.69	35.10	6.65	9.00	8.35	4.95
86	120.30	35.64	6.73	9.00	8.43	5.03
87	121.60	36.03	6.80	9.00	8.50	5.10
88	123.02	36.41	6.88	9.00	8.66	5.10
89	124.19	36.72	6.96	9.00	8.74	5.18
90	125.43	37.11	7.04	9.00	8.81	5.26
91	126.79	37.50	7.11	9.00	8.89	5.26
92	127.84	37.81	7.19	9.00	8.97	5.33
93	128.90	38.12	7.19	9.00	9.04	5.33
94	129.82	38.42	7.27	9.00	9.12	5.41
95	130.94	38.73	7.34	9.00	9.20	5.41
96	131.86	39.04	7.34	9.00	9.20	5.49
97	132.98	39.27	7.42	9.00	9.28	5.49
98	133.91	39.66	7.50	9.00	9.43	5.64
99	134.96	39.97	7.50	9.00	9.51	5.64



**WISCONSIN  
 ATTAINED AGE  
 EFT MONTHLY RATES  
 MALE SMOKING  
 ZIP CODE: 530-532, 534**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	166.14	49.12	9.18	10.69	11.75	6.98
65	104.66	31.03	5.88	10.69	7.34	4.41
66	104.66	31.03	5.88	10.69	7.34	4.41
67	104.66	31.03	5.88	10.69	7.34	4.41
68	109.44	32.41	6.06	10.69	7.71	4.59
69	114.36	33.79	6.43	10.69	7.99	4.77
70	118.91	35.25	6.70	10.69	8.35	4.96
71	123.39	36.54	6.89	10.69	8.72	5.23
72	127.80	37.83	7.16	10.69	9.00	5.42
73	131.91	39.02	7.34	10.69	9.27	5.51
74	136.10	40.30	7.62	10.69	9.55	5.69
75	139.99	41.50	7.80	10.69	9.82	5.88
76	143.66	42.60	7.99	10.69	10.10	5.97
77	146.89	43.52	8.17	10.69	10.37	6.15
78	150.20	44.44	8.35	10.69	10.56	6.24
79	152.70	45.26	8.54	10.69	10.74	6.33
80	155.41	46.00	8.63	10.69	10.92	6.43
81	157.62	46.64	8.81	10.69	11.02	6.52
82	159.75	47.28	8.91	10.69	11.20	6.61
83	162.10	47.92	9.00	10.69	11.38	6.79
84	164.15	48.57	9.09	10.69	11.48	6.89
85	166.14	49.12	9.18	10.69	11.75	6.98
86	168.34	49.85	9.46	10.69	11.84	7.07
87	170.25	50.40	9.55	10.69	11.93	7.16
88	172.09	50.86	9.64	10.69	12.12	7.16
89	173.77	51.41	9.73	10.69	12.21	7.25
90	175.54	51.96	9.82	10.69	12.30	7.34
91	177.45	52.51	9.92	10.69	12.39	7.44
92	178.84	52.88	10.01	10.69	12.49	7.44
93	180.39	53.43	10.01	10.69	12.67	7.53
94	181.71	53.80	10.10	10.69	12.76	7.62
95	183.18	54.26	10.19	10.69	12.85	7.62
96	184.50	54.63	10.37	10.69	12.94	7.71
97	186.04	55.09	10.37	10.69	13.04	7.71
98	187.36	55.45	10.47	10.69	13.13	7.89
99	188.83	55.91	10.56	10.69	13.22	7.89



**WISCONSIN  
 ATTAINED AGE  
 EFT MONTHLY RATES  
 MALE SMOKING  
 ZIP CODE: All Others**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	139.91	41.36	7.73	9.00	9.90	5.88
65	88.14	26.13	4.95	9.00	6.18	3.71
66	88.14	26.13	4.95	9.00	6.18	3.71
67	88.14	26.13	4.95	9.00	6.18	3.71
68	92.16	27.29	5.10	9.00	6.49	3.87
69	96.30	28.45	5.41	9.00	6.73	4.02
70	100.14	29.69	5.64	9.00	7.04	4.17
71	103.91	30.77	5.80	9.00	7.34	4.41
72	107.62	31.85	6.03	9.00	7.58	4.56
73	111.08	32.86	6.18	9.00	7.81	4.64
74	114.61	33.94	6.42	9.00	8.04	4.79
75	117.89	34.95	6.57	9.00	8.27	4.95
76	120.98	35.87	6.73	9.00	8.50	5.03
77	123.70	36.65	6.88	9.00	8.74	5.18
78	126.48	37.42	7.04	9.00	8.89	5.26
79	128.59	38.12	7.19	9.00	9.04	5.33
80	130.87	38.73	7.27	9.00	9.20	5.41
81	132.73	39.27	7.42	9.00	9.28	5.49
82	134.52	39.82	7.50	9.00	9.43	5.57
83	136.50	40.36	7.58	9.00	9.59	5.72
84	138.24	40.90	7.65	9.00	9.66	5.80
85	139.91	41.36	7.73	9.00	9.90	5.88
86	141.76	41.98	7.96	9.00	9.97	5.95
87	143.37	42.44	8.04	9.00	10.05	6.03
88	144.91	42.83	8.12	9.00	10.20	6.03
89	146.34	43.29	8.20	9.00	10.28	6.11
90	147.82	43.76	8.27	9.00	10.36	6.18
91	149.43	44.22	8.35	9.00	10.44	6.26
92	150.61	44.53	8.43	9.00	10.51	6.26
93	151.90	45.00	8.43	9.00	10.67	6.34
94	153.02	45.30	8.50	9.00	10.75	6.42
95	154.25	45.69	8.58	9.00	10.82	6.42
96	155.37	46.00	8.74	9.00	10.90	6.49
97	156.67	46.39	8.74	9.00	10.98	6.49
98	157.78	46.70	8.81	9.00	11.06	6.65
99	159.02	47.08	8.89	9.00	11.13	6.65



**WISCONSIN  
 ATTAINED AGE  
 EFT MONTHLY RATES  
 FEMALE NON-SMOKING  
 ZIP CODE: 530-532, 534**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	122.58	36.26	6.79	10.69	8.63	5.14
65	77.27	22.86	4.31	10.69	5.42	3.21
66	77.27	22.86	4.31	10.69	5.42	3.21
67	77.27	22.86	4.31	10.69	5.42	3.21
68	80.72	23.87	4.50	10.69	5.60	3.40
69	84.32	24.88	4.68	10.69	5.97	3.49
70	87.69	25.98	4.87	10.69	6.15	3.67
71	91.07	26.90	5.05	10.69	6.43	3.76
72	94.23	27.91	5.23	10.69	6.61	3.95
73	97.39	28.74	5.42	10.69	6.89	4.04
74	100.33	29.65	5.60	10.69	7.07	4.22
75	103.19	30.57	5.69	10.69	7.25	4.31
76	105.98	31.40	5.88	10.69	7.44	4.41
77	108.41	32.13	5.97	10.69	7.62	4.50
78	110.83	32.78	6.24	10.69	7.80	4.59
79	112.74	33.42	6.24	10.69	7.89	4.68
80	114.72	33.97	6.33	10.69	8.08	4.77
81	116.34	34.43	6.43	10.69	8.17	4.87
82	117.88	34.80	6.52	10.69	8.26	4.96
83	119.50	35.35	6.61	10.69	8.45	4.96
84	121.19	35.90	6.70	10.69	8.54	5.05
85	122.58	36.26	6.79	10.69	8.63	5.14
86	124.13	36.81	6.89	10.69	8.72	5.14
87	125.67	37.18	6.98	10.69	8.81	5.23
88	126.99	37.64	7.07	10.69	8.91	5.32
89	128.16	37.92	7.16	10.69	9.00	5.32
90	129.56	38.38	7.16	10.69	9.09	5.42
91	130.88	38.74	7.34	10.69	9.18	5.42
92	132.06	39.02	7.44	10.69	9.27	5.51
93	133.09	39.39	7.44	10.69	9.36	5.51
94	134.11	39.66	7.53	10.69	9.46	5.60
95	135.22	40.03	7.62	10.69	9.46	5.60
96	136.24	40.30	7.62	10.69	9.55	5.69
97	137.27	40.58	7.71	10.69	9.64	5.69
98	138.30	40.85	7.71	10.69	9.64	5.78
99	139.40	41.31	7.80	10.69	9.73	5.78



**WISCONSIN  
 ATTAINED AGE  
 EFT MONTHLY RATES  
 FEMALE NON-SMOKING  
 ZIP CODE: All Others**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	103.23	30.54	5.72	9.00	7.27	4.33
65	65.07	19.25	3.63	9.00	4.56	2.71
66	65.07	19.25	3.63	9.00	4.56	2.71
67	65.07	19.25	3.63	9.00	4.56	2.71
68	67.97	20.10	3.79	9.00	4.72	2.86
69	71.00	20.95	3.94	9.00	5.03	2.94
70	73.85	21.88	4.10	9.00	5.18	3.09
71	76.69	22.65	4.25	9.00	5.41	3.17
72	79.35	23.50	4.41	9.00	5.57	3.32
73	82.01	24.20	4.56	9.00	5.80	3.40
74	84.49	24.97	4.72	9.00	5.95	3.56
75	86.90	25.74	4.79	9.00	6.11	3.63
76	89.25	26.44	4.95	9.00	6.26	3.71
77	91.29	27.06	5.03	9.00	6.42	3.79
78	93.33	27.60	5.26	9.00	6.57	3.87
79	94.94	28.14	5.26	9.00	6.65	3.94
80	96.61	28.61	5.33	9.00	6.80	4.02
81	97.97	28.99	5.41	9.00	6.88	4.10
82	99.27	29.30	5.49	9.00	6.96	4.17
83	100.63	29.76	5.57	9.00	7.11	4.17
84	102.05	30.23	5.64	9.00	7.19	4.25
85	103.23	30.54	5.72	9.00	7.27	4.33
86	104.53	31.00	5.80	9.00	7.34	4.33
87	105.83	31.31	5.88	9.00	7.42	4.41
88	106.94	31.70	5.95	9.00	7.50	4.48
89	107.93	31.93	6.03	9.00	7.58	4.48
90	109.10	32.32	6.03	9.00	7.65	4.56
91	110.22	32.63	6.18	9.00	7.73	4.56
92	111.21	32.86	6.26	9.00	7.81	4.64
93	112.07	33.17	6.26	9.00	7.89	4.64
94	112.94	33.40	6.34	9.00	7.96	4.72
95	113.87	33.71	6.42	9.00	7.96	4.72
96	114.73	33.94	6.42	9.00	8.04	4.79
97	115.60	34.17	6.49	9.00	8.12	4.79
98	116.46	34.40	6.49	9.00	8.12	4.87
99	117.39	34.79	6.57	9.00	8.20	4.87



**WISCONSIN  
 ATTAINED AGE  
 EFT MONTHLY RATES  
 FEMALE SMOKING  
 ZIP CODE: 530-532, 534**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	144.54	42.78	8.08	10.69	10.10	6.06
65	91.07	26.90	5.05	10.69	6.43	3.76
66	91.07	26.90	5.05	10.69	6.43	3.76
67	91.07	26.90	5.05	10.69	6.43	3.76
68	95.19	28.19	5.32	10.69	6.70	4.04
69	99.52	29.47	5.60	10.69	6.98	4.22
70	103.56	30.57	5.78	10.69	7.34	4.31
71	107.45	31.77	5.97	10.69	7.53	4.50
72	111.20	32.96	6.15	10.69	7.80	4.68
73	114.87	33.97	6.43	10.69	8.08	4.77
74	118.32	34.98	6.61	10.69	8.26	4.96
75	121.70	35.99	6.79	10.69	8.54	5.05
76	125.01	37.00	6.98	10.69	8.81	5.23
77	127.80	37.73	7.16	10.69	9.00	5.42
78	130.66	38.65	7.25	10.69	9.18	5.51
79	132.87	39.29	7.44	10.69	9.36	5.60
80	135.22	40.03	7.53	10.69	9.46	5.69
81	137.13	40.58	7.62	10.69	9.64	5.78
82	138.96	41.13	7.71	10.69	9.73	5.78
83	141.02	41.77	7.89	10.69	9.92	5.88
84	142.85	42.23	7.99	10.69	10.01	5.97
85	144.54	42.78	8.08	10.69	10.10	6.06
86	146.45	43.33	8.17	10.69	10.19	6.15
87	148.07	43.79	8.26	10.69	10.47	6.15
88	149.61	44.25	8.35	10.69	10.56	6.24
89	151.15	44.71	8.45	10.69	10.65	6.33
90	152.70	45.17	8.54	10.69	10.74	6.33
91	154.31	45.63	8.63	10.69	10.83	6.43
92	155.63	46.00	8.63	10.69	10.92	6.43
93	156.96	46.36	8.72	10.69	11.02	6.52
94	158.06	46.82	8.81	10.69	11.11	6.52
95	159.45	47.10	8.81	10.69	11.11	6.70
96	160.55	47.56	8.91	10.69	11.20	6.70
97	161.88	47.83	9.09	10.69	11.38	6.79
98	163.05	48.20	9.09	10.69	11.48	6.79
99	164.30	48.57	9.18	10.69	11.57	6.89



**WISCONSIN  
 ATTAINED AGE  
 EFT MONTHLY RATES  
 FEMALE SMOKING  
 ZIP CODE: All Others**

**Effective: 2-1-08**

**MODE FACTORS**

**All rates shown are annual  
 Premiums.**

If you choose to pay more often,  
 your premium due is the annual  
 premium multiplied by the mode  
 factor below.

SEMI-ANNUAL: 0.51500  
 QUARTERLY: 0.26250  
 DIRECT MONTHLY: 0.10000  
 EFT-MONTHLY: 0.08333

Attained Age	Base Plan	Part A Deductible	Additional Home Health Care	Part B Deductible	Part B Excess Charges	Foreign Travel
0-64	121.72	36.03	6.80	9.00	8.50	5.10
65	76.69	22.65	4.25	9.00	5.41	3.17
66	76.69	22.65	4.25	9.00	5.41	3.17
67	76.69	22.65	4.25	9.00	5.41	3.17
68	80.16	23.74	4.48	9.00	5.64	3.40
69	83.81	24.82	4.72	9.00	5.88	3.56
70	87.21	25.74	4.87	9.00	6.18	3.63
71	90.49	26.75	5.03	9.00	6.34	3.79
72	93.64	27.75	5.18	9.00	6.57	3.94
73	96.73	28.61	5.41	9.00	6.80	4.02
74	99.64	29.46	5.57	9.00	6.96	4.17
75	102.49	30.31	5.72	9.00	7.19	4.25
76	105.27	31.16	5.88	9.00	7.42	4.41
77	107.62	31.78	6.03	9.00	7.58	4.56
78	110.03	32.55	6.11	9.00	7.73	4.64
79	111.89	33.09	6.26	9.00	7.89	4.72
80	113.87	33.71	6.34	9.00	7.96	4.79
81	115.47	34.17	6.42	9.00	8.12	4.87
82	117.02	34.64	6.49	9.00	8.20	4.87
83	118.75	35.18	6.65	9.00	8.35	4.95
84	120.30	35.56	6.73	9.00	8.43	5.03
85	121.72	36.03	6.80	9.00	8.50	5.10
86	123.33	36.49	6.88	9.00	8.58	5.18
87	124.69	36.88	6.96	9.00	8.81	5.18
88	125.99	37.26	7.04	9.00	8.89	5.26
89	127.29	37.65	7.11	9.00	8.97	5.33
90	128.59	38.04	7.19	9.00	9.04	5.33
91	129.95	38.42	7.27	9.00	9.12	5.41
92	131.06	38.73	7.27	9.00	9.20	5.41
93	132.17	39.04	7.34	9.00	9.28	5.49
94	133.10	39.43	7.42	9.00	9.35	5.49
95	134.28	39.66	7.42	9.00	9.35	5.64
96	135.20	40.05	7.50	9.00	9.43	5.64
97	136.32	40.28	7.65	9.00	9.59	5.72
98	137.31	40.59	7.65	9.00	9.66	5.72
99	138.36	40.90	7.73	9.00	9.74	5.80

**MEDICARE PART A – HOSPITAL SERVICES – PER BENEFIT PERIOD**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

<b>SERVICES</b>	<b>PER BENEFIT PERIOD</b>	<b>MEDICARE PAYS</b>	<b>THIS POLICY PAYS</b>	<b>YOU PAY</b>
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1024	\$0 <b>OR</b> RIDER 1 - OPTIONAL PART A DEDUCTIBLE RIDER*	\$1024 <b>OR</b> \$0
	61 <sup>st</sup> - 90 <sup>th</sup> day	All but \$256 per day	\$256 a day	\$0
	91 <sup>st</sup> – 150 <sup>th</sup> day	All but \$512 per day	\$512 a day	\$0
	Beyond the 150 days	\$0	100% of Medicare Eligible Expenses**	\$0
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital:	First 20 days	All approved amounts	\$0	\$0
	21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$128 a day	Up to \$128 a day	\$0
	101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>INPATIENT PSYCHIATRIC CARE</b> In patient psychiatric care in a participating psychiatric hospital		190 days per lifetime	175 additional days per lifetime	All costs that exceed the lifetime maximum
<b>BLOOD</b>	First 3 pints	\$0	First 3 pints	\$0
	Additional Amounts	100%	\$0	\$0

\*These are optional riders. You purchased this benefit if the box is checked and you paid the premium.

\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, we, the insurer, stands in place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy’s “Core Benefits.”

**MEDICARE SUPPLEMENT POLICIES – PART B BENEFITS**

<b>SERVICES</b>	<b>PER CALENDAR YEAR</b>	<b>MEDICARE PAYS</b>	<b>THIS POLICY PAYS</b>	<b>YOU PAY</b>
<b>MEDICAL EXPENSES.</b> Eligible expenses for physician’s services, in-patient and out-patient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:	First \$135 of Medicare Approved Amounts*  Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0 <b>OR</b> RIDER 3 - OPTIONAL PART B DEDUCTIBLE RIDER**  Generally 20%; <b>OR</b> RIDER 4 - OPTIONAL PART B EXCESS CHARGES RIDER**	\$135 (Part B Deductible) <b>OR</b> \$0  Charges that exceed Medicare Eligible Expenses <b>OR</b> \$0
<b>BLOOD</b>	First 3 pints  Next \$135 of Medicare approved amounts*	\$0  \$0	All costs  \$135 Part B deductible	\$0
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services		100%	\$0	\$0
<b>HOME HEALTH CARE</b>		100 % of charges for visits considered medically necessary by Medicare	40 visits, OR RIDER 2 - OPTIONAL ADDITIONAL HOME HEALTH CARE RIDER*	All expenses beyond 40 visits per year OR All expenses beyond 365 visits per year
<b>PREVENTIVE MEDICAL CARE BENEFIT –NOT COVERED BY MEDICARE.</b> Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare	First \$300 each calendar year  Additional charges	\$0  \$0	\$300  \$0	\$0  All Costs

**\*Once you have been billed \$135 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.**

**\*\*These are optional riders. You purchased this benefit if the box is checked and you paid the premium.**

## **LIMITATIONS AND EXCLUSIONS**

- Nursing home care costs beyond what is covered by Medicare and the 30-day skilled nursing care, which includes physical or occupational therapy, speech language pathology or respiratory care.
- Home health care about the number of visits covered by Medicare and the 40 visits for part-time or intermittent home health aide services which are medically necessary as part of the home care plan, under the supervision of a registered nurse or medical social worker, which consists solely or caring for the patient, unless the home health care rider is purchased.
- Physician charges above Medicare's approved charge.
- Outpatient prescription drugs.
- Most care received outside of the United State of America.
- Dental care, dentures, checkups, routine immunizations, cosmetic surgery, routine foot care, examinations for and the cost of eyeglasses or hearing aids, unless eligible under Medicare.
- Coverage for emergency care anywhere or for care received outside the service area if this care is treated differently than other covered benefits.
- Usual, customary, and reasonable (UCR) limitations, in which usual and customary charges apply only to mandated benefits.

**The outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.**

**The policy is guaranteed renewable as long as you live, provided you continue to pay the premiums when due. The premium may change if a new table of rates is applicable to the policy.**

## **REVIEW AND APPEAL PROCEDURE OF DENIED CLAIMS**

1. You, or Your representative, may submit a written request which may be in any form and which may include supporting material for review by Us of the denial of any benefit under this policy.
2. Within 30 days after receiving the request, We will notify the person submitting the request with the results of the review.

Grievance means any dissatisfaction with Our provision of services or claims practices, expressed in writing to Us, by You or on Your behalf.

**MEDICARE SUPPLEMENT PREMIUM INFORMATION**

**ANNUAL PREMIUM**

\$ \_\_\_\_\_

**BASIC MEDICARE SUPPLEMENT COVERAGE**

**OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT POLICY**

Each of these riders may be purchased separately.

\$ \_\_\_\_\_

**Rider 1 - Medicare Part A deductible**

100% of Part A deductible.

\$ \_\_\_\_\_

**Rider 2 - Additional home health care**

An aggregate of 365 visits per year, including those covered by Medicare.

\$ \_\_\_\_\_

**Rider 3 – Medicare Part B deductible**

100% of Part B deductible.

\$ \_\_\_\_\_

**Rider 4 – Medicare Part B excess charges**

Difference between the Medicare-eligible charge and the amount charged by the provider, which shall be no greater than the actual charge or the limited charge allowed by Medicare, whichever is less.

\$ \_\_\_\_\_

**Rider 5 – Foreign Travel Rider**

After a \$250 deductible, covers at least 80% of expenses associated with emergency medical care received outside the U.S.A. during the first 60 days of a trip with a lifetime maximum of \$50,000.

\$ \_\_\_\_\_

**TOTAL FOR BASIC POLICY AND SELECTED OPTIONAL BENEFITS**

**(NOTE:** The soliciting agent will enter the appropriate premium amounts and the total at the time this outline is given to the applicant.)

**IN ADDITION TO THIS OUTLINE OF COVERAGE, THE ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA WILL SEND YOU AN ANNUAL NOTICE TO YOU 30 DAYS PRIOR TO THE EFFECTIVE DATE OF MEDICARE CHANGES AND WILL DESCRIBE THESE CHANGES AND THE CHANGES IN YOUR MEDICARE SUPPLEMENT COVERAGE.**

**SUMMARY OF ADDITIONAL COVERAGE REQUIRED BY  
APPLICABLE WISCONSIN LAWS**

**SKILLED NURSING FACILITY CARE**

Thirty (30) days of skilled nursing care in a Skilled Nursing Facility. The facility does not need to be certified by Medicare and the stay does not have to meet Medicare's definition of skilled care. No prior hospitalization is required.

**KIDNEY DISEASE**

Inpatient and outpatient expense for dialysis, transplantation, or donor-related services of kidney disease up to \$30,000 in any calendar year.

**CHIROPRACTOR**

The usual and customary expense for services provided by a chiropractor, even if Medicare does not cover the claim.

**EQUIPMENT AND SUPPLIES FOR THE TREATMENT OF DIABETES.** Coverage for equipment and supplies for the treatment of diabetes which includes expenses incurred by the installation and use of an insulin infusion pump, coverage for all other equipment, coverage for supplies and coverage for diabetic self-management education programs. This does not include any other outpatient non-prescription or prescription medications. This benefit will not duplicate expenses paid by Medicare.

**PREVENTATIVE HEALTH CARE SERVICES**

Coverage for preventive health care services not covered by Medicare and as determined to be medically appropriate by an attending Physician. Reimbursement shall be for the actual charges up to \$300 per calendar year. This benefit will not duplicate expenses paid by Medicare.

**HOSPITAL AND AMBULATORY SURGERY CENTER & ANESTHESIA CHARGES FOR DENTAL CARE**

This benefit is limited to specific conditions and circumstances.

**BREAST RECONSTRUCTION POST MASTECTOMY**

Coverage of breast reconstruction of the affected issue incident to a mastectomy.