

Medicare Supplement Insurance Approved Policies 2011

For more information on health insurance call:
MEDIGAP HELPLINE
1-800-242-1060

This is a statewide toll-free number set up by the Wisconsin Board on Aging and Long Term Care and funded by the Office of the Commissioner of Insurance to answer questions about health insurance and other health care benefits for the elderly. It has no connection with any insurance company.



*Deaf, hearing, or speech impaired callers
may reach OCI through WI TRS.*

State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

OCI's World Wide Web Home Page:
oci.wi.gov

**The mission of the Office of
the Commissioner of Insurance . . .
Leading the way in informing and protecting
the public and responding to their insurance needs.**

If you have a specific complaint about your insurance, refer it first to the insurance company or agent involved. If you do not receive satisfactory answers, contact the Office of the Commissioner of Insurance (OCI).

For information on how to file an insurance complaint call:

(608) 266-0103 (In Madison)
or
1-800-236-8517 (Statewide)

Mailing Address

Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

Electronic Mail

ocicomplaints@wisconsin.gov

Please indicate your name, phone number, and e-mail address.

OCI's World Wide Web Home Page

oci.wi.gov

For your convenience, a copy of [OCI's complaint form](#) is available at the back of this booklet. A copy of OCI's complaint form is also available on OCI's Web site.

A list of OCI's publications is included at the back of this booklet. Copies of [OCI publications](#) are also available online on OCI's Web site.

**Deaf, hearing, or speech impaired callers may
reach OCI through WI TRS**

This guide is not a legal analysis of your rights under any insurance policy or government program. Your insurance policy, program rules, Wisconsin law, federal law, and court decisions establish your rights. You may want to consult an attorney for legal guidance about your specific rights.

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INTRODUCTION

This booklet contains information on Medicare supplement insurance policies approved by the Office of the Commissioner of Insurance (OCI). It includes only policies currently being sold in Wisconsin. Group policies sold through employers are not included in this booklet. The annual premium rates listed are current as of the date on the front of the booklet. Rates may change between editions of the booklet.

If you have questions or concerns about your insurance company or agent, write to the insurance company or agent involved. Keep a copy of the letter you write. If you do not receive satisfactory answers, please contact:

Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873
(608) 266-0103

For more detailed information on Medicare and Medicare supplement insurance, visit our Web site or contact OCI and request a copy of the booklet, [Wisconsin Guide to Health Insurance for People with Medicare](#).

IMPORTANT NOTICE

Medicare supplement insurers are required to offer an open enrollment period to all individuals who enroll in Medicare Part B. Open enrollment means insurers must make coverage available to all new Medicare Part B enrollees, regardless of age, for 6 months beginning with the date they enroll in Medicare Part B. The insurers may not deny or condition the issuance of a policy on the person's health status, claims experience, receipt of health care, or medical condition. Insurers may still require a 6-month waiting period before preexisting health conditions are covered.

In addition, individuals who are under age 65 and eligible for Medicare due to disability or end-stage renal disease are entitled to a 6-month open enrollment period upon reaching age 65.

EFFECTS OF 1997 BALANCED BUDGET ACT ON MEDICARE SUPPLEMENT INSURANCE

The Balanced Budget Act of 1997 (BBA) brought about some changes regarding retirement and health care that are of key importance to consumers. The federal legislation requires that Medicare supplement insurance, or Medigap, provide a guarantee issue period and limit preexisting condition waiting periods.

Guarantee Issue

The BBA guarantees that Medicare supplement or Medigap policies be issued to individuals covered by Medicare in several instances. If you are terminated from a defined employee welfare benefit plan, Medicare Advantage (formerly known as Medicare+Choice) plan, insolvent issuer, or nonissuer organization, lose Medicaid and apply for a Medicare supplement within 63 days, you must be guaranteed coverage. In this situation, you will be provided a notification that explains your individual rights to guarantee issue of Medigap insurance. You must submit a copy of this notice or other evidence of termination with your application for a Medigap policy.

Limitation of Preexisting Conditions

The BBA also addressed the limitation of preexisting conditions during an open enrollment period. A Medigap policy can no longer exclude coverage for a preexisting condition if you had a continuous period of creditable coverage for at least 6 months prior to applying for a Medigap policy.

ORIGINAL MEDICARE

Medicare is divided into two types of coverage. Hospitalization insurance (**Part A**) pays hospital bills and certain skilled nursing facility expenses. Medical insurance (**Part B**) pays doctors' bills and certain other charges.

Part A - Hospital Insurance Benefits

Medicare Part A covers hospitalization, including room and board, nursing charges, and miscellaneous charges after an initial deductible (\$1,132). Medicare also covers some post-hospital stays in a skilled nursing facility. Most nursing home stays are not covered by Medicare or Medigap insurance.

Part B - Medical Insurance Benefits

Medicare Part B covers many medical costs. After a \$162 annual deductible, Medicare pays 80% of Medicare-approved charges for covered expenses. All of the policies described in this booklet pay 20% of Medicare's approved charges.

Federal law limits the amount a doctor who does not accept assignment may charge you for Medicare-covered services. Your doctor may not charge more than the "limiting charge." For 2011, the limit is 15% over the Medicare-approved amount. Medicare supplement policies that include the Part B excess charges rider will pay the full difference between Medicare's payment and this limiting charge.

Preventive Care Benefits

Medicare provides coverage for medically necessary services. However, Medicare Part B covers some specific preventive services to help prevent or detect illness or to keep certain illnesses from getting worse. Medicare requires that you pay 20% of the Medicare-approved amount and/or the Part B deductible for some preventive services. For other preventive services, Medicare pays for the benefit whether you have met your Part B deductible or not. Specific information regarding preventive care benefits covered by Medicare is available in your *Medicare & You* booklet.

MEDICARE ADVANTAGE PLANS

Medicare Advantage plans, also known as Medicare Part C, provide Medicare coverage through private insurance plans. Medicare Advantage plans provide the same coverage as Medicare and also provide supplemental health insurance coverage. You do not need to purchase a Medicare supplement policy if you enroll in a Medicare Advantage plan. However, Medicare Advantage plans may include deductibles and copayment and/or coinsurance amounts (out-of-pocket expenses) that do not apply to Wisconsin standardized Medicare supplement policies (Medigap policies). You may also have to see

doctors that belong to the plan or go to certain hospitals to get services. Additional information regarding these plans is available in our booklet, [Medicare Advantage Plans in Wisconsin](#).

MEDICARE PRESCRIPTION DRUG PLANS

Medicare Part D is the Medicare program created by the federal government to provide some assistance for Medicare beneficiaries to pay for outpatient prescription drug costs. It is an optional program available to Medicare beneficiaries eligible for Medicare Part A and/or enrolled in Medicare Part B.

Medicare Part D coverage is offered by approved Prescription Drug Plans (PDPs). Private companies that contract with Medicare, some of which may be insurance companies, will administer the PDP benefits. The cost of your Medicare Part D coverage will vary based on the PDP that you choose. PDP plans may have deductible, coinsurance and copayment amounts (out-of-pocket expenses) that must be met before the PDP pays for your outpatient prescription drug costs.

Medicare Part D prescription drug coverage began January 1, 2006. Medicare Part D also includes an annual open enrollment period from October 15 through December 7 each year, during which you can choose to change to another PDP. Individuals not yet on Medicare will be able to join a PDP whenever they become eligible for Medicare.

Medicare supplement insurance plans (Medigap) are no longer able to provide outpatient prescription drug coverage. This means all prescribed medications used for diabetes are now covered by the Part D prescription drug plan. In general, only federally authorized Part D Prescription Drug Plans (PDPs) or Medicare Advantage plans will be offering outpatient prescription drug coverage.

The State of Wisconsin Office of the Commissioner of Insurance (OCI) does not have jurisdiction regarding Medicare, Medicare Advantage plans, or Medicare Part D.

“MEDIGAP” INSURANCE

If you do not have adequate group insurance and are not eligible for Medicaid, you may want to buy an individual Medicare supplement insurance policy, a Medicare select policy, a Medicare Advantage plan, a Medicare cost insurance policy, or join an association and receive coverage through an association group Medicare supplement policy.

Medigap Policies—Traditional Medicare Supplement

With a traditional Medicare supplement insurance policy, you are billed for each service you receive and you are permitted to go to any doctor. You may have to submit your claim to the insurance company for payment.

All Medicare supplement policies offered by a traditional insurer include a basic core of benefits. In addition to the basic benefits, insurance companies are permitted to offer specified optional benefits. Each of the options that an insurance company offers must be priced and sold separately from the basic policy. The minimum required benefits and the optional benefits are described on [page 12](#).

Medigap Policies—Cost-Sharing

Some Medicare supplement insurance companies also offer two categories of Medicare cost-sharing policies. Benefits are provided after you have paid either 25% or 50% cost-sharing up to \$2,320 or \$4,640 in out-of-pocket expenses for 2011.

Medigap Policies—Medicare Select

Medicare select policies are offered by health maintenance organizations (HMOs) and preferred provider organizations (PPOs). HMOs are prepaid health plans. You pay the HMO a set premium each month for all covered services. You must use the doctors and hospitals that are connected to the plan. There is less paperwork if you join an HMO. PPOs will provide reduced benefits if you receive care from providers who are not connected to the plan.

All Medicare select policies contain similar benefits and these benefits are included in the basic policy. The minimum required benefits and the optional benefits are described on [page 13](#).

Some Medicare select insurance companies also offer two categories of Medicare select cost-sharing policies. Benefits are provided after you have paid either 25% or 50% cost-sharing up to \$2,320 or \$4,640 in out-of-pocket expenses for 2011.

IMPORTANT NOTICE

The state of Wisconsin has received a waiver from the federal standardization regulations on Medicare supplement insurance. This means that policies sold in Wisconsin are somewhat different from those available in other states. This booklet describes only those policies that are available in Wisconsin.

Medicare select policies are part of a demonstration project by the federal government. Policies sold in Wisconsin under this project will be guaranteed renewable for life. This means that if you buy one, you can continue your coverage even if the demonstration project ends.

Medicare Advantage Plans

Medicare Advantage is a special arrangement between the federal [Centers for Medicare & Medicaid Services](#) (CMS) and certain insurance companies. Under this arrangement the federal government pays the insurance company a set amount for each Medicare beneficiary. The insurance company agrees to provide all Medicare benefits. The insurance company may provide some additional benefits, but it may also require payment of an additional premium. Beneficiaries under Medicare Advantage plans continue to pay the Part B Medicare premium to CMS. **Your Medicare Advantage plan can terminate at the end of the contract year if either the plan or CMS decides to terminate their agreement.** Medicare Advantage plans are not regulated by the State of Wisconsin Office of the Commissioner of Insurance. Therefore, these plans are **NOT** required to cover Wisconsin mandated benefits, nor are the plans guaranteed renewable for life like the Medicare supplement plans listed in this booklet. (See our booklet, [Medicare Advantage Plans in Wisconsin](#).)

Medicare Cost Policies

Medicare cost policies are another type of special arrangement between the federal CMS and certain HMOs. The HMO agrees to provide Medicare benefits. The HMO may provide additional benefits at additional cost.

Medicare cost insurance will only pay full supplemental benefits if covered services are obtained through HMO plan providers. You must live in the plan service area to apply for Medicare cost insurance. The HMO plan providers are selected by the HMO.

In a Medicare cost policy you are **not “locked in”** to the HMO plan providers for your Medicare benefits. Medicare will still pay its share of approved charges if the services you receive outside the network are services covered by Medicare. If you go to a health care provider who does not belong to your HMO without a referral from your HMO physician, you will pay for all Medicare deductibles and copayments. The HMO will not provide supplemental benefits.

There are two categories of Medicare cost policies. Medicare cost basic policies supplement only those benefits covered by Medicare. Medicare cost enhanced policies supplement benefits covered by Medicare and also cover Wisconsin mandated benefits.

Remember: If you buy a policy from an HMO, you will not have to file claims. Except for out-of-area claims, the HMO will take care of all your paperwork. You also do not have to pay charges in excess of Medicare’s approved charge.

Association Group Insurance

Many associations offer group health insurance coverage to their members. Just because you are buying through a group does not mean that you are getting a low rate. Group insurance

can be as expensive as or more costly than comparable coverage under individual policies. Be sure you understand the benefits included and then compare prices. Association groups that offer Medigap insurance must comply with the same rules that apply to other Medigap policies.

Wisconsin insurance law requires that individual Medicare supplement policies, Medicare select policies, and some Medicare cost policies contain “mandated benefits.” These benefits are available even when Medicare does not cover these expenses. Medicare Advantage plans are **NOT** required to provide these benefits.

The mandated benefits required by Wisconsin state law include coverage for skilled nursing care, home health care, kidney disease treatment, diabetes treatment, chiropractic care, temporomandibular joint treatment, breast reconstruction following a mastectomy, and anesthesia for certain dental procedures. There are coverage limitations associated with each of these mandates and are explained in the insurance policy.

Direct Response Insurers

Direct response insurers sell Medigap insurance through the mail, without using agents. Their advertising must mention the availability of the Outline of Coverage and the insurer must send it to you with an application within 14 days of your request. Before completing the application, discuss it with a family member or a friend for comparison. Direct response insurers must follow the same rules as all other Medigap insurers. Since direct response insurers do not pay agent commissions, the premium costs for mail order insurance may often be lower, but not always.

POLICY DESCRIPTION

Shopping around for insurance to supplement Medicare is a good idea. Check on premiums, waiting periods, and how selective the company is in offering coverage. This booklet is a good place to start. If you are interested in one of the policies in this booklet, contact the company directly or call a local agent for the company.

The charts on [pages 12 and 13](#) provide a brief description of benefits of Medicare supplement and Medicare select policies. Check the Outline of Coverage that you receive from the company and the policy itself for details. A booklet entitled *Medicare & You 2011* is available free from your Social Security office and explains Medicare benefits in detail. This booklet may be viewed on the World Wide Web by going to www.medicare.gov.

The companies shown in this booklet have agreed to be listed, but there are other companies that sell Medicare supplement insurance that are not listed here. If you have been solicited by a company not listed in this booklet and have questions, contact:

Office of the Commissioner of Insurance
P. O. Box 7873
Madison, Wisconsin 53707-7873
1-800-236-8517 (Statewide)
1-608-266-0103 (Madison)

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NOTE

If you already have a Medicare supplement policy, it is generally NOT a good idea for you to change to a different policy. Be careful about replacing existing policies. There may be new restrictions placed on your benefits.

POLICY BENEFITS—TRADITIONAL INSURERS

All **Medigap** policies offered by traditional insurance companies provide the following benefits:

Basic Benefits

1. Copayment for 61st to 90th day of hospitalization **(\$283 a day)**
2. Copayment for 91st to 150th day of hospitalization **(\$566 a day)** - full coverage after Medicare days are exhausted
3. Copayment for 21st to 100th day of skilled nursing care in a skilled nursing facility **(\$141.50 a day)**
4. 175 days per lifetime of inpatient psychiatric care in addition to Medicare's 190 days per lifetime
5. First 3 pints of blood
6. 40 home health care visits in addition to Medicare
7. 20% of Medicare's Part B services with no lifetime maximum or, in case of hospital outpatient department services under a prospective payment system, applicable copayments
8. Coverage for full usual and customary cost of non-Medicare covered chiropractic care, non-Medicare hospital and ambulatory surgery center charges and anesthetics for dental care, and non-Medicare breast reconstruction
9. Coverage for 30 days non-Medicare skilled nursing facility care - no prior hospitalization required, but must meet medical necessity requirements

Note: Policies may also include preventive health care services, such as routine physical examinations, immunizations, health screenings, and private duty nursing services.

Optional Benefits

Insurance companies may offer the following optional benefits as a separate benefit for an additional premium:

1. Part A deductible **(\$1,132)**
2. Additional home health care (up to 365 visits per year)
3. Part B deductible **(\$162)**
4. Part B excess charges up to the actual charge or the limiting charge, whichever is less
5. Foreign Travel Emergency: May have a deductible of up to \$250. Must pay at least 80% of billed charges for Medicare-eligible expenses for medically necessary emergency care received outside the U.S. Emergency care must begin during the first 60 days of a trip outside the U.S. Benefit limit must be at least \$50,000 per lifetime.
6. Effective June 1, 2010, Medicare 50% Part A deductible
7. Effective June 1, 2010, Part B copayment or coinsurance rider

POLICY BENEFITS—TRADITIONAL INSURERS COST-SHARING 50% AND 25%

All **Medigap cost-sharing** policies offered by traditional insurance companies provide the following benefits:

Basic Benefits

1. Copayment for 61st to 90th day of hospitalization (**\$283 a day**)
2. Copayment for 91st to 150th day of hospitalization (**\$566 a day**) - full coverage after Medicare days are exhausted
3. Copayment for 21st to 100th day of skilled nursing care in a skilled nursing facility (**\$141.50 a day**) (50% or 75%)
4. 175 days per lifetime of inpatient psychiatric care in addition to Medicare's 190 days per lifetime
5. First 3 pints of blood (50% or 75%)
6. 40 home health care visits in addition to Medicare
7. 20% of Medicare's Part B services with no lifetime maximum or, in case of hospital outpatient department services under a prospective payment system, applicable copayments
8. Coverage for full usual and customary cost of non-Medicare covered chiropractic care, non-Medicare hospital and ambulatory surgery center charges and anesthetics for dental care, and non-Medicare breast reconstruction
9. Coverage for 30 days non-Medicare skilled nursing facility care - no prior hospitalization required, but must meet medical necessity requirements

Note: Policies may also include preventive health care services, such as routine physical examinations, immunizations, health screenings, and private duty nursing services.

Optional Benefits

Insurance companies may offer the following optional benefits as a separate benefit for an additional premium:

1. Part A deductible (**\$1,132**) (50% or 75%)
2. Additional home health care (up to 365 visits per year)
3. Part B deductible (**\$162**) (50% or 75%)
4. Part B excess charges up to the actual charge or the limiting charge, whichever is less
5. Foreign Travel Emergency: May have a deductible of up to \$250. Must pay at least 80% of billed charges for Medicare-eligible expenses for medically necessary emergency care received outside the U.S. Emergency care must begin during the first 60 days of a trip outside the U.S. Benefit limit must be at least \$50,000 per lifetime.

POLICY BENEFITS—MEDICARE SELECT

All **Medicare select** policies provide the following benefits:

Basic Benefits

1. Part A deductible **(\$1,132)**
2. Copayment for 61st to 90th day of hospitalization **(\$283 a day)**
3. Copayment for 91st to 150th day of hospitalization **(\$566 a day)** - full coverage after Medicare days are exhausted
4. Copayment for 21st to 100th day of skilled nursing care in a skilled nursing facility **(\$141.50 a day)**
5. 175 days per lifetime of inpatient psychiatric care in addition to Medicare's 190 days per lifetime
6. First 3 pints of blood
7. Part B deductible **(\$162)**
8. 20% of Medicare's Part B services with no lifetime maximum and actual charges for authorized referral services
9. 365 home health care visits including those paid by Medicare
10. Foreign Travel Emergency: May have a deductible of up to \$250. Must pay at least 80% of billed charges for Medicare-eligible expenses for medically necessary emergency care received outside the U.S. Emergency care must begin during the first 60 days of a trip outside the U.S. Benefit limit must be at least \$50,000 per lifetime.
11. Coverage for full usual and customary cost of non-Medicare covered chiropractic care, non-Medicare hospital and ambulatory surgery center charges and anesthetics for dental care, and non-Medicare breast reconstruction
12. Coverage for 30 days non-Medicare skilled nursing facility care - no prior hospitalization required, but must meet medical necessity requirements
13. Effective June 1, 2010, Medicare 50% Part A deductible

POLICY BENEFITS—MEDICARE SELECT COST-SHARING 50% AND 25%

All **Medicare select cost-sharing** policies provide the following benefits:

1. Part A deductible **(\$1,132)** (50% or 75%)
2. Copayment for 61st to 90th day of hospitalization **(\$283 a day)**
3. Copayment for 91st to 150th day of hospitalization **(\$566 a day)** - full coverage after Medicare days are exhausted
4. Copayment for 21st to 100th day of skilled nursing care in a skilled nursing facility **(\$141.50 a day)** (50% or 75%)
5. 175 days per lifetime of inpatient psychiatric care in addition to Medicare's 190 days per lifetime
6. First 3 pints of blood (50% or 75%)
7. Part B deductible **(\$162)** (50% or 75%)
8. 20% of Medicare's Part B services with no lifetime maximum and actual charges for authorized referral services
9. 365 home health care visits including those paid by Medicare
10. Foreign Travel Emergency: May have a deductible of up to \$250. Must pay at least 80% of billed charges for Medicare-eligible expenses for medically necessary emergency care received outside the U.S. Emergency care must begin during the first 60 days of a trip outside the U.S. Benefit limit must be at least \$50,000 per lifetime.
11. Coverage for full usual and customary cost of non-Medicare covered chiropractic care, non-Medicare hospital and ambulatory surgery center charges and anesthetics for dental care, and non-Medicare breast reconstruction
12. Coverage for 30 days non-Medicare skilled nursing facility care - no prior hospitalization required, but must meet medical necessity requirements

POLICY BENEFITS—COST INSURANCE - BASIC AND ENHANCED

Basic Plan

1. Copayment for 61st to 90th day of hospitalization **(\$283 a day)**
2. Copayment for 91st to 150th day of hospitalization **(\$566 a day)** - full coverage after Medicare days are exhausted
3. Copayment for 21st to 100th day of skilled nursing care in a skilled nursing facility **(\$141.50 a day)**
4. First 3 pints of blood
5. 40 home health care visits in addition to Medicare
6. 20% of Medicare's Part B services with no lifetime maximum or, in case of hospital outpatient department services under a prospective payment system, applicable copayments

Note: Policies may also include preventive health care services, such as routine physical examinations, immunizations, health screenings, and private duty nursing services.

Enhanced Plan

Insurance companies may offer additional benefits for an additional premium:

1. Part A deductible **(\$1,132)**
2. Additional home health care (up to 365 visits per year)
3. Part B deductible **(\$162)**
4. Part B excess charges up to the actual charge or the limiting charge, whichever is less
5. 175 days per lifetime of inpatient psychiatric care in addition to Medicare's 190 days per lifetime
6. Foreign Travel Emergency: May have a deductible of up to \$250. Must pay at least 80% of billed charges for Medicare-eligible expenses for medically necessary emergency care received outside the U.S. Emergency care must begin during the first 60 days of a trip outside the U.S. Benefit limit must be at least \$50,000 per lifetime.
7. Coverage for full usual and customary cost of non-Medicare covered chiropractic care, non-Medicare hospital and ambulatory surgery center charges and anesthetics for dental care, and non-Medicare breast reconstruction
8. Coverage for 30 days non-Medicare skilled nursing facility care - no prior hospitalization required, but must meet medical necessity requirements

POLICY BENEFITS—HIGH-DEDUCTIBLE PLAN

Effective June 1, 2010, a high-deductible Medicare supplement plan will be available. This high-deductible plan offers benefits after you have paid a calendar year deductible of \$2,000. This deductible consists of expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B but does not include the separate foreign travel emergency deductible of \$250.

Benefits

1. Part A deductible included
2. Copayment for 61st to 90th day of hospitalization (**\$283 a day**)
3. Copayment for 91st to 150th day of hospitalization (**\$566 a day**) - full coverage after Medicare days are exhausted
4. Copayment for 21st to 100th day of skilled nursing care in a skilled nursing facility (**\$141.50 a day**)
5. 175 days per lifetime of inpatient psychiatric care in addition to Medicare's 190 days per lifetime
6. First 3 pints of blood
7. Part B deductible included
8. Part B excess charges up to the actual charge or the limiting charge, whichever is less, included
9. 20% of Medicare's Part B services with no lifetime maximum and actual charges for authorized referral services
10. 365 home health care visits including those paid by Medicare
11. Foreign Travel Emergency: May have a deductible of up to \$250. Must pay at least 80% of billed charges for Medicare-eligible expenses for medically necessary emergency care received outside the U.S. Emergency care must begin during the first 60 days of a trip outside the U.S. Benefit limit must be at least \$50,000 per lifetime.
12. Coverage for full usual and customary cost of non-Medicare covered chiropractic care, non-Medicare hospital and ambulatory surgery center charges and anesthetics for dental care, and non-Medicare breast reconstruction
13. Coverage for 30 days non-Medicare skilled nursing facility care - no prior hospitalization required, but must meet medical necessity requirements

IMPORTANT ITEMS

Cost of Policies

Anyone buying a Medicare supplement policy should find out exactly what the premium will be. A few companies charge everyone the same amount. Most companies charge different premiums based on the age of the person applying for coverage. Several companies also use other factors, such as different rates for men and women or different rates in different parts of the state.

You should also find out what happens to your premium as you get older. The premium for your policy will increase every year primarily due to inflation in medical costs and the increase in Medicare deductibles and copayments. The amount your premium goes up may also depend upon the way in which the company reflects the aging of its policyholders in the rates charged. Be sure to ask the agent for any company you are considering what approach the company uses. The general approaches companies use are described below:

Attained Age. In addition to medical inflation and increased Medicare deductibles and copayments, your premium will also increase because you are older. This is due to the increased use of medical services as people age.

Issue Age. Your premium will increase due to medical inflation and increased Medicare deductibles and copayments. It will not increase due to your age. Your initial premium will be somewhat higher than under the Attained Age approach because a portion of the initial premium is used to prefund the increased claims cost in later years. As a result, the premium for later years should be somewhat less than it would be under an Attained Age approach.

No Age Rating. Under this approach, the premium is the same for all customers who buy this policy, regardless of age.

Under Age 65. This is the premium you pay if, due to a disability, you enroll in Medicare under age 65.

Health History

Whenever an application includes health questions, the insurance company may use this information to refuse to issue a policy, to limit or exclude the coverage for a specific named condition, or void the policy because of misinformation on the application. Make sure all the information on the application is complete and accurate.

You do not have to provide health history if you apply in the first 6 months after you enroll in Medicare Part B. This time is called the open enrollment period.

Waiting Period

Many health insurance policies have waiting periods before coverage begins. If the policy excludes coverage for preexisting conditions for a limited time, this limitation must be stated clearly on the first page of the policy. The waiting period for preexisting conditions may not be longer than **6 months**, and only conditions treated during the 6 months before you take out the policy may be excluded. Insurance companies are required to waive preexisting condition waiting periods when one Medicare supplement policy is replaced with another (as long as there has been 6 months of continuous coverage).

Open Enrollment Period

All new Medicare Part B enrollees are entitled to an open enrollment period for 6 months for purchasing Medicare supplements beginning with the date they enroll in Medicare Part B regardless of age. An insurance company may not deny or condition the issuance or effectiveness of a policy on the person's health status, claims experience, receipt of health care, or medical condition during this time. The insurance company may still have waiting periods before preexisting health conditions are covered. If you are under age 65 and already enrolled in Medicare Part B, you will also have an open enrollment when you turn age 65.

First-Year Commissions

The first-year commission is the amount of your first year's premium that the insurance company pays to agents who sell its policy.

NOTE

Under Wisconsin law, all Medicare supplement insurance policies must include an appeal procedure for claim denials. This procedure will be explained in your policy and Outline of Coverage.

The "Annual Premium - Basic Policy" on the charts on the following pages gives the cost for the basic benefits. The "Annual Premium - All Options" is the premium you would pay if you bought all of the options offered by the company. Be careful when comparing the "Annual Premium - All Options." Many companies do not offer all the same options.

MEDICARE SUPPLEMENT GRIEVANCE AND APPEAL RIGHTS

Grievance Procedure

If you have a complaint or question, you may wish to first contact your insurance company. Many complaints can be resolved quickly and require no further action. However, you do not have to file a complaint with your insurance company first before you file a complaint with the appropriate state agency.

All insurance companies are required to have an internal grievance procedure. If you are not satisfied with the service you receive, your insurance company must provide you with complete and understandable information about how to use the grievance procedure. You have the right to appear in person before the grievance committee and present additional information.

Insurance companies are required to have a separate expedited grievance procedure for situations where your medical condition might require immediate medical attention. The procedure requires insurance companies to resolve an expedited grievance within 72 hours after receiving the grievance.

Medicare supplement insurance companies are required to file a report with OCI listing the number of grievances they had in the previous year.

Benefit Appeal

If you are not satisfied with the denial of a benefit by your Medigap insurance company, you may appeal the decision. The insurance company must offer you the opportunity to submit a written request that the insurance company review the denial of benefits. Your policy or group insurance certificate and Outline of Coverage describe the benefit appeal procedure. If the insurance company denies any benefit under your Medigap policy, the insurance company must, at the time of denial, provide you with a written description of its appeal process.

Independent Review

If you are not satisfied with the outcome of a grievance, and the grievance involves a dispute regarding medical necessity or experimental treatment with a Wisconsin-mandated benefit, you or your authorized representative may request that an independent review organization (IRO) review your insurance company's decision. The independent review process provides you with an opportunity to have medical professionals who have no connection to the insurance company review the dispute. You can choose an IRO from a [list of review organizations certified by OCI](#). The IRO assigns the dispute to a clinical peer reviewer who is an expert in the treatment of your medical condition. The IRO has the authority to determine whether the treatment should be covered by the insurance company.

Your insurance company will provide you with information on the availability of this process whenever it makes a determination that is eligible for the independent review process.

CHANGES TO MEDICARE SUPPLEMENT POLICIES IN 2010

Medicare supplement policies changed in 2010. This was the result of federal laws that require changes to the standards that apply to Medicare supplement policies offered in Wisconsin and other states. These changes apply to policies that are effective on or after June 1, 2010.

The changes include new optional benefit riders, including:

Medicare 50% Part A Deductible Rider – This option provides coverage of 50% of the Medicare Part A hospital deductible per benefit period with no out-of-pocket maximum.

Medicare Part B Copayment or Coinsurance Rider – This option provides coverage of 100% of the Medicare Part B medical deductible. It includes a \$20 copayment for doctor visits and a \$50 copayment for emergency room visits, unless the emergency room visit results in hospitalization.

Insurance companies may offer these optional riders but are not required to do so. Each of these optional riders must be priced and sold separately from the basic policy. These optional riders are meant to decrease the cost of annual Medicare supplement premiums but, depending on the amount of medical services, may increase out-of-pocket expenses.

Also, insurance companies will be able to offer Medicare supplement insurance high deductible plans. These plans will include a \$2,000 deductible for 2011, adjusted annually to reflect the change in the consumer price index (CPI). The deductible consists of out-of-pocket expenses that would ordinarily be paid by the Medicare supplement policy. Out-of-pocket expenses do not include premiums or other specific benefit deductibles, such as the foreign travel emergency deductible.

Insurance companies will be allowed, but not required, to offer their existing Medicare supplement policyholders the opportunity to exchange their current policy for a new policy without medical underwriting.

NOTE

The following policies have been approved for sale by the Office of the Commissioner of Insurance as of January 2011. This may not be a complete list. All premiums listed are standard non-tobacco rates. For more current information, check our Web site, oci.wi.gov.

INDIVIDUAL MEDIGAP POLICIES—TRADITIONAL INSURERS

American Republic Corp. Insurance Company
P.O. Box 14510
Des Moines, IA 50306-3510
(www.americanenterprise.com)

Consumer Service Telephone No. 1-866-481-2220

Form No. A-3103AC-WI

First-Year Commission: 15%

Health History Requested: Detailed

Waiting Period: None

| Annual Premium - Basic Policy | | | Annual Premium - All Options | | |
|--|-------------|---------------|--|-------------|---------------|
| Area (First 3 digits of zip code) | | | Area (First 3 digits of zip code) | | |
| Zip Codes 531, 532 | | | Zip Codes 531, 532 | | |
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$3,504.42 | \$3,046.72 | Under 65 | \$4,331.99 | \$3,789.99 |
| 65 | 1,752.21 | 1,523.36 | 65 | 2,246.99 | 1,975.99 |
| 70 | 1,946.31 | 1,691.80 | 70 | 2,476.80 | 2,175.46 |
| 75 | 2,317.51 | 1,982.61 | 75 | 2,916.59 | 2,519.82 |
| 80 | 2,656.95 | 2,235.56 | 80 | 3,318.58 | 2,819.48 |
| Zip Code 534 | | | Zip Code 534 | | |
| Under 65 | \$3,761.62 | \$3,270.34 | Under 65 | \$4,634.80 | \$4,053.26 |
| 65 | 1,880.81 | 1,635.17 | 65 | 2,398.40 | 2,107.63 |
| 70 | 2,089.16 | 1,815.97 | 70 | 2,644.98 | 2,321.65 |
| 75 | 2,487.61 | 2,128.12 | 75 | 3,116.86 | 2,691.13 |
| 80 | 2,851.96 | 2,399.63 | 80 | 3,548.17 | 3,012.65 |
| Zip Code 537 | | | Zip Code 537 | | |
| Under 65 | \$3,279.36 | 2,851.06 | Under 65 | \$4,067.02 | \$3,559.63 |
| 65 | 1,639.68 | 1,425.53 | 65 | 2,114.51 | 1,860.82 |
| 70 | 1,821.32 | 1,583.15 | 70 | 2,329.65 | 2,047.54 |
| 75 | 2,168.68 | 1,855.29 | 75 | 2,741.36 | 2,369.92 |
| 80 | 2,486.32 | 2,091.99 | 80 | 3,117.69 | 2,650.44 |
| Zip Codes 545, 548 | | | Zip Codes 545, 548 | | |
| Under 65 | \$2,990.01 | \$2,599.50 | Under 65 | \$3,726.36 | \$3,263.47 |
| 65 | 1,495.00 | 1,299.75 | 65 | 1,944.18 | 1,712.73 |
| 70 | 1,660.62 | 1,443.46 | 70 | 2,140.46 | 1,883.07 |
| 75 | 1,977.33 | 1,691.59 | 75 | 2,516.07 | 2,177.19 |
| 80 | 2,266.94 | 1,907.40 | 80 | 2,859.40 | 2,433.12 |

American Republic Corp. Insurance Company (Cont'd.)

Annual Premium - Basic Policy

Annual Premium - All Options

Zip Code 546

| Age | Male | Female |
|----------|------------|------------|
| Under 65 | \$2,829.25 | \$2,459.74 |
| 65 | 1,414.63 | 1,229.87 |
| 70 | 1,571.34 | 1,365.86 |
| 75 | 1,871.02 | 1,600.64 |
| 80 | 2,145.06 | 1,804.85 |

Zip Code 546

| Age | Male | Female |
|----------|------------|------------|
| Under 65 | \$3,537.10 | \$3,098.93 |
| 65 | 1,849.55 | 1,630.46 |
| 70 | 2,035.35 | 1,791.71 |
| 75 | 2,390.91 | 2,070.12 |
| 80 | 2,715.91 | 2,312.38 |

Zip Codes Rest of State

| | | |
|----------|------------|------------|
| Under 65 | \$3,150.76 | \$2,739.26 |
| 65 | 1,575.38 | 1,369.63 |
| 70 | 1,749.90 | 1,521.07 |
| 75 | 2,083.64 | 1,782.53 |
| 80 | 2,388.82 | 2,009.95 |

Zip Codes Rest of State

| | | |
|----------|------------|------------|
| Under 65 | \$3,915.62 | \$3,428.01 |
| 65 | 2,038.81 | 1,795.00 |
| 70 | 2,245.57 | 1,974.44 |
| 75 | 2,641.24 | 2,284.26 |
| 80 | 3,002.89 | 2,553.86 |

Premiums are based on **attained** age. There is a different premium for each age between 65 and 80.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132):

Zip Codes 531, 532

| Age | Male | Female |
|----------|----------|----------|
| Under 65 | \$621.41 | \$540.23 |
| 65 | 310.70 | 270.11 |
| 70 | 345.09 | 300.06 |
| 75 | 411.04 | 351.57 |
| 80 | 471.19 | 396.48 |

Zip Code 534

| Age | Male | Female |
|----------|----------|----------|
| Under 65 | \$667.02 | \$579.88 |
| 65 | 333.51 | 289.94 |
| 70 | 370.42 | 322.08 |
| 75 | 441.21 | 377.37 |
| 80 | 505.77 | 425.58 |

Zip Code 537

| Age | Male | Female |
|----------|----------|----------|
| Under 65 | \$581.50 | \$505.53 |
| 65 | 290.75 | 252.77 |
| 70 | 322.93 | 280.79 |
| 75 | 384.64 | 328.99 |
| 80 | 440.93 | 371.01 |

Zip Codes 545, 548

| Age | Male | Female |
|----------|----------|----------|
| Under 65 | \$530.19 | \$460.93 |
| 65 | 265.10 | 230.46 |
| 70 | 294.44 | 256.01 |
| 75 | 350.70 | 299.96 |
| 80 | 402.02 | 338.28 |

American Republic Corp. Insurance Company (Cont'd.)

| Zip Code 546 | | | Zip Codes Rest of State | | |
|--------------|----------|----------|-------------------------|----------|----------|
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$501.69 | \$436.15 | Under 65 | \$558.70 | \$485.71 |
| 65 | 250.84 | 218.07 | 65 | 279.35 | 242.85 |
| 70 | 278.61 | 242.25 | 70 | 310.27 | 269.77 |
| 75 | 331.85 | 283.84 | 75 | 369.56 | 316.09 |
| 80 | 380.41 | 320.09 | 80 | 423.63 | 356.47 |

Part B Deductible (\$162): \$162.00 for all ages in all areas

Part B Excess Charges:

| Age: | | Male | Female |
|------|----------|-------------|---------------|
| | Under 65 | \$24.48 | \$21.36 |
| | 65 | 12.24 | 10.68 |
| | 70 | 13.56 | 11.76 |
| | 75 | 16.20 | 13.80 |
| | 80 | 18.60 | 15.60 |

Additional Home Health Care:

| Ages: | | Male | Female |
|-------|----------|-------------|---------------|
| | Under 65 | \$12.48 | \$12.48 |
| | 65-80 | 6.24 | 6.24 |

Foreign Travel Emergency:

| Ages: | | Male | Female |
|-------|----------|-------------|---------------|
| | Under 65 | \$ 7.20 | \$ 7.20 |
| | 65-80 | 3.60 | 3.60 |

American Republic Corp. Insurance Company
P.O. Box 14510
Des Moines, IA 50306-3510
(www.americanenterprise.com)

Consumer Service Telephone No. 1-866-481-2220

Form No. A3120AC-WI, A3121AC-WI
 50% Cost-Sharing Plan
 25% Cost-Sharing Plan

First-Year Commission: 15%

Health History Requested: Detailed

Waiting Period: None

Annual Premium - 50% Cost-Sharing Plan

Annual Premium - Basic Policy

Annual Premium - All Options

Area (First 3 digits of zip code)
 Zip Codes 531, 532

Area (First 3 digits of zip code)
 Zip Codes 531, 532

| Age | Male | Female |
|----------|------------|------------|
| Under 65 | \$2,134.66 | \$1,856.05 |
| 65 | 1,067.33 | 928.03 |
| 70 | 1,185.73 | 1,030.69 |
| 75 | 1,411.69 | 1,207.75 |
| 80 | 1,618.55 | 1,361.81 |

| Age | Male | Female |
|----------|------------|------------|
| Under 65 | \$2,147.14 | \$1,868.53 |
| 65 | 1,073.57 | 934.27 |
| 70 | 1,191.97 | 1,036.93 |
| 75 | 1,417.93 | 1,213.99 |
| 80 | 1,624.79 | 1,368.05 |

Zip Code 534

Zip Code 534

| | | |
|----------|------------|------------|
| Under 65 | \$2,291.33 | \$1,992.28 |
| 65 | 1,145.66 | 996.14 |
| 70 | 1,272.76 | 1,106.34 |
| 75 | 1,515.30 | 1,296.40 |
| 80 | 1,737.34 | 1,461.76 |

| | | |
|----------|------------|------------|
| Under 65 | \$2,303.81 | \$2,004.76 |
| 65 | 1,151.90 | 1,002.38 |
| 70 | 1,279.00 | 1,112.58 |
| 75 | 1,521.54 | 1,302.64 |
| 80 | 1,743.58 | 1,468.00 |

Zip Code 537

Zip Code 537

| | | |
|----------|------------|------------|
| Under 65 | \$1,997.58 | \$1,736.87 |
| 65 | 998.78 | 868.43 |
| 70 | 1,109.59 | 964.50 |
| 75 | 1,321.03 | 1,130.19 |
| 80 | 1,514.61 | 1,274.36 |

| | | |
|----------|------------|------------|
| Under 65 | \$2,010.06 | \$1,749.35 |
| 65 | 1,005.02 | 874.67 |
| 70 | 1,115.83 | 970.74 |
| 75 | 1,327.27 | 1,136.43 |
| 80 | 1,520.85 | 1,280.60 |

Zip Codes 545, 548

Zip Codes 545, 548

| | | |
|----------|------------|------------|
| Under 65 | \$1,821.31 | \$1,583.60 |
| 65 | 910.66 | 791.80 |
| 70 | 1,011.68 | 879.40 |
| 75 | 1,204.47 | 1,030.47 |
| 80 | 1,380.97 | 1,161.91 |

| | | |
|----------|------------|------------|
| Under 65 | \$1,833.79 | \$1,596.08 |
| 65 | 916.90 | 798.04 |
| 70 | 1,017.92 | 885.64 |
| 75 | 1,210.71 | 1,036.71 |
| 80 | 1,387.21 | 1,168.15 |

American Republic Corp. Insurance Company (Cont'd.)

Annual Premium - Basic Policy

Annual Premium - All Options

Zip Code 546

| Age | Male | Female |
|----------|------------|------------|
| Under 65 | \$1,723.39 | \$1,498.46 |
| 65 | 861.70 | 749.23 |
| 70 | 957.29 | 832.12 |
| 75 | 1,139.71 | 975.07 |
| 80 | 1,306.72 | 1,099.45 |

Zip Code 546

| Age | Male | Female |
|----------|------------|------------|
| Under 65 | \$1,735.87 | \$1,510.94 |
| 65 | 867.94 | 755.47 |
| 70 | 963.53 | 838.36 |
| 75 | 1,145.95 | 981.31 |
| 80 | 1,312.96 | 1,105.69 |

Zip Codes Rest of State

| | | |
|----------|------------|------------|
| Under 65 | \$1,919.23 | \$1,668.74 |
| 65 | 959.62 | 834.37 |
| 70 | 1,066.07 | 926.68 |
| 75 | 1,269.23 | 1,085.87 |
| 80 | 1,455.21 | 1,224.38 |

Zip Codes Rest of State

| | | |
|----------|------------|----------|
| Under 65 | \$1,931.71 | 1,681.22 |
| 65 | 965.86 | 840.61 |
| 70 | 1,072.31 | 932.92 |
| 75 | 1,275.47 | 1,092.11 |
| 80 | 1,461.45 | 1,230.62 |

Premiums are based on **attained** age. There is a different premium for each age between 65 and 80.

You will pay **50%** of the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of **\$4,640.00** which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

Annual Premium - 25% Cost-Sharing Plan

Annual Premium - Basic Policy

Annual Premium - All Options

Area (First 3 digits of zip code)
 Zip Codes 531, 532

Area (First 3 digits of zip code)
 Zip Codes 531, 532

| Age | Male | Female |
|----------|------------|------------|
| Under 65 | \$2,937.33 | \$2,553.96 |
| 65 | 1,468.67 | 1,276.98 |
| 70 | 1,631.50 | 1,418.09 |
| 75 | 1,942.57 | 1,661.87 |
| 80 | 2,227.02 | 1,873.75 |

| Age | Male | Female |
|----------|------------|----------|
| Under 65 | \$2,949.81 | 2,566.44 |
| 65 | 1,474.91 | 1,283.22 |
| 70 | 1,637.74 | 1,424.33 |
| 75 | 1,948.81 | 1,668.11 |
| 80 | 2,233.26 | 1,879.99 |

American Republic Corp. Insurance Company (Cont'd.)

| Age | Male | Female | Age | Male | Female |
|-------------------------|------------|------------|-------------------------|------------|------------|
| Zip Code 534 | | | Zip Code 534 | | |
| Under 65 | \$3,152.92 | \$2,741.40 | Under 65 | \$3,165.40 | \$2,753.88 |
| 65 | 1,576.46 | 1,370.70 | 65 | 1,582.70 | 1,376.94 |
| 70 | 1,751.24 | 1,522.17 | 70 | 1,757.48 | 1,528.41 |
| 75 | 2,085.14 | 1,783.84 | 75 | 2,091.38 | 1,790.08 |
| 80 | 2,390.47 | 2,011.28 | 80 | 2,396.71 | 2,017.52 |
| Zip Code 537 | | | Zip Code 537 | | |
| Under 65 | \$2,748.69 | \$2,389.95 | Under 65 | \$2,761.17 | \$2,402.43 |
| 65 | 1,374.35 | 1,194.97 | 65 | 1,380.59 | 1,201.21 |
| 70 | 1,526.73 | 1,327.02 | 70 | 1,532.97 | 1,333.26 |
| 75 | 1,817.81 | 1,555.14 | 75 | 1,824.05 | 1,561.38 |
| 80 | 2,084.00 | 1,753.42 | 80 | 2,090.24 | 1,759.66 |
| Zip Codes 545, 548 | | | Zip Codes 545, 548 | | |
| Under 65 | \$2,506.16 | \$2,179.06 | Under 65 | \$2,518.64 | \$2,191.54 |
| 65 | 1,253.08 | 1,089.53 | 65 | 1,259.32 | 1,095.77 |
| 70 | 1,392.01 | 1,209.93 | 70 | 1,398.25 | 1,216.17 |
| 75 | 1,657.42 | 1,417.92 | 75 | 1,663.66 | 1,424.16 |
| 80 | 1,900.12 | 1,598.71 | 80 | 1,906.36 | 1,604.95 |
| Zip Code 546 | | | Zip Code 546 | | |
| Under 65 | \$2,371.42 | 2,061.91 | Under 65 | \$2,383.90 | \$2,074.39 |
| 65 | 1,185.71 | 1,030.96 | 65 | 1,191.95 | 1,037.20 |
| 70 | 1,317.18 | 1,144.88 | 70 | 1,323.42 | 1,151.12 |
| 75 | 1,568.31 | 1,341.69 | 75 | 1,574.55 | 1,347.93 |
| 80 | 1,797.96 | 1,512.76 | 80 | 1,804.20 | 1,519.00 |
| Zip Codes Rest of State | | | Zip Codes Rest of State | | |
| Under 65 | \$2,640.90 | \$2,296.22 | Under 65 | \$2,653.38 | \$2,308.70 |
| 65 | 1,320.45 | 1,148.11 | 65 | 1,326.69 | 1,154.35 |
| 70 | 1,466.85 | 1,274.98 | 70 | 1,473.09 | 1,281.22 |
| 75 | 1,746.53 | 1,494.16 | 75 | 1,752.77 | 1,500.40 |
| 80 | 2,002.28 | 1,684.66 | 80 | 2,008.52 | 1,690.90 |

Premiums are based on **attained** age. There is a different premium for each age between 65 and 80.

You will pay **25%** of the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of **\$2,320.00** which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

American Republic Corp. Insurance Company (Cont'd.)

| Annual Premium - Optional Benefits | | |
|---|------------------------------|------------------------------|
| | 50% Cost-Sharing Plan | 25% Cost-Sharing Plan |
| Part A Deductible (\$1,132): | 50% | 75% |
| Part B Deductible (\$162): | Not Covered | Not Covered |
| Part B Excess Charges: | Not Covered | Not Covered |
| Additional Home Health Care: | | |
| Ages: Under 65 | \$12.48 | \$12.48 |
| 65-80 | 6.24 | 6.24 |
| Foreign Travel Emergency: | Not Covered | Not Covered |

American Republic Corp. Insurance Company
P.O. Box 14510
Des Moines, IA 50306-3510
(www.americanenterprise.com)

Consumer Service Telephone No. 1-866-481-2220

Form No. A3098AC-WI

First-Year Commission: 15%

Health History Requested: Detailed

Waiting Period: None

Annual Premium - High Deductible Plan

| Area (First 3 digits of zip code) Zip Codes 531, 532 | | | Area (First 3 digits of zip code) Zip Code 534 | | |
|---|------------|------------|---|------------|------------|
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$1,699.48 | \$1,537.89 | Under 65 | \$1,824.22 | \$1,650.76 |
| 65 | 849.74 | 768.95 | 65 | 912.11 | 825.39 |
| 70 | 943.91 | 853.92 | 70 | 1,013.18 | 916.59 |
| 75 | 1,123.89 | 1,000.61 | 75 | 1,206.38 | 1,074.05 |
| 80 | 1,288.40 | 1,128.35 | 80 | 1,382.96 | 1,211.16 |
| Zip Code 537 | | | Zip Codes 545, 548 | | |
| Under 65 | \$1,590.34 | \$1,439.13 | Under 65 | \$1,450.02 | \$1,312.15 |
| 65 | 795.17 | 719.57 | 65 | 725.01 | 656.08 |
| 70 | 883.29 | 799.08 | 70 | 805.35 | 728.57 |
| 75 | 1,051.71 | 936.35 | 75 | 958.91 | 853.73 |
| 80 | 1,205.66 | 1,055.88 | 80 | 1,099.28 | 962.72 |
| Zip Code 546 | | | Zip Codes Rest of State | | |
| Under 65 | \$1,372.06 | \$1,241.60 | Under 65 | \$1,527.98 | \$1,382.69 |
| 65 | 686.03 | 620.80 | 65 | 763.99 | 691.35 |
| 70 | 762.05 | 689.40 | 70 | 848.65 | 767.74 |
| 75 | 907.36 | 807.83 | 75 | 1,010.47 | 899.63 |
| 80 | 1,040.18 | 910.96 | 80 | 1,158.38 | 1,014.48 |

Premiums are based on **attained** age.

**Blue Cross Blue Shield of Wisconsin
 (dba Anthem Blue Cross and Blue Shield)
 P.O. Box 9087
 Oxnard, CA 93031-9951
 (www.anthem.com)**

Consumer Service Telephone No. 1-800-548-4455

Form No. S3509g

First-Year Commission: 12%

Health History Requested: Limited

Waiting Period: 6 Months

Area 1: Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha counties

Area 2: Brown, Dane, and Outagamie counties

Area 3: All other Wisconsin counties

| Annual Premium - Basic Policy | | | Annual Premium - Optional Benefits | | |
|-------------------------------|------------|------------|------------------------------------|------------|------------|
| Area 1 | | | Area 1 | | |
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$3,839.40 | \$3,563.76 | Under 65 | \$5,055.12 | \$4,702.20 |
| 65 | 1,190.88 | 1,105.32 | 65 | 1,682.52 | 1,571.52 |
| 70 | 1,531.80 | 1,421.88 | 70 | 2,107.08 | 1,965.84 |
| 75 | 1,875.72 | 1,741.08 | 75 | 2,544.84 | 2,372.28 |
| 80 | 2,479.56 | 2,301.60 | 80 | 3,316.56 | 3,088.68 |
| Area 2 | | | Area 2 | | |
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$3,263.52 | \$3,029.16 | Under 65 | \$4,296.96 | \$3,996.84 |
| 65 | 1,012.20 | 939.48 | 65 | 1,430.16 | 1,335.84 |
| 70 | 1,302.00 | 1,208.64 | 70 | 1,791.00 | 1,671.00 |
| 75 | 1,594.32 | 1,479.96 | 75 | 2,163.12 | 2,016.60 |
| 80 | 2,107.68 | 1,956.36 | 80 | 2,819.28 | 2,625.48 |
| Area 3 | | | Area 3 | | |
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$3,455.52 | \$3,207.36 | Under 65 | \$4,549.80 | \$4,232.04 |
| 65 | 1,071.84 | 994.80 | 65 | 1,514.52 | 1,414.44 |
| 70 | 1,378.68 | 1,279.68 | 70 | 1,896.48 | 1,769.28 |
| 75 | 1,688.16 | 1,566.96 | 75 | 2,290.44 | 2,135.16 |
| 80 | 2,231.64 | 2,071.44 | 80 | 2,985.00 | 2,779.92 |

Premiums are based on **attained** age. There is a different premium for each age between 65 and 80.

Blue Cross Blue Shield of Wisconsin (Cont'd)

Annual Premium - Optional Benefits

Part A Deductible (\$1,132):

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$750.36 | \$696.60 | \$637.80 | \$592.08 | \$675.36 | \$627.00 |
| 65 | 244.92 | 227.28 | 208.02 | 193.20 | 220.44 | 204.60 |
| 70 | 303.36 | 281.52 | 257.88 | 239.28 | 273.00 | 253.32 |
| 75 | 368.88 | 342.48 | 313.56 | 291.12 | 332.04 | 308.28 |
| 80 | 486.00 | 451.20 | 413.16 | 383.52 | 437.40 | 406.08 |

Part B Deductible (\$162): \$138.60 for all ages in Area 1
 \$117.84 for all ages in Area 2
 \$124.80 for all ages in Area 3

Part B Excess Charges:

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$177.96 | \$165.24 | \$151.32 | \$140.40 | \$160.20 | \$148.68 |
| 65 | 57.84 | 53.76 | 49.20 | 45.72 | 52.20 | 48.36 |
| 70 | 72.48 | 67.32 | 61.56 | 57.24 | 65.28 | 60.60 |
| 75 | 88.68 | 82.32 | 75.36 | 69.96 | 79.80 | 74.04 |
| 80 | 115.44 | 107.28 | 98.16 | 91.20 | 103.92 | 96.60 |

Additional Home Health Care:

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$ 59.76 | \$ 55.44 | \$ 50.76 | \$ 47.16 | \$ 53.76 | \$ 49.92 |
| 65 | 21.00 | 19.44 | 17.88 | 16.56 | 18.96 | 17.52 |
| 70 | 24.96 | 23.16 | 21.24 | 19.68 | 22.44 | 20.88 |
| 75 | 29.76 | 27.60 | 25.32 | 23.52 | 26.76 | 24.84 |
| 80 | 39.84 | 36.96 | 33.84 | 31.44 | 35.88 | 33.24 |

Foreign Travel Emergency:

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$ 89.04 | \$ 82.56 | \$ 75.72 | \$ 70.20 | \$ 80.16 | \$ 74.28 |
| 65 | 29.28 | 27.12 | 24.84 | 23.04 | 26.40 | 24.36 |
| 70 | 35.88 | 33.36 | 30.48 | 28.32 | 32.28 | 30.00 |
| 75 | 43.20 | 40.20 | 36.72 | 34.20 | 38.88 | 36.24 |
| 80 | 57.12 | 53.04 | 48.60 | 45.12 | 51.36 | 47.76 |

Blue Cross Blue Shield of Wisconsin (Cont'd)

Cost saving options may lower your annual premium but may also increase your annual out-of-pocket expenses.

This company offers **Part A Deductible (50%)**.

This company offers **Part B Copayment or Coinsurance Rider**.

**Blue Cross Blue Shield of Wisconsin
(dba Anthem Blue Cross and Blue Shield)
P.O. Box 9087
Oxnard, CA 93031-9951
(www.anthem.com)**

Consumer Service Telephone No. 1-800-548-4455

Form No. S3509g

First-Year Commission: 12%

Health History Requested: Limited

Waiting Period: 6 Months

Area 1: Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha counties

Area 2: Brown, Dane, and Outagamie counties

Area 3: All other Wisconsin counties

Annual Premium - High Deductible Plan

| Area 1 | | | Area 2 | | |
|---------------|-------------|---------------|---------------|-------------|---------------|
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$1,769.28 | \$1,645.80 | Under 65 | \$1,503.84 | \$1,400.16 |
| 65 | 588.84 | 550.08 | 65 | 500.52 | 467.52 |
| 70 | 737.52 | 688.08 | 70 | 626.88 | 584.88 |
| 75 | 890.64 | 830.28 | 75 | 757.08 | 705.72 |
| 80 | 1,160.76 | 1,081.08 | 80 | 986.64 | 918.96 |

| Area 3 | | |
|---------------|-------------|---------------|
| Age | Male | Female |
| Under 65 | \$1,592.40 | \$1,481.28 |
| 65 | 529.92 | 495.12 |
| 70 | 663.72 | 619.32 |
| 75 | 801.60 | 747.24 |
| 80 | 1,044.72 | 972.96 |

Premiums are based on **attained** age.

Colonial Penn Life Insurance Company
399 Market Street
Philadelphia, PA 19181
(www.colonialpenn.com)

Consumer Service Telephone No. 1-800-800-2254

Form No. CPL-GR-A830

First-Year Commission: 16% Average

Health History Requested: Detailed

Waiting Period: None

| Annual Premium - Basic Policy | | | Annual Premium - Optional Benefits | | |
|-------------------------------|-----------------------------------|----------------------------|------------------------------------|-----------------------------------|----------------------------|
| Age | Area (First 3 digits of zip code) | | Age | Area (First 3 digits of zip code) | |
| | Zip Codes 530-534 | Zip Codes Rest of State | | Zip Codes 530-534 | Zip Codes Rest of State |
| | Amount | Amount | | Amount | Amount |
| Under 65 | \$5,457.77 | \$4,961.63 | Under 65 | \$6,439.91 | \$5,854.54 |
| 65 | 1,781.99 | 1,619.99 | 65 | 2,186.28 | 1,987.52 |
| 70 | 2,133.80 | 1,939.84 | 70 | 2,606.16 | 2,369.33 |
| 75 | 2,554.89 | 2,322.64 | 75 | 3,114.42 | 2,831.33 |
| 80 | 3,059.10 | 2,781.03 | 80 | 3,729.90 | 3,390.85 |

Premiums are based on **attained** age. There is a different premium for each age between 65 and 80.

| Annual Premium - Optional Benefits | | | | |
|-------------------------------------|--|-----------|----------------------|----------------------------|
| | | Age: | Zip Codes 530-534 | Zip Codes Rest of State |
| Part A Deductible (\$1,132): | | Under 65 | \$823.41 | \$748.58 |
| | | 65 | 245.56 | 223.20 |
| | | 70 | 313.63 | 285.16 |
| | | 75 | 400.80 | 364.36 |
| | | 80 | 512.07 | 465.49 |
| Part B Deductible (\$162): | | All Ages: | \$122.73 | \$111.60 |
| Part B Excess Charges: | | All Ages: | \$ 12.00 | \$ 10.91 |
| Additional Home Health Care: | | All Ages: | \$ 12.00 | \$ 10.91 |
| Foreign Travel Emergency: | | All Ages: | \$ 12.00 | \$ 10.91 |

Cost saving options may lower your annual premium but may also increase your annual out-of-pocket expenses.

This company offers **Part A Deductible (50%)**.

This company offers **Part B Copayment or Coinsurance Rider**.

Colonial Penn Life Insurance Company
399 Market Street
Philadelphia, PA 19181
(www.colonialpenn.com)

Consumer Service Telephone No. 1-800-800-2254

Policy Form No. CPL-GR-A031 (50% Cost-Sharing Plan) **First-Year Commission:** 13% Average
 CPL-GR-A032 (25% Cost-Sharing Plan)

Health History Requested: Detailed

Waiting Period: None

Annual Premium - 50% Cost-Sharing Plan

| Annual Premium - Basic Policy | | | Annual Premium - All Options | | |
|--------------------------------------|--|----------------------------|-------------------------------------|---|----------------------------|
| | Area (First 3 digits of zip code) | | | Area (First 3 digitsof zip code) | |
| | Zip Codes 530-534 | Zip Codes Rest of State | | Zip Codes 530-534 | Zip Codes Rest of State |
| Age | Amount | Amount | Age | Amount | Amount |
| Under 65 | \$2,704.45 | \$2,457.47 | Under 65 | \$2,716.45 | \$2,468.38 |
| 65 | 849.27 | 771.70 | 65 | 861.27 | 782.61 |
| 70 | 1,037.99 | 943.19 | 70 | 1,049.99 | 954.10 |
| 75 | 1,305.26 | 1,186.14 | 75 | 1,317.26 | 1,197.05 |
| 80 | 1,618.90 | 1,471.08 | 80 | 1,630.90 | 1,481.99 |

Premiums are based on **attained** age. There is a different premium for each age between 65 and 80.

You will pay **50%** of the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of **\$4,640.00** which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

Annual Premium - 25% Cost-Sharing Plan

| Annual Premium - Basic Policy | | | Annual Premium - All Options | | |
|--------------------------------------|--|----------------------------|-------------------------------------|---|----------------------------|
| | Area (First 3 digits of zip code) | | | Area (First 3 digitsof zip code) | |
| | Zip Codes 530-534 | Zip Codes Rest of State | | Zip Codes 530-534 | Zip Codes Rest of State |
| Age | Amount | Amount | Age | Amount | Amount |
| Under 65 | \$4,210.33 | \$3,825.90 | Under 65 | \$4,222.33 | \$3,836.81 |
| 65 | 1,361.66 | 1,237.30 | 65 | 1,373.66 | 1,248.21 |
| 70 | 1,634.71 | 1,485.48 | 70 | 1,646.71 | 1,496.39 |
| 75 | 1,998.20 | 1,815.80 | 75 | 2,010.20 | 1,826.71 |
| 80 | 2,407.51 | 2,187.80 | 80 | 2,419.51 | 2,198.71 |

Colonial Penn Life Insurance Company (Cont'd.)

Premiums are based on **attained** age. There is a different premium for each age between 65 and 80.

You will pay **25%** of the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of **\$2,320.00** which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

| Annual Premium - Optional Benefits | | | | |
|---|------------------------------|----------------------|------------------------------|----------------------|
| | 50% Cost-Sharing Plan | | 25% Cost-Sharing Plan | |
| Part A Deductible (\$1,132): | 50% | | 75% | |
| Part B Deductible (\$162): | Not Covered | | Not Covered | |
| Part B Excess Charges: | Not Covered | | Not Covered | |
| Additional Home Health Care: | Zip Codes | | Zip Codes | |
| | Zip Codes | Rest of State | Zip Codes | Rest of State |
| | 530-534 | State | 530-534 | State |
| All Ages: | \$12.00 | \$10.91 | \$12.00 | \$10.91 |
| Foreign Travel Emergency: | Not Covered | | Not Covered | |

Columbian Mutual Life Insurance Company
P.O. Box 2620
Omaha, NE 68103-2620

Consumer Service Telephone No. 1-866-297-2372

Form No. MTC28-22721

First-Year Commission: \$325.00 Maximum

Health History Requested: Limited

Waiting Period: None

Area 1 Zip Codes: 530 (05, 07, 08, 12, 17, 22, 24, 33, 37, 45, 46, 51, 52, 72, 76, 89, 92, 97)
 531 (02, 04, 08-10, 22, 26, 29, 30, 32, 40-44, 46, 50, 51, 54, 58, 59, 71,
 72, 77, 82, 86-89, 94), 532, 534

Area 2 Zip Codes: 530 (all others), 531(all others), 535, 537, 538, 544, 549

Area 3 Zip Codes 539-543, 545-549

Annual Premium - Basic Policy

Annual Premium - All Options

| Area 1 | | |
|---------------|-------------|---------------|
| Age | Male | Female |
| Under 65 | \$3,536.03 | \$3,076.35 |
| 65 | 1,504.73 | 1,309.12 |
| 70 | 1,712.95 | 1,490.27 |
| 75 | 1,921.17 | 1,671.41 |
| 80 | 2,105.84 | 1,832.07 |

| Area 1 | | |
|---------------|-------------|---------------|
| Age | Male | Female |
| Under 65 | \$4,597.60 | \$4,020.08 |
| 65 | 2,045.50 | 1,799.74 |
| 70 | 2,306.96 | 2,027.21 |
| 75 | 2,595.12 | 2,277.91 |
| 80 | 2,864.59 | 2,512.33 |

| Area 2 | | |
|---------------|-------------|---------------|
| Age | Male | Female |
| Under 65 | \$3,241.36 | \$2,819.98 |
| 65 | 1,379.34 | 1,200.03 |
| 70 | 1,570.21 | 1,366.08 |
| 75 | 1,761.07 | 1,532.13 |
| 80 | 1,930.35 | 1,679.40 |

| Area 2 | | |
|---------------|-------------|---------------|
| Age | Male | Female |
| Under 65 | \$4,227.39 | \$3,697.99 |
| 65 | 1,887.97 | 1,662.70 |
| 70 | 2,127.65 | 1,871.21 |
| 75 | 2,391.78 | 2,101.01 |
| 80 | 2,638.81 | 2,315.91 |

| Area 3 | | |
|---------------|-------------|---------------|
| Age | Male | Female |
| Under 65 | \$2,946.69 | \$2,563.62 |
| 65 | 1,253.95 | 1,090.94 |
| 70 | 1,427.46 | 1,241.89 |
| 75 | 1,600.97 | 1,392.84 |
| 80 | 1,754.86 | 1,526.73 |

| Area 3 | | |
|---------------|-------------|---------------|
| Age | Male | Female |
| Under 65 | \$3,857.17 | \$3,375.89 |
| 65 | 1,730.43 | 1,525.63 |
| 70 | 1,948.32 | 1,715.19 |
| 75 | 2,188.44 | 1,924.09 |
| 80 | 2,413.00 | 2,119.46 |

Premiums are based on **attained** age. Rates for tobacco users are approximately 13% higher.

Columbian Mutual Life Insurance Company (Cont'd.)

Annual Premium - Optional Benefits

Part A Deductible (\$1,132):

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$720.11 | \$626.50 | \$660.10 | \$574.29 | \$600.09 | \$522.08 |
| 65 | 306.43 | 266.59 | 280.90 | 244.38 | 255.36 | 222.16 |
| 70 | 349.28 | 303.87 | 320.18 | 278.56 | 291.07 | 253.23 |
| 75 | 416.93 | 362.73 | 382.19 | 332.50 | 347.44 | 302.27 |
| 80 | 489.97 | 426.27 | 449.14 | 390.75 | 408.31 | 355.23 |

Part B Deductible (\$162): \$155.04 for all ages in all areas

Part B Excess Charges:

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$106.61 | \$ 92.75 | \$ 97.73 | \$ 85.02 | \$ 88.84 | \$ 77.29 |
| 65 | 45.35 | 39.45 | 41.57 | 36.17 | 37.79 | 32.88 |
| 70 | 52.11 | 45.34 | 47.77 | 41.56 | 43.43 | 37.78 |
| 75 | 58.26 | 50.69 | 53.40 | 46.47 | 48.55 | 42.24 |
| 80 | 63.01 | 54.82 | 57.77 | 50.25 | 52.51 | 45.68 |

Additional Home Health Care:

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$ 46.86 | \$ 40.77 | \$ 42.95 | \$ 37.38 | \$ 39.05 | \$ 33.97 |
| 65 | 19.92 | 17.33 | 18.26 | 15.89 | 16.60 | 14.44 |
| 70 | 22.67 | 19.73 | 20.78 | 18.09 | 18.90 | 16.44 |
| 75 | 27.06 | 23.54 | 24.80 | 21.58 | 22.55 | 19.62 |
| 80 | 31.82 | 27.68 | 29.17 | 25.38 | 26.52 | 23.07 |

Foreign Travel Emergency:

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$ 32.95 | \$ 28.67 | \$ 30.21 | \$ 26.28 | \$ 27.46 | \$ 23.89 |
| 65 | 14.03 | 12.21 | 12.86 | 11.19 | 11.69 | 10.17 |
| 70 | 14.91 | 12.96 | 13.67 | 11.88 | 12.42 | 10.81 |
| 75 | 16.66 | 14.50 | 15.28 | 13.29 | 13.89 | 12.08 |
| 80 | 18.91 | 16.45 | 17.34 | 15.09 | 15.76 | 13.71 |

Combined Insurance Company of America
111 East Wacker Drive, Suite 700
Chicago, IL 60601
(www.combinedinsurance.com)

Consumer Service Telephone No. 1-800-544-5531

Form No. 14909

First-Year Commission: 13%

Health History Requested: Detailed

Waiting Period: None

Annual Premium - Basic Policy

Annual Premium - All Options

Area (First 3 digits of zip code)
 Zip Codes 530-532

Area (First 3 digits of zip code)
 Zip Codes 530-532

| Age | Male | Female |
|----------|------------|------------|
| Under 65 | \$2,701.31 | \$2,444.05 |
| 65 | 1,742.04 | 1,576.14 |
| 70 | 2,276.78 | 2,059.94 |
| 75 | 2,770.04 | 2,506.22 |
| 80 | 3,134.03 | 2,835.55 |

| Age | Male | Female |
|----------|------------|------------|
| Under 65 | \$3,478.99 | \$3,221.73 |
| 65 | 2,324.48 | 2,158.58 |
| 70 | 2,970.39 | 2,753.55 |
| 75 | 3,566.20 | 3,302.38 |
| 80 | 4,005.86 | 3,707.38 |

Zip Code Rest of State

Zip Code Rest of State

| | | |
|----------|------------|------------|
| Under 65 | \$2,455.74 | \$2,221.86 |
| 65 | 1,583.67 | 1,432.85 |
| 70 | 2,069.80 | 1,872.68 |
| 75 | 2,518.22 | 2,278.39 |
| 80 | 2,849.13 | 2,577.79 |

| | | |
|----------|------------|------------|
| Under 65 | \$3,181.58 | \$2,947.70 |
| 65 | 2,132.66 | 1,981.84 |
| 70 | 2,719.71 | 2,522.59 |
| 75 | 3,261.21 | 3,021.38 |
| 80 | 3,660.82 | 3,389.48 |

Premiums are based on **attained** age. There is a different premium for each age between 65 and 80.

Annual Premium - Optional Benefits

| | Age: | Zip Codes 530-532 | Zip Codes Rest of State |
|-------------------------------------|----------|------------------------------------|----------------------------|
| Part A Deductible (\$1,132): | Under 65 | \$471.64 | \$428.80 |
| | 65 | 304.17 | 276.52 |
| | 70 | 397.53 | 361.41 |
| | 75 | 483.66 | 439.71 |
| | 80 | 547.21 | 497.49 |
| Part B Deductible (\$162): | | \$155.00 for all ages in all areas | |
| Part B Excess Charges: | | \$35.00 for all ages in all areas | |

Combined Insurance Company of America (Cont'd.)

| | | | Zip Codes 530-532 | Zip Codes Rest of State |
|-------------------------------------|---------------|----|----------------------|----------------------------|
| Additional Home Health Care: | Age: Under 65 | | \$ 89.96 | \$ 80.96 |
| | | 65 | 58.01 | 52.21 |
| | | 70 | 75.82 | 68.24 |
| | | 75 | 92.24 | 83.02 |
| | | 80 | 104.36 | 93.94 |
| | | | For all Areas | |
| Foreign Travel Emergency: | Age: Under 65 | | \$ 26.08 | |
| | | 65 | 30.26 | |

Continental Life Insurance Company of Brentwood, Tennessee
101 Continental Place
Brentwood, TN 37027
(www.contlife.com)

Consumer Service Telephone No. 1-800-264-4000

Form No. CLIMSP10BC

First-Year Commission: 23%

Health History Requested: Limited

Waiting Period: None

| Annual Premium - Basic Policy | | Annual Premium - Optional Benefits | |
|-------------------------------|------------|------------------------------------|------------|
| Age | Amount | Age | Amount |
| Under 65 | \$1,548.00 | Under 65 | \$2,381.00 |
| 65 | 849.00 | 65 | 1,407.00 |
| 70 | 984.00 | 70 | 1,626.00 |
| 75 | 1,140.00 | 75 | 1,859.00 |
| 80 | 1,269.00 | 80 | 2,046.00 |

Premiums are based on **attained** age, Area 1 (all zip codes except 530-534). For Area 2 (zip codes 530-534), multiply above rates by 1.15. For tobacco rates, multiply above rates by 1.10.

Annual Premium - Optional Benefits

| | | | |
|-------------------------------------|-----------------------|----------|----------|
| Part A Deductible (\$1,132): | Age: | Under 65 | \$445.00 |
| | | 65 | 253.00 |
| | | 70 | 313.00 |
| | | 75 | 369.00 |
| | | 80 | 411.00 |
| Part B Deductible (\$162): | \$155.00 for all ages | | |
| Part B Excess Charges: | Age: | Under 65 | \$ 97.00 |
| | | 65 | 56.00 |
| | | 70 | 65.00 |
| | | 75 | 75.00 |
| | | 80 | 80.00 |
| Additional Home Health Care: | Age: | Under 65 | \$105.00 |
| | | 65 | 63.00 |
| | | 70 | 78.00 |
| | | 75 | 89.00 |
| | | 80 | 100.00 |
| Foreign Travel Emergency: | \$31.00 for all ages | | |

Cost saving options may lower your annual premium but may also increase your annual out-of-pocket expenses.

This company offers **Part B Copayment or Coinsurance Rider**.

Family Life Insurance Company
P.O. Box 924408
Houston, TX 72292-4408
(www.familylifeins.com)

Consumer Service Telephone No. 1-800-877-7703

Form No. MSAA200810 WI

First-Year Commission: 29%

Health History Requested: Limited

Waiting Period: None

Area 1 Zip Codes: 530 (00, 05, 07, 08, 12, 17, 22, 24, 33, 37, 46, 51, 52, 72, 76, 89, 92, 97)
531 (00, 02, 04, 08-10, 22, 26, 29, 30, 32, 40-44, 46, 50, 51, 54, 58, 59, 71)
532, 534

Area 2 Zip Codes: 530 (all others), 531 (all others), 535-538, 544, 549

Area 3 Zip Codes: Rest of State

Annual Premium - Basic Policy

Annual Premium - All Options

| Area 1 | |
|---------------|---------------|
| Age | Amount |
| Under 65 | \$3,889.00 |
| 65 | 1,293.00 |
| 70 | 1,546.00 |
| 75 | 1,850.00 |
| 80 | 2,132.00 |

| Area 1 | |
|---------------|---------------|
| Age | Amount |
| Under 65 | \$5,293.00 |
| 65 | 1,875.00 |
| 70 | 2,211.00 |
| 75 | 2,611.00 |
| 80 | 2,979.00 |

| Area 2 | |
|---------------|------------|
| Under 65 | \$3,551.00 |
| 65 | 1,180.00 |
| 70 | 1,411.00 |
| 75 | 1,689.00 |
| 80 | 1,947.00 |

| Area 2 | |
|---------------|------------|
| Under 65 | \$4,845.00 |
| 65 | 1,724.00 |
| 70 | 2,032.00 |
| 75 | 2,398.00 |
| 80 | 2,733.00 |

| Area 3 | |
|---------------|------------|
| Under 65 | \$3,213.00 |
| 65 | 1,068.00 |
| 70 | 1,277.00 |
| 75 | 1,529.00 |
| 80 | 1,761.00 |

| Area 3 | |
|---------------|------------|
| Under 65 | \$4,400.00 |
| 65 | 1,576.00 |
| 70 | 1,853.00 |
| 75 | 2,184.00 |
| 80 | 2,487.00 |

Premiums are based on **attained** age.

Family Life Insurance Company (Cont'd.)

Annual Premium - Optional Benefits

| | | Area 1 | Area 2 | Area 3 |
|-------------------------------------|------------------------------------|---------------|---------------|---------------|
| Part A Deductible (\$1,132): | Age: Under 65 | \$884.00 | \$807.00 | \$731.00 |
| | 65 | 305.00 | 278.00 | 252.00 |
| | 70 | 363.00 | 332.00 | 300.00 |
| | 75 | 431.00 | 394.00 | 356.00 |
| | 80 | 491.00 | 448.00 | 406.00 |
| Part B Deductible (\$162): | \$151.00 for all ages in all areas | | | |
| Part B Excess Charges: | Age: Under 65 | \$ 99.00 | \$ 90.00 | \$ 82.00 |
| | 65 | 32.00 | 29.00 | 27.00 |
| | 70 | 39.00 | 36.00 | 32.00 |
| | 75 | 46.00 | 42.00 | 38.00 |
| | 80 | 54.00 | 49.00 | 45.00 |
| Additional Home Health Care: | Age: Under 65 | \$196.00 | \$179.00 | \$162.00 |
| | 65 | 64.00 | 59.00 | 53.00 |
| | 70 | 77.00 | 70.00 | 64.00 |
| | 75 | 93.00 | 85.00 | 77.00 |
| | 80 | 107.00 | 98.00 | 88.00 |
| Foreign Travel Emergency: | Age: Under 65 | \$ 74.00 | \$ 67.00 | \$ 61.00 |
| | 65 | 30.00 | 27.00 | 25.00 |
| | 70 | 35.00 | 32.00 | 29.00 |
| | 75 | 40.00 | 37.00 | 33.00 |
| | 80 | 44.00 | 40.00 | 36.00 |

Gerber Life Insurance Company
P.O. Box 2271
Omaha, NE 60103-2271
(www.gerberlife.com)

Consumer Service Telephone No. 1-877-778-0839

Form No. MTG28-22228

First-Year Commission: 28% Maximum

Health History Requested: Limited

Waiting Period: None

Area 1 Zip Codes: 530 (05, 07, 08, 12, 17, 22, 24, 33, 37, 45, 46, 51, 52, 72, 76, 89, 92, 97)
 531 (02, 04, 08-10, 22, 26, 29, 30, 32, 40-44, 46, 50, 51, 54, 58, 59, 71,
 72, 77, 82, 86-89, 94), 532, 534

Area 2 Zip Codes: 530 (all others), 531(all others), 535, 537, 538, 544, 549

Area 3 Zip Codes 539-543, 545-549

| Annual Premium - Basic Policy | | | Annual Premium - All Options | | |
|--------------------------------------|-------------|---------------|-------------------------------------|-------------|---------------|
| Area 1 | | | Area 1 | | |
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$3,319.17 | \$2,887.67 | Under 65 | \$4,334.58 | \$3,791.24 |
| 65 | 1,412.41 | 1,228.80 | 65 | 1,933.60 | 1,702.37 |
| 70 | 1,650.06 | 1,435.55 | 70 | 2,234.14 | 1,963.85 |
| 75 | 1,833.73 | 1,595.34 | 75 | 2,491.11 | 2,187.41 |
| 80 | 1,967.52 | 1,711.74 | 80 | 2,693.29 | 2,363.32 |
| Area 2 | | | Area 2 | | |
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$3,042.57 | \$2,647.04 | Under 65 | \$3,986.29 | \$3,488.23 |
| 65 | 1,294.71 | 1,126.40 | 65 | 1,785.38 | 1,573.42 |
| 70 | 1,512.56 | 1,315.93 | 70 | 2,060.89 | 1,813.14 |
| 75 | 1,680.91 | 1,462.39 | 75 | 2,296.42 | 2,018.04 |
| 80 | 1,803.56 | 1,569.10 | 80 | 2,481.77 | 2,179.30 |
| Area 3 | | | Area 3 | | |
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$2,765.97 | \$2,406.39 | Under 65 | \$3,637.99 | \$3,185.19 |
| 65 | 1,177.01 | 1,024.00 | 65 | 1,637.16 | 1,444.48 |
| 70 | 1,375.05 | 1,196.29 | 70 | 1,887.62 | 1,662.37 |
| 75 | 1,528.10 | 1,329.45 | 75 | 2,101.75 | 1,848.68 |
| 80 | 1,639.60 | 1,426.45 | 80 | 2,270.25 | 1,995.27 |

Premiums are based on **attained** age. Rates for tobacco users are approximately 13% higher.

Gerber Life Insurance Company (Cont'd.)

Annual Premium - Optional Benefits

Part A Deductible (\$1,132):

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$680.64 | \$592.17 | \$623.93 | \$542.82 | \$567.21 | \$493.47 |
| 65 | 289.65 | 251.99 | 265.51 | 230.99 | 241.37 | 209.99 |
| 70 | 340.14 | 295.92 | 311.79 | 271.27 | 283.45 | 246.60 |
| 75 | 401.90 | 349.65 | 368.41 | 320.52 | 334.92 | 291.38 |
| 80 | 461.03 | 401.10 | 422.61 | 367.67 | 384.19 | 334.25 |

Part B Deductible (\$162): \$155.00 for all ages in all areas

Part B Excess Charges:

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$ 88.32 | \$ 76.84 | \$ 80.96 | \$ 70.44 | \$ 73.60 | \$ 64.03 |
| 65 | 37.58 | 32.69 | 34.45 | 29.97 | 31.32 | 27.25 |
| 70 | 44.47 | 38.69 | 40.77 | 35.47 | 37.06 | 32.24 |
| 75 | 49.23 | 42.84 | 45.14 | 39.26 | 41.03 | 35.70 |
| 80 | 51.99 | 45.24 | 47.66 | 41.46 | 43.33 | 37.70 |

Additional Home Health Care:

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$ 49.11 | \$ 42.72 | \$ 45.01 | \$ 39.16 | \$ 40.92 | \$ 35.60 |
| 65 | 20.92 | 18.20 | 19.17 | 16.68 | 17.43 | 15.16 |
| 70 | 24.55 | 21.36 | 22.51 | 19.58 | 20.46 | 17.80 |
| 75 | 29.07 | 25.28 | 26.64 | 23.18 | 24.22 | 21.07 |
| 80 | 33.32 | 28.99 | 30.55 | 26.58 | 27.77 | 24.16 |

Foreign Travel Emergency:

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$ 42.34 | \$ 36.84 | \$ 38.82 | \$ 33.77 | \$ 35.29 | \$ 30.70 |
| 65 | 18.04 | 15.69 | 16.54 | 14.38 | 15.03 | 13.08 |
| 70 | 19.92 | 17.33 | 18.26 | 15.89 | 16.60 | 14.44 |
| 75 | 22.18 | 19.30 | 20.32 | 17.69 | 18.48 | 16.08 |
| 80 | 24.43 | 21.25 | 22.39 | 19.49 | 20.36 | 17.71 |

Globe Life and Accident Insurance Company
P.O. Box 2440
McKinney, TX 75070
(www.globecaremedsupp.com)

Consumer Service Telephone No. 1-800-801-6831

Form No. GMC4810

First-Year Commission: None

Health History Requested: Limited

Waiting Period: 60 Days

Annual Premium - Basic Policy

Area (First 3 digits of zip code)

Zip Codes: 530, 533, 537

| Age | Amount |
|----------|------------|
| Under 65 | \$3,393.00 |
| 65 | 1,357.00 |
| 70 | 1,703.00 |
| 75 | 1,901.00 |
| 80+ | 2,041.00 |

Annual Premium - All Options

Area (First 3 digits of zip code)

Zip Codes: 530, 533, 537

| Age | Amount |
|----------|------------|
| Under 65 | \$4,090.00 |
| 65 | 1,745.00 |
| 70 | 2,179.00 |
| 75 | 2,466.00 |
| 80+ | 2,708.00 |

Premiums are based on **attained** age. There is a different premium for each age between 65 and 80. Globe Life and Accident Insurance Company is a direct response insurer.

Annual Premium - Optional Benefits

| | | | |
|-------------------------------------|------|----------|----------|
| Part A Deductible (\$1,132): | Age: | Under 65 | \$516.00 |
| | | 65 | 209.00 |
| | | 70 | 296.00 |
| | | 75 | 383.00 |
| | | 80+ | 481.00 |

Part B Deductible (\$162): \$161.00 for all ages

| | | | |
|-------------------------------|------|----------|----------|
| Part B Excess Charges: | Age: | Under 65 | \$ 11.00 |
| | | 65 | 9.00 |
| | | 70 | 10.00 |
| | | 75 | 10.00 |
| | | 80+ | 10.00 |

Additional Home Health Care: \$7.00 for all ages

| | | | |
|----------------------------------|------|----------|---------|
| Foreign Travel Emergency: | Age: | Under 65 | \$ 2.00 |
| | | 65 | 2.00 |
| | | 70 | 2.00 |
| | | 75 | 4.00 |
| | | 80+ | 8.00 |

Government Personnel Mutual Life Insurance Company
P.O. Box 2679
Omaha, NE 68103-2679
(www.gpmlife.com)

Consumer Service Telephone No. 1-866-865-7631

Form No. MTP28-22760

First-Year Commission: 15%

Health History Requested: Limited

Waiting Period: None

Area 1 Zip Codes: 530 (05, 07, 08, 12, 17, 22, 24, 33, 37, 45, 46, 51, 52, 72, 76, 89, 92, 97)
 531 (02, 04, 08-10, 22, 26, 29, 30, 32, 40-44, 46, 50, 51, 54, 58, 59, 71,
 72, 77, 82, 86-89, 94), 532, 534

Area 2 Zip Codes: 530 (all others), 531(all others), 535, 537, 538, 544, 549

Area 3 Zip Codes 539-543, 545-549

| Annual Premium - Basic Policy | | | Annual Premium - Optional Benefits | | |
|-------------------------------|------------|------------|------------------------------------|------------|------------|
| Area 1 | | | Area 1 | | |
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$3,416.64 | \$2,972.48 | Under 65 | \$4,467.80 | \$3,907.14 |
| 65 | 1,453.87 | 1,264.87 | 65 | 1,990.26 | 1,751.70 |
| 70 | 1,655.07 | 1,439.92 | 70 | 2,244.34 | 1,972.73 |
| 75 | 1,856.15 | 1,614.85 | 75 | 2,524.22 | 2,216.23 |
| 80 | 2,034.55 | 1,770.06 | 80 | 2,786.42 | 2,444.34 |
| Area 2 | | | Area 2 | | |
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$3,131.91 | \$2,724.77 | Under 65 | \$4,108.40 | \$3,594.46 |
| 65 | 1,332.72 | 1,159.47 | 65 | 1,837.35 | 1,618.64 |
| 70 | 1,517.14 | 1,319.92 | 70 | 2,070.22 | 1,821.25 |
| 75 | 1,701.47 | 1,480.28 | 75 | 2,326.78 | 2,044.46 |
| 80 | 1,865.00 | 1,622.56 | 80 | 2,567.13 | 2,253.57 |
| Area 3 | | | Area 3 | | |
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$2,847.20 | \$2,477.06 | Under 65 | \$3,749.01 | \$3,281.79 |
| 65 | 1,211.56 | 1,054.06 | 65 | 1,684.40 | 1,485.58 |
| 70 | 1,379.23 | 1,199.93 | 70 | 1,896.12 | 1,669.78 |
| 75 | 1,546.79 | 1,345.71 | 75 | 2,129.35 | 1,872.70 |
| 80 | 1,695.46 | 1,475.05 | 80 | 2,347.86 | 2,062.78 |

Premiums are based on **attained** age. Rates for tobacco users are approximately 13% higher.

Government Personnel Mutual Life Insurance Company (Cont'd.)

Annual Premium - Optional Benefits

Part A Deductible (\$1,132):

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$711.84 | \$619.30 | \$652.52 | \$567.69 | \$593.20 | \$516.08 |
| 65 | 302.93 | 263.55 | 277.69 | 241.58 | 252.44 | 219.62 |
| 70 | 345.40 | 300.50 | 316.61 | 275.45 | 287.83 | 250.41 |
| 75 | 412.17 | 358.60 | 377.82 | 328.71 | 343.48 | 298.83 |
| 80 | 484.33 | 421.37 | 443.97 | 386.25 | 403.61 | 351.14 |

Part B Deductible (\$162): \$155.04 for all ages in all areas

Part B Excess Charges:

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|-----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$ 105.36 | \$ 91.66 | \$ 96.58 | \$ 84.02 | \$ 87.80 | \$ 76.39 |
| 65 | 44.85 | 39.03 | 41.12 | 35.77 | 37.38 | 32.52 |
| 70 | 51.62 | 44.90 | 47.31 | 41.16 | 43.01 | 37.42 |
| 75 | 57.51 | 50.03 | 52.71 | 45.86 | 47.92 | 41.69 |
| 80 | 62.27 | 54.17 | 57.07 | 49.66 | 51.89 | 45.14 |

Additional Home Health Care:

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$ 46.23 | \$ 40.21 | \$ 42.38 | \$ 36.86 | \$ 38.52 | \$ 33.51 |
| 65 | 19.67 | 17.11 | 18.03 | 15.69 | 16.39 | 14.26 |
| 70 | 22.43 | 19.51 | 20.56 | 17.89 | 18.69 | 16.26 |
| 75 | 26.81 | 23.32 | 24.58 | 21.38 | 22.34 | 19.44 |
| 80 | 31.44 | 27.35 | 28.82 | 25.07 | 26.20 | 22.79 |

Foreign Travel Emergency:

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$ 32.69 | \$ 28.45 | \$ 29.97 | \$ 26.08 | \$ 27.25 | \$ 23.71 |
| 65 | 13.90 | 12.10 | 12.75 | 11.09 | 11.59 | 10.08 |
| 70 | 14.78 | 12.86 | 13.55 | 11.79 | 12.32 | 10.72 |
| 75 | 16.54 | 14.39 | 15.16 | 13.19 | 13.78 | 11.99 |
| 80 | 18.79 | 16.35 | 17.23 | 14.99 | 15.66 | 13.62 |

Cost saving options may lower your annual premium but may also increase your annual out-of-pocket expenses.

This company offers **Part B Copayment or Coinsurance Rider**.

Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, IL 60025
(www.GTLIC.com)

Consumer Service Telephone No. 1-800-338-7452

Form No. G9942-49 and WMSI6

First-Year Commission: 25%

Health History Requested: Limited

Waiting Period: None

Annual Premium - Basic Policy

Annual Premium - All Options

| Age | Amount | Age | Amount |
|----------|------------|----------|------------|
| Under 65 | \$2,735.81 | Under 65 | \$4,308.35 |
| 65 | 1,410.93 | 65 | 2,314.19 |
| 70 | 1,669.26 | 70 | 2,699.83 |
| 75 | 1,991.41 | 75 | 3,168.62 |
| 80 | 2,324.69 | 80 | 3,640.34 |
| 85+ | 2,735.81 | 85+ | 4,308.35 |

Premiums are based on **attained** age. There is a different premium for each age between 65 and 85.

Annual Premium - Optional Benefits

| | | | |
|-------------------------------------|-----------------------|----------|----------|
| Part A Deductible (\$1,132): | Age: | Under 65 | \$766.87 |
| | | 65 | 438.27 |
| | | 70 | 513.66 |
| | | 75 | 591.57 |
| | | 80 | 662.08 |
| | | 85+ | 766.87 |
| Part B Deductible (\$162): | \$145.86 for all ages | | |
| Part B Excess Charges: | Age: | Under 65 | \$354.06 |
| | | 65 | 201.86 |
| | | 70 | 237.14 |
| | | 75 | 272.63 |
| | | 80 | 304.50 |
| | | 85+ | 354.06 |
| Additional Home Health Care: | Age: | Under 65 | \$216.20 |
| | | 65 | 27.72 |
| | | 70 | 44.36 |
| | | 75 | 77.60 |
| | | 80 | 113.66 |
| | | 85+ | 216.20 |
| Foreign Travel Emergency: | \$82.26 for all ages | | |

Humana Insurance Company
500 West Main Street
Louisville, KY 40202
(www.humana.com)

Consumer Service Telephone No. 1-888-310-8482 Non-members
 1-800-866-0581 Members

Form No. WI-MESM10BASIC

First-Year Commission: 8%

Health History Requested: Detailed

Waiting Period: 90 Days

Area 1: Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha counties

Area 2: Brown, Dane, and Outagamie counties

Area 3: All other Wisconsin counties

| Annual Premium - Basic Policy | | | Annual Premium - All Options | | |
|--------------------------------------|-------------|---------------|-------------------------------------|-------------|---------------|
| Area 1 | | | Area 1 | | |
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$4,875.84 | \$4,875.84 | Under 65 | \$6,371.40 | \$6,371.40 |
| 65 | 1,950.36 | 1,945.92 | 65 | 2,641.56 | 2,635.92 |
| 70 | 2,372.88 | 2,299.80 | 70 | 3,180.24 | 3,087.12 |
| 75 | 2,886.84 | 2,666.28 | 75 | 3,835.80 | 3,554.52 |
| 80 | 3,411.96 | 3,031.20 | 80 | 4,505.16 | 4,019.76 |
| Area 2 | | | Area 2 | | |
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$4,122.24 | \$4,122.24 | Under 65 | \$5,410.80 | \$5,410.80 |
| 65 | 1,648.92 | 1,645.20 | 65 | 2,257.44 | 2,252.64 |
| 70 | 2,006.16 | 1,944.36 | 70 | 2,712.72 | 2,634.00 |
| 75 | 2,440.68 | 2,254.20 | 75 | 3,266.88 | 3,029.04 |
| 80 | 2,884.68 | 2,562.84 | 80 | 3,833.04 | 3,422.64 |
| Area 3 | | | Area 3 | | |
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$4,353.88 | \$4,343.88 | Under 65 | \$5,693.28 | \$5,693.28 |
| 65 | 1,737.60 | 1,733.64 | 65 | 2,370.36 | 2,365.32 |
| 70 | 2,113.92 | 2,049.00 | 70 | 2,850.12 | 2,767.44 |
| 75 | 2,571.96 | 2,375.40 | 75 | 3,434.16 | 3,183.48 |
| 80 | 3,039.72 | 2,700.60 | 80 | 4,030.56 | 3,598.32 |

Premiums are based on **attained** age. There is a different premium for each age between 65 and 80.

Humana Insurance Company (Cont'd)

Annual Premium - Optional Benefits

Part A Deductible (\$1,132):

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$911.76 | \$911.76 | \$770.88 | \$770.88 | \$812.28 | \$812.28 |
| 65 | 364.68 | 363.96 | 308.40 | 307.68 | 324.96 | 324.24 |
| 70 | 443.64 | 430.08 | 375.12 | 363.60 | 395.28 | 383.16 |
| 75 | 539.88 | 498.60 | 456.48 | 421.56 | 480.96 | 444.12 |
| 80 | 638.04 | 566.76 | 539.52 | 479.16 | 568.44 | 504.96 |

Part B Deductible (\$162): \$154.92 for all ages in all areas

Part B Excess Charges:

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$199.80 | \$199.80 | \$168.96 | \$168.96 | \$178.08 | \$178.08 |
| 65 | 80.04 | 79.68 | 67.68 | 67.44 | 71.28 | 71.04 |
| 70 | 97.32 | 94.20 | 82.20 | 79.68 | 86.64 | 84.00 |
| 75 | 118.44 | 109.32 | 100.08 | 92.40 | 105.48 | 97.32 |
| 80 | 139.92 | 124.32 | 118.32 | 105.12 | 124.68 | 110.76 |

Additional Home Health Care:

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$185.28 | \$185.28 | \$156.72 | \$156.72 | \$165.12 | \$165.12 |
| 65 | 74.04 | 73.92 | 62.64 | 62.52 | 66.00 | 65.88 |
| 70 | 90.12 | 87.36 | 76.20 | 73.92 | 80.28 | 77.88 |
| 75 | 109.68 | 101.40 | 92.76 | 85.68 | 97.68 | 90.36 |
| 80 | 129.60 | 115.20 | 109.56 | 97.44 | 115.44 | 102.72 |

Foreign Travel Emergency:

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|---------|---------|---------|---------|---------|---------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$43.80 | \$43.80 | \$37.08 | \$37.08 | \$39.00 | \$39.00 |
| 65 | 17.52 | 17.52 | 14.88 | 14.88 | 15.60 | 15.60 |
| 70 | 21.36 | 20.76 | 18.12 | 17.52 | 19.08 | 18.48 |
| 75 | 26.04 | 24.00 | 21.96 | 20.28 | 23.16 | 21.36 |
| 80 | 30.72 | 27.36 | 26.04 | 23.16 | 27.36 | 24.36 |

Humana Insurance Company
500 West Main Street
Louisville, KY 40202
(www.humana.com)

Consumer Service Telephone No. 1-888-310-8482 Non-members
 1-800-866-0581 Members

Form No. WI-MESM1050; WI-MESM1025 **First-Year Commission:** 8%

Health History Requested: Detailed **Waiting Period:** 90 Days

Area 1: Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha counties

Area 2: Brown, Dane, and Outagamie counties

Area 3: All other Wisconsin counties

Annual Premium - 50% Cost-Sharing Plan

| Annual Premium - Basic Policy | | | Annual Premium - All Options | | |
|--------------------------------------|------------------------|---------------|-------------------------------------|------------------------|---------------|
| Age | Area 1 Male | Female | Age | Area 1 Male | Female |
| Under 65 | \$3,398.52 | \$3,398.52 | Under 65 | \$3,583.80 | \$3,583.80 |
| 65 | 1,359.36 | 1,356.36 | 65 | 1,433.40 | 1,430.28 |
| 70 | 1,653.84 | 1,602.96 | 70 | 1,743.96 | 1,690.32 |
| 75 | 2,012.16 | 1,858.44 | 75 | 2,121.84 | 1,959.84 |
| 80 | 2,378.16 | 2,112.84 | 80 | 2,507.76 | 2,228.04 |
| Age | Area 2 Male | Female | Age | Area 2 Male | Female |
| Under 65 | \$2,873.28 | \$2,873.28 | Under 65 | \$3,030.00 | \$3,030.00 |
| 65 | 1,149.24 | 1,146.72 | 65 | 1,211.88 | 1,209.24 |
| 70 | 1,398.24 | 1,355.28 | 70 | 1,474.44 | 1,429.20 |
| 75 | 1,701.24 | 1,571.16 | 75 | 1,794.00 | 1,656.84 |
| 80 | 2,010.60 | 1,786.32 | 80 | 2,120.16 | 1,883.76 |
| Age | Area 3 Male | Female | Age | Area 3 Male | Female |
| Under 65 | \$3,027.72 | \$3,027.72 | Under 65 | \$3,192.84 | \$3,192.84 |
| 65 | 1,211.04 | 1,208.40 | 65 | 1,277.04 | 1,274.28 |
| 70 | 1,473.36 | 1,428.12 | 70 | 1,553.64 | 1,506.00 |
| 75 | 1,792.68 | 1,655.64 | 75 | 1,890.36 | 1,746.00 |
| 80 | 2,118.72 | 1,882.32 | 80 | 2,234.16 | 1,985.04 |

Humana Insurance Company (Cont'd)

Premiums are based on **attained** age. There is a different premium for each age between 65 and 80.

You will pay **50%** the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of **\$4,640.00** which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

Annual Premium - 25% Cost-Sharing Plan

| Annual Premium - Basic Policy | | | Annual Premium - All Options | | |
|-------------------------------|------------|------------|------------------------------|------------|------------|
| Age | Area 1 | | Age | Area 1 | |
| | Male | Female | | Male | Female |
| Under 65 | \$4,593.12 | \$4,593.12 | Under 65 | \$4,778.40 | \$4,778.40 |
| 65 | 1,837.20 | 1,833.12 | 65 | 1,911.24 | 1,907.04 |
| 70 | 2,235.12 | 2,166.48 | 70 | 2,325.24 | 2,253.84 |
| 75 | 2,719.44 | 2,511.60 | 75 | 2,829.12 | 2,613.00 |
| 80 | 3,214.08 | 2,855.40 | 80 | 3,343.68 | 2,970.60 |
| Age | Area 2 | | Age | Area 2 | |
| | Male | Female | | Male | Female |
| Under 65 | \$3,883.20 | \$3,883.20 | Under 65 | \$4,039.92 | \$4,039.92 |
| 65 | 1,553.28 | 1,549.80 | 65 | 1,615.92 | 1,612.32 |
| 70 | 1,889.76 | 1,831.68 | 70 | 1,965.96 | 1,905.60 |
| 75 | 2,299.20 | 2,123.40 | 75 | 2,391.96 | 2,209.08 |
| 80 | 2,717.40 | 2,414.16 | 80 | 2,826.96 | 2,511.60 |
| Age | Area 3 | | Age | Area 3 | |
| | Male | Female | | Male | Female |
| Under 65 | \$4,092.00 | \$4,092.00 | Under 65 | \$4,257.12 | \$4,257.12 |
| 65 | 1,636.80 | 1,633.08 | 65 | 1,702.80 | 1,698.96 |
| 70 | 1,991.28 | 1,930.20 | 70 | 2,071.56 | 2,008.08 |
| 75 | 2,422.80 | 2,237.52 | 75 | 2,520.48 | 2,327.88 |
| 80 | 2,863.44 | 2,543.88 | 80 | 2,978.88 | 2,646.60 |

Premiums are based on **attained** age. There is a different premium for each age between 65 and 80.

You will pay **25%** the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of **\$2,320.00** which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

Humana Insurance Company (Cont'd)

Annual Premium - Optional Benefits

| | 50% Cost-sharing Plan | 25% Cost-Sharing Plan |
|-------------------------------------|------------------------------|------------------------------|
| Part A Deductible (\$1,132): | 50% | 75% |
| Part B Deductible (\$162): | Not covered | Not covered |
| Part B Excess Charges: | Not covered | Not covered |

Additional Home Health Care:

| Area 1 | | | Area 2 | | |
|---------------|-------------|---------------|---------------|-------------|---------------|
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$185.28 | \$185.28 | Under 65 | \$156.72 | \$156.72 |
| 65 | 74.04 | 73.92 | 65 | 62.64 | 62.52 |
| 70 | 90.12 | 87.36 | 70 | 76.20 | 73.92 |
| 75 | 109.68 | 101.40 | 75 | 92.76 | 85.68 |
| 80 | 129.60 | 115.20 | 80 | 109.56 | 97.44 |

| Area 3 | | |
|---------------|-------------|---------------|
| Age | Male | Female |
| Under 65 | \$165.12 | \$165.12 |
| 65 | 66.00 | 65.88 |
| 70 | 80.28 | 77.88 |
| 75 | 97.68 | 90.36 |
| 80 | 115.44 | 102.72 |

| | | |
|----------------------------------|-------------|-------------|
| Foreign Travel Emergency: | Not covered | Not covered |
|----------------------------------|-------------|-------------|

Liberty National Life Insurance Company
P.O. Box 8080
McKinney, TX 75070
(www.LibNat.com)

Consumer Service Telephone No. 1-800-331-2512

Form No. LMC4810

First-Year Commission: 12%

Health History Requested: Limited

Waiting Period: 60 Days

| Annual Premium - Basic Policy | | | Annual Premium - All Options | | |
|--------------------------------------|-------------|---------------|-------------------------------------|-------------|---------------|
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$4,705.00 | \$4,092.00 | Under 65 | \$5,588.00 | \$4,860.00 |
| 65 | 1,984.00 | 1,726.00 | 65 | 2,470.00 | 2,148.00 |
| 70 | 2,455.00 | 2,136.00 | 70 | 3,063.00 | 2,664.00 |
| 75 | 2,721.00 | 2,367.00 | 75 | 3,447.00 | 2,998.00 |
| 80+ | 2,910.00 | 2,532.00 | 80+ | 3,766.00 | 3,275.00 |

Premiums are based on **attained** age. There is a different premium for each age between 65 and 80.

| Annual Premium - Optional Benefits | | | |
|---|--------------|-------------|---------------|
| Part A Deductible (\$1,132): | Age | Male | Female |
| | Under 65 | \$694.00 | \$604.00 |
| | 65 | 299.00 | 260.00 |
| | 70 | 420.00 | 365.00 |
| | 75 | 535.00 | 465.00 |
| | 80+ | 660.00 | 574.00 |
| Part B Deductible (\$162): | | Male | Female |
| | For all ages | \$164.00 | \$143.00 |
| Part B Excess Charges: | Age | Male | Female |
| | Under 65 | \$ 14.00 | \$ 12.00 |
| | 65 | 12.00 | 10.00 |
| | 70 | 13.00 | 11.00 |
| | 75 | 13.00 | 11.00 |
| | 80+ | 13.00 | 11.00 |
| Additional Home Health Care: | | Male | Female |
| | For all ages | \$ 9.00 | \$ 7.00 |
| Foreign Travel Emergency: | Age | Male | Female |
| | Under 65 | \$ 2.00 | \$ 2.00 |
| | 65 | 2.00 | 2.00 |
| | 70 | 2.00 | 2.00 |
| | 75 | 5.00 | 5.00 |
| | 80+ | 10.00 | 8.00 |

Loyal American Life Insurance Company
P.O. Box 559004
Austin, TX 78755-9004
(www.loyalamerican.com)

Consumer Service Telephone No. 1-800-633-6752

Form No. LOYAL-MS-BASIC-WI

First-Year Commission: 20% - 26%

Health History Requested: Detailed

Waiting Period: None

Annual Premium - Basic Policy

Annual Premium - All Options

Area (First 3 digits of zip code)

Area (First 3 digits of zip code)

Zip Codes 539-543, 545-548

Zip Codes 539-543, 545-548

| Age | Male | Female |
|----------|------------|------------|
| Under 65 | \$2,520.22 | \$2,191.13 |
| 65 | 1,257.09 | 1,092.54 |
| 70 | 1,502.70 | 1,306.69 |
| 75 | 1,800.33 | 1,565.61 |
| 80 | 2,072.56 | 1,801.54 |

| Age | Male | Female |
|----------|------------|------------|
| Under 65 | \$3,206.23 | \$2,786.41 |
| 65 | 1,614.02 | 1,403.49 |
| 70 | 1,927.38 | 1,675.71 |
| 75 | 2,304.87 | 2,003.60 |
| 80 | 2,643.64 | 2,298.82 |

Zip Codes 535-538, 544, 549

Zip Codes 535-538, 544, 549

| | | |
|----------|------------|------------|
| Under 65 | \$2,792.68 | \$2,428.01 |
| 65 | 1,392.99 | 1,210.65 |
| 70 | 1,665.15 | 1,447.96 |
| 75 | 1,994.96 | 1,734.87 |
| 80 | 2,296.62 | 1,996.30 |

| | | |
|----------|------------|------------|
| Under 65 | \$3,552.80 | \$3,087.67 |
| 65 | 1,788.50 | 1,555.21 |
| 70 | 2,135.73 | 1,856.88 |
| 75 | 2,554.03 | 2,220.20 |
| 80 | 2,929.43 | 2,547.33 |

Zip Codes 530-534

Zip Codes 530-534

| | | |
|----------|------------|------------|
| Under 65 | \$3,065.13 | \$2,664.89 |
| 65 | 1,528.89 | 1,328.76 |
| 70 | 1,827.60 | 1,589.22 |
| 75 | 2,189.59 | 1,904.12 |
| 80 | 2,520.68 | 2,191.06 |

| | | |
|----------|------------|------------|
| Under 65 | \$3,899.47 | \$3,388.87 |
| 65 | 1,962.99 | 1,706.93 |
| 70 | 2,344.10 | 2,038.03 |
| 75 | 2,803.21 | 2,436.80 |
| 80 | 3,215.22 | 2,796.85 |

Premiums are based on **attained** age. Tobacco rates are slightly higher.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132):

| Age | Zip Codes 539-543, 545-548 | | Zip Codes 535-538, 544, 549 | | Zip Codes 530-534 | |
|----------|-------------------------------|----------|--------------------------------|----------|----------------------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$573.49 | \$498.48 | \$635.49 | \$552.37 | \$697.49 | \$606.26 |
| 65 | 296.43 | 257.71 | 328.47 | 285.57 | 360.52 | 313.43 |
| 70 | 353.29 | 307.31 | 391.48 | 340.54 | 429.68 | 373.76 |
| 75 | 419.84 | 364.18 | 465.22 | 403.55 | 510.61 | 442.92 |
| 80 | 476.70 | 415.00 | 528.24 | 459.86 | 579.77 | 504.72 |

Loyal American Life Insurance Company (Cont'd)

Part B Deductible (\$162): \$168.95 for all ages in all areas

Part B Excess Charges:

| Age | Zip Codes 539-543, 545-548 | | Zip Codes 535-538, 544, 549 | | Zip Codes 530-534 | |
|----------|-------------------------------|---------|--------------------------------|---------|----------------------|---------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$64.12 | \$55.66 | \$71.06 | \$61.67 | \$77.99 | \$67.69 |
| 65 | 31.46 | 27.83 | 34.86 | 30.84 | 38.26 | 33.84 |
| 70 | 37.51 | 32.67 | 41.56 | 36.20 | 45.62 | 39.73 |
| 75 | 45.98 | 39.93 | 50.95 | 44.24 | 55.92 | 48.56 |
| 80 | 52.03 | 45.98 | 57.65 | 50.95 | 63.27 | 55.92 |

Additional Home Health Care: Not available

Foreign Travel Emergency:

| Age | Zip Codes 539-543, 545-548 | | Zip Codes 535-538, 544, 549 | | Zip Codes 530-534 | |
|----------|-------------------------------|---------|--------------------------------|---------|----------------------|---------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$48.40 | \$41.14 | \$53.63 | \$45.58 | \$58.86 | \$50.03 |
| 65 | 29.04 | 25.41 | 32.18 | 28.15 | 35.32 | 30.90 |
| 70 | 33.88 | 29.04 | 37.54 | 32.18 | 41.20 | 35.32 |
| 75 | 38.72 | 33.88 | 42.90 | 37.54 | 47.09 | 41.20 |
| 80 | 42.35 | 36.30 | 46.92 | 40.22 | 51.50 | 45.15 |

Marquette National Life Insurance Company
1001 Heathrow Park Lane
Lake Mary, FL 32746
(www.marquettenationallife.com)

Consumer Service Telephone No. 1-800-934-8203

Form No. MMSA-10 WI

First-Year Commission: Ages 61-75: 25%
 76-80: 20%
 81+: 12.5%

Health History Requested: Limited

Waiting Period: 180 Days

Annual Premium - Basic Policy

Annual Premium - All Options

Area (First 3 digits of zip code)
 Zip Codes 531-534

Area (First 3 digits of zip code)
 Zip Codes 531-534

| Age | Male | Female |
|----------|------------|------------|
| Under 65 | \$2,235.00 | \$1,943.00 |
| 65 | 1,306.00 | 1,136.00 |
| 70 | 1,663.00 | 1,446.00 |
| 75 | 1,933.00 | 1,680.00 |
| 80 | 2,131.00 | 1,853.00 |

| Age | Male | Female |
|----------|------------|------------|
| Under 65 | \$3,061.00 | \$2,678.00 |
| 65 | 1,740.00 | 1,530.00 |
| 70 | 2,180.00 | 1,913.00 |
| 75 | 2,537.00 | 2,221.00 |
| 80 | 2,854.00 | 2,498.00 |

Zip Codes Rest of State

Zip Codes Rest of State

| | | |
|----------|------------|------------|
| Under 65 | \$1,986.00 | \$1,727.00 |
| 65 | 1,161.00 | 1,010.00 |
| 70 | 1,478.00 | 1,286.00 |
| 75 | 1,718.00 | 1,494.00 |
| 80 | 1,984.00 | 1,647.00 |

| | | |
|----------|------------|------------|
| Under 65 | \$2,721.00 | \$2,380.00 |
| 65 | 1,546.00 | 1,360.00 |
| 70 | 1,938.00 | 1,700.00 |
| 75 | 2,255.00 | 1,974.00 |
| 80 | 2,537.00 | 2,220.00 |

Premiums are based on **attained** age. There is a different premium for each age between 65 and 80. Premiums for tobacco users are slightly higher.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132):

Zip Codes 531-534

Zip Codes Rest of State

| Age | Male | Female |
|----------|----------|----------|
| Under 65 | \$503.00 | \$437.00 |
| 65 | 210.00 | 183.00 |
| 70 | 278.00 | 242.00 |
| 75 | 350.00 | 304.00 |
| 80 | 425.00 | 369.00 |

| Age | Male | Female |
|----------|----------|----------|
| Under 65 | \$447.00 | \$389.00 |
| 65 | 186.00 | 162.00 |
| 70 | 247.00 | 215.00 |
| 75 | 311.00 | 270.00 |
| 80 | 378.00 | 328.00 |

Marquette National Life Insurance Company (Cont'd.)

Part B Deductible (\$162): \$140.00 for all ages in all areas

Part B Excess Charges:

| Zip Codes 531-534 | | | Zip Codes Rest of State | | |
|-------------------|---------|---------|-------------------------|---------|---------|
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$89.00 | \$77.00 | Under 65 | \$79.00 | \$69.00 |
| 65 | 53.00 | 46.00 | 65 | 47.00 | 41.00 |
| 70 | 53.00 | 46.00 | 70 | 47.00 | 41.00 |
| 75 | 53.00 | 46.00 | 75 | 47.00 | 41.00 |
| 80 | 81.00 | 70.00 | 80 | 72.00 | 62.00 |

Additional Home Health Care:

| Zip Codes 531-534 | | | Zip Codes Rest of State | | |
|-------------------|---------|---------|-------------------------|---------|---------|
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$69.00 | \$60.00 | Under 65 | \$62.00 | \$54.00 |
| 65 | 29.00 | 25.00 | 65 | 26.00 | 22.00 |
| 70 | 38.00 | 33.00 | 70 | 34.00 | 30.00 |
| 75 | 48.00 | 41.00 | 75 | 42.00 | 37.00 |
| 80 | 59.00 | 50.00 | 80 | 52.00 | 45.00 |

Foreign Travel Emergency:

| Zip Codes 531-534 | | | Zip Codes Rest of State | | |
|-------------------|---------|---------|-------------------------|---------|---------|
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$39.00 | \$33.00 | Under 65 | \$34.00 | \$30.00 |
| 65 | 16.00 | 14.00 | 65 | 14.00 | 13.00 |
| 70 | 22.00 | 19.00 | 70 | 19.00 | 17.00 |
| 75 | 27.00 | 23.00 | 75 | 24.00 | 21.00 |
| 80 | 32.00 | 29.00 | 80 | 29.00 | 26.00 |

Order of United Commercial Travelers of America
1801 Watermark Drive, Suite 100
Columbus, OH 43215
(www.uct.org)

Consumer Service Telephone No. 1-800-848-0123

Form No. MSAA2010 WI

First-Year Commission: 29%

Health History Requested: Detailed

Waiting Period: None

Annual Premium - Basic Policy

Annual Premium - Optional Benefits

Area (First 3 digits of zip code)
 Zip Codes 530-532, 534

Area (First 3 digits of zip code)
 Zip Codes 530-532, 534

| Age | Male | Female |
|----------|------------|------------|
| Under 65 | \$4,481.84 | \$3,898.52 |
| 65 | 1,654.15 | 1,440.54 |
| 70 | 1,881.47 | 1,634.98 |
| 75 | 2,212.84 | 1,923.91 |
| 80 | 2,459.33 | 2,138.91 |

| Age | Male | Female |
|----------|------------|------------|
| Under 65 | \$6,708.69 | \$5,853.21 |
| 65 | 2,568.17 | 2,255.30 |
| 70 | 2,899.89 | 2,540.44 |
| 75 | 3,387.03 | 2,962.88 |
| 80 | 3,748.19 | 3,277.16 |

Zip Codes Rest of State

Zip Codes Rest of State

| | | |
|----------|------------|------------|
| Under 65 | \$3,774.18 | \$3,282.96 |
| 65 | 1,392.97 | 1,213.09 |
| 70 | 1,584.39 | 1,376.82 |
| 75 | 1,863.45 | 1,620.14 |
| 80 | 2,071.02 | 1,801.18 |

| | | |
|----------|------------|------------|
| Under 65 | \$5,649.42 | \$4,929.01 |
| 65 | 2,162.66 | 1,899.19 |
| 70 | 2,442.01 | 2,139.30 |
| 75 | 2,852.25 | 2,495.06 |
| 80 | 3,156.38 | 2,759.71 |

Premiums are based on **attained** age. There is a different premium for each age between 65 and 80, as well as tobacco users.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132):

Zip Codes 530-532, 534

Zip Codes Rest of State

| Age | Male | Female |
|----------|------------|------------|
| Under 65 | \$1,327.39 | \$1,155.36 |
| 65 | 489.53 | 426.20 |
| 70 | 556.27 | 484.39 |
| 75 | 653.86 | 569.98 |
| 80 | 727.44 | 633.31 |

| Age | Male | Female |
|----------|------------|----------|
| Under 65 | \$1,117.80 | \$972.94 |
| 65 | 412.23 | 358.90 |
| 70 | 468.44 | 407.90 |
| 75 | 550.62 | 479.98 |
| 80 | 612.58 | 533.31 |

Order of United Commercial Travelers of America (Cont'd.)

Part B Deductible (\$162):

Zip Codes 530-532, 534
 \$147.25 for all ages

Zip Codes Rest of State
 \$124.00 for all ages

Part B Excess Charges:

Zip Codes 530-532, 534

Zip Codes Rest of State

| Age | Male | Female |
|----------|----------|----------|
| Under 65 | \$315.78 | \$272.14 |
| 65 | 114.67 | 100.98 |
| 70 | 131.77 | 114.67 |
| 75 | 155.74 | 135.19 |
| 80 | 172.86 | 150.61 |

| Age | Male | Female |
|----------|----------|----------|
| Under 65 | \$265.92 | \$229.17 |
| 65 | 96.56 | 85.03 |
| 70 | 110.97 | 96.56 |
| 75 | 131.15 | 113.85 |
| 80 | 145.57 | 126.83 |

Additional Home Health Care:

Zip Codes 530-532, 534

Zip Codes Rest of State

| Age | Male | Female |
|----------|----------|----------|
| Under 65 | \$249.02 | \$218.20 |
| 65 | 92.41 | 80.43 |
| 70 | 104.41 | 90.70 |
| 75 | 124.93 | 106.12 |
| 80 | 138.62 | 118.09 |

| Age | Male | Female |
|----------|----------|----------|
| Under 65 | \$209.70 | \$183.74 |
| 65 | 77.82 | 67.73 |
| 70 | 87.92 | 76.38 |
| 75 | 105.21 | 89.36 |
| 80 | 116.74 | 99.45 |

Foreign Travel Emergency:

Zip Codes 530-532, 534

Zip Codes Rest of State

| Age | Male | Female |
|----------|----------|----------|
| Under 65 | \$187.41 | \$161.74 |
| 65 | 70.16 | 59.90 |
| 70 | 78.72 | 68.45 |
| 75 | 92.41 | 80.43 |
| 80 | 102.69 | 88.99 |

| Age | Male | Female |
|----------|----------|----------|
| Under 65 | \$157.82 | \$136.20 |
| 65 | 59.08 | 50.44 |
| 70 | 66.29 | 57.64 |
| 75 | 77.82 | 67.73 |
| 80 | 86.47 | 74.94 |

Cost saving options may lower your annual premium but may also increase your annual out-of-pocket expenses.

This company offers **Part A Deductible (50%)**.

This company offers **Part B Copayment or Coinsurance Rider**.

Pekin Life Insurance Company
2505 Court Street
Pekin, IL 61558-0001
(www.pekininsurance.com)

Consumer Service Telephone No. 1-800-447-0122

Form No. H42W(01-06)

First-Year Commission: 17%

Health History Requested: Limited

Waiting Period: 180 Days

Annual Premium - Basic Policy

Annual Premium - All Options

Area (First 3 digits of zip code)

Area (First 3 digits of zip code)

Zip code 530

Zip code 530

| Age | Amount | Age | Amount |
|----------|------------|----------|------------|
| Under 65 | \$1,823.00 | Under 65 | \$2,355.00 |
| 65 | 1,278.00 | 65 | 1,697.00 |
| 70 | 1,508.00 | 70 | 1,979.00 |
| 75 | 1,852.00 | 75 | 2,400.00 |
| 80 | 2,229.00 | 80 | 2,851.00 |
| 85+ | 2,922.00 | 85+ | 3,645.00 |

Premiums are based on **attained** age. There are different premiums for certain ages.

Annual Premium - Optional Benefits

Zip Code 530

| | | | |
|-------------------------------------|------|----------|-----------------------|
| Part A Deductible (\$1,132): | Age: | Under 65 | \$329.00 |
| | | 65 | 230.00 |
| | | 70 | 272.00 |
| | | 75 | 334.00 |
| | | 80 | 393.00 |
| | | 85+ | 468.00 |
| Part B Deductible (\$162): | | | \$155.00 for all ages |
| Part B Excess Charges: | Age: | Under 65 | \$ 22.00 |
| | | 65 | 16.00 |
| | | 70 | 18.00 |
| | | 75 | 21.00 |
| | | 80 | 23.00 |
| | | 85+ | 27.00 |
| Additional Home Health Care: | Age: | Under 65 | \$ 24.00 |
| | | 65 | 16.00 |
| | | 70 | 24.00 |
| | | 75 | 36.00 |
| | | 80 | 49.00 |
| | | 85+ | 71.00 |
| Foreign Travel Emergency: | | | \$2.00 for all ages |

**Physicians Mutual Insurance Company
 2600 Dodge Street
 Omaha, NE 68131
 (www.physiciansmutual.com)**

Consumer Service Telephone No. 1-800-228-9100

Form No. P235

First-Year Commission: 24%

Health History Requested: Limited

Waiting Period: None

Annual Premium - Basic Policy

Annual Premium - All Options

Area (First 3 digits of zip code)

Area (First 3 digits of zip code)

Zip Codes 538, 545-547

Zip Codes 538, 545-547

| Age | Amount |
|----------|------------|
| Under 64 | \$2,475.00 |
| 64-65 | 1,106.28 |
| 70 | 1,294.56 |
| 75 | 1,552.44 |
| 80 | 1,799.76 |
| 85 | 2,036.28 |

| Age | Amount |
|----------|------------|
| Under 64 | \$3,443.28 |
| 64-65 | 1,596.72 |
| 70 | 1,868.28 |
| 75 | 2,209.56 |
| 80 | 2,546.40 |
| 85 | 2,887.68 |

Zip Codes 535, 537,
539-540, 544, 548-549

Zip Codes 535, 537,
539-540, 544, 548-549

| | |
|----------|------------|
| Under 64 | \$2,640.00 |
| 64-65 | 1,179.96 |
| 70 | 1,380.84 |
| 75 | 1,656.12 |
| 80 | 1,919.64 |
| 85 | 2,172.00 |

| | |
|----------|------------|
| Under 64 | \$3,661.92 |
| 64-65 | 1,692.24 |
| 70 | 1,982.16 |
| 75 | 2,346.48 |
| 80 | 2,705.52 |
| 85 | 3,069.48 |

Zip Codes 541-543

Zip Codes 541-543

| | |
|----------|------------|
| Under 64 | \$2,805.12 |
| 64-65 | 1,253.64 |
| 70 | 1,467.24 |
| 75 | 1,759.56 |
| 80 | 2,039.64 |
| 85 | 2,307.72 |

| | |
|----------|------------|
| Under 64 | \$3,880.56 |
| 64-65 | 1,788.12 |
| 70 | 2,096.40 |
| 75 | 2,483.04 |
| 80 | 2,864.88 |
| 85 | 3,251.40 |

Physicians Mutual Insurance Company (Attained Age Cont'd.)

Annual Premium - Basic Policy

| Zip Code 530 | |
|------------------------|------------|
| Age | Amount |
| Under 64 | \$2,970.00 |
| 64-65 | 1,327.44 |
| 70 | 1,553.52 |
| 75 | 1,863.00 |
| 80 | 2,159.64 |
| 85 | 2,443.44 |
| Zip Codes 531-532, 534 | |
| Under 64 | \$3,300.00 |
| 64-65 | 1,474.92 |
| 70 | 1,726.20 |
| 75 | 2,070.00 |
| 80 | 2,399.64 |
| 85 | 2,715.00 |

Annual Premium - All Options

| Zip Code 530 | |
|------------------------|------------|
| Age | Amount |
| Under 64 | \$4,099.08 |
| 64-65 | 1,884.12 |
| 70 | 2,210.40 |
| 75 | 2,619.72 |
| 80 | 3,024.00 |
| 85 | 3,433.32 |
| Zip Codes 531-532, 534 | |
| Under 64 | \$4,536.36 |
| 64-65 | 2,075.88 |
| 70 | 2,438.52 |
| 75 | 2,893.32 |
| 80 | 3,342.60 |
| 85 | 3,797.40 |

Premiums are based on **attained** age. Rates for tobacco users are slightly higher.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132):

| Zip Codes 538, 545-547 | | Zip Codes 535, 537, 539-540, 544, 548-549 | | Zip Codes 541-543 | |
|------------------------|----------|--|----------|-------------------|----------|
| Age | Amount | Age | Amount | Age | Amount |
| Under 64 | \$668.52 | Under 64 | \$713.04 | Under 64 | \$757.56 |
| 64-65 | 263.88 | 64-65 | 281.40 | 64-65 | 298.92 |
| 70 | 340.08 | 70 | 362.76 | 70 | 385.44 |
| 75 | 414.60 | 75 | 442.20 | 75 | 469.80 |
| 80 | 494.64 | 80 | 527.64 | 80 | 560.64 |
| 85 | 582.96 | 85 | 621.84 | 85 | 660.60 |
| Zip Code 530 | | Zip Codes 531-532, 534 | | | |
| Under 64 | \$802.20 | Under 64 | \$891.36 | | |
| 64-65 | 316.56 | 64-65 | 351.72 | | |
| 70 | 408.12 | 70 | 453.48 | | |
| 75 | 497.40 | 75 | 552.72 | | |
| 80 | 593.52 | 80 | 659.52 | | |
| 85 | 699.48 | 85 | 777.24 | | |

Part B Deductible (\$162): \$145.92 for all ages in all areas

Physicians Mutual Insurance Company (Attained Age Cont'd.)

Part B Excess Charges:

| Zip Codes 538, 545-547 | | Zip Codes 535, 537, 539-540, 544, 548-549 | | Zip Codes 541-543 | |
|------------------------|----------|--|----------|-------------------|----------|
| Age | Amount | Age | Amount | Age | Amount |
| Under 64 | \$ 98.16 | Under 64 | \$104.76 | Under 64 | \$111.24 |
| 64-65 | 53.40 | 64-65 | 56.76 | 64-65 | 60.36 |
| 70 | 58.32 | 70 | 62.16 | 70 | 66.12 |
| 75 | 63.72 | 75 | 68.04 | 75 | 72.24 |
| 80 | 68.28 | 80 | 72.84 | 80 | 77.40 |
| 85 | 73.80 | 85 | 78.60 | 85 | 83.64 |
| Zip Code 530 | | Zip Codes 531-532, 534 | | | |
| Under 64 | \$117.84 | Under 64 | \$130.92 | | |
| 64-65 | 63.96 | 64-65 | 71.04 | | |
| 70 | 69.96 | 70 | 77.76 | | |
| 75 | 76.44 | 75 | 84.96 | | |
| 80 | 81.96 | 80 | 91.08 | | |
| 85 | 88.44 | 85 | 98.28 | | |

Additional Home Health Care:

| Zip Codes 538, 545-547 | | Zip Codes 535, 537, 539-540, 544, 548-549 | | Zip Codes 541-543 | |
|------------------------|---------|--|---------|-------------------|---------|
| Age | Amount | Age | Amount | Age | Amount |
| Under 64 | \$37.44 | Under 64 | \$39.96 | Under 64 | \$42.48 |
| 64-65 | 15.24 | 64-65 | 16.20 | 64-65 | 17.28 |
| 70 | 17.40 | 70 | 18.48 | 70 | 19.68 |
| 75 | 20.88 | 75 | 22.20 | 75 | 23.52 |
| 80 | 25.80 | 80 | 27.48 | 80 | 29.28 |
| 85 | 36.72 | 85 | 39.12 | 85 | 41.52 |
| Zip Code 530 | | Zip Codes 531-532, 534 | | | |
| Under 64 | \$44.88 | Under 64 | \$49.92 | | |
| 64-65 | 18.24 | 64-65 | 20.28 | | |
| 70 | 20.88 | 70 | 23.16 | | |
| 75 | 24.96 | 75 | 27.72 | | |
| 80 | 30.96 | 80 | 34.44 | | |
| 85 | 44.04 | 85 | 48.96 | | |

Physicians Mutual Insurance Company (Attained Age Cont'd.)

Foreign Travel Emergency:

| Zip Codes 538, 545-547 | | Zip Codes 535, 537, 539-540, 544, 548-549 | | Zip Codes 541-543 | |
|------------------------|---------|--|---------|-------------------|---------|
| Age | Amount | Age | Amount | Age | Amount |
| Under 64 | \$18.24 | Under 64 | \$18.24 | Under 64 | \$18.24 |
| 64+ | 12.00 | 64+ | 12.00 | 64+ | 12.00 |
| Zip Code 530 | | Zip Codes 531-532, 534 | | | |
| Under 64 | \$18.24 | Under 64 | \$18.24 | | |
| 64+ | 12.00 | 64+ | 12.00 | | |

Physicians Mutual Insurance Company
2600 Dodge Street
Omaha, NE 68131
(www.physiciansmutual.com)

Consumer Service Telephone No. 1-800-228-9100

Form No. P235

First-Year Commission: 24%

Health History Requested: Limited

Waiting Period: None

| Annual Premium - Basic Policy | | Annual Premium - All Options | |
|--|---------------|--|---------------|
| Area (First 3 digits of zip code) | | Area (First 3 digits of zip code) | |
| Zip Codes 538, 545-547 | | Zip Codes 538, 545-547 | |
| Age | Amount | Age | Amount |
| Under 64 | \$2,475.00 | Under 64 | \$3,443.28 |
| 64-65 | 1,289.52 | 64-65 | 1,853.64 |
| 70 | 1,498.80 | 70 | 2,139.24 |
| 75 | 1,711.92 | 75 | 2,432.16 |
| 80 | 1,905.36 | 80 | 2,713.80 |
| 85 | 2,127.60 | 85 | 3,030.12 |
| Zip Codes 535, 537, 539-540, 544, 548-549 | | Zip Codes 535, 537, 539-540, 544, 548-549 | |
| Under 64 | \$2,640.00 | Under 64 | \$3,661.92 |
| 64-65 | 1,375.44 | 64-65 | 1,966.92 |
| 70 | 1,598.76 | 70 | 2,271.24 |
| 75 | 1,825.92 | 75 | 2,583.60 |
| 80 | 2,032.32 | 80 | 2,883.96 |
| 85 | 2,269.56 | 85 | 3,221.52 |
| Zip Codes 541-543 | | Zip Codes 541-543 | |
| Under 64 | \$2,805.12 | Under 64 | \$3,880.56 |
| 64-65 | 1,461.48 | 64-65 | 2,079.96 |
| 70 | 1,698.60 | 70 | 2,403.36 |
| 75 | 1,940.16 | 75 | 2,735.40 |
| 80 | 2,159.40 | 80 | 3,054.36 |
| 85 | 2,411.28 | 85 | 3,413.04 |

Physicians Mutual Insurance Company (Issue Age Cont'd.)

Annual Premium - Basic Policy

| Zip Code 530 | |
|------------------------|------------|
| Age | Amount |
| Under 64 | \$2,970.00 |
| 64-65 | 1,547.40 |
| 70 | 1,798.68 |
| 75 | 2,054.28 |
| 80 | 2,286.36 |
| 85 | 2,553.12 |
| Zip Codes 531-532, 534 | |
| Under 64 | \$3,300.00 |
| 64-65 | 1,719.36 |
| 70 | 1,998.48 |
| 75 | 2,282.52 |
| 80 | 2,540.40 |
| 85 | 2,836.80 |

Annual Premium - All Options

| Zip Code 530 | |
|------------------------|------------|
| Age | Amount |
| Under 64 | \$4,099.08 |
| 64-65 | 2,192.88 |
| 70 | 2,535.72 |
| 75 | 2,886.84 |
| 80 | 3,224.76 |
| 85 | 3,604.44 |
| Zip Codes 531-532, 534 | |
| Under 64 | \$4,536.36 |
| 64-65 | 2,418.96 |
| 70 | 2,799.84 |
| 75 | 3,190.08 |
| 80 | 3,565.44 |
| 85 | 3,987.36 |

Premiums are based on **issue** age. Rates for tobacco users are slightly higher.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132):

| Zip Codes 538, 545-547 | | Zip Codes 535, 537, 539-540, 544, 548-549 | | Zip Codes 541-543 | |
|------------------------|----------|--|----------|-------------------|----------|
| Age | Amount | Age | Amount | Age | Amount |
| Under 64 | \$668.52 | Under 64 | \$713.04 | Under 64 | \$757.56 |
| 64-65 | 330.96 | 64-65 | 353.16 | 64-65 | 375.24 |
| 70 | 398.76 | 70 | 425.28 | 70 | 451.92 |
| 75 | 468.96 | 75 | 500.16 | 75 | 531.48 |
| 80 | 545.76 | 80 | 582.12 | 80 | 618.36 |
| 85 | 626.88 | 85 | 668.52 | 85 | 710.28 |
| Zip Code 530 | | Zip Codes 531-532, 534 | | | |
| Under 64 | \$802.20 | Under 64 | \$891.36 | | |
| 64-65 | 397.20 | 64-65 | 441.36 | | |
| 70 | 478.56 | 70 | 531.72 | | |
| 75 | 562.68 | 75 | 625.20 | | |
| 80 | 654.84 | 80 | 727.56 | | |
| 85 | 752.16 | 85 | 835.68 | | |

Part B Deductible (\$162): \$145.92 for all ages in all areas

Physicians Mutual Insurance Company (Issue Age Cont'd.)

Part B Excess Charges:

| Zip Codes 538, 545-547 | | Zip Codes 535, 537, 539-540, 544, 548-549 | | Zip Codes 541-543 | |
|------------------------|----------|--|----------|-------------------|----------|
| Age | Amount | Age | Amount | Age | Amount |
| Under 64 | \$ 98.16 | Under 64 | \$104.76 | Under 64 | \$111.24 |
| 64-65 | 56.88 | 64-65 | 60.72 | 64-65 | 64.44 |
| 70 | 61.80 | 70 | 65.88 | 70 | 70.08 |
| 75 | 66.60 | 75 | 71.04 | 75 | 75.48 |
| 80 | 71.52 | 80 | 76.20 | 80 | 81.00 |
| 85 | 76.32 | 85 | 81.48 | 85 | 86.64 |
| Zip Code 530 | | Zip Codes 531-532, 534 | | | |
| Under 64 | \$117.84 | Under 64 | \$130.92 | | |
| 64-65 | 68.28 | 64-65 | 75.84 | | |
| 70 | 74.16 | 70 | 82.44 | | |
| 75 | 79.92 | 75 | 88.80 | | |
| 80 | 85.80 | 80 | 95.28 | | |
| 85 | 91.68 | 85 | 101.88 | | |

Additional Home Health Care:

| Zip Codes 538, 545-547 | | Zip Codes 535, 537, 539-540, 544, 548-549 | | Zip Codes 541-543 | |
|------------------------|---------|--|---------|-------------------|---------|
| Age | Amount | Age | Amount | Age | Amount |
| Under 64 | \$37.44 | Under 64 | \$39.96 | Under 64 | \$42.48 |
| 64-65 | 18.36 | 64-65 | 19.68 | 64-65 | 20.88 |
| 70 | 21.96 | 70 | 23.40 | 70 | 24.84 |
| 75 | 26.76 | 75 | 28.56 | 75 | 30.36 |
| 80 | 33.24 | 80 | 35.40 | 80 | 37.68 |
| 85 | 41.40 | 85 | 44.04 | 85 | 46.92 |
| Zip Code 530 | | Zip Codes 531-532, 534 | | | |
| Under 64 | \$44.88 | Under 64 | \$49.92 | | |
| 64-65 | 22.08 | 64-65 | 24.48 | | |
| 70 | 26.40 | 70 | 29.28 | | |
| 75 | 32.04 | 75 | 35.64 | | |
| 80 | 39.84 | 80 | 44.28 | | |
| 85 | 49.56 | 85 | 55.08 | | |

Physicians Mutual Insurance Company (Issue Age Cont'd.)

Foreign Travel Emergency:

| Zip Codes 538, 545-547 | | Zip Codes 535, 537, 539-540, 544, 548-549 | | Zip Codes 541-543 | |
|------------------------|---------|--|---------|-------------------|---------|
| Age | Amount | Age | Amount | Age | Amount |
| Under 64 | \$18.24 | Under 64 | \$18.24 | Under 64 | \$18.24 |
| 64+ | 12.00 | 64+ | 12.00 | 64+ | 12.00 |
| Zip Code 530 | | Zip Codes 531-532, 534 | | | |
| Under 64 | \$18.24 | Under 64 | \$18.24 | | |
| 64+ | 12.00 | 64+ | 12.00 | | |

Physicians Mutual Insurance Company
2600 Dodge Street
Omaha, NE 68131
(www.physiciansmutual.com)

Consumer Service Telephone No. 1-800-228-9100

Form No. P236

First-Year Commission: 24%

Health History Requested: Limited

Waiting Period: None

Annual Premium - High Deductible Plan

Area (First 3 digits of zip code)
Zip Codes 538, 545-547

| Age | Amount |
|------------|---------------|
| Under 64 | \$1,877.64 |
| 64-65 | 564.84 |
| 70 | 698.40 |
| 75 | 857.52 |
| 80 | 1,036.56 |
| 85 | 1,235.04 |

Zip Codes 535, 537,
539-540, 544, 548-549

| | |
|----------|------------|
| Under 64 | \$2,002.80 |
| 64-65 | 602.40 |
| 70 | 744.96 |
| 75 | 914.76 |
| 80 | 1,105.68 |
| 85 | 1,317.36 |

Zip Codes 541-543

| | |
|----------|------------|
| Under 64 | \$2,128.08 |
| 64-65 | 640.08 |
| 70 | 791.52 |
| 75 | 971.88 |
| 80 | 1,174.68 |
| 85 | 1,399.80 |

Area (First 3 digits of zip code)
Zip Codes 530

| Age | Amount |
|------------|---------------|
| Under 64 | \$2,253.24 |
| 64-65 | 677.76 |
| 70 | 838.08 |
| 75 | 1,029.00 |
| 80 | 1,243.80 |
| 85 | 1,482.12 |

Zip Codes 531-532, 534

| | |
|----------|------------|
| Under 64 | \$2,503.56 |
| 64-65 | 753.12 |
| 70 | 931.20 |
| 75 | 1,143.36 |
| 80 | 1,382.04 |
| 85 | 1,646.76 |

Premiums are based on **issue** age.

Physicians Mutual Insurance Company
2600 Dodge Street
Omaha, NE 68131
(www.physiciansmutual.com)

Consumer Service Telephone No. 1-800-228-9100

Form No. P237

First-Year Commission: 24%

Health History Requested: Limited

Waiting Period: None

| Annual Premium - Comprehensive Plan | Annual Premium - Comprehensive Plan with Deductible Discount Rider | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------------|----------|------------|-------|----------|----|----------|----|----------|----|----------|--|----------|--|------------|---------------|----------|------------|-------|----------|----|----------|----|----------|----|----------|----|----------|
| Area (First 3 digits of zip code) Zip Codes 538, 545-547 | Area (First 3 digits of zip code) Zip Codes 538, 545-547 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 20%;">Age</th> <th style="text-align: right;">Amount</th> </tr> </thead> <tbody> <tr><td>Under 64</td><td style="text-align: right;">\$3,377.64</td></tr> <tr><td>64-65</td><td style="text-align: right;">1,794.24</td></tr> <tr><td>70</td><td style="text-align: right;">2,079.84</td></tr> <tr><td>75</td><td style="text-align: right;">2,372.52</td></tr> <tr><td>80</td><td style="text-align: right;">2,654.04</td></tr> <tr><td>85</td><td style="text-align: right;">2,970.48</td></tr> </tbody> </table> | Age | Amount | Under 64 | \$3,377.64 | 64-65 | 1,794.24 | 70 | 2,079.84 | 75 | 2,372.52 | 80 | 2,654.04 | 85 | 2,970.48 | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 20%;">Age</th> <th style="text-align: right;">Amount</th> </tr> </thead> <tbody> <tr><td>Under 64</td><td style="text-align: right;">\$2,465.64</td></tr> <tr><td>64-65</td><td style="text-align: right;">1,309.80</td></tr> <tr><td>70</td><td style="text-align: right;">1,518.24</td></tr> <tr><td>75</td><td style="text-align: right;">1,731.84</td></tr> <tr><td>80</td><td style="text-align: right;">1,937.52</td></tr> <tr><td>85</td><td style="text-align: right;">2,168.40</td></tr> </tbody> </table> | Age | Amount | Under 64 | \$2,465.64 | 64-65 | 1,309.80 | 70 | 1,518.24 | 75 | 1,731.84 | 80 | 1,937.52 | 85 | 2,168.40 |
| Age | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Under 64 | \$3,377.64 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64-65 | 1,794.24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 | 2,079.84 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75 | 2,372.52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 | 2,654.04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85 | 2,970.48 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Under 64 | \$2,465.64 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64-65 | 1,309.80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 | 1,518.24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75 | 1,731.84 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 | 1,937.52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85 | 2,168.40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip Codes 535, 537, 539-540, 544, 548-549 | Zip Codes 535, 537, 539-540, 544, 548-549 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Under 64</td><td style="text-align: right;">\$3,602.76</td></tr> <tr><td>64-65</td><td style="text-align: right;">1,913.88</td></tr> <tr><td>70</td><td style="text-align: right;">2,218.56</td></tr> <tr><td>75</td><td style="text-align: right;">2,530.80</td></tr> <tr><td>80</td><td style="text-align: right;">2,831.16</td></tr> <tr><td>85</td><td style="text-align: right;">3,168.48</td></tr> </tbody> </table> | Under 64 | \$3,602.76 | 64-65 | 1,913.88 | 70 | 2,218.56 | 75 | 2,530.80 | 80 | 2,831.16 | 85 | 3,168.48 | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Under 64</td><td style="text-align: right;">\$2,922.24</td></tr> <tr><td>64-65</td><td style="text-align: right;">1,397.16</td></tr> <tr><td>70</td><td style="text-align: right;">1,619.64</td></tr> <tr><td>75</td><td style="text-align: right;">1,847.52</td></tr> <tr><td>80</td><td style="text-align: right;">2,066.76</td></tr> <tr><td>85</td><td style="text-align: right;">2,312.88</td></tr> </tbody> </table> | Under 64 | \$2,922.24 | 64-65 | 1,397.16 | 70 | 1,619.64 | 75 | 1,847.52 | 80 | 2,066.76 | 85 | 2,312.88 | | | | |
| Under 64 | \$3,602.76 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64-65 | 1,913.88 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 | 2,218.56 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75 | 2,530.80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 | 2,831.16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85 | 3,168.48 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Under 64 | \$2,922.24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64-65 | 1,397.16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 | 1,619.64 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75 | 1,847.52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 | 2,066.76 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85 | 2,312.88 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip Codes 541-543 | Zip Codes 541-543 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Under 64</td><td style="text-align: right;">\$3,828.00</td></tr> <tr><td>64-65</td><td style="text-align: right;">2,033.40</td></tr> <tr><td>70</td><td style="text-align: right;">2,357.04</td></tr> <tr><td>75</td><td style="text-align: right;">2,688.84</td></tr> <tr><td>80</td><td style="text-align: right;">3,008.04</td></tr> <tr><td>85</td><td style="text-align: right;">3,366.60</td></tr> </tbody> </table> | Under 64 | \$3,828.00 | 64-65 | 2,033.40 | 70 | 2,357.04 | 75 | 2,688.84 | 80 | 3,008.04 | 85 | 3,366.60 | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Under 64</td><td style="text-align: right;">\$2,794.44</td></tr> <tr><td>64-65</td><td style="text-align: right;">1,484.28</td></tr> <tr><td>70</td><td style="text-align: right;">1,720.56</td></tr> <tr><td>75</td><td style="text-align: right;">1,962.72</td></tr> <tr><td>80</td><td style="text-align: right;">2,195.88</td></tr> <tr><td>85</td><td style="text-align: right;">2,457.60</td></tr> </tbody> </table> | Under 64 | \$2,794.44 | 64-65 | 1,484.28 | 70 | 1,720.56 | 75 | 1,962.72 | 80 | 2,195.88 | 85 | 2,457.60 | | | | |
| Under 64 | \$3,828.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64-65 | 2,033.40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 | 2,357.04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75 | 2,688.84 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 | 3,008.04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85 | 3,366.60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Under 64 | \$2,794.44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64-65 | 1,484.28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 | 1,720.56 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75 | 1,962.72 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 | 2,195.88 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85 | 2,457.60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Physicians Mutual Insurance Company (Issue Age Cont'd.)

| Annual Premium - Comprehensive Plan | | Annual Premium - Comprehensive Plan with Deductible Discount Rider | |
|---|---------------|---|---------------|
| Area (First 3 digits of zip code) Zip Code 530 | | Area (First 3 digits of zip code) Zip Code 530 | |
| Age | Amount | Age | Amount |
| Under 64 | \$4,053.12 | Under 64 | \$2,958.72 |
| 64-65 | 2,153.04 | 64-65 | 1,571.64 |
| 70 | 2,495.76 | 70 | 1,821.84 |
| 75 | 2,847.12 | 75 | 2,078.40 |
| 80 | 3,184.92 | 80 | 2,178.60 |
| 85 | 3,564.80 | 85 | 2,477.40 |
| Zip Codes 531-532, 534 | | Zip Codes 531-532, 534 | |
| Under 64 | \$4,503.48 | Under 64 | \$3,287.52 |
| 64-65 | 2,392.32 | 64-65 | 1,746.36 |
| 70 | 2,773.08 | 70 | 2,024.28 |
| 75 | 3,163.44 | 75 | 2,309.28 |
| 80 | 3,538.80 | 80 | 2,583.36 |
| 85 | 3,960.72 | 85 | 2,891.28 |

Includes all basic policy benefits and also provides coverage for Part A deductible, Part B deductible, Part B excess charges, Additional Home Health Care, and Foreign Travel Emergency.

The Deductible Discount Rider applies a \$2,000 calendar year deductible to the Comprehensive Policy benefits for the first four calendar years of the policy. Beginning with the fifth calendar year, Comprehensive Policy benefits are payable in full with no deductible.

Premiums are based on **issue** age.

**Standard Life and Accident Insurance Company
 1 Moody Plaza
 Galveston, TX 77550
 (www.SLAICO.com)**

Consumer Service Telephone No. 1-888-350-1488

Form No. 2010-1006-WI

First-Year Commission: 20%

Health History Requested: Limited

Waiting Period: None

Area 1 Zip Codes: 530-532

Area 2 Zip Codes: 534, 540, 547-548

Area 3 Zip Codes: 535-539, 541-545, 549

Area 4 Zip Codes: 546

| Annual Premium - Basic Policy | | | Annual Premium - All Options | | |
|--------------------------------------|-------------|---------------|-------------------------------------|-------------|---------------|
| Area 1 | | | Area 1 | | |
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$4,120.90 | \$3,859.91 | Under 65 | \$5,905.10 | \$5,543.16 |
| 65 | 1,147.09 | 1,036.22 | 65 | 1,723.46 | 1,569.70 |
| 70 | 1,382.03 | 1,217.56 | 70 | 2,049.24 | 1,821.18 |
| 75 | 1,615.54 | 1,398.89 | 75 | 2,373.08 | 2,072.64 |
| 80 | 1,749.01 | 1,567.28 | 80 | 2,558.17 | 2,306.16 |
| Area 2 | | | Area 2 | | |
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$3,532.20 | \$3,308.49 | Under 65 | \$5,061.52 | \$4,751.28 |
| 65 | 983.22 | 888.19 | 65 | 1,477.25 | 1,345.47 |
| 70 | 1,184.60 | 1,043.62 | 70 | 1,756.50 | 1,561.01 |
| 75 | 1,384.75 | 1,199.05 | 75 | 2,034.07 | 1,776.55 |
| 80 | 1,499.15 | 1,343.39 | 80 | 2,192.72 | 1,976.72 |
| Area 3 | | | Area 3 | | |
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$3,335.97 | \$3,124.69 | Under 65 | \$4,780.31 | \$4,487.32 |
| 65 | 928.60 | 838.85 | 65 | 1,395.18 | 1,270.72 |
| 70 | 1,118.79 | 985.64 | 70 | 1,658.92 | 1,474.29 |
| 75 | 1,307.82 | 1,132.44 | 75 | 1,921.07 | 1,677.85 |
| 80 | 1,415.86 | 1,268.75 | 80 | 2,070.89 | 1,866.90 |

Standard Life and Accident Insurance Company (Cont'd)

| Age | Area 4 | | Age | Area 4 | |
|----------|------------|------------|----------|------------|------------|
| | Male | Female | | Male | Female |
| Under 65 | \$3,139.74 | \$2,940.88 | Under 65 | \$4,499.12 | \$4,223.35 |
| 65 | 873.98 | 789.50 | 65 | 1,313.12 | 1,195.96 |
| 70 | 1,052.98 | 927.66 | 70 | 1,561.34 | 1,387.57 |
| 75 | 1,230.89 | 1,065.82 | 75 | 1,808.07 | 1,579.15 |
| 80 | 1,332.58 | 1,194.12 | 80 | 1,949.09 | 1,757.09 |

Premiums are based on **attained** age. Rates for tobacco users are approximately 10% higher.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132):

| Age | Area 1 | | Area 2 | |
|----------|------------|------------|----------|----------|
| | Male | Female | Male | Female |
| Under 65 | \$1,153.45 | \$1,080.38 | \$988.67 | \$926.04 |
| 65 | 321.07 | 290.04 | 275.20 | 248.61 |
| 70 | 386.83 | 340.80 | 331.57 | 292.11 |
| 75 | 452.19 | 391.56 | 387.59 | 335.62 |
| 80 | 489.55 | 438.68 | 419.62 | 376.01 |

| Age | Area 3 | | Area 4 | |
|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female |
| Under 65 | \$933.74 | \$874.59 | \$878.82 | \$823.14 |
| 65 | 259.91 | 234.80 | 244.62 | 220.98 |
| 70 | 313.15 | 275.88 | 294.73 | 259.66 |
| 75 | 366.06 | 316.97 | 344.53 | 298.33 |
| 80 | 396.30 | 355.12 | 372.99 | 334.23 |

Part B Deductible (\$162):

| Age | Area 1 | Area 2 | Area 3 | Area 4 |
|----------|----------|----------|----------|----------|
| Under 65 | \$190.45 | \$163.24 | \$154.17 | \$145.10 |
| 65+ | 132.73 | 113.77 | 107.45 | 101.13 |

Part B Excess Charges:

| Age | Area 1 | | Area 2 | |
|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female |
| Under 65 | \$177.28 | \$166.06 | \$151.96 | \$142.34 |
| 65 | 49.35 | 44.57 | 42.30 | 38.21 |
| 70 | 59.45 | 52.38 | 50.96 | 44.90 |
| 75 | 69.50 | 60.18 | 59.57 | 51.58 |
| 80 | 75.24 | 67.43 | 64.49 | 57.80 |

Standard Life and Accident Insurance Company (Cont'd)

Part B Excess Charges: (Cont'd)

| Age | Area 3 | | Area 4 | |
|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female |
| Under 65 | \$143.51 | \$134.43 | \$135.07 | \$126.52 |
| 65 | 39.95 | 36.08 | 37.60 | 33.96 |
| 70 | 48.13 | 42.41 | 45.30 | 39.91 |
| 75 | 56.26 | 48.71 | 52.95 | 45.85 |
| 80 | 60.91 | 54.59 | 57.33 | 51.38 |

Additional Home Health Care:

| Age | Area 1 | | Area 2 | |
|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female |
| Under 65 | \$187.89 | \$176.00 | \$161.05 | \$150.86 |
| 65 | 52.30 | 47.25 | 44.83 | 40.50 |
| 70 | 63.01 | 55.51 | 54.01 | 47.58 |
| 75 | 73.67 | 63.78 | 63.14 | 54.67 |
| 80 | 79.75 | 71.46 | 68.36 | 61.25 |

| Age | Area 3 | | Area 4 | |
|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female |
| Under 65 | \$152.10 | \$142.48 | \$143.15 | \$134.10 |
| 65 | 42.34 | 38.25 | 39.85 | 36.00 |
| 70 | 51.01 | 44.94 | 48.01 | 42.30 |
| 75 | 59.64 | 51.63 | 56.13 | 48.59 |
| 80 | 64.56 | 57.85 | 60.76 | 54.45 |

Foreign Travel Emergency:

| Age | Area 1 | | Area 2 | |
|----------|---------|---------|---------|---------|
| | Male | Female | Male | Female |
| Under 65 | \$75.13 | \$70.36 | \$64.40 | \$60.31 |
| 65 | 20.92 | 18.89 | 17.93 | 16.19 |
| 70 | 25.19 | 22.20 | 21.59 | 19.03 |
| 75 | 29.45 | 25.50 | 25.25 | 21.86 |
| 80 | 31.89 | 28.58 | 27.33 | 24.50 |

| Age | Area 3 | | Area 4 | |
|----------|---------|---------|---------|---------|
| | Male | Female | Male | Female |
| Under 65 | \$60.82 | \$56.96 | \$57.24 | \$53.61 |
| 65 | 16.93 | 15.29 | 15.94 | 14.39 |
| 70 | 20.39 | 17.97 | 19.19 | 16.91 |
| 75 | 23.84 | 20.65 | 22.44 | 19.43 |
| 80 | 25.81 | 23.14 | 24.30 | 21.78 |

State Farm Mutual Automobile Insurance Company
One State Farm Plaza
Bloomington, IL 61710
(www.statefarm.com)

Consumer Service Telephone No. 1-866-855-1212

Form No. 97049WI.5

First-Year Commission: 12% - 15%

Health History Requested: Limited

Waiting Period: None

Area 1: Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha counties

Area 2: Rest of state

Annual Premium - Basic Policy

Annual Premium - All Options

| Area 1 | | Area 1 | |
|----------|------------|----------|------------|
| Age | Amount | Age | Amount |
| Under 65 | \$2,725.00 | Under 65 | \$3,590.00 |
| 65 | 1,211.00 | 65 | 1,671.00 |
| 70 | 1,527.00 | 70 | 2,071.00 |
| 75 | 1,769.00 | 75 | 2,376.00 |
| 80 | 1,986.00 | 80 | 2,652.00 |
| Area 2 | | Area 2 | |
| Under 65 | \$2,620.00 | Under 65 | \$3,452.00 |
| 65 | 1,165.00 | 65 | 1,609.00 |
| 70 | 1,467.00 | 70 | 1,992.00 |
| 75 | 1,701.00 | 75 | 2,287.00 |
| 80 | 1,910.00 | 80 | 2,553.00 |

Premiums are based on **attained** age. There is a different premium for each age between 65 and 85.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132):

| Area 1 | | Area 2 | |
|----------|----------|----------|----------|
| Age | Amount | Age | Amount |
| Under 65 | \$701.00 | Under 65 | \$673.00 |
| 65 | 312.00 | 65 | 300.00 |
| 70 | 392.00 | 70 | 378.00 |
| 75 | 453.00 | 75 | 437.00 |
| 80 | 510.00 | 80 | 491.00 |

Part B Deductible (\$162): Not offered

State Farm Mutual Automobile Insurance Company (Cont'd)

Part B Excess Charges:

| Area 1 | | Area 2 | |
|---------------|---------------|---------------|---------------|
| Age | Amount | Age | Amount |
| Under 65 | \$28.00 | Under 65 | \$27.00 |
| 65 | 12.00 | 65 | 12.00 |
| 70 | 16.00 | 70 | 15.00 |
| 75 | 18.00 | 75 | 17.00 |
| 80 | 20.00 | 80 | 20.00 |

Additional Home Health Care:

| Area 1 | Area 2 |
|-----------------------|-----------------------|
| \$124.00 for all ages | \$120.00 for all ages |

Foreign Travel Emergency:

| Area 1 | Area 2 |
|----------------------|----------------------|
| \$12.00 for all ages | \$12.00 for all ages |

Thrivent Financial for Lutherans
4321 North Ballard Road
Appleton, WI 54919
(www.thrivent.com)

Consumer Service Telephone No. 1-800-847-4836

Form No. M-MW-MSWI (10)

First-Year Commission: 12% of attained age rate

Health History Requested: Limited

Waiting Period: None

Must be eligible for membership.

Annual Premium - Basic Policy

Annual Premium - Optional Benefits

Area (First 3 digits of zip code)

Area (First 3 digits of zip code)

Zip Codes 530-534

Zip Codes 530-534

| Age | Amount |
|----------|------------|
| Under 65 | \$3,433.00 |
| 65 | 1,373.00 |
| 70 | 1,569.00 |
| 75 | 1,788.00 |
| 80 | 1,986.00 |

| Age | Amount |
|----------|------------|
| Under 65 | \$4,512.00 |
| 65 | 1,881.00 |
| 70 | 2,124.00 |
| 75 | 2,401.00 |
| 80 | 2,649.00 |

Zip Codes 535-549

Zip Codes 535-549

| | |
|----------|------------|
| Under 65 | \$3,089.70 |
| 65 | 1,235.70 |
| 70 | 1,412.10 |
| 75 | 1,609.20 |
| 80 | 1,787.40 |

| | |
|----------|------------|
| Under 65 | \$4,073.60 |
| 65 | 1,705.70 |
| 70 | 1,924.40 |
| 75 | 2,173.70 |
| 80 | 2,396.90 |

Premiums are based on **attained** age. There is a different premium for each issue age after 65. Tobacco rates are slightly higher.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132):

Zip Codes 530-534

Zip Code 535-549

| Age | Amount | Age | Amount |
|----------|----------|----------|----------|
| Under 65 | \$703.00 | Under 65 | \$632.70 |
| 65 | 281.00 | 65 | 252.90 |
| 70 | 318.00 | 70 | 286.20 |
| 75 | 364.00 | 75 | 327.60 |
| 80 | 404.00 | 80 | 363.60 |

Thrivent Financial for Lutherans (Attained Age Cont'd.)

Part B Deductible (\$162): \$128.00 for all ages in all areas

| | | | | |
|-------------------------------|-------------------|---------------|------------------|---------------|
| Part B Excess Charges: | Zip Codes 530-534 | | Zip Code 535-549 | |
| | Age | Amount | Age | Amount |
| | Under 65 | \$128.00 | Under 65 | \$115.20 |
| | 65 | 51.00 | 65 | 45.90 |
| | 70 | 58.00 | 70 | 52.20 |
| | 75 | 66.00 | 75 | 59.40 |
| | 80 | 74.00 | 80 | 66.60 |

| | | | | |
|-------------------------------------|-------------------|---------------|------------------|---------------|
| Additional Home Health Care: | Zip Codes 530-534 | | Zip Code 535-549 | |
| | Age | Amount | Age | Amount |
| | Under 65 | \$ 55.00 | Under 65 | \$ 49.50 |
| | 65 | 22.00 | 65 | 19.80 |
| | 70 | 25.00 | 70 | 22.50 |
| | 75 | 29.00 | 75 | 26.10 |
| | 80 | 31.00 | 80 | 27.90 |

| | | | | |
|----------------------------------|-------------------|---------------|------------------|---------------|
| Foreign Travel Emergency: | Zip Codes 530-534 | | Zip Code 535-549 | |
| | Age | Amount | Age | Amount |
| | Under 65 | \$ 65.00 | Under 65 | \$ 58.50 |
| | 65+ | 26.00 | 65+ | 23.40 |

Cost saving options may lower your annual premium but may also increase your annual out-of-pocket expenses.

This company offers **Part A Deductible (50%)**.

Thrivent Financial for Lutherans
4321 North Ballard Road
Appleton, WI 54919
(www.thrivent.com)

Consumer Service Telephone No. 1-800-847-4836

Form No. M-MW-MSWI (10)

First-Year Commission: 12% of attained age rate

Health History Requested: Limited

Waiting Period: None

Must be eligible for membership.

Annual Premium - Basic Policy

Annual Premium - Optional Benefits

Area (First 3 digits of zip code)

Area (First 3 digits of zip code)

Zip Codes 530-534

Zip Codes 530-534

| Age | Amount |
|----------|------------|
| Under 65 | \$3,433.00 |
| 65 | 1,706.00 |
| 70 | 1,865.00 |
| 75 | 2,007.00 |
| 80 | 2,129.00 |

| Age | Amount |
|----------|------------|
| Under 65 | \$4,512.00 |
| 65 | 2,295.00 |
| 70 | 2,498.00 |
| 75 | 2,677.00 |
| 80 | 2,828.00 |

Zip Codes 535-549

Zip Codes 535-549

| | |
|----------|------------|
| Under 65 | \$3,089.70 |
| 65 | 1,535.40 |
| 70 | 1,678.50 |
| 75 | 1,806.30 |
| 80 | 1,916.10 |

| | |
|----------|------------|
| Under 65 | \$4,073.60 |
| 65 | 2,078.30 |
| 70 | 2,261.00 |
| 75 | 2,422.10 |
| 80 | 2,558.00 |

Premiums are based on **issue** age. There is a different premium for each issue age after 65. Tobacco rates are slightly higher.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132):

Zip Codes 530-534

Zip Code 535-549

| Age | Amount | Age | Amount |
|----------|----------|----------|----------|
| Under 65 | \$703.00 | Under 65 | \$632.70 |
| 65 | 345.00 | 65 | 310.50 |
| 70 | 380.00 | 70 | 342.00 |
| 75 | 408.00 | 75 | 367.20 |
| 80 | 432.00 | 80 | 388.80 |

Thrivent Financial for Lutherans (Attained Age Cont'd.)

Part B Deductible (\$162): \$128.00 for all ages in all areas

| | | | | |
|-------------------------------|-------------------|---------------|------------------|---------------|
| Part B Excess Charges: | Zip Codes 530-534 | | Zip Code 535-549 | |
| | Age | Amount | Age | Amount |
| | Under 65 | \$128.00 | Under 65 | \$115.20 |
| | 65 | 63.00 | 65 | 56.70 |
| | 70 | 66.00 | 70 | 62.10 |
| | 75 | 75.00 | 75 | 67.50 |
| | 80 | 78.00 | 80 | 70.20 |

| | | | | |
|-------------------------------------|-------------------|---------------|------------------|---------------|
| Additional Home Health Care: | Zip Codes 530-534 | | Zip Code 535-549 | |
| | Age | Amount | Age | Amount |
| | Under 65 | \$ 55.00 | Under 65 | \$ 49.50 |
| | 65 | 27.00 | 65 | 24.30 |
| | 70 | 30.00 | 70 | 27.00 |
| | 75 | 33.00 | 75 | 29.70 |
| | 80 | 35.00 | 80 | 31.50 |

| | | | | |
|----------------------------------|-------------------|---------------|------------------|---------------|
| Foreign Travel Emergency: | Zip Codes 530-534 | | Zip Code 535-549 | |
| | Age | Amount | Age | Amount |
| | Under 65 | \$ 65.00 | Under 65 | \$ 58.50 |
| | 65+ | 26.00 | 65+ | 23.40 |

Cost saving options may lower your annual premium but may also increase your annual out-of-pocket expenses.

This company offers **Part A Deductible (50%)**.

United American Insurance Company
P.O. Box 8080
McKinney, TX 75070
(www.unitedamerican.com)

Consumer Service Telephone No. 1-800-331-2512

Form No. MC4810

First-Year Commission: 22%

Health History Requested: Limited

Waiting Period: 60 Days

| Annual Premium - Basic Policy | | | Annual Premium - All Options | | |
|--------------------------------------|-------------|---------------|-------------------------------------|-------------|---------------|
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$4,398.00 | \$3,825.00 | Under 65 | \$5,233.00 | \$4,551.00 |
| 65 | 1,888.00 | 1,642.00 | 65 | 2,364.00 | 2,055.00 |
| 70 | 2,332.00 | 2,028.00 | 70 | 2,925.00 | 2,543.00 |
| 75 | 2,580.00 | 2,243.00 | 75 | 3,285.00 | 2,856.00 |
| 80+ | 2,749.00 | 2,391.00 | 80+ | 3,575.00 | 3,108.00 |

Premiums are based on **attained** age. There is a different premium for each age between 65 and 80.

| Annual Premium - Optional Benefits | | | |
|---|--------------|-------------|---------------|
| Part A Deductible (\$1,132): | Age | Male | Female |
| | Under 65 | \$645.00 | \$561.00 |
| | 65 | 288.00 | 250.00 |
| | 70 | 404.00 | 351.00 |
| | 75 | 513.00 | 446.00 |
| | 80+ | 629.00 | 547.00 |
| Part B Deductible (\$162): | | Male | Female |
| | For all ages | \$165.00 | \$144.00 |
| Part B Excess Charges: | Age | Male | Female |
| | Under 65 | \$ 14.00 | \$ 12.00 |
| | 65 | 12.00 | 10.00 |
| | 70 | 13.00 | 11.00 |
| | 75 | 13.00 | 11.00 |
| | 80+ | 13.00 | 11.00 |
| Additional Home Health Care: | | Male | Female |
| | For all ages | \$ 9.00 | \$ 7.00 |
| Foreign Travel Emergency: | Age | Male | Female |
| | Under 65 | \$ 2.00 | \$ 2.00 |
| | 65 | 2.00 | 2.00 |
| | 70 | 2.00 | 2.00 |
| | 75 | 5.00 | 5.00 |
| | 80+ | 10.00 | 8.00 |

United of Omaha Life Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175
(www.mutualofomaha.com)

Consumer Service Telephone No. 1-800-354-3289

Form No. UM25-21768

First-Year Commission: 15%

Health History Requested: Limited

Waiting Period: None

Area 1 Zip Codes: 530 (05, 07, 08, 12, 17, 22, 24, 33, 37, 45, 46, 51, 52, 72, 76, 89, 92, 97)
 531 (02, 04, 08-10, 22, 26, 29, 30, 32, 40-44, 46, 50, 51, 54, 58, 59, 71,
 72, 77, 82, 86-89, 94), 532, 534

Area 2 Zip Codes: 530 (all others), 531(all others), 535, 537, 538, 544, 549

Area 3 Zip Codes 539-543, 545-549

| Annual Premium - Basic Policy | | | Annual Premium - Optional Benefits | | |
|--------------------------------------|-------------|---------------|---|-------------|---------------|
| Area 1 | | | Area 1 | | |
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$3,336.19 | \$3,002.68 | Under 65 | \$4,108.75 | \$3,717.15 |
| 65 | 1,376.28 | 1,307.44 | 65 | 1,807.20 | 1,726.41 |
| 70 | 1,671.77 | 1,521.38 | 70 | 2,154.28 | 1,977.58 |
| 75 | 2,080.70 | 1,789.26 | 75 | 2,634.39 | 2,292.21 |
| 80 | 2,310.91 | 1,964.15 | 80 | 2,904.78 | 2,497.66 |
| Area 2 | | | Area 2 | | |
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$2,994.01 | \$2,694.71 | Under 65 | \$3,706.91 | \$3,355.49 |
| 65 | 1,235.12 | 1,173.34 | 65 | 1,641.43 | 1,568.93 |
| 70 | 1,500.31 | 1,365.35 | 70 | 1,952.93 | 1,794.35 |
| 75 | 1,867.29 | 1,605.74 | 75 | 2,383.78 | 2,076.69 |
| 80 | 2,073.89 | 1,762.70 | 80 | 2,626.42 | 2,261.08 |
| Area 3 | | | Area 3 | | |
| Age | Male | Female | Age | Male | Female |
| Under 65 | \$2,737.38 | \$2,463.74 | Under 65 | \$3,405.55 | \$3,084.25 |
| 65 | 1,129.25 | 1,072.78 | 65 | 1,517.10 | 1,450.83 |
| 70 | 1,371.71 | 1,248.32 | 70 | 1,801.91 | 1,656.91 |
| 75 | 1,707.24 | 1,468.11 | 75 | 2,195.83 | 1,915.07 |
| 80 | 1,896.13 | 1,611.61 | 80 | 2,417.68 | 2,083.64 |

Premiums are based on **attained** age. Rates for tobacco users are approximately 8% higher.

United of Omaha Life Insurance Company (Cont'd.)

Annual Premium - Optional Benefits

Part A Deductible (\$1,132):

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$535.15 | \$481.73 | \$480.26 | \$432.33 | \$439.10 | \$395.27 |
| 65 | 220.78 | 209.78 | 198.14 | 188.27 | 181.15 | 172.13 |
| 70 | 268.22 | 244.07 | 240.71 | 219.04 | 220.09 | 200.26 |
| 75 | 333.77 | 287.10 | 299.53 | 257.65 | 273.86 | 235.57 |
| 80 | 370.74 | 315.15 | 332.71 | 282.83 | 304.20 | 258.58 |

Part B Deductible (\$162): \$155.00 for all ages in all areas

Part B Excess Charges:

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|----------|----------|----------|----------|----------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$ 46.41 | \$ 41.74 | \$ 41.64 | \$ 37.45 | \$ 38.07 | \$ 34.24 |
| 65 | 19.14 | 18.19 | 17.17 | 16.32 | 15.70 | 14.92 |
| 70 | 23.29 | 21.13 | 20.91 | 18.96 | 19.11 | 17.33 |
| 75 | 28.92 | 24.85 | 25.96 | 22.30 | 23.73 | 20.39 |
| 80 | 32.13 | 27.36 | 28.82 | 24.55 | 26.35 | 22.45 |

Additional Home Health Care: \$18.00 for all ages in all areas

Foreign Travel Emergency: \$18.00 for all ages in all areas

Cost saving options may lower your annual premium but may also increase your annual out-of-pocket expenses.

This company offers **Part A Deductible (50%)**.

This company offers **Part B Copayment or Coinsurance Rider**.

UnitedHealthcare Insurance Company
P.O. Box 6072
Cypress, CA 90630
(www.SecureHorizons.com)

Consumer Service Telephone No. 1-800-202-4340

Form No. 1MS-POL-WI

First-Year Commission: 15-26%

Health History Requested: Detailed

Waiting Period: None

| Annual Premium - Basic Policy | | Annual Premium - Optional Benefits | |
|-------------------------------|------------|------------------------------------|------------|
| Age | Amount | Age | Amount |
| Under 65 | \$2,043.27 | Under 65 | \$2,644.47 |
| 65 | 1,159.75 | 65 | 1,568.95 |
| 70 | 1,396.47 | 70 | 1,857.05 |
| 75 | 1,680.87 | 75 | 2,203.41 |
| 80 | 1,924.26 | 80 | 2,499.60 |

Premiums are based on **attained** age. Tobacco rates are slightly higher.

| Annual Premium - Optional Benefits | | | |
|-------------------------------------|------|-----------------------|----------|
| Part A Deductible (\$1,132): | Age: | Under 65 | \$383.13 |
| | | 65 | 217.53 |
| | | 70 | 261.82 |
| | | 75 | 315.27 |
| | | 80 | 360.76 |
| Part B Deductible (\$162): | | \$122.18 for all ages | |
| Part B Excess Charges: | Age: | Under 65 | \$ 30.44 |
| | | 65 | 17.35 |
| | | 70 | 20.84 |
| | | 75 | 25.09 |
| | | 80 | 28.69 |
| Additional Home Health Care: | Age: | Under 65 | \$ 30.76 |
| | | 65 | 17.45 |
| | | 70 | 21.05 |
| | | 75 | 25.31 |
| | | 80 | 29.02 |
| Foreign Travel Emergency: | | \$34.69 for all ages | |

Cost saving options may lower your annual premium but may also increase your annual out-of-pocket expenses.

This company offers **Part B Copayment or Coinsurance Rider**.

Wisconsin Physicians Service Insurance Corporation
Medicare Companion
1717 West Broadway
P.O. Box 8190
Madison, WI 53708-8190
(www.wpsic.com)

Consumer Service Telephone No. 1-800-236-1448 or 1-608-221-8548

Form No. 24685-051-1101

First-Year Commission: 15%

Health History Requested: Detailed

Waiting Period: None

Area 1 Zip Codes (Milwaukee area and southeastern Wisconsin):

530__: 02, 04, 05, 07, 08, 12, 17, 18, 21, 22, 24, 25, 27-30, 33, 37, 40, 41, 45, 46, 51-56, 58, 60, 64, 66-69, 71, 72, 74, 76, 77, 80, 86, 87, 89, 90, 92, 95-97

531__: 01-13, 16-19, 22-24, 26, 27, 29-36, 39-46, 49-55, 58-75, 77, 79-83, 85-89, 92-94, 96-99

532__: All Zip Codes

534__: All Zip Codes

Area 2 Rest of state

| | Annual Premium - Basic Policy | | Annual Premium - Optional Benefits | | |
|----------|-------------------------------|------------|------------------------------------|------------|------------|
| | Area 1 | Area 2 | Area 1 | Area 2 | |
| Age | Amount | Amount | Age | Amount | Amount |
| Under 65 | \$2,703.24 | \$2,457.48 | Under 65 | \$3,603.96 | \$3,294.24 |
| 65 | 1,278.96 | 1,162.68 | 65 | 1,796.64 | 1,651.20 |
| 70 | 1,635.12 | 1,486.44 | 70 | 2,248.68 | 2,062.08 |
| 75 | 1,991.04 | 1,810.08 | 75 | 2,700.24 | 2,472.72 |
| 80 | 2,347.20 | 2,133.84 | 80 | 3,152.28 | 2,884.60 |
| 85+ | 2,589.00 | 2,353.68 | 85+ | 3,489.72 | 3,190.44 |

Premiums are based on **attained** age. There is a different premium for each age between 65 and 84.

| Annual Premium - Optional Benefits | | | |
|-------------------------------------|------------------------------------|----------|----------|
| | Area 1 | Area 2 | |
| Part A Deductible (\$1,132): | Age: Under 65 | \$592.92 | \$539.04 |
| | 65 | 260.04 | 236.40 |
| | 70 | 343.32 | 312.12 |
| | 75 | 426.48 | 387.72 |
| | 80 | 509.76 | 463.44 |
| | 85+ | 592.92 | 539.04 |
| Part B Deductible (\$162): | \$154.92 for all ages in all areas | | |

Wisconsin Physicians Service Insurance Corporation (Cont'd)

| | | | |
|-------------------------------|---------------|----------|----------|
| Part B Excess Charges: | Age: Under 65 | \$110.88 | \$100.80 |
| | 65 | 60.72 | 55.20 |
| | 70 | 73.32 | 66.60 |
| | 75 | 85.80 | 78.00 |
| | 80 | 98.40 | 89.40 |
| | 85+ | 110.88 | 100.80 |

Additional Home Health Care: \$24.00 for all ages in all areas

Foreign Travel Emergency: \$18.00 for all ages in all areas

Cost saving options may lower your annual premium but may also increase your annual out-of-pocket expenses.

This company offers **Part A Deductible (50%)**.

This company offers **Part B Copayment or Coinsurance Rider**.

Wisconsin Physicians Service Insurance Corporation
Medicare Companion
1717 West Broadway
P.O. Box 8190
Madison, WI 53708-8190
(www.wpsic.com)

Consumer Service Telephone No. 1-800-236-1448 or 1-608-221-8548

Form No. 24469-051-1006

First-Year Commission: 15%

50% Cost-Sharing Plan

25% Cost-Sharing Plan

Health History Requested: Detailed

Waiting Period: None

Area 1 Zip Codes (Milwaukee area and southeastern Wisconsin):

530__: 02, 04, 05, 07, 08, 12, 17, 18, 21, 22, 24, 25, 27-30, 33, 37, 40, 41, 45, 46, 51-56, 58, 60, 64, 66-69, 71, 72, 74, 76, 77, 80, 86, 87, 89, 90, 92, 95-97

531__: 01-13, 16-19, 22-24, 26, 27, 29-36, 39-46, 49-55, 58-75, 77, 79-83, 85-89, 92-94, 96-99

532__: All Zip Codes

534__: All Zip Codes

Area 2 Rest of state

Annual Premium - 50% Cost-Sharing Plan

| Annual Premium - Basic Policy | | | Annual Premium - All Options | | |
|--------------------------------------|---------------|---------------|-------------------------------------|---------------|---------------|
| | Area 1 | Area 2 | | Area 1 | Area 2 |
| Age | Amount | Amount | Age | Amount | Amount |
| Under 65 | \$1,516.44 | \$1,378.56 | Under 65 | \$1,540.44 | \$1,402.56 |
| 65-67 | 936.12 | 851.04 | 65-67 | 960.12 | 875.04 |
| 68-69 | 1,047.84 | 952.56 | 68-69 | 1,071.84 | 976.56 |
| 70-74 | 1,302.24 | 1,183.80 | 70-74 | 1,326.24 | 1,207.80 |
| 75+ | 1,454.76 | 1,322.52 | 75+ | 1,478.76 | 1,346.52 |

Premiums are based on **attained** age.

You will pay **50%** of the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of **\$4,640.00** which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

Wisconsin Physicians Service Insurance Corporation (Cont'd)

Annual Premium - 25% Cost-Sharing Plan

| Annual Premium - Basic Policy | | | Annual Premium - All Options | | |
|-------------------------------|------------|------------|------------------------------|------------|------------|
| | Area 1 | Area 2 | | Area 1 | Area 2 |
| Age | Amount | Amount | Age | Amount | Amount |
| Under 65 | \$1,925.52 | \$1,750.44 | Under 65 | \$1,949.52 | \$1,774.44 |
| 65-67 | 1,188.72 | 1,080.60 | 65-67 | 1,212.72 | 1,104.60 |
| 68-69 | 1,330.56 | 1,209.60 | 68-69 | 1,354.56 | 1,233.60 |
| 70-74 | 1,653.72 | 1,503.36 | 70-74 | 1,677.72 | 1,527.36 |
| 75+ | 1,847.64 | 1,679.64 | 75+ | 1,871.64 | 1,703.64 |

Premiums are based on **attained** age.

You will pay **25%** of the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of **\$2,320.00** which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

Annual Premium - Optional Benefits

| | 50% Cost-Sharing Plan | 25% Cost-Sharing Plan |
|-------------------------------------|--------------------------------------|--------------------------------------|
| Part A Deductible (\$1,132): | 50% | 75% |
| Part B Deductible (\$162): | Not covered | Not covered |
| Part B Excess Charges: | Not covered | Not covered |
| Additional Home Health Care: | \$24.00 for all ages in all areas | \$24.00 for all ages in all areas |
| Foreign Travel Emergency: | Not covered | Not covered |

GROUP MEDIGAP POLICIES—TRADITIONAL INSURERS

This listing includes group plans offered through associations. You must be a member of that association in order to purchase the plan.

UnitedHealthcare Insurance Company
AARP Health Care Options
P.O. Box 1017
Montgomeryville, PA 18936-0130
(www.aarphealthcare.com)

Consumer Service Telephone No. 1-800-523-5800

Form No. MDMW 0442, MDNW 0443, **First-Year Commission:** 5.5% - 25.3%
 CRMD 05-07, MAMW 04444,
 MANW 0445, CRMA 08-10

Health History Requested: Limited **Waiting Period:** 3 Months

Counties Served:

Area 1: Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha
Area 2: Adams, Barron, Bayfield, Brown, Chippewa, Clark, Columbia, Dane, Door, Eau Claire, Florence, Fond du Lac, Forest, Green Lake, Iron, Juneau, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Oconto, Oneida, Outagamie, Pepin, Portage, Rock, Sauk, Sawyer, Sheboygan, St. Croix, Taylor, Vilas, Walworth, Washburn, Waupaca, Waushara, Winnebago, and Wood
Area 3: Ashland, Buffalo, Burnett, Calumet, Crawford, Dodge, Douglas, Dunn, Grant, Green, Iowa, Jackson, Jefferson, Kewaunee, La Crosse, Monroe, Pierce, Polk, Price, Richland, Rusk, Shawano, Trempealeau, and Vernon

Annual Premium - Basic Policy

| Age* | Area 1 | Area 2 | Area 3 |
|----------|------------|------------|------------|
| Under 65 | \$3,633.00 | \$2,943.00 | \$2,694.00 |
| 65 | 1,300.20 | 1,050.60 | 960.96 |
| 68 | 1,481.88 | 1,197.72 | 1,095.72 |
| 71+ | 2,097.72 | 1,696.44 | 1,552.20 |

Annual Premium - Optional Benefits

| Age* | Area 1 | Area 2 | Area 3 |
|----------|------------|------------|------------|
| Under 65 | \$4,713.00 | \$3,816.00 | \$3,492.00 |
| 65 | 1,689.96 | 1,366.20 | 1,249.56 |
| 68 | 1,925.64 | 1,557.00 | 1,424.28 |
| 71+ | 2,724.48 | 2,204.16 | 2,016.12 |

Premiums are not age rated. Tobacco rates are higher.

UnitedHealthcare Insurance Company (Cont.)

Annual Premium - Optional Benefits

Part A Deductible (\$1,132), Part B Excess Charges, and Foreign Travel Emergency:

| Age* | Area 1 | Area 2 | Area 3 |
|----------|----------|----------|----------|
| Under 65 | \$729.00 | \$588.00 | \$540.00 |
| 65 | 263.16 | 212.40 | 195.00 |
| 68 | 299.64 | 241.80 | 222.00 |
| 71+ | 423.12 | 341.64 | 313.44 |

Part B Deductible (\$162):

| Age* | Area 1 | Area 2 | Area 3 |
|----------|----------|----------|----------|
| Under 65 | \$351.00 | \$285.00 | \$258.00 |
| 65 | 126.60 | 103.20 | 93.60 |
| 68 | 144.12 | 117.48 | 106.56 |
| 71+ | 203.64 | 166.08 | 150.48 |

Additional Home Health Care: Not offered

- * Rating Key Under 65: Rates for individuals under age 65 applying for coverage. Rates reflect no discounts
- 65 Rates for individuals age 65 applying for coverage. These rates include discounts for early enrollment and multi-insured.
- 68 Rates for individuals age 68 applying for coverage. These rates include discounts for early enrollment (underwriting requirements may need to be met) and multi-insured.
- 71+ Rates for individuals age 71 and older applying for coverage more than 6 years after their Medicare Part B effective date or 65th birthday and meeting underwriting requirements. These rates include a discount for multi-insured.

Cost saving options may lower your annual premium but may also increase your annual out-of-pocket expenses.

This company offers **Part A Deductible (50%)**.

This company offers **Part B Copayment or Coinsurance Rider**.

Individuals applying for UnitedHealthcare group Medicare supplement insurance must be members of AARP.

MEDIGAP POLICIES—MEDICARE SELECT

Medicare select policies began in 1992 to encourage managed care options in Medigap insurance. Medicare select policies are offered by HMOs and PPOs. HMOs are prepaid health plans. You pay the HMO a set premium each month for all covered services. You must use the doctors and hospitals that are connected to the plan. There is less paperwork if you join an HMO. PPOs will provide reduced benefits if you receive care from providers who are not connected to the plan.

All Medicare select policies contain similar benefits and these benefits are included in the basic policy. The minimum required benefits and the optional benefits are described on page 14.

Columbian Mutual Life Insurance Company
P.O. Box 2620
Omaha, NE 60103-2620

Consumer Service Telephone No. 1-866-297-2372

Form No. MTC44-22722

First-Year Commission: \$325.00

Health History Requested: Limited

Waiting Period: None

Area 1 Zip Codes: 530 (05, 07, 08, 12, 17, 22, 24, 33, 37, 45, 46, 51, 52, 72, 76, 89, 92, 97)
 531 (02, 04, 08-10, 22, 26, 29, 30, 32, 40-44, 46, 50, 51, 54, 58, 59, 71,
 72, 77, 82, 86-89, 94), 532, 534

Area 2 Zip Codes: 530 (all others), 531(all others), 535, 537, 538, 544, 549

Area 3 Zip Codes 539-543, 545-549

Annual Premium - Basic Policy

| Age | Area 1 | | Area 2 | | Area 3 | |
|----------|------------|------------|------------|------------|------------|----------|
| | Male | Female | Male | Female | Male | Female |
| Under 65 | \$4,151.78 | \$3,612.05 | \$3,805.80 | \$3,311.05 | \$3,459.82 | 3,010.04 |
| 65 | 1,766.70 | 1,537.03 | 1,619.47 | 1,408.95 | 1,472.25 | 1,280.86 |
| 70 | 1,980.56 | 1,723.08 | 1,815.51 | 1,579.49 | 1,650.46 | 1,435.90 |
| 75 | 2,263.44 | 1,969.18 | 2,074.81 | 1,805.08 | 1,886.19 | 1,640.99 |
| 80 | 2,537.17 | 2,207.34 | 2,325.74 | 2,023.39 | 2,114.31 | 1,839.45 |

Premiums are based on **attained** age. Rates for tobacco users are approximately 13% higher.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132): In basic policy

Part B Deductible (\$162): In basic policy

Part B Excess Charges: *

Additional Home Health Care: In basic policy

Foreign Travel Emergency: In basic policy

* Part B excess charges is not needed as long as you use plan providers.

Dean Health Plan, Inc.
1277 Deming Way
Madison, WI 53717

Consumer Service Telephone No. 1-888-422-3326, 1-608-827-4372,
or TTY 1-877-733-6456

Form No. 6999-0606

First-Year Commission: None

Health History Requested: Limited

Waiting Period: None

Counties Served: Adams, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Kenosha, Lafayette, Marquette, Racine, Richland, Rock, Sauk, Vernon, Walworth, Washington, and Waukesha

Zip Codes Served: 53014, 53049, 54923, 54930, 54943, 54960, 54964, 54966, 54971, 54979, 54982

Annual Premium - Basic Policy

| Age | Amount |
|------------|---------------|
| Under 65 | \$2,652.00 |
| 65-69 | 1,728.00 |
| 70-74 | 2,064.00 |
| 75-79 | 2,616.00 |
| 80-84 | 3,084.00 |
| 85+ | 3,504.00 |

Premiums are based on **attained** age.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132): In enhanced policy

Part B Deductible (\$162): In enhanced policy

Part B Excess Charges: **

Additional Home Health Care: In enhanced policy

Foreign Travel Emergency: In enhanced policy

** Part B Excess Charges is not needed as long as you use plan providers.

Group Health Cooperative of South Central Wisconsin
1265 John Q. Hammons Drive
Madison, WI 53717
(www.ghc-hmo.com)

Consumer Service Telephone No. 1-800-605-4327 or 1-608-251-3356

Form No. CSC09-61-0 (10/09)C

First-Year Commission: 10%

Health History Requested: Limited

Waiting Period: None

Counties Served: Dane

Annual Premium - Basic Policy

| Age | Amount |
|------------|---------------|
| Under 65 | \$1,982.64 |
| 65-69 | 1,434.12 |
| 70-74 | 1,762.92 |
| 75-79 | 2,146.80 |
| 80+ | 2,327.40 |

Premiums are based on **attained** age.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132): In basic policy

Part B Deductible (\$162): In basic policy

Part B Excess Charges: *

Additional Home Health Care: In basic policy

Foreign Travel Emergency: In basic policy

* Part B Excess Charges is not needed as long as you use plan providers.

Health Tradition Health Plan
P.O. Box 188
La Crosse, WI 54602-0188
(www.healthtradition.com)

Consumer Service Telephone No. 1-888-459-3020 or 1-608-781-9692

Form No. 221HTH207

First-Year Commission: 15%

Health History Requested: Detailed

Waiting Period: None

Counties Served: La Crosse, Buffalo, Crawford, Jackson, Juneau, Monroe, Trempealeau, and Vernon

Annual Premium - Basic Policy

| Age | Amount |
|------------|---------------|
| Under 65 | \$1,829.40 |
| 65-69 | 1,460.16 |
| 70-74 | 1,878.60 |
| 75-79 | 2,162.52 |
| 80-84 | 2,380.80 |
| 85+ | 2,555.64 |

Premiums are based on **attained** age.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132): In basic policy

Part B Deductible (\$162): In basic policy

Part B Excess Charges: *

Additional Home Health Care: In basic policy

Foreign Travel Emergency: In basic policy

* Part B Excess Charges is not needed as long as you use plan providers.

MercyCare Insurance Company
P.O. Box 2770
Janesville, WI 53547-2770
(www.mercycarehealthplans.com)

Consumer Service Telephone No. 1-800-752-3431

Form No. MCSPJAN2006

First-Year Commission: None

Health History Requested: Limited

Waiting Period: None

Counties Served: **Area 1** Green, Rock, and Walworth
Area 2 Jefferson

Annual Premium - Basic Policy

| Age | Area 1 Amount | Area 2 Amount |
|------------|--------------------------|--------------------------|
| Under 65 | \$1,836.00 | \$2,292.00 |
| 65-69 | 1,164.00 | 1,644.00 |
| 70-74 | 1,404.00 | 2,004.00 |
| 75-79 | 1,644.00 | 2,220.00 |
| 80-84 | 1,836.00 | 2,484.00 |
| 85+ | 2,184.00 | 2,952.00 |

Premiums are based on **attained** age.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132): In basic policy

Part B Deductible (\$162): In basic policy

Part B Excess Charges: *

Additional Home Health Care: In basic policy

Foreign Travel Emergency: In basic policy

* Part B Excess Charges is not needed as long as you use plan providers.

MercyCare Insurance Company
P.O. Box 2770
Janesville, WI 53547-2770
(www.mercycarehealthplans.com)

Consumer Service Telephone No. 1-800-752-3431

Form No. MCSPLUSJAN2011

First-Year Commission: None

Health History Requested: Limited

Waiting Period: None

Counties Served: Green, Rock, and Walworth

Annual Premium - Basic Policy

| Age | Amount |
|------------|---------------|
| Under 65 | \$2,292.00 |
| 65-69 | 1,452.00 |
| 70-74 | 1,752.00 |
| 75-79 | 2,052.00 |
| 80-84 | 2,292.00 |
| 85+ | 2,736.00 |

Premiums are based on **attained** age.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132): In basic policy

Part B Deductible (\$162): In basic policy

Part B Excess Charges: *

Additional Home Health Care: In basic policy

Foreign Travel Emergency: In basic policy

* Part B Excess Charges is not needed as long as you use plan providers.

Physicians Plus Insurance Corporation
22 East Mifflin Street, Suite 200
P.O. Box 2078
Madison, WI 53703-2078
(www.pplusic.com)

Consumer Service Telephone No. 1-800-545-5015 or 1-608-282-8900

Form No. P+4978-0909/6MSRSEL6

First-Year Commission: \$20.05 per month

Health History Requested: Limited

Waiting Period: None

Counties Served: Columbia, Dane, Dodge, Grant, Green, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, and Vernon

Annual Premium - Basic Policy

| Age | Male | Female |
|------------|-------------|---------------|
| Under 65 | \$2,772.00 | \$2,472.00 |
| 65-69 | 1,704.00 | 1,476.00 |
| 70-74 | 1,836.00 | 1,668.00 |
| 75-79 | 2,112.00 | 1,908.00 |
| 80-84 | 2,520.00 | 2,244.00 |
| 85+ | 2,868.00 | 2,700.00 |

Premiums are based on **attained** age.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132): In basic policy

Part B Deductible (\$162): In basic policy

Part B Excess Charges: *

Additional Home Health Care: In basic policy

Foreign Travel Emergency: In basic policy

* Part B Excess Charges is not needed as long as you use plan providers.

Security Health Plan of Wisconsin, Inc.
Senior Security
1515 Saint Joseph Avenue
P.O. Box 8000
Marshfield, WI 54449-8000
(www.securityhealth.org)

Consumer Service Telephone No. 1-800-472-2363 or 1-715-221-9555

Form No. INS-00016-01 (11/06) **First-Year Commission:** \$12.00 per month

Health History Requested: Detailed **Waiting Period:** None

Counties Served: Adams, Ashland, Barron, Bayfield, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Forest, Iron, Jackson, Juneau, Langlade, Lincoln, Marathon, Monroe, Oneida, Pepin, Portage, Price, Rusk, Sawyer, Shawano, Taylor, Trempealeau, Vilas, Washburn, Waupaca, Waushara, and Wood

Annual Premium - Basic Policy

| Age | Amount |
|----------|------------|
| Under 65 | \$2,658.00 |
| 65 | 1,452.00 |
| 70 | 2,004.00 |
| 75 | 2,508.00 |
| 80 | 2,856.00 |
| 85+ | 3,468.00 |

Premiums are based on **attained** age.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132): In basic policy

Part B Deductible (\$162): In basic policy

Part B Excess Charges: *

Additional Home Health Care: In basic policy

Foreign Travel Emergency: In basic policy

* Part B Excess Charges is not needed as long as you use plan providers.

Unity Health Plans Insurance Corporation
840 Carolina Street
Sauk City, WI 53583
(www.unityhealth.com)

Consumer Service Telephone No. 1-800-362-3310

Form No. UH00804

First-Year Commission: \$150.00

Health History Requested: Limited

Waiting Period: 180 Days

Counties Served: Adams, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Lafayette, Marquette, Richland, Rock, Sauk, Vernon, Walworth, and Waushara

Annual Premium - Basic Policy

| Age | Male | Female |
|------------|-------------|---------------|
| Under 65 | \$2,688.00 | \$2,448.00 |
| 65 | 1,428.00 | 1,392.00 |
| 70 | 1,692.00 | 1,584.00 |
| 75 | 1,968.00 | 1,800.00 |
| 80 | 2,376.00 | 2,088.00 |
| 85+ | 2,712.00 | 2,520.00 |

Premiums are based on **attained** age.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132): In basic policy

Part B Deductible (\$162): In basic policy

Part B Excess Charges: *

Additional Home Health Care: In basic policy

Foreign Travel Emergency: In basic policy

* Part B Excess Charges is not needed as long as you use plan providers.

MEDICARE COST INSURANCE

Medicare cost insurance is a special arrangement between the federal Centers for Medicare & Medicaid (CMS) and certain HMOs. The HMO agrees to provide Medicare benefits. The HMO may provide additional benefits at additional cost.

Medicare cost insurance will only pay full supplemental benefits if covered services are obtained through HMO plan providers. You must live in the plan service area to apply for Medicare cost insurance. The HMO plan providers are selected by the HMO.

In a Medicare cost insurance policy you are **not “locked in”** to the HMO plan providers for your Medicare benefits. Medicare will still pay its share of approved charges if the services you receive outside the network are services covered by Medicare. If you go to a health care provider who does not belong to your HMO without a referral from your HMO physician, you will pay for all Medicare deductibles and copayments. The HMO will not provide supplemental benefits.

**Dean Health Plan, Inc.
1277 Deming Way
Madison, WI 53717**

Consumer Service Telephone No. 1-888-422-3326, 1-608-827-4372, or
TTY 1-877-733-6456

Form No. H5264_ANOC-EOCE_1009 **First-Year Commission:** None

Health History Requested: Limited **Waiting Period:** None

Counties Served: Columbia, Dane, Dodge, Grant, Iowa, Jefferson, Rock, and Sauk

Annual Premium - Enhanced Policy

\$1,224.00

Premiums are not based on age.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132): In enhanced policy

Part B Deductible (\$162): In enhanced policy

Part B Excess Charges: *

Additional Home Health Care: In enhanced policy

Foreign Travel Emergency: In enhanced policy

* Part B Excess Charges is not needed as long as you use plan providers.

**Dean Health Plan, Inc.
1277 Deming Way
Madison, WI 53717**

Consumer Service Telephone No. 1-888-422-3326, 1-608-827-4372, or
TTY 1-877-733-6456

Form No. H5264_ANOC-EOCB_1009 **First-Year Commission:** None

Health History Requested: Limited **Waiting Period:** None

Counties Served: Columbia, Dane, Dodge, Grant, Iowa, Jefferson, Rock, and Sauk

Annual Premium - Basic Policy

\$1,164.00

Premiums are not based on age.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132): In basic policy

Part B Deductible (\$162): In basic policy

Part B Excess Charges: *

Additional Home Health Care: N/A

Foreign Travel Emergency: N/A

* Part B Excess Charges is not needed as long as you use plan providers.

Dean Health Plan, Inc.
1277 Deming Way
Madison, WI 53717

Consumer Service Telephone No. 1-888-422-3326, 1-608-827-4372, or
TTY 1-877-733-6456

Form No. H5264_ANOC-EOCSV_1009 **First-Year Commission:** None

Health History Requested: Limited **Waiting Period:** None

Counties Served: Columbia, Dane, Dodge, Grant, Iowa, Jefferson, Rock, and Sauk

Annual Premium - Shared Value Policy

\$1,020.00

Premiums are not based on age.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132): In basic policy

Part B Deductible (\$162): In basic policy

Part B Excess Charges: *

Additional Home Health Care: N/A

Foreign Travel Emergency: N/A

* Part B Excess Charges is not needed as long as you use plan providers.

HealthPartners Insurance Company
8170 33rd Avenue South
Bloomington, MN 55425
(Healthpartners.com)

Consumer Service Telephone No. 1-800-247-7015 or TTY 1-800-443-0156

Form No. H2462_ANOCEOC WI1_146 **First-Year Commission:** \$145.00
H2462_ANOCEOC WI2_147
H2462_ANOCEOC WI2 Std Rx_148

Health History Requested: None **Waiting Period:** None

Counties Served: Barron, Burnett, Douglas, Dunn, Pierce, Polk, St. Croix, and Washburn

Annual Premium

| | |
|-----------------------|-----------|
| Plan I Policy | \$ 732.00 |
| Plan II Policy | 2,748.00 |
| Plan II w/Standard Rx | 3,117.60 |

Premiums are not based on age.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132): In both policies

Part B Deductible (\$162): In both policies

Part B Excess Charges: *

Additional Home Health Care: In Plan II policy

Foreign Travel Emergency: In Plan II and Plan II with Standard Rx policies

* Part B Excess Charges is not needed as long as you use plan providers.

Medica Insurance Company
401 Carlson Parkway
Minnetonka, MN 55305
(www.medica.com)

Consumer Service Telephone No. 1-800-234-8755

Form No. WI-PRI-EOC-09-100-01

First-Year Commission: \$29.40 per month

Health History Requested: None

Waiting Period: None

Counties Served: Ashland, Barron, Bayfield, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Pierce, Polk, Sawyer, St. Croix, and Washburn

Annual Premium

| | |
|---------------------|-----------|
| Value Thrift Policy | \$ 348.00 |
| Value Plus Policy | 600.00 |
| Basic Policy | 888.00 |
| Enhanced Policy | 1,464.00 |

Premiums are not based on age.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132): In all policies

Part B Deductible (\$162): In all policies

Part B Excess Charges: *

Additional Home Health Care: In all policies

Foreign Travel Emergency: N/A

* Part B Excess Charges is not needed as long as you use plan providers.

**The Medical Associates Clinic Health Plan of Wisconsin
1605 Associates Drive, Suite 101
Dubuque, IA 52001
(www.mahealthcare.com)**

Consumer Service Telephone No. 1-800-747-8900

Form No. H5256_PBP 001 MAHP 409
2011 Wisconsin SmartPlan EOC

First-Year Commission: 17%

Health History Requested: Limited

Waiting Period: None

Counties Served: Crawford, Grant, Iowa, and Lafayette

Annual Premium - Basic Policy

\$1,152.00

Premiums are not based on age.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132): In basic policy

Part B Deductible (\$162): In basic policy

Part B Excess Charges: *

Additional Home Health Care: In basic policy

Foreign Travel Emergency: In basic policy

* Part B Excess Charges is not needed as long as you use plan providers.

**The Medical Associates Clinic Health Plan of Wisconsin
1605 Associates Drive, Suite 101
Dubuque, IA 52002
(www.mahealthcare.com)**

Consumer Service Telephone No. 1-800-747-8900

Form No. H5256_PBP 002 MAHP 410
2011 Wisconsin Community Plan EOC

First-Year Commission: 17%

Health History Requested: Limited

Waiting Period: None

Counties Served: Crawford, Grant, Iowa, and Lafayette

Annual Premium - Basic Policy

\$1,440.00

Premiums are not based on age.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132): In basic policy

Part B Deductible (\$162): In basic policy

Part B Excess Charges: *

Additional Home Health Care: In basic policy

Foreign Travel Emergency: In basic policy

* Part B Excess Charges is not needed as long as you use plan providers.

**The Medical Associates Clinic Health Plan of Wisconsin
1605 Associates Drive, Suite 101
Dubuque, IA 52002
(www.mahealthcare.com)**

Consumer Service Telephone No. 1-800-747-8900

Form No. H5256_PBP 004 MAHP 411
2011 Wisconsin Freedom Plan EOC

First-Year Commission: 17%

Health History Requested: Limited

Waiting Period: None

Counties Served: Crawford, Grant, Iowa, and Lafayette

Annual Premium - Basic Policy

\$1,596.00

Premiums are not based on age.

Annual Premium - Optional Benefits

Part A Deductible (\$1,132): In basic policy

Part B Deductible (\$162): In basic policy

Part B Excess Charges: *

Additional Home Health Care: In basic policy

Foreign Travel Emergency: In basic policy

* Part B Excess Charges is not needed as long as you use plan providers.

THE WISCONSIN HEALTH INSURANCE RISK SHARING PLAN

The Wisconsin Health Insurance Risk Sharing Plan (HIRSP) also offers a Medicare supplement plan to those who are under 65, on Medicare because of a disability, and unable to find adequate coverage through a private insurer. However, individuals under age 65 who apply for the HIRSP Medicare supplement plan during their open enrollment period may be subject to the 6-month pre-existing condition waiting period set forth by HIRSP. There are subsidies available to low-income participants. For more information contact:

HIRSP Customer Service
1751 West Broadway
P.O. Box 8961
Madison, Wisconsin 53708-8961
1-800-828-4777 (toll-free)
(608) 221-4551 (in Madison)
(608) 226-8770 (Fax)
www.hirsp.org

AGENCIES FOR ADDITIONAL MEDICARE INFORMATION

Centers for Medicare & Medicaid Services (CMS) (www.cms.gov)

1-800-633-4227 (toll-free)

The Centers for Medicare & Medicaid Services is the federal agency that manages the Medicare and Medicaid programs.

Address

7500 Security Boulevard
Baltimore MD 21244-1850

Billing Medicare - Wisconsin Information

Medicare Carrier

Part B bills and services

Wisconsin Physician Services

1-800-633-4227 (toll-free)

Fiscal Intermediary

Part A bills and services, hospital care, skilled nursing care, and fraud

Blue Cross Blue Shield of Wisconsin
(d.b.a. United Government Services, LLC)
1-800-633-4227 (toll-free)

Board on Aging and Long Term Care (BOALTC) (longtermcare.state.wi.us)

1-800-242-1060 - Medigap Helpline

This is a statewide toll-free number set up by the Wisconsin Board on Aging and Long Term Care and funded by the Office of the Commissioner of Insurance to answer questions about health insurance and other health care benefits for the elderly. It has no connection with any insurance company.

Address

Board on Aging and Long Term Care
1402 Pankratz Street, Suite 111
Madison, WI 53704-4001

1-800-242-1060 - Medigap Helpline
(608) 246-7001 Fax
longtermcare.state.wi.us