



**Outline of Medicare Supplement Coverage for  
Policy Form 128W-0707-WI**

## MEDICARE SUPPLEMENT INSURANCE

**THE WISCONSIN INSURANCE COMMISSIONER HAS SET STANDARDS FOR MEDICARE SUPPLEMENT INSURANCE. THIS POLICY MEETS THESE STANDARDS. IT, ALONG WITH MEDICARE, MAY NOT COVER ALL OF YOUR MEDICAL COSTS. YOU SHOULD REVIEW CAREFULLY ALL POLICY LIMITATIONS. FOR AN EXPLANATION OF THESE STANDARDS AND OTHER IMPORTANT INFORMATION, SEE “WISCONSIN GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE” GIVEN TO YOU WHEN YOU APPLIED FOR THIS POLICY. DO NOT BUY THIS POLICY IF YOU DID NOT GET THIS GUIDE.**

### **PREMIUM INFORMATION.**

We, Standard Life and Accident Insurance Company (We, Us, the Company), can only raise your premium if we raise the premium for all policies like yours in this state. Since this policy's benefits are tied to Medicare's deductible amounts and its copayment amounts and limits, benefit and premium changes are expected to occur each year. In addition, when you applied for your policy you selected a premium structure in which your renewal premium is based upon your current age at each policy anniversary date.

### **DISCLOSURES.**

Use this outline to compare benefits and premiums among policies.

### **READ YOUR POLICY VERY CAREFULLY.**

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

### **RIGHT TO RETURN POLICY.**

If you find you are not satisfied with your policy, you may return it to Standard Life and Accident Insurance Company, at P.O. Box 1820, Galveston, TX 77553-1820. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments directly to you.

### **POLICY REPLACEMENT.**

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

### **NOTICE.**

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

**NOTE: Neither Standard Life and Accident Insurance Company nor its agents are connected with Medicare.**

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

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

SERVICES	PER BENEFIT PERIOD	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
<b>HOSPITALIZATION</b> Semi-private room and board, general nursing and miscellaneous hospital services and supplies.	First 60 days	All but \$1,068 deductible	\$0 or <input type="checkbox"/> Optional Part A Deductible Rider RMCPAD-0707-WI*	\$1,068
				\$0
	61st to 90th day	All but \$267 per day	\$267 per day	\$0
	91st to 150th day	All but \$534 per day	\$534 per day	\$0
	Beyond 150 days	\$0	100% of Medicare eligible expenses**	\$0
<b>SKILLED NURSING FACILITY CARE</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	21st through 100th day	All but \$133.50 per day	Up to \$133.50 per day	\$0
	101st day and after	\$0	\$0	All costs
<b>INPATIENT PSYCHIATRIC CARE</b> In a participating psychiatric hospital.		190 days per lifetime	175 additional days per lifetime	Balance after lifetime benefit exhausted or any ineligible charges
<b>BLOOD</b>	First 3 pints	\$0	First 3 pints	\$0
	Additional amounts	100%	\$0	\$0

\* This is an optional rider. You purchased this benefit if the box is checked and you paid the premium.

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

## MEDICARE SUPPLEMENT POLICIES – PART B BENEFITS

MEDICARE PART B BENEFITS	PER CALENDAR YEAR	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
<b>MEDICAL EXPENSES</b> Eligible expenses for physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$135 of Medicare approved amounts**	\$0	\$0 or <input type="checkbox"/> Optional Part B Deductible Rider RMCPBD-0707-WI*	\$135
			<input type="checkbox"/> Optional Part B Deductible Rider RMCPBD-0707-WI*	\$0
	Remainder of Medicare approved amounts	Generally 80%	Generally 20 %	Expense incurred above the Medicare approved charges
			<input type="checkbox"/> Optional Medicare Part B Excess Charges Rider RMCPBE-0707-WI*	Expenses not paid by Medicare or the policy
<b>BLOOD</b>	First 3 pints	\$0	All costs	The expenses not paid by Medicare or the policy
	Next \$135 of Medicare Approved Amounts**	\$0	\$0 or <input type="checkbox"/> Optional Part B Deductible Rider RMCPBD-0707-WI*	
	Remainder of Medicare approved amounts	80%	20%	
<b>CLINICAL LABORATORY SERVICES –</b> Tests for diagnostic services		100%	\$0	
<b>HOME HEALTH CARE</b>		100% of charges for visits considered medically necessary by Medicare	40 visits or <input type="checkbox"/> Optional Additional Home Health Care Rider RMCAHH-0707-WI*	Expense not covered by Medicare or your policy
			<input type="checkbox"/> Optional Additional Home Health Care Rider RMCAHH-0707-WI*	\$0

\* This is an optional rider. You purchased this benefit if the box is checked and you paid the premium.

\*\* Once you have been billed \$135 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

## MEDICARE SUPPLEMENT POLICIES – PART B BENEFITS

MEDICARE PART B BENEFITS	PER CALENDAR YEAR	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
<b>PREVENTIVE MEDICAL CARE BENEFIT –</b>	First \$120 each calendar year	\$0	\$120	\$0
<b>NOT COVERED BY MEDICARE.</b> Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare	Additional charges	\$0	\$0	All costs

### ADDITIONAL POLICY BENEFITS

#### ■ BENEFITS FOR CHIROPRACTIC TREATMENT

The usual and customary expenses for services provided by a chiropractor, even if Medicare does not cover the claim. No benefit is available for any procedure or service covered by Medicare.

#### ■ KIDNEY DISEASE BENEFITS

Medically necessary inpatient or outpatient expenses for dialysis, transplantation, or donor-related services for kidney disease up to thirty-thousand (\$30,000) in any calendar year.

Coverage is not provided for any services covered:

1. By Medicare;
2. Under another provision of this policy; or
3. Under any other policy which includes this benefit.

#### ■ BENEFITS FOR THE TREATMENT OF DIABETES

The usual and customary expenses incurred for the installation and use of an insulin pump, diabetes self-management education programs, equipment and supplies not covered by Medicare, including non-prescription insulin or any other non-prescription equipment and supplies used for the treatment of diabetes. Coverage is not provided for outpatient prescription medications, including insulin or any medical supplies, equipment, services or procedures covered by Medicare.

Benefits for insulin infusion pump are limited to the purchase of one pump each year. No benefits are payable for an infusion pump used less than 30 days before purchase.

#### ■ RECONSTRUCTIVE SURGERY BENEFIT

Usual and customary expenses for breast reconstruction of the affected tissue incident to a mastectomy.

This coverage is subject to any deductible and/or coinsurance provisions of this policy.

#### ■ COVERAGE FOR HOSPITAL AND AMBULATORY SURGERY CENTER AND ANESTHETICS FOR DENTAL CARE

Usual and customary expenses for hospital or ambulatory surgical center charges incurred and anesthetics provided in conjunction with dental care if the individual is:

1. a child under the age of five;
2. an individual with a chronic disability; or
3. an individual with a medical condition that requires hospitalization or general anesthesia for dental care.

This coverage is subject to any deductible and/or coinsurance provisions of this policy.

# MEDICARE SUPPLEMENT POLICY FORM 128W-0707-WI

## LIMITATIONS AND EXCLUSIONS

### The policy **DOES NOT** cover the following:

1. nursing home care costs beyond what is covered by Medicare and the Wisconsin 30 day skilled nursing benefit mandated by s. 632.895(3), Stats;
2. home health care above the number of visits covered by Medicare and the 40 visits mandated by s. 632.895 (2) Stats, (unless the optional additional Home Health Care Rider is chosen and the additional premium is paid);
3. physician's charges above Medicare's approved charges (unless the optional Medicare Part B Excess Charges Rider is chosen and the additional premium is paid);
4. outpatient prescription drugs;
5. most care received outside of the U.S.A. (unless the optional Foreign Travel Rider is chosen and the additional premium is paid);
6. dental care, dentures, checkups, routine immunizations, cosmetic surgery, routine foot care, examinations for and the cost of eyeglasses or hearing aids, unless eligible under Medicare;
7. coverage for emergency care anywhere or for care received outside the service area if this care is treated differently than other covered benefits;
8. any expense for which you are not legally obligated to pay;
9. any services that are not medically necessary or are not furnished at the direction of and under the supervision of a physician;
10. any type of expense that is not considered a Medicare eligible expense unless specifically provided for under the policy;
11. any portion of any expense for which payment is made by Medicare;
12. custodial or intermediate level care, or rest cures; or,
13. hospital stays or skilled nursing facility stays for which benefits are denied under Medicare (other than a denial that results from the exhaustion of available benefits in a benefit period) unless specifically provided for under the policy.

**Usual, Customary and Reasonable (UCR) Charges.** The policy limits some covered expenses to the usual, customary and reasonable charges for services. UCR applies only to state-mandated benefits for chiropractic care; diabetic equipment, supplies and self-management education programs; home health care; breast reconstruction; and hospital, ambulatory surgery center and anesthesia charges for dental care. We pay claims based on a specific methodology and the eligible amount of a claim may be less than the actual charge by a provider for a specific service.

**Appeal Procedure of Denied Claims.** You, or your representative, may submit a written request (in any form) to appeal any denial of a benefit. All supporting material needed to re-evaluate your claim must be included. We will notify you of the result of the review within 30 days after receiving your appeal.

**Grievance.** You, or your representative, may submit a grievance to us in writing. A grievance means any dissatisfaction with the administration, claims practices or provision of services by the Company.

## **NOTICE**

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

## **GUARANTEED RENEWABLE**

You may keep this policy in force for as long as you live, if you pay the premiums as they become due or within the grace period. We cannot cancel, refuse to renew or change this policy other than as provided in the Benefit Adjustment provision.

## **PREMIUMS SUBJECT TO CHANGE**

The initial premium is for the initial term shown on the Data and Schedule page. The renewal premium for later policy terms is due on the first day of the next term. This policy will end (lapse) if the renewal premium in effect is not paid when due or within the grace period. Until you become age 86, your premium will increase each policy year due to the increase in your age. We may also change the premiums for your policy if we change the premium for all policies like yours in your state on a class basis. Any change will apply to future premiums only. We will give you written notice 31 days prior to any premium change. No change in premium will take effect before the first policy anniversary.

## MEDICARE SUPPLEMENT PREMIUM INFORMATION

### TO DETERMINE YOUR TOTAL INITIAL PREMIUM:

Once you have determined the premium for each benefit you have chosen by referring to the schedule of premiums, fill in the premium amounts below to determine your Total Initial Premium.

- \$ (            ) BASIC MEDICARE SUPPLEMENT COVERAGE
- OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT POLICY  
Each of these riders may be purchased separately.
- \$ (            ) 1. Medicare Part A Deductible Rider RMCPAD-0707-WI –  
100% of Part A deductible.
- \$ (            ) 2. Medicare Part B Deductible Rider RMCPBD-0707-WI –  
100% of Part B deductible.
- \$ (            ) 3. Medicare Part B Excess Charges Rider RMCPBE-0707-WI –  
Difference between what Medicare pays and the amount charged by the  
provider which shall be no greater than the actual charge or the limiting  
charge allowed by Medicare, whichever is less.
- \$ (            ) 4. Additional Home Health Care Rider RMCAHH-0707-WI –  
An aggregate of 365 visits per year including those covered by Medicare.
- \$ (            ) 5. Foreign Travel Rider RMCFTTR-0707-WI –  
After a deductible not greater than \$250, covers at least 80% of expenses  
associated with emergency medical care received outside the U.S.A. during  
the first 60 days of a trip with a maximum of at least \$50,000.

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\$ (            ) TOTAL ANNUAL PREMIUM FOR BASIC POLICY AND SELECTED OPTIONAL  
BENEFITS

Multiply by alternate Premium Modal Factor (if applicable)

Semi-Annual ..... 0.5200 x Annual

Quarterly ..... 0.2700 x Annual

Monthly PAC ..... 0.0875 x Annual

\$        20.00        Add a one time \$20.00 application fee to the modal premium for the plan  
selected. Use Non Tobacco User rates for applicants eligible for open  
enrollment or guarantee issue.

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**TOTAL INITIAL PREMIUM**

IN ADDITION TO THIS OUTLINE OF COVERAGE, STANDARD LIFE WILL SEND AN ANNUAL NOTICE TO YOU 30 DAYS PRIOR TO THE EFFECTIVE DATE OF MEDICARE CHANGES THAT WILL DESCRIBE THE CHANGES AND THE CHANGES IN YOUR MEDICARE SUPPLEMENT COVERAGE.

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2009		FEMALE NON TOBACCO USER ZIP CODES (546)												2009		
Attained Age	BASIC				PART A DEDUCTIBLE				PART B DEDUCTIBLE				PART B EXCESS			
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC
0-64	\$3,117.34	\$1,621.02	\$841.68	\$272.77	\$857.72	\$446.01	\$231.58	\$75.05	\$145.10	\$75.45	\$39.18	\$12.70	\$126.52	\$65.79	\$34.16	\$11.07
65	836.87	435.17	225.95	73.23	230.26	119.74	62.17	20.15	101.13	52.59	27.31	8.85	33.96	17.66	9.17	2.97
66	868.26	451.50	234.43	75.97	238.90	124.23	64.50	20.90	101.13	52.59	27.31	8.85	35.24	18.32	9.51	3.08
67	889.17	462.37	240.08	77.80	244.66	127.22	66.06	21.41	101.13	52.59	27.31	8.85	36.09	18.77	9.74	3.16
68	931.02	484.13	251.38	81.46	256.17	133.21	69.17	22.41	101.13	52.59	27.31	8.85	37.78	19.65	10.20	3.31
69	951.94	495.01	257.02	83.29	261.92	136.20	70.72	22.92	101.13	52.59	27.31	8.85	38.63	20.09	10.43	3.38
70	983.33	511.33	265.50	86.04	270.56	140.69	73.05	23.67	101.13	52.59	27.31	8.85	39.91	20.75	10.78	3.49
71	1,014.70	527.64	273.97	88.79	279.19	145.18	75.38	24.43	101.13	52.59	27.31	8.85	41.18	21.41	11.12	3.60
72	1,046.09	543.97	282.44	91.53	287.82	149.67	77.71	25.18	101.13	52.59	27.31	8.85	42.45	22.07	11.46	3.71
73	1,077.47	560.28	290.92	94.28	296.46	154.16	80.04	25.94	101.13	52.59	27.31	8.85	43.73	22.74	11.81	3.83
74	1,098.39	571.16	296.57	96.11	302.22	157.15	81.60	26.44	101.13	52.59	27.31	8.85	44.58	23.18	12.04	3.90
75	1,129.78	587.49	305.04	98.86	310.86	161.65	83.93	27.20	101.13	52.59	27.31	8.85	45.85	23.84	12.38	4.01
76	1,150.69	598.36	310.69	100.69	316.61	164.64	85.48	27.70	101.13	52.59	27.31	8.85	46.70	24.28	12.61	4.09
77	1,182.07	614.68	319.16	103.43	325.25	169.13	87.82	28.46	101.13	52.59	27.31	8.85	47.98	24.95	12.95	4.20
78	1,203.01	625.57	324.81	105.26	331.00	172.12	89.37	28.96	101.13	52.59	27.31	8.85	48.82	25.39	13.18	4.27
79	1,223.92	636.44	330.46	107.09	336.76	175.12	90.93	29.47	101.13	52.59	27.31	8.85	49.67	25.83	13.41	4.35
80	1,265.77	658.20	341.76	110.75	348.27	181.10	94.03	30.47	101.13	52.59	27.31	8.85	51.38	26.72	13.87	4.50
81	1,318.07	685.40	355.88	115.33	362.66	188.58	97.92	31.73	101.13	52.59	27.31	8.85	53.50	27.82	14.45	4.68
82	1,370.37	712.59	370.00	119.91	377.06	196.07	101.81	32.99	101.13	52.59	27.31	8.85	55.62	28.92	15.02	4.87
83	1,433.14	745.23	386.95	125.40	394.33	205.05	106.47	34.50	101.13	52.59	27.31	8.85	58.16	30.24	15.70	5.09
84	1,495.90	777.87	403.89	130.89	411.59	214.03	111.13	36.01	101.13	52.59	27.31	8.85	60.71	31.57	16.39	5.31
85+	1,558.67	810.51	420.84	136.38	428.86	223.01	115.79	37.53	101.13	52.59	27.31	8.85	63.26	32.90	17.08	5.54

  

Attained Age	HOME HEALTH CARE				FOREIGN TRAVEL				BASIC + ALL RIDERS				<b>Basic -</b> Policy Form 128W-0707-WI  <b>Part A Deductible -</b> Policy Form RMCPAD-0707-WI  <b>Part B Deductible -</b> Policy Form RMCPBD-0707-WI  <b>Part B Excess -</b> Policy Form RMCPBE-0707-WI  <b>Additional Home Health -</b> Policy Form RMCAHH-0707-WI  <b>Foreign Travel -</b> Policy Form RMCFT-0707-WI  <b>Add a one time \$20.00 application fee to the modal premium for the plan selected. Use Non Tobacco User rates for applicants eligible for open enrollment or guarantee issue.</b>
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	
0-64	\$142.14	\$73.91	\$38.38	\$12.44	\$53.61	\$27.88	\$14.47	\$4.69	\$4,442.44	\$2,310.07	\$1,199.45	\$388.72	
65	38.16	19.84	10.30	3.34	14.39	7.48	3.89	1.26	1,254.77	652.48	338.79	109.80	
66	39.58	20.58	10.69	3.46	14.94	7.77	4.03	1.31	1,298.05	674.99	350.47	113.57	
67	40.54	21.08	10.95	3.55	15.30	7.96	4.13	1.34	1,326.89	689.99	358.27	116.11	
68	42.45	22.07	11.46	3.71	16.02	8.33	4.33	1.40	1,384.57	719.98	373.85	121.14	
69	43.40	22.57	11.72	3.80	16.38	8.52	4.42	1.43	1,413.40	734.98	381.62	123.67	
70	44.82	23.31	12.10	3.92	16.91	8.79	4.57	1.48	1,456.66	757.46	393.31	127.45	
71	46.26	24.06	12.49	4.05	17.46	9.08	4.71	1.53	1,499.92	779.96	404.98	131.25	
72	47.70	24.80	12.88	4.17	17.99	9.35	4.86	1.57	1,543.18	802.45	416.66	135.01	
73	49.13	25.55	13.27	4.30	18.54	9.64	5.01	1.62	1,586.46	824.96	428.36	138.82	
74	50.08	26.04	13.52	4.38	18.90	9.83	5.10	1.65	1,615.30	839.95	436.14	141.33	
75	51.51	26.79	13.91	4.51	19.43	10.10	5.25	1.70	1,658.56	862.46	447.82	145.13	
76	52.46	27.28	14.16	4.59	19.79	10.29	5.34	1.73	1,687.38	877.44	455.59	147.65	
77	53.90	28.03	14.55	4.72	20.34	10.58	5.49	1.78	1,730.67	899.96	467.28	151.44	
78	54.85	28.52	14.81	4.80	20.70	10.76	5.59	1.81	1,759.51	914.95	475.07	153.95	
79	55.81	29.02	15.07	4.88	21.06	10.95	5.69	1.84	1,788.35	929.95	482.87	156.48	
80	57.71	30.01	15.58	5.05	21.78	11.33	5.88	1.91	1,846.04	959.95	498.43	161.53	
81	60.09	31.25	16.22	5.26	22.67	11.79	6.12	1.98	1,918.12	997.43	517.90	167.83	
82	62.48	32.49	16.87	5.47	23.57	12.26	6.36	2.06	1,990.23	1,034.92	537.37	174.15	
83	65.34	33.98	17.64	5.72	24.65	12.82	6.66	2.16	2,076.75	1,079.91	560.73	181.72	
84	68.21	35.47	18.42	5.97	25.73	13.38	6.95	2.25	2,163.27	1,124.91	584.09	189.28	
85+	71.07	36.96	19.19	6.22	26.81	13.94	7.24	2.35	2,249.80	1,169.91	607.45	196.87	

2009		FEMALE TOBACCO USER ZIP CODES (546)												2009		
Attained Age	BASIC				PART A DEDUCTIBLE				PART B DEDUCTIBLE				PART B EXCESS			
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC
0-64	\$3,463.70	\$1,801.12	\$935.20	\$303.07	\$953.02	\$495.57	\$257.32	\$83.39	\$161.23	\$83.84	\$43.53	\$14.11	\$140.58	\$73.10	\$37.96	\$12.30
65	929.86	483.53	251.06	81.36	255.85	133.04	69.08	22.39	112.37	58.43	30.34	9.83	37.74	19.62	10.19	3.30
66	964.73	501.66	260.48	84.41	265.44	138.03	71.67	23.23	112.37	58.43	30.34	9.83	39.15	20.36	10.57	3.43
67	987.97	513.74	266.75	86.45	271.84	141.36	73.40	23.79	112.37	58.43	30.34	9.83	40.10	20.85	10.83	3.51
68	1,034.46	537.92	279.30	90.52	284.63	148.01	76.85	24.91	112.37	58.43	30.34	9.83	41.98	21.83	11.33	3.67
69	1,057.71	550.01	285.58	92.55	291.02	151.33	78.58	25.46	112.37	58.43	30.34	9.83	42.93	22.32	11.59	3.76
70	1,092.58	568.14	295.00	95.60	300.62	156.32	81.17	26.30	112.37	58.43	30.34	9.83	44.34	23.06	11.97	3.88
71	1,127.45	586.27	304.41	98.65	310.22	161.31	83.76	27.14	112.37	58.43	30.34	9.83	45.76	23.80	12.36	4.00
72	1,162.32	604.41	313.83	101.70	319.81	166.30	86.35	27.98	112.37	58.43	30.34	9.83	47.17	24.53	12.74	4.13
73	1,197.19	622.54	323.24	104.75	329.41	171.29	88.94	28.82	112.37	58.43	30.34	9.83	48.58	25.26	13.12	4.25
74	1,220.43	634.62	329.52	106.79	335.80	174.62	90.67	29.38	112.37	58.43	30.34	9.83	49.53	25.76	13.37	4.33
75	1,255.30	652.76	338.93	109.84	345.39	179.60	93.26	30.22	112.37	58.43	30.34	9.83	50.94	26.49	13.75	4.46
76	1,278.54	664.84	345.21	111.87	351.78	182.93	94.98	30.78	112.37	58.43	30.34	9.83	51.89	26.98	14.01	4.54
77	1,313.42	682.98	354.62	114.92	361.38	187.92	97.57	31.62	112.37	58.43	30.34	9.83	53.30	27.72	14.39	4.66
78	1,336.67	695.07	360.90	116.96	367.78	191.25	99.30	32.18	112.37	58.43	30.34	9.83	54.25	28.21	14.65	4.75
79	1,359.91	707.15	367.18	118.99	374.18	194.57	101.03	32.74	112.37	58.43	30.34	9.83	55.19	28.70	14.90	4.83
80	1,406.41	731.33	379.73	123.06	386.97	201.22	104.48	33.86	112.37	58.43	30.34	9.83	57.08	29.68	15.41	4.99
81	1,464.52	761.55	395.42	128.15	402.96	209.54	108.80	35.26	112.37	58.43	30.34	9.83	59.44	30.91	16.05	5.20
82	1,522.63	791.77	411.11	133.23	418.95	217.85	113.12	36.66	112.37	58.43	30.34	9.83	61.79	32.13	16.68	5.41
83	1,592.38	828.04	429.94	139.33	438.14	227.83	118.30	38.34	112.37	58.43	30.34	9.83	64.62	33.60	17.45	5.65
84	1,662.11	864.30	448.77	145.43	457.33	237.81	123.48	40.02	112.37	58.43	30.34	9.83	67.46	35.08	18.21	5.90
85+	1,731.86	900.57	467.60	151.54	476.51	247.79	128.66	41.69	112.37	58.43	30.34	9.83	70.29	36.55	18.98	6.15

Attained Age	HOME HEALTH CARE				FOREIGN TRAVEL				BASIC + ALL RIDERS				<b>Basic -</b> Policy Form 128W-0707-WI  <b>Part A Deductible -</b> Policy Form RMCPAD-0707-WI  <b>Part B Deductible -</b> Policy Form RMCPBD-0707-WI  <b>Part B Excess -</b> Policy Form RMCPBE-0707-WI  <b>Additional Home Health -</b> Policy Form RMCAHH-0707-WI  <b>Foreign Travel -</b> Policy Form RMCFTF-0707-WI  <b>Add a one time \$20.00 application fee to the modal premium for the plan selected. Use Non Tobacco User rates for applicants eligible for open enrollment or guarantee issue.</b>
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	
0-64	\$157.93	\$82.12	\$42.64	\$13.82	\$59.57	\$30.98	\$16.08	\$5.21	\$4,936.03	\$2,566.73	\$1,332.73	\$431.90	
65	42.40	22.05	11.45	3.71	15.99	8.31	4.32	1.40	1,394.21	724.98	376.44	121.99	
66	43.98	22.87	11.87	3.85	16.59	8.63	4.48	1.45	1,442.26	749.98	389.41	126.20	
67	45.05	23.43	12.16	3.94	16.99	8.83	4.59	1.49	1,474.32	766.64	398.07	129.01	
68	47.17	24.53	12.74	4.13	17.79	9.25	4.80	1.56	1,538.40	799.97	415.36	134.62	
69	48.22	25.07	13.02	4.22	18.19	9.46	4.91	1.59	1,570.44	816.62	424.02	137.41	
70	49.81	25.90	13.45	4.36	18.79	9.77	5.07	1.64	1,618.51	841.62	437.00	141.61	
71	51.41	26.73	13.88	4.50	19.39	10.08	5.24	1.70	1,666.60	866.62	449.99	145.82	
72	52.99	27.55	14.31	4.64	19.99	10.39	5.40	1.75	1,714.65	891.61	462.97	150.03	
73	54.58	28.38	14.74	4.78	20.59	10.71	5.56	1.80	1,762.72	916.61	475.94	154.23	
74	55.65	28.94	15.03	4.87	20.99	10.91	5.67	1.84	1,794.77	933.28	484.60	157.04	
75	57.23	29.76	15.45	5.01	21.59	11.23	5.83	1.89	1,842.82	958.27	497.56	161.25	
76	58.29	30.31	15.74	5.10	21.99	11.43	5.94	1.92	1,874.86	974.92	506.22	164.04	
77	59.89	31.14	16.17	5.24	22.59	11.75	6.10	1.98	1,922.95	999.94	519.19	168.25	
78	60.94	31.69	16.45	5.33	22.99	11.95	6.21	2.01	1,955.00	1,016.60	527.85	171.06	
79	62.01	32.25	16.74	5.43	23.39	12.16	6.32	2.05	1,987.05	1,033.26	536.51	173.87	
80	64.13	33.35	17.32	5.61	24.19	12.58	6.53	2.12	2,051.15	1,066.59	553.81	179.47	
81	66.77	34.72	18.03	5.84	25.19	13.10	6.80	2.20	2,131.25	1,108.25	575.44	186.48	
82	69.42	36.10	18.74	6.07	26.18	13.61	7.07	2.29	2,211.34	1,149.89	597.06	193.49	
83	72.61	37.76	19.60	6.35	27.38	14.24	7.39	2.40	2,307.50	1,199.90	623.02	201.90	
84	75.78	39.41	20.46	6.63	28.58	14.86	7.72	2.50	2,403.63	1,249.89	648.98	210.31	
85+	78.97	41.06	21.32	6.91	29.78	15.49	8.04	2.61	2,499.78	1,299.89	674.94	218.73	

2009		MALE NON TOBACCO USER ZIP CODES (546)												2009		
Attained Age	BASIC				PART A DEDUCTIBLE				PART B DEDUCTIBLE				PART B EXCESS			
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC
0-64	\$3,328.11	\$1,730.62	\$898.59	\$291.21	\$915.73	\$476.18	\$247.25	\$80.13	\$145.10	\$75.45	\$39.18	\$12.70	\$135.07	\$70.24	\$36.47	\$11.82
65	926.41	481.73	250.13	81.06	254.90	132.55	68.82	22.30	101.13	52.59	27.31	8.85	37.60	19.55	10.15	3.29
66	965.98	502.31	260.81	84.52	265.79	138.21	71.76	23.26	101.13	52.59	27.31	8.85	39.21	20.39	10.59	3.43
67	994.22	516.99	268.44	86.99	273.56	142.25	73.86	23.94	101.13	52.59	27.31	8.85	40.35	20.98	10.89	3.53
68	1,046.23	544.04	282.48	91.55	287.87	149.69	77.72	25.19	101.13	52.59	27.31	8.85	42.46	22.08	11.46	3.72
69	1,075.12	559.06	290.28	94.07	295.82	153.83	79.87	25.88	101.13	52.59	27.31	8.85	43.63	22.69	11.78	3.82
70	1,116.16	580.40	301.36	97.66	307.10	159.69	82.92	26.87	101.13	52.59	27.31	8.85	45.30	23.56	12.23	3.96
71	1,157.59	601.95	312.55	101.29	318.50	165.62	86.00	27.87	101.13	52.59	27.31	8.85	46.98	24.43	12.68	4.11
72	1,198.97	623.46	323.72	104.91	329.89	171.54	89.07	28.87	101.13	52.59	27.31	8.85	48.66	25.30	13.14	4.26
73	1,239.82	644.71	334.75	108.48	341.14	177.39	92.11	29.85	101.13	52.59	27.31	8.85	50.31	26.16	13.58	4.40
74	1,267.32	659.01	342.18	110.89	348.70	181.32	94.15	30.51	101.13	52.59	27.31	8.85	51.44	26.75	13.89	4.50
75	1,304.74	678.46	352.28	114.16	359.00	186.68	96.93	31.41	101.13	52.59	27.31	8.85	52.95	27.53	14.30	4.63
76	1,327.04	690.06	358.30	116.12	365.13	189.87	98.59	31.95	101.13	52.59	27.31	8.85	53.86	28.01	14.54	4.71
77	1,357.43	705.86	366.51	118.78	373.50	194.22	100.85	32.68	101.13	52.59	27.31	8.85	55.09	28.65	14.87	4.82
78	1,371.22	713.03	370.23	119.98	377.29	196.19	101.87	33.01	101.13	52.59	27.31	8.85	55.65	28.94	15.03	4.87
79	1,381.38	718.32	372.97	120.87	380.08	197.64	102.62	33.26	101.13	52.59	27.31	8.85	56.06	29.15	15.14	4.91
80	1,412.54	734.52	381.39	123.60	388.66	202.10	104.94	34.01	101.13	52.59	27.31	8.85	57.33	29.81	15.48	5.02
81	1,453.72	755.93	392.50	127.20	399.99	207.99	108.00	35.00	101.13	52.59	27.31	8.85	59.00	30.68	15.93	5.16
82	1,494.53	777.16	403.52	130.77	411.22	213.83	111.03	35.98	101.13	52.59	27.31	8.85	60.66	31.54	16.38	5.31
83	1,547.88	804.90	417.93	135.44	425.90	221.47	114.99	37.27	101.13	52.59	27.31	8.85	62.82	32.67	16.96	5.50
84	1,603.79	833.97	433.02	140.33	441.28	229.47	119.15	38.61	101.13	52.59	27.31	8.85	65.09	33.85	17.57	5.70
85+	1,664.06	865.31	449.30	145.61	457.86	238.09	123.62	40.06	101.13	52.59	27.31	8.85	67.54	35.12	18.24	5.91

  

Attained Age	HOME HEALTH CARE				FOREIGN TRAVEL				BASIC + ALL RIDERS				<b>Basic -</b> Policy Form 128W-0707-WI  <b>Part A Deductible -</b> Policy Form RMCPAD-0707-WI  <b>Part B Deductible -</b> Policy Form RMCPBD-0707-WI  <b>Part B Excess -</b> Policy Form RMCPBE-0707-WI  <b>Additional Home Health -</b> Policy Form RMCAHH-0707-WI  <b>Foreign Travel -</b> Policy Form RMCFTTR-0707-WI  <b>Add a one time \$20.00 application fee to the modal premium for the plan selected. Use Non Tobacco User rates for applicants eligible for open enrollment or guarantee issue.</b>
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	
0-64	\$151.74	\$78.90	\$40.97	\$13.28	\$57.24	\$29.76	\$15.45	\$5.01	\$4,733.00	\$2,461.16	\$1,277.91	\$414.15	
65	42.23	21.96	11.40	3.70	15.94	8.29	4.30	1.39	1,378.21	716.67	372.11	120.59	
66	44.04	22.90	11.89	3.85	16.61	8.64	4.48	1.45	1,432.76	745.04	386.84	125.36	
67	45.33	23.57	12.24	3.97	17.10	8.89	4.62	1.50	1,471.69	765.27	397.36	128.78	
68	47.70	24.80	12.88	4.17	17.99	9.35	4.86	1.57	1,543.38	802.55	416.71	135.05	
69	49.02	25.49	13.24	4.29	18.49	9.61	4.99	1.62	1,583.21	823.27	427.47	138.53	
70	50.89	26.46	13.74	4.45	19.19	9.98	5.18	1.68	1,639.77	852.68	442.74	143.47	
71	52.78	27.45	14.25	4.62	19.91	10.35	5.38	1.74	1,696.89	882.39	458.17	148.48	
72	54.67	28.43	14.76	4.78	20.62	10.72	5.57	1.80	1,753.94	912.04	473.57	153.47	
73	56.53	29.40	15.26	4.95	21.33	11.09	5.76	1.87	1,810.26	941.34	488.77	158.40	
74	57.78	30.05	15.60	5.06	21.79	11.33	5.88	1.91	1,848.16	961.05	499.01	161.72	
75	59.50	30.94	16.07	5.21	22.44	11.67	6.06	1.96	1,899.76	987.87	512.95	166.22	
76	60.51	31.47	16.34	5.29	22.82	11.87	6.16	2.00	1,930.49	1,003.87	521.24	168.92	
77	61.89	32.18	16.71	5.42	23.35	12.14	6.30	2.04	1,972.39	1,025.64	532.55	172.59	
78	62.53	32.52	16.88	5.47	23.58	12.26	6.37	2.06	1,991.40	1,035.53	537.69	174.24	
79	62.98	32.75	17.00	5.51	23.76	12.36	6.42	2.08	2,005.39	1,042.81	541.46	175.48	
80	64.41	33.49	17.39	5.64	24.30	12.64	6.56	2.13	2,048.37	1,065.15	553.07	179.25	
81	66.28	34.47	17.90	5.80	25.01	13.01	6.75	2.19	2,105.13	1,094.67	568.39	184.20	
82	68.14	35.43	18.40	5.96	25.70	13.36	6.94	2.25	2,161.38	1,123.91	583.58	189.12	
83	70.58	36.70	19.06	6.18	26.62	13.84	7.19	2.33	2,234.93	1,162.17	603.44	195.57	
84	73.12	38.02	19.74	6.40	27.58	14.34	7.45	2.41	2,311.99	1,202.24	624.24	202.30	
85+	75.86	39.45	20.48	6.64	28.62	14.88	7.73	2.50	2,395.07	1,245.44	646.68	209.57	

2009		MALE TOBACCO USER ZIP CODES (546)												2009		
Attained Age	BASIC				PART A DEDUCTIBLE				PART B DEDUCTIBLE				PART B EXCESS			
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC
0-64	\$3,697.90	\$1,922.91	\$998.43	\$323.57	\$1,017.47	\$529.08	\$274.72	\$89.03	\$161.23	\$83.84	\$43.53	\$14.11	\$150.08	\$78.04	\$40.52	\$13.13
65	1,029.34	535.26	277.92	90.07	283.22	147.27	76.47	24.78	112.37	58.43	30.34	9.83	41.78	21.73	11.28	3.66
66	1,073.30	558.12	289.79	93.91	295.32	153.57	79.74	25.84	112.37	58.43	30.34	9.83	43.56	22.65	11.76	3.81
67	1,104.69	574.44	298.27	96.66	303.95	158.05	82.07	26.60	112.37	58.43	30.34	9.83	44.83	23.31	12.10	3.92
68	1,162.48	604.49	313.87	101.72	319.86	166.33	86.36	27.99	112.37	58.43	30.34	9.83	47.18	24.53	12.74	4.13
69	1,194.58	621.18	322.54	104.53	328.68	170.91	88.74	28.76	112.37	58.43	30.34	9.83	48.48	25.21	13.09	4.24
70	1,240.18	644.89	334.85	108.52	341.22	177.43	92.13	29.86	112.37	58.43	30.34	9.83	50.33	26.17	13.59	4.40
71	1,286.22	668.83	347.28	112.54	353.90	184.03	95.55	30.97	112.37	58.43	30.34	9.83	52.20	27.14	14.09	4.57
72	1,332.18	692.73	359.69	116.57	366.54	190.60	98.97	32.07	112.37	58.43	30.34	9.83	54.06	28.11	14.60	4.73
73	1,377.58	716.34	371.95	120.54	379.04	197.10	102.34	33.17	112.37	58.43	30.34	9.83	55.90	29.07	15.09	4.89
74	1,408.14	732.23	380.20	123.21	387.44	201.47	104.61	33.90	112.37	58.43	30.34	9.83	57.15	29.72	15.43	5.00
75	1,449.71	753.85	391.42	126.85	398.89	207.42	107.70	34.90	112.37	58.43	30.34	9.83	58.83	30.59	15.88	5.15
76	1,474.49	766.73	398.11	129.02	405.70	210.96	109.54	35.50	112.37	58.43	30.34	9.83	59.84	31.12	16.16	5.24
77	1,508.26	784.30	407.23	131.97	414.99	215.79	112.05	36.31	112.37	58.43	30.34	9.83	61.21	31.83	16.53	5.36
78	1,523.58	792.26	411.37	133.31	419.21	217.99	113.19	36.68	112.37	58.43	30.34	9.83	61.83	32.15	16.69	5.41
79	1,534.86	798.13	414.41	134.30	422.31	219.60	114.02	36.95	112.37	58.43	30.34	9.83	62.29	32.39	16.82	5.45
80	1,569.48	816.13	423.76	137.33	431.84	224.56	116.60	37.79	112.37	58.43	30.34	9.83	63.70	33.12	17.20	5.57
81	1,615.25	839.93	436.12	141.33	444.43	231.10	120.00	38.89	112.37	58.43	30.34	9.83	65.55	34.09	17.70	5.74
82	1,660.58	863.50	448.36	145.30	456.90	237.59	123.36	39.98	112.37	58.43	30.34	9.83	67.39	35.04	18.20	5.90
83	1,719.86	894.33	464.36	150.49	473.22	246.07	127.77	41.41	112.37	58.43	30.34	9.83	69.80	36.30	18.85	6.11
84	1,781.99	926.63	481.14	155.92	490.31	254.96	132.38	42.90	112.37	58.43	30.34	9.83	72.32	37.61	19.53	6.33
85+	1,848.95	961.45	499.22	161.78	508.74	264.54	137.36	44.51	112.37	58.43	30.34	9.83	75.04	39.02	20.26	6.57

  

Attained Age	HOME HEALTH CARE				FOREIGN TRAVEL				BASIC + ALL RIDERS				<b>Basic -</b> Policy Form 128W-0707-WI  <b>Part A Deductible -</b> Policy Form RMCPAD-0707-WI  <b>Part B Deductible -</b> Policy Form RMCPBD-0707-WI  <b>Part B Excess -</b> Policy Form RMCPBE-0707-WI  <b>Additional Home Health -</b> Policy Form RMCAHH-0707-WI  <b>Foreign Travel -</b> Policy Form RMCFTF-0707-WI  <b>Add a one time \$20.00 application fee to the modal premium for the plan selected. Use Non Tobacco User rates for applicants eligible for open enrollment or guarantee issue.</b>
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	
0-64	\$168.60	\$87.67	\$45.52	\$14.75	\$63.60	\$33.07	\$17.17	\$5.57	\$5,258.88	\$2,734.61	\$1,419.89	\$460.16	
65	46.93	24.40	12.67	4.11	17.70	9.20	4.78	1.55	1,531.34	796.29	413.46	134.00	
66	48.94	25.45	13.21	4.28	18.46	9.60	4.98	1.62	1,591.95	827.82	429.82	139.29	
67	50.37	26.19	13.60	4.41	19.00	9.88	5.13	1.66	1,635.21	850.30	441.51	143.08	
68	53.00	27.56	14.31	4.64	19.99	10.39	5.40	1.75	1,714.88	891.73	463.02	150.06	
69	54.46	28.32	14.70	4.77	20.54	10.68	5.55	1.80	1,759.11	914.73	474.96	153.93	
70	56.54	29.40	15.27	4.95	21.33	11.09	5.76	1.87	1,821.97	947.41	491.94	159.43	
71	58.65	30.50	15.84	5.13	22.12	11.50	5.97	1.94	1,885.46	980.43	509.07	164.98	
72	60.74	31.58	16.40	5.31	22.91	11.91	6.19	2.00	1,948.80	1,013.36	526.19	170.51	
73	62.81	32.66	16.96	5.50	23.70	12.32	6.40	2.07	2,011.40	1,045.92	543.08	176.00	
74	64.20	33.38	17.33	5.62	24.22	12.59	6.54	2.12	2,053.52	1,067.82	554.45	179.68	
75	66.10	34.37	17.85	5.78	24.94	12.97	6.73	2.18	2,110.84	1,097.63	569.92	184.69	
76	67.23	34.96	18.15	5.88	25.36	13.19	6.85	2.22	2,144.99	1,115.39	579.15	187.69	
77	68.77	35.76	18.57	6.02	25.94	13.49	7.00	2.27	2,191.54	1,139.60	591.72	191.76	
78	69.47	36.12	18.76	6.08	26.20	13.62	7.07	2.29	2,212.66	1,150.57	597.42	193.60	
79	69.98	36.39	18.89	6.12	26.40	13.73	7.13	2.31	2,228.21	1,158.67	601.61	194.96	
80	71.56	37.21	19.32	6.26	26.99	14.03	7.29	2.36	2,275.94	1,183.48	614.51	199.14	
81	73.65	38.30	19.89	6.44	27.78	14.45	7.50	2.43	2,339.03	1,216.30	631.55	204.66	
82	75.71	39.37	20.44	6.62	28.56	14.85	7.71	2.50	2,401.51	1,248.78	648.41	210.13	
83	78.42	40.78	21.17	6.86	29.58	15.38	7.99	2.59	2,483.25	1,291.29	670.48	217.29	
84	81.25	42.25	21.94	7.11	30.65	15.94	8.28	2.68	2,568.89	1,335.82	693.61	224.77	
85+	84.30	43.84	22.76	7.38	31.80	16.54	8.59	2.78	2,661.20	1,383.82	718.53	232.85	

2009		FEMALE NON TOBACCO USER ZIP CODES (535-539, 541-545, 549)												2009		
Attained Age	BASIC				PART A DEDUCTIBLE				PART B DEDUCTIBLE				PART B EXCESS			
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC
0-64	\$3,312.17	\$1,722.33	\$894.29	\$289.81	\$911.33	\$473.89	\$246.06	\$79.74	\$154.17	\$80.17	\$41.63	\$13.49	\$134.43	\$69.90	\$36.30	\$11.76
65	889.18	462.37	240.08	77.80	244.66	127.22	66.06	21.41	107.45	55.87	29.01	9.40	36.08	18.76	9.74	3.16
66	922.52	479.71	249.08	80.72	253.83	131.99	68.53	22.21	107.45	55.87	29.01	9.40	37.44	19.47	10.11	3.28
67	944.74	491.26	255.08	82.66	259.95	135.17	70.19	22.75	107.45	55.87	29.01	9.40	38.34	19.94	10.35	3.35
68	989.20	514.38	267.08	86.56	272.18	141.53	73.49	23.82	107.45	55.87	29.01	9.40	40.15	20.88	10.84	3.51
69	1,011.44	525.95	273.09	88.50	278.29	144.71	75.14	24.35	107.45	55.87	29.01	9.40	41.05	21.35	11.08	3.59
70	1,044.79	543.29	282.09	91.42	287.47	149.48	77.62	25.15	107.45	55.87	29.01	9.40	42.41	22.05	11.45	3.71
71	1,078.12	560.62	291.09	94.34	296.64	154.25	80.09	25.96	107.45	55.87	29.01	9.40	43.76	22.76	11.82	3.83
72	1,111.47	577.96	300.10	97.25	305.81	159.02	82.57	26.76	107.45	55.87	29.01	9.40	45.10	23.45	12.18	3.95
73	1,144.81	595.30	309.10	100.17	314.99	163.79	85.05	27.56	107.45	55.87	29.01	9.40	46.46	24.16	12.54	4.07
74	1,167.04	606.86	315.10	102.12	321.11	166.98	86.70	28.10	107.45	55.87	29.01	9.40	47.36	24.63	12.79	4.14
75	1,200.39	624.20	324.11	105.03	330.28	171.75	89.18	28.90	107.45	55.87	29.01	9.40	48.71	25.33	13.15	4.26
76	1,222.61	635.76	330.10	106.98	336.40	174.93	90.83	29.44	107.45	55.87	29.01	9.40	49.61	25.80	13.39	4.34
77	1,255.95	653.09	339.11	109.90	345.58	179.70	93.31	30.24	107.45	55.87	29.01	9.40	50.97	26.50	13.76	4.46
78	1,278.20	664.66	345.11	111.84	351.69	182.88	94.96	30.77	107.45	55.87	29.01	9.40	51.88	26.98	14.01	4.54
79	1,300.42	676.22	351.11	113.79	357.81	186.06	96.61	31.31	107.45	55.87	29.01	9.40	52.78	27.45	14.25	4.62
80	1,344.88	699.34	363.12	117.68	370.04	192.42	99.91	32.38	107.45	55.87	29.01	9.40	54.59	28.39	14.74	4.78
81	1,400.45	728.23	378.12	122.54	385.33	200.37	104.04	33.72	107.45	55.87	29.01	9.40	56.84	29.56	15.35	4.97
82	1,456.02	757.13	393.13	127.40	400.62	208.32	108.17	35.05	107.45	55.87	29.01	9.40	59.09	30.73	15.95	5.17
83	1,522.71	791.81	411.13	133.24	418.97	217.86	113.12	36.66	107.45	55.87	29.01	9.40	61.80	32.14	16.69	5.41
84	1,589.40	826.49	429.14	139.07	437.32	227.41	118.08	38.27	107.45	55.87	29.01	9.40	64.51	33.55	17.42	5.64
85+	1,656.09	861.17	447.14	144.91	455.67	236.95	123.03	39.87	107.45	55.87	29.01	9.40	67.21	34.95	18.15	5.88

  

Attained Age	HOME HEALTH CARE				FOREIGN TRAVEL				BASIC + ALL RIDERS				<b>Basic -</b> Policy Form 128W-0707-WI  <b>Part A Deductible -</b> Policy Form RMCPAD-0707-WI  <b>Part B Deductible -</b> Policy Form RMCPBD-0707-WI  <b>Part B Excess -</b> Policy Form RMCPBE-0707-WI  <b>Additional Home Health -</b> Policy Form RMCAHH-0707-WI  <b>Foreign Travel -</b> Policy Form RMCFTF-0707-WI  <b>Add a one time \$20.00 application fee to the modal premium for the plan selected. Use Non Tobacco User rates for applicants eligible for open enrollment or guarantee issue.</b>
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	
0-64	\$151.02	\$78.53	\$40.78	\$13.21	\$56.96	\$29.62	\$15.38	\$4.98	\$4,720.09	\$2,454.44	\$1,274.44	\$412.99	
65	40.55	21.09	10.95	3.55	15.29	7.95	4.13	1.34	1,333.21	693.26	359.97	116.66	
66	42.06	21.87	11.36	3.68	15.87	8.25	4.28	1.39	1,379.17	717.16	372.37	120.68	
67	43.08	22.40	11.63	3.77	16.25	8.45	4.39	1.42	1,409.81	733.09	380.65	123.35	
68	45.10	23.45	12.18	3.95	17.02	8.85	4.60	1.49	1,471.10	764.96	397.20	128.73	
69	46.11	23.98	12.45	4.03	17.40	9.05	4.70	1.52	1,501.74	780.91	405.47	131.39	
70	47.63	24.77	12.86	4.17	17.97	9.34	4.85	1.57	1,547.72	804.80	417.88	135.42	
71	49.16	25.56	13.27	4.30	18.55	9.65	5.01	1.62	1,593.68	828.71	430.29	139.45	
72	50.68	26.35	13.68	4.43	19.12	9.94	5.16	1.67	1,639.63	852.59	442.70	143.46	
73	52.20	27.14	14.09	4.57	19.69	10.24	5.32	1.72	1,685.60	876.50	455.11	147.49	
74	53.21	27.67	14.37	4.66	20.08	10.44	5.42	1.76	1,716.25	892.45	463.39	150.18	
75	54.73	28.46	14.78	4.79	20.65	10.74	5.58	1.81	1,762.21	916.35	475.81	154.19	
76	55.73	28.98	15.05	4.88	21.03	10.94	5.68	1.84	1,792.83	932.28	484.06	156.88	
77	57.26	29.78	15.46	5.01	21.61	11.24	5.83	1.89	1,838.82	956.18	496.48	160.90	
78	58.28	30.31	15.74	5.10	21.99	11.43	5.94	1.92	1,869.49	972.13	504.77	163.57	
79	59.30	30.84	16.01	5.19	22.37	11.63	6.04	1.96	1,900.13	988.07	513.03	166.27	
80	61.32	31.89	16.56	5.37	23.14	12.03	6.25	2.02	1,961.42	1,019.94	529.59	171.63	
81	63.84	33.20	17.24	5.59	24.09	12.53	6.50	2.11	2,038.00	1,059.76	550.26	178.33	
82	66.39	34.52	17.93	5.81	25.04	13.02	6.76	2.19	2,114.61	1,099.59	570.95	185.02	
83	69.43	36.10	18.75	6.08	26.19	13.62	7.07	2.29	2,206.55	1,147.40	595.77	193.08	
84	72.47	37.68	19.57	6.34	27.34	14.22	7.38	2.39	2,298.49	1,195.22	620.60	201.11	
85+	75.51	39.27	20.39	6.61	28.48	14.81	7.69	2.49	2,390.41	1,243.02	645.41	209.16	

2009		FEMALE TOBACCO USER ZIP CODES (535-539, 541-545, 549)												2009		
Attained Age	BASIC				PART A DEDUCTIBLE				PART B DEDUCTIBLE				PART B EXCESS			
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC
0-64	\$3,680.19	\$1,913.70	\$993.65	\$322.02	\$1,012.59	\$526.55	\$273.40	\$88.60	\$171.31	\$89.08	\$46.25	\$14.99	\$149.36	\$77.67	\$40.33	\$13.07
65	987.97	513.74	266.75	86.45	271.84	141.36	73.40	23.79	119.39	62.08	32.24	10.45	40.09	20.85	10.82	3.51
66	1,025.02	533.01	276.76	89.69	282.03	146.66	76.15	24.68	119.39	62.08	32.24	10.45	41.60	21.63	11.23	3.64
67	1,049.72	545.85	283.42	91.85	288.83	150.19	77.98	25.27	119.39	62.08	32.24	10.45	42.60	22.15	11.50	3.73
68	1,099.12	571.54	296.76	96.17	302.42	157.26	81.65	26.46	119.39	62.08	32.24	10.45	44.61	23.20	12.04	3.90
69	1,123.82	584.39	303.43	98.33	309.21	160.79	83.49	27.06	119.39	62.08	32.24	10.45	45.61	23.72	12.31	3.99
70	1,160.87	603.65	313.43	101.58	319.41	166.09	86.24	27.95	119.39	62.08	32.24	10.45	47.12	24.50	12.72	4.12
71	1,197.91	622.91	323.44	104.82	329.60	171.39	88.99	28.84	119.39	62.08	32.24	10.45	48.62	25.28	13.13	4.25
72	1,234.97	642.18	333.44	108.06	339.80	176.70	91.75	29.73	119.39	62.08	32.24	10.45	50.12	26.06	13.53	4.39
73	1,272.02	661.45	343.45	111.30	350.00	182.00	94.50	30.63	119.39	62.08	32.24	10.45	51.62	26.84	13.94	4.52
74	1,296.71	674.29	350.11	113.46	356.79	185.53	96.33	31.22	119.39	62.08	32.24	10.45	52.62	27.36	14.21	4.60
75	1,333.76	693.56	360.12	116.70	366.98	190.83	99.08	32.11	119.39	62.08	32.24	10.45	54.13	28.15	14.62	4.74
76	1,358.45	706.39	366.78	118.86	373.77	194.36	100.92	32.70	119.39	62.08	32.24	10.45	55.13	28.67	14.89	4.82
77	1,395.50	725.66	376.79	122.11	383.97	199.66	103.67	33.60	119.39	62.08	32.24	10.45	56.64	29.45	15.29	4.96
78	1,420.21	738.51	383.46	124.27	390.76	203.20	105.51	34.19	119.39	62.08	32.24	10.45	57.64	29.97	15.56	5.04
79	1,444.91	751.35	390.13	126.43	397.56	206.73	107.34	34.79	119.39	62.08	32.24	10.45	58.64	30.49	15.83	5.13
80	1,494.31	777.04	403.46	130.75	411.15	213.80	111.01	35.98	119.39	62.08	32.24	10.45	60.65	31.54	16.38	5.31
81	1,556.05	809.15	420.13	136.15	428.15	222.64	115.60	37.46	119.39	62.08	32.24	10.45	63.16	32.84	17.05	5.53
82	1,617.80	841.26	436.81	141.56	445.14	231.47	120.19	38.95	119.39	62.08	32.24	10.45	65.65	34.14	17.73	5.74
83	1,691.90	879.79	456.81	148.04	465.53	242.08	125.69	40.73	119.39	62.08	32.24	10.45	68.66	35.70	18.54	6.01
84	1,765.99	918.31	476.82	154.52	485.91	252.67	131.20	42.52	119.39	62.08	32.24	10.45	71.67	37.27	19.35	6.27
85+	1,840.10	956.85	496.83	161.01	506.29	263.27	136.70	44.30	119.39	62.08	32.24	10.45	74.68	38.83	20.16	6.53

  

Attained Age	HOME HEALTH CARE				FOREIGN TRAVEL				BASIC + ALL RIDERS				Basic - Policy Form 128W-0707-WI  Part A Deductible - Policy Form RMCPAD-0707-WI  Part B Deductible - Policy Form RMCPBD-0707-WI  Part B Excess - Policy Form RMCPBE-0707-WI  Additional Home Health - Policy Form RMCAHH-0707-WI  Foreign Travel - Policy Form RMCFTTR-0707-WI  Add a one time \$20.00 application fee to the modal premium for the plan selected. Use Non Tobacco User rates for applicants eligible for open enrollment or guarantee issue.
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	
0-64	\$167.80	\$87.26	\$45.31	\$14.68	\$63.29	\$32.91	\$17.09	\$5.54	\$5,244.54	\$2,727.17	\$1,416.03	\$458.90	
65	45.05	23.43	12.16	3.94	16.99	8.83	4.59	1.49	1,481.33	770.29	399.96	129.63	
66	46.73	24.30	12.62	4.09	17.63	9.17	4.76	1.54	1,532.40	796.85	413.76	134.09	
67	47.86	24.89	12.92	4.19	18.05	9.39	4.87	1.58	1,566.45	814.55	422.93	137.07	
68	50.12	26.06	13.53	4.39	18.90	9.83	5.10	1.65	1,634.56	849.97	441.32	143.02	
69	51.24	26.64	13.83	4.48	19.33	10.05	5.22	1.69	1,668.60	867.67	450.52	146.00	
70	52.92	27.52	14.29	4.63	19.97	10.38	5.39	1.75	1,719.68	894.22	464.31	150.48	
71	54.62	28.40	14.75	4.78	20.60	10.71	5.56	1.80	1,770.74	920.77	478.11	154.94	
72	56.30	29.28	15.20	4.93	21.24	11.04	5.73	1.86	1,821.82	947.34	491.89	159.42	
73	58.00	30.16	15.66	5.08	21.88	11.38	5.91	1.91	1,872.91	973.91	505.70	163.89	
74	59.13	30.75	15.97	5.17	22.30	11.60	6.02	1.95	1,906.94	991.61	514.88	166.85	
75	60.81	31.62	16.42	5.32	22.94	11.93	6.19	2.01	1,958.01	1,018.17	528.67	171.33	
76	61.93	32.20	16.72	5.42	23.37	12.15	6.31	2.04	1,992.04	1,035.85	537.86	174.29	
77	63.63	33.09	17.18	5.57	24.00	12.48	6.48	2.10	2,043.13	1,062.42	551.65	178.79	
78	64.75	33.67	17.48	5.67	24.43	12.70	6.60	2.14	2,077.18	1,080.13	560.85	181.76	
79	65.88	34.26	17.79	5.76	24.85	12.92	6.71	2.17	2,111.23	1,097.83	570.04	184.73	
80	68.14	35.43	18.40	5.96	25.70	13.36	6.94	2.25	2,179.34	1,133.25	588.43	190.70	
81	70.94	36.89	19.15	6.21	26.77	13.92	7.23	2.34	2,264.46	1,177.52	611.40	198.14	
82	73.76	38.36	19.92	6.45	27.82	14.47	7.51	2.43	2,349.56	1,221.78	634.40	205.58	
83	77.15	40.12	20.83	6.75	29.10	15.13	7.86	2.55	2,451.73	1,274.90	661.97	214.53	
84	80.52	41.87	21.74	7.05	30.37	15.79	8.20	2.66	2,553.85	1,327.99	689.55	223.47	
85+	83.90	43.63	22.65	7.34	31.65	16.46	8.55	2.77	2,656.01	1,381.12	717.13	232.40	

2009		MALE NON TOBACCO USER ZIP CODES (535-539, 541-545, 549)												2009		
Attained Age	BASIC				PART A DEDUCTIBLE				PART B DEDUCTIBLE				PART B EXCESS			
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC
0-64	\$3,536.12	\$1,838.78	\$954.75	\$309.41	\$972.96	\$505.94	\$262.70	\$85.13	\$154.17	\$80.17	\$41.63	\$13.49	\$143.51	\$74.63	\$38.75	\$12.56
65	984.31	511.84	265.76	86.13	270.83	140.83	73.12	23.70	107.45	55.87	29.01	9.40	39.95	20.77	10.79	3.50
66	1,026.35	533.70	277.11	89.81	282.40	146.85	76.25	24.71	107.45	55.87	29.01	9.40	41.66	21.66	11.25	3.65
67	1,056.35	549.30	285.21	92.43	290.66	151.14	78.48	25.43	107.45	55.87	29.01	9.40	42.87	22.29	11.57	3.75
68	1,111.62	578.04	300.14	97.27	305.86	159.05	82.58	26.76	107.45	55.87	29.01	9.40	45.11	23.46	12.18	3.95
69	1,142.32	594.01	308.43	99.95	314.30	163.44	84.86	27.50	107.45	55.87	29.01	9.40	46.36	24.11	12.52	4.06
70	1,185.92	616.68	320.20	103.77	326.30	169.68	88.10	28.55	107.45	55.87	29.01	9.40	48.13	25.03	13.00	4.21
71	1,229.94	639.57	332.08	107.62	338.41	175.97	91.37	29.61	107.45	55.87	29.01	9.40	49.92	25.96	13.48	4.37
72	1,273.90	662.43	343.95	111.47	350.51	182.27	94.64	30.67	107.45	55.87	29.01	9.40	51.70	26.88	13.96	4.52
73	1,317.30	685.00	355.67	115.26	362.46	188.48	97.86	31.72	107.45	55.87	29.01	9.40	53.46	27.80	14.43	4.68
74	1,346.53	700.20	363.56	117.82	370.49	192.65	100.03	32.42	107.45	55.87	29.01	9.40	54.66	28.42	14.76	4.78
75	1,386.29	720.87	374.30	121.30	381.44	198.35	102.99	33.38	107.45	55.87	29.01	9.40	56.26	29.26	15.19	4.92
76	1,409.98	733.19	380.69	123.37	387.95	201.73	104.75	33.95	107.45	55.87	29.01	9.40	57.22	29.75	15.45	5.01
77	1,442.27	749.98	389.41	126.20	396.84	206.36	107.15	34.72	107.45	55.87	29.01	9.40	58.53	30.44	15.80	5.12
78	1,456.92	757.60	393.37	127.48	400.87	208.45	108.23	35.08	107.45	55.87	29.01	9.40	59.13	30.75	15.97	5.17
79	1,467.71	763.21	396.28	128.42	403.84	210.00	109.04	35.34	107.45	55.87	29.01	9.40	59.56	30.97	16.08	5.21
80	1,500.82	780.43	405.22	131.32	412.95	214.73	111.50	36.13	107.45	55.87	29.01	9.40	60.91	31.67	16.45	5.33
81	1,544.58	803.18	417.04	135.15	424.99	220.99	114.75	37.19	107.45	55.87	29.01	9.40	62.69	32.60	16.93	5.49
82	1,587.94	825.73	428.74	138.94	436.92	227.20	117.97	38.23	107.45	55.87	29.01	9.40	64.45	33.51	17.40	5.64
83	1,644.62	855.20	444.05	143.90	452.51	235.31	122.18	39.59	107.45	55.87	29.01	9.40	66.75	34.71	18.02	5.84
84	1,704.03	886.10	460.09	149.10	468.86	243.81	126.59	41.03	107.45	55.87	29.01	9.40	69.16	35.96	18.67	6.05
85+	1,768.06	919.39	477.38	154.71	486.48	252.97	131.35	42.57	107.45	55.87	29.01	9.40	71.76	37.32	19.38	6.28

  

Attained Age	HOME HEALTH CARE				FOREIGN TRAVEL				BASIC + ALL RIDERS				Basic - Policy Form 128W-0707-WI  Part A Deductible - Policy Form RMCPAD-0707-WI  Part B Deductible - Policy Form RMCPBD-0707-WI  Part B Excess - Policy Form RMCPBE-0707-WI  Additional Home Health - Policy Form RMCAHH-0707-WI  Foreign Travel - Policy Form RMCFTTR-0707-WI  Add a one time \$20.00 application fee to the modal premium for the plan selected. Use Non Tobacco User rates for applicants eligible for open enrollment or guarantee issue.
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	
0-64	\$161.23	\$83.84	\$43.53	\$14.11	\$60.82	\$31.63	\$16.42	\$5.32	\$5,028.82	\$2,614.99	\$1,357.78	\$440.02	
65	44.87	23.33	12.11	3.93	16.93	8.80	4.57	1.48	1,464.34	761.44	395.36	128.14	
66	46.79	24.33	12.63	4.09	17.65	9.18	4.77	1.54	1,522.30	791.59	411.02	133.20	
67	48.16	25.04	13.00	4.21	18.17	9.45	4.91	1.59	1,563.66	813.09	422.18	136.81	
68	50.69	26.36	13.69	4.44	19.12	9.94	5.16	1.67	1,639.85	852.72	442.76	143.49	
69	52.08	27.08	14.06	4.56	19.64	10.21	5.30	1.72	1,682.15	874.72	454.18	147.19	
70	54.07	28.12	14.60	4.73	20.39	10.60	5.51	1.78	1,742.26	905.98	470.42	152.44	
71	56.08	29.16	15.14	4.91	21.16	11.00	5.71	1.85	1,802.96	937.53	486.79	157.76	
72	58.09	30.21	15.68	5.08	21.91	11.39	5.92	1.92	1,863.56	969.05	503.16	163.06	
73	60.06	31.23	16.22	5.26	22.66	11.78	6.12	1.98	1,923.39	1,000.16	519.31	168.30	
74	61.40	31.93	16.58	5.37	23.15	12.04	6.25	2.03	1,963.68	1,021.11	530.19	171.82	
75	63.21	32.87	17.07	5.53	23.84	12.40	6.44	2.09	2,018.49	1,049.62	545.00	176.62	
76	64.29	33.43	17.36	5.63	24.25	12.61	6.55	2.12	2,051.14	1,066.58	553.81	179.48	
77	65.76	34.20	17.76	5.75	24.81	12.90	6.70	2.17	2,095.66	1,089.75	565.83	183.36	
78	66.44	34.55	17.94	5.81	25.06	13.03	6.77	2.19	2,115.87	1,100.25	571.29	185.13	
79	66.91	34.79	18.07	5.85	25.25	13.13	6.82	2.21	2,130.72	1,107.97	575.30	186.43	
80	68.43	35.58	18.48	5.99	25.81	13.42	6.97	2.26	2,176.37	1,131.70	587.63	190.43	
81	70.42	36.62	19.01	6.16	26.57	13.82	7.17	2.32	2,236.70	1,163.08	603.91	195.71	
82	72.40	37.65	19.55	6.34	27.31	14.20	7.37	2.39	2,296.47	1,194.16	620.04	200.94	
83	74.99	38.99	20.25	6.56	28.28	14.71	7.64	2.47	2,374.60	1,234.79	641.15	207.76	
84	77.69	40.40	20.98	6.80	29.31	15.24	7.91	2.56	2,456.50	1,277.38	663.25	214.94	
85+	80.61	41.92	21.76	7.05	30.41	15.81	8.21	2.66	2,544.77	1,323.28	687.09	222.67	

2009		MALE TOBACCO USER ZIP CODES (535-539, 541-545, 549)												2009		
Attained Age	BASIC				PART A DEDUCTIBLE				PART B DEDUCTIBLE				PART B EXCESS			
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC
0-64	\$3,929.02	\$2,043.09	\$1,060.84	\$343.79	\$1,081.06	\$562.15	\$291.89	\$94.59	\$171.31	\$89.08	\$46.25	\$14.99	\$159.46	\$82.92	\$43.05	\$13.95
65	1,093.68	568.71	295.29	95.70	300.92	156.48	81.25	26.33	119.39	62.08	32.24	10.45	44.39	23.08	11.99	3.88
66	1,140.39	593.00	307.91	99.78	313.78	163.17	84.72	27.46	119.39	62.08	32.24	10.45	46.28	24.07	12.50	4.05
67	1,173.73	610.34	316.91	102.70	322.95	167.93	87.20	28.26	119.39	62.08	32.24	10.45	47.63	24.77	12.86	4.17
68	1,235.14	642.27	333.49	108.07	339.85	176.72	91.76	29.74	119.39	62.08	32.24	10.45	50.12	26.06	13.53	4.39
69	1,269.24	660.00	342.69	111.06	349.22	181.59	94.29	30.56	119.39	62.08	32.24	10.45	51.51	26.79	13.91	4.51
70	1,317.69	685.20	355.78	115.30	362.55	188.53	97.89	31.72	119.39	62.08	32.24	10.45	53.47	27.80	14.44	4.68
71	1,366.60	710.63	368.98	119.58	376.01	195.53	101.52	32.90	119.39	62.08	32.24	10.45	55.46	28.84	14.97	4.85
72	1,415.45	736.03	382.17	123.85	389.45	202.51	105.15	34.08	119.39	62.08	32.24	10.45	57.44	29.87	15.51	5.03
73	1,463.67	761.11	395.19	128.07	402.73	209.42	108.74	35.24	119.39	62.08	32.24	10.45	59.40	30.89	16.04	5.20
74	1,496.14	777.99	403.96	130.91	411.66	214.06	111.15	36.02	119.39	62.08	32.24	10.45	60.72	31.57	16.39	5.31
75	1,540.32	800.97	415.89	134.78	423.82	220.39	114.43	37.08	119.39	62.08	32.24	10.45	62.51	32.51	16.88	5.47
76	1,566.64	814.65	422.99	137.08	431.05	224.15	116.38	37.72	119.39	62.08	32.24	10.45	63.58	33.06	17.17	5.56
77	1,602.52	833.31	432.68	140.22	440.93	229.28	119.05	38.58	119.39	62.08	32.24	10.45	65.03	33.82	17.56	5.69
78	1,618.80	841.78	437.08	141.65	445.41	231.61	120.26	38.97	119.39	62.08	32.24	10.45	65.70	34.16	17.74	5.75
79	1,630.79	848.01	440.31	142.69	448.71	233.33	121.15	39.26	119.39	62.08	32.24	10.45	66.18	34.41	17.87	5.79
80	1,667.57	867.14	450.24	145.91	458.83	238.59	123.88	40.15	119.39	62.08	32.24	10.45	67.68	35.19	18.27	5.92
81	1,716.20	892.42	463.37	150.17	472.21	245.55	127.50	41.32	119.39	62.08	32.24	10.45	69.65	36.22	18.81	6.09
82	1,764.37	917.47	476.38	154.38	485.46	252.44	131.07	42.48	119.39	62.08	32.24	10.45	71.60	37.23	19.33	6.27
83	1,827.36	950.23	493.39	159.89	502.79	261.45	135.75	43.99	119.39	62.08	32.24	10.45	74.16	38.56	20.02	6.49
84	1,893.37	984.55	511.21	165.67	520.96	270.90	140.66	45.58	119.39	62.08	32.24	10.45	76.84	39.96	20.75	6.72
85+	1,964.51	1,021.55	530.42	171.89	540.53	281.08	145.94	47.30	119.39	62.08	32.24	10.45	79.73	41.46	21.53	6.98

  

Attained Age	HOME HEALTH CARE				FOREIGN TRAVEL				BASIC + ALL RIDERS				<b>Basic -</b> Policy Form 128W-0707-WI  <b>Part A Deductible -</b> Policy Form RMCPAD-0707-WI  <b>Part B Deductible -</b> Policy Form RMCPBD-0707-WI  <b>Part B Excess -</b> Policy Form RMCPBE-0707-WI  <b>Additional Home Health -</b> Policy Form RMCAHH-0707-WI  <b>Foreign Travel -</b> Policy Form RMCFTTR-0707-WI  <b>Add a one time \$20.00 application fee to the modal premium for the plan selected. Use Non Tobacco User rates for applicants eligible for open enrollment or guarantee issue.</b>
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	
0-64	\$179.14	\$93.15	\$48.37	\$15.67	\$67.58	\$35.14	\$18.25	\$5.91	\$5,587.57	\$2,905.53	\$1,508.65	\$488.90	
65	49.86	25.93	13.46	4.36	18.81	9.78	5.08	1.65	1,627.05	846.06	439.31	142.37	
66	51.99	27.03	14.04	4.55	19.61	10.20	5.29	1.72	1,691.44	879.55	456.70	148.01	
67	53.52	27.83	14.45	4.68	20.19	10.50	5.45	1.77	1,737.41	903.45	469.11	152.03	
68	56.31	29.28	15.20	4.93	21.24	11.04	5.73	1.86	1,822.05	947.45	491.95	159.44	
69	57.87	30.09	15.62	5.06	21.83	11.35	5.89	1.91	1,869.06	971.90	504.64	163.55	
70	60.08	31.24	16.22	5.26	22.66	11.78	6.12	1.98	1,935.84	1,006.63	522.69	169.39	
71	62.31	32.40	16.82	5.45	23.50	12.22	6.35	2.06	2,003.27	1,041.70	540.88	175.29	
72	64.54	33.56	17.43	5.65	24.34	12.66	6.57	2.13	2,070.61	1,076.71	559.07	181.19	
73	66.73	34.70	18.02	5.84	25.18	13.09	6.80	2.20	2,137.10	1,111.29	577.03	187.00	
74	68.21	35.47	18.42	5.97	25.73	13.38	6.95	2.25	2,181.85	1,134.55	589.11	190.91	
75	70.24	36.52	18.96	6.15	26.49	13.77	7.15	2.32	2,242.77	1,166.24	605.55	196.25	
76	71.43	37.14	19.29	6.25	26.95	14.01	7.28	2.36	2,279.04	1,185.09	615.35	199.42	
77	73.07	38.00	19.73	6.39	27.57	14.34	7.44	2.41	2,328.51	1,210.83	628.70	203.74	
78	73.81	38.38	19.93	6.46	27.84	14.48	7.52	2.44	2,350.95	1,222.49	634.77	205.72	
79	74.35	38.66	20.07	6.51	28.05	14.59	7.57	2.45	2,367.47	1,231.08	639.21	207.15	
80	76.03	39.54	20.53	6.65	28.68	14.91	7.74	2.51	2,418.18	1,257.45	652.90	211.59	
81	78.25	40.69	21.13	6.85	29.52	15.35	7.97	2.58	2,485.22	1,292.31	671.02	217.46	
82	80.44	41.83	21.72	7.04	30.35	15.78	8.19	2.66	2,551.61	1,326.83	688.93	223.28	
83	83.32	43.33	22.50	7.29	31.42	16.34	8.48	2.75	2,638.44	1,371.99	712.38	230.86	
84	86.33	44.89	23.31	7.55	32.56	16.93	8.79	2.85	2,729.45	1,419.31	736.96	238.82	
85+	89.56	46.57	24.18	7.84	33.79	17.57	9.12	2.96	2,827.51	1,470.31	763.43	247.42	

2009		FEMALE NON TOBACCO USER ZIP CODES (534, 540, 547-548)												2009		
Attained Age	BASIC				PART A DEDUCTIBLE				PART B DEDUCTIBLE				PART B EXCESS			
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC
0-64	\$3,507.00	\$1,823.64	\$946.89	\$306.86	\$964.94	\$501.77	\$260.53	\$84.43	\$163.24	\$84.88	\$44.07	\$14.28	\$142.34	\$74.02	\$38.43	\$12.45
65	941.48	489.57	254.20	82.38	259.05	134.71	69.94	22.67	113.77	59.16	30.72	9.95	38.21	19.87	10.32	3.34
66	976.79	507.93	263.73	85.47	268.76	139.76	72.57	23.52	113.77	59.16	30.72	9.95	39.65	20.62	10.71	3.47
67	1,000.31	520.16	270.08	87.53	275.24	143.12	74.31	24.08	113.77	59.16	30.72	9.95	40.60	21.11	10.96	3.55
68	1,047.39	544.64	282.80	91.65	288.19	149.86	77.81	25.22	113.77	59.16	30.72	9.95	42.51	22.11	11.48	3.72
69	1,070.94	556.89	289.15	93.71	294.66	153.22	79.56	25.78	113.77	59.16	30.72	9.95	43.46	22.60	11.73	3.80
70	1,106.24	575.24	298.68	96.80	304.38	158.28	82.18	26.63	113.77	59.16	30.72	9.95	44.90	23.35	12.12	3.93
71	1,141.54	593.60	308.22	99.88	314.09	163.33	84.80	27.48	113.77	59.16	30.72	9.95	46.33	24.09	12.51	4.05
72	1,176.85	611.96	317.75	102.97	323.80	168.38	87.43	28.33	113.77	59.16	30.72	9.95	47.75	24.83	12.89	4.18
73	1,212.16	630.32	327.28	106.06	333.52	173.43	90.05	29.18	113.77	59.16	30.72	9.95	49.19	25.58	13.28	4.30
74	1,235.69	642.56	333.64	108.12	340.00	176.80	91.80	29.75	113.77	59.16	30.72	9.95	50.15	26.08	13.54	4.39
75	1,271.00	660.92	343.17	111.21	349.71	181.85	94.42	30.60	113.77	59.16	30.72	9.95	51.58	26.82	13.93	4.51
76	1,294.52	673.15	349.52	113.27	356.18	185.21	96.17	31.17	113.77	59.16	30.72	9.95	52.53	27.32	14.18	4.60
77	1,329.83	691.51	359.05	116.36	365.90	190.27	98.79	32.02	113.77	59.16	30.72	9.95	53.97	28.06	14.57	4.72
78	1,353.38	703.76	365.41	118.42	372.38	193.64	100.54	32.58	113.77	59.16	30.72	9.95	54.93	28.56	14.83	4.81
79	1,376.91	715.99	371.77	120.48	378.86	197.01	102.29	33.15	113.77	59.16	30.72	9.95	55.88	29.06	15.09	4.89
80	1,423.99	740.47	384.48	124.60	391.81	203.74	105.79	34.28	113.77	59.16	30.72	9.95	57.80	30.06	15.61	5.06
81	1,482.83	771.07	400.36	129.75	408.00	212.16	110.16	35.70	113.77	59.16	30.72	9.95	60.18	31.29	16.25	5.27
82	1,541.66	801.66	416.25	134.90	424.19	220.58	114.53	37.12	113.77	59.16	30.72	9.95	62.57	32.54	16.89	5.47
83	1,612.28	838.39	435.32	141.07	443.62	230.68	119.78	38.82	113.77	59.16	30.72	9.95	65.43	34.02	17.67	5.73
84	1,682.89	875.10	454.38	147.25	463.04	240.78	125.02	40.52	113.77	59.16	30.72	9.95	68.30	35.52	18.44	5.98
85+	1,753.51	911.83	473.45	153.43	482.47	250.88	130.27	42.22	113.77	59.16	30.72	9.95	71.16	37.00	19.21	6.23

  

Attained Age	HOME HEALTH CARE				FOREIGN TRAVEL				BASIC + ALL RIDERS				<b>Basic -</b> Policy Form 128W-0707-WI  <b>Part A Deductible -</b> Policy Form RMCPAD-0707-WI  <b>Part B Deductible -</b> Policy Form RMCPBD-0707-WI  <b>Part B Excess -</b> Policy Form RMCPBE-0707-WI  <b>Additional Home Health -</b> Policy Form RMCAHH-0707-WI  <b>Foreign Travel -</b> Policy Form RMCFTTR-0707-WI  <b>Add a one time \$20.00 application fee to the modal premium for the plan selected. Use Non Tobacco User rates for applicants eligible for open enrollment or guarantee issue.</b>
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	
0-64	\$159.90	\$83.15	\$43.17	\$13.99	\$60.31	\$31.36	\$16.28	\$5.28	\$4,997.74	\$2,598.83	\$1,349.38	\$437.29	
65	42.93	22.32	11.59	3.76	16.19	8.42	4.37	1.42	1,411.63	734.05	381.14	123.52	
66	44.53	23.16	12.02	3.90	16.80	8.74	4.54	1.47	1,460.30	759.37	394.29	127.78	
67	45.61	23.72	12.31	3.99	17.21	8.95	4.65	1.51	1,492.74	776.22	403.03	130.61	
68	47.75	24.83	12.89	4.18	18.02	9.37	4.87	1.58	1,557.63	809.97	420.57	136.30	
69	48.83	25.39	13.18	4.27	18.42	9.58	4.97	1.61	1,590.08	826.84	429.31	139.12	
70	50.43	26.22	13.62	4.41	19.03	9.90	5.14	1.67	1,638.75	852.15	442.46	143.39	
71	52.05	27.07	14.05	4.55	19.64	10.21	5.30	1.72	1,687.42	877.46	455.60	147.63	
72	53.66	27.90	14.49	4.70	20.24	10.52	5.46	1.77	1,736.07	902.75	468.74	151.90	
73	55.27	28.74	14.92	4.84	20.85	10.84	5.63	1.82	1,784.76	928.07	481.88	156.15	
74	56.34	29.30	15.21	4.93	21.26	11.06	5.74	1.86	1,817.21	944.96	490.65	159.00	
75	57.95	30.13	15.65	5.07	21.86	11.37	5.90	1.91	1,865.87	970.25	503.79	163.25	
76	59.01	30.69	15.93	5.16	22.27	11.58	6.01	1.95	1,898.28	987.11	512.53	166.10	
77	60.63	31.53	16.37	5.31	22.88	11.90	6.18	2.00	1,946.98	1,012.43	525.68	170.36	
78	61.70	32.08	16.66	5.40	23.28	12.11	6.29	2.04	1,979.44	1,029.31	534.45	173.20	
79	62.78	32.65	16.95	5.49	23.69	12.32	6.40	2.07	2,011.89	1,046.19	543.22	176.03	
80	64.93	33.76	17.53	5.68	24.50	12.74	6.62	2.14	2,076.80	1,079.93	560.75	181.71	
81	67.60	35.15	18.25	5.92	25.51	13.27	6.89	2.23	2,157.89	1,122.10	582.63	188.82	
82	70.29	36.55	18.98	6.15	26.51	13.79	7.16	2.32	2,238.99	1,164.28	604.53	195.91	
83	73.51	38.23	19.85	6.43	27.73	14.42	7.49	2.43	2,336.34	1,214.90	630.83	204.43	
84	76.73	39.90	20.72	6.71	28.94	15.05	7.81	2.53	2,433.67	1,265.51	657.09	212.94	
85+	79.96	41.58	21.59	7.00	30.16	15.68	8.14	2.64	2,531.03	1,316.13	683.38	221.47	

2009 FEMALE TOBACCO USER ZIP CODES (534, 540, 547-548) 2009																
Attained Age	BASIC				PART A DEDUCTIBLE				PART B DEDUCTIBLE				PART B EXCESS			
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC
0-64	\$3,896.67	\$2,026.27	\$1,052.10	\$340.96	\$1,072.15	\$557.52	\$289.48	\$93.81	\$181.38	\$94.32	\$48.97	\$15.87	\$158.15	\$82.24	\$42.70	\$13.84
65	1,046.09	543.97	282.44	91.53	287.83	149.67	77.71	25.19	126.41	65.73	34.13	11.06	42.45	22.07	11.46	3.71
66	1,085.32	564.37	293.04	94.97	298.62	155.28	80.63	26.13	126.41	65.73	34.13	11.06	44.05	22.91	11.89	3.85
67	1,111.46	577.96	300.09	97.25	305.82	159.03	82.57	26.76	126.41	65.73	34.13	11.06	45.11	23.46	12.18	3.95
68	1,163.77	605.16	314.22	101.83	320.21	166.51	86.46	28.02	126.41	65.73	34.13	11.06	47.23	24.56	12.75	4.13
69	1,189.93	618.76	321.28	104.12	327.40	170.25	88.40	28.65	126.41	65.73	34.13	11.06	48.29	25.11	13.04	4.23
70	1,229.16	639.16	331.87	107.55	338.20	175.86	91.31	29.59	126.41	65.73	34.13	11.06	49.89	25.94	13.47	4.37
71	1,268.38	659.56	342.46	110.98	348.99	181.47	94.23	30.54	126.41	65.73	34.13	11.06	51.48	26.77	13.90	4.50
72	1,307.61	679.96	353.05	114.42	359.78	187.09	97.14	31.48	126.41	65.73	34.13	11.06	53.06	27.59	14.33	4.64
73	1,346.84	700.36	363.65	117.85	370.58	192.70	100.06	32.43	126.41	65.73	34.13	11.06	54.66	28.42	14.76	4.78
74	1,372.99	713.95	370.71	120.14	377.78	196.45	102.00	33.06	126.41	65.73	34.13	11.06	55.72	28.97	15.04	4.88
75	1,412.22	734.35	381.30	123.57	388.57	202.06	104.91	34.00	126.41	65.73	34.13	11.06	57.31	29.80	15.47	5.01
76	1,438.36	747.95	388.36	125.86	395.76	205.80	106.86	34.63	126.41	65.73	34.13	11.06	58.37	30.35	15.76	5.11
77	1,477.59	768.35	398.95	129.29	406.56	211.41	109.77	35.57	126.41	65.73	34.13	11.06	59.97	31.18	16.19	5.25
78	1,503.76	781.96	406.02	131.58	413.75	215.15	111.71	36.20	126.41	65.73	34.13	11.06	61.03	31.74	16.48	5.34
79	1,529.90	795.55	413.07	133.87	420.95	218.89	113.66	36.83	126.41	65.73	34.13	11.06	62.09	32.29	16.76	5.43
80	1,582.21	822.75	427.20	138.44	435.34	226.38	117.54	38.09	126.41	65.73	34.13	11.06	64.22	33.39	17.34	5.62
81	1,647.59	856.75	444.85	144.16	453.33	235.73	122.40	39.67	126.41	65.73	34.13	11.06	66.87	34.77	18.05	5.85
82	1,712.96	890.74	462.50	149.88	471.32	245.09	127.26	41.24	126.41	65.73	34.13	11.06	69.52	36.15	18.77	6.08
83	1,791.42	931.54	483.68	156.75	492.91	256.31	133.09	43.13	126.41	65.73	34.13	11.06	72.70	37.80	19.63	6.36
84	1,869.88	972.34	504.87	163.61	514.49	267.53	138.91	45.02	126.41	65.73	34.13	11.06	75.89	39.46	20.49	6.64
85+	1,948.34	1,013.14	526.05	170.48	536.08	278.76	144.74	46.91	126.41	65.73	34.13	11.06	79.07	41.12	21.35	6.92

  

Attained Age	HOME HEALTH CARE				FOREIGN TRAVEL				BASIC + ALL RIDERS				<b>Basic -</b> Policy Form 128W-0707-WI  <b>Part A Deductible -</b> Policy Form RMCPAD-0707-WI  <b>Part B Deductible -</b> Policy Form RMCPBD-0707-WI  <b>Part B Excess -</b> Policy Form RMCPBE-0707-WI  <b>Additional Home Health -</b> Policy Form RMCAHH-0707-WI  <b>Foreign Travel -</b> Policy Form RMCFTF-0707-WI  <b>Add a one time \$20.00 application fee to the modal premium for the plan selected. Use Non Tobacco User rates for applicants eligible for open enrollment or guarantee issue.</b>
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	
0-64	\$177.67	\$92.39	\$47.97	\$15.55	\$67.01	\$34.85	\$18.09	\$5.86	\$5,553.04	\$2,887.59	\$1,499.32	\$485.89	
65	47.70	24.80	12.88	4.17	17.99	9.35	4.86	1.57	1,568.47	815.59	423.48	137.23	
66	49.48	25.73	13.36	4.33	18.67	9.71	5.04	1.63	1,622.55	843.73	438.09	141.97	
67	50.68	26.35	13.68	4.43	19.12	9.94	5.16	1.67	1,658.60	862.47	447.81	145.12	
68	53.06	27.59	14.33	4.64	20.02	10.41	5.41	1.75	1,730.70	899.96	467.30	151.43	
69	54.25	28.21	14.65	4.75	20.47	10.64	5.53	1.79	1,766.75	918.70	477.03	154.60	
70	56.03	29.14	15.13	4.90	21.14	10.99	5.71	1.85	1,820.83	946.82	491.62	159.32	
71	57.83	30.07	15.61	5.06	21.82	11.35	5.89	1.91	1,874.91	974.95	506.22	164.05	
72	59.62	31.00	16.10	5.22	22.49	11.69	6.07	1.97	1,928.97	1,003.06	520.82	168.79	
73	61.41	31.93	16.58	5.37	23.17	12.05	6.26	2.03	1,983.07	1,031.19	535.44	173.52	
74	62.60	32.55	16.90	5.48	23.62	12.28	6.38	2.07	2,019.12	1,049.93	545.16	176.69	
75	64.39	33.48	17.39	5.63	24.29	12.63	6.56	2.13	2,073.19	1,078.05	559.76	181.40	
76	65.57	34.10	17.70	5.74	24.74	12.86	6.68	2.16	2,109.21	1,096.79	569.49	184.56	
77	67.37	35.03	18.19	5.89	25.42	13.22	6.86	2.22	2,163.32	1,124.92	584.09	189.28	
78	68.56	35.65	18.51	6.00	25.87	13.45	6.98	2.26	2,199.38	1,143.68	593.83	192.44	
79	69.76	36.28	18.84	6.10	26.32	13.69	7.11	2.30	2,235.43	1,162.43	603.57	195.59	
80	72.14	37.51	19.48	6.31	27.22	14.15	7.35	2.38	2,307.54	1,199.91	623.04	201.90	
81	75.11	39.06	20.28	6.57	28.34	14.74	7.65	2.48	2,397.65	1,246.78	647.36	209.79	
82	78.10	40.61	21.09	6.83	29.46	15.32	7.95	2.58	2,487.77	1,293.64	671.70	217.67	
83	81.68	42.47	22.05	7.15	30.81	16.02	8.32	2.70	2,595.93	1,349.87	700.90	227.15	
84	85.26	44.34	23.02	7.46	32.16	16.72	8.68	2.81	2,704.09	1,406.12	730.10	236.60	
85+	88.84	46.20	23.99	7.77	33.51	17.43	9.05	2.93	2,812.25	1,462.38	759.31	246.07	

2009		MALE NON TOBACCO USER ZIP CODES (534, 540, 547-548)												2009		
Attained Age	BASIC				PART A DEDUCTIBLE				PART B DEDUCTIBLE				PART B EXCESS			
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC
0-64	\$3,744.13	\$1,946.95	\$1,010.92	\$327.61	\$1,030.19	\$535.70	\$278.15	\$90.14	\$163.24	\$84.88	\$44.07	\$14.28	\$151.96	\$79.02	\$41.03	\$13.30
65	1,042.21	541.95	281.40	91.19	286.76	149.12	77.43	25.09	113.77	59.16	30.72	9.95	42.30	22.00	11.42	3.70
66	1,086.72	565.09	293.41	95.09	299.02	155.49	80.74	26.16	113.77	59.16	30.72	9.95	44.11	22.94	11.91	3.86
67	1,118.49	581.61	301.99	97.87	307.76	160.04	83.10	26.93	113.77	59.16	30.72	9.95	45.40	23.61	12.26	3.97
68	1,177.01	612.05	317.79	102.99	323.86	168.41	87.44	28.34	113.77	59.16	30.72	9.95	47.76	24.84	12.90	4.18
69	1,209.51	628.95	326.57	105.83	332.79	173.05	89.85	29.12	113.77	59.16	30.72	9.95	49.09	25.53	13.25	4.30
70	1,255.68	652.95	339.03	109.87	345.49	179.65	93.28	30.23	113.77	59.16	30.72	9.95	50.96	26.50	13.76	4.46
71	1,302.29	677.19	351.62	113.95	358.32	186.33	96.75	31.35	113.77	59.16	30.72	9.95	52.86	27.49	14.27	4.63
72	1,348.84	701.40	364.19	118.02	371.12	192.98	100.20	32.47	113.77	59.16	30.72	9.95	54.74	28.46	14.78	4.79
73	1,394.79	725.29	376.59	122.04	383.78	199.57	103.62	33.58	113.77	59.16	30.72	9.95	56.60	29.43	15.28	4.95
74	1,425.74	741.38	384.95	124.75	392.28	203.99	105.92	34.32	113.77	59.16	30.72	9.95	57.87	30.09	15.62	5.06
75	1,467.84	763.28	396.32	128.44	403.88	210.02	109.05	35.34	113.77	59.16	30.72	9.95	59.57	30.98	16.08	5.21
76	1,492.92	776.32	403.09	130.63	410.77	213.60	110.91	35.94	113.77	59.16	30.72	9.95	60.59	31.51	16.36	5.30
77	1,527.11	794.10	412.32	133.62	420.18	218.49	113.45	36.77	113.77	59.16	30.72	9.95	61.97	32.22	16.73	5.42
78	1,542.62	802.16	416.51	134.98	424.45	220.71	114.60	37.14	113.77	59.16	30.72	9.95	62.60	32.55	16.90	5.48
79	1,554.05	808.11	419.59	135.98	427.59	222.35	115.45	37.41	113.77	59.16	30.72	9.95	63.06	32.79	17.03	5.52
80	1,589.10	826.33	429.06	139.05	437.24	227.36	118.05	38.26	113.77	59.16	30.72	9.95	64.49	33.53	17.41	5.64
81	1,635.44	850.43	441.57	143.10	449.99	233.99	121.50	39.37	113.77	59.16	30.72	9.95	66.38	34.52	17.92	5.81
82	1,681.34	874.30	453.96	147.12	462.62	240.56	124.91	40.48	113.77	59.16	30.72	9.95	68.24	35.48	18.42	5.97
83	1,741.37	905.51	470.17	152.37	479.13	249.15	129.37	41.92	113.77	59.16	30.72	9.95	70.68	36.75	19.08	6.18
84	1,804.27	938.22	487.15	157.87	496.44	258.15	134.04	43.44	113.77	59.16	30.72	9.95	73.22	38.07	19.77	6.41
85+	1,872.06	973.47	505.46	163.81	515.10	267.85	139.08	45.07	113.77	59.16	30.72	9.95	75.98	39.51	20.51	6.65

  

Attained Age	HOME HEALTH CARE				FOREIGN TRAVEL				BASIC + ALL RIDERS				<b>Basic -</b> Policy Form 128W-0707-WI  <b>Part A Deductible -</b> Policy Form RMCPAD-0707-WI  <b>Part B Deductible -</b> Policy Form RMCPBD-0707-WI  <b>Part B Excess -</b> Policy Form RMCPBE-0707-WI  <b>Additional Home Health -</b> Policy Form RMCAHH-0707-WI  <b>Foreign Travel -</b> Policy Form RMCFT-0707-WI  <b>Add a one time \$20.00 application fee to the modal premium for the plan selected. Use Non Tobacco User rates for applicants eligible for open enrollment or guarantee issue.</b>
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	
0-64	\$170.71	\$88.77	\$46.09	\$14.94	\$64.40	\$33.49	\$17.39	\$5.64	\$5,324.64	\$2,768.82	\$1,437.66	\$465.91	
65	47.51	24.71	12.83	4.16	17.93	9.32	4.84	1.57	1,550.48	806.26	418.64	135.66	
66	49.55	25.77	13.38	4.34	18.68	9.71	5.04	1.63	1,611.85	838.16	435.20	141.03	
67	50.99	26.51	13.77	4.46	19.24	10.00	5.19	1.68	1,655.65	860.93	447.03	144.86	
68	53.67	27.91	14.49	4.70	20.24	10.52	5.46	1.77	1,736.31	902.89	468.80	151.93	
69	55.14	28.67	14.89	4.82	20.80	10.82	5.62	1.82	1,781.10	926.18	480.90	155.84	
70	57.25	29.77	15.46	5.01	21.59	11.23	5.83	1.89	1,844.74	959.26	498.08	161.41	
71	59.38	30.88	16.03	5.20	22.40	11.65	6.05	1.96	1,909.02	992.70	515.44	167.04	
72	61.51	31.99	16.61	5.38	23.20	12.06	6.26	2.03	1,973.18	1,026.05	532.76	172.64	
73	63.59	33.07	17.17	5.56	23.99	12.47	6.48	2.10	2,036.52	1,058.99	549.86	178.18	
74	65.01	33.81	17.55	5.69	24.52	12.75	6.62	2.15	2,079.19	1,081.18	561.38	181.92	
75	66.93	34.80	18.07	5.86	25.25	13.13	6.82	2.21	2,137.24	1,111.37	577.06	187.01	
76	68.08	35.40	18.38	5.96	25.68	13.35	6.93	2.25	2,171.81	1,129.34	586.39	190.03	
77	69.62	36.20	18.80	6.09	26.27	13.66	7.09	2.30	2,218.92	1,153.83	599.11	194.15	
78	70.34	36.58	18.99	6.15	26.53	13.80	7.16	2.32	2,240.31	1,164.96	604.88	196.02	
79	70.85	36.84	19.13	6.20	26.73	13.90	7.22	2.34	2,256.05	1,173.15	609.14	197.40	
80	72.46	37.68	19.56	6.34	27.33	14.21	7.38	2.39	2,304.39	1,198.27	622.18	201.63	
81	74.57	38.78	20.13	6.52	28.13	14.63	7.60	2.46	2,368.28	1,231.51	639.44	207.21	
82	76.66	39.86	20.70	6.71	28.92	15.04	7.81	2.53	2,431.55	1,264.40	656.52	212.76	
83	79.40	41.29	21.44	6.95	29.94	15.57	8.08	2.62	2,514.29	1,307.43	678.86	219.99	
84	82.26	42.78	22.21	7.20	31.03	16.14	8.38	2.72	2,600.99	1,352.52	702.27	227.59	
85+	85.35	44.38	23.04	7.47	32.20	16.74	8.69	2.82	2,694.46	1,401.11	727.50	235.77	

2009		MALE TOBACCO USER ZIP CODES (534, 540, 547-548)												2009		
Attained Age	BASIC				PART A DEDUCTIBLE				PART B DEDUCTIBLE				PART B EXCESS			
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC
0-64	\$4,160.14	\$2,163.27	\$1,123.24	\$364.01	\$1,144.66	\$595.22	\$309.06	\$100.16	\$181.38	\$94.32	\$48.97	\$15.87	\$168.84	\$87.80	\$45.59	\$14.77
65	1,158.01	602.17	312.66	101.33	318.62	165.68	86.03	27.88	126.41	65.73	34.13	11.06	47.00	24.44	12.69	4.11
66	1,207.47	627.88	326.02	105.65	332.24	172.76	89.70	29.07	126.41	65.73	34.13	11.06	49.01	25.49	13.23	4.29
67	1,242.77	646.24	335.55	108.74	341.95	177.81	92.33	29.92	126.41	65.73	34.13	11.06	50.44	26.23	13.62	4.41
68	1,307.79	680.05	353.10	114.43	359.84	187.12	97.16	31.49	126.41	65.73	34.13	11.06	53.07	27.60	14.33	4.64
69	1,343.90	698.83	362.85	117.59	369.77	192.28	99.84	32.35	126.41	65.73	34.13	11.06	54.54	28.36	14.73	4.77
70	1,395.20	725.50	376.70	122.08	383.88	199.62	103.65	33.59	126.41	65.73	34.13	11.06	56.62	29.44	15.29	4.95
71	1,446.99	752.43	390.69	126.61	398.13	207.03	107.50	34.84	126.41	65.73	34.13	11.06	58.73	30.54	15.86	5.14
72	1,498.71	779.33	404.65	131.14	412.36	214.43	111.34	36.08	126.41	65.73	34.13	11.06	60.82	31.63	16.42	5.32
73	1,549.77	805.88	418.44	135.60	426.42	221.74	115.13	37.31	126.41	65.73	34.13	11.06	62.89	32.70	16.98	5.50
74	1,584.15	823.76	427.72	138.61	435.87	226.65	117.68	38.14	126.41	65.73	34.13	11.06	64.30	33.44	17.36	5.63
75	1,630.93	848.08	440.35	142.71	448.75	233.35	121.16	39.27	126.41	65.73	34.13	11.06	66.19	34.42	17.87	5.79
76	1,658.80	862.58	447.88	145.15	456.41	237.33	123.23	39.94	126.41	65.73	34.13	11.06	67.32	35.01	18.18	5.89
77	1,696.79	882.33	458.13	148.47	466.87	242.77	126.05	40.85	126.41	65.73	34.13	11.06	68.86	35.81	18.59	6.03
78	1,714.02	891.29	462.79	149.98	471.61	245.24	127.33	41.27	126.41	65.73	34.13	11.06	69.56	36.17	18.78	6.09
79	1,726.72	897.89	466.21	151.09	475.10	247.05	128.28	41.57	126.41	65.73	34.13	11.06	70.07	36.44	18.92	6.13
80	1,765.67	918.15	476.73	154.50	485.82	252.63	131.17	42.51	126.41	65.73	34.13	11.06	71.66	37.26	19.35	6.27
81	1,817.15	944.92	490.63	159.00	499.99	259.99	135.00	43.75	126.41	65.73	34.13	11.06	73.75	38.35	19.91	6.45
82	1,868.16	971.44	504.40	163.46	514.02	267.29	138.79	44.98	126.41	65.73	34.13	11.06	75.82	39.43	20.47	6.63
83	1,934.85	1,006.12	522.41	169.30	532.37	276.83	143.74	46.58	126.41	65.73	34.13	11.06	78.53	40.84	21.20	6.87
84	2,004.74	1,042.46	541.28	175.41	551.60	286.83	148.93	48.27	126.41	65.73	34.13	11.06	81.36	42.31	21.97	7.12
85+	2,080.07	1,081.64	561.62	182.01	572.33	297.61	154.53	50.08	126.41	65.73	34.13	11.06	84.42	43.90	22.79	7.39

  

Attained Age	HOME HEALTH CARE				FOREIGN TRAVEL				BASIC + ALL RIDERS				<b>Basic -</b> Policy Form 128W-0707-WI  <b>Part A Deductible -</b> Policy Form RMCPAD-0707-WI  <b>Part B Deductible -</b> Policy Form RMCPBD-0707-WI  <b>Part B Excess -</b> Policy Form RMCPBE-0707-WI  <b>Additional Home Health -</b> Policy Form RMCAHH-0707-WI  <b>Foreign Travel -</b> Policy Form RMCFTTR-0707-WI
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	
0-64	\$189.68	\$98.63	\$51.21	\$16.60	\$71.55	\$37.21	\$19.32	\$6.26	\$5,916.26	\$3,076.45	\$1,597.40	\$517.67	<b>Add a one time \$20.00 application fee to the modal premium for the plan selected. Use Non Tobacco User rates for applicants eligible for open enrollment or guarantee issue.</b>
65	52.79	27.45	14.25	4.62	19.92	10.36	5.38	1.74	1,722.75	895.83	465.14	150.74	
66	55.05	28.63	14.86	4.82	20.76	10.80	5.61	1.82	1,790.94	931.29	483.55	156.71	
67	56.66	29.46	15.30	4.96	21.38	11.12	5.77	1.87	1,839.61	956.59	496.70	160.96	
68	59.63	31.01	16.10	5.22	22.49	11.69	6.07	1.97	1,929.23	1,003.20	520.89	168.81	
69	61.27	31.86	16.54	5.36	23.11	12.02	6.24	2.02	1,979.00	1,029.08	534.33	173.15	
70	63.61	33.08	17.17	5.57	23.99	12.47	6.48	2.10	2,049.71	1,065.84	553.42	179.35	
71	65.98	34.31	17.81	5.77	24.89	12.94	6.72	2.18	2,121.13	1,102.98	572.71	185.60	
72	68.34	35.54	18.45	5.98	25.78	13.41	6.96	2.26	2,192.42	1,140.07	591.95	191.84	
73	70.66	36.74	19.08	6.18	26.66	13.86	7.20	2.33	2,262.81	1,176.65	610.96	197.98	
74	72.23	37.56	19.50	6.32	27.24	14.16	7.35	2.38	2,310.20	1,201.30	623.74	202.14	
75	74.37	38.67	20.08	6.51	28.05	14.59	7.57	2.45	2,374.70	1,234.84	641.16	207.79	
76	75.64	39.33	20.42	6.62	28.53	14.84	7.70	2.50	2,413.11	1,254.82	651.54	211.16	
77	77.36	40.23	20.89	6.77	29.19	15.18	7.88	2.55	2,465.48	1,282.05	665.67	215.73	
78	78.16	40.64	21.10	6.84	29.48	15.33	7.96	2.58	2,489.24	1,294.40	672.09	217.82	
79	78.72	40.93	21.25	6.89	29.70	15.44	8.02	2.60	2,506.72	1,303.48	676.81	219.34	
80	80.51	41.87	21.74	7.04	30.37	15.79	8.20	2.66	2,560.44	1,331.43	691.32	224.04	
81	82.85	43.08	22.37	7.25	31.26	16.26	8.44	2.74	2,631.41	1,368.33	710.48	230.25	
82	85.18	44.29	23.00	7.45	32.13	16.71	8.68	2.81	2,701.72	1,404.89	729.47	236.39	
83	88.22	45.87	23.82	7.72	33.27	17.30	8.98	2.91	2,793.65	1,452.69	754.28	244.44	
84	91.40	47.53	24.68	8.00	34.48	17.93	9.31	3.02	2,889.99	1,502.79	780.30	252.88	
85+	94.83	49.31	25.60	8.30	35.78	18.61	9.66	3.13	2,993.84	1,556.80	808.33	261.97	

2009		FEMALE NON TOBACCO USER ZIP CODES (530-532)												2009		
Attained Age	BASIC				PART A DEDUCTIBLE				PART B DEDUCTIBLE				PART B EXCESS			
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC
0-64	\$4,091.50	\$2,127.58	\$1,104.71	\$358.01	\$1,125.76	\$585.40	\$303.96	\$98.50	\$190.45	\$99.03	\$51.42	\$16.66	\$166.06	\$86.35	\$44.84	\$14.53
65	1,098.39	571.16	296.57	96.11	302.22	157.15	81.60	26.44	132.73	69.02	35.84	11.61	44.57	23.18	12.03	3.90
66	1,139.59	592.59	307.69	99.71	313.55	163.05	84.66	27.44	132.73	69.02	35.84	11.61	46.25	24.05	12.49	4.05
67	1,167.03	606.86	315.10	102.12	321.11	166.98	86.70	28.10	132.73	69.02	35.84	11.61	47.37	24.63	12.79	4.14
68	1,221.96	635.42	329.93	106.92	336.22	174.83	90.78	29.42	132.73	69.02	35.84	11.61	49.59	25.79	13.39	4.34
69	1,249.43	649.70	337.35	109.33	343.77	178.76	92.82	30.08	132.73	69.02	35.84	11.61	50.70	26.36	13.69	4.44
70	1,290.62	671.12	348.47	112.93	355.11	184.66	95.88	31.07	132.73	69.02	35.84	11.61	52.38	27.24	14.14	4.58
71	1,331.80	692.54	359.59	116.53	366.44	190.55	98.94	32.06	132.73	69.02	35.84	11.61	54.05	28.11	14.59	4.73
72	1,372.99	713.95	370.71	120.14	377.77	196.44	102.00	33.05	132.73	69.02	35.84	11.61	55.71	28.97	15.04	4.87
73	1,414.18	735.37	381.83	123.74	389.11	202.34	105.06	34.05	132.73	69.02	35.84	11.61	57.39	29.84	15.50	5.02
74	1,441.64	749.65	389.24	126.14	396.67	206.27	107.10	34.71	132.73	69.02	35.84	11.61	58.51	30.43	15.80	5.12
75	1,482.83	771.07	400.36	129.75	408.00	212.16	110.16	35.70	132.73	69.02	35.84	11.61	60.18	31.29	16.25	5.27
76	1,510.28	785.35	407.78	132.15	415.55	216.09	112.20	36.36	132.73	69.02	35.84	11.61	61.29	31.87	16.55	5.36
77	1,551.47	806.76	418.90	135.75	426.89	221.98	115.26	37.35	132.73	69.02	35.84	11.61	62.97	32.74	17.00	5.51
78	1,578.95	821.05	426.32	138.16	434.44	225.91	117.30	38.01	132.73	69.02	35.84	11.61	64.08	33.32	17.30	5.61
79	1,606.40	835.33	433.73	140.56	442.00	229.84	119.34	38.68	132.73	69.02	35.84	11.61	65.19	33.90	17.60	5.70
80	1,661.32	863.89	448.56	145.37	457.11	237.70	123.42	40.00	132.73	69.02	35.84	11.61	67.43	35.06	18.21	5.90
81	1,729.97	899.58	467.09	151.37	476.00	247.52	128.52	41.65	132.73	69.02	35.84	11.61	70.21	36.51	18.96	6.14
82	1,798.61	935.28	485.62	157.38	494.89	257.34	133.62	43.30	132.73	69.02	35.84	11.61	73.00	37.96	19.71	6.39
83	1,880.99	978.11	507.87	164.59	517.56	269.13	139.74	45.29	132.73	69.02	35.84	11.61	76.34	39.70	20.61	6.68
84	1,963.37	1,020.95	530.11	171.79	540.21	280.91	145.86	47.27	132.73	69.02	35.84	11.61	79.68	41.43	21.51	6.97
85+	2,045.76	1,063.80	552.36	179.00	562.88	292.70	151.98	49.25	132.73	69.02	35.84	11.61	83.02	43.17	22.42	7.26

  

Attained Age	HOME HEALTH CARE				FOREIGN TRAVEL				BASIC + ALL RIDERS				Basic - Policy Form 128W-0707-WI  Part A Deductible - Policy Form RMCPAD-0707-WI  Part B Deductible - Policy Form RMCPBD-0707-WI  Part B Excess - Policy Form RMCPBE-0707-WI  Additional Home Health - Policy Form RMCAHH-0707-WI  Foreign Travel - Policy Form RMCFT-0707-WI  Add a one time \$20.00 application fee to the modal premium for the plan selected. Use Non Tobacco User rates for applicants eligible for open enrollment or guarantee issue.
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	
0-64	\$186.55	\$97.01	\$50.37	\$16.32	\$70.36	\$36.59	\$19.00	\$6.16	\$5,830.69	\$3,031.97	\$1,574.30	\$510.19	
65	50.09	26.05	13.52	4.38	18.89	9.82	5.10	1.65	1,646.89	856.38	444.66	144.09	
66	51.95	27.01	14.03	4.55	19.60	10.19	5.29	1.72	1,703.67	885.91	460.00	149.08	
67	53.21	27.67	14.37	4.66	20.08	10.44	5.42	1.76	1,741.53	905.60	470.22	152.39	
68	55.71	28.97	15.04	4.87	21.02	10.93	5.68	1.84	1,817.23	944.96	490.66	159.00	
69	56.96	29.62	15.38	4.98	21.49	11.17	5.80	1.88	1,855.08	964.63	500.88	162.32	
70	58.83	30.59	15.88	5.15	22.20	11.54	5.99	1.94	1,911.87	994.17	516.20	167.28	
71	60.72	31.57	16.39	5.31	22.91	11.91	6.19	2.00	1,968.65	1,023.70	531.54	172.24	
72	62.60	32.55	16.90	5.48	23.61	12.28	6.37	2.07	2,025.41	1,053.21	546.86	177.22	
73	64.48	33.53	17.41	5.64	24.33	12.65	6.57	2.13	2,082.22	1,082.75	562.21	182.19	
74	65.73	34.18	17.75	5.75	24.80	12.90	6.70	2.17	2,120.08	1,102.45	572.43	185.50	
75	67.61	35.16	18.25	5.92	25.50	13.26	6.89	2.23	2,176.85	1,131.96	587.75	190.48	
76	68.85	35.80	18.59	6.02	25.98	13.51	7.01	2.27	2,214.68	1,151.64	597.97	193.77	
77	70.74	36.78	19.10	6.19	26.69	13.88	7.21	2.34	2,271.49	1,181.16	613.31	198.75	
78	71.99	37.43	19.44	6.30	27.16	14.12	7.33	2.38	2,309.35	1,200.85	623.53	202.07	
79	73.25	38.09	19.78	6.41	27.64	14.37	7.46	2.42	2,347.21	1,220.55	633.75	205.38	
80	75.75	39.39	20.45	6.63	28.58	14.86	7.72	2.50	2,422.92	1,259.92	654.20	212.01	
81	78.87	41.01	21.29	6.90	29.76	15.48	8.04	2.60	2,517.54	1,309.12	679.74	220.27	
82	82.01	42.65	22.14	7.18	30.93	16.08	8.35	2.71	2,612.17	1,358.33	705.28	228.57	
83	85.76	44.60	23.16	7.50	32.35	16.82	8.73	2.83	2,725.73	1,417.38	735.95	238.50	
84	89.52	46.55	24.17	7.83	33.77	17.56	9.12	2.95	2,839.28	1,476.42	766.61	248.42	
85+	93.28	48.51	25.19	8.16	35.19	18.30	9.50	3.08	2,952.86	1,535.50	797.29	258.36	

2009		FEMALE TOBACCO USER ZIP CODES (530-532)												2009		
Attained Age	BASIC				PART A DEDUCTIBLE				PART B DEDUCTIBLE				PART B EXCESS			
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC
0-64	\$4,546.11	\$2,363.98	\$1,227.45	\$397.78	\$1,250.84	\$650.44	\$337.73	\$109.45	\$211.62	\$110.04	\$57.14	\$18.52	\$184.51	\$95.95	\$49.82	\$16.14
65	1,220.44	634.63	329.52	106.79	335.80	174.62	90.67	29.38	147.48	76.69	39.82	12.90	49.53	25.76	13.37	4.33
66	1,266.21	658.43	341.88	110.79	348.39	181.16	94.07	30.48	147.48	76.69	39.82	12.90	51.39	26.72	13.88	4.50
67	1,296.71	674.29	350.11	113.46	356.79	185.53	96.33	31.22	147.48	76.69	39.82	12.90	52.63	27.37	14.21	4.61
68	1,357.73	706.02	366.59	118.80	373.58	194.26	100.87	32.69	147.48	76.69	39.82	12.90	55.10	28.65	14.88	4.82
69	1,388.25	721.89	374.83	121.47	381.97	198.62	103.13	33.42	147.48	76.69	39.82	12.90	56.34	29.30	15.21	4.93
70	1,434.02	745.69	387.19	125.48	394.57	205.18	106.53	34.52	147.48	76.69	39.82	12.90	58.20	30.26	15.71	5.09
71	1,479.78	769.49	399.54	129.48	407.16	211.72	109.93	35.63	147.48	76.69	39.82	12.90	60.06	31.23	16.22	5.26
72	1,525.55	793.29	411.90	133.49	419.75	218.27	113.33	36.73	147.48	76.69	39.82	12.90	61.91	32.19	16.72	5.42
73	1,571.31	817.08	424.25	137.49	432.35	224.82	116.73	37.83	147.48	76.69	39.82	12.90	63.77	33.16	17.22	5.58
74	1,601.82	832.95	432.49	140.16	440.74	229.18	119.00	38.56	147.48	76.69	39.82	12.90	65.01	33.81	17.55	5.69
75	1,647.59	856.75	444.85	144.16	453.33	235.73	122.40	39.67	147.48	76.69	39.82	12.90	66.86	34.77	18.05	5.85
76	1,678.09	872.61	453.08	146.83	461.72	240.09	124.66	40.40	147.48	76.69	39.82	12.90	68.10	35.41	18.39	5.96
77	1,723.86	896.41	465.44	150.84	474.32	246.65	128.07	41.50	147.48	76.69	39.82	12.90	69.96	36.38	18.89	6.12
78	1,754.38	912.28	473.68	153.51	482.71	251.01	130.33	42.24	147.48	76.69	39.82	12.90	71.20	37.02	19.22	6.23
79	1,784.88	928.14	481.92	156.18	491.11	255.38	132.60	42.97	147.48	76.69	39.82	12.90	72.44	37.67	19.56	6.34
80	1,845.91	959.87	498.40	161.52	507.90	264.11	137.13	44.44	147.48	76.69	39.82	12.90	74.92	38.96	20.23	6.56
81	1,922.18	999.53	518.99	168.19	528.89	275.02	142.80	46.28	147.48	76.69	39.82	12.90	78.02	40.57	21.07	6.83
82	1,998.45	1,039.19	539.58	174.86	549.87	285.93	148.46	48.11	147.48	76.69	39.82	12.90	81.10	42.17	21.90	7.10
83	2,089.99	1,086.79	564.30	182.87	575.06	299.03	155.27	50.32	147.48	76.69	39.82	12.90	84.82	44.11	22.90	7.42
84	2,181.52	1,134.39	589.01	190.88	600.24	312.12	162.06	52.52	147.48	76.69	39.82	12.90	88.54	46.04	23.91	7.75
85+	2,273.06	1,181.99	613.73	198.89	625.42	325.22	168.86	54.72	147.48	76.69	39.82	12.90	92.25	47.97	24.91	8.07

  

Attained Age	HOME HEALTH CARE				FOREIGN TRAVEL				BASIC + ALL RIDERS				<b>Basic -</b> Policy Form 128W-0707-WI  <b>Part A Deductible -</b> Policy Form RMCPAD-0707-WI  <b>Part B Deductible -</b> Policy Form RMCPBD-0707-WI  <b>Part B Excess -</b> Policy Form RMCPBE-0707-WI  <b>Additional Home Health -</b> Policy Form RMCAHH-0707-WI  <b>Foreign Travel -</b> Policy Form RMCFTTR-0707-WI  <b>Add a one time \$20.00 application fee to the modal premium for the plan selected. Use Non Tobacco User rates for applicants eligible for open enrollment or guarantee issue.</b>
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	
0-64	\$207.28	\$107.79	\$55.97	\$18.14	\$78.18	\$40.65	\$21.11	\$6.84	\$6,478.54	\$3,368.85	\$1,749.22	\$566.87	
65	55.65	28.94	15.03	4.87	20.99	10.91	5.67	1.84	1,829.89	951.55	494.08	160.11	
66	57.73	30.02	15.59	5.05	21.78	11.33	5.88	1.91	1,892.98	984.35	511.12	165.63	
67	59.13	30.75	15.97	5.17	22.30	11.60	6.02	1.95	1,935.04	1,006.23	522.46	169.31	
68	61.91	32.19	16.72	5.42	23.35	12.14	6.30	2.04	2,019.15	1,049.95	545.18	176.67	
69	63.29	32.91	17.09	5.54	23.88	12.42	6.45	2.09	2,061.21	1,071.83	556.53	180.35	
70	65.37	33.99	17.65	5.72	24.66	12.82	6.66	2.16	2,124.30	1,104.63	573.56	185.87	
71	67.47	35.08	18.22	5.90	25.45	13.23	6.87	2.23	2,187.40	1,137.44	590.60	191.40	
72	69.55	36.17	18.78	6.09	26.24	13.64	7.08	2.30	2,250.48	1,170.25	607.63	196.93	
73	71.64	37.25	19.34	6.27	27.03	14.06	7.30	2.37	2,313.58	1,203.06	624.66	202.44	
74	73.04	37.98	19.72	6.39	27.55	14.33	7.44	2.41	2,355.64	1,224.94	636.02	206.11	
75	75.12	39.06	20.28	6.57	28.34	14.74	7.65	2.48	2,418.72	1,257.74	653.05	211.63	
76	76.50	39.78	20.66	6.69	28.86	15.01	7.79	2.53	2,460.75	1,279.59	664.40	215.31	
77	78.60	40.87	21.22	6.88	29.65	15.42	8.01	2.59	2,523.87	1,312.42	681.45	220.83	
78	79.99	41.59	21.60	7.00	30.18	15.69	8.15	2.64	2,565.94	1,334.28	692.80	224.52	
79	81.39	42.32	21.98	7.12	30.70	15.96	8.29	2.69	2,608.00	1,356.16	704.17	228.20	
80	84.17	43.77	22.73	7.36	31.75	16.51	8.57	2.78	2,692.13	1,399.91	726.88	235.56	
81	87.63	45.57	23.66	7.67	33.06	17.19	8.93	2.89	2,797.26	1,454.57	755.27	244.76	
82	91.12	47.38	24.60	7.97	34.37	17.87	9.28	3.01	2,902.39	1,509.23	783.64	253.95	
83	95.30	49.56	25.73	8.34	35.94	18.69	9.70	3.14	3,028.59	1,574.87	817.72	264.99	
84	99.47	51.72	26.86	8.70	37.52	19.51	10.13	3.28	3,154.77	1,640.47	851.79	276.03	
85+	103.65	53.90	27.99	9.07	39.09	20.33	10.55	3.42	3,280.95	1,706.10	885.86	287.07	

2009		MALE NON TOBACCO USER ZIP CODES (530-532)												2009		
Attained Age	BASIC				PART A DEDUCTIBLE				PART B DEDUCTIBLE				PART B EXCESS			
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC
0-64	\$4,368.15	\$2,271.44	\$1,179.40	\$382.21	\$1,201.89	\$624.98	\$324.51	\$105.17	\$190.45	\$99.03	\$51.42	\$16.66	\$177.28	\$92.19	\$47.87	\$15.51
65	1,215.91	632.27	328.30	106.39	334.55	173.97	90.33	29.27	132.73	69.02	35.84	11.61	49.35	25.66	13.32	4.32
66	1,267.84	659.28	342.32	110.94	348.85	181.40	94.19	30.52	132.73	69.02	35.84	11.61	51.46	26.76	13.89	4.50
67	1,304.91	678.55	352.33	114.18	359.05	186.71	96.94	31.42	132.73	69.02	35.84	11.61	52.96	27.54	14.30	4.63
68	1,373.18	714.05	370.76	120.15	377.83	196.47	102.01	33.06	132.73	69.02	35.84	11.61	55.72	28.97	15.04	4.88
69	1,411.10	733.77	381.00	123.47	388.26	201.90	104.83	33.97	132.73	69.02	35.84	11.61	57.27	29.78	15.46	5.01
70	1,464.96	761.78	395.54	128.18	403.07	209.60	108.83	35.27	132.73	69.02	35.84	11.61	59.45	30.91	16.05	5.20
71	1,519.34	790.06	410.22	132.94	418.04	217.38	112.87	36.58	132.73	69.02	35.84	11.61	61.67	32.07	16.65	5.40
72	1,573.65	818.30	424.89	137.69	432.98	225.15	116.90	37.89	132.73	69.02	35.84	11.61	63.86	33.21	17.24	5.59
73	1,627.26	846.18	439.36	142.39	447.74	232.82	120.89	39.18	132.73	69.02	35.84	11.61	66.03	34.34	17.83	5.78
74	1,663.36	864.95	449.11	145.54	457.66	237.98	123.57	40.05	132.73	69.02	35.84	11.61	67.52	35.11	18.23	5.91
75	1,712.48	890.49	462.37	149.84	471.19	245.02	127.22	41.23	132.73	69.02	35.84	11.61	69.50	36.14	18.77	6.08
76	1,741.74	905.70	470.27	152.40	479.23	249.20	129.39	41.93	132.73	69.02	35.84	11.61	70.69	36.76	19.09	6.19
77	1,781.63	926.45	481.04	155.89	490.21	254.91	132.36	42.89	132.73	69.02	35.84	11.61	72.30	37.60	19.52	6.33
78	1,799.72	935.85	485.92	157.48	495.19	257.50	133.70	43.33	132.73	69.02	35.84	11.61	73.04	37.98	19.72	6.39
79	1,813.06	942.79	489.53	158.64	498.86	259.41	134.69	43.65	132.73	69.02	35.84	11.61	73.57	38.26	19.86	6.44
80	1,853.95	964.05	500.57	162.22	510.11	265.26	137.73	44.63	132.73	69.02	35.84	11.61	75.24	39.12	20.31	6.58
81	1,908.01	992.17	515.16	166.95	524.99	272.99	141.75	45.94	132.73	69.02	35.84	11.61	77.44	40.27	20.91	6.78
82	1,961.57	1,020.02	529.62	171.64	539.72	280.65	145.72	47.23	132.73	69.02	35.84	11.61	79.61	41.40	21.49	6.97
83	2,031.59	1,056.43	548.53	177.76	558.99	290.67	150.93	48.91	132.73	69.02	35.84	11.61	82.46	42.88	22.26	7.22
84	2,104.98	1,094.59	568.34	184.19	579.18	301.17	156.38	50.68	132.73	69.02	35.84	11.61	85.43	44.42	23.07	7.48
85+	2,184.07	1,135.72	589.70	191.11	600.95	312.49	162.26	52.58	132.73	69.02	35.84	11.61	88.64	46.09	23.93	7.76

  

Attained Age	HOME HEALTH CARE				FOREIGN TRAVEL				BASIC + ALL RIDERS				<b>Basic -</b> Policy Form 128W-0707-WI  <b>Part A Deductible -</b> Policy Form RMCPAD-0707-WI  <b>Part B Deductible -</b> Policy Form RMCPBD-0707-WI  <b>Part B Excess -</b> Policy Form RMCPBE-0707-WI  <b>Additional Home Health -</b> Policy Form RMCAHH-0707-WI  <b>Foreign Travel -</b> Policy Form RMCFT-0707-WI  <b>Add a one time \$20.00 application fee to the modal premium for the plan selected. Use Non Tobacco User rates for applicants eligible for open enrollment or guarantee issue.</b>
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	
0-64	\$199.16	\$103.56	\$53.77	\$17.43	\$75.13	\$39.07	\$20.29	\$6.57	\$6,212.07	\$3,230.28	\$1,677.26	\$543.56	
65	55.43	28.82	14.97	4.85	20.92	10.88	5.65	1.83	1,808.89	940.62	488.41	158.27	
66	57.80	30.06	15.61	5.06	21.80	11.34	5.89	1.91	1,880.48	977.86	507.74	164.54	
67	59.49	30.93	16.06	5.21	22.45	11.67	6.06	1.96	1,931.59	1,004.42	521.53	169.01	
68	62.61	32.56	16.90	5.48	23.61	12.28	6.37	2.07	2,025.68	1,053.35	546.92	177.25	
69	64.33	33.45	17.37	5.63	24.27	12.62	6.55	2.12	2,077.96	1,080.54	561.05	181.81	
70	66.79	34.73	18.03	5.84	25.19	13.10	6.80	2.20	2,152.19	1,119.14	581.09	188.30	
71	69.28	36.03	18.71	6.06	26.13	13.59	7.06	2.29	2,227.19	1,158.15	601.35	194.88	
72	71.76	37.32	19.38	6.28	27.07	14.08	7.31	2.37	2,302.05	1,197.08	621.56	201.43	
73	74.19	38.58	20.03	6.49	27.99	14.55	7.56	2.45	2,375.94	1,235.49	641.51	207.90	
74	75.84	39.44	20.48	6.64	28.60	14.87	7.72	2.50	2,425.71	1,261.37	654.95	212.25	
75	78.09	40.61	21.08	6.83	29.45	15.31	7.95	2.58	2,493.44	1,296.59	673.23	218.17	
76	79.42	41.30	21.44	6.95	29.96	15.58	8.09	2.62	2,533.77	1,317.56	684.12	221.70	
77	81.23	42.24	21.93	7.11	30.65	15.94	8.28	2.68	2,588.75	1,346.16	698.97	226.51	
78	82.07	42.68	22.16	7.18	30.95	16.09	8.36	2.71	2,613.70	1,359.12	705.70	228.70	
79	82.66	42.98	22.32	7.23	31.19	16.22	8.42	2.73	2,632.07	1,368.68	710.66	230.30	
80	84.54	43.96	22.83	7.40	31.89	16.58	8.61	2.79	2,688.46	1,397.99	725.89	235.23	
81	86.99	45.23	23.49	7.61	32.82	17.07	8.86	2.87	2,762.98	1,436.75	746.01	241.76	
82	89.44	46.51	24.15	7.83	33.74	17.54	9.11	2.95	2,836.81	1,475.14	765.93	248.23	
83	92.63	48.17	25.01	8.11	34.93	18.16	9.43	3.06	2,933.33	1,525.33	792.00	256.67	
84	95.97	49.90	25.91	8.40	36.20	18.82	9.77	3.17	3,034.49	1,577.92	819.31	265.53	
85+	99.57	51.78	26.88	8.71	37.57	19.54	10.14	3.29	3,143.53	1,634.64	848.75	275.06	

2009		MALE TOBACCO USER ZIP CODES (530-532)												2009		
Attained Age	BASIC				PART A DEDUCTIBLE				PART B DEDUCTIBLE				PART B EXCESS			
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC
0-64	\$4,853.50	\$2,523.82	\$1,310.45	\$424.68	\$1,335.43	\$694.42	\$360.57	\$116.85	\$211.62	\$110.04	\$57.14	\$18.52	\$196.98	\$102.43	\$53.18	\$17.24
65	1,351.01	702.53	364.77	118.21	371.72	193.29	100.36	32.53	147.48	76.69	39.82	12.90	54.83	28.51	14.80	4.80
66	1,408.71	732.53	380.35	123.26	387.61	201.56	104.65	33.92	147.48	76.69	39.82	12.90	57.17	29.73	15.44	5.00
67	1,449.90	753.95	391.47	126.87	398.94	207.45	107.71	34.91	147.48	76.69	39.82	12.90	58.84	30.60	15.89	5.15
68	1,525.76	793.40	411.96	133.50	419.81	218.30	113.35	36.73	147.48	76.69	39.82	12.90	61.92	32.20	16.72	5.42
69	1,567.88	815.30	423.33	137.19	431.39	224.32	116.48	37.75	147.48	76.69	39.82	12.90	63.63	33.09	17.18	5.57
70	1,627.73	846.42	439.49	142.43	447.86	232.89	120.92	39.19	147.48	76.69	39.82	12.90	66.06	34.35	17.84	5.78
71	1,688.16	877.84	455.80	147.71	464.49	241.53	125.41	40.64	147.48	76.69	39.82	12.90	68.51	35.63	18.50	5.99
72	1,748.49	909.21	472.09	152.99	481.09	250.17	129.89	42.10	147.48	76.69	39.82	12.90	70.96	36.90	19.16	6.21
73	1,808.07	940.20	488.18	158.21	497.49	258.69	134.32	43.53	147.48	76.69	39.82	12.90	73.37	38.15	19.81	6.42
74	1,848.18	961.05	499.01	161.72	508.52	264.43	137.30	44.50	147.48	76.69	39.82	12.90	75.01	39.01	20.25	6.56
75	1,902.75	989.43	513.74	166.49	523.54	272.24	141.36	45.81	147.48	76.69	39.82	12.90	77.22	40.15	20.85	6.76
76	1,935.27	1,006.34	522.52	169.34	532.48	276.89	143.77	46.59	147.48	76.69	39.82	12.90	78.54	40.84	21.21	6.87
77	1,979.59	1,029.39	534.49	173.21	544.68	283.23	147.06	47.66	147.48	76.69	39.82	12.90	80.34	41.78	21.69	7.03
78	1,999.69	1,039.84	539.92	174.97	550.21	286.11	148.56	48.14	147.48	76.69	39.82	12.90	81.15	42.20	21.91	7.10
79	2,014.51	1,047.55	543.92	176.27	554.28	288.23	149.66	48.50	147.48	76.69	39.82	12.90	81.75	42.51	22.07	7.15
80	2,059.94	1,071.17	556.18	180.24	566.79	294.73	153.03	49.59	147.48	76.69	39.82	12.90	83.60	43.47	22.57	7.32
81	2,120.01	1,102.41	572.40	185.50	583.32	303.33	157.50	51.04	147.48	76.69	39.82	12.90	86.04	44.74	23.23	7.53
82	2,179.52	1,133.35	588.47	190.71	599.69	311.84	161.92	52.47	147.48	76.69	39.82	12.90	88.45	45.99	23.88	7.74
83	2,257.32	1,173.81	609.48	197.52	621.10	322.97	167.70	54.35	147.48	76.69	39.82	12.90	91.61	47.64	24.73	8.02
84	2,338.86	1,216.21	631.49	204.65	643.53	334.64	173.75	56.31	147.48	76.69	39.82	12.90	94.92	49.36	25.63	8.31
85+	2,426.75	1,261.91	655.22	212.34	667.72	347.21	180.28	58.43	147.48	76.69	39.82	12.90	98.49	51.21	26.59	8.62

  

Attained Age	HOME HEALTH CARE				FOREIGN TRAVEL				BASIC + ALL RIDERS				<b>Basic -</b> Policy Form 128W-0707-WI  <b>Part A Deductible -</b> Policy Form RMCPAD-0707-WI  <b>Part B Deductible -</b> Policy Form RMCPBD-0707-WI  <b>Part B Excess -</b> Policy Form RMCPBE-0707-WI  <b>Additional Home Health -</b> Policy Form RMCAHH-0707-WI  <b>Foreign Travel -</b> Policy Form RMCFTTR-0707-WI  <b>Add a one time \$20.00 application fee to the modal premium for the plan selected. Use Non Tobacco User rates for applicants eligible for open enrollment or guarantee issue.</b>
	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	Annual	Semi-Annual	Quarterly	PAC	
0-64	\$221.29	\$115.07	\$59.75	\$19.36	\$83.48	\$43.41	\$22.54	\$7.30	\$6,902.30	\$3,589.19	\$1,863.63	\$603.95	
65	61.59	32.03	16.63	5.39	23.24	12.08	6.27	2.03	2,009.87	1,045.13	542.65	175.86	
66	64.23	33.40	17.34	5.62	24.22	12.59	6.54	2.12	2,089.42	1,086.50	564.14	182.82	
67	66.11	34.38	17.85	5.78	24.94	12.97	6.73	2.18	2,146.21	1,116.04	579.47	187.79	
68	69.56	36.17	18.78	6.09	26.24	13.64	7.08	2.30	2,250.77	1,170.40	607.71	196.94	
69	71.48	37.17	19.30	6.25	26.96	14.02	7.28	2.36	2,308.82	1,200.59	623.39	202.02	
70	74.21	38.59	20.04	6.49	27.99	14.55	7.56	2.45	2,391.33	1,243.49	645.67	209.24	
71	76.98	40.03	20.78	6.74	29.03	15.10	7.84	2.54	2,474.65	1,286.82	668.15	216.52	
72	79.73	41.46	21.53	6.98	30.07	15.64	8.12	2.63	2,557.82	1,330.07	690.61	223.81	
73	82.44	42.87	22.26	7.21	31.10	16.17	8.40	2.72	2,639.95	1,372.77	712.79	230.99	
74	84.26	43.82	22.75	7.37	31.78	16.53	8.58	2.78	2,695.23	1,401.53	727.71	235.83	
75	86.76	45.12	23.43	7.59	32.73	17.02	8.84	2.86	2,770.48	1,440.65	748.04	242.41	
76	88.24	45.88	23.82	7.72	33.29	17.31	8.99	2.91	2,815.30	1,463.95	760.13	246.33	
77	90.26	46.94	24.37	7.90	34.05	17.71	9.19	2.98	2,876.40	1,495.74	776.62	251.68	
78	91.18	47.41	24.62	7.98	34.39	17.88	9.29	3.01	2,904.10	1,510.13	784.12	254.10	
79	91.84	47.76	24.80	8.04	34.65	18.02	9.36	3.03	2,924.51	1,520.76	789.63	255.89	
80	93.92	48.84	25.36	8.22	35.43	18.42	9.57	3.10	2,987.16	1,553.32	806.53	261.37	
81	96.66	50.26	26.10	8.46	36.47	18.96	9.85	3.19	3,069.98	1,596.39	828.90	268.62	
82	99.37	51.67	26.83	8.69	37.49	19.49	10.12	3.28	3,152.00	1,639.03	851.04	275.79	
83	102.92	53.52	27.79	9.01	38.82	20.19	10.48	3.40	3,259.25	1,694.82	880.00	285.20	
84	106.64	55.45	28.79	9.33	40.23	20.92	10.86	3.52	3,371.66	1,753.27	910.34	295.02	
85+	110.64	57.53	29.87	9.68	41.74	21.70	11.27	3.65	3,492.82	1,816.25	943.05	305.62	

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