

## **2010 Medicare Supplement Insurance Plans**

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***Plans with coverage effective dates through May 31.***



**UNITED OF OMAHA LIFE INSURANCE COMPANY**  
**OMAHA, NEBRASKA**  
**A Mutual of Omaha Company**  
**OUTLINE OF MEDICARE SUPPLEMENT INSURANCE**

**OUTLINE OF COVERAGE FOR**  
**POLICY FORM UM10**

**MEDICARE SUPPLEMENT INSURANCE**

**The Wisconsin Insurance Commissioner has set standards for Medicare supplement insurance. The 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 the policy. Do not buy the policy if you did not get this guide.**

**PREMIUM INFORMATION:** We, United of Omaha, can only raise your premium if we raise the premium for all policies like yours in the same geographic area in this state. Until you are age 90, your premium will change each year. The new premium will be based upon your age.

**Risk Class Rating:** If, according to our underwriting standards, you are overweight or underweight for your height, you will be considered to be a greater insurable risk. In such a case, your premium will be priced either as Class I - 10% or Class II - 20% higher than the rates illustrated, based on your Body Mass Index (BMI) reading. Risk class rating will not be applicable when you apply for coverage during an open enrollment or guaranteed issue period.

**Household Premium Discount:** If you have resided with at least one, but no more than three, other Medicare eligible adults for the past year, or you are married, and at least one of these other adults or your spouse also owns or is issued a Medicare supplement policy underwritten by United of Omaha or its affiliates, you will be eligible for a household premium discount. The discounted premium will be priced 7% lower than the rates illustrated. Your policy's household premium discount will be removed if your spouse or the other Medicare supplement policyholder chooses to terminate their Medicare supplement policy or he or she no longer resides with you (other than in the case of their death).

**DISCLOSURES:** Use this Outline of Coverage to compare benefits and premiums among policies.

**READ YOUR POLICY VERY CAREFULLY:** This is only an Outline of Coverage 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 that you are not satisfied with your policy, you may return it to United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. 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:** The policy may not fully cover all of your medical costs.

**Neither United of Omaha nor its agent is connected with Medicare.**

**MEDICARE SUPPLEMENT POLICIES - PART A BENEFITS**

<b>Service</b>	<b>Per Benefit Period</b>	<b>Medicare Pays</b>	<b>The Policy Pays</b>	<b>You Pay</b>
<b>MEDICARE PART A BENEFITS</b> HOSPITALIZATION...Semi-private room and board, general nursing and miscellaneous hospital services and supplies.	First 60 days	All but a \$1,100.00 deductible	\$0	\$1,100.00
			<input type="checkbox"/> OPTIONAL PART A DEDUCTIBLE Rider 0LX1H*	\$0
	61 <sup>st</sup> to 90 <sup>th</sup> day	All but \$275.00 per day	\$275.00 per day	\$0
	91 <sup>st</sup> to 150 <sup>th</sup> day	All but \$550.00 per day	\$550.00 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
	21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$137.50 per day	Up to \$137.50 per day	\$0
	101 <sup>st</sup> 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	The expense you incurred after Medicare has paid 190 days and we have paid 175 additional days
<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**

<b>Service</b>	<b>Per Calendar Year</b>	<b>Medicare Pays</b>	<b>The Policy Pays</b>	<b>You Pay</b>
<b>MEDICARE PART B BENEFITS</b> MEDICAL EXPENSES... Eligible expenses for physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$155.00 of Medicare approved amounts*	\$0	\$0	\$155.00
			<input type="checkbox"/> OPTIONAL PART B DEDUCTIBLE Rider 0LX5H**	\$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 0LX2H**	Expenses not paid by Medicare or the policy
BLOOD	First 3 pints	\$0	All costs	The expenses not paid by Medicare or the policy
	Next \$155.00 of Medicare Approved Amounts*	\$0	\$155.00 (Part B Deductible)	
	Remainder of Medicare approved amounts	80%	20%	
CLINICAL LABORATORY SERVICES—Tests for diagnostic services		100%	\$0	
HOME HEALTH CARE		100% of charges for visits considered medically necessary by Medicare	40 visits	Expense not covered by Medicare or your policy
			<input type="checkbox"/> OPTIONAL ADDITIONAL HOME HEALTH CARE Rider 0LX4H**	\$0

**PART B BENEFITS (continued)**

<b>Service</b>	<b>Per Calendar Year</b>	<b>Medicare Pays</b>	<b>The Policy Pays</b>	<b>You Pay</b>
<b>PREVENTIVE MEDICAL CARE BENEFIT-NOT COVERED BY MEDICARE</b> Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare	First \$150.00 each calendar year	\$0	\$150.00	\$0
	Additional charges	\$0	\$0	All costs

\*Once you have been billed \$155.00 of Medicare approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

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

## ADDITIONAL BENEFITS

**KIDNEY DISEASE BENEFITS:** We will pay the expense incurred up to a maximum of \$30,000.00 during any one calendar year for the necessary hospital inpatient and outpatient treatment of kidney disease, including dialysis, transplantation and donor related services as stated in the policy.

**CHIROPRACTIC BENEFITS:** When Medicare Part B does not pay for medically necessary services received from a chiropractor, we will provide payment in full for all usual and customary charges for chiropractic services. Benefits are not payable for any charges paid by Medicare.

**DIABETES BENEFITS:** We will provide payment in full for all usual and customary expenses incurred, not payable under Medicare, while this policy is in force for: (a) the installation or purchase of an insulin infusion pump; (b) other non-prescription equipment or supplies for treatment of diabetes; and (c) a diabetes self-management education program.

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

In order to avoid duplication of coverage under Medicare Part D, benefits listed under (b) do not include prescription medication, prescription insulin and some supplies.

**BREAST RECONSTRUCTION BENEFIT RIDER:** We will provide payment in full for all usual and customary expenses incurred, in the manner recommended by the attending physician or oncologist to be appropriate for reconstruction of the affected tissue incident to a mastectomy.

**HOSPITAL OR AMBULATORY DENTAL RIDER:** We will provide payment in full for all usual and customary expenses incurred for hospital or ambulatory surgery center charges incurred and anesthetics provided in conjunction with dental care if any of the following applies: (1) the insured person has a chronic health condition; or (2) the insured person has a medical condition that requires hospitalization or general anesthesia for dental care.

**LIMITATIONS AND EXCLUSIONS:** The policy DOES NOT cover the following:

- a) nursing home care costs beyond what is covered by Medicare and the additional 30-day skilled nursing care mandated by 632.895 (3), Stats;
- b) home health care above the number of visits covered by Medicare and the 40 visits mandated by 632.895 (2) Stats, except if Rider Form 0LX4H is selected;
- c) physician charges above Medicare's approved charge, except if Rider Form 0LX2H is selected;
- d) most care received outside the U.S.A.;
- e) 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;
- f) outpatient prescription drugs;
- g) expense incurred while this policy is not in force, except as provided in the Extension of Benefits section;
- h) hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;
- i) that portion of any expense incurred which is paid for by Medicare;
- j) services for which a charge is not normally made in the absence of insurance;
- k) loss or expense that is payable under any other Medicare supplement insurance policy or certificate;
- l) usual, customary and reasonable limitations.

**PREMIUM CHANGE:** The premium for this policy will change. Because the premium rate is based upon your attained age, the premium will increase as you age from Age 67 through Age 90. This annual change will occur on the first Policy Renewal Date which coincides with or follows the policy anniversary date.

The premium may also change for reasons other than attained age. If you cease to be eligible for the household premium discount described in the Household Premium Discount provision, your policy's premium discount will be removed. This premium change will occur on the first Policy Renewal Date coinciding with or following the date we learn your eligibility ended.

A premium change for any other reason can only be made if we make the same change to all policies of this form issued to persons of the same classification living in the same geographic area of your state. This type of premium change can occur on any Policy Renewal Date. We will give you the advance written notice required by your state prior to any premium change.

"Persons in Your Classification" means all persons having the same age and benefits.

This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "*Medicare & You*" for more details.

**BENEFITS APPEAL:** If you feel that benefits were improperly reduced or denied, you may appeal such decision. You must notify us in writing and give us the reason(s) for such appeal. Once all needed information is received by us, we will notify you within 30 days of our receipt of your appeal.

**GRIEVANCE:** Grievance means dissatisfaction with the administration or claims practices of, or provision of services by the health benefit plan. Such grievance must be expressed in writing by or on behalf of the insured person.

### **MEDICARE SUPPLEMENT PREMIUM INFORMATION ANNUAL PREMIUM**

\$ (            ) **BASIC MEDICARE SUPPLEMENT COVERAGE**

#### **OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT POLICY**

Each of these riders may be purchased separately. **NOTE:** Only optional coverages provided by rider shall be listed here.

\$ (            ) 1. **Part A Deductible – 0LX1H**  
100% of Part A Deductible

\$ (            ) 2. **Additional Home Health Care – 0LX4H**  
An aggregate of 365 visits per year including those covered by Medicare.

\$ (            ) 3. **Part B Deductible – 0LX5H**  
100 % of Part B Deductible

\$ (            ) 4. **Part B Excess Charges – 0LX2H**  
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.

\$ (            ) 5. **Foreign Travel Rider – 0LX3H**  
After a deductible of not greater than \$250.00, covers at least 80% of expenses associated with emergency medical care received outside the U.S.A. beginning the first 60 days of a trip with a lifetime maximum of at least \$50,000.00.

\_\_\_\_\_ \$ (            ) **TOTAL FOR BASIC POLICY AND SELECTED OPTIONAL BENEFITS**

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

**ANNUAL PREMIUMS\***  
**BASIC MEDICARE SUPPLEMENT COVERAGE**  
**ZIP CODES: 539-543 and 545-548**

**FEMALE NON-TOBACCO**

<b>Basic</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	2125.73
65	925.58
66	925.58
67	961.67
68	999.39
69	1038.46
70	1077.03
71	1114.90
72	1153.40
73	1192.12
74	1230.69
75	1266.71
76	1297.48
77	1320.07
78	1342.52
79	1366.96
80	1390.53
81	1421.09
82	1450.71
83	1479.33
84	1506.90
85	1533.33
86	1558.55
87	1582.49
88	1605.00
89	1626.10
90 and Over	1645.43

<b>Part A Deductible</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	\$395.27
65	172.13
66	172.13
67	178.81
68	185.84
69	193.08
70	200.26
71	207.29
72	214.47
73	221.65
74	228.82
75	235.57
76	241.25
77	245.44
78	249.64
79	254.18
80	258.58
81	264.27
82	269.74
83	275.07
84	280.18
85	285.09
86	289.77
87	294.25
88	298.44
89	302.35
90 and Over	305.97

<b>Part B Excess Charges</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	\$34.24
65	14.92
66	14.92
67	15.48
68	16.12
69	16.76
70	17.33
71	17.97
72	18.61
73	19.25
74	19.82
75	20.39
76	20.89
77	21.31
78	21.66
79	22.02
80	22.45
81	22.95
82	23.37
83	23.87
84	24.30
85	24.73
86	25.15
87	25.50
88	25.86
89	26.21
90 and Over	26.50

**Part B Deductible**

<b>Attained Age</b>	<b>Annual Premium</b>
<b>All Ages</b>	<b>\$135.00</b>

**Additional Home Health Care**

<b>Attained Age</b>	<b>Annual Premium</b>
<b>All Ages</b>	<b>\$18.00</b>

**Foreign Travel Rider**

<b>Attained Age</b>	<b>Annual Premium</b>
<b>All Ages</b>	<b>\$18.00</b>

\*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

**ANNUAL PREMIUMS\***  
**BASIC MEDICARE SUPPLEMENT COVERAGE**  
**ZIP CODES: 539-543 and 545-548**

**FEMALE TOBACCO (Not applicable in guarantee issue and open enrollment situations)**

<b>Basic</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	2298.09
65	1000.63
66	1000.63
67	1039.64
68	1080.42
69	1122.66
70	1164.36
71	1205.30
72	1246.92
73	1288.78
74	1330.48
75	1369.42
76	1402.68
77	1427.10
78	1451.37
79	1477.79
80	1503.28
81	1536.31
82	1568.33
83	1599.28
84	1629.08
85	1657.65
86	1684.92
87	1710.80
88	1735.14
89	1757.95
90 and Over	1778.84

<b>Part A Deductible</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	\$427.32
65	186.09
66	186.09
67	193.31
68	200.91
69	208.74
70	216.50
71	224.10
72	231.86
73	239.62
74	247.37
75	254.67
76	260.81
77	265.34
78	269.88
79	274.79
80	279.55
81	285.70
82	291.61
83	297.37
84	302.90
85	308.20
86	313.27
87	318.11
88	322.64
89	326.86
90 and Over	330.78

<b>Part B Excess Charges</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	\$37.02
65	16.13
66	16.13
67	16.74
68	17.43
69	18.12
70	18.74
71	19.43
72	20.12
73	20.81
74	21.43
75	22.04
76	22.58
77	23.04
78	23.42
79	23.81
80	24.27
81	24.81
82	25.27
83	25.80
84	26.27
85	26.73
86	27.19
87	27.57
88	27.96
89	28.34
90 and Over	28.65

**Part B Deductible**  
**Attained Age Annual Premium**  
**All Ages \$135.00**

**Additional Home Health Care**  
**Attained Age Annual Premium**  
**All Ages \$18.00**

**Foreign Travel Rider**  
**Attained Age Annual Premium**  
**All Ages \$18.00**

\*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

**ANNUAL PREMIUMS\***  
**BASIC MEDICARE SUPPLEMENT COVERAGE**  
**ZIP CODES: 539-543 and 545-548**

**MALE NON-TOBACCO**

<b>Basic</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	2361.87
65	974.31
66	974.31
67	1023.05
68	1074.62
69	1128.82
70	1183.53
71	1238.80
72	1295.98
73	1354.59
74	1414.47
75	1473.02
76	1526.51
77	1552.94
78	1579.36
79	1608.21
80	1635.98
81	1652.46
82	1667.45
83	1681.02
84	1693.09
85	1703.75
86	1712.63
87	1720.09
88	1725.85
89	1729.90
90 and Over	1732.03

<b>Part A Deductible</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	\$439.10
65	181.15
66	181.15
67	190.24
68	199.84
69	209.85
70	220.09
71	230.32
72	240.97
73	251.91
74	263.06
75	273.86
76	283.81
77	288.78
78	293.68
79	299.01
80	304.20
81	307.25
82	310.09
83	312.58
84	314.85
85	316.77
86	318.47
87	319.82
88	320.89
89	321.67
90 and Over	322.02

<b>Part B Excess Charges</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	\$38.07
65	15.70
66	15.70
67	16.48
68	17.33
69	18.19
70	19.11
71	19.96
72	20.89
73	21.81
74	22.80
75	23.73
76	24.58
77	25.00
78	25.43
79	25.93
80	26.35
81	26.64
82	26.85
83	27.14
84	27.28
85	27.49
86	27.64
87	27.70
88	27.85
89	27.92
90 and Over	27.92

**Part B Deductible**  
**Attained Age Annual Premium**  
**All Ages \$135.00**

**Additional Home Health Care**  
**Attained Age Annual Premium**  
**All Ages \$18.00**

**Foreign Travel Rider**  
**Attained Age Annual Premium**  
**All Ages \$18.00**

\*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

**ANNUAL PREMIUMS\***  
**BASIC MEDICARE SUPPLEMENT COVERAGE**  
**ZIP CODES: 539-543 and 545-548**

**MALE TOBACCO (Not applicable in guarantee issue and open enrollment situations)**

<b>Basic</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	2553.37
65	1053.31
66	1053.31
67	1106.00
68	1161.75
69	1220.35
70	1279.49
71	1339.24
72	1401.06
73	1464.42
74	1529.16
75	1592.45
76	1650.28
77	1678.85
78	1707.42
79	1738.60
80	1768.63
81	1786.44
82	1802.65
83	1817.32
84	1830.37
85	1841.89
86	1851.49
87	1859.56
88	1865.78
89	1870.16
90 and Over	1872.46

<b>Part A Deductible</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	\$474.70
65	195.84
66	195.84
67	205.67
68	216.04
69	226.87
70	237.93
71	248.99
72	260.51
73	272.33
74	284.39
75	296.06
76	306.82
77	312.19
78	317.49
79	323.25
80	328.86
81	332.16
82	335.23
83	337.92
84	340.38
85	342.45
86	344.29
87	345.75
88	346.91
89	347.75
90 and Over	348.13

<b>Part B Excess Charges</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	\$41.16
65	16.97
66	16.97
67	17.82
68	18.74
69	19.66
70	20.66
71	21.58
72	22.58
73	23.58
74	24.65
75	25.65
76	26.57
77	27.03
78	27.49
79	28.03
80	28.49
81	28.80
82	29.03
83	29.34
84	29.49
85	29.72
86	29.88
87	29.95
88	30.11
89	30.18
90 and Over	30.18

**Part B Deductible**  
**Attained Age Annual Premium**  
**All Ages \$135.00**

**Additional Home Health Care**  
**Attained Age Annual Premium**  
**All Ages \$18.00**

**Foreign Travel Rider**  
**Attained Age Annual Premium**  
**All Ages \$18.00**

\*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

**ANNUAL PREMIUMS\***

**BASIC MEDICARE SUPPLEMENT COVERAGE**

**ZIP CODES: 53001-53004, 53006, 53009-53011, 53013-53016, 53018-53021, 53023, 53026, 53027, 53029, 53031, 53032, 53034-53036, 53038-53040, 53042, 53044, 53047- 53050, 53056-53066, 53069, 53070, 53073-53075, 53078-53083, 53085, 53086, 53088, 53090, 53091, 53093-53095, 53098, 53099, 53101, 53103, 53105, 53114, 53115, 53118-53121, 53125, 53127, 53128, 53137-53139, 53147-53149, 53152, 53153, 53156, 53157, 53167, 53168, 53170, 53176, 53178, 53179, 53181, 53183-53185, 53190-53192, 53195, 53199, 535, 537, 538, 544, 549**

**FEMALE NON-TOBACCO**

<b>Basic</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	2325.02
65	1012.36
66	1012.36
67	1051.83
68	1093.08
69	1135.82
70	1178.01
71	1219.43
72	1261.53
73	1303.88
74	1346.08
75	1385.47
76	1419.12
77	1443.82
78	1468.37
79	1495.11
80	1520.90
81	1554.31
82	1586.71
83	1618.03
84	1648.17
85	1677.08
86	1704.66
87	1730.84
88	1755.47
89	1778.55
90 and Over	1799.69

<b>Part A Deductible</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	\$432.33
65	188.27
66	188.27
67	195.57
68	203.26
69	211.19
70	219.04
71	226.73
72	234.58
73	242.42
74	250.27
75	257.65
76	263.87
77	268.45
78	273.04
79	278.01
80	282.83
81	289.04
82	295.03
83	300.86
84	306.45
85	311.81
86	316.94
87	321.84
88	326.41
89	330.69
90 and Over	334.66

<b>Part B Excess Charges</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	\$37.45
65	16.32
66	16.32
67	16.94
68	17.64
69	18.33
70	18.96
71	19.66
72	20.36
73	21.05
74	21.68
75	22.30
76	22.85
77	23.31
78	23.70
79	24.09
80	24.55
81	25.10
82	25.57
83	26.10
84	26.58
85	27.04
86	27.51
87	27.90
88	28.29
89	28.68
90 and Over	28.98

**Part B Deductible**  
**Attained Age Annual Premium**  
**All Ages \$135.00**

**Additional Home Health Care**  
**Attained Age Annual Premium**  
**All Ages \$18.00**

**Foreign Travel Rider**  
**Attained Age Annual Premium**  
**All Ages \$18.00**

\*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

**ANNUAL PREMIUMS\***

**BASIC MEDICARE SUPPLEMENT COVERAGE**

**ZIP CODES: 53001-53004, 53006, 53009-53011, 53013-53016, 53018-53021, 53023, 53026, 53027, 53029, 53031, 53032, 53034-53036, 53038-53040, 53042, 53044, 53047- 53050, 53056-53066, 53069, 53070, 53073-53075, 53078-53083, 53085, 53086, 53088, 53090, 53091, 53093-53095, 53098, 53099, 53101, 53103, 53105, 53114, 53115, 53118-53121, 53125, 53127, 53128, 53137-53139, 53147-53149, 53152, 53153, 53156, 53157, 53167, 53168, 53170, 53176, 53178, 53179, 53181, 53183-53185, 53190-53192, 53195, 53199, 535, 537, 538, 544, 549**

**FEMALE TOBACCO (Not applicable in guarantee issue and open enrollment situations)**

Basic	
Attained Age	Annual Premium
Through 64	2513.53
65	1094.44
66	1094.44
67	1137.11
68	1181.71
69	1227.91
70	1273.52
71	1318.30
72	1363.82
73	1409.60
74	1455.22
75	1497.80
76	1534.18
77	1560.89
78	1587.43
79	1616.33
80	1644.22
81	1680.34
82	1715.36
83	1749.22
84	1781.81
85	1813.06
86	1842.88
87	1871.18
88	1897.81
89	1922.76
90 and Over	1945.61

Part A Deductible	
Attained Age	Annual Premium
Through 64	\$467.38
65	203.53
66	203.53
67	211.43
68	219.74
69	228.31
70	236.80
71	245.11
72	253.60
73	262.08
74	270.56
75	278.54
76	285.26
77	290.22
78	295.18
79	300.55
80	305.76
81	312.48
82	318.95
83	325.25
84	331.30
85	337.09
86	342.64
87	347.93
88	352.88
89	357.50
90 and Over	361.79

Part B Excess Charges	
Attained Age	Annual Premium
Through 64	\$40.49
65	17.64
66	17.64
67	18.31
68	19.07
69	19.82
70	20.50
71	21.25
72	22.01
73	22.76
74	23.44
75	24.11
76	24.70
77	25.20
78	25.62
79	26.04
80	26.54
81	27.13
82	27.64
83	28.22
84	28.73
85	29.23
86	29.74
87	30.16
88	30.58
89	31.00
90 and Over	31.33

**Part B Deductible**

Attained Age	Annual Premium
All Ages	\$135.00

**Additional Home Health Care**

Attained Age	Annual Premium
All Ages	\$18.00

**Foreign Travel Rider**

Attained Age	Annual Premium
All Ages	\$18.00

\*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

**ANNUAL PREMIUMS\***

**BASIC MEDICARE SUPPLEMENT COVERAGE**

**ZIP CODES: 53001-53004, 53006, 53009-53011, 53013-53016, 53018-53021, 53023, 53026, 53027, 53029, 53031, 53032, 53034-53036, 53038-53040, 53042, 53044, 53047- 53050, 53056-53066, 53069, 53070, 53073-53075, 53078-53083, 53085, 53086, 53088, 53090, 53091, 53093-53095, 53098, 53099, 53101, 53103, 53105, 53114, 53115, 53118-53121, 53125, 53127, 53128, 53137-53139, 53147-53149, 53152, 53153, 53156, 53157, 53167, 53168, 53170, 53176, 53178, 53179, 53181, 53183-53185, 53190-53192, 53195, 53199, 535, 537, 538, 544, 549**

**MALE NON-TOBACCO**

Basic	
Attained Age	Annual Premium
Through 64	2583.29
65	1065.66
66	1065.66
67	1118.95
68	1175.37
69	1234.65
70	1294.48
71	1354.93
72	1417.48
73	1481.58
74	1547.08
75	1611.11
76	1669.62
77	1698.52
78	1727.43
79	1758.97
80	1789.36
81	1807.38
82	1823.78
83	1838.61
84	1851.82
85	1863.48
86	1873.19
87	1881.35
88	1887.65
89	1892.07
90 and Over	1894.40

Part A Deductible	
Attained Age	Annual Premium
Through 64	\$480.26
65	198.14
66	198.14
67	208.08
68	218.57
69	229.53
70	240.71
71	251.91
72	263.56
73	275.52
74	287.72
75	299.53
76	310.41
77	315.85
78	321.22
79	327.04
80	332.71
81	336.05
82	339.16
83	341.88
84	344.37
85	346.47
86	348.33
87	349.81
88	350.97
89	351.82
90 and Over	352.21

Part B Excess Charges	
Attained Age	Annual Premium
Through 64	\$41.64
65	17.17
66	17.17
67	18.03
68	18.96
69	19.89
70	20.91
71	21.83
72	22.85
73	23.86
74	24.94
75	25.96
76	26.88
77	27.35
78	27.81
79	28.36
80	28.82
81	29.14
82	29.37
83	29.68
84	29.84
85	30.07
86	30.23
87	30.30
88	30.46
89	30.53
90 and Over	30.53

**Part B Deductible**

Attained Age	Annual Premium
All Ages	\$135.00

**Additional Home Health Care**

Attained Age	Annual Premium
All Ages	\$18.00

**Foreign Travel Rider**

Attained Age	Annual Premium
All Ages	\$18.00

\*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

**ANNUAL PREMIUMS\***

**BASIC MEDICARE SUPPLEMENT COVERAGE**

**ZIP CODES: 53001-53004, 53006, 53009-53011, 53013-53016, 53018-53021, 53023, 53026, 53027, 53029, 53031, 53032, 53034-53036, 53038-53040, 53042, 53044, 53047- 53050, 53056-53066, 53069, 53070, 53073-53075, 53078-53083, 53085, 53086, 53088, 53090, 53091, 53093-53095, 53098, 53099, 53101, 53103, 53105, 53114, 53115, 53118-53121, 53125, 53127, 53128, 53137-53139, 53147-53149, 53152, 53153, 53156, 53157, 53167, 53168, 53170, 53176, 53178, 53179, 53181, 53183-53185, 53190-53192, 53195, 53199, 535, 537, 538, 544, 549**

**MALE TOBACCO (Not applicable in guarantee issue and open enrollment situations)**

Basic	
Attained Age	Annual Premium
Through 64	2792.75
65	1152.06
66	1152.06
67	1209.68
68	1270.67
69	1334.76
70	1399.44
71	1464.79
72	1532.41
73	1601.71
74	1672.52
75	1741.74
76	1804.99
77	1836.24
78	1867.49
79	1901.59
80	1934.44
81	1953.92
82	1971.65
83	1987.69
84	2001.97
85	2014.57
86	2025.07
87	2033.89
88	2040.70
89	2045.48
90 and Over	2048.00

Part A Deductible	
Attained Age	Annual Premium
Through 64	\$519.20
65	214.20
66	214.20
67	224.95
68	236.29
69	248.14
70	260.23
71	272.33
72	284.93
73	297.86
74	311.05
75	323.82
76	335.58
77	341.46
78	347.26
79	353.56
80	359.69
81	363.30
82	366.66
83	369.60
84	372.29
85	374.56
86	376.57
87	378.17
88	379.43
89	380.35
90 and Over	380.77

Part B Excess Charges	
Attained Age	Annual Premium
Through 64	\$45.02
65	18.56
66	18.56
67	19.49
68	20.50
69	21.50
70	22.60
71	23.60
72	24.70
73	25.79
74	26.96
75	28.06
76	29.06
77	29.57
78	30.07
79	30.66
80	31.16
81	31.50
82	31.75
83	32.09
84	32.26
85	32.51
86	32.68
87	32.76
88	32.93
89	33.01
90 and Over	33.01

**Part B Deductible**

Attained Age	Annual Premium
All Ages	\$135.00

**Additional Home Health Care**

Attained Age	Annual Premium
All Ages	\$18.00

**Foreign Travel Rider**

Attained Age	Annual Premium
All Ages	\$18.00

\*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

**ANNUAL PREMIUMS\***

**BASIC MEDICARE SUPPLEMENT COVERAGE**

**ZIP CODES: 53000, 53005, 53007, 53008, 53012, 53017, 53022, 53024, 53033, 53037, 53045, 53046, 53051, 53052, 53072, 53076, 53089, 53092, 53097, 53100, 53102, 53104, 53108-53110, 53122, 53126, 53129, 53130, 53132, 53140-53144, 53146, 53150, 53151, 53154, 53158, 53159, 53171, 53172, 53177, 53182, 53186-53189, 53194, 532, 534**

**FEMALE NON-TOBACCO**

<b>Basic</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	2590.73
65	1128.05
66	1128.05
67	1172.03
68	1218.00
69	1265.62
70	1312.64
71	1358.79
72	1405.71
73	1452.90
74	1499.92
75	1543.81
76	1581.30
77	1608.83
78	1636.19
79	1665.97
80	1694.72
81	1731.94
82	1768.05
83	1802.95
84	1836.53
85	1868.74
86	1899.48
87	1928.65
88	1956.10
89	1981.81
90 and Over	2005.36

<b>Part A Deductible</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	\$481.73
65	209.78
66	209.78
67	217.92
68	226.50
69	235.32
70	244.07
71	252.64
72	261.39
73	270.13
74	278.88
75	287.10
76	294.03
77	299.14
78	304.24
79	309.78
80	315.15
81	322.08
82	328.75
83	335.24
84	341.47
85	347.45
86	353.16
87	358.61
88	363.72
89	368.48
90 and Over	372.90

<b>Part B Excess Charges</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	\$41.74
65	18.19
66	18.19
67	18.87
68	19.66
69	20.43
70	21.13
71	21.90
72	22.68
73	23.47
74	24.15
75	24.85
76	25.46
77	25.97
78	26.41
79	26.84
80	27.36
81	27.96
82	28.48
83	29.09
84	29.61
85	30.13
86	30.65
87	31.08
88	31.51
89	31.95
90 and Over	32.29

**Part B Deductible**  
**Attained Age Annual Premium**  
**All Ages \$135.00**

**Additional Home Health Care**  
**Attained Age Annual Premium**  
**All Ages \$18.00**

**Foreign Travel Rider**  
**Attained Age Annual Premium**  
**All Ages \$18.00**

\*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

**ANNUAL PREMIUMS\***

**BASIC MEDICARE SUPPLEMENT COVERAGE**

**ZIP CODES: 53000, 53005, 53007, 53008, 53012, 53017, 53022, 53024, 53033, 53037, 53045, 53046, 53051, 53052, 53072, 53076, 53089, 53092, 53097, 53100, 53102, 53104, 53108-53110, 53122, 53126, 53129, 53130, 53132, 53140-53144, 53146, 53150, 53151, 53154, 53158, 53159, 53171, 53172, 53177, 53182, 53186-53189, 53194, 532, 534**

**FEMALE TOBACCO (Not applicable in guarantee issue and open enrollment situations)**

<b>Basic</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	2800.79
65	1219.51
66	1219.51
67	1267.06
68	1316.76
69	1368.24
70	1419.07
71	1468.96
72	1519.69
73	1570.70
74	1621.53
75	1668.98
76	1709.51
77	1739.28
78	1768.85
79	1801.05
80	1832.13
81	1872.37
82	1911.41
83	1949.13
84	1985.44
85	2020.26
86	2053.49
87	2085.03
88	2114.70
89	2142.50
90 and Over	2167.96

<b>Part A Deductible</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	\$520.79
65	226.79
66	226.79
67	235.59
68	244.86
69	254.40
70	263.86
71	273.12
72	282.58
73	292.03
74	301.49
75	310.38
76	317.87
77	323.39
78	328.91
79	334.90
80	340.70
81	348.19
82	355.40
83	362.42
84	369.16
85	375.62
86	381.79
87	387.69
88	393.21
89	398.36
90 and Over	403.14

<b>Part B Excess Charges</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	\$45.12
65	19.66
66	19.66
67	20.40
68	21.25
69	22.09
70	22.84
71	23.68
72	24.52
73	25.37
74	26.11
75	26.86
76	27.52
77	28.08
78	28.55
79	29.02
80	29.58
81	30.23
82	30.79
83	31.45
84	32.01
85	32.57
86	33.13
87	33.60
88	34.07
89	34.54
90 and Over	34.91

**Part B Deductible**  
**Attained Age Annual Premium**  
**All Ages \$135.00**

**Additional Home Health Care**  
**Attained Age Annual Premium**  
**All Ages \$18.00**

**Foreign Travel Rider**  
**Attained Age Annual Premium**  
**All Ages \$18.00**

\*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

**ANNUAL PREMIUMS  
BASIC MEDICARE SUPPLEMENT COVERAGE**

**ZIP CODES: 53000, 53005, 53007, 53008, 53012, 53017, 53022, 53024, 53033, 53037, 53045, 53046, 53051, 53052, 53072, 53076, 53089, 53092, 53097, 53100, 53102, 53104, 53108-53110, 53122, 53126, 53129, 53130, 53132, 53140-53144, 53146, 53150, 53151, 53154, 53158, 53159, 53171, 53172, 53177, 53182, 53186-53189, 53194, 532, 534**

**MALE NON-TOBACCO**

<b>Basic</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	2878.53
65	1187.44
66	1187.44
67	1246.84
68	1309.70
69	1375.75
70	1442.43
71	1509.79
72	1579.47
73	1650.90
74	1723.89
75	1795.24
76	1860.43
77	1892.64
78	1924.85
79	1960.00
80	1993.85
81	2013.94
82	2032.21
83	2048.75
84	2063.46
85	2076.45
86	2087.27
87	2096.36
88	2103.38
89	2108.31
90 and Over	2110.91

**Part B Deductible**  
**Attained Age Annual Premium**  
**All Ages \$135.00**

<b>Part A Deductible</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	\$535.15
65	220.78
66	220.78
67	231.86
68	243.55
69	255.75
70	268.22
71	280.69
72	293.68
73	307.02
74	320.61
75	333.77
76	345.89
77	351.94
78	357.92
79	364.41
80	370.74
81	374.46
82	377.92
83	380.95
84	383.73
85	386.06
86	388.14
87	389.79
88	391.08
89	392.03
90 and Over	392.47

**Additional Home Health Care**  
**Attained Age Annual Premium**  
**All Ages \$18.00**

<b>Part B Excess Charges</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	\$46.41
65	19.14
66	19.14
67	20.09
68	21.13
69	22.16
70	23.29
71	24.33
72	25.46
73	26.58
74	27.80
75	28.92
76	29.96
77	30.48
78	31.00
79	31.60
80	32.13
81	32.47
82	32.73
83	33.08
84	33.24
85	33.50
86	33.68
87	33.76
88	33.94
89	34.02
90 and Over	34.02

**Foreign Travel Rider**  
**Attained Age Annual Premium**  
**All Ages \$18.00**

\*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

**ANNUAL PREMIUMS\***

**BASIC MEDICARE SUPPLEMENT COVERAGE**

**ZIP CODES: 53000, 53005, 53007, 53008, 53012, 53017, 53022, 53024, 53033, 53037, 53045, 53046, 53051, 53052, 53072, 53076, 53089, 53092, 53097, 53100, 53102, 53104, 53108-53110, 53122, 53126, 53129, 53130, 53132, 53140-53144, 53146, 53150, 53151, 53154, 53158, 53159, 53171, 53172, 53177, 53182, 53186-53189, 53194, 532, 534**

**MALE TOBACCO (Not applicable in guarantee issue and open enrollment situations)**

<b>Basic</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	3111.92
65	1283.72
66	1283.72
67	1347.93
68	1415.89
69	1487.30
70	1559.38
71	1632.20
72	1707.54
73	1784.76
74	1863.67
75	1940.80
76	2011.28
77	2046.10
78	2080.92
79	2118.92
80	2155.51
81	2177.23
82	2196.98
83	2214.86
84	2230.77
85	2244.81
86	2256.51
87	2266.34
88	2273.92
89	2279.25
90 and Over	2282.06

**Part B Deductible**  
**Attained Age Annual Premium**  
**All Ages \$135.00**

<b>Part A Deductible</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	\$578.54
65	238.68
66	238.68
67	250.66
68	263.30
69	276.49
70	289.97
71	303.45
72	317.49
73	331.91
74	346.60
75	360.83
76	373.93
77	380.48
78	386.94
79	393.96
80	400.80
81	404.82
82	408.56
83	411.84
84	414.84
85	417.36
86	419.61
87	421.39
88	422.79
89	423.82
90 and Over	424.29

**Additional Home Health Care**  
**Attained Age Annual Premium**  
**All Ages \$18.00**

<b>Part B Excess Charges</b>	
<b>Attained Age</b>	<b>Annual Premium</b>
Through 64	\$50.17
65	20.69
66	20.69
67	21.72
68	22.84
69	23.96
70	25.18
71	26.30
72	27.52
73	28.74
74	30.05
75	31.26
76	32.39
77	32.95
78	33.51
79	34.16
80	34.73
81	35.10
82	35.38
83	35.76
84	35.94
85	36.22
86	36.41
87	36.50
88	36.69
89	36.78
90 and Over	36.78

**Foreign Travel Rider**  
**Attained Age Annual Premium**  
**All Ages \$18.00**

\*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.