

# **Medicare Supplement Insurance Approved Policies List 2017**

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

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

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

**OCI's Web Site:  
[oci.wi.gov](http://oci.wi.gov)**

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

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

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

To file a complaint online or to print a complaint form:

[OCI's Web Page](#)

[oci.wi.gov](http://oci.wi.gov)

[Phone](#)

(608) 266-0103 (In Madison)

or

1-800-236-8517 (Statewide)

[Mailing Address](#)

Office of the Commissioner of Insurance

P.O. Box 7873

Madison, WI 53707-7873

[Electronic Mail](#)

[ocicomplaints@wisconsin.gov](mailto:ocicomplaints@wisconsin.gov)

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

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

This list contains information on Medicare supplement insurance policies approved by the Office of the Commissioner of Insurance (OCI). It includes only policies currently being sold in Wisconsin. The companies shown in this list have agreed to be listed. Group policies sold through employers are not included in this list. There are companies that currently sell Medicare supplement insurance policies approved by OCI that have chosen not to be included in the list.

Premiums for the policies on the list are as of January 1, 2017, unless noted, and may change throughout the year. This list is updated on an annual basis.

For more detailed information on Medicare and Medicare supplement insurance, visit our Web site or contact OCI and request a copy of the publication *Wisconsin Guide to Health Insurance for People with Medicare*.

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## Definitions

**Attained age:** As you age your premiums will change to meet your age range and your premiums will become higher.

**Health history:** Health questions may be asked if you are enrolling at a time other than the open enrollment period. Questions may ask for limited information or may ask for detailed information about your health.

**Issue age:** Premiums are set at the age you are when you buy the policy and will not increase because you get older. Premiums may increase for other reasons.

**Open enrollment period:** A one-time-only six-month period when you can buy any Medicare supplement policy you want that is sold in Wisconsin. It starts when you sign up for Medicare Part B and you are age 65 or older. You cannot be denied coverage or charged more due to present or past health problems during this time period.

**Preexisting condition:** A medical condition diagnosed or treated up to six months prior to the purchase of an insurance policy. Medicare supplement policies may impose up to a 180-day waiting period before coverage for that condition begins.

**Tobacco rates:** If you use tobacco, an insurance company may charge you more for your insurance policy. However, this higher rate cannot be applied if you are enrolling during your open enrollment period.

**Waiting period:** The time between the effective date of your Medicare supplement insurance policy and the date the insurance company or Medicare health plan is required to begin paying benefits for preexisting conditions. Preexisting waiting periods may not last longer than six months.

**INDIVIDUAL MEDICARE SUPPLEMENT POLICIES—TRADITIONAL INSURERS**

**Aetna Life Insurance Company**  
**800 Crescent Centre Drive, Suite 200**  
**Franklin, TN 37067**  
**(www.aetnaseniorproducts.com)**

**Consumer Service Telephone No.** 1-888-624-6290

**Form No.** GR-11613-WI 01

**First-Year Commission:** 17%

**Waiting Period:** None

**Premiums are based on attained age.**

**Area 1:** Zip Codes 530-532, 534

**Area 2:** Rest of State

Annual Premium - Basic Policy			Annual Premium - All Options		
Area 1			Area 1		
Age	Male	Female	Age	Male	Female
Under 65	\$6,822.00	\$6,305.00	Under 65	\$8,111.00	\$7,579.00
65	1,602.00	1,466.00	65	2,051.00	1,915.00
70	1,972.00	1,810.00	70	2,533.00	2,366.00
75	2,324.00	2,134.00	75	3,035.00	2,836.00
80	2,555.00	2,348.00	80	3,488.00	3,260.00
85	2,640.00	2,427.00	85	4,100.00	3,832.00
Area 2			Area 2		
Under 65	\$5,932.00	\$5,483.00	Under 65	\$7,071.00	\$6,609.00
65	1,393.00	1,275.00	65	1,802.00	1,684.00
70	1,715.00	1,574.00	70	2,221.00	2,076.00
75	2,021.00	1,856.00	75	2,658.00	2,485.00
80	2,222.00	2,042.00	80	3,052.00	2,854.00
85	2,296.00	2,110.00	85	3,584.00	3,350.00

**Annual Premium - Optional Benefits**

Part A Deductible (\$1,316):	Area 1		Area 2		
	Age	Male	Female	Male	Female
	Under 65	\$1,047.00	\$1,032.00	\$ 910.00	\$ 897.00
	65	207.00	207.00	180.00	180.00
	70	319.00	314.00	277.00	273.00
	75	469.00	460.00	408.00	400.00
	80	691.00	670.00	601.00	583.00
	85	1,218.00	1,163.00	1,059.00	1,011.00

**Part B Deductible (\$183):** \$145.00 for all ages, all areas

Rates effective January 2017

**Aetna Life Insurance Company (continued)**

**Part B Excess Charges:**                    **Area 1:** \$53.00 for all ages  
   **Area 2:** \$46.00 for all ages

**Additional Home Health Visits:**    **Area 1:** \$22.00 for all ages  
   **Area 2:** \$19.00 for all ages

**Foreign Travel Emergency:**        **Area 1:** \$22.00 for all ages  
   **Area 2:** \$19.00 for all ages

Part B copayment or coinsurance rider offered.  
Rates for tobacco users are higher outside of open enrollment period.  
Different premiums for each age between age 65 and 85.  
Discount offered for Electronic Funds Transfer (EFT) premium payment.



**American Continental Insurance Company**  
**800 Crescent Centre Drive, Suite 200**  
**Franklin, TN 37067**  
**(www.aetnaseniorproducts.com)**

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

**Form No.** ACIMSP14BC

**First-Year Commission:** 26%

**Waiting Period:** None

**Premiums are based on attained age.**

**Area 1:** Zip Codes 530-534

**Area 2:** Rest of State

Annual Premium - Basic Policy			Annual Premium - All Options		
Area 1			Area 1		
Age	Male	Female	Age	Male	Female
Under 65	\$5,748.00	\$4,998.00	Under 65	\$7,180.00	\$6,252.00
65	1,471.00	1,280.00	65	1,873.00	1,641.00
70	1,730.00	1,503.00	70	2,234.00	1,951.00
75	1,972.00	1,714.00	75	2,599.00	2,268.00
80	2,139.00	1,860.00	80	2,928.00	2,554.00
85	2,268.00	1,972.00	85	3,221.00	2,812.00
Area 2			Area 2		
Under 65	\$4,998.00	\$4,346.00	Under 65	\$6,243.00	\$5,437.00
65	1,279.00	1,113.00	65	1,629.00	1,427.00
70	1,504.00	1,307.00	70	1,942.00	1,696.00
75	1,715.00	1,490.00	75	2,260.00	1,972.00
80	1,860.00	1,617.00	80	2,546.00	2,221.00
85	1,972.00	1,715.00	85	2,800.00	2,445.00

**Annual Premium - Optional Benefits**

Part A Deductible (\$1,316):	Area 1		Area 2		
	Age	Male	Female	Male	Female
	Under 65	\$1,070.00	\$930.00	\$930.00	\$809.00
	65	247.00	215.00	215.00	187.00
	70	335.00	291.00	291.00	253.00
	75	444.00	385.00	386.00	335.00
	80	595.00	516.00	517.00	449.00
	85	748.00	651.00	650.00	566.00

**Part B Deductible (\$183):** \$183.00 for all ages, all areas

Rates effective January 2017

**American Continental Insurance Company (continued)**

<b>Part B Excess Charges:</b>	<b>Area 1</b>		<b>Area 2</b>	
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Under 65	\$286.00	\$248.00	\$249.00	\$216.00
65	79.00	70.00	69.00	61.00
70	93.00	81.00	81.00	70.00
75	107.00	93.00	93.00	81.00
80	118.00	102.00	103.00	89.00
85	129.00	113.00	112.00	98.00

**Additional Home Health Visits:**     **Area 1:** \$41.00 for all ages  
   **Area 2:** \$36.00 for all ages

**Foreign Travel Emergency:**       **Area 1:** \$35.00 for all ages  
   **Area 2:** \$30.00 for all ages

Part B copayment or coinsurance rider offered.  
 Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Policy fee or administrative fee charged with initial enrollment.  
 Multi-policy household discount offered.

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

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

**Form No. A3103AC-WI**

**First-Year Commission: 15%**

**Waiting Period: None**

**Premiums are based on attained age.**

**Area 1:** Zip Codes 531, 532

**Area 2:** Zip Code 534

**Area 3:** Zip Code 537

**Area 4:** Zip Codes 545, 548

**Area 5:** Zip Code 546

**Area 6:** Rest of State

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

<b>Area 1</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$4,534.81	\$3,942.55
65	2,267.41	1,971.27
70	2,518.59	2,189.24
75	2,998.93	2,565.56
80	3,438.17	2,892.88
85	3,906.59	3,272.49

<b>Area 1</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$5,458.73	\$4,772.31
65	2,820.80	2,477.57
70	3,111.86	2,730.20
75	3,668.80	3,166.33
80	4,177.89	3,545.81
85	4,720.82	3,985.84

<b>Area 2</b>		
Under 65	\$4,867.64	\$4,231.91
65	2,433.82	2,115.95
70	2,703.44	2,349.92
75	3,219.03	2,753.85
80	3,690.51	3,105.20
85	4,193.31	3,512.67

<b>Area 2</b>		
Under 65	\$5,842.71	\$5,106.13
65	3,012.78	2,644.49
70	3,325.12	2,915.57
75	3,922.73	3,383.56
80	4,469.01	3,790.77
85	5,051.61	4,262.94

<b>Area 3</b>		
Under 65	\$4,243.58	\$3,689.36
65	2,121.79	1,844.68
70	2,356.84	2,048.65
75	2,806.34	2,400.79
80	3,217.37	2,707.10
85	3,655.71	3,062.33

<b>Area 3</b>		
Under 65	\$5,122.74	\$4,480.21
65	2,652.80	2,331.53
70	2,925.26	2,568.00
75	3,446.60	2,976.24
80	3,923.15	3,331.48
85	4,431.38	3,743.38

Rates effective January 2017

**American Republic Corp. Insurance Company (continued)**

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

<b>Area 4</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$3,869.15	\$3,363.83
65	1,934.58	1,681.91
70	2,148.88	1,867.89
75	2,558.72	2,188.96
80	2,933.49	2,468.24
85	3,333.14	2,792.13

<b>Area 4</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$4,690.77	\$4,104.65
65	2,436.82	2,143.75
70	2,685.34	2,359.45
75	3,160.92	2,731.85
80	3,595.64	3,055.90
85	4,059.23	3,431.64

<b>Area 5</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$3,661.13	\$3,182.98
65	1,830.57	1,591.49
70	2,033.35	1,767.46
75	2,421.15	2,071.27
80	2,775.77	2,335.53
85	3,153.94	2,642.01

<b>Area 5</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$4,450.79	\$3,896.01
65	2,316.82	2,039.43
70	2,552.06	2,243.59
75	3,002.20	2,596.08
80	3,413.68	2,902.80
85	3,852.49	3,258.45

<b>Area 6</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$4,077.17	\$3,544.68
65	2,038.58	1,772.34
70	2,264.42	1,968.31
75	2,696.28	2,306.65
80	3,091.20	2,600.94
85	3,512.34	2,942.24

<b>Area 6</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$4,930.76	\$4,313.29
65	2,556.80	2,248.07
70	2,818.63	2,475.31
75	3,319.63	2,867.63
80	3,777.59	3,209.00
85	4,265.98	3,604.83

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

<b>Age</b>	<b>Area 1</b>		<b>Area 2</b>		<b>Area 3</b>	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Under 65	\$696.91	\$605.87	\$748.06	\$650.33	\$652.15	\$566.96
65	348.46	302.93	374.03	325.17	326.08	283.48
70	387.02	336.51	415.43	361.20	362.17	314.90
75	460.98	394.28	494.81	423.22	431.37	368.96
80	528.43	444.64	567.21	477.28	494.49	416.09
85	600.42	503.02	644.49	539.94	561.86	470.72

**American Republic Corp. Insurance Company (continued)**

Age	Area 4		Area 5		Area 6	
	Male	Female	Male	Female	Male	Female
Under 65	\$594.61	\$516.93	\$562.65	\$489.14	\$626.58	\$544.72
65	297.31	258.47	281.32	244.57	313.29	272.36
70	330.21	287.11	312.46	271.68	347.96	302.55
75	393.31	336.40	372.16	318.32	414.46	354.49
80	450.86	379.37	426.62	358.98	475.10	399.77
85	512.28	429.18	484.74	406.11	539.83	452.26

**Part B Deductible (\$183):** \$182.85 for all ages, all areas

**Part B Excess Charges: All Areas**

Age	Male	Female
Under 65	\$24.48	\$21.36
65	12.24	10.68
70	13.56	11.76
75	16.20	13.80
80	18.60	15.60
85	21.12	17.64

**Additional Home Health Care:** Age: Under 65 \$12.48  
 65-85 6.24

**Foreign Travel Emergency:** Age: Under 65 \$ 7.20  
 65-85 3.60

Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Multi-policy household discount offered.  
 Part A Deductible (50%) offered.

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

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

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

**First-Year Commission:** 15%

**Waiting Period:** None

**Premiums are based on attained age.**

- Area 1:** Zip Codes 531, 532
- Area 2:** Zip Code 534
- Area 3:** Zip Code 537
- Area 4:** Zip Codes 545, 548
- Area 5:** Zip Code 546
- Area 6:** Rest of State

**Annual Premium - 50% Cost-Sharing Plan**

Annual Premium - Basic Policy			Annual Premium - All Options		
Area 1			Area 1		
Age	Male	Female	Age	Male	Female
Under 65	\$2,566.56	\$2,231.59	Under 65	\$2,579.04	\$2,244.07
65	1,283.28	1,115.79	65	1,289.52	1,122.03
70	1,425.64	1,239.23	70	1,431.88	1,245.47
75	1,697.31	1,452.11	75	1,703.55	1,458.35
80	1,946.02	1,637.35	80	1,952.26	1,643.59
85	2,211.15	1,852.23	85	2,217.39	1,858.47
Area 2			Area 2		
Under 65	\$2,754.93	\$2,395.38	Under 65	\$2,767.41	\$2,407.86
65	1,377.47	1,197.69	65	1,383.71	1,203.93
70	1,530.28	1,330.18	70	1,536.52	1,336.42
75	1,821.88	1,558.68	75	1,828.12	1,564.92
80	2,088.85	1,757.52	80	2,095.09	1,763.76
85	2,373.44	1,988.17	85	2,379.68	1,994.41

Rates effective January 2017

**American Republic Corp. Insurance Company (continued)**

<b>Annual Premium - Basic Policy</b>			<b>Annual Premium - All Options</b>		
<b>Area 3</b>			<b>Area 3</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$2,401.73	\$2,088.27	Under 65	\$2,414.21	\$2,100.75
65	1,200.87	1,044.14	65	1,207.11	1,050.38
70	1,334.09	1,159.65	70	1,340.33	1,165.89
75	1,588.30	1,358.85	75	1,594.54	1,365.09
80	1,821.05	1,532.19	80	1,827.29	1,538.43
85	2,069.15	1,733.28	85	2,075.39	1,739.52
<b>Area 4</b>			<b>Area 4</b>		
Under 65	\$2,189.82	\$1,904.02	Under 65	\$2,202.30	\$1,916.50
65	1,094.91	952.01	65	1,101.15	958.25
70	1,216.37	1,057.33	70	1,222.61	1,063.57
75	1,448.16	1,238.95	75	1,454.40	1,245.19
80	1,660.37	1,397.00	80	1,666.61	1,403.24
85	1,886.58	1,580.34	85	1,892.82	1,586.58
<b>Area 5</b>			<b>Area 5</b>		
Under 65	\$2,072.08	\$1,801.65	Under 65	\$2,084.56	\$1,814.13
65	1,036.04	900.82	65	1,042.28	907.06
70	1,150.98	1,000.48	70	1,157.22	1,006.72
75	1,370.30	1,172.34	75	1,376.54	1,178.58
80	1,571.10	1,321.89	80	1,577.34	1,328.13
85	1,785.15	1,495.38	85	1,791.39	1,501.62
<b>Area 6</b>			<b>Area 6</b>		
Under 65	\$2,307.55	\$2,006.38	Under 65	\$2,320.03	\$2,018.86
65	1,153.77	1,003.19	65	1,160.01	1,009.43
70	1,281.77	1,114.17	70	1,288.01	1,120.41
75	1,526.02	1,305.56	75	1,532.26	1,311.80
80	1,749.64	1,472.11	80	1,755.88	1,478.35
85	1,988.01	1,665.31	85	1,994.25	1,671.55

You will pay 50% of the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of \$5,120 which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

**American Republic Corp. Insurance Company (continued)**

**Annual Premium - 25% Cost-Sharing Plan**

<b>Annual Premium - Basic Policy</b>			<b>Annual Premium - All Options</b>		
<b>Area 1</b>			<b>Area 1</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$3,531.61	\$3,070.69	Under 65	\$3,544.09	\$3,083.17
65	1,765.81	1,535.35	65	1,772.05	1,541.59
70	1,961.60	1,705.01	70	1,967.84	1,711.25
75	1,961.60	1,998.11	75	2,341.84	2,004.35
80	2,677.60	2,252.86	80	2,683.84	2,259.10
85	3,042.39	2,548.64	85	3,048.63	2,554.88
<b>Area 2</b>			<b>Area 2</b>		
Under 65	\$3,790.81	\$3,296.07	Under 65	\$3,803.29	\$3,308.55
65	1,895.41	1,648.03	65	1,901.65	1,654.27
70	2,105.57	1,830.15	70	2,111.81	1,836.39
75	2,507.02	2,144.76	75	2,513.26	2,151.00
80	2,874.12	2,418.20	80	2,880.36	2,424.44
85	3,265.68	2,735.69	85	3,271.92	2,741.93
<b>Area 3</b>			<b>Area 3</b>		
Under 65	\$3,304.81	\$2,873.49	Under 65	\$3,317.29	\$2,885.97
65	1,652.41	1,436.75	65	1,658.65	1,442.99
70	1,835.62	1,595.51	70	1,841.86	1,601.75
75	2,185.60	1,869.79	75	2,191.84	1,876.03
80	2,505.65	2,108.18	80	2,511.89	2,114.42
85	2,847.00	2,384.96	85	2,853.24	2,391.20
<b>Area 4</b>			<b>Area 4</b>		
Under 65	\$3,013.21	\$2,619.95	Under 65	\$3,025.69	\$2,632.43
65	1,506.61	1,309.97	65	1,512.85	1,316.21
70	1,673.66	1,454.73	70	1,679.90	1,460.97
75	1,992.76	1,704.81	75	1,999.00	1,711.05
80	2,284.56	1,922.16	80	2,290.80	1,928.40
85	2,595.80	2,174.53	85	2,602.04	2,180.77



**American Republic Corp. Insurance Company (continued)**

Annual Premium - Basic Policy			Annual Premium - All Options		
Area 5			Area 5		
Age	Male	Female	Age	Male	Female
Under 65	\$2,851.21	\$2,479.09	Under 65	\$2,863.69	\$2,491.57
65	1,425.61	1,239.55	65	1,431.85	1,245.79
70	1,583.68	1,376.52	70	1,589.92	1,382.76
75	1,885.62	1,613.15	75	1,891.86	1,619.39
80	2,161.73	1,818.82	80	2,167.97	1,825.06
85	2,456.24	2,057.62	85	2,462.48	2,063.86
Area 6			Area 6		
Under 65	\$3,175.21	\$2,760.81	Under 65	\$3,187.69	\$2,773.29
65	1,587.61	1,380.40	65	1,593.85	1,386.64
70	1,763.64	1,532.94	70	1,769.88	1,539.18
75	2,099.89	1,796.47	75	2,106.13	1,802.71
80	2,407.39	2,025.50	80	2,413.63	2,031.74
85	2,735.36	2,291.44	85	2,741.60	2,297.68

You will pay 25% of the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of \$2,560 which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

**Annual Premium - Optional Benefits**

<b>Additional Home Health Care:</b>	Age:	Under 65	\$12.48	
		65-85	6.24	

Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Multi-policy household discount offered.

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

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

**Form No. A3098AC-WI**

**First-Year Commission: 15%**

**Waiting Period: None**

**Premiums are based on attained age.**

**Area 1:** Zip Codes 531, 532

**Area 2:** Zip Code 534

**Area 3:** Zip Code 537

**Area 4:** Zip Codes 545, 548

**Area 5:** Zip Code 546

**Area 6:** Rest of State

**Annual Premium - High Deductible Plan**

<b>Area 1</b>			<b>Area 2</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$1,768.27	\$1,600.14	Under 65	\$1,898.05	\$1,717.58
65	884.13	800.07	65	949.02	858.79
70	982.11	888.48	70	1,054.20	953.69
75	1,169.38	1,041.10	75	1,255.20	1,117.52
80	1,340.55	1,174.01	80	1,438.94	1,260.18
85	1,523.17	1,328.09	85	1,634.97	1,425.56
<b>Area 3</b>			<b>Area 4</b>		
Under 65	\$1,654.71	\$1,497.38	Under 65	\$1,508.71	\$1,365.26
65	827.35	748.69	65	754.35	682.63
70	919.04	831.42	70	837.95	758.06
75	1,094.28	974.24	75	997.72	888.28
80	1,254.46	1,098.62	80	1,143.77	1,001.68
85	1,425.36	1,242.80	85	1,299.59	1,133.14
<b>Area 5</b>			<b>Area 6</b>		
Under 65	\$1,427.59	\$1,291.85	Under 65	\$1,589.82	\$1,438.66
65	713.80	645.93	65	794.91	719.33
70	792.90	717.31	70	883.00	798.82
75	944.08	840.52	75	1,051.37	936.04
80	1,082.28	947.83	80	1,205.27	1,055.54
85	1,229.72	1,072.22	85	1,369.46	1,194.06

Rates effective January 2017

**American Republic Corp. Insurance Company (continued)**

You must pay a calendar year deductible of \$2,200. This deductible consists of expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B but does not include the separate foreign travel emergency deductible.

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Rates for tobacco users are higher outside of open enrollment period.  
Different premiums for each age between age 65 and 85.  
Multi-policy household discount offered.

**American Republic Insurance Company**  
**P.O. Box 1**  
**Des Moines, IA 50306**  
**(www.americanrepublic.com)**

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

**Form No. A3158AC-WI**

**First-Year Commission: 12.5%**

**Waiting Period: None**

**Premiums are based on attained age.**

**Area 1:** Zip Codes 531, 532

**Area 2:** Zip Code 534

**Area 3:** Zip Codes 530, 535-537, 539, 541, 543, 549

**Area 4:** Zip Codes 545, 548

**Area 5:** Zip Code 540

**Area 6:** Zip Code 546

**Area 7:** Rest of State

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

Age	Area 1	
	Male	Female
Under 65	\$6,342.23	\$5,113.33
65	1,915.41	1,699.06
70	2,039.06	1,792.89
75	2,538.71	2,272.33
80	3,036.46	2,739.70
85	3,643.76	3,121.16

Age	Area 1	
	Male	Female
Under 65	\$7,563.68	\$6,120.16
65	2,435.53	2,175.72
70	2,580.99	2,286.28
75	3,161.04	2,839.29
80	3,738.43	3,378.31
85	4,442.32	3,820.05

Age	Area 2	
	Male	Female
Under 65	\$6,773.25	\$5,460.84
65	2,045.58	1,814.53
70	2,177.64	1,914.74
75	2,711.25	2,426.77
80	3,242.82	2,925.89
85	3,891.39	3,333.28

Age	Area 2	
	Male	Female
Under 65	\$8,061.44	\$6,520.04
65	2,586.27	2,308.91
70	2,741.54	2,426.92
75	3,360.83	3,017.38
80	3,977.29	3,592.90
85	4,728.84	4,064.52

Age	Area 3	
	Male	Female
Under 65	\$5,849.63	\$4,716.18
65	1,766.64	1,567.09
70	1,880.69	1,653.64
75	2,341.53	2,095.84
80	2,800.62	2,526.91
85	3,360.75	2,878.74

Age	Area 3	
	Male	Female
Under 65	\$6,994.81	\$5,663.17
65	2,263.24	2,023.49
70	2,397.52	2,125.56
75	2,932.71	2,635.77
80	3,465.45	3,133.07
85	4,114.86	3,540.65

Rates effective January 2017

**American Republic Insurance Company (continued)**

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

<b>Area 4</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$5,726.48	\$4,616.89
65	1,729.45	1,534.10
70	1,841.09	1,618.82
75	2,292.24	2,051.72
80	2,741.66	2,473.71
85	3,290.00	2,818.13

<b>Area 4</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$6,852.59	\$5,548.92
65	2,220.18	1,985.43
70	2,351.64	2,085.37
75	2,875.64	2,584.89
80	3,397.20	3,071.75
85	4,033.00	3,470.79

<b>Area 5</b>		
Under 65	\$6,896.40	\$5,560.13
65	2,082.77	1,847.52
70	2,217.23	1,949.55
75	2,760.54	2,470.89
80	3,301.78	2,979.09
85	3,962.15	3,393.88

<b>Area 5</b>		
Under 65	\$8,203.66	\$6,634.29
65	2,629.34	2,346.97
70	2,787.41	2,467.10
75	3,417.91	3,068.26
80	4,045.54	3,654.21
85	4,810.72	4,134.37

<b>Area 6</b>		
Under 65	\$5,418.60	\$4,368.67
65	1,636.47	1,451.62
70	1,742.11	1,531.79
75	2,169.00	1,941.41
80	2,594.26	2,340.71
85	3,113.11	2,666.62

<b>Area 6</b>		
Under 65	\$6,497.04	\$5,263.29
65	2,112.50	1,890.29
70	2,236.97	1,984.92
75	2,732.93	2,457.68
80	3,226.58	2,918.47
85	3,828.32	3,296.17

<b>Area 7</b>		
Under 65	\$6,034.35	\$4,865.11
65	1,822.43	1,616.58
70	1,940.08	1,705.86
75	2,415.47	2,162.03
80	2,889.06	2,606.70
85	3,466.88	2,969.65

<b>Area 7</b>		
Under 65	\$7,208.13	\$5,834.54
65	2,327.85	2,080.58
70	2,466.32	2,185.83
75	3,018.33	2,712.09
80	3,567.81	3,225.03
85	4,237.66	3,645.43

**American Republic Insurance Company (continued)**

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$981.99	\$770.49	\$1,048.73	\$822.86	\$905.72	\$710.65
65	302.74	260.84	323.31	278.56	279.22	240.58
70	323.23	276.49	345.20	295.28	298.13	255.02
75	400.99	348.02	428.24	371.67	369.84	320.99
80	478.23	417.87	510.73	446.27	441.09	385.42
85	572.30	476.11	611.19	508.46	527.85	439.13

Age	Area 4		Area 5		Area 6	
	Male	Female	Male	Female	Male	Female
Under 65	\$886.65	\$695.69	\$1,067.80	\$837.82	\$838.98	\$658.28
65	273.35	235.51	329.19	283.63	258.65	222.85
70	291.85	249.65	351.48	300.65	276.16	236.23
75	362.06	314.23	436.03	378.43	342.59	297.33
80	431.80	377.30	520.02	454.38	408.58	357.02
85	516.74	429.88	622.31	517.71	488.95	406.77

Age	Area 7	
	Male	Female
Under 65	\$934.32	\$733.09
65	288.04	248.18
70	307.54	263.07
75	381.52	331.12
80	455.01	397.59
85	544.52	453.00

**Part B Deductible (\$183):** \$195.30 for all ages, all areas

**Part B Excess Charges:**

Age:		Male	Female
Under 65		\$24.48	\$21.36
	65	12.24	10.68
	70	13.56	11.76
	75	16.20	13.80
	80	18.60	15.60
	85	21.12	17.64

Additional Home Health Care:	Age:		
	Under 65	\$12.48	
	65-85	6.24	

**American Republic Insurance Company (continued)**

<b>Foreign Travel Emergency:</b>	Age: Under 65	\$ 7.20
	65-85	3.60

Rates for tobacco users are higher outside of open enrollment period.

Different premiums for each age between age 65 and 85.

Multi-policy household discount offered.

Part A Deductible (50%) offered.

**American Republic Insurance Company**  
**P.O. Box 1**  
**Des Moines, IA 50306**  
**(www.americanrepublic.com)**

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

**Form No.** A3160AZ-WI, A3159AC-WI **First-Year Commission:** 12.5%  
 50% Cost-Sharing Plan  
 25% Cost-Sharing Plan

**Waiting Period:** None **Premiums are based on attained age.**

- Area 1:** Zip Codes 531, 532
- Area 2:** Zip Code 534
- Area 3:** Zip Codes 530, 535-537, 539, 541, 543, 549
- Area 4:** Zip Codes 545, 548
- Area 5:** Zip Code 540
- Area 6:** Zip Code 546
- Area 7:** Rest of State

**Annual Premium - 50% Cost-Sharing Plan**

<b>Annual Premium - Basic Policy</b>			<b>Annual Premium - All Options</b>		
<b>Area 1</b>			<b>Area 1</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$3,596.76	\$2,915.86	Under 65	\$3,609.24	\$2,928.34
65	1,145.91	1,024.89	65	1,152.15	1,031.13
70	1,215.68	1,078.15	70	1,221.92	1,084.39
75	1,493.55	1,343.96	75	1,499.79	1,350.20
80	1,770.13	1,603.04	80	1,776.37	1,609.28
85	2,107.26	1,815.46	85	2,113.50	1,821.70
<b>Area 2</b>			<b>Area 2</b>		
Under 65	\$3,841.20	\$3,114.02	Under 65	\$3,853.68	\$3,126.50
65	1,223.78	1,094.54	65	1,230.02	1,100.78
70	1,298.30	1,151.43	70	1,304.54	1,157.67
75	1,595.06	1,435.30	75	1,601.30	1,441.54
80	1,890.43	1,711.99	80	1,896.67	1,718.23
85	2,250.47	1,938.84	85	2,256.71	1,945.08

Rates effective January 2017



**American Republic Insurance Company (continued)**

<b>Annual Premium - Basic Policy</b>			<b>Annual Premium - All Options</b>		
<b>Area 3</b>			<b>Area 3</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$3,317.40	\$2,689.38	Under 65	\$3,329.88	\$2,701.86
65	1,056.90	945.29	65	1,063.14	951.53
70	1,121.26	994.41	70	1,127.50	1,000.65
75	1,377.55	1,239.58	75	1,383.79	1,245.82
80	1,632.64	1,478.53	80	1,638.88	1,484.77
85	1,943.59	1,674.45	85	1,949.83	1,680.69
<b>Area 4</b>			<b>Area 4</b>		
Under 65	\$3,247.56	\$2,632.76	Under 65	\$3,260.04	\$2,645.24
65	1,034.65	925.39	65	1,040.89	931.63
70	1,097.65	973.48	70	1,103.89	979.72
75	1,348.55	1,213.48	75	1,354.79	1,219.72
80	1,598.27	1,447.41	80	1,604.51	1,453.65
85	1,902.67	1,639.20	85	1,908.91	1,645.44
<b>Area 5</b>			<b>Area 5</b>		
Under 65	\$3,911.04	\$3,170.64	Under 65	\$3,923.52	\$3,183.12
65	1,246.03	1,114.44	65	1,252.27	1,120.68
70	1,321.90	1,172.36	70	1,328.14	1,178.60
75	1,624.06	1,461.40	75	1,630.30	1,467.64
80	1,924.80	1,743.11	80	1,931.04	1,749.35
85	2,291.39	1,974.09	85	2,297.63	1,980.33
<b>Area 6</b>			<b>Area 6</b>		
Under 65	\$3,072.96	\$2,491.22	Under 65	\$3,085.44	\$2,503.70
65	979.03	875.64	65	985.27	881.88
70	1,038.64	921.14	70	1,044.88	927.38
75	1,276.04	1,148.24	75	1,282.28	1,154.48
80	1,512.34	1,369.59	80	1,518.58	1,375.83
85	1,800.37	1,551.07	85	1,806.61	1,557.31
<b>Area 7</b>			<b>Area 7</b>		
Under 65	\$3,422.16	\$2,774.31	Under 65	\$3,434.64	\$2,786.79
65	1,090.28	975.14	65	1,096.52	981.38
70	1,156.66	1,025.82	70	1,162.90	1,032.06
75	1,421.05	1,278.72	75	1,427.29	1,284.96
80	1,684.20	1,525.22	80	1,690.44	1,531.46
85	2,004.96	1,727.33	85	2,011.20	1,733.57

**American Republic Insurance Company (continued)**

You will pay 50% of the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of \$5,120 which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

**Annual Premium - 25% Cost-Sharing Plan**

<b>Annual Premium - Basic Policy</b>			<b>Annual Premium - All Options</b>		
<b>Area 1</b>			<b>Area 1</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$4,891.58	\$3,965.56	Under 65	\$4,904.06	\$3,978.04
65	1,558.43	1,393.85	65	1,564.67	1,400.09
70	1,653.33	1,466.29	70	1,659.57	1,472.53
75	2,031.23	1,827.80	75	2,037.47	1,834.04
80	2,407.39	2,180.14	80	2,413.63	2,186.38
85	2,469.02	2,865.88	85	2,475.26	2,872.12
<b>Area 2</b>			<b>Area 2</b>		
Under 65	\$5,224.02	\$4,235.07	Under 65	\$5,236.50	\$4,247.55
65	1,664.34	1,488.58	65	1,670.58	1,494.82
70	1,765.69	1,565.94	70	1,771.93	1,572.18
75	2,169.28	1,952.02	75	2,175.52	1,958.26
80	2,571.00	2,328.30	80	2,577.24	2,334.54
85	2,636.82	3,060.65	85	2,643.06	3,066.89
<b>Area 3</b>			<b>Area 3</b>		
Under 65	\$4,511.65	\$3,657.56	Under 65	\$4,524.13	\$3,670.04
65	1,437.39	1,285.59	65	1,443.63	1,291.83
70	1,524.91	1,352.40	70	1,531.15	1,358.64
75	1,873.47	1,685.83	75	1,879.71	1,692.07
80	2,220.41	2,010.81	80	2,226.65	2,017.05
85	2,277.25	2,643.29	85	2,283.49	2,649.53
<b>Area 4</b>			<b>Area 4</b>		
Under 65	\$4,416.67	\$3,580.56	Under 65	\$4,429.15	\$3,593.04
65	1,407.13	1,258.52	65	1,413.37	1,264.76
70	1,492.81	1,323.93	70	1,499.05	1,330.17
75	1,834.03	1,650.34	75	1,840.27	1,656.58
80	2,173.66	1,968.48	80	2,179.90	1,974.72
85	2,229.31	2,587.64	85	2,235.55	2,593.88

**American Republic Insurance Company (continued)**

<b>Annual Premium - Basic Policy</b>			<b>Annual Premium - All Options</b>		
<b>Area 5</b>			<b>Area 5</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$5,319.00	\$4,312.07	Under 65	\$5,331.48	\$4,324.55
65	1,694.60	1,515.64	65	1,700.84	1,521.88
70	1,797.79	1,594.41	70	1,804.03	1,600.65
75	2,208.72	1,987.51	75	2,214.96	1,993.75
80	2,617.74	2,370.64	80	2,623.98	2,376.88
85	2,684.76	3,116.30	85	2,691.00	3,122.54
<b>Area 6</b>			<b>Area 6</b>		
Under 65	\$4,179.22	\$3,388.05	Under 65	\$4,191.70	\$3,400.53
65	1,331.48	1,190.86	65	1,337.72	1,197.10
70	1,412.55	1,252.75	70	1,418.79	1,258.99
75	1,735.42	1,561.61	75	1,741.66	1,567.85
80	2,056.80	1,862.64	80	2,063.04	1,868.88
85	2,109.46	2,448.52	85	2,115.70	2,454.76
<b>Area 7</b>			<b>Area 7</b>		
Under 65	\$4,654.13	\$3,773.06	Under 65	\$4,666.61	\$3,785.54
65	1,482.78	1,326.19	65	1,489.02	1,332.43
70	1,573.07	1,395.11	70	1,579.31	1,401.35
75	1,932.63	1,739.07	75	1,938.87	1,745.31
80	2,290.52	2,074.31	80	2,296.76	2,080.55
85	2,349.17	2,726.76	85	2,355.41	2,733.00

You will pay 25% of the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of \$2,560 which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

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**Annual Premium - Optional Benefits**

<b>Additional Home Health Care:</b>	Age:	Under 65	\$12.48	
		65-85	6.24	

Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Multi-policy household discount offered.

**American Republic Insurance Company**  
**P.O. Box 1**  
**Des Moines, IA 50306**  
**(www.americanrepublic.com)**

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

**Form No. A3161AC-WI**

**First-Year Commission: 12.5%**

**Waiting Period: None**

**Premiums are based on attained age.**

**Area 1:** Zip Codes 531, 532

**Area 2:** Zip Code 534

**Area 3:** Zip Codes 530, 535-537, 539, 541, 543, 549

**Area 4:** Zip Codes 545, 548

**Area 5:** Zip Code 540

**Area 6:** Zip Code 546

**Area 7:** Rest of State

**Annual Premium - High Deductible Plan**

<b>Area 1</b>			<b>Area 2</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$2,877.41	\$2,332.68	Under 65	\$3,072.96	\$2,491.21
65	916.73	819.91	65	979.03	875.63
70	972.55	862.52	70	1,038.64	921.14
75	1,194.84	1,075.18	75	1,276.04	1,148.25
80	1,416.11	1,282.43	80	1,512.35	1,369.59
85	1,685.80	1,452.37	85	1,800.37	1,551.08
<b>Area 3</b>			<b>Area 4</b>		
Under 65	\$2,653.92	\$2,151.50	Under 65	\$2,598.05	\$2,106.21
65	845.53	756.23	65	827.73	740.31
70	897.01	795.53	70	878.12	778.78
75	1,102.04	991.67	75	1,078.84	970.79
80	1,306.12	1,182.83	80	1,278.62	1,157.92
85	1,554.87	1,339.57	85	1,522.13	1,311.37
<b>Area 5</b>			<b>Area 6</b>		
Under 65	\$3,128.83	\$2,536.51	Under 65	\$2,458.37	\$1,992.97
65	996.83	891.55	65	783.23	700.51
70	1,057.53	937.89	70	830.91	736.91
75	1,299.24	1,169.12	75	1,020.84	918.60
80	1,539.84	1,394.49	80	1,209.88	1,095.67
85	1,833.10	1,579.28	85	1,440.30	1,240.86

Rates effective January 2017

**American Republic Insurance Company (continued)**

	<b>Area 7</b>	
<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$2,737.73	\$2,219.45
65	872.23	780.11
70	925.34	820.65
75	1,136.84	1,022.98
80	1,347.36	1,220.18
85	1,603.97	1,381.87

You must pay a calendar year deductible of \$2,200. This deductible consists of expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B but does not include the separate foreign travel emergency deductible.

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Rates for tobacco users are higher outside of open enrollment period.  
Different premiums for each age between age 65 and 85.  
Multi-policy household discount offered.

**American Retirement Life Insurance Company**  
**11200 Lakeline Blvd., Suite 100**  
**Austin, TX 78717**  
**(www.cignasupplementbenefits.com)**

**Consumer Service Telephone No. 1-866-459-4272**

**Form No. AR-BASC-WI**

**First-Year Commission: 13.5% - 27%**

**Waiting Period: 6 Months**

**Premiums are based on attained age.**

**Area 1: Zip Codes 535-549**

**Area 2: Zip Codes 530-534**

Annual Premium - Basic Policy			Annual Premium - All Options		
Age	Area 1		Age	Area 1	
	Male	Female		Male	Female
Under 65	\$4,261.18	\$3,705.36	Under 65	\$5,650.62	\$4,932.94
65	1,420.39	1,235.12	65	1,981.60	1,742.32
70	1,686.78	1,466.77	70	2,325.42	2,041.28
75	1,975.03	1,717.42	75	2,722.52	2,386.57
80	2,276.95	1,979.96	80	3,158.60	2,765.78
85	2,697.11	2,345.31	85	3,724.33	3,257.72
<b>Area 2</b>			<b>Area 2</b>		
Under 65	\$4,954.86	\$4,308.56	Under 65	\$6,546.80	\$5,712.06
65	1,651.62	1,436.19	65	2,280.27	2,002.03
70	1,961.37	1,705.54	70	2,680.05	2,349.65
75	2,296.55	1,997.00	75	3,141.79	2,751.15
80	2,647.61	2,302.27	80	3,648.85	3,192.09
85	3,136.18	2,727.11	85	4,306.70	3,764.12

**Annual Premium - Optional Benefits**

Part A Deductible (\$1,316):	Area 1		Area 2		
	Age	Male	Female	Male	Female
	Under 65	\$884.88	\$769.46	\$1028.93	\$894.73
	65	294.96	256.49	342.98	298.18
	70	349.35	303.79	406.22	353.24
	75	434.73	378.02	505.50	439.56
	80	544.92	473.84	633.63	550.98
	85	667.09	580.08	775.69	674.51

**Part B Deductible (\$183):** \$147.00 for all ages, all areas

Rates effective January 2017

**American Retirement Life Insurance Company (continued)**

**Part B Excess Charges:**

Age	Area 1		Area 2	
	Male	Female	Male	Female
Under 65	\$58.06	\$50.50	\$67.51	\$58.72
65	19.35	16.83	22.50	19.57
70	22.75	19.78	26.45	23.00
75	26.39	22.95	30.69	26.68
80	30.34	26.38	35.28	30.68
85	33.95	29.52	39.48	34.33

**Additional Home Health Care:**

Age	Area 1		Area 2	
	Male	Female	Male	Female
Under 65	\$257.27	\$223.71	\$299.16	\$260.13
65	85.76	74.58	99.72	86.72
70	102.91	89.48	119.67	104.05
75	120.07	104.40	139.61	121.40
80	137.21	119.31	159.54	138.73
85	154.36	134.23	179.49	156.08

**Foreign Travel Emergency:**

Age	Area 1		Area 2	
	Male	Female	Male	Female
Under 65	\$42.23	\$36.91	\$49.34	\$42.92
65	14.14	12.30	16.45	14.31
70	16.63	14.46	19.34	16.82
75	19.30	16.78	22.44	19.51
80	22.18	19.29	25.79	22.43
85	24.82	21.58	28.86	25.09

Part B copayment or coinsurance rider offered.  
 Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Policy fee or administrative fee charged with initial enrollment.  
 Multi-policy household discount offered.

**Blue Cross Blue Shield of Wisconsin**  
**(dba Anthem Blue Cross and Blue Shield)**  
**P.O. Box 659816**  
**San Antonio, TX 78265-9116**  
**(www.anthem.com)**

**Consumer Service Telephone No.** 1-888-211-9815

**Form No.** AWLP-130706348

**First-Year Commission:** 12%

**Waiting Period:** 6 Months

**Premiums are based on attained age.**

**Area 1:** Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha Counties

**Area 2:** Brown, Dane, and Outagamie Counties

**Area 3:** Rest of State

Annual Premium - Basic Policy			Annual Premium - All Options		
	Area 1			Area 1	
Age	Male	Female	Age	Male	Female
Under 65	\$8,784.36	\$8,153.64	Under 65	\$11,565.72	\$10,758.60
65	1,714.68	1,591.32	65	2,386.80	2,227.08
70	2,205.48	2,047.20	70	2,998.32	2,794.80
75	2,700.60	2,506.92	75	3,628.32	3,380.16
80	3,570.12	3,313.92	80	4,739.64	4,411.68
85	3,570.12	3,313.92	85	4,739.64	4,411.68
	Area 2			Area 2	
Under 65	\$7,466.76	\$6,930.60	Under 65	\$9,830.88	\$9,144.84
65	1,457.52	1,352.64	65	2,028.72	1,893.00
70	1,874.64	1,740.12	70	2,548.56	2,375.64
75	2,295.48	2,130.84	75	3,083.88	2,873.16
80	3,034.56	2,816.88	80	4,028.52	3,750.00
85	3,034.56	2,816.88	85	4,028.52	3,750.00
	Area 3			Area 3	
Under 65	\$7,905.96	\$7,338.24	Under 65	\$10,409.16	\$9,682.80
65	1,543.20	1,432.20	65	2,148.12	2,004.36
70	1,984.92	1,842.48	70	2,698.44	2,515.20
75	2,430.60	2,256.24	75	3,265.56	3,042.12
80	3,213.12	2,982.48	80	4,265.64	3,970.44
85	3,213.12	2,982.48	85	4,265.64	3,970.44



**Blue Cross Blue Shield of Wisconsin (continued)**

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$1,716.84	\$1,593.96	\$1,459.32	\$1,354.92	\$1,545.12	\$1,434.60
65	352.56	327.36	299.64	278.28	317.28	294.60
70	436.68	405.12	371.16	344.40	393.00	364.56
75	530.88	493.20	451.20	419.28	477.84	443.88
80	699.72	649.68	594.72	552.24	629.76	584.76
85	699.72	649.68	594.72	552.24	629.76	584.76

**Part B Deductible (\$183):**

Age	Area 1	Area 2	Area 3
Under 65	\$317.16	\$269.64	\$285.48
65-85	163.92	139.32	147.48

**Part B Excess Charges:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$407.04	\$378.12	\$345.96	\$321.36	\$366.36	\$340.32
65	83.28	77.40	70.80	65.76	75.00	69.72
70	104.28	96.96	88.68	82.44	93.84	87.24
75	127.68	118.56	108.48	100.80	114.96	106.68
80	166.20	154.56	141.24	131.40	149.64	139.08
85	166.20	154.56	141.24	131.40	149.64	139.08

**Additional Home Health Care:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$136.68	\$126.84	\$116.16	\$107.76	\$123.00	\$114.12
65	30.24	27.96	25.68	23.76	27.24	25.20
70	36.12	33.48	30.72	28.44	32.52	30.12
75	42.96	39.84	36.48	33.84	38.64	35.88
80	57.36	53.16	48.72	45.24	51.60	47.88
85	57.36	53.16	48.72	45.24	51.60	47.88

**Blue Cross Blue Shield of Wisconsin (continued)**

**Foreign Travel Emergency:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$203.64	\$188.88	\$173.04	\$160.56	\$183.24	\$170.04
65	42.12	39.12	35.76	33.24	37.92	35.16
70	51.84	48.12	44.04	40.92	46.68	43.32
75	62.28	57.72	52.92	49.08	56.04	51.96
80	82.32	76.44	69.96	64.92	74.04	68.76
85	82.32	76.44	69.96	64.92	74.04	68.76

Part B copayment or coinsurance rider offered.  
 Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Multi-policy household discount offered.  
 Discount offered for Electronic Funds Transfer (EFT) premium payment.

**Central States Indemnity Company of Omaha**  
**1212 North 96th Street**  
**Omaha, NE 68114-2274**  
**(www.csi-omaha.com)**

**Consumer Service Telephone No. 1-866-644-3988**

**Form No. CSBASWI**

**First-Year Commission: Varies**

**Waiting Period: None**

**Premiums are based on attained age.**

**Area 1:** Zip Codes 530-534  
**Area 2:** Zip Codes 535-538, 544, 549  
**Area 3:** Rest of State

<b>Annual Premium - Basic Policy</b>			<b>Annual Premium - All Options</b>		
	<b>Area 1</b>			<b>Area 1</b>	
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$5,016.00	\$4,358.00	Under 65	\$6,686.00	\$5,845.00
65	1,776.00	1,543.00	65	2,474.00	2,176.00
70	2,124.00	1,845.00	70	2,916.00	2,559.00
75	2,544.00	2,211.00	75	3,451.00	3,020.00
80	2,928.00	2,546.00	80	3,926.00	3,443.00
85	3,217.00	2,798.00	85	4,286.00	3,749.00
	<b>Area 2</b>			<b>Area 2</b>	
Under 65	\$4,506.00	\$3,916.00	Under 65	\$6,031.00	\$5,276.00
65	1,595.00	1,386.00	65	2,241.00	1,975.00
70	1,908.00	1,658.00	70	2,638.00	2,319.00
75	2,286.00	1,986.00	75	3,120.00	2,732.00
80	2,631.00	2,287.00	80	3,546.00	3,112.00
85	2,890.00	2,514.00	85	3,871.00	3,388.00
	<b>Area 3</b>			<b>Area 3</b>	
Under 65	\$3,919.00	\$3,405.00	Under 65	\$5,277.00	\$4,620.00
65	1,387.00	1,206.00	65	1,974.00	1,743.00
70	1,659.00	1,441.00	70	2,319.00	2,041.00
75	1,988.00	1,727.00	75	2,740.00	2,402.00
80	2,288.00	1,989.00	80	3,110.00	2,733.00
85	2,513.00	2,186.00	85	3,391.00	2,972.00

Rates effective February 2017

**Central States Indemnity Company of Omaha (continued)**

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$1,183.00	\$1,030.00	\$1,063.00	\$925.00	\$924.00	\$805.00
65	419.00	364.00	376.00	327.00	327.00	285.00
70	500.00	434.00	449.00	390.00	390.00	339.00
75	594.00	514.00	533.00	462.00	464.00	402.00
80	673.00	587.00	604.00	527.00	526.00	459.00
85	730.00	635.00	656.00	570.00	571.00	496.00

**Part B Deductible (\$183):** \$166.00 for all ages, all areas

**Part B Excess Charges:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$127.00	\$112.00	\$114.00	\$100.00	\$99.00	\$87.00
65	45.00	40.00	40.00	36.00	35.00	31.00
70	53.00	46.00	47.00	41.00	41.00	36.00
75	66.00	56.00	59.00	50.00	52.00	44.00
80	73.00	66.00	65.00	59.00	57.00	52.00
85	82.00	69.00	74.00	62.00	64.00	54.00

**Additional Home Health Care:** Age: Under 65 \$77.00  
 65-85 27.00

**Foreign Travel Emergency:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$117.00	\$102.00	\$105.00	\$92.00	\$92.00	\$80.00
65	41.00	36.00	37.00	33.00	32.00	28.00
70	46.00	41.00	41.00	37.00	36.00	32.00
75	54.00	46.00	49.00	41.00	43.00	36.00
80	59.00	51.00	53.00	46.00	46.00	40.00
85	64.00	54.00	58.00	49.00	50.00	43.00

Part B copayment or coinsurance rider offered.  
 Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Policy fee or administrative fee charged with initial enrollment.  
 Part A Deductible (50%) offered.

**Colonial Penn Life Insurance Company**  
 111 East Wacker Drive, Suite 2100  
 Chicago, IL 60601

(<https://www.bankerslife.com/products/medicare-supplement-insurance/>)

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

**Form No.** CPL-GR-A830

**First-Year Commission:** 16%

**Waiting Period:** None

**Premiums are based on attained age.**

**Area 1:** Zip Codes 530-534

**Area 2:** Rest of State

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

Area 1		
Age	Male	Female
Under 65	\$7,378.08	\$6,640.09
65	2,409.14	2,168.05
70	2,884.56	2,596.12
75	3,453.90	3,108.41
80	4,135.49	3,721.82
85	4,952.36	4,456.65

Area 1		
Age	Male	Female
Under 65	\$8,700.79	\$7,835.28
65	2,950.76	2,660.16
70	3,518.25	3,171.14
75	4,205.41	3,789.35
80	5,037.44	4,538.03
85	5,945.29	5,354.79

Area 2		
Under 65	\$6,692.13	\$6,022.86
65	2,174.93	1,957.29
70	2,607.03	2,346.42
75	3,124.66	2,812.12
80	3,744.30	3,369.90
85	4,483.71	4,035.35

Area 2		
Under 65	\$7,909.26	\$7,122.92
65	2,681.77	2,418.3
70	3,197.65	2,882.71
75	3,822.30	3,444.84
80	4,578.63	4,125.57
85	5,400.73	4,865.63

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

Age	Area 1		Area 2	
	Male	Female	Male	Female
Under 65	\$1,113.05	\$1,001.88	\$1,012.03	\$910.68
65	331.96	298.80	301.74	271.63
70	424.03	381.71	385.52	346.91
75	541.85	487.63	492.54	443.34
80	692.29	622.90	629.23	566.29
85	783.27	704.83	711.92	640.90

**Part B Deductible (\$183):** \$160.91 for all ages, all areas

Rates effective January 2017

**Colonial Penn Life Insurance Company (continued)**

**Part B Excess Charges:**

Age	Area 1		Area 2	
	Male	Female	Male	Female
All	\$16.25	\$14.62	\$14.73	\$13.31

**Additional Home Health Care:**

Age	Area 1		Area 2	
	Male	Female	Male	Female
All	\$16.25	\$14.62	\$14.73	\$13.31

**Foreign Travel Emergency:**

Age	Area 1		Area 2	
	Male	Female	Male	Female
All	\$16.25	\$14.62	\$14.73	\$13.31

Part B copayment or coinsurance rider offered.  
 Different premiums for each age between age 65 and 85.  
 Part A Deductible (50%) offered.  
 Discount offered for Electronic Funds Transfer (EFT) premium payment.

**Colonial Penn Life Insurance Company**  
**111 East Wacker Drive, Suite 2100**  
**Chicago, IL 60601**  
 (<https://www.bankerslife.com/products/medicare-supplement-insurance/>)

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

**Form No.** CPL-GR-A831, CPL-GR-A832      **First-Year Commission:** 16%  
 50% Cost-Sharing Plan  
 25% Cost-Sharing Plan

**Waiting Period:** None      **Premiums are based on attained age.**

**Area 1:** Zip Codes 530-534  
**Area 2:** Rest of State

**Annual Premium - 50% Cost-Sharing Plan**

<b>Annual Premium - Basic Policy</b>			<b>Annual Premium - All Options</b>		
<b>Area 1</b>			<b>Area 1</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$3,655.82	\$3,290.37	Under 65	\$3,672.07	\$3,304.99
65	1,148.17	1,033.41	65	1,164.42	1,048.03
70	1,403.22	1,262.83	70	1,419.47	1,277.45
75	1,764.53	1,588.13	75	1,780.78	1,602.75
80	2,188.45	1,969.51	80	2,204.70	1,984.13
85	2,633.43	2,369.87	85	2,649.68	2,384.49
 <b>Area 2</b>			 <b>Area 2</b>		
Under 65	\$3,322.12	\$2,989.94	Under 65	\$3,336.85	\$3,003.25
65	1,043.23	938.94	65	1,057.96	952.25
70	1,275.04	1,147.63	70	1,289.77	1,160.94
75	1,603.40	1,443.15	75	1,618.13	1,456.46
80	1,988.71	1,789.73	80	2,003.44	1,803.04
85	2,393.00	2,153.55	85	2,407.73	2,166.86

You will pay 50% of the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of \$5,120 which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

**Colonial Penn Life Insurance Company (continued)**

**Annual Premium - 25% Cost-Sharing Plan**

Annual Premium - Basic Policy			Annual Premium - All Options		
Area 1			Area 1		
Age	Male	Female	Age	Male	Female
Under 65	\$5,691.77	\$5,122.43	Under 65	\$5,708.02	\$5,137.05
65	1,840.68	1,656.53	65	1,856.93	1,671.15
70	2,209.95	1,988.93	70	2,226.20	2,003.55
75	2,701.29	2,431.07	75	2,717.54	2,445.69
80	3,254.48	2,929.07	80	3,270.73	2,943.69
85	3,772.99	3,395.54	85	3,789.24	3,410.16
Area 2			Area 2		
Under 65	\$5,171.96	\$4,654.76	Under 65	\$5,186.69	\$4,668.07
65	1,672.68	1,505.22	65	1,687.41	1,518.53
70	2,008.24	1,807.18	70	2,022.97	1,820.49
75	2,454.74	2,209.29	75	2,469.47	2,222.60
80	2,957.54	2,661.80	80	2,972.27	2,675.11
85	3,428.81	3,085.83	85	3,443.54	3,099.14

You will pay 25% of the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of \$2,560 which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

**Annual Premium - Optional Benefits**

Additional Home Health Care:	Area 1		Area 2	
Age	Male	Female	Male	Female
All	\$16.25	\$14.62	\$14.73	\$13.31

Different premiums for each age between age 65 and 85.  
 Discount offered for Electronic Funds Transfer (EFT) premium payment.



**Colonial Penn Life Insurance Company**  
 111 East Wacker Drive, Suite 2100  
 Chicago, IL 60601  
 (<https://www.bankerslife.com/products/medicare-supplement-insurance/>)

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

**Form No.** CPL-GR-A834

**First-Year Commission:** 10%

**Waiting Period:** None

**Premiums are based on attained age.**

**Area 1:** Zip Codes 530-534

**Area 2:** Rest of State

**Annual Premium - High Deductible Plan**

<b>Area 1</b>			<b>Area 2</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$2,175.25	\$1,957.73	Under 65	\$1,976.71	\$1,779.04
65	698.39	628.69	65	634.69	571.20
70	846.21	761.67	70	768.76	691.96
75	1,026.97	924.21	75	933.16	839.88
80	1,225.08	1,102.57	80	1,113.26	1,001.99
85	1,420.13	1,278.21	85	1,290.64	1,161.48

You must pay a calendar year deductible of \$2,200. This deductible consists of expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B but does not include the separate foreign travel emergency deductible.

Different premiums for each age between age 65 and 85.

Discount offered for Electronic Funds Transfer (EFT) premium payment.

**Combined Insurance Company of America**  
**1000 Milwaukee Avenue**  
**Glenview, IL 60025**  
**(www.combinedinsurance.com)**

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

**Form No. 14909**

**First-Year Commission: 13%**

**Waiting Period: None**

**Premiums are based on attained age.**

**Area 1: Zip Codes 530-532**

**Area 2: Rest of State**

Annual Premium - Basic Policy			Annual Premium - All Options		
Area 1			Area 1		
Age	Male	Female	Age	Male	Female
Under 65	\$3,332.28	\$3,015.00	Under 65	\$4,340.88	\$4,023.60
65	1,852.32	1,675.80	65	2,554.80	2,378.28
70	2,420.76	2,190.36	70	3,240.84	3,010.44
75	2,945.28	2,664.84	75	3,873.84	3,593.40
80	3,332.28	3,015.00	80	4,340.88	4,023.60
85	3,498.96	3,165.72	85	4,542.00	4,208.76
<b>Area 2</b>			<b>Area 2</b>		
Under 65	\$3,029.40	\$2,740.80	Under 65	\$3,974.40	\$3,685.80
65	1,683.84	1,523.52	65	2,350.80	2,190.48
70	2,200.80	1,991.16	70	2,974.68	2,765.04
75	2,677.56	2,422.56	75	3,549.84	3,294.84
80	3,029.40	2,740.80	80	3,974.40	3,685.80
85	3,180.96	2,877.96	85	4,157.04	3,854.04

**Annual Premium - Optional Benefits**

Part A Deductible (\$1,316):	Age	Area 1	Area 2
	Under 65	\$578.40	\$525.84
	65	321.60	292.32
	70	420.24	382.08
	75	511.32	464.88
	80	578.40	525.84
	85	607.32	552.12

**Part B Deductible (\$183):** \$243.84 for all ages, all areas

Rates effective January 2017

**Combined Insurance Company of America (continued)**

**Part B Excess Charges:** \$43.20 for all ages, all areas

<b>Additional Home Health Care:</b>	<b>Age</b>	<b>Area 1</b>	<b>Area 2</b>
	Under 65	\$111.00	\$99.96
	65	61.68	55.44
	70	80.64	72.60
	75	98.04	88.20
	80	111.00	99.96
	85	116.52	104.76

**Foreign Travel Emergency:** \$32.16 for all ages, all areas

Rates for tobacco users are higher outside of open enrollment period.

**Gerber Life Insurance Company**  
**P.O. Box 2271**  
**Omaha, NE 68103-2271**

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

**Form No. MTG28-22238**

**First-Year Commission: 28%**

**Waiting Period: None**

**Premiums are based on attained age.**

**Area 1:** Zip Codes 539-543, 545-548

**Area 2:** Zip Codes 530(01-04,06,09-11,13-16,18-21,23,26-27,29,31-32,34-36,38-40,42,44,47-50,56-66,69-70,73-75,78-83,85-86,88,90-91,93-95,98-99), 531(01,03,05,14-15,18-21,25,27-28,37-39,47-49,52-53,56-57,67-68,70,76,78-79,81,83-85,90-92,95,99), 535, 537-538, 544, 549

**Area 3:** Zip Codes 530(05,07-08,12,17,22,24,33,37,45-46,51-52,72,76,89,92,97), 531(02,04,08-10,22,26,29-30,32,40-44,46,50-51,54,58-59,71-72,77,82,86-89,94), 532, 534

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

<b>Area 1</b>			<b>Area 1</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$5,504.07	\$4,788.54	Under 65	\$6,456.35	\$5,638.58
65	2,342.11	2,037.64	65	2,842.54	2,494.57
70	2,736.32	2,380.60	70	3,294.49	2,887.76
75	3,040.86	2,645.55	75	3,666.27	3,211.22
80	3,262.71	2,838.56	80	3,951.29	3,459.18
85	3,451.36	3,002.68	85	4,201.11	3,676.52
<b>Area 2</b>			<b>Area 2</b>		
Under 65	\$6,054.48	\$5,267.40	Under 65	\$7,085.41	\$7,185.86
65	2,576.32	2,241.40	65	3,110.22	2,727.43
70	3,009.96	2,618.66	70	3,607.38	3,159.97
75	3,344.94	2,910.11	75	4,016.30	3,515.76
80	3,588.98	3,122.41	80	4,329.82	3,788.52
85	3,796.50	3,302.96	85	4,604.64	4,027.61
<b>Area 3</b>			<b>Area 3</b>		
Under 65	\$6,604.88	\$5,746.25	Under 65	\$7,714.45	\$6,733.15
65	2,810.54	2,445.16	65	3,377.90	2,960.30
70	3,283.59	2,856.71	70	3,920.22	3,432.14
75	3,649.03	3,174.66	75	4,366.36	3,820.30
80	3,915.25	3,406.27	80	4,708.36	4,117.85
85	4,141.64	3,603.22	85	5,008.18	4,378.67

Rates effective January 2017

**Gerber Life Insurance Company (continued)**

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$636.63	\$553.87	\$700.30	\$609.25	\$763.96	\$664.65
65	270.81	235.60	297.90	259.16	324.98	282.72
70	318.21	276.84	350.04	304.53	381.85	332.21
75	375.84	326.98	413.42	359.68	451.01	392.38
80	431.28	375.21	474.40	412.74	517.53	450.26
85	485.15	422.08	533.66	464.29	582.18	506.50

**Part B Deductible (\$183):** \$165.84 for all ages, all areas

**Part B Excess Charges:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$73.60	\$64.03	\$80.96	\$70.44	\$88.32	\$76.84
65	31.32	27.25	34.45	29.97	37.58	32.69
70	37.06	32.24	40.77	35.47	44.47	38.69
75	41.03	35.70	45.14	39.26	49.23	42.84
80	43.33	37.70	47.66	41.46	51.99	45.24
85	44.89	39.05	49.38	42.96	53.87	46.87

**Additional Home Health Care:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$40.92	\$35.60	\$45.01	\$39.16	\$49.11	\$42.72
65	17.43	15.16	19.17	16.68	20.92	18.20
70	20.46	17.80	22.51	19.58	24.55	21.36
75	24.22	21.07	26.64	23.18	29.07	25.28
80	27.77	24.16	30.55	26.58	33.32	28.99
85	31.22	27.16	34.34	29.88	37.46	32.59

**Gerber Life Insurance Company (continued)**

**Foreign Travel Emergency:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$35.29	\$30.70	\$38.82	\$33.77	\$42.34	\$36.84
65	15.03	13.08	16.54	14.38	18.04	15.69
70	16.60	14.44	18.26	15.89	19.92	17.33
75	18.48	16.08	20.32	17.69	22.18	19.30
80	20.36	17.71	22.39	19.49	24.43	21.25
85	22.65	19.71	24.92	21.68	27.19	23.65

Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Policy fee or administrative fee charged with initial enrollment.

**Globe Life and Accident Insurance Company**  
**3700 South Stonebridge Drive**  
**P.O. Box 8080**  
**McKinney, TX 75070**  
**(www.globecaremedsupp.com)**

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

**Form No.** GMC4810

**First-Year Commission:** None

**Waiting Period:** 60 Days

**Premiums are based on attained age.**

Annual Premium - Basic Policy		Annual Premium - All Options	
Age	Amount	Age	Amount
Under 65	\$3,529.00	Under 65	\$4,232.00
65	1,411.00	65	1,792.00
70	1,771.00	70	2,244.00
75	1,977.00	75	2,542.00
80	2,123.00	80	2,794.00
85	2,123.00	85	2,794.00

**Annual Premium - Optional Benefits**

<b>Part A Deductible (\$1,316):</b>	Age:	Under 65	\$537.00
		65	217.00
		70	308.00
		75	398.00
		80	500.00
		85	500.00

**Part B Deductible (\$183):** \$165.00 for all ages

<b>Part B Excess Charges:</b>	Age:	Under 65	\$11.00
		65	9.00
		70	10.00
		75	10.00
		80	10.00
		85	10.00

**Additional Home Health Care:** \$7.00 for all ages

<b>Foreign Travel Emergency:</b>	Age:	Under 65	\$2.00
		65	2.00
		70	2.00
		75	4.00
		80	8.00
		85	8.00

Different premiums for each age between age 65 and 85.

Discount offered for Electronic Funds Transfer (EFT) premium payment.

Rates effective January 2017

**Government Personnel Mutual Life Insurance Company**  
**P.O. Box 2271**  
**Omaha, NE 68103-2271**  
**(www.gpmlife.com)**

**Consumer Service Telephone No. 1-866-242-7573**

**Form No. MTP28-22760**

**First-Year Commission: 15%**

**Waiting Period: None**

**Premiums are based on attained age.**

**Area 1:** Zip Codes 539-543, 545-548

**Area 2:** Zip Codes 530(01-04,06,09-11,13-16,18-21,23,26-27,29,31-32,34-36,38-40,42,44,47-50,56-66,69-70,73-75,78-83,85-86,88,90-91,93-95,98-99), 531(01,03,05,14-15,18-21,25,27-28,37-39,47-49,52-53,56-57,67-68,70,76,78-79,81,83-85,90-92,95,99), 535, 537-538, 544, 549

**Area 3:** Zip Codes 530(05,07-08,12,17,22,24,33,37,45-46,51-52,72,76,89,92,97), 531(02,04,08-10,22,26,29-30,32,40-44,46,50-51,54,58-59,71-72,77,82, 86-89,94), 532, 534

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

Age	Area 1	
	Male	Female
Under 65	\$3,712.67	\$3,230.02
65	1,402.09	1,219.82
70	1,539.59	1,339.44
75	1,815.41	1,579.41
80	2,033.61	1,769.24
85	2,177.89	1,894.76

Age	Area 1	
	Male	Female
Under 65	\$4,612.04	\$4,034.05
65	1,880.11	1,657.27
70	2,060.93	1,814.58
75	2,401.16	2,110.59
80	2,687.85	2,359.99
85	2,896.23	2,541.29

Age	Area 2	
	Male	Female
Under 65	\$4,083.94	\$3,553.03
65	1,542.30	1,341.80
70	1,693.54	1,473.39
75	1,996.95	1,737.35
80	2,236.97	1,946.16
85	2,395.68	2,084.24

Age	Area 2	
	Male	Female
Under 65	\$5,056.65	\$4,420.85
65	2,051.53	1,806.40
70	2,250.41	1,979.46
75	2,624.68	2,305.06
80	2,940.03	2,579.40
85	3,167.27	2,778.83

Rates effective January 2017



**Government Personnel Mutual Life Insurance Company (continued)**

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

Area 3			Area 3		
Age	Male	Female	Age	Male	Female
Under 65	\$4,455.21	\$3,876.02	Under 65	\$5,501.26	\$4,807.65
65	1,682.51	1,463.78	65	2,222.92	1,955.53
70	1,847.51	1,607.33	70	2,439.93	2,144.30
75	2,178.50	1,895.29	75	2,848.22	2,499.51
80	2,440.33	2,123.09	80	3,192.23	2,798.81
85	2,613.46	2,273.72	85	3,442.28	3,016.37

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$579.84	\$504.46	\$637.82	\$554.90	\$695.81	\$605.35
65	246.70	214.63	271.37	236.09	296.03	257.55
70	281.36	244.78	309.49	269.27	337.63	293.74
75	335.75	292.10	369.32	321.32	402.90	350.52
80	394.53	343.24	433.98	377.56	473.44	411.89
85	450.28	391.74	495.31	430.92	540.33	470.10

**Part B Deductible (\$183):** \$165.96 for all ages, all areas

**Part B Excess Charges:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$87.80	\$76.39	\$96.58	\$84.02	\$105.36	\$91.66
65	37.38	32.52	41.12	35.77	44.85	39.03
70	43.01	37.42	47.31	41.16	51.62	44.90
75	47.92	41.69	52.71	45.86	57.51	50.03
80	51.89	45.14	57.07	49.66	62.27	54.17
85	54.60	47.50	60.06	52.25	65.52	57.00

**Government Personnel Mutual Life Insurance Company (continued)**

**Additional Home Health Care:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$38.52	\$33.51	\$42.38	\$36.86	\$46.23	\$40.21
65	16.39	14.26	18.03	15.69	19.67	17.11
70	18.69	16.26	20.56	17.89	22.43	19.51
75	22.34	19.44	24.58	21.38	26.81	23.32
80	26.20	22.79	28.82	25.07	31.44	27.35
85	29.96	26.07	32.96	28.68	35.96	31.28

**Foreign Travel Emergency:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$27.25	\$23.71	\$29.97	\$26.08	\$32.69	\$28.45
65	11.59	10.08	12.75	11.09	13.90	12.10
70	12.32	10.72	13.55	11.79	14.78	12.86
75	13.78	11.99	15.16	13.19	16.54	14.39
80	15.66	13.62	17.23	14.99	18.79	16.35
85	17.54	15.26	19.30	16.78	21.05	18.31

Part B copayment or coinsurance rider offered.  
 Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Policy fee or administrative fee charged with initial enrollment.

**Greek Catholic Union of the U.S.A.  
 5400 Tuscarawas Road  
 Beaver, PA 15009  
 (www.gcuusa.com/)**

**Consumer Service Telephone No. 1-866-937-5828**

**Form No. 95020 WI**

**First-Year Commission: 26.5%**

**Waiting Period: None**

**Premiums are based on attained age.**

**Area 1: Zip Codes 535-549**

**Area 2: Zip Codes 530-534**

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

Age	Area 1	
	Male	Female
Under 65	\$4,023.83	\$3,499.00
65	1,341.28	1,166.33
70	1,518.92	1,320.80
75	1,779.85	1,547.69
80	2,054.21	1,786.28
85	2,377.74	2,067.60

Age	Area 1	
	Male	Female
Under 65	\$5,053.27	\$4,415.77
65	1,795.10	1,582.58
70	2,010.03	1,769.50
75	2,345.69	2,061.39
80	2,714.63	2,382.22
85	3,141.16	2,753.09

Age	Area 2	
	Male	Female
Under 65	\$4,678.88	\$4,068.60
65	1,559.63	1,356.20
70	1,766.18	1,535.81
75	2,069.59	1,799.64
80	2,388.63	2,077.07
85	2,764.81	2,404.18

Age	Area 2	
	Male	Female
Under 65	\$5,848.88	\$5,107.60
65	2,060.31	1,813.20
70	2,310.21	2,030.52
75	2,700.52	2,369.94
80	3,129.54	2,743.01
85	3,625.48	3,174.24

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

Age	Area 1		Area 2	
	Male	Female	Male	Female
Under 65	\$713.85	\$620.73	\$830.06	\$721.79
65	237.95	206.91	276.69	240.60
70	269.04	233.95	312.84	272.03
75	334.79	291.12	389.29	338.51
80	419.65	364.92	487.97	424.33
85	513.73	446.73	597.36	519.45

Rates effective January 2017

**Greek Catholic Union of the U.S.A. (continued)**

**Part B Deductible (\$183):** \$166.00 for all ages, all areas

<b>Part B Excess Charges:</b>	<b>Area 1</b>		<b>Area 2</b>		
	<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
	Under 65	\$51.10	\$44.43	\$59.42	\$51.67
	65	17.04	14.81	19.81	17.22
	70	19.16	16.66	22.28	19.37
	75	22.23	19.33	25.84	22.48
	80	25.55	22.23	29.71	25.84
	85	28.60	24.87	33.26	28.92

<b>Additional Home Health Care:</b>	<b>Area 1</b>		<b>Area 2</b>		
	<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
	Under 65	\$61.11	\$53.13	\$71.06	\$61.77
	65	20.37	17.71	23.69	20.59
	70	22.90	19.91	26.63	23.15
	75	26.57	23.11	30.90	26.87
	80	30.54	26.55	35.51	30.88
	85	34.18	29.71	39.74	34.55

<b>Foreign Travel Emergency:</b>	<b>Area 1</b>		<b>Area 2</b>		
	<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
	Under 65	\$37.38	\$32.48	\$43.46	\$37.77
	65	12.46	10.82	14.49	12.59
	70	14.01	12.18	16.28	14.16
	75	16.25	14.14	18.90	16.44
	80	18.68	16.24	21.72	18.89
	85	20.91	18.18	24.31	21.14

Part B copayment or coinsurance rider offered.  
 Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Policy fee or administrative fee charged with initial enrollment.  
 Multi-policy household discount offered.

**Gundersen Health Plan, Inc.**  
**1900 South Avenue**  
**La Crosse, WI 54601**  
**(myseniorchoice.org)**

**Consumer Service Telephone No.** 1-888-761-2557

**Form No.** 2017.WI\_MedSupp.Cert

**First-Year Commission:** 15%

**Waiting Period:** None

**Premiums are based on attained age.**

**Area 1:** Buffalo, Crawford, Grant, Jackson, La Crosse, Monroe, Richland, Sauk, Trempealeau, and Vernon Counties

**Area 2:** Milwaukee, Ozaukee, Washington, Waukesha, Racine, and Kenosha Counties

**Area 3:** All other Wisconsin Counties

**Area 4:** Policyholders who relocate out of state

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

<b>Area 1</b>		<b>Area 1</b>	
<b>Age</b>	<b>Amount</b>	<b>Age</b>	<b>Amount</b>
Under 65	\$3,332.88	Under 65	\$4,363.32
65	1,110.96	65	1,546.44
70	1,379.64	70	1,901.88
75	1,718.16	75	2,356.92
80	2,038.08	80	2,808.00
85	2,370.48	85	3,300.00
<b>Area 2</b>			
Under 65	\$3,999.48	Under 65	\$5,208.36
65	1,333.20	65	1,828.20
70	1,655.52	70	2,254.68
75	2,061.84	75	2,800.80
80	2,445.72	80	3,342.00
85	2,844.60	85	3,932.52
<b>Area 3</b>			
Under 65	\$3,532.80	Under 65	\$4,616.76
65	1,177.56	65	1,630.92
70	1,462.44	70	2,007.84
75	1,821.24	75	2,490.00
80	2,160.36	80	2,968.20
85	2,512.68	85	3,489.72

Rates effective January 2017

**Gundersen Health Plan, Inc. (continued)**

**Annual Premium - Basic Policy**

Area 4	
Age	Amount
Under 65	\$4,666.08
65	1,555.32
70	1,931.52
75	2,405.40
80	2,853.36
85	3,318.72

**Annual Premium - All Options**

Area 4	
Age	Amount
Under 65	\$6,053.52
65	2,109.84
70	2,607.48
75	3,244.56
80	3,876.12
85	4,564.80

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

Age	Area 1	Area 2	Area 3	Area 4
Under 65	\$414.00	\$496.80	\$438.84	\$579.60
65	138.00	165.60	146.28	193.20
70	186.36	223.68	197.52	260.88
75	254.76	305.76	270.00	356.64
80	340.56	408.72	360.96	476.76
85	454.20	545.04	481.44	635.88

**Part B Deductible (\$183):**     \$138.00 for all ages, all areas

**Part B Excess Charges:**

Age	Area 1	Area 2	Area 3	Area 4
Under 65	\$148.68	\$178.44	\$157.56	\$208.20
65	49.56	59.52	52.56	69.36
70	61.56	73.92	65.28	86.16
75	76.44	91.68	81.00	107.04
80	90.24	108.24	95.64	126.36
85	103.80	124.56	110.04	145.32

**Additional Home Health Care:**

Age	Area 1	Area 2	Area 3	Area 4
Under 65	\$186.12	\$223.32	\$197.28	\$260.52
65	62.04	74.40	65.76	86.88
70	77.04	92.40	81.72	107.88
75	95.88	115.08	101.64	134.28
80	113.88	136.68	120.72	159.48
85	132.36	158.88	140.28	185.28

**Gundersen Health Plan, Inc. (continued)**

**Foreign Travel Emergency:**

<b>Age</b>	<b>Area 1</b>	<b>Area 2</b>	<b>Area 3</b>	<b>Area 4</b>
Under 65	\$143.64	\$172.32	\$152.28	\$201.12
65	47.88	57.48	50.76	67.08
70	59.28	71.16	62.88	83.04
75	73.68	88.44	78.12	103.20
80	87.24	104.64	92.52	122.16
85	101.16	121.44	107.28	141.60

Part B copayment or coinsurance rider offered.

Rates for tobacco users are higher outside of open enrollment period.

Different premiums for each age between age 65 and 85.

Part A Deductible (50%) offered.

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

**Consumer Service Telephone No. 1-888-310-8482**

**Form No. WI-MESM10 Basic**

**First-Year Commission: 8%**

**Waiting Period: 90 Days**

**Premiums are based on attained age.**

**Area 1:** Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha Counties

**Area 2:** Brown, Dane, and Outagamie Counties

**Area 3:** All other Wisconsin Counties

<b>Annual Premium - Basic Policy</b>			<b>Annual Premium - All Options</b>		
	<b>Area 1</b>			<b>Area 1</b>	
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$4,181.76	\$4,181.76	Under 65	\$5,479.56	\$5,479.56
65	1,672.92	1,668.84	65	2,291.64	2,286.60
70	2,035.08	1,972.32	70	2,751.96	2,672.28
75	2,475.96	2,286.72	75	3,312.48	3,071.76
80	2,926.32	2,599.56	80	3,884.52	3,469.20
85	3,392.28	2,870.16	85	4,476.48	3,813.24
	<b>Area 2</b>			<b>Area 2</b>	
Under 65	\$3,535.44	\$3,535.44	Under 65	\$4,658.40	\$4,658.40
65	1,414.44	1,410.96	65	1,963.20	1,958.88
70	1,720.56	1,667.52	70	2,352.24	2,285.04
75	2,093.28	1,933.32	75	2,826.12	2,622.48
80	2,474.04	2,197.80	80	3,309.84	2,958.72
85	2,868.00	2,426.64	85	3,810.24	3,249.48
	<b>Area 3</b>			<b>Area 3</b>	
Under 65	\$3,725.52	\$3,725.52	Under 65	\$4,899.84	\$4,899.84
65	1,490.52	1,486.80	65	2,059.92	2,055.36
70	1,813.08	1,757.16	70	2,469.72	2,398.92
75	2,205.84	2,037.36	75	2,969.28	2,754.84
80	2,607.12	2,316.00	80	3,478.92	3,108.72
85	3,022.20	2,557.08	85	4,006.08	3,415.32

Rates effective January 2017



**Humana Insurance Company (continued)**

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$764.16	\$764.16	\$646.08	\$646.08	\$680.76	\$680.76
65	305.64	304.92	258.36	257.76	272.28	271.68
70	371.88	360.48	314.40	304.80	331.32	321.12
75	452.52	417.96	382.56	353.28	403.08	372.36
80	534.60	474.96	452.04	401.52	476.28	423.12
85	619.80	524.28	523.92	443.28	552.12	467.16

**Part B Deductible (\$183):** \$165.96 for all ages, all areas

**Part B Excess Charges:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$171.48	\$171.48	\$144.96	\$144.96	\$152.76	\$152.76
65	68.52	68.40	57.96	57.84	61.08	60.96
70	83.52	80.76	70.68	68.28	74.40	72.00
75	101.64	93.72	85.92	79.20	90.60	83.52
80	120.00	106.56	101.40	90.12	106.92	94.92
85	138.96	117.84	117.48	99.60	123.84	105.00

**Additional Home Health Care:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$158.76	\$158.76	\$134.28	\$134.28	\$141.48	\$141.48
65	63.60	63.48	53.76	53.64	56.64	56.52
70	77.28	75.12	65.28	63.48	68.76	66.96
75	93.96	86.88	79.44	73.44	83.76	77.40
80	111.12	98.88	93.96	83.64	99.00	88.08
85	129.12	109.20	109.20	92.28	114.96	97.20

**Humana Insurance Company (continued)**

**Foreign Travel Emergency:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$37.44	\$37.44	\$31.68	\$31.68	\$33.36	\$33.36
65	15.00	15.00	12.72	12.72	13.44	13.44
70	18.24	17.64	15.36	15.00	16.20	15.72
75	22.44	20.52	18.96	17.28	20.04	18.24
80	26.52	23.28	22.44	19.68	23.64	20.64
85	30.36	25.80	25.68	21.72	27.00	22.92

Part B copayment or coinsurance rider offered.  
 Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Multi-policy household discount offered.  
 Part A Deductible (50%) offered.  
 Discount offered for Electronic Funds Transfer (EFT) premium payment.

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

**Consumer Service Telephone No. 1-888-310-8482**

**Form No. WI-MESM1050; WI-MESM1025      First-Year Commission: 8%**  
 50% Cost-Sharing Plan  
 25% Cost-Sharing Plan

**Waiting Period: 90 Days      Premiums are based on attained age.**

**Area 1:** Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha Counties  
**Area 2:** Brown, Dane, and Outagamie Counties  
**Area 3:** All other Wisconsin Counties

**Annual Premium - 50% Cost-Sharing Plan**

<b>Annual Premium - Basic Policy</b>			<b>Annual Premium - All Options</b>		
<b>Area 1</b>			<b>Area 1</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$2,859.24	\$2,859.24	Under 65	\$3,018.00	\$3,018.00
65	1,143.48	1,141.20	65	1,207.08	1,204.68
70	1,391.40	1,348.80	70	1,468.68	1,423.92
75	1,693.08	1,563.60	75	1,787.04	1,650.48
80	2,000.64	1,777.68	80	2,111.76	1,876.56
85	2,319.36	1,962.24	85	2,448.48	2,071.44
<b>Area 2</b>			<b>Area 2</b>		
Under 65	\$2,417.40	\$2,417.40	Under 65	\$2,551.68	\$2,551.68
65	966.84	964.80	65	1,020.60	1,018.44
70	1,176.36	1,140.36	70	1,241.64	1,203.84
75	1,431.36	1,321.92	75	1,510.80	1,395.36
80	1,691.40	1,502.88	80	1,785.36	1,586.52
85	1,960.92	1,658.88	85	2,070.12	1,751.16
<b>Area 3</b>			<b>Area 3</b>		
Under 65	\$2,547.36	\$2,547.36	Under 65	\$2,688.84	\$2,688.84
65	1,018.80	1,016.64	65	1,075.44	1,073.16
70	1,239.60	1,201.68	70	1,308.36	1,268.64
75	1,508.28	1,392.96	75	1,592.04	1,470.36
80	1,782.36	1,583.76	80	1,881.36	1,671.84
85	2,066.40	1,748.16	85	2,181.36	1,845.36

Rates effective January 2017

**Humana Insurance Company (continued)**

You will pay 50% of the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of \$5,120 which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

**Annual Premium - 25% Cost-Sharing Plan**

<b>Annual Premium - Basic Policy</b>			<b>Annual Premium - All Options</b>		
<b>Area 1</b>			<b>Area 1</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$3,864.12	\$3,864.12	Under 65	\$4,022.88	\$4,022.88
65	1,545.60	1,541.88	65	1,609.20	1,605.36
70	1,880.52	1,822.56	70	1,957.80	1,897.68
75	2,287.92	2,113.20	75	2,381.88	2,200.08
80	2,703.84	2,402.28	80	2,814.96	2,501.16
85	3,134.76	2,652.24	85	3,263.88	2,761.44
<b>Area 2</b>			<b>Area 2</b>		
Under 65	\$3,267.00	\$3,267.00	Under 65	\$3,401.28	\$3,401.28
65	1,306.68	1,303.56	65	1,360.44	1,357.20
70	1,589.88	1,540.92	70	1,655.16	1,604.40
75	1,934.40	1,786.56	75	2,013.84	1,860.00
80	2,286.00	2,031.00	80	2,379.96	2,114.64
85	2,650.32	2,242.32	85	2,759.52	2,334.60
<b>Area 3</b>			<b>Area 3</b>		
Under 65	\$3,442.68	\$3,442.68	Under 65	\$3,584.16	\$3,584.16
65	1,377.00	1,373.64	65	1,433.64	1,430.16
70	1,675.32	1,623.72	70	1,744.08	1,690.68
75	2,038.32	1,882.68	75	2,122.08	1,960.08
80	2,408.88	2,140.20	80	2,507.88	2,228.28
85	2,792.76	2,362.92	85	2,907.72	2,460.12

You will pay 25% of the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of \$2,560 which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

**Humana Insurance Company (continued)**

**Annual Premium - Optional Benefits**

**Additional Home Health Care:**

<b>Age</b>	<b>Area 1</b>		<b>Area 2</b>		<b>Area 3</b>	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Under 65	\$158.76	\$158.76	\$134.28	\$134.28	\$141.48	\$141.48
65	63.60	63.48	53.76	53.64	56.64	56.52
70	77.28	75.12	65.28	63.48	68.76	66.96
75	93.96	86.88	79.44	73.44	83.76	77.40
80	111.12	98.88	93.96	83.64	99.00	88.08
85	129.12	109.20	109.20	92.28	114.96	97.20

Rates for tobacco users are higher outside of open enrollment period.

Different premiums for each age between age 65 and 85.

Multi-policy household discount offered.

Discount offered for Electronic Funds Transfer (EFT) premium payment.

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

**Consumer Service Telephone No.** 1-888-310-8482

**Form No.** WI MESM10HD

**First-Year Commission:** 8%

**Waiting Period:** 90 Days

**Premiums are based on attained age.**

**Area 1:** Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha Counties

**Area 2:** Brown, Dane, and Outagamie Counties

**Area 3:** All other Wisconsin Counties

**Annual Premium - High Deductible Plan**

<b>Area 1</b>			<b>Area 2</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$1,883.52	\$1,883.52	Under 65	\$1,592.40	\$1,592.40
65	788.40	786.60	65	666.60	665.04
70	946.56	919.08	70	800.28	777.12
75	1,139.28	1,056.36	75	963.24	893.16
80	1,335.84	1,192.92	80	1,129.44	1,008.48
85	1,539.48	1,311.12	85	1,301.64	1,108.56
 <b>Area 3</b>					
Under 65	\$1,678.08	\$1,678.08			
65	702.48	700.80			
70	843.36	818.88			
75	1,014.96	941.16			
80	1,190.16	1,062.72			
85	1,371.60	1,168.08			

You must pay a calendar year deductible of \$2,200. This deductible consists of expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B but does not include the separate foreign travel emergency deductible.

Rates for tobacco users are higher outside of open enrollment period.

Different premiums for each age between age 65 and 85.

Multi-policy household discount offered .

Discount offered for Electronic Funds Transfer (EFT) premium payment.

Rates effective January 2017

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

**Consumer Service Telephone No. 1-888-310-8482**

**Form No. WI-MESHL Basic**

**First-Year Commission: 8%**

**Waiting Period: 90 Days**

**Premiums are based on attained age.**

**Area 1:** Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha Counties

**Area 2:** Brown, Dane, and Outagamie Counties

**Area 3:** All other Wisconsin Counties

<b>Annual Premium - Basic Policy</b>			<b>Annual Premium - All Options</b>		
	<b>Area 1</b>			<b>Area 1</b>	
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$4,582.56	\$4,572.48	Under 65	\$5,890.92	\$5,880.84
65	1,928.04	1,924.08	65	2,585.28	2,580.36
70	2,311.32	2,245.20	70	3,062.52	2,980.20
75	2,777.76	2,577.60	75	3,643.44	3,394.32
80	3,254.16	2,908.80	80	4,236.84	3,806.52
85	3,747.24	3,194.88	85	4,850.88	4,162.92
	<b>Area 2</b>			<b>Area 2</b>	
Under 65	\$3,898.80	\$3,890.28	Under 65	\$5,039.40	\$5,030.88
65	1,654.56	1,651.20	65	2,244.60	2,240.40
70	1,978.56	1,922.64	70	2,648.28	2,578.56
75	2,373.00	2,203.68	75	3,139.32	2,928.60
80	2,775.72	2,483.64	80	3,641.04	3,277.08
85	3,192.60	2,725.68	85	4,160.16	3,578.64
	<b>Area 3</b>			<b>Area 3</b>	
Under 65	\$4,099.92	\$4,090.92	Under 65	\$5,289.96	\$5,280.96
65	1,734.96	1,731.36	65	2,344.92	2,340.36
70	2,076.48	2,017.56	70	2,770.08	2,696.64
75	2,492.04	2,313.60	75	3,287.52	3,065.40
80	2,916.48	2,608.68	80	3,816.24	3,432.96
85	3,355.68	2,863.68	85	4,363.20	3,750.48

Rates effective January 2017

**Humana Insurance Company (continued)**

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$733.44	\$733.44	\$620.04	\$620.04	\$653.40	\$653.40
65	293.40	292.68	248.04	247.44	261.48	260.76
70	356.88	345.96	301.80	292.56	318.00	308.28
75	434.16	401.04	367.08	339.00	386.76	357.24
80	513.24	455.88	433.92	385.44	457.20	406.20
85	594.96	503.28	503.04	425.52	530.04	448.44

**Part B Deductible (\$183):** \$165.96 for all ages, all areas

**Part B Excess Charges:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$164.04	\$164.04	\$138.72	\$138.72	\$146.16	\$146.16
65	65.64	65.52	55.44	55.32	58.44	58.32
70	79.92	77.40	67.56	65.40	71.16	68.88
75	97.20	89.76	82.08	75.84	86.52	79.92
80	114.84	102.00	97.08	86.28	102.36	90.96
85	133.08	112.56	112.44	95.16	118.56	100.32

**Additional Home Health Care:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$152.04	\$152.04	\$128.52	\$128.52	\$135.48	\$135.48
65	60.84	60.72	51.48	51.36	54.24	54.12
70	74.04	71.64	62.64	60.60	66.00	63.84
75	90.00	83.16	76.08	70.32	80.16	74.04
80	106.44	94.56	90.00	79.92	94.80	84.24
85	123.48	104.40	104.40	88.32	109.92	93.00



**Humana Insurance Company (continued)**

**Foreign Travel Emergency:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$35.88	\$35.88	\$30.36	\$30.36	\$32.04	\$32.04
65	14.40	14.40	12.12	12.12	12.84	12.84
70	17.40	17.04	14.76	14.40	15.48	15.12
75	21.36	19.80	18.12	16.80	19.08	17.64
80	25.20	22.32	21.36	18.84	22.44	19.92
85	29.16	24.84	24.72	21.00	26.04	22.08

Part B copayment or coinsurance rider offered.  
 Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Multi-policy household discount offered.  
 Part A Deductible (50%) offered.  
 Discount offered for Electronic Funds Transfer (EFT) premium payment.

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

**Consumer Service Telephone No.** 1-888-310-8482

**Form No.** WI-MESHL50, WI-MESHL25  
 50% Cost-Sharing Plan  
 25% Cost-Sharing Plan

**First-Year Commission:** 8%

**Waiting Period:** 90 Days

**Premiums are based on attained age.**

**Area 1:** Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha Counties

**Area 2:** Brown, Dane, and Outagamie Counties

**Area 3:** All other Wisconsin Counties

**Annual Premium - 50% Cost-Sharing Plan**

<b>Annual Premium - Basic Policy</b>			<b>Annual Premium - All Options</b>		
<b>Area 1</b>			<b>Area 1</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$3,353.88	\$3,346.56	Under 65	\$3,505.92	\$3,498.60
65	1,436.64	1,433.76	65	1,497.48	1,494.48
70	1,713.48	1,665.72	70	1,787.52	1,737.36
75	2,050.32	1,905.84	75	2,140.32	1,989.00
80	2,394.48	2,145.00	80	2,500.92	2,239.56
85	2,750.64	2,351.64	85	2,874.12	2,456.04
<b>Area 2</b>			<b>Area 2</b>		
Under 65	\$2,859.96	\$2,853.84	Under 65	\$2,988.48	\$2,982.36
65	1,239.12	1,236.72	65	1,290.60	1,288.08
70	1,473.12	1,432.80	70	1,535.76	1,493.40
75	1,758.00	1,635.72	75	1,834.08	1,706.04
80	2,048.88	1,838.04	80	2,138.88	1,917.96
85	2,349.96	2,012.64	85	2,454.36	2,100.96
<b>Area 3</b>			<b>Area 3</b>		
Under 65	\$3,005.28	\$2,998.80	Under 65	\$3,140.76	\$3,134.28
65	1,297.20	1,294.68	65	1,619.28	1,615.92
70	1,543.80	1,501.32	70	1,935.60	1,881.00
75	1,843.92	1,715.16	75	2,320.56	2,155.44
80	2,150.52	1,928.28	80	2,713.80	2,428.68
85	2,467.80	2,112.36	85	3,120.96	2,664.84

Rates effective January 2017

**Humana Insurance Company (continued)**

You will pay 50% of the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of \$5,120 which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

<b>Annual Premium - 25% Cost-Sharing Plan</b>					
<b>Annual Premium - Basic Policy</b>			<b>Annual Premium - All Options</b>		
<b>Area 1</b>			<b>Area 1</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$4,246.68	\$4,237.32	Under 65	\$4,398.72	\$4,389.36
65	1,793.76	1,790.04	65	1,854.60	1,850.76
70	2,148.00	2,086.92	70	2,222.04	2,158.56
75	2,579.04	2,394.12	75	2,669.04	2,477.28
80	3,019.32	2,700.12	80	3,125.76	2,794.68
85	3,474.96	2,964.48	85	3,598.44	3,068.88
<b>Area 2</b>			<b>Area 2</b>		
Under 65	\$3,614.88	\$3,606.96	Under 65	\$3,743.40	\$3,735.48
65	1,541.04	1,537.92	65	1,592.52	1,589.28
70	1,840.56	1,788.84	70	1,903.20	1,849.44
75	2,204.88	2,048.52	75	2,280.96	2,118.84
80	2,577.24	2,307.24	80	2,667.24	2,387.16
85	2,962.32	2,530.80	85	3,066.72	2,619.12
<b>Area 3</b>			<b>Area 3</b>		
Under 65	\$3,800.76	\$3,792.36	Under 65	\$3,936.24	\$3,927.84
65	1,615.32	1,612.08	65	1,669.56	1,666.20
70	1,931.04	1,876.56	70	1,997.04	1,940.40
75	2,314.92	2,150.16	75	2,395.08	2,224.20
80	2,707.32	2,422.80	80	2,802.12	2,507.04
85	3,113.16	2,658.36	85	3,223.08	2,751.36

You will pay 25% of the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of \$2,560 which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

**Humana Insurance Company (continued)**

**Annual Premium - Optional Benefits**

**Additional Home Health Care:**

<b>Age</b>	<b>Area 1</b>		<b>Area 2</b>		<b>Area 3</b>	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Under 65	\$152.04	\$152.04	\$128.52	\$128.52	\$135.48	\$135.48
65	60.84	60.72	51.48	51.36	54.24	54.12
70	74.04	71.64	62.64	60.60	66.00	63.84
75	90.00	83.16	76.08	70.32	80.16	74.04
80	106.44	94.56	90.00	79.92	94.80	84.24
85	123.48	104.40	104.40	88.32	109.92	93.00

Rates for tobacco users are higher outside of open enrollment period.

Different premiums for each age between age 65 and 85.

Multi-policy household discount offered.

Discount offered for Electronic Funds Transfer (EFT) premium payment.

**Individual Assurance Company**  
**P.O. Box 3270**  
**Salt Lake City UT 84110**  
**(iac-group.com)**

**Consumer Service Telephone No.** 1-816-478-0120

**Form No.** 94070

**First-Year Commission:** 16%-28% depending on commission level

**Waiting Period:** None

**Premiums are based on attained age.**

**Area 1:** Zip Codes 530-534

**Area 2:** Zip Codes 535-549

Annual Premium - Basic Policy			Annual Premium - All Options		
Area 1			Area 1		
Age	Male	Female	Age	Male	Female
Under 65	\$4,484.83	\$3,899.84	Under 65	\$5,630.85	\$4,918.03
65	1,494.94	1,299.95	65	1,987.60	1,750.01
70	1,692.92	1,472.10	70	2,227.95	1,958.99
75	1,983.42	1,724.71	75	2,603.22	2,285.33
80	2,271.11	1,974.88	80	2,993.93	2,625.05
85	2,603.78	2,264.15	85	3,436.24	3,009.68
<b>Area 2</b>			<b>Area 2</b>		
Under 65	\$3,851.10	\$3,348.78	Under 65	\$4,858.63	\$4,246.55
65	1,283.70	1,116.26	65	1,730.21	1,526.18
70	1,453.71	1,264.09	70	1,936.58	1,705.64
75	1,703.15	1,481.00	75	2,258.83	1,985.86
80	1,950.19	1,695.82	80	2,594.32	2,277.59
85	2,235.85	1,944.22	85	2,974.14	2,607.87

**Annual Premium - Optional Benefits**

Part A Deductible (\$1,316):	Area 1		Area 2		
	Age	Male	Female	Male	Female
	Under 65	\$811.84	\$705.95	\$697.12	\$606.19
	65	270.61	235.32	232.37	202.06
	70	305.97	266.06	262.73	228.46
	75	380.67	331.02	326.88	284.25
	80	473.41	411.65	406.51	353.49
	85	574.02	499.14	492.94	428.62

**Part B Deductible (\$183):** \$183.00 for all ages, all areas

Rates effective January 2017

**Individual Assurance Company (continued)**

**Part B Excess Charges:**

Age	Area 1		Area 2	
	Male	Female	Male	Female
Under 65	\$59.59	\$51.81	\$51.17	\$44.49
65	19.86	17.27	17.06	14.83
70	22.35	19.43	19.19	16.69
75	25.92	22.54	22.26	19.36
80	29.57	25.71	25.39	22.08
85	32.77	28.49	28.14	24.47

**Additional Home Health Visits:**

Age	Area 1		Area 2	
	Male	Female	Male	Female
Under 65	\$67.63	\$58.81	\$58.07	\$50.50
65	22.54	19.60	19.36	16.83
70	25.35	22.04	21.76	18.93
75	29.40	25.57	25.25	21.95
80	33.53	29.15	28.79	25.03
85	37.16	32.32	31.91	27.75

**Foreign Travel Emergency:**

Age	Area 1		Area 2	
	Male	Female	Male	Female
Under 65	\$40.96	\$35.62	\$35.17	\$30.59
65	13.65	11.87	11.72	10.20
70	15.36	13.36	13.19	11.47
75	17.81	15.49	15.29	13.30
80	20.31	17.66	17.44	15.17
85	22.51	19.58	19.33	16.81

Part B copayment or coinsurance rider offered.  
 Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Policy fee or administrative fee charged with initial enrollment.  
 Multi-policy household discount offered.

**Manhattan Life Insurance**  
**10777 Northwest Freeway**  
**Houston, TX 77092**  
**(familylifeins.com)**

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

**Form No. MLMSOCWI15**

**First-Year Commission:** 29% (79 and under)  
 14.5% (80 and older)

**Waiting Period:** None

**Premiums are based on attained age.**

**Area 1:** Zip Codes 530-534

**Area 2:** Zip Codes 535-549

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

Age	Area 1	
	Male	Female
Under 65	\$5,463.00	\$4,750.00
65	1,821.00	1,583.00
70	2,062.00	1,793.00
75	2,416.00	2,101.00
80	2,788.00	2,425.00
85	3,227.00	2,807.00

Age	Area 1	
	Male	Female
Under 65	\$6,817.00	\$5,952.00
65	2,384.00	2,095.00
70	2,675.00	2,348.00
75	3,133.00	2,746.00
80	3,637.00	3,184.00
85	4,217.00	3,691.00

Age	Area 2	
	Male	Female
Under 65	\$4,640.00	\$4,035.00
65	1,547.00	1,345.00
70	1,751.00	1,523.00
75	2,052.00	1,785.00
80	2,368.00	2,060.00
85	2,741.00	2,384.00

Age	Area 2	
	Male	Female
Under 65	\$5,816.00	\$5,081.00
65	2,050.00	1,804.00
70	2,297.00	2,019.00
75	2,686.00	2,357.00
80	3,114.00	2,730.00
85	3,607.00	3,160.00

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

Age	Area 1		Area 2	
	Male	Female	Male	Female
Under 65	\$989.00	\$860.00	\$840.00	\$731.00
65	330.00	286.00	280.00	243.00
70	372.00	324.00	316.00	275.00
75	463.00	404.00	393.00	343.00
80	581.00	506.00	494.00	430.00
85	711.00	619.00	604.00	526.00

Rates effective January 2017

**Manhattan Life Insurance (continued)**

**Part B Deductible (\$183):** \$183.00 for all ages, all areas

<b>Part B Excess Charges:</b>	<b>Area 1</b>		<b>Area 2</b>	
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Under 65	\$73.00	\$63.00	\$62.00	\$54.00
65	24.00	21.00	21.00	18.00
70	27.00	23.00	23.00	20.00
75	32.00	27.00	27.00	23.00
80	37.00	32.00	32.00	27.00
85	41.00	35.00	35.00	30.00

<b>Additional Home Health Visits:</b>	<b>Area 1</b>		<b>Area 2</b>	
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Under 65	\$79.00	\$79.00	\$67.00	\$59.00
65	26.00	23.00	22.00	20.00
70	30.00	26.00	25.00	22.00
75	34.00	30.00	29.00	25.00
80	40.00	34.00	34.00	29.00
85	45.00	39.00	38.00	33.00

<b>Foreign Travel Emergency:</b>	<b>Area 1</b>		<b>Area 2</b>	
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Under 65	\$48.00	\$43.00	\$41.00	\$36.00
65	17.00	15.00	14.00	13.00
70	19.00	16.00	16.00	13.00
75	21.00	19.00	18.00	16.00
80	24.00	21.00	21.00	18.00
85	27.00	24.00	23.00	21.00

Part B copayment or coinsurance rider offered.  
 Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Policy fee or administrative fee charged with initial enrollment.  
 Multi-policy household discount offered.



**Medico Corp Life Insurance Company**  
**P.O. Box 10482**  
**Des Moines, IA 50306**  
**(www.gomedico.com)**

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

**Form No. MSM70W**

**First-Year Commission: 11.4%**

**Waiting Period: None**

**Premiums are based on attained age.**

- Area 1:** Zip Code 546
- Area 2:** Zip Codes 530, 535, 538-539
- Area 3:** Zip Codes 537, 542, 544
- Area 4:** Zip Code 548
- Area 5:** Zip Codes 531, 540
- Area 6:** Zip Codes 532, 534
- Area 7:** Rest of State

<b>Annual Premium - Basic Policy</b>			<b>Annual Premium - All Options</b>		
<b>Area 1</b>			<b>Area 1</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$3,682.40	\$3,682.40	Under 65	\$4,604.29	\$4,604.29
65	1,688.06	1,508.34	65	2,150.04	1,956.24
70	1,514.59	1,354.10	70	1,953.28	1,780.36
75	1,867.62	1,612.71	75	2,369.41	2,088.96
80	2,240.76	1,984.64	80	2,807.98	2,528.83
85	2,635.71	2,240.11	85	3,272.00	2,832.45
<b>Area 2</b>			<b>Area 2</b>		
Under 65	\$3,839.94	\$3,839.94	Under 65	\$4,793.23	\$4,793.23
65	1,760.27	1,572.87	65	2,234.56	2,032.54
70	1,579.38	1,412.03	70	2,029.32	1,849.08
75	1,947.51	1,681.70	75	2,463.10	2,170.76
80	2,336.63	2,069.54	80	2,920.32	2,629.35
85	2,748.47	2,335.94	85	3,404.07	2,945.88
<b>Area 3</b>			<b>Area 3</b>		
Under 65	\$3,977.78	\$3,977.78	Under 65	\$4,958.55	\$4,958.55
65	1,823.46	1,629.33	65	2,308.53	2,099.30
70	1,636.08	1,462.72	70	2,095.86	1,909.21
75	2,017.42	1,742.07	75	2,545.09	2,242.33
80	2,420.51	2,143.84	80	3,018.62	2,717.32
85	2,847.13	2,419.80	85	3,519.62	3,045.13

Rates effective January 2017

**Medico Corp Life Insurance Company (continued)**

**Annual Premium - Basic Policy**

<b>Area 4</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$4,194.40	\$4,194.40
65	1,922.76	1,718.06
70	1,725.17	1,542.38
75	2,127.28	1,836.93
80	2,552.32	2,260.58
85	3,002.17	2,551.57

<b>Area 5</b>		
Under 65	\$4,430.70	\$4,430.70
65	2,031.09	1,814.85
70	1,822.37	1,629.27
75	2,247.13	1,940.42
80	2,696.11	2,387.94
85	3,171.31	2,695.32

<b>Area 6</b>		
Under 65	\$4,588.24	\$4,588.24
65	2,103.30	1,879.38
70	1,887.16	1,687.20
75	2,327.03	2,009.42
80	2,791.97	2,472.84
85	3,284.07	2,791.15

<b>Area 7</b>		
Under 65	\$3,938.40	\$3,938.40
65	1,805.41	1,613.20
70	1,619.88	1,448.24
75	1,997.45	1,724.82
80	2,396.54	2,122.61
85	2,818.94	2,395.84

**Annual Premium - All Options**

<b>Area 4</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$5,218.35	\$5,218.35
65	2,424.76	2,204.22
70	2,200.42	2,003.70
75	2,673.93	2,354.80
80	3,173.08	2,855.53
85	3,701.20	3,201.09

<b>Area 5</b>		
Under 65	\$5,501.76	\$5,501.76
65	2,551.56	2,318.67
70	2,314.49	2,106.76
75	2,814.48	2,477.49
80	3,341.58	3,006.32
85	3,899.30	3,371.22

<b>Area 6</b>		
Under 65	\$5,690.71	\$5,690.71
65	2,636.08	2,394.97
70	2,390.53	2,175.48
75	2,908.18	2,559.29
80	3,453.92	3,106.84
85	4,031.36	3,484.64

<b>Area 7</b>		
Under 65	\$4,911.32	\$4,911.32
65	2,287.40	2,080.23
70	2,076.85	1,892.03
75	2,521.67	2,221.88
80	2,990.53	2,692.18
85	3,486.60	3,016.77

**Medico Corp Life Insurance Company (continued)**

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$734.12	\$734.12	\$765.52	\$765.52	\$793.00	\$793.00
65	287.81	275.20	300.12	286.97	310.90	297.27
70	262.93	252.09	274.18	262.88	284.02	272.32
75	322.60	299.27	336.40	312.08	348.48	323.28
80	385.10	365.13	401.57	380.75	415.99	394.42
85	451.23	411.19	470.54	428.79	487.43	444.18

Age	Area 4		Area 5		Area 6	
	Male	Female	Male	Female	Male	Female
Under 65	\$836.18	\$836.18	\$883.29	\$883.29	\$914.70	\$914.70
65	327.83	313.46	346.30	331.12	358.61	342.89
70	299.49	287.15	316.36	303.32	327.61	314.11
75	367.46	340.89	388.16	360.09	401.96	372.89
80	438.64	415.89	463.35	439.32	479.83	454.94
85	513.97	468.37	542.93	494.75	562.23	512.34

Age	Area 7	
	Male	Female
Under 65	\$785.15	\$785.15
65	307.82	294.33
70	281.21	269.62
75	345.03	320.08
80	411.87	390.51
85	482.60	439.78

**Part B Deductible (\$183):**      \$149.94 for all ages, all areas

**Part B Excess Charges:**

Age	All Areas	
	Male	Female
Under 65	\$24.13	\$24.13
65	14.20	12.73
70	15.79	14.20
75	19.22	17.01
80	22.15	19.09
85	25.09	21.18

**Medico Corp Life Insurance Company (continued)**

**Additional Home Health Care:** \$6.36 for all ages, all areas

<b>Foreign Travel Emergency:</b>	Age: Under 65	\$7.34
	65-85	3.67

Part B copayment or coinsurance rider offered.

Rates for tobacco users are higher outside of open enrollment period.

Different premiums for each age between age 65 and 85.

Multi-policy household discount offered.

Part A Deductible (50%) offered.

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

**Consumer Service Telephone No. 1-800-667-2937**

**Form No. MM28-24188**

**First-Year Commission: 15%**

**Waiting Period: None**

**Premiums are based on attained age.**

**Area 1** Zip Codes 539-543, 545-548

**Area 2** Zip Codes 530(01-04,06,09-11,13-16,18-21,23,26-27,29,31-32,34-36,38-40,42,44,47-50,56-66,69-70,73-75,78-83,85-86,88,90-91,93-95,98-99), 531(01,03,05,14-15,18-21,25,27-28,37-39,47-49,52-53,56-57,67-68,70,76,78-79,81,83-85,90-92,95,99), 535, 537-538, 544, 549

**Area 3** Zip Codes 530(05,07-08,12,17,22,24,33,37,45-46,51-52,72,76,89,92,97), 531(02,04,08-10,22,26,29-30,32,40-44,46,50-51,54,58-59,71-72,77,82,86-89,94), 532, 534

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

Age	Area 1	
	Male	Female
Under 65	\$3,577.43	\$3,219.60
65	1,555.42	1,399.84
70	1,675.77	1,508.25
75	1,946.78	1,752.20
80	2,308.02	2,077.14
85	2,648.94	2,384.03

Age	Area 1	
	Male	Female
Under 65	\$4,369.51	\$3,953.92
65	2,021.57	1,841.06
70	2,161.45	1,966.87
75	2,476.15	2,250.03
80	2,895.58	2,627.46
85	3,291.34	2,983.88

Age	Area 2	
	Male	Female
Under 65	\$3,912.81	\$3,521.44
65	1,701.24	1,531.08
70	1,832.87	1,649.65
75	2,129.29	1,916.47
80	2,524.40	2,271.87
85	2,897.28	2,607.54

Age	Area 2	
	Male	Female
Under 65	\$4,758.94	\$4,304.40
65	2,190.88	1,993.45
70	2,343.89	2,131.05
75	2,688.09	2,440.77
80	3,146.83	2,853.59
85	3,579.70	3,243.41

Age	Area 3	
	Male	Female
Under 65	\$4,360.00	\$3,923.90
65	1,895.67	1,706.06
70	2,042.34	1,838.18
75	2,372.63	2,135.49
80	2,812.90	2,531.51
85	3,228.40	2,905.54

Age	Area 3	
	Male	Female
Under 65	\$5,278.21	\$4,771.71
65	2,416.64	2,196.65
70	2,587.13	2,349.97
75	2,970.66	2,695.08
80	3,481.85	3,155.09
85	3,964.18	3,589.45

**Mutual of Omaha Insurance Company (continued)**

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$533.51	\$480.08	\$583.53	\$525.09	\$650.22	\$585.11
65	231.94	208.79	253.69	228.36	282.68	254.46
70	249.99	224.91	273.43	245.99	304.68	274.11
75	290.41	261.28	317.64	285.78	353.94	318.44
80	344.26	309.80	376.53	338.85	419.57	377.58
85	395.05	355.63	432.09	388.96	481.47	433.42

**Part B Deductible (\$183):** \$175.44 for all ages, all areas

**Part B Excess Charges:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$43.05	\$38.72	\$47.08	\$42.35	\$52.47	\$47.18
65	18.69	16.91	20.43	18.49	22.77	20.61
70	20.17	18.19	22.07	19.89	24.59	22.16
75	23.44	21.03	25.64	23.00	28.57	25.63
80	27.78	25.00	30.38	27.35	33.86	30.48
85	31.83	28.70	34.81	31.39	38.79	34.97

**Additional Home Health Care:** \$20.04 for all ages, all areas

**Foreign Travel Emergency:** \$20.04 for all ages, all areas

Rates for tobacco users are higher outside of open enrollment period.

Different premiums for each age between age 65 and 85.

Multi-policy household discount offered.

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

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

**Form No. MSAA2010 WI**

**First-Year Commission: 23%**

**Waiting Period: None**

**Premiums are based on attained age.**

**Area 1** Zip Codes 530-532, 534

**Area 2** Rest of State

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

Age	Area 1	
	Male	Female
Under 65	\$6,958.00	\$6,052.00
65	2,568.00	2,236.00
70	2,921.00	2,538.00
75	3,435.00	2,987.00
80	3,818.00	3,320.00
85	4,079.00	3,548.00

Age	Area 1	
	Male	Female
Under 65	\$10,351.00	\$9,023.00
65	3,923.00	3,437.00
70	4,438.00	3,880.00
75	5,194.00	4,536.00
80	5,755.00	5,024.00
85	6,136.00	5,358.00

Age	Area 2	
	Male	Female
Under 65	\$5,859.00	\$5,097.00
65	2,162.00	1,883.00
70	2,460.00	2,137.00
75	2,893.00	2,515.00
80	3,215.00	2,796.00
85	3,435.00	2,988.00

Age	Area 2	
	Male	Female
Under 65	\$8,717.00	\$7,598.00
65	3,304.00	2,895.00
70	3,737.00	3,267.00
75	4,374.00	3,820.00
80	4,846.00	4,231.00
85	5,167.00	4,512.00

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

Age	Area 1		Area 2	
	Male	Female	Male	Female
Under 65	\$2,061.00	\$1,794.00	\$1,735.00	\$1,510.00
65	760.00	662.00	640.00	557.00
70	864.00	752.00	727.00	633.00
75	1,015.00	885.00	855.00	745.00
80	1,129.00	983.00	951.00	828.00
85	1,206.00	1,050.00	1,016.00	884.00

Rates effective January 2017

**Order of United Commercial Travelers of America (continued)**

**Part B Deductible (\$183):**    **Area 1:** \$165.00 for all ages  
    **Area 2:** \$139.00 for all ages

<b>Part B Excess Charges:</b>	<b>Area 1</b>		<b>Area 2</b>	
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Under 65	\$490.00	\$422.00	\$413.00	\$356.00
65	178.00	157.00	150.00	132.00
70	205.00	178.00	172.00	150.00
75	242.00	210.00	204.00	177.00
80	268.00	234.00	226.00	197.00
85	287.00	250.00	242.00	210.00

<b>Additional Home Health Care:</b>	<b>Area 1</b>		<b>Area 2</b>	
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Under 65	\$387.00	\$339.00	\$326.00	\$285.00
65	143.00	125.00	121.00	105.00
70	162.00	141.00	136.00	119.00
75	194.00	165.00	163.00	139.00
80	215.00	183.00	181.00	154.00
85	228.00	197.00	192.00	166.00

<b>Foreign Travel Emergency:</b>	<b>Area 1</b>		<b>Area 2</b>	
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Under 65	\$291.00	\$251.00	\$245.00	\$211.00
65	109.00	93.00	92.00	78.00
70	122.00	106.00	103.00	89.00
75	143.00	125.00	121.00	105.00
80	159.00	138.00	134.00	116.00
85	170.00	149.00	143.00	125.00

Part B copayment or coinsurance rider offered.  
 Different premiums for each age between age 65 and 85.  
 Part A Deductible (50%) offered.



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

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

**Form No. H42**

**First-Year Commission: 17%**

**Waiting Period: 180 Days**

**Premiums are based on attained age.**

- Area 1:** Zip Codes 539-540, 546-548
- Area 2:** Zip Codes 535-538, 541-545, 549
- Area 3:** Zip Code 530
- Area 4:** Zip Codes 531-532, 534
- Area 5:** Rest of State

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

<b>Area 1</b>	
<b>Age</b>	<b>Amount</b>
Under 65	\$4,546.00
65	1,512.00
70	1,783.00
75	2,189.00
80	2,634.00
85	3,455.00

<b>Area 1</b>	
<b>Age</b>	<b>Amount</b>
Under 65	\$5,491.00
65	2,001.00
70	2,331.00
75	2,828.00
80	3,357.00
85	4,296.00

<b>Area 2</b>	
Under 65	\$4,793.00
65	1,594.00
70	1,880.00
75	2,308.00
80	2,777.00
85	3,642.00

<b>Area 2</b>	
Under 65	\$5,777.00
65	2,098.00
70	2,446.00
75	2,969.00
80	3,526.00
85	4,515.00

<b>Area 3</b>	
Under 65	\$4,941.00
65	1,643.00
70	1,938.00
75	2,379.00
80	2,863.00
85	3,755.00

<b>Area 3</b>	
Under 65	\$5,948.00
65	2,157.00
70	2,515.00
75	3,054.00
80	3,628.00
85	4,646.00

Rates effective January 2017

**Pekin Life Insurance Company (continued)**

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

<b>Area 4</b>	
<b>Age</b>	<b>Amount</b>
Under 65	\$5,435.00
65	1,807.00
70	2,132.00
75	2,617.00
80	3,149.00
85	4,131.00

<b>Area 4</b>	
<b>Age</b>	<b>Amount</b>
Under 65	\$6,519.00
65	2,352.00
70	2,745.00
75	3,337.00
80	3,966.00
85	5,048.00

<b>Area 5</b>	
Under 65	\$5,682.00
65	1,889.00
70	2,229.00
75	2,736.00
80	3,292.00
85	4,318.00

<b>Area 5</b>	
Under 65	\$6,805.00
65	2,450.00
70	2,860.00
75	3,478.00
80	4,136.00
85	5,302.00

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

<b>Age</b>	<b>Area 1</b>	<b>Area 2</b>	<b>Area 3</b>	<b>Area 4</b>	<b>Area 5</b>
Under 65	\$668.00	\$704.00	\$726.00	\$799.00	\$835.00
65	268.00	282.00	291.00	320.00	335.00
70	316.00	333.00	343.00	377.00	394.00
75	388.00	409.00	422.00	464.00	485.00
80	454.00	479.00	494.00	543.00	568.00
85	542.00	571.00	589.00	648.00	677.00

**Part B Deductible (\$183):** \$183.00 for all ages, all areas

**Part B Excess Charges:**

<b>Age</b>	<b>Area 1</b>	<b>Area 2</b>	<b>Area 3</b>	<b>Area 4</b>	<b>Area 5</b>
Under 65	\$42.00	\$45.00	\$46.00	\$51.00	\$53.00
65	17.00	18.00	19.00	21.00	22.00
70	19.00	20.00	21.00	23.00	24.00
75	23.00	24.00	25.00	28.00	29.00
80	25.00	26.00	27.00	30.00	31.00
85	29.00	31.00	32.00	35.00	37.00

**Pekin Life Insurance Company (continued)**

**Additional Home Health Care:**

<b>Age</b>	<b>Area 1</b>	<b>Area 2</b>	<b>Area 3</b>	<b>Area 4</b>	<b>Area 5</b>
Under 65	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00
65	19.00	19.00	19.00	19.00	19.00
70	28.00	28.00	28.00	28.00	28.00
75	43.00	43.00	43.00	43.00	43.00
80	59.00	59.00	59.00	59.00	59.00
85	85.00	85.00	85.00	85.00	85.00

**Foreign Travel Emergency:** \$2.00 for all ages, all areas

Part B copayment or coinsurance rider offered.

Rates for tobacco users are higher outside of open enrollment period.

Different premiums for each age between age 65 and 85.

Part A Deductible (50%) offered.

Discount offered for Electronic Funds Transfer (EFT) premium payment.

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

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

**Form No. P235**

**First-Year Commission: 24%**

**Waiting Period: None**

**Premiums are based on attained age.**

**Area 1:** Zip Codes 538, 545-547

**Area 2:** Zip Codes 535, 537, 539, 540, 544, 548, 549

**Area 3:** Zip Codes 541-543

**Area 4:** Zip Codes 530, 531(15,20,21,25,28,37,38,47,48,56,57,76,78,84,90,91,95)

**Area 5:** Zip Codes 531 except for those listed above and 532, 534

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

<b>Area 1</b>	
<b>Age</b>	<b>Amount</b>
Under 65	\$3,311.64
65	1,480.08
70	1,732.20
75	2,077.32
80	2,407.92
85	2,724.36

<b>Area 1</b>	
<b>Age</b>	<b>Amount</b>
Under 65	\$4,431.96
65	2,045.04
70	2,394.72
75	2,836.92
80	3,271.44
85	3,708.60

<b>Area 2</b>	
Under 65	\$3,532.32
65	1,578.72
70	1,847.64
75	2,215.80
80	2,568.48
85	2,906.04

<b>Area 2</b>	
Under 65	\$4,714.92
65	2,169.48
70	2,542.44
75	3,013.92
80	3,477.72
85	3,944.04

<b>Area 3</b>	
Under 65	\$3,753.12
65	1,677.48
70	1,963.08
75	2,354.28
80	2,729.04
85	3,087.72

<b>Area 3</b>	
Under 65	\$4,998.24
65	2,294.16
70	2,690.16
75	3,191.28
80	3,684.00
85	4,179.48

Rates effective January 2017

**Physicians Mutual Insurance Company (P235 Attained Age continued)**

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

Area 4		Area 4	
Age	Amount	Age	Amount
Under 65	\$3,973.92	Under 65	\$5,281.32
65	1,776.12	65	2,418.48
70	2,078.64	70	2,838.24
75	2,492.76	75	3,368.52
80	2,889.48	80	3,890.16
85	3,269.40	85	4,415.04

  

Area 5		Area 5	
Age	Amount	Age	Amount
Under 65	\$4,415.52	Under 65	\$5,847.72
65	1,973.52	65	2,667.48
70	2,309.52	70	3,133.56
75	2,769.72	75	3,723.00
80	3,210.60	80	4,302.72
85	3,632.52	85	4,885.68

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

Age	Area 1	Area 2	Area 3	Area 4	Area 5
Under 65	\$782.40	\$834.36	\$886.56	\$938.76	\$1,043.04
65	308.64	329.16	349.80	370.32	411.48
70	398.04	424.68	451.20	477.84	530.76
75	485.16	517.44	549.84	582.12	646.80
80	578.88	617.52	656.04	694.68	771.84
85	682.20	727.68	773.28	818.76	909.72

**Part B Deductible (\$183):** \$165.96 for all ages, all areas

**Part B Excess Charges:**

Age	Area 1	Area 2	Area 3	Area 4	Area 5
Under 65	\$116.28	\$124.08	\$131.88	\$139.56	\$155.04
65	63.12	67.44	71.64	75.84	84.24
70	69.12	73.68	78.24	82.92	92.16
75	75.60	80.52	85.68	90.72	100.80
80	80.88	86.28	91.68	97.08	107.88
85	87.36	93.24	99.00	104.88	116.52

**Physicians Mutual Insurance Company (P235 Attained Age continued)**

**Additional Home Health Care:**

<b>Age</b>	<b>Area 1</b>	<b>Area 2</b>	<b>Area 3</b>	<b>Area 4</b>	<b>Area 5</b>
Under 65	\$37.44	\$39.96	\$42.48	\$44.88	\$49.92
65	15.24	16.20	17.28	18.24	20.28
70	17.40	18.48	19.68	20.88	23.16
75	20.88	22.20	23.52	24.96	27.72
80	25.80	27.48	29.28	30.96	34.44
85	36.72	39.12	41.52	44.04	48.96

**Foreign Travel Emergency:**

Age:	Under 65	\$18.24
	65-85	12.00

Part B copayment or coinsurance rider offered.  
 Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Multi-policy household discount offered.  
 Discount offered for Electronic Funds Transfer (EFT) premium payment.

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

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

**Form No. P235**

**First-Year Commission: 24%**

**Waiting Period: None**

**Premiums are based on issue age.**

**Area 1:** Zip Codes 538, 545-547

**Area 2:** Zip Codes 535, 537, 539, 540, 544, 548, 549

**Area 3:** Zip Codes 541-543

**Area 4:** Zip Codes 530, 531(15,20,21,25,28,37,38,47,48,56,57,76,78,84,90,91,95)

**Area 5:** Zip Codes 531 except for those listed above and 532, 534

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

<b>Area 1</b>	
<b>Age</b>	<b>Amount</b>
Under 65	\$3,311.64
65	1,725.24
70	2,005.32
75	2,290.32
80	2,549.28
85	2,846.76

<b>Area 1</b>	
<b>Age</b>	<b>Amount</b>
Under 65	\$4,431.96
65	2,376.36
70	2,745.12
75	3,122.64
80	3,483.84
85	3,890.04

<b>Area 2</b>	
<b>Age</b>	<b>Amount</b>
Under 65	\$3,532.32
65	1,840.32
70	2,139.00
75	2,443.08
80	2,719.20
85	3,036.48

<b>Area 2</b>	
<b>Age</b>	<b>Amount</b>
Under 65	\$4,714.92
65	2,523.00
70	2,916.24
75	3,318.96
80	3,703.92
85	4,137.48

<b>Area 3</b>	
<b>Age</b>	<b>Amount</b>
Under 65	\$3,753.12
65	1,955.28
70	2,272.68
75	2,595.72
80	2,889.12
85	3,226.32

<b>Area 3</b>	
<b>Age</b>	<b>Amount</b>
Under 65	\$4,998.24
65	2,669.52
70	3,087.24
75	3,515.28
80	3,924.36
85	4,384.92

Rates effective January 2017

**Physicians Mutual Insurance Company (P235 Issue Age continued)**

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

**Area 4**

Age	Amount
Under 65	\$3,973.92
65	2,070.36
70	2,406.36
75	2,748.36
80	3,059.04
85	3,416.16

**Area 4**

Age	Amount
Under 65	\$5,281.32
65	2,816.16
70	3,258.60
75	3,711.48
80	4,144.80
85	4,632.36

**Area 5**

Under 65	\$4,415.52
65	2,300.40
70	2,673.72
75	3,053.76
80	3,399.00
85	3,795.60

**Area 5**

Under 65	\$5,847.72
65	3,109.32
70	3,600.84
75	4,104.12
80	4,585.56
85	5,127.12

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

Age	Area 1	Area 2	Area 3	Area 4	Area 5
Under 65	\$782.40	\$834.36	\$886.56	\$938.76	\$1,043.04
65	387.36	413.16	439.08	464.88	516.60
70	466.68	497.76	528.84	559.92	622.20
75	548.76	585.36	621.96	658.56	731.64
80	638.64	681.12	723.72	766.32	851.52
85	733.44	782.40	831.24	880.20	977.88

**Part B Deductible (\$183):** \$165.96 for all ages, all areas

**Part B Excess Charges:**

Age	Area 1	Area 2	Area 3	Area 4	Area 5
Under 65	\$116.28	\$124.08	\$131.88	\$139.56	\$155.04
65	67.44	71.88	76.32	80.88	89.88
70	73.20	78.12	82.92	87.96	97.68
75	78.84	84.00	89.28	94.56	105.12
80	84.72	90.24	95.88	101.64	112.80
85	90.48	96.60	102.48	108.48	120.60



**Physicians Mutual Insurance Company (P235 Issue Age continued)**

**Additional Home Health Care:**

<b>Age</b>	<b>Area 1</b>	<b>Area 2</b>	<b>Area 3</b>	<b>Area 4</b>	<b>Area 5</b>
Under 65	\$37.44	\$39.96	\$42.48	\$44.88	\$49.92
65	18.36	19.68	20.88	22.08	24.48
70	21.96	23.40	24.84	26.40	29.28
75	26.76	28.56	30.36	32.04	35.64
80	33.24	35.40	37.68	39.84	44.28
85	41.40	44.04	46.92	49.56	55.08

**Foreign Travel Emergency:**

Age:	Under 65	\$18.24
	65-85	12.00

Part B copayment or coinsurance rider offered.  
 Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Multi-policy household discount offered.  
 Discount offered for Electronic Funds Transfer (EFT) premium payment.

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

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

**Form No.** P236

**First-Year Commission:** 24%

**Waiting Period:** None

**Premiums are based on attained age.**

**Area 1:** Zip Codes 538, 545-547

**Area 2:** Zip Codes 535, 537, 539, 540, 544, 548, 549

**Area 3:** Zip Codes 541-543

**Area 4:** Zip Codes 530, 531(15,20,21,25,28,37,38,47,48,56,57,76,78,84,90,91,95)

**Area 5:** Zip Codes 531 except for those listed above and 532, 534

**Annual Premium - High Deductible Plan**

<b>Age</b>	<b>Area 1</b>	<b>Area 2</b>	<b>Area 3</b>	<b>Area 4</b>	<b>Area 5</b>
Under 65	\$1,886.64	\$2,012.52	\$2,138.16	\$2,264.04	\$2,515.56
65	445.56	475.32	504.96	534.72	594.12
70	568.68	606.60	644.52	682.44	758.28
75	722.04	770.16	818.28	866.52	962.76
80	903.36	963.60	1023.84	1,084.08	1,204.56
85	1,115.16	1,189.56	1,263.96	1,338.24	1,486.92

You must pay a calendar year deductible of \$2,200. This deductible consists of expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B but does not include the separate foreign travel emergency deductible.

Rates for tobacco users are higher outside of open enrollment period.

Different premiums for each age between age 65 and 85.

Multi-policy household discount offered.

Discount offered for Electronic Funds Transfer (EFT) premium payment.

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

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

**Form No.** P236

**First-Year Commission:** 24%

**Waiting Period:** None

**Premiums are based on issue age.**

**Area 1:** Zip Codes 538, 545-547

**Area 2:** Zip Codes 535, 537, 539, 540, 544, 548, 549

**Area 3:** Zip Codes 541-543

**Area 4:** Zip Codes 530, 531(15,20,21,25,28,37,38,47,48,56,57,76,78,84,90,91,95)

**Area 5:** Zip Codes 531 except for those listed above and 532, 534

**Annual Premium - High Deductible Plan**

<b>Age</b>	<b>Area 1</b>	<b>Area 2</b>	<b>Area 3</b>	<b>Area 4</b>	<b>Area 5</b>
Under 65	\$1,886.64	\$2,012.52	\$2,138.16	\$2,264.04	\$2,515.56
65	567.48	605.40	643.20	681.00	756.72
70	701.76	748.56	795.36	842.16	935.76
75	861.60	919.08	976.44	1,033.92	1,148.76
80	1,041.60	1,110.84	1,180.32	1,249.80	1,388.64
85	1,241.04	1,323.72	1,406.52	1,489.20	1,654.68

You must pay a calendar year deductible of \$2,200. This deductible consists of expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B but does not include the separate foreign travel emergency deductible.

Rates for tobacco users are higher outside of open enrollment period.

Different premiums for each age between age 65 and 85.

Multi-policy household discount offered.

Discount offered for Electronic Funds Transfer (EFT) premium payment.

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

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

**Form No. P237**

**First-Year Commission: 24%**

**Waiting Period: None**

**Premiums are based on attained age.**

**Area 1:** Zip Codes 538, 545-547

**Area 2:** Zip Codes 535, 537, 539, 540, 544, 548, 549

**Area 3:** Zip Codes 541-543

**Area 4:** Zip Codes 530, 531(15,20,21,25,28,37,38,47,48,56,57,76,78,84,90,91,95)

**Area 5:** Zip Codes 531 except for those listed above and 532, 534

<b>Annual Premium - Comprehensive Plan*</b>		<b>Annual Premium - Comprehensive Plan with Deductible Discount Rider**</b>	
<b>Area 1</b>		<b>Area 1</b>	
<b>Age</b>	<b>Amount</b>	<b>Age</b>	<b>Amount</b>
Under 65	\$4,344.84	Under 65	\$2,315.64
65	1,976.88	65	1,053.36
70	2,326.92	70	1,240.20
75	2,765.52	75	1,473.48
80	3,199.08	80	1,704.96
85	3,637.92	85	1,938.72
<b>Area 2</b>		<b>Area 2</b>	
Under 65	\$4,634.52	Under 65	\$2,469.96
65	2,108.76	65	1,123.68
70	2,482.08	70	1,322.88
75	2,949.96	75	1,571.88
80	3,412.32	80	1,818.60
85	3,880.44	85	2,067.96
<b>Area 3</b>		<b>Area 3</b>	
Under 65	\$4,924.20	Under 65	\$2,624.40
65	2,240.52	65	1,193.88
70	2,637.24	70	1,405.56
75	3,134.40	75	1,670.16
80	3,625.68	80	1,932.36
85	4,122.84	85	2,197.20

Rates effective January 2017

**Physicians Mutual Insurance Company (P237 Attained Age continued)**

Annual Premium - Comprehensive Plan*		Annual Premium - Comprehensive Plan with Deductible Discount Rider**	
Area 4		Area 4	
Age	Amount	Age	Amount
Under 65	\$5,213.76	Under 65	\$2,778.72
65	2,372.28	65	1,264.08
70	2,792.28	70	1,488.24
75	3,318.72	75	1,768.44
80	3,838.92	80	2,046.00
85	4,365.48	85	2,326.56
Area 5		Area 5	
Under 65	\$5,793.12	Under 65	\$3,087.48
65	2,635.92	65	1,404.60
70	3,102.60	70	1,653.72
75	3,687.48	75	1,964.88
80	4,265.40	80	2,273.28
85	4,850.52	85	2,585.04

\* Includes all basic policy benefits and also provides coverage for Part A deductible, Part B deductible, Part B excess charges, Additional Home Health Care, and Foreign Travel Emergency.  
 \*\* The Deductible Discount Rider applies a \$2,200 calendar year deductible to the Comprehensive Policy benefits for the first four calendar years of the policy. Beginning with the fifth calendar year, Comprehensive Policy benefits are payable in full with no deductible.

Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Multi-policy household discount offered.  
 Discount offered for Electronic Funds Transfer (EFT) premium payment.

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

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

**Form No. P237**

**First-Year Commission: 24%**

**Waiting Period: None**

**Premiums are based on issue age.**

**Area 1:** Zip Codes 538, 545-547

**Area 2:** Zip Codes 535, 537, 539, 540, 544, 548, 549

**Area 3:** Zip Codes 541-543

**Area 4:** Zip Codes 530, 531(15,20,21,25,28,37,38,47,48,56,57,76,78,84,90,91,95)

**Area 5:** Zip Codes 531 except for those listed above and 532, 534

<b>Annual Premium - Comprehensive Plan*</b>		<b>Annual Premium - Comprehensive Plan with Deductible Discount Rider**</b>	
<b>Area 1</b>		<b>Area 1</b>	
<b>Age</b>	<b>Amount</b>	<b>Age</b>	<b>Amount</b>
Under 65	\$4,344.84	Under 65	\$2,315.64
65	2,308.08	65	1,229.88
70	2,675.40	70	1,425.96
75	3,051.96	75	1,626.36
80	3,414.24	80	1,819.68
85	3,821.16	85	2,036.40
<b>Area 2</b>		<b>Area 2</b>	
Under 65	\$4,634.52	Under 65	\$2,469.96
65	2,461.92	65	1,311.96
70	2,853.72	70	1,521.00
75	3,255.48	75	1,734.84
80	3,641.88	80	1,941.12
85	4,075.80	85	2,172.12
<b>Area 3</b>		<b>Area 3</b>	
Under 65	\$4,924.20	Under 65	\$2,624.40
65	2,615.88	65	1,393.92
70	3,032.04	70	1,616.04
75	3,458.88	75	1,843.20
80	3,869.40	80	2,062.32
85	4,330.56	85	2,307.84

Rates effective January 2017

**Physicians Mutual Insurance Company (P237 Issue Age continued)**

**Annual Premium - Comprehensive Plan\*** **Annual Premium - Comprehensive Plan with Deductible Discount Rider\*\***

<b>Area 4</b>		<b>Area 4</b>	
<b>Age</b>	<b>Amount</b>	<b>Age</b>	<b>Amount</b>
Under 65	\$5,213.76	Under 65	\$2,778.72
65	2,769.72	65	1,476.00
70	3,210.36	70	1,710.96
75	3,662.40	75	1,951.68
80	4,097.04	80	2,183.64
85	4,585.32	85	2,443.56
 <b>Area 5</b>		 <b>Area 5</b>	
Under 65	\$5,793.12	Under 65	\$3,087.48
65	3,077.40	65	1,639.92
70	3,567.12	70	1,901.28
75	4,069.32	75	2,168.52
80	4,552.32	80	2,426.40
85	5,094.84	85	2,715.12

- \* Includes all basic policy benefits and also provides coverage for Part A deductible, Part B deductible, Part B excess charges, Additional Home Health Care, and Foreign Travel Emergency.
- \*\* The Deductible Discount Rider applies a \$2,200 calendar year deductible to the Comprehensive Policy benefits for the first four calendar years of the policy. Beginning with the fifth calendar year, Comprehensive Policy benefits are payable in full with no deductible.

Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Multi-policy household discount offered.  
 Discount offered for Electronic Funds Transfer (EFT) premium payment.

**Polish Falcons of America  
 1405 West 2200 South  
 Salt Lake City, UT 84119  
 (www.polishfalcons.org)**

**Consumer Service Telephone No.** 1-844-373-9914

**Form No.** PFA10ST BASE-WI      **First-Year Commission:** 1%-26% depending on commission level

**Waiting Period:** None                      **Premiums are based on attained age.**

**Area 1:** Zip Codes 539-543, 545-548

**Area 2:** Zip Codes 530(01-04,06,09-11,13-16,18-21,23,26-27,29,31-32,34-36,38-40,42,44,47-50,56-66,69-70,73-75,78-83,85-86,88,90-91,93-95,98-99), 531(01,03,05,14-15,18-21,25,27-28,37-39,47-49,52-53,56-57,67-68,70,76,78-79,81,83-85,90-92,95,99), 535, 537-538, 544, 549

**Area 3:** Zip Codes 530(05,07-08,12,17,22,24,33,37,45-46,51-52,72,76,89,92,97), 531(02,04,08-10,22,26,29-30,32,40-44,46,50-51,54,58-59,71-72,77,82,86-89,94), 532, 534

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

Age	Area 1	
	Male	Female
Under 65	\$3,615.84	\$3,228.48
65	1,205.28	1,076.16
70	1,312.80	1,177.44
75	1,409.28	1,578.36
80	1,782.72	1,591.56
85	1,930.80	1,723.92

Age	Area 1	
	Male	Female
Under 65	\$4,487.28	\$4,027.56
65	1,627.44	1,474.20
70	1,762.80	1,594.92
75	2,081.88	1,880.04
80	2,361.72	2,129.64
85	2,592.24	2,335.68

Age	Area 2	
	Male	Female
Under 65	\$3,977.28	\$3,551.40
65	1,325.76	1,183.80
70	1,450.68	1,295.16
75	1,736.16	1,550.16
80	1,961.04	1,750.68
85	2,123.88	1,896.36

Age	Area 2	
	Male	Female
Under 65	\$4,919.16	\$4,413.72
65	1,773.48	1,605.00
70	1,922.40	1,737.72
75	2,273.40	2,051.40
80	2,581.32	2,325.96
85	2,834.88	2,552.64

Rates effective January 2017



**Polish Falcons of America (continued)**

Area 3			Area 3		
Under 65	\$4,339.08	\$3,874.32	Under 65	\$5,351.52	\$4,800.00
65	1,446.36	1,291.44	65	1,919.76	1,735.92
70	1,582.56	1,412.88	70	2,082.24	1,880.76
75	1,894.08	1,691.16	75	2,465.16	2,222.88
80	2,139.24	1,909.92	80	2,800.92	2,522.52
85	2,316.96	2,068.68	85	3,077.64	2,769.60

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$633.60	\$565.56	\$696.96	\$622.08	\$760.32	\$678.60
65	211.20	188.52	232.32	207.36	253.44	226.20
70	231.72	206.88	254.88	227.52	278.04	248.28
75	288.36	257.52	317.16	283.32	346.08	309.00
80	361.56	322.80	397.68	355.08	433.92	387.36
85	442.44	395.04	486.72	434.52	530.88	474.00

**Part B Deductible (\$183):** \$165.96 for all ages, all areas

**Part B Excess Charges:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$40.32	\$36.00	\$44.28	\$39.60	\$48.24	\$43.20
65	13.44	12.00	14.76	13.20	16.08	14.40
70	14.76	13.08	16.20	14.40	17.76	15.72
75	17.64	15.72	19.44	17.28	21.12	18.84
80	19.92	17.76	21.96	19.56	23.88	21.36
85	21.48	19.20	23.64	21.12	25.80	23.04

**Additional Home Health Visits:**  
**Area 1:** \$16.68 for all ages  
**Area 2:** \$18.36 for all ages  
**Area 3:** \$20.04 for all ages

**Foreign Travel Emergency:**  
**Area 1:** \$14.88 for all ages  
**Area 2:** \$16.32 for all ages  
**Area 3:** \$17.88 for all ages

**Polish Falcons of America (continued)**

Part B copayment or coinsurance rider offered.

Rates for tobacco users are higher outside of open enrollment period.

Different premiums for each age between age 65 and 85.

Policy fee or administrative fee charged with initial enrollment.

Multi-policy household discount offered.

**Reserve National Insurance Company**  
**601 East Britton Road**  
**Oklahoma City, OK 73114**  
**(www.reservenational.com/)**

**Consumer Service Telephone No. 1-800-654-9106**

**Form No. MCS-WI**

**First-Year Commission: 19%**

**Waiting Period: 6 Months**

**Premiums are based on attained age.**

**Area 1: Zip Codes 530-534**

**Area 2: Zip Codes 537, 543**

**Area 3: Rest of State**

<b>Annual Premium - Basic Policy</b>			<b>Annual Premium - All Options</b>		
<b>Area 1</b>			<b>Area 1</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$4,577.75	\$3,979.90	Under 65	\$5,703.80	\$4,978.50
65	1,525.75	1,327.00	65	1,998.80	1,757.55
70	1,727.75	1,502.55	70	2,243.35	1,969.00
75	2,022.55	1,758.65	75	2,622.55	2,300.75
80	2,214.60	1,925.95	80	2,894.15	2,535.90
85	2,407.80	2,093.75	85	3,159.65	2,766.60
<b>Area 2</b>			<b>Area 2</b>		
Under 65	\$4,897.35	\$4,257.60	Under 65	\$6,092.40	\$5,314.65
65	1,632.25	1,419.20	65	2,128.50	1,869.05
70	1,848.65	1,607.40	70	2,390.15	2,096.50
75	2,163.85	1,881.75	75	2,795.90	2,450.90
80	2,369.20	2,060.05	80	3,086.25	2,702.60
85	2,575.65	2,239.45	85	3,369.95	2,949.90
<b>Area 3</b>			<b>Area 3</b>		
Under 65	\$5,536.00	\$4,812.90	Under 65	\$6,866.90	\$5,988.65
65	1,845.35	1,604.65	65	2,386.85	2,093.75
70	2,089.85	1,817.20	70	2,682.70	2,351.50
75	2,445.90	2,126.85	75	3,140.90	2,751.15
80	2,678.30	2,328.90	80	3,469.30	3,036.00
85	2,911.80	2,531.45	85	3,791.15	3,314.75

Rates effective January 2017

**Reserve National Insurance Company (continued)**

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$824.70	\$717.05	\$882.10	\$766.75	\$996.90	\$866.65
65	274.90	239.00	294.20	255.60	332.30	288.70
70	310.80	269.95	332.85	288.70	375.90	326.80
75	386.40	336.15	413.45	359.35	467.55	406.25
80	459.25	399.65	491.85	427.80	555.85	483.55
85	528.25	459.25	565.25	491.85	639.20	555.85

**Part B Deductible (\$183):** \$146.85 for all ages, all areas

**Part B Excess Charges:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$55.75	\$49.15	\$60.15	\$52.45	\$67.90	\$59.05
65	18.75	16.00	19.85	17.10	22.65	19.30
70	21.00	18.20	22.10	19.30	25.40	22.10
75	24.30	21.55	25.95	22.65	29.25	25.95
80	26.50	23.20	28.70	24.85	32.00	28.15
85	28.15	24.30	29.80	25.95	33.65	29.25

**Additional Home Health Care:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$60.15	\$52.45	\$64.60	\$55.75	\$72.85	\$62.95
65	19.85	17.65	21.55	18.75	24.30	21.00
70	22.65	19.30	24.30	21.00	27.60	23.75
75	25.95	22.65	28.15	24.30	31.45	27.60
80	28.70	24.85	30.35	26.50	34.20	29.80
85	29.80	25.95	32.00	28.15	36.45	31.45

**Reserve National Insurance Company (continued)**

**Foreign Travel Emergency:**

<b>Age</b>	<b>Area 1</b>		<b>Area 2</b>		<b>Area 3</b>	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Under 65	\$38.65	\$33.10	\$41.40	\$35.35	\$46.35	\$40.30
65	12.70	11.05	13.80	11.60	15.45	13.25
70	14.35	12.15	15.45	13.25	17.10	14.90
75	16.55	14.90	17.65	16.00	19.85	17.65
80	18.20	15.45	19.30	16.55	22.10	18.75
85	18.75	16.55	20.40	17.65	23.20	19.85

Part B copayment or coinsurance rider offered.  
 Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Policy fee or administrative fee charged with initial enrollment.  
 Discount offered for Electronic Funds Transfer (EFT) premium payment.

**Security Health Plan of Wisconsin, Inc.**  
**1515 North Saint Joseph Avenue**  
**Marshfield, WI 54449**  
**(<https://securityhealth.org>)**

**Consumer Service Telephone No.** 1-800-472-2363

**Form No.** INS-00094

**First-Year Commission:** \$35.00 per month

**Waiting Period:** None

**Premiums are based on attained age.**

**Area 1:** Zip Codes 530-534

**Area 2:** Rest of State

Annual Premium - Basic Policy			Annual Premium - All Options		
Area 1			Area 1		
Age	Male	Female	Age	Male	Female
Under 65	\$5,389.31	\$4,889.34	Under 65	\$6,889.18	\$6,271.08
65	1,539.80	1,396.97	65	2,115.48	1,940.08
70	1,924.69	1,746.11	70	2,608.43	2,387.35
75	2,309.71	2,095.39	75	3,121.65	2,852.54
80	2,694.59	2,444.67	80	3,668.82	3,349.07
85	3,079.61	2,793.81	85	4,230.34	3,858.29
Area 2			Area 2		
Under 65	\$4,686.36	\$4,251.60	Under 65	\$6,012.24	\$5,474.76
65	1,338.96	1,214.76	65	1,861.20	1,708.68
70	1,673.64	1,518.36	70	2,289.84	2,097.60
75	2,008.44	1,822.08	75	2,736.12	2,502.12
80	2,343.12	2,125.80	80	3,211.92	2,933.88
85	2,677.92	2,429.40	85	3,700.20	3,376.68

**Annual Premium - Optional Benefits**

Part A Deductible (\$1,316):	Area 1		Area 2		
	Age	Male	Female	Male	Female
	Under 65	\$1,019.96	\$924.32	\$886.92	\$803.76
	65	268.96	242.88	233.88	211.20
	70	359.77	325.27	312.84	282.84
	75	470.58	425.45	409.20	369.96
	80	615.62	556.97	535.32	484.32
	85	774.73	701.32	673.68	609.84

**Part B Deductible (\$183):** \$165.96 for all ages, all areas

Rates effective January 2017

**Security Health Plan of Wisconsin, Inc. (continued)**

**Part B Excess Charges:**

	<b>Area 1</b>		<b>Area 2</b>	
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Under 65	\$239.43	\$216.94	\$208.20	\$188.64
65	66.24	59.75	57.60	51.96
70	83.49	75.49	72.60	65.64
75	100.88	91.22	87.72	79.32
80	118.13	106.95	102.72	93.00
85	135.52	122.68	117.84	106.68

**Additional Home Health Visits:**     **Area 1:** \$45.54 for all ages  
   **Area 2:** \$39.60 for all ages

**Foreign Travel Emergency:**       **Area 1:** \$28.98 for all ages  
   **Area 2:** \$25.20 for all ages

Part B copayment or coinsurance rider offered.  
 Multi-policy household discount offered.  
 Discount offered for Electronic Funds Transfer (EFT) premium payment.

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

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

**Form No. 2010-1006-WI**

**First-Year Commission: 20%**

**Waiting Period: None**

**Premiums are based on attained age.**

**Area 1:** Zip Codes 530-532

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

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

**Area 4:** Zip Code 546

<b>Annual Premium - Basic Policy</b>			<b>Annual Premium - All Options</b>		
<b>Area 1</b>			<b>Area 1</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$7,030.26	\$6,585.02	Under 65	\$9,172.22	\$8,604.26
65	1,956.94	1,767.78	65	2,638.58	2,397.33
70	2,357.73	2,077.15	70	3,149.85	2,791.92
75	2,756.11	2,386.51	75	3,658.05	3,186.57
80	2,983.80	2,673.79	80	3,948.52	3,553.03
85	3,515.13	3,292.51	85	4,626.32	4,342.27
<b>Area 2</b>			<b>Area 2</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$6,025.94	\$5,644.31	Under 65	\$7,861.91	\$7,375.08
65	1,677.38	1,515.24	65	2,261.64	2,054.86
70	2,020.91	1,780.42	70	2,699.87	2,393.08
75	2,362.38	2,045.58	75	3,135.47	2,731.35
80	2,557.54	2,291.82	80	3,384.44	3,045.45
85	3,012.97	2,822.15	85	3,965.42	3,721.95
<b>Area 3</b>			<b>Area 3</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$5,691.17	\$5,330.73	Under 65	\$7,425.14	\$6,965.35
65	1,584.19	1,431.06	65	2,135.99	1,940.70
70	1,908.64	1,681.50	70	2,549.89	2,260.14
75	2,231.14	1,931.94	75	2,961.29	2,579.61
80	2,415.45	2,164.50	80	3,196.41	2,876.27
85	2,845.58	2,665.36	85	3,745.12	3,515.18

Rates effective January 2017



**Standard Life and Accident Insurance Company (continued)**

Annual Premium - Basic Policy			Annual Premium - All Options		
Area 4			Area 4		
Age	Male	Female	Age	Male	Female
Under 65	\$5,356.39	\$5,017.16	Under 65	\$6,988.36	\$6,555.64
65	1,491.00	1,346.88	65	2,010.35	1,826.54
70	1,796.37	1,582.59	70	2,399.90	2,127.19
75	2,099.90	1,818.30	75	2,787.10	2,427.88
80	2,273.37	2,037.18	80	3,008.39	2,707.07
85	2,678.19	2,508.58	85	3,524.82	3,308.40

**Annual Premium - Optional Benefits**

Part A Deductible (\$1,316):	Area 1		Area 2			
	Age	Male	Female	Male	Female	
	Under 65	\$1,349.34	\$1,263.85	\$1,156.58	\$1,083.30	
	65	375.60	339.31	321.94	290.84	
	70	452.52	398.66	387.87	341.71	
	75	528.99	458.05	453.41	392.62	
	80	572.68	513.17	490.87	439.86	
	85	674.68	631.92	578.30	541.65	
		Area 3		Area 4		
		Age	Male	Female	Male	Female
		Under 65	\$1,092.33	\$1,023.12	\$1,028.07	\$962.94
		65	304.05	274.68	286.17	258.52
		70	366.32	322.73	344.78	303.74
		75	428.23	370.80	403.04	348.99
		80	463.60	415.42	436.33	390.98
		85	546.17	511.56	514.04	481.46

Part B Deductible (\$183):	Age:	Under 65	\$215.97
		65-85	150.51

Part B Excess Charges:	Area 1		Area 2		
	Age	Male	Female	Male	Female
	Under 65	\$236.96	\$221.97	\$203.11	\$190.26
	65	65.97	59.59	56.55	51.08
	70	79.46	70.01	68.11	60.01
	75	92.89	80.45	79.62	68.96
	80	100.57	90.12	86.20	80.45
	85	118.50	110.97	101.57	95.12

**Standard Life and Accident Insurance Company (continued)**

**Part B Excess Charges: (continued)**

Age	Area 3		Area 4	
	Male	Female	Male	Female
Under 65	\$191.83	\$179.69	\$180.54	\$169.12
65	53.41	48.24	50.26	45.40
70	64.33	56.68	60.54	53.34
75	75.20	65.13	70.78	61.30
80	81.41	72.96	76.62	68.66
85	95.93	89.84	90.29	84.55

**Additional Home Health Care:**

Age	Area 1		Area 2	
	Male	Female	Male	Female
Under 65	\$251.15	\$235.26	\$215.27	\$201.65
65	69.90	63.17	59.91	54.14
70	84.23	74.20	72.20	63.60
75	98.47	85.24	84.40	73.06
80	106.61	95.51	91.38	81.86
85	125.57	117.61	107.63	100.81

Age	Area 3		Area 4	
	Male	Female	Male	Female
Under 65	\$203.31	\$190.45	\$191.35	\$179.25
65	56.58	51.14	53.26	48.13
70	68.19	60.07	64.18	56.54
75	79.71	69.00	75.02	64.94
80	86.30	77.32	81.22	72.77
85	101.65	95.21	95.67	89.61

**Foreign Travel Emergency:**

Age	Area 1		Area 2	
	Male	Female	Male	Female
Under 65	\$100.42	\$94.07	\$86.08	\$80.63
65	27.94	25.25	23.95	21.65
70	33.68	29.67	28.87	25.43
75	39.36	34.09	33.74	29.22
80	42.63	38.21	36.54	32.75
85	50.21	47.03	43.04	40.31

**Standard Life and Accident Insurance Company (continued)**

<b>Foreign Travel Emergency: (continued)</b>	<b>Area 3</b>		<b>Area 4</b>	
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Under 65	\$81.29	\$76.15	\$76.51	\$71.67
65	22.62	20.44	21.29	19.24
70	27.27	24.02	25.66	22.61
75	31.87	27.60	29.99	25.98
80	34.51	30.93	32.48	29.11
85	40.65	38.07	38.26	35.83

Part B copayment or coinsurance rider offered.  
 Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.

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

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

**Form No.** 2010WH-1106-WI

**First-Year Commission:** 20%

**Waiting Period:** None

**Premiums are based on attained age.**

**Area 1:** Zip Codes 530-532

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

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

**Area 4:** Zip Code 546

**Annual Premium - High Deductible Plan**

<b>Area 1</b>			<b>Area 2</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$2,144.54	\$2,013.09	Under 65	\$1,838.18	\$1,725.51
65	625.89	570.08	65	536.48	488.64
70	744.23	661.40	70	637.91	566.91
75	861.83	752.72	75	738.71	645.19
80	929.04	837.52	80	796.32	717.88
85	1,085.90	1,020.17	85	930.77	874.43
<b>Area 3</b>			<b>Area 4</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$1,736.06	\$1,629.65	Under 65	\$1,633.94	\$1,533.78
65	506.68	461.49	65	476.87	434.34
70	602.47	535.42	70	567.03	503.92
75	697.67	609.35	75	656.63	573.50
80	752.08	677.99	80	707.84	638.11
85	879.06	825.85	85	827.35	777.27

You must pay a calendar year deductible of \$2,200. This deductible consists of expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B but does not include the separate foreign travel emergency deductible.

Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.

Rates effective January 2017

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

**Consumer Service Telephone No.** Contact Local State Farm Agent

**Form No.** 97049 HWI

**First-Year Commission:** 16%

**Waiting Period:** None

**Premiums are based on attained age.**

**Area 1:** Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha Counties

**Area 2:** Rest of State

Annual Premium - Basic Policy			Annual Premium - All Options		
Area 1			Area 1		
Age	Male	Female	Age	Male	Female
Under 65	\$5,509.00	\$5,509.00	Under 65	\$7,033.90	\$7,030.60
65	1,603.80	1,480.60	65	2,086.70	1,927.20
70	2,020.70	1,863.40	70	2,614.70	2,412.30
75	2,340.80	2,160.40	75	3,018.40	2,788.50
80	2,630.10	2,426.60	80	3,386.90	3,125.10
85	2,741.20	2,530.00	85	3,528.80	3,256.00
Area 2			Area 2		
Age	Male	Female	Age	Male	Female
Under 65	\$5,102.00	\$5,102.00	Under 65	\$6,515.60	\$6,512.30
65	1,483.90	1,369.50	65	1,931.60	1,784.20
70	1,870.00	1,725.90	70	2,420.00	2,235.20
75	2,168.00	2,000.90	75	2,798.40	2,583.90
80	2,435.40	2,247.30	80	3,137.20	2,895.20
85	2,538.80	2,434.00	85	3,268.10	3,016.20

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

	Area 1		Area 2	
Age	Male	Female	Male	Female
Under 65	\$1,415.00	\$1,415.00	\$1,312.00	\$1,312.00
65	412.50	380.60	381.70	353.10
70	520.30	479.60	480.70	444.40
75	600.60	555.50	557.70	514.80
80	676.50	623.70	625.90	577.50
85	705.10	650.10	652.30	601.70

Rates effective February 2017

**State Farm Mutual Automobile Insurance Company (continued)**

**Part B Deductible (\$183):** Not offered

<b>Part B Excess Charges:</b>	<b>Area 1</b>		<b>Area 2</b>	
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Under 65	\$56.00	\$56.00	\$51.00	\$51.00
65	16.50	15.40	15.40	14.30
70	19.80	18.70	18.70	17.60
75	23.10	22.00	22.00	20.90
80	26.40	24.20	25.30	23.10
85	28.60	25.30	26.40	24.20

<b>Additional Home Health Care:</b>	<b>Area 1</b>		<b>Area 2</b>	
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
All	\$37.40	\$35.20	\$35.20	\$33.00

<b>Foreign Travel Emergency:</b>	<b>Area 1</b>		<b>Area 2</b>	
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
All	\$16.50	\$15.40	\$15.40	\$14.30

Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.

**Thrivent Financial for Lutherans**  
**4321 North Ballard Road**  
**Appleton, WI 54919-0001**  
**(www.thrivent.com)**

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

**Form No.** M-MW-MSWI (10)

**First-Year Commission:** 12%

**Waiting Period:** None

**Premiums are based on attained age.**

**Area 1:** Zip Codes 530-532, 534

**Area 2:** Zip Codes 535, 537-549

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

<b>Area 1</b>		<b>Area 1</b>	
<b>Age</b>	<b>Amount</b>	<b>Age</b>	<b>Amount</b>
Under 65	\$4,050.00	Under 65	\$5,185.00
65	1,298.00	65	1,692.00
70	1,585.00	70	2,048.00
75	1,939.00	75	2,493.00
80	2,269.00	80	2,936.00
85	2,603.00	85	3,396.00
 <b>Area 2</b>		 <b>Area 2</b>	
Under 65	\$3,645.00	Under 65	\$4,681.00
65	1,168.00	65	1,538.00
70	1,427.00	70	1,858.00
75	1,745.00	75	2,258.00
80	2,042.00	80	2,657.00
85	2,343.00	85	3,071.00

**Annual Premium - Optional Benefits**

<b>Part A Deductible (\$1,316):</b>	<b>Age</b>	<b>Area 1</b>	<b>Area 2</b>
	Under 65	\$740.00	\$666.00
	65	176.00	158.00
	70	230.00	207.00
	75	305.00	275.00
	80	407.00	366.00
	85	526.00	473.00

Rates effective January 2017

**Thrivent Financial for Lutherans (Attained Age continued)**

**Part B Deductible (\$183):** \$147.00 for all ages, all areas

<b>Part B Excess Charges:</b>	<b>Age</b>	<b>Area 1</b>	<b>Area 2</b>
	Under 65	\$128.00	\$115.00
	65	31.00	28.00
	70	38.00	34.00
	75	46.00	41.00
	80	49.00	44.00
	85	50.00	45.00

<b>Additional Home Health Care:</b>	<b>Age</b>	<b>Area 1</b>	<b>Area 2</b>
	Under 65	\$55.00	\$50.00
	65	24.00	22.00
	70	29.00	26.00
	75	35.00	32.00
	80	42.00	38.00
	85	48.00	43.00

<b>Foreign Travel Emergency:</b>	<b>Age</b>	<b>Area 1</b>	<b>Area 2</b>
	Under 65	\$65.00	\$59.00
	65	16.00	14.00
	70	19.00	17.00
	75	21.00	19.00
	80	22.00	20.00
	85	22.00	20.00

Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Part A Deductible (50%) offered.



**Thrivent Financial for Lutherans**  
**4321 North Ballard Road**  
**Appleton, WI 54919-0001**  
**(www.thrivent.com)**

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

**Form No. M-MW-MSWI (10)**

**First-Year Commission: 12%**

**Waiting Period: None**

**Premiums are based on issue age.**

**Area 1: Zip Codes 530-532, 534**

**Area 2: Zip Codes 535, 537-549**

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

Area 1		Area 1	
Age	Amount	Age	Amount
Under 65	\$4,050.00	Under 65	\$5,185.00
65	1,820.00	65	2,360.00
70	2,111.00	70	2,736.00
75	2,380.00	75	3,095.00
80	2,609.00	80	3,410.00
85	2,777.00	85	3,664.00
Area 2		Area 2	
Under 65	\$3,645.00	Under 65	\$4,681.00
65	1,638.00	65	2,139.00
70	1,900.00	70	2,477.00
75	2,142.00	75	2,800.00
80	2,348.00	80	3,084.00
85	2,499.00	85	3,312.00

**Annual Premium - Optional Benefits**

Part A Deductible (\$1,316):	Age	Area 1	Area 2
	Under 65	\$740.00	\$666.00
	65	304.00	274.00
	70	374.00	337.00
	75	454.00	409.00
	80	535.00	482.00
	85	617.00	555.00

Rates effective January 2017

**Thrivent Financial for Lutherans (Issue Age continued)**

**Part B Deductible (\$183):** \$147.00 for all ages, all areas

<b>Part B Excess Charges:</b>	<b>Age</b>	<b>Area 1</b>	<b>Area 2</b>
	Under 65	\$128.00	\$115.00
	65	37.00	33.00
	70	44.00	40.00
	75	48.00	43.00
	80	49.00	44.00
	85	50.00	45.00

<b>Additional Home Health Care:</b>	<b>Age</b>	<b>Area 1</b>	<b>Area 2</b>
	Under 65	\$55.00	\$50.00
	65	33.00	30.00
	70	39.00	35.00
	75	44.00	40.00
	80	48.00	43.00
	85	51.00	46.00

<b>Foreign Travel Emergency:</b>	<b>Age</b>	<b>Area 1</b>	<b>Area 2</b>
	Under 65	\$65.00	\$59.00
	65	19.00	17.00
	70	21.00	19.00
	75	22.00	20.00
	80	22.00	20.00
	85	22.00	20.00

Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Part A Deductible (50%) offered.

**Unified Life Insurance Company**  
**7201 West 129th Street, Suite 300**  
**Overland Park, KS 66213**  
**(www.unifiedlife.com)**

**Consumer Service Telephone No.** 1-877-807-2143

**Form No.** UNBAS-WI

**First-Year Commission:** Varies

**Waiting Period:** None

**Premiums are based on attained age.**

**Area 1:** Zip Codes 530-534

**Area 2:** Zip Codes 535-549

Annual Premium - Basic Policy			Annual Premium - All Options		
Area 1			Area 1		
Age	Male	Female	Age	Male	Female
Under 65	\$4,462.00	\$3,880.00	Under 65	\$5,540.00	\$4,839.00
65	1,487.00	1,293.00	65	1,956.00	1,723.00
70	1,684.00	1,465.00	70	2,194.00	1,930.00
75	1,972.00	1,715.00	75	2,558.00	2,247.00
80	2,159.00	1,877.00	80	2,818.00	2,471.00
85	2,347.00	2,041.00	85	3,072.00	2,692.00
Area 2			Area 2		
Under 65	\$3,838.00	\$3,337.00	Under 65	\$4,789.00	\$4,185.00
65	1,279.00	1,112.00	65	1,706.00	1,506.00
70	1,449.00	1,260.00	70	1,911.00	1,683.00
75	1,696.00	1,475.00	75	2,225.00	1,957.00
80	1,857.00	1,615.00	80	2,447.00	2,149.00
85	2,019.00	1,755.00	85	2,665.00	2,338.00

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

	Area 1		Area 2	
Age	Male	Female	Male	Female
Under 65	\$727.00	\$632.00	\$625.00	\$543.00
65	242.00	211.00	208.00	181.00
70	274.00	238.00	236.00	205.00
75	340.00	296.00	293.00	255.00
80	405.00	352.00	348.00	303.00
85	466.00	405.00	400.00	348.00

**Part B Deductible (\$183):** \$166.00 for all ages, all areas

Rates effective January 2017

**Unified Life Insurance Company (continued)**

**Part B Excess Charges:**

Age	Area 1		Area 2	
	Male	Female	Male	Female
Under 65	\$63.00	\$55.00	\$54.00	\$47.00
65	21.00	18.00	18.00	16.00
70	24.00	21.00	20.00	18.00
75	27.00	24.00	24.00	21.00
80	30.00	26.00	26.00	22.00
85	32.00	27.00	27.00	24.00

**Additional Home Health Visits:**

Age	Area 1		Area 2	
	Male	Female	Male	Female
Under 65	\$76.00	\$66.00	\$66.00	\$57.00
65	25.00	22.00	22.00	19.00
70	29.00	25.00	25.00	21.00
75	33.00	29.00	29.00	25.00
80	36.00	31.00	31.00	27.00
85	38.00	33.00	33.00	28.00

**Foreign Travel Emergency:**

Age	Area 1		Area 2	
	Male	Female	Male	Female
Under 65	\$46.00	\$40.00	\$40.00	\$35.00
65	15.00	13.00	13.00	12.00
70	17.00	15.00	15.00	13.00
75	20.00	17.00	17.00	15.00
80	22.00	19.00	19.00	16.00
85	23.00	20.00	20.00	17.00

Part B copayment or coinsurance rider offered.  
 Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Policy fee or administrative fee charged with initial enrollment.  
 Multi-policy household discount offered.

**United American Insurance Company**  
**3700 South Stonebridge Drive**  
**P.O. Box 8080**  
**McKinney, TX 75070**  
**(www.unitedamerican.com)**

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

**Form No. MC4810**

**First-Year Commission: 22%**

**Waiting Period: 60 Days**

**Premiums are based on attained age.**

Annual Premium - Basic Policy			Annual Premium - All Options		
Age	Male	Female	Age	Male	Female
Under 65	\$4,398.00	\$3,825.00	Under 65	\$5,245.00	\$4,561.00
65	1,888.00	1,642.00	65	2,376.00	2,065.00
70	2,332.00	2,028.00	70	2,937.00	2,553.00
75	2,580.00	2,243.00	75	3,297.00	2,866.00
80	2,749.00	2,391.00	80	3,587.00	3,118.00
85	2,749.00	2,391.00	85	3,587.00	3,118.00

**Annual Premium - Optional Benefits**

<b>Part A Deductible (\$1,316):</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
	Under 65	\$645.00	\$561.00
	65	288.00	250.00
	70	404.00	351.00
	75	513.00	446.00
	80	629.00	547.00
	85	629.00	547.00

**Part B Deductible (\$183):** \$177.00 for all ages

<b>Part B Excess Charges:</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
	Under 65	\$14.00	\$12.00
	65	12.00	10.00
	70	13.00	11.00
	75	13.00	11.00
	80	13.00	11.00
	85	13.00	11.00

Rates effective January 2017

**United American Insurance Company (continued)**

<b>Additional Home Health Care:</b>		<b>Male</b>	<b>Female</b>
	For all ages	\$9.00	\$7.00

<b>Foreign Travel Emergency:</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
	Under 65	\$ 2.00	\$2.00
	65	2.00	2.00
	70	2.00	2.00
	75	5.00	5.00
	80	10.00	8.00
	85	10.00	8.00

Part B copayment or coinsurance rider offered .  
 Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.

**Western Catholic Union**  
**510 Maine Street**  
**Quincy, IL 62301**  
**(www.wculife.org)**

**Consumer Service Telephone No.** 1-855-406-9083

**Form No.** WCUMSBAS-WI 08/2014      **First-Year Commission:** 28% maximum

**Waiting Period:** None      **Premiums are based on attained age.**

**Area 1:** Zip Codes 539-543, 545-548

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

**Area 3:** Zip Codes 530(05,07,08,12,17,22,24,33,37,45,46,51,52,72,76,89,92,97),  
 531(02,04,08-10,22,26,29,30,32,40-44,46,50,51,54,58,59,71,72,77,82,86-89,94),  
 532, 534

<b>Annual Premium - Basic Policy</b>			<b>Annual Premium - All Options</b>		
<b>Area 1</b>			<b>Area 1</b>		
<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$2,965.44	\$2,579.88	Under 65	\$3,922.32	\$3,433.92
65	1,186.20	1,032.00	65	1,668.60	1,473.36
70	1,310.52	1,140.12	70	1,825.92	1,610.16
75	1,568.52	1,364.64	75	2,152.56	1,894.44
80	1,771.44	1,541.16	80	2,409.72	2,118.00
85	1,918.80	1,669.32	85	2,596.56	2,280.60
<b>Area 2</b>			<b>Area 2</b>		
Under 65	\$3,262.08	\$2,838.00	Under 65	\$4,298.16	\$3,760.92
65	1,304.76	1,135.20	65	1,818.72	1,603.92
70	1,441.56	1,254.12	70	1,991.88	1,754.52
75	1,725.36	1,501.08	75	2,351.28	2,067.12
80	1,948.68	1,695.36	80	2,634.12	2,313.36
85	2,110.68	1,836.24	85	2,839.56	2,491.92
<b>Area 3</b>			<b>Area 3</b>		
Under 65	\$3,558.60	\$3,096.00	Under 65	\$4,673.76	\$4,087.80
65	1,423.44	1,238.40	65	1,969.20	1,734.84
70	1,572.72	1,368.24	70	2,157.96	1,899.12
75	1,882.20	1,637.52	75	2,550.00	2,240.04
80	2,125.80	1,849.44	80	2,858.40	2,508.48
85	2,302.56	2,003.28	85	3,082.80	2,703.60

Rates effective January 2017

**Western Catholic Union (continued)**

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316):**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$639.24	\$556.08	\$703.08	\$611.64	\$767.16	\$667.44
65	255.72	222.48	281.28	244.68	306.84	267.00
70	282.60	245.88	310.92	270.48	339.12	295.08
75	338.16	294.24	372.00	323.64	405.84	353.04
80	381.84	332.16	420.12	365.52	458.28	398.76
85	413.76	360.00	455.04	395.88	496.56	432.00

**Part B Deductible (\$183):** \$165.96 for all ages, all areas

**Part B Excess Charges:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$80.40	\$69.96	\$88.44	\$76.92	\$96.48	\$83.88
65	32.16	27.96	35.40	30.84	38.64	33.60
70	35.52	30.96	39.00	33.96	42.60	37.08
75	42.48	36.96	46.80	40.68	51.00	44.40
80	48.00	41.76	52.80	45.96	57.60	50.16
85	51.96	45.24	57.24	49.80	62.40	54.24

**Additional Home Health Care:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$42.60	\$37.08	\$46.92	\$40.80	\$51.12	\$44.52
65	17.04	14.88	18.72	16.32	20.52	17.88
70	18.72	16.32	20.52	17.88	22.44	19.56
75	22.32	19.44	24.48	21.24	26.88	23.40
80	25.32	22.08	27.72	24.12	30.24	26.28
85	27.48	23.88	30.12	26.16	33.00	28.68



**Western Catholic Union (continued)**

**Foreign Travel Emergency:**

Age	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
Under 65	\$28.68	\$24.96	\$31.68	\$27.60	\$34.44	\$30.00
65	11.52	10.08	12.60	10.92	13.80	12.00
70	12.60	10.92	13.92	12.12	15.12	13.20
75	15.12	13.20	16.68	14.52	18.12	15.72
80	17.16	14.88	18.84	16.44	20.52	17.88
85	18.60	16.20	20.52	17.88	22.32	19.44

Part B copayment or coinsurance rider offered.  
 Rates for tobacco users are higher outside of open enrollment period.  
 Different premiums for each age between age 65 and 85.  
 Policy fee or administrative fee charged with initial enrollment.  
 Multi-policy household discount offered.

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

**Consumer Service Telephone No.** 1-888-253-2694

**Form No.** 28132-051-1601

**First-Year Commission:** 15%

**Waiting Period:** None

**Premiums are based on attained age.**

**Area 1:** Zip Codes 530, 531(01-13,16-19,22-24,26-27,29-36,39-46,49-55,58-75,77,79-83,85-89,92-94,96-99), 532, 534

**Area 2:** Zip Codes 546 and 549

**Area 3:** Rest of State

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

<b>Area 1</b>		<b>Area 1</b>	
<b>Age</b>	<b>Amount</b>	<b>Age</b>	<b>Amount</b>
Under 65	\$4,641.24	Under 65	\$6,058.80
65	1,756.80	65	2,408.40
70	2,246.04	70	3,028.80
75	2,734.80	75	3,648.84
80	3,223.92	80	4,269.36
85	3,556.20	85	4,732.56
<b>Area 2</b>		<b>Area 2</b>	
Under 65	\$4,430.28	Under 65	\$5,793.12
65	1,676.88	65	2,308.44
70	2,143.92	70	2,900.88
75	2,610.48	75	3,492.60
80	3,077.40	80	4,084.80
85	3,394.56	85	4,527.24
<b>Area 3</b>		<b>Area 3</b>	
Under 65	\$4,219.32	Under 65	\$5,527.32
65	1,597.08	65	2,208.72
70	2,041.80	70	2,772.72
75	2,486.16	75	3,336.36
80	2,930.88	80	3,900.48
85	3,232.92	85	4,321.68

Rates effective January 2017

**Wisconsin Physicians Service Insurance Corporation (continued)**

**Annual Premium - Optional Benefits**

<b>Part A Deductible (\$1,316):</b>	<b>Age</b>	<b>Area 1</b>	<b>Area 2</b>	<b>Area 3</b>
	Under 65	\$1,018.20	\$972.00	\$925.68
	65	357.24	340.92	324.72
	70	471.60	450.24	428.76
	75	585.84	559.20	532.56
	80	700.32	668.40	636.60
	85	814.56	777.60	740.52

**Part B Deductible (\$183):** \$169.32 for all ages, all areas

<b>Part B Excess Charges:</b>	<b>Age</b>	<b>Area 1</b>	<b>Area 2</b>	<b>Area 3</b>
	Under 65	\$187.20	\$178.68	\$170.16
	65	82.20	78.48	74.76
	70	99.00	94.56	90.00
	75	116.04	110.76	105.48
	80	132.96	126.84	120.84
	85	149.64	142.92	136.08

**Additional Home Health Care:** \$24.48 for all ages, all areas

**Foreign Travel Emergency:** \$18.36 for all ages, all areas

Part B copayment or coinsurance rider offered.

Different premiums for each age between age 65 and 85.

Multi-policy household discount offered.

Part A Deductible (50%) offered.

Discount offered for Electronic Funds Transfer (EFT) premium payment.

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

**Consumer Service Telephone No.** 1-888-253-2694

**Form No.** 29400-051-1701  
 50% Cost-Sharing Plan  
 25% Cost-Sharing Plan

**First-Year Commission:** 15%

**Waiting Period:** None

**Premiums are based on attained age.**

**Area 1:** Zip Codes 530, 531(01-13,16-19,22-24,26-27,29-36,39-46,49-55,58-75,77,79-83,85-89,92-94,96-99), 532, 534

**Area 2:** Zip Codes 546 and 549

**Area 3:** Rest of State

**Annual Premium - 50% Cost-Sharing Plan**

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

**Area 1**

**Area 1**

Age	Amount
Under 65	\$2,203.32
65	980.88
70	1,204.80
75	1,439.76
80	1,659.12
85	1,762.32

Age	Amount
Under 65	\$2,227.80
65	1,005.36
70	1,229.28
75	1,464.24
80	1,683.60
85	1,786.80

**Area 2**

**Area 2**

Under 65	\$2,103.24
65	936.36
70	1,149.96
75	1,374.24
80	1,583.64
85	1,682.28

Under 65	\$2,127.72
65	960.84
70	1,174.44
75	1,398.72
80	1,608.12
85	1,706.76

**Wisconsin Physicians Service Insurance Corporation (continued)**

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

<b>Area 3</b>		<b>Area 3</b>	
Under 65	\$2,003.04	Under 65	\$2,027.52
65	891.72	65	916.20
70	1,095.24	70	1,119.72
75	1,308.84	75	1,333.32
80	1,508.28	80	1,532.76
85	1,602.12	85	1,626.60

You will pay 50% of the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of \$5,120 which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

**Annual Premium - 25% Cost-Sharing Plan**

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

<b>Area 1</b>		<b>Area 1</b>	
<b>Age</b>	<b>Amount</b>	<b>Age</b>	<b>Amount</b>
Under 65	\$2,797.56	Under 65	\$2,822.04
65	1,245.48	65	1,269.96
70	1,530.00	70	1,554.48
75	1,828.56	75	1,853.04
80	2,107.08	80	2,131.56
85	2,238.12	85	2,262.60

  

<b>Area 2</b>		<b>Area 2</b>	
Under 65	\$2,670.48	Under 65	\$2,694.96
65	1,188.84	65	1,213.32
70	1,460.52	70	1,485.00
75	1,745.52	75	1,770.00
80	2,011.32	80	2,035.80
85	2,136.36	85	2,160.84

  

<b>Area 3</b>		<b>Area 3</b>	
Under 65	\$2,543.28	Under 65	\$2,567.76
65	1,132.20	65	1,156.68
70	1,390.92	70	1,415.40
75	1,662.36	75	1,686.84
80	1,915.56	80	1,940.04
85	2,034.60	85	2,059.08

**Wisconsin Physicians Service Insurance Corporation (continued)**

You will pay 25% of the cost-sharing of some covered services until you reach the calendar year out-of-pocket limit of \$2,560 which will increase each year for inflation. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.

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**Annual Premium - Optional Benefits**

**Additional Home Health Care:** \$24.48 for all ages, all areas

Multi-policy household discount offered.

Discount offered for Electronic Funds Transfer (EFT) premium payment.

## **GROUP MEDICARE SUPPLEMENT POLICIES—TRADITIONAL INSURERS**

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

**Aetna Life Insurance Company  
 (American Grandparents Association)  
 800 Crescent Centre Drive, Suite 200  
 Franklin, TN 37067  
 (www.aetnaseniorproducts.com)**

**Consumer Service Telephone No.** 1-888-624-6290

**Form No.** GPHMSP13BC WI

**First-Year Commission:** 15.5%

**Waiting Period:** None

**Premiums are based on attained age.**

**Area 1:** Zip Codes 530-532, 534

**Area 2:** Rest of State

Annual Premium - Basic Policy			Annual Premium - All Options		
Area 1			Area 1		
Age	Male	Female	Age	Male	Female
Under 65	\$6,778.00	\$6,224.00	Under 65	\$8,231.00	\$7,731.00
65	1,582.00	1,429.00	65	2,076.00	1,952.00
70	1,852.00	1,686.00	70	2,435.00	2,287.00
75	2,096.00	1,914.00	75	2,791.00	2,623.00
80	2,260.00	2,061.00	80	3,105.00	2,918.00
85	2,323.00	2,117.00	85	3,531.00	3,318.00
Area 2			Area 2		
Under 65	\$5,894.00	\$5,412.00	Under 65	\$7,157.00	\$6,723.00
65	1,376.00	1,251.00	65	1,805.00	1,697.00
70	1,610.00	1,466.00	70	2,117.00	1,989.00
75	1,823.00	1,664.00	75	2,427.00	2,281.00
80	1,965.00	1,792.00	80	2,700.00	2,537.00
85	2,020.00	1,841.00	85	3,070.00	2,885.00

**Annual Premium - Optional Benefits**

Part A Deductible (\$1,316):	Area 1		Area 2		
	Age	Male	Female	Male	Female
	Under 65	\$1,212.00	\$1,267.00	\$1,054.00	\$1,102.00
	65	253.00	273.00	220.00	237.00
	70	343.00	361.00	298.00	314.00
	75	454.00	469.00	395.00	408.00
	80	605.00	616.00	526.00	536.00
	85	967.00	960.00	841.00	835.00

**Part B Deductible (\$183):** \$140.00 for all ages, all areas

Rates effective January 2017



**Aetna Life Insurance Company (American Grandparents Association continued)**

**Part B Excess Charges:**                    **Area 1:** \$52.00 for all ages  
   **Area 2:** \$45.00 for all ages

**Additional Home Health Visits:**    **Area 1:** \$14.00 for all ages  
   **Area 2:** \$12.00 for all ages

**Foreign Travel Emergency:**         **Area 1:** \$14.00 for all ages  
   **Area 2:** \$12.00 for all ages

Part B copayment or coinsurance rider offered.  
Rates for tobacco users are higher outside of open enrollment period.  
Different premiums for each age between age 65 and 85.  
Policy fee or administrative fee charged with initial enrollment.  
Multi-policy household discount offered.  
Discount offered for Electronic Funds Transfer (EFT) premium payment.

**UnitedHealthcare Insurance Company (AARP)**  
**680 Blair Mill Road**  
**Horsham, PA 19044**  
**(www.aarpmedicaresupplement.com)**

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

**Form No.** MDMW 0838, MDNW 0839, CRMD 05, CRMD 06, CRMD 07, CRMD 14,  
 MAMW 0840, MANW 0841, CRMA 08, CRMA 09, CRMA 10, CRMA 15

**First-Year Commission:** \$345 Maximum

**Waiting Period:** 3 Months **See enrollment discount.\***

**Area 1:** Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha Counties

**Area 2:** Adams, Barron, Bayfield, Brown, Chippewa, Clark, Columbia, Dane, Door,  
 Eau Claire, Florence, Fond du Lac, Forest, Green Lake, Iron, Juneau, Lafayette,  
 Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee,  
 Oconto, Oneida, Outagamie, Pepin, Portage, Rock, Sauk, Sawyer, Sheboygan,  
 St. Croix, Taylor, Vilas, Walworth, Washburn, Waupaca, Waushara, Winnebago,  
 and Wood Counties

**Area 3:** Ashland, Buffalo, Burnett, Calumet, Crawford, Dodge, Douglas, Dunn, Grant,  
 Green, Iowa, Jackson, Jefferson, Kewaunee, La Crosse, Monroe, Pierce, Polk,  
 Price, Richland, Rusk, Shawano, Trempealeau, and Vernon Counties

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

Area 1		Area 1	
Age	Amount	Age	Amount
Under 65	\$4,575.00	Under 65	\$5,847.00
65	1,778.64*	65	2,274.24*
70	2,159.76*	70	2,761.44*
75	2,795.04	75	3,573.84
80	2,795.04	80	3,573.84
85	2,795.04	85	3,573.84
Area 2		Area 2	
Under 65	\$3,705.00	Under 65	\$4,737.00
65	1,440.60*	65	1,841.64*
70	1,749.24*	70	2,236.20*
75	2,263.80	75	2,894.04
80	2,263.80	80	2,894.04
85	2,263.80	85	2,894.04

Rates effective January 2017

**UnitedHealthcare Insurance Company (AARP continued)**

**Annual Premium - Basic Policy**

**Annual Premium - All Options**

Area 3		Area 3	
Age	Amount	Age	Amount
Under 65	\$3,390.00	Under 65	\$4,332.00
65	1,318.80*	65	1,684.20*
70	1,601.40*	70	2,044.92*
75	2,072.40	75	2,646.60
80	2,072.40	80	2,646.60
85	2,072.40	85	2,646.60

**Annual Premium - Optional Benefits**

**Part A Deductible (\$1,316), Part B Excess Charges, and Foreign Travel Emergency:**

Age	Area 1	Area 2	Area 3
Under 65	\$744.00	\$606.00	\$552.00
65	289.80	235.20	214.20
70	351.84	285.60	260.04
75	455.40	369.60	336.60
80	455.40	369.60	336.60
85	455.40	369.60	336.60

**Part B Deductible (\$183):**

Age	Area 1	Area 2	Area 3
Under 65	\$453.00	\$366.00	\$336.00
65	176.40	142.80	130.20
70	214.20	173.40	158.04
75	277.20	224.40	204.60
80	277.20	224.40	204.60
85	277.20	224.40	204.60

**Additional Home Health Care:**

Age	Area 1	Area 2	Area 3
Under 65	\$75.00	\$60.00	\$54.00
65	29.40	23.04	21.00
70	35.64	27.96	25.44
75	46.20	36.24	33.00
80	46.20	36.24	33.00
85	46.20	36.24	33.00

Individuals applying for the UnitedHealthcare Group Medicare Supplement Policy must be members of AARP.

\* **Enrollment discount** included in rates for age 65 and 70: insureds who are within 3 years of their 65th birthday or Part B effective date, if later; insureds between 3 years and less than 6 years of their 65th birthday or Part B effective date, if later, and meet underwriting requirement. The enrollment discount decreases by 3% each year until the enrollment discount is 0%.

**UnitedHealthcare Insurance Company (AARP continued)**

Part B copayment or coinsurance rider offered.

Rates for tobacco users are higher outside of open enrollment period.

Multi-policy household discount offered.

Part A Deductible (50%) offered.

Discount offered for Electronic Funds Transfer (EFT) premium payment.

Please contact Customer Service Toll Free number at 1-800-523-5800 for your premium rate and to determine if you are eligible for any available discounts.

### **MEDICARE SUPPLEMENT POLICIES—MEDICARE SELECT**

Medicare select policies are offered by HMOs and PPOs. HMOs are prepaid health plans. You pay the HMO a set premium each month for all covered services. You must use the doctors and hospitals that are connected to the plan. There is less paperwork if you join an HMO. PPOs will provide reduced benefits if you receive care from providers who are not connected to the plan. All Medicare select policies contain similar benefits and these benefits are included in the basic policy.

**Dean Health Plan, Inc.**  
**1277 Deming Way**  
**Madison, WI 53717**  
**(www.deancare.com)**

**Consumer Service Telephone No.** 1-888-422-3326

**Form No.** 6999-1216

**First-Year Commission:** None

**Waiting Period:** None

**Premiums are based on attained age.**

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

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**Annual Premium - Basic Policy**

<b>Age</b>	<b>Amount</b>
Under 65	\$2,652.00
65	1,728.00
70	2,064.00
75	2,592.00
80	3,024.00
85	3,396.00

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**Part A Deductible (\$1,316):** In basic policy

**Part B Deductible (\$183):** In basic policy

**Additional Home Health Care:** In basic policy

**Foreign Travel Emergency:** In basic policy

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

**Consumer Service Telephone No.** 1-608-828-4853

**Form No.** CSC16-28-08-1(08/16)/F

**First-Year Commission:** 10%

**Waiting Period:** None

**Premiums are based on issue age.**

**Area:** Dane, Jefferson, Green, Lafayette, Rock, Columbia, Dodge, Iowa, Sauk, Adams, Richland, Vernon, and Juneau Counties

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**Annual Premium - Basic Policy**

<b>Age</b>	<b>Amount</b>
Under 65	\$2,833.80
65	2,046.84
70	2,519.76
75	3,068.52
80	3,326.52
85	3,326.52

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**Part A Deductible (\$1,316):** In basic policy

**Part B Deductible (\$183):** In basic policy

**Additional Home Health Care:** In basic policy

**Foreign Travel Emergency:** In basic policy

**Health Tradition Health Plan  
1808 East Main Street  
Onalaska, WI 54650  
(www.healthtradition.com)**

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

**Form No.** 221HTH207

**First-Year Commission:** 15%

**Waiting Period:** None

**Premiums are based on attained age.**

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**Area:** Buffalo, Crawford, Grant, Jackson, Juneau, La Crosse, Monroe, Richland, Sauk, Trempealeau, and Vernon Counties

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**Annual Premium - Basic Policy**

<b>Age</b>	<b>Amount</b>
Under 65	\$2,451.48
65	1,622.28
70	2,076.36
75	2,452.80
80	2,803.20
85	3,114.72

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**Part A Deductible (\$1,316):** In basic policy

**Part B Deductible (\$183):** In basic policy

**Additional Home Health Care:** In basic policy

**Foreign Travel Emergency:** In basic policy



**MercyCare HMO, Inc.**  
**580 North Washington Street**  
**P.O. Box 550**  
**Janesville, WI 53547-0550**  
**(www.mercycarehealthplans.com)**

**Consumer Service Telephone No.** 1-800-895-2421

**Form No.** MCSPNOV2013

**First-Year Commission:** None

**Waiting Period:** None

**Premiums are based on attained age.**

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**Area 1:** Rock, Walworth, and Green Counties

**Area 2:** Jefferson County

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**Annual Premium - Basic Policy**

<b>Age</b>	<b>Area 1 Amount</b>	<b>Area 2 Amount</b>
Under 65	\$2,280.00	\$2,752.80
65	1,500.00	1,988.04
70	1,740.00	2,421.36
75	1,980.00	2,663.52
80	2,160.00	2,994.84
85	2,400.00	3,555.60

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**Part A Deductible (\$1,316):** In basic policy

**Part B Deductible (\$183):** In basic policy

**Additional Home Health Care:** In basic policy

**Foreign Travel Emergency:** In basic policy

Different premiums for each age between age 65 and 85.

**Physicians Plus Insurance Corporation**  
**2650 Novation Parkway, Suite 400**  
**Madison, WI 53713**  
**(pplusic.com)**

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

**Form No.** P+6004

**First-Year Commission:** \$20.05

**Waiting Period:** None

**Premiums are based on issue age.**

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**Area:** Adams, Columbia, Crawford, Dane, Dodge, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, LaFayette, Marquette, Richland, Rock, Sauk, Vernon, and Waushara Counties

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**Annual Premium - Basic Policy**

<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$2,952.00	\$2,640.00
65	1,824.00	1,572.00
70	1,956.00	1,776.00
75	2,256.00	2,028.00
80	2,688.00	2,388.00
85	3,060.00	2,880.00

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**Part A Deductible (\$1,316):** In basic policy

**Part B Deductible (\$183):** In basic policy

**Additional Home Health Care:** In basic policy

**Foreign Travel Emergency:** In basic policy

**Security Health Plan of Wisconsin, Inc.**  
**1515 North St. Joseph Avenue**  
**Marshfield, WI 54449**  
**(<https://securityhealth.org>)**

**Consumer Service Telephone No.** 1-800-472-2363

**Form No.** INS-00016

**First-Year Commission:** \$35.00 per month

**Waiting Period:** None

**Premiums are based on attained age.**

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

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**Annual Premium - Basic Policy**

<b>Age</b>	<b>Amount</b>
Under 65	\$3,384.00
65	1,854.00
70	2,550.00
75	3,186.00
80	3,636.00
85	4,404.00

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**Part A Deductible (\$1,316):** In basic policy

**Part B Deductible (\$183):** In basic policy

**Additional Home Health Care:** In basic policy

**Foreign Travel Emergency:** In basic policy

Discount offered for Electronic Funds Transfer (EFT) premium payment.

**Unity Health Plans Insurance Corporation**  
**840 Carolina Street**  
**Sauk City, WI 53583**  
**(<https://unityhealth.com>)**

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

**Form No.** UH00804

**First-Year Commission:** \$3.00 per month

**Waiting Period:** 180 Days

**Premiums are based on attained age.**

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

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**Annual Premium - Basic Policy**

<b>Age</b>	<b>Male</b>	<b>Female</b>
Under 65	\$3,240.00	\$2,952.00
65	1,716.00	1,680.00
70	2,040.00	1,920.00
75	2,376.00	2,184.00
80	2,868.00	2,520.00
85	3,276.00	3,048.00

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**Part A Deductible (\$1,316):** In basic policy

**Part B Deductible (\$183):** In basic policy

**Additional Home Health Care:** In basic policy

**Foreign Travel Emergency:** In basic policy

## MEDICARE COST INSURANCE

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

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

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

**HealthPartners Insurance Company**  
**8170 33rd Avenue South**  
**P.O. Box 1309**  
**Minneapolis, MN 55425**  
**(healthpartners.com/medicare)**

**Consumer Service Telephone No.** 1-800-247-7015, TTY 711

**Form No.** EOC-200.16 COST WI BA RXD      **First-Year Commission:** Contact plan  
EOC-200.16 COST WI BA  
EOC-200.16 COST WI B

**Waiting Period:** None      **Premiums are not based on age.**

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

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**Annual Premium**

<b>Type of Policy</b>	<b>Amount</b>
WI Freedom Balance with Rx	\$1,849.20
WI Freedom Balance	1,188.00
WI Freedom Basic	720.00

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**Part A Deductible (\$1,316):** In all policies

**Part B Deductible (\$183):** In all policies

**Additional Home Health Care:** In WI Freedom Balance with Rx and WI Freedom Balance policies

**Foreign Travel Emergency:** In WI Freedom Balance with Rx and WI Freedom Balance policies

Rates effective January 2017

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

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

**Form No.** WI-PRI-EOC-17-100-01      **First-Year Commission:** \$25.00 - \$34.00

**Waiting Period:** None      **Premiums are not based on age.**

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

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**Annual Premium**

<b>Type of Policy</b>	<b>Amount</b>
Thrift Policy	\$ 588.00
Value Policy	804.00
Basic Policy	948.00
Enhanced Policy	1,884.00

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**Part A Deductible (\$1,316):** In basic policy

**Part B Deductible (\$183):** In basic policy

**Additional Home Health Care:** In basic policy

**Foreign Travel Emergency:** In basic policy

Rates effective January 2017

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

**Consumer Service Telephone No.** 1-866-821-1365

**Form No.** Y0045 H5256 PBP 004\_MAHP 784      **First-Year Commission:** \$18.00  
Y0045 H5256 PBP 002\_MAHP 783  
Y0045 H5256 PBP 001\_MAHP 782

**Waiting Period:** None

**Premiums are not based on age.**

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**Area:** Crawford, Grant, Iowa, and Lafayette Counties

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**Annual Premium**

<b>Type of Policy</b>	<b>Amount</b>
Freedom Plan	\$1,896.00
Community Plan	1,656.00
Smart Plan	1,296.00

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**Part A Deductible (\$1,316):** In all policies

**Part B Deductible (\$183):** In all policies

**Additional Home Health Care:** In all policies

**Foreign Travel Emergency:** In all policies