

**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY**  
San Antonio, Texas  
**OUTLINE OF MEDICARE SUPPLEMENT COVERAGE**

**OUTLINE OF COVERAGE FOR  
POLICY FORM MTP28**

**MEDICARE SUPPLEMENT INSURANCE**

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

**PREMIUM INFORMATION:**

We, Government Personnel Mutual Life, can only raise your premium if we raise the premium for all policies like yours in the same geographic area of this state. Until you are age 99, your premium will change each year. The new premium will be based upon your age.

**DISCLOSURES:**

Use this outline of coverage to compare benefits and premiums among policies.

**READ YOUR POLICY VERY CAREFULLY:**

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

**RIGHT TO RETURN POLICY:**

If you find that you are not satisfied with your policy, you may return it to us at our administrative office, 3316 Farnam Street, Omaha, NE 68175. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments directly to you.

**POLICY REPLACEMENT:**

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

**NOTICE:**

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

**NEITHER GOVERNMENT PERSONNEL MUTUAL LIFE NOR ITS AGENTS ARE CONNECTED WITH  
MEDICARE.**

**ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE FEMALE NON-TOBACCO**  
**ZIP CODES: 539-543, 545-548**

<b>Attained Age</b>	<b>Basic</b>	<b>Part A Deductible</b>	<b>Part B Excess Charges</b>	<b>Additional Home Health Care</b>	<b>Foreign Travel Emergency Rider</b>	<b>Part B Copayment or Coinsurance Premium Reduction</b>
<b>Thru 64</b>	2,899.77	493.47	76.39	33.51	23.71	(900.97)
<b>65</b>	1,095.11	209.99	32.52	14.26	10.08	(383.36)
<b>66</b>	1,092.29	212.81	33.33	14.44	10.08	(393.07)
<b>67</b>	1,091.57	213.53	33.88	14.53	10.08	(398.39)
<b>68</b>	1,136.62	222.08	35.33	15.08	10.27	(415.62)
<b>69</b>	1,170.23	230.71	36.33	15.71	10.54	(428.46)
<b>70</b>	1,202.47	239.42	37.42	16.26	10.72	(440.46)
<b>71</b>	1,233.17	248.24	38.33	16.90	10.90	(451.74)
<b>72</b>	1,282.21	256.95	39.24	17.43	11.17	(462.39)
<b>73</b>	1,332.17	266.67	40.24	18.17	11.44	(474.08)
<b>74</b>	1,375.31	276.84	41.14	18.80	11.72	(484.62)
<b>75</b>	1,417.92	285.74	41.69	19.44	11.99	(491.31)
<b>76</b>	1,455.79	297.55	42.69	20.25	12.35	(502.69)
<b>77</b>	1,491.76	307.73	43.41	20.89	12.62	(511.35)
<b>78</b>	1,525.36	317.63	44.05	21.62	12.99	(519.39)
<b>79</b>	1,560.34	325.98	44.51	22.16	13.26	(524.92)
<b>80</b>	1,588.31	335.79	45.14	22.79	13.62	(532.86)
<b>81</b>	1,616.19	344.24	45.60	23.44	13.89	(537.76)
<b>82</b>	1,640.35	354.50	46.14	24.16	14.26	(544.45)
<b>83</b>	1,662.07	364.40	46.68	24.80	14.62	(551.34)
<b>84</b>	1,682.22	373.03	47.05	25.34	14.89	(554.89)
<b>85</b>	1,701.02	383.20	47.50	26.07	15.26	(560.94)
<b>86</b>	1,715.11	393.56	48.05	26.80	15.71	(567.00)
<b>87</b>	1,730.36	402.55	48.32	27.43	15.98	(570.23)
<b>88</b>	1,746.44	411.08	48.59	27.98	16.35	(573.36)
<b>89</b>	1,762.70	419.71	48.87	28.52	16.71	(577.12)
<b>90</b>	1,787.86	430.88	49.32	29.34	17.17	(583.28)
<b>91</b>	1,805.12	440.25	49.59	29.97	17.53	(586.94)
<b>92</b>	1,823.10	449.78	49.96	30.61	17.90	(590.38)
<b>93</b>	1,841.90	459.41	50.23	31.24	18.25	(594.24)
<b>94</b>	1,861.34	469.77	50.50	31.97	18.71	(598.21)
<b>95</b>	1,898.49	484.56	51.32	32.97	19.25	(607.82)
<b>96</b>	1,917.84	495.20	51.59	33.70	19.71	(611.47)
<b>97</b>	1,936.27	505.28	51.86	34.33	20.07	(614.60)
<b>98</b>	1,955.07	515.72	52.14	35.06	20.52	(617.94)
<b>99+</b>	1,974.24	526.53	52.41	35.78	20.89	(621.08)

**Part B Deductible Attained Age Annual Premium All Ages 147.00**

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

**ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE FEMALE TOBACCO  
ZIP CODES: 539-543, 545-548**

<b>Attained Age</b>	<b>Basic</b>	<b>Part A Deductible</b>	<b>Part B Excess Charges</b>	<b>Additional Home Health Care</b>	<b>Foreign Travel Emergency Rider</b>	<b>Part B Copayment or Coinsurance Premium Reduction</b>
<b>Thru 64</b>	3,333.07	567.21	87.80	38.52	27.25	(1,035.60)
<b>65</b>	1,258.75	241.37	37.38	16.39	11.59	(440.64)
<b>66</b>	1,255.51	244.61	38.31	16.60	11.59	(451.80)
<b>67</b>	1,254.68	245.44	38.94	16.70	11.59	(457.92)
<b>68</b>	1,306.46	255.26	40.61	17.33	11.80	(477.72)
<b>69</b>	1,345.09	265.18	41.76	18.06	12.11	(492.48)
<b>70</b>	1,382.15	275.20	43.01	18.69	12.32	(506.28)
<b>71</b>	1,417.44	285.33	44.06	19.42	12.53	(519.24)
<b>72</b>	1,473.81	295.35	45.10	20.04	12.84	(531.48)
<b>73</b>	1,531.23	306.52	46.25	20.88	13.15	(544.92)
<b>74</b>	1,580.82	318.21	47.29	21.61	13.47	(557.04)
<b>75</b>	1,629.79	328.44	47.92	22.34	13.78	(564.72)
<b>76</b>	1,673.32	342.01	49.07	23.28	14.20	(577.80)
<b>77</b>	1,714.67	353.71	49.90	24.01	14.51	(587.76)
<b>78</b>	1,753.29	365.09	50.63	24.85	14.93	(597.00)
<b>79</b>	1,793.49	374.69	51.16	25.47	15.24	(603.36)
<b>80</b>	1,825.64	385.97	51.89	26.20	15.66	(612.48)
<b>81</b>	1,857.69	395.68	52.41	26.94	15.97	(618.12)
<b>82</b>	1,885.46	407.47	53.04	27.77	16.39	(625.80)
<b>83</b>	1,910.42	418.85	53.66	28.50	16.81	(633.72)
<b>84</b>	1,933.59	428.77	54.08	29.13	17.12	(637.80)
<b>85</b>	1,955.20	440.46	54.60	29.96	17.54	(644.76)
<b>86</b>	1,971.39	452.37	55.23	30.80	18.06	(651.72)
<b>87</b>	1,988.92	462.70	55.54	31.53	18.37	(655.44)
<b>88</b>	2,007.40	472.51	55.85	32.16	18.79	(659.04)
<b>89</b>	2,026.09	482.43	56.17	32.78	19.21	(663.36)
<b>90</b>	2,055.01	495.27	56.69	33.72	19.73	(670.44)
<b>91</b>	2,074.85	506.03	57.00	34.45	20.15	(674.64)
<b>92</b>	2,095.52	516.99	57.42	35.18	20.57	(678.60)
<b>93</b>	2,117.13	528.06	57.73	35.91	20.98	(683.04)
<b>94</b>	2,139.47	539.96	58.05	36.75	21.51	(687.60)
<b>95</b>	2,182.17	556.97	58.99	37.90	22.13	(698.64)
<b>96</b>	2,204.41	569.19	59.30	38.73	22.65	(702.84)
<b>97</b>	2,225.60	580.78	59.61	39.46	23.07	(706.44)
<b>98</b>	2,247.21	592.78	59.93	40.30	23.59	(710.28)
<b>99+</b>	2,269.24	605.21	60.24	41.13	24.01	(713.88)

**Part B Deductible Attained Age Annual Premium All Ages 147.00**

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

**ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE MALE NON-TOBACCO**  
**ZIP CODES: 539-543, 545-548**

<b>Attained Age</b>	<b>Basic</b>	<b>Part A Deductible</b>	<b>Part B Excess Charges</b>	<b>Additional Home Health Care</b>	<b>Foreign Travel Emergency Rider</b>	<b>Part B Copayment or Coinsurance Premium Reduction</b>
<b>Thru 64</b>	3,333.07	567.21	87.80	38.52	27.25	(900.97)
<b>65</b>	1,258.75	241.37	37.38	16.39	11.59	(383.36)
<b>66</b>	1,255.51	244.61	38.31	16.60	11.59	(393.07)
<b>67</b>	1,254.68	245.44	38.94	16.70	11.59	(398.39)
<b>68</b>	1,306.46	255.26	40.61	17.33	11.80	(415.62)
<b>69</b>	1,345.09	265.18	41.76	18.06	12.11	(428.46)
<b>70</b>	1,382.15	275.20	43.01	18.69	12.32	(440.46)
<b>71</b>	1,417.44	285.33	44.06	19.42	12.53	(451.74)
<b>72</b>	1,473.81	295.35	45.10	20.04	12.84	(462.39)
<b>73</b>	1,531.23	306.52	46.25	20.88	13.15	(474.08)
<b>74</b>	1,580.82	318.21	47.29	21.61	13.47	(484.62)
<b>75</b>	1,629.79	328.44	47.92	22.34	13.78	(491.31)
<b>76</b>	1,673.32	342.01	49.07	23.28	14.20	(502.69)
<b>77</b>	1,714.67	353.71	49.90	24.01	14.51	(511.35)
<b>78</b>	1,753.29	365.09	50.63	24.85	14.93	(519.39)
<b>79</b>	1,793.49	374.69	51.16	25.47	15.24	(524.92)
<b>80</b>	1,825.64	385.97	51.89	26.20	15.66	(532.86)
<b>81</b>	1,857.69	395.68	52.41	26.94	15.97	(537.76)
<b>82</b>	1,885.46	407.47	53.04	27.77	16.39	(544.45)
<b>83</b>	1,910.42	418.85	53.66	28.50	16.81	(551.34)
<b>84</b>	1,933.59	428.77	54.08	29.13	17.12	(554.89)
<b>85</b>	1,955.20	440.46	54.60	29.96	17.54	(560.94)
<b>86</b>	1,971.39	452.37	55.23	30.80	18.06	(567.00)
<b>87</b>	1,988.92	462.70	55.54	31.53	18.37	(570.23)
<b>88</b>	2,007.40	472.51	55.85	32.16	18.79	(573.36)
<b>89</b>	2,026.09	482.43	56.17	32.78	19.21	(577.12)
<b>90</b>	2,055.01	495.27	56.69	33.72	19.73	(583.28)
<b>91</b>	2,074.85	506.03	57.00	34.45	20.15	(586.94)
<b>92</b>	2,095.52	516.99	57.42	35.18	20.57	(590.38)
<b>93</b>	2,117.13	528.06	57.73	35.91	20.98	(594.24)
<b>94</b>	2,139.47	539.96	58.05	36.75	21.51	(598.21)
<b>95</b>	2,182.17	556.97	58.99	37.90	22.13	(607.82)
<b>96</b>	2,204.41	569.19	59.30	38.73	22.65	(611.47)
<b>97</b>	2,225.60	580.78	59.61	39.46	23.07	(614.60)
<b>98</b>	2,247.21	592.78	59.93	40.30	23.59	(617.94)
<b>99+</b>	2,269.24	605.21	60.24	41.13	24.01	(621.08)

**Part B Deductible Attained Age Annual Premium All Ages 147.00**

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

**ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE MALE TOBACCO**  
**ZIP CODES: 539-543, 545-548**

<b>Attained Age</b>	<b>Basic</b>	<b>Part A Deductible</b>	<b>Part B Excess Charges</b>	<b>Additional Home Health Care</b>	<b>Foreign Travel Emergency Rider</b>	<b>Part B Copayment or Coinsurance Premium Reduction</b>
<b>Thru 64</b>	3,831.12	651.96	100.92	44.28	31.32	(1,035.60)
<b>65</b>	1,446.84	277.44	42.96	18.84	13.32	(440.64)
<b>66</b>	1,443.12	281.16	44.04	19.08	13.32	(451.80)
<b>67</b>	1,442.16	282.12	44.76	19.20	13.32	(457.92)
<b>68</b>	1,501.68	293.40	46.68	19.92	13.56	(477.72)
<b>69</b>	1,546.08	304.80	48.00	20.76	13.92	(492.48)
<b>70</b>	1,588.68	316.32	49.44	21.48	14.16	(506.28)
<b>71</b>	1,629.24	327.96	50.64	22.32	14.40	(519.24)
<b>72</b>	1,694.04	339.48	51.84	23.04	14.76	(531.48)
<b>73</b>	1,760.04	352.32	53.16	24.00	15.12	(544.92)
<b>74</b>	1,817.04	365.76	54.36	24.84	15.48	(557.04)
<b>75</b>	1,873.32	377.52	55.08	25.68	15.84	(564.72)
<b>76</b>	1,923.36	393.12	56.40	26.76	16.32	(577.80)
<b>77</b>	1,970.88	406.56	57.36	27.60	16.68	(587.76)
<b>78</b>	2,015.28	419.64	58.20	28.56	17.16	(597.00)
<b>79</b>	2,061.48	430.68	58.80	29.28	17.52	(603.36)
<b>80</b>	2,098.44	443.64	59.64	30.12	18.00	(612.48)
<b>81</b>	2,135.28	454.80	60.24	30.96	18.36	(618.12)
<b>82</b>	2,167.20	468.36	60.96	31.92	18.84	(625.80)
<b>83</b>	2,195.88	481.44	61.68	32.76	19.32	(633.72)
<b>84</b>	2,222.52	492.84	62.16	33.48	19.68	(637.80)
<b>85</b>	2,247.36	506.28	62.76	34.44	20.16	(644.76)
<b>86</b>	2,265.96	519.96	63.48	35.40	20.76	(651.72)
<b>87</b>	2,286.12	531.84	63.84	36.24	21.12	(655.44)
<b>88</b>	2,307.36	543.12	64.20	36.96	21.60	(659.04)
<b>89</b>	2,328.84	554.52	64.56	37.68	22.08	(663.36)
<b>90</b>	2,362.08	569.28	65.16	38.76	22.68	(670.44)
<b>91</b>	2,384.88	581.64	65.52	39.60	23.16	(674.64)
<b>92</b>	2,408.64	594.24	66.00	40.44	23.64	(678.60)
<b>93</b>	2,433.48	606.96	66.36	41.28	24.12	(683.04)
<b>94</b>	2,459.16	620.64	66.72	42.24	24.72	(687.60)
<b>95</b>	2,508.24	640.20	67.80	43.56	25.44	(698.64)
<b>96</b>	2,533.80	654.24	68.16	44.52	26.04	(702.84)
<b>97</b>	2,558.16	667.56	68.52	45.36	26.52	(706.44)
<b>98</b>	2,583.00	681.36	68.88	46.32	27.12	(710.28)
<b>99+</b>	2,608.32	695.64	69.24	47.28	27.60	(713.88)

**Part B Deductible Attained Age Annual Premium All Ages 147.00**

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**ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE FEMALE NON-TOBACCO**

**ZIP CODES: 53001-004, 53006, 53009-011, 53013-016, 53018-021, 53023, 53026-027, 53029, 53031-032, 53034-036, 53038-040, 53042, 53044, 53047-050, 53056-066, 53069-070, 53073-075, 53078-083, 53085-086, 53088, 53090-091, 53093-095, 53098-099, 53101, 53103, 53105, 53114-115, 53118-121, 53125, 53127-128, 53137-139, 53147-149, 53152-153, 53156-157, 53167-168, 53170, 53176, 53178-179, 53181**

<b>Attained Age</b>	<b>Basic</b>	<b>Part A Deductible</b>	<b>Part B Excess Charges</b>	<b>Additional Home Health Care</b>	<b>Foreign Travel Emergency Rider</b>	<b>Part B Copayment or Coinsurance Premium Reduction</b>
<b>Thru 64</b>	3,189.75	542.82	84.02	36.86	26.08	(991.07)
<b>65</b>	1,204.63	230.99	35.77	15.69	11.09	(421.69)
<b>66</b>	1,201.52	234.09	36.66	15.89	11.09	(432.37)
<b>67</b>	1,200.73	234.88	37.26	15.98	11.09	(438.23)
<b>68</b>	1,250.29	244.29	38.86	16.58	11.29	(457.18)
<b>69</b>	1,287.25	253.78	39.97	17.29	11.59	(471.31)
<b>70</b>	1,322.72	263.37	41.16	17.89	11.79	(484.51)
<b>71</b>	1,356.49	273.06	42.17	18.58	11.99	(496.91)
<b>72</b>	1,410.44	282.65	43.16	19.17	12.28	(508.63)
<b>73</b>	1,465.38	293.34	44.27	19.98	12.59	(521.49)
<b>74</b>	1,512.84	304.53	45.26	20.68	12.89	(533.08)
<b>75</b>	1,559.71	314.31	45.86	21.38	13.19	(540.44)
<b>76</b>	1,601.37	327.30	46.96	22.28	13.59	(552.95)
<b>77</b>	1,640.94	338.50	47.75	22.98	13.89	(562.49)
<b>78</b>	1,677.90	349.39	48.45	23.79	14.29	(571.33)
<b>79</b>	1,716.37	358.58	48.96	24.38	14.58	(577.42)
<b>80</b>	1,747.13	369.38	49.66	25.07	14.99	(586.15)
<b>81</b>	1,777.81	378.67	50.16	25.78	15.29	(591.54)
<b>82</b>	1,804.39	389.95	50.76	26.58	15.69	(598.89)
<b>83</b>	1,828.27	400.84	51.36	27.27	16.09	(606.47)
<b>84</b>	1,850.45	410.34	51.76	27.87	16.38	(610.37)
<b>85</b>	1,871.13	421.52	52.25	28.68	16.78	(617.04)
<b>86</b>	1,886.62	432.92	52.85	29.48	17.29	(623.69)
<b>87</b>	1,903.39	442.80	53.15	30.17	17.58	(627.25)
<b>88</b>	1,921.08	452.19	53.45	30.78	17.98	(630.70)
<b>89</b>	1,938.97	461.68	53.76	31.37	18.38	(634.84)
<b>90</b>	1,966.64	473.98	54.25	32.27	18.88	(641.61)
<b>91</b>	1,985.64	484.27	54.55	32.97	19.29	(645.63)
<b>92</b>	2,005.41	494.76	54.95	33.67	19.69	(649.42)
<b>93</b>	2,026.09	505.36	55.25	34.37	20.08	(653.67)
<b>94</b>	2,047.48	516.75	55.56	35.17	20.58	(658.03)
<b>95</b>	2,088.34	533.02	56.45	36.27	21.18	(668.60)
<b>96</b>	2,109.62	544.72	56.75	37.06	21.68	(672.61)
<b>97</b>	2,129.90	555.81	57.05	37.77	22.08	(676.06)
<b>98</b>	2,150.58	567.29	57.35	38.57	22.58	(679.74)
<b>99+</b>	2,171.66	579.19	57.65	39.36	22.98	(683.18)

**Part B Deductible Attained Age Annual Premium All Ages 147.00**

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

**ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE FEMALE TOBACCO**

**ZIP CODES: 53001-004, 53006, 53009-011, 53013-016, 53018-021, 53023, 53026-027, 53029, 53031-032, 53034-036, 53038-040, 53042, 53044, 53047-050, 53056-066, 53069-070, 53073-075, 53078-083, 53085-086, 53088, 53090-091, 53093-095, 53098-099, 53101, 53103, 53105, 53114-115, 53118-121, 53125, 53127-128, 53137-139, 53147-149, 53152-153, 53156-157, 53167-168, 53170, 53176, 53178-179, 53181**

<b>Attained Age</b>	<b>Basic</b>	<b>Part A Deductible</b>	<b>Part B Excess Charges</b>	<b>Additional Home Health Care</b>	<b>Foreign Travel Emergency Rider</b>	<b>Part B Copayment or Coinsurance Premium Reduction</b>
<b>Thru 64</b>	3,666.38	623.93	96.58	42.37	29.98	(1,139.16)
<b>65</b>	1,384.63	265.51	41.12	18.03	12.75	(484.70)
<b>66</b>	1,381.06	269.07	42.14	18.26	12.75	(496.98)
<b>67</b>	1,380.15	269.98	42.83	18.37	12.75	(503.71)
<b>68</b>	1,437.11	280.79	44.67	19.06	12.98	(525.49)
<b>69</b>	1,479.60	291.70	45.94	19.87	13.32	(541.73)
<b>70</b>	1,520.37	302.72	47.31	20.56	13.55	(556.91)
<b>71</b>	1,559.18	313.86	48.47	21.36	13.78	(571.16)
<b>72</b>	1,621.19	324.89	49.61	22.04	14.12	(584.63)
<b>73</b>	1,684.35	337.17	50.88	22.97	14.47	(599.41)
<b>74</b>	1,738.90	350.03	52.02	23.77	14.82	(612.74)
<b>75</b>	1,792.77	361.28	52.71	24.57	15.16	(621.19)
<b>76</b>	1,840.65	376.21	53.98	25.61	15.62	(635.58)
<b>77</b>	1,886.14	389.08	54.89	26.41	15.96	(646.54)
<b>78</b>	1,928.62	401.60	55.69	27.34	16.42	(656.70)
<b>79</b>	1,972.84	412.16	56.28	28.02	16.76	(663.70)
<b>80</b>	2,008.20	424.57	57.08	28.82	17.23	(673.73)
<b>81</b>	2,043.46	435.25	57.65	29.63	17.57	(679.93)
<b>82</b>	2,074.01	448.22	58.34	30.55	18.03	(688.38)
<b>83</b>	2,101.46	460.74	59.03	31.35	18.49	(697.09)
<b>84</b>	2,126.95	471.65	59.49	32.04	18.83	(701.58)
<b>85</b>	2,150.72	484.51	60.06	32.96	19.29	(709.24)
<b>86</b>	2,168.53	497.61	60.75	33.88	19.87	(716.89)
<b>87</b>	2,187.81	508.97	61.09	34.68	20.21	(720.98)
<b>88</b>	2,208.14	519.76	61.44	35.38	20.67	(724.94)
<b>89</b>	2,228.70	530.67	61.79	36.06	21.13	(729.70)
<b>90</b>	2,260.51	544.80	62.36	37.09	21.70	(737.48)
<b>91</b>	2,282.34	556.63	62.70	37.90	22.17	(742.10)
<b>92</b>	2,305.07	568.69	63.16	38.70	22.63	(746.46)
<b>93</b>	2,328.84	580.87	63.50	39.50	23.08	(751.34)
<b>94</b>	2,353.42	593.96	63.86	40.43	23.66	(756.36)
<b>95</b>	2,400.39	612.67	64.89	41.69	24.34	(768.50)
<b>96</b>	2,424.85	626.11	65.23	42.60	24.92	(773.12)
<b>97</b>	2,448.16	638.86	65.57	43.41	25.38	(777.08)
<b>98</b>	2,471.93	652.06	65.92	44.33	25.95	(781.31)
<b>99+</b>	2,496.16	665.73	66.26	45.24	26.41	(785.27)

**Part B Deductible Attained Age Annual Premium All Ages 147.00**

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

**ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE MALE NON-TOBACCO**

**ZIP CODES: 53001-004, 53006, 53009-011, 53013-016, 53018-021, 53023, 53026-027, 53029, 53031-032, 53034-036, 53038-040, 53042, 53044, 53047-050, 53056-066, 53069-070, 53073-075, 53078-083, 53085-086, 53088, 53090-091, 53093-095, 53098-099, 53101, 53103, 53105, 53114-115, 53118-121, 53125, 53127-128, 53137-139, 53147-149, 53152-153, 53156-157, 53167-168, 53170, 53176, 53178-179, 53181**

<b>Attained Age</b>	<b>Basic</b>	<b>Part A Deductible</b>	<b>Part B Excess Charges</b>	<b>Additional Home Health Care</b>	<b>Foreign Travel Emergency Rider</b>	<b>Part B Copayment or Coinsurance Premium Reduction</b>
<b>Thru 64</b>	3,666.38	623.93	96.58	42.38	29.97	(991.07)
<b>65</b>	1,384.62	265.51	41.12	18.03	12.75	(421.69)
<b>66</b>	1,381.06	269.07	42.14	18.26	12.75	(432.37)
<b>67</b>	1,380.15	269.99	42.84	18.37	12.75	(438.23)
<b>68</b>	1,437.11	280.78	44.67	19.06	12.98	(457.18)
<b>69</b>	1,479.60	291.69	45.94	19.87	13.32	(471.31)
<b>70</b>	1,520.37	302.72	47.31	20.56	13.55	(484.51)
<b>71</b>	1,559.18	313.86	48.46	21.36	13.78	(496.91)
<b>72</b>	1,621.19	324.88	49.61	22.05	14.13	(508.63)
<b>73</b>	1,684.35	337.17	50.88	22.97	14.47	(521.49)
<b>74</b>	1,738.90	350.04	52.03	23.77	14.82	(533.08)
<b>75</b>	1,792.77	361.28	52.71	24.58	15.16	(540.44)
<b>76</b>	1,840.66	376.21	53.97	25.61	15.62	(552.95)
<b>77</b>	1,886.13	389.08	54.90	26.41	15.96	(562.49)
<b>78</b>	1,928.62	401.59	55.70	27.34	16.43	(571.33)
<b>79</b>	1,972.84	412.16	56.27	28.02	16.76	(577.42)
<b>80</b>	2,008.20	424.56	57.07	28.82	17.23	(586.15)
<b>81</b>	2,043.46	435.24	57.65	29.63	17.57	(591.54)
<b>82</b>	2,074.01	448.22	58.34	30.55	18.03	(598.89)
<b>83</b>	2,101.46	460.73	59.03	31.35	18.49	(606.47)
<b>84</b>	2,126.95	471.64	59.49	32.04	18.84	(610.37)
<b>85</b>	2,150.73	484.51	60.06	32.96	19.30	(617.04)
<b>86</b>	2,168.53	497.61	60.75	33.88	19.87	(623.69)
<b>87</b>	2,187.82	508.97	61.09	34.68	20.21	(627.25)
<b>88</b>	2,208.15	519.76	61.44	35.37	20.67	(630.70)
<b>89</b>	2,228.70	530.67	61.79	36.06	21.13	(634.84)
<b>90</b>	2,260.51	544.80	62.36	37.10	21.71	(641.61)
<b>91</b>	2,282.33	556.63	62.70	37.90	22.17	(645.63)
<b>92</b>	2,305.07	568.68	63.16	38.70	22.62	(649.42)
<b>93</b>	2,328.84	580.86	63.51	39.51	23.08	(653.67)
<b>94</b>	2,353.42	593.95	63.85	40.42	23.66	(658.03)
<b>95</b>	2,400.38	612.67	64.88	41.69	24.34	(668.60)
<b>96</b>	2,424.85	626.10	65.23	42.60	24.92	(672.61)
<b>97</b>	2,448.16	638.86	65.57	43.41	25.38	(676.06)
<b>98</b>	2,471.93	652.07	65.92	44.33	25.95	(679.74)
<b>99+</b>	2,496.16	665.72	66.26	45.25	26.41	(683.18)

**Part B Deductible Attained Age Annual Premium All Ages 147.00**

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.



**ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE MALE TOBACCO**

**ZIP CODES: 53001-004, 53006, 53009-011, 53013-016, 53018-021, 53023, 53026-027, 53029, 53031-032, 53034-036, 53038-040, 53042, 53044, 53047-050, 53056-066, 53069-070, 53073-075, 53078-083, 53085-086, 53088, 53090-091, 53093-095, 53098-099, 53101, 53103, 53105, 53114-115, 53118-121, 53125, 53127-128, 53137-139, 53147-149, 53152-153, 53156-157, 53167-168, 53170, 53176, 53178-179, 53181**

<b>Attained Age</b>	<b>Basic</b>	<b>Part A Deductible</b>	<b>Part B Excess Charges</b>	<b>Additional Home Health Care</b>	<b>Foreign Travel Emergency Rider</b>	<b>Part B Copayment or Coinsurance Premium Reduction</b>
<b>Thru 64</b>	4,214.23	717.16	111.01	48.71	34.45	(1,139.16)
<b>65</b>	1,591.52	305.18	47.26	20.72	14.65	(484.70)
<b>66</b>	1,587.43	309.28	48.44	20.99	14.65	(496.98)
<b>67</b>	1,586.38	310.33	49.24	21.12	14.65	(503.71)
<b>68</b>	1,651.85	322.74	51.35	21.91	14.92	(525.49)
<b>69</b>	1,700.69	335.28	52.80	22.84	15.31	(541.73)
<b>70</b>	1,747.55	347.95	54.38	23.63	15.58	(556.91)
<b>71</b>	1,792.16	360.76	55.70	24.55	15.84	(571.16)
<b>72</b>	1,863.44	373.43	57.02	25.34	16.24	(584.63)
<b>73</b>	1,936.04	387.55	58.48	26.40	16.63	(599.41)
<b>74</b>	1,998.74	402.34	59.80	27.32	17.03	(612.74)
<b>75</b>	2,060.65	415.27	60.59	28.25	17.42	(621.19)
<b>76</b>	2,115.70	432.43	62.04	29.44	17.95	(635.58)
<b>77</b>	2,167.97	447.22	63.10	30.36	18.35	(646.54)
<b>78</b>	2,216.81	461.60	64.02	31.42	18.88	(656.70)
<b>79</b>	2,267.63	473.75	64.68	32.21	19.27	(663.70)
<b>80</b>	2,308.28	488.00	65.60	33.13	19.80	(673.73)
<b>81</b>	2,348.81	500.28	66.26	34.06	20.20	(679.93)
<b>82</b>	2,383.92	515.20	67.06	35.11	20.72	(688.38)
<b>83</b>	2,415.47	529.58	67.85	36.04	21.25	(697.09)
<b>84</b>	2,444.77	542.12	68.38	36.83	21.65	(701.58)
<b>85</b>	2,472.10	556.91	69.04	37.88	22.18	(709.24)
<b>86</b>	2,492.56	571.96	69.83	38.94	22.84	(716.89)
<b>87</b>	2,514.73	585.02	70.22	39.86	23.23	(720.98)
<b>88</b>	2,538.10	597.43	70.62	40.66	23.76	(724.94)
<b>89</b>	2,561.72	609.97	71.02	41.45	24.29	(729.70)
<b>90</b>	2,598.29	626.21	71.68	42.64	24.95	(737.48)
<b>91</b>	2,623.37	639.80	72.07	43.56	25.48	(742.10)
<b>92</b>	2,649.50	653.66	72.60	44.48	26.00	(746.46)
<b>93</b>	2,676.83	667.66	73.00	45.41	26.53	(751.34)
<b>94</b>	2,705.08	682.70	73.39	46.46	27.19	(756.36)
<b>95</b>	2,759.06	704.22	74.58	47.92	27.98	(768.50)
<b>96</b>	2,787.18	719.66	74.98	48.97	28.64	(773.12)
<b>97</b>	2,813.98	734.32	75.37	49.90	29.17	(777.08)
<b>98</b>	2,841.30	749.50	75.77	50.95	29.83	(781.31)
<b>99+</b>	2,869.15	765.20	76.16	52.01	30.36	(785.27)

**Part B Deductible Attained Age Annual Premium All Ages 147.00**

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

**ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE FEMALE NON-TOBACCO**  
**ZIP CODES: 53183-185, 53190-192, 53195, 53199, 535, 537-538, 544, 549**

<b>Attained Age</b>	<b>Basic</b>	<b>Part A Deductible</b>	<b>Part B Excess Charges</b>	<b>Additional Home Health Care</b>	<b>Foreign Travel Emergency Rider</b>	<b>Part B Copayment or Coinsurance Premium Reduction</b>
<b>Thru 64</b>	3,189.75	542.82	84.02	36.86	26.08	(991.07)
<b>65</b>	1,204.63	230.99	35.77	15.69	11.09	(421.69)
<b>66</b>	1,201.52	234.09	36.66	15.89	11.09	(432.37)
<b>67</b>	1,200.73	234.88	37.26	15.98	11.09	(438.23)
<b>68</b>	1,250.29	244.29	38.86	16.58	11.29	(457.18)
<b>69</b>	1,287.25	253.78	39.97	17.29	11.59	(471.31)
<b>70</b>	1,322.72	263.37	41.16	17.89	11.79	(484.51)
<b>71</b>	1,356.49	273.06	42.17	18.58	11.99	(496.91)
<b>72</b>	1,410.44	282.65	43.16	19.17	12.28	(508.63)
<b>73</b>	1,465.38	293.34	44.27	19.98	12.59	(521.49)
<b>74</b>	1,512.84	304.53	45.26	20.68	12.89	(533.08)
<b>75</b>	1,559.71	314.31	45.86	21.38	13.19	(540.44)
<b>76</b>	1,601.37	327.30	46.96	22.28	13.59	(552.95)
<b>77</b>	1,640.94	338.50	47.75	22.98	13.89	(562.49)
<b>78</b>	1,677.90	349.39	48.45	23.79	14.29	(571.33)
<b>79</b>	1,716.37	358.58	48.96	24.38	14.58	(577.42)
<b>80</b>	1,747.13	369.38	49.66	25.07	14.99	(586.15)
<b>81</b>	1,777.81	378.67	50.16	25.78	15.29	(591.54)
<b>82</b>	1,804.39	389.95	50.76	26.58	15.69	(598.89)
<b>83</b>	1,828.27	400.84	51.36	27.27	16.09	(606.47)
<b>84</b>	1,850.45	410.34	51.76	27.87	16.38	(610.37)
<b>85</b>	1,871.13	421.52	52.25	28.68	16.78	(617.04)
<b>86</b>	1,886.62	432.92	52.85	29.48	17.29	(623.69)
<b>87</b>	1,903.39	442.80	53.15	30.17	17.58	(627.25)
<b>88</b>	1,921.08	452.19	53.45	30.78	17.98	(630.70)
<b>89</b>	1,938.97	461.68	53.76	31.37	18.38	(634.84)
<b>90</b>	1,966.64	473.98	54.25	32.27	18.88	(641.61)
<b>91</b>	1,985.64	484.27	54.55	32.97	19.29	(645.63)
<b>92</b>	2,005.41	494.76	54.95	33.67	19.69	(649.42)
<b>93</b>	2,026.09	505.36	55.25	34.37	20.08	(653.67)
<b>94</b>	2,047.48	516.75	55.56	35.17	20.58	(658.03)
<b>95</b>	2,088.34	533.02	56.45	36.27	21.18	(668.60)
<b>96</b>	2,109.62	544.72	56.75	37.06	21.68	(672.61)
<b>97</b>	2,129.90	555.81	57.05	37.77	22.08	(676.06)
<b>98</b>	2,150.58	567.29	57.35	38.57	22.58	(679.74)
<b>99+</b>	2,171.66	579.19	57.65	39.36	22.98	(683.18)

**Part B Deductible Attained Age Annual Premium All Ages 147.00**

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

**ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE FEMALE TOBACCO**  
**ZIP CODES: 53183-185, 53190-192, 53195, 53199, 535, 537-538, 544, 549**

<b>Attained Age</b>	<b>Basic</b>	<b>Part A Deductible</b>	<b>Part B Excess Charges</b>	<b>Additional Home Health Care</b>	<b>Foreign Travel Emergency Rider</b>	<b>Part B Copayment or Coinsurance Premium Reduction</b>
<b>Thru 64</b>	3,666.38	623.93	96.58	42.37	29.98	(1,139.16)
<b>65</b>	1,384.63	265.51	41.12	18.03	12.75	(484.70)
<b>66</b>	1,381.06	269.07	42.14	18.26	12.75	(496.98)
<b>67</b>	1,380.15	269.98	42.83	18.37	12.75	(503.71)
<b>68</b>	1,437.11	280.79	44.67	19.06	12.98	(525.49)
<b>69</b>	1,479.60	291.70	45.94	19.87	13.32	(541.73)
<b>70</b>	1,520.37	302.72	47.31	20.56	13.55	(556.91)
<b>71</b>	1,559.18	313.86	48.47	21.36	13.78	(571.16)
<b>72</b>	1,621.19	324.89	49.61	22.04	14.12	(584.63)
<b>73</b>	1,684.35	337.17	50.88	22.97	14.47	(599.41)
<b>74</b>	1,738.90	350.03	52.02	23.77	14.82	(612.74)
<b>75</b>	1,792.77	361.28	52.71	24.57	15.16	(621.19)
<b>76</b>	1,840.65	376.21	53.98	25.61	15.62	(635.58)
<b>77</b>	1,886.14	389.08	54.89	26.41	15.96	(646.54)
<b>78</b>	1,928.62	401.60	55.69	27.34	16.42	(656.70)
<b>79</b>	1,972.84	412.16	56.28	28.02	16.76	(663.70)
<b>80</b>	2,008.20	424.57	57.08	28.82	17.23	(673.73)
<b>81</b>	2,043.46	435.25	57.65	29.63	17.57	(679.93)
<b>82</b>	2,074.01	448.22	58.34	30.55	18.03	(688.38)
<b>83</b>	2,101.46	460.74	59.03	31.35	18.49	(697.09)
<b>84</b>	2,126.95	471.65	59.49	32.04	18.83	(701.58)
<b>85</b>	2,150.72	484.51	60.06	32.96	19.29	(709.24)
<b>86</b>	2,168.53	497.61	60.75	33.88	19.87	(716.89)
<b>87</b>	2,187.81	508.97	61.09	34.68	20.21	(720.98)
<b>88</b>	2,208.14	519.76	61.44	35.38	20.67	(724.94)
<b>89</b>	2,228.70	530.67	61.79	36.06	21.13	(729.70)
<b>90</b>	2,260.51	544.80	62.36	37.09	21.70	(737.48)
<b>91</b>	2,282.34	556.63	62.70	37.90	22.17	(742.10)
<b>92</b>	2,305.07	568.69	63.16	38.70	22.63	(746.46)
<b>93</b>	2,328.84	580.87	63.50	39.50	23.08	(751.34)
<b>94</b>	2,353.42	593.96	63.86	40.43	23.66	(756.36)
<b>95</b>	2,400.39	612.67	64.89	41.69	24.34	(768.50)
<b>96</b>	2,424.85	626.11	65.23	42.60	24.92	(773.12)
<b>97</b>	2,448.16	638.86	65.57	43.41	25.38	(777.08)
<b>98</b>	2,471.93	652.06	65.92	44.33	25.95	(781.31)
<b>99+</b>	2,496.16	665.73	66.26	45.24	26.41	(785.27)

**Part B Deductible Attained Age Annual Premium All Ages 147.00**

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

**ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE MALE NON-TOBACCO**  
**ZIP CODES: 53183-185, 53190-192, 53195, 53199, 535, 537-538, 544, 549**

<b>Attained Age</b>	<b>Basic</b>	<b>Part A Deductible</b>	<b>Part B Excess Charges</b>	<b>Additional Home Health Care</b>	<b>Foreign Travel Emergency Rider</b>	<b>Part B Copayment or Coinsurance Premium Reduction</b>
<b>Thru 64</b>	3,666.38	623.93	96.58	42.38	29.97	(991.07)
<b>65</b>	1,384.62	265.51	41.12	18.03	12.75	(421.69)
<b>66</b>	1,381.06	269.07	42.14	18.26	12.75	(432.37)
<b>67</b>	1,380.15	269.99	42.84	18.37	12.75	(438.23)
<b>68</b>	1,437.11	280.78	44.67	19.06	12.98	(457.18)
<b>69</b>	1,479.60	291.69	45.94	19.87	13.32	(471.31)
<b>70</b>	1,520.37	302.72	47.31	20.56	13.55	(484.51)
<b>71</b>	1,559.18	313.86	48.46	21.36	13.78	(496.91)
<b>72</b>	1,621.19	324.88	49.61	22.05	14.13	(508.63)
<b>73</b>	1,684.35	337.17	50.88	22.97	14.47	(521.49)
<b>74</b>	1,738.90	350.04	52.03	23.77	14.82	(533.08)
<b>75</b>	1,792.77	361.28	52.71	24.58	15.16	(540.44)
<b>76</b>	1,840.66	376.21	53.97	25.61	15.62	(552.95)
<b>77</b>	1,886.13	389.08	54.90	26.41	15.96	(562.49)
<b>78</b>	1,928.62	401.59	55.70	27.34	16.43	(571.33)
<b>79</b>	1,972.84	412.16	56.27	28.02	16.76	(577.42)
<b>80</b>	2,008.20	424.56	57.07	28.82	17.23	(586.15)
<b>81</b>	2,043.46	435.24	57.65	29.63	17.57	(591.54)
<b>82</b>	2,074.01	448.22	58.34	30.55	18.03	(598.89)
<b>83</b>	2,101.46	460.73	59.03	31.35	18.49	(606.47)
<b>84</b>	2,126.95	471.64	59.49	32.04	18.84	(610.37)
<b>85</b>	2,150.73	484.51	60.06	32.96	19.30	(617.04)
<b>86</b>	2,168.53	497.61	60.75	33.88	19.87	(623.69)
<b>87</b>	2,187.82	508.97	61.09	34.68	20.21	(627.25)
<b>88</b>	2,208.15	519.76	61.44	35.37	20.67	(630.70)
<b>89</b>	2,228.70	530.67	61.79	36.06	21.13	(634.84)
<b>90</b>	2,260.51	544.80	62.36	37.10	21.71	(641.61)
<b>91</b>	2,282.33	556.63	62.70	37.90	22.17	(645.63)
<b>92</b>	2,305.07	568.68	63.16	38.70	22.62	(649.42)
<b>93</b>	2,328.84	580.86	63.51	39.51	23.08	(653.67)
<b>94</b>	2,353.42	593.95	63.85	40.42	23.66	(658.03)
<b>95</b>	2,400.38	612.67	64.88	41.69	24.34	(668.60)
<b>96</b>	2,424.85	626.10	65.23	42.60	24.92	(672.61)
<b>97</b>	2,448.16	638.86	65.57	43.41	25.38	(676.06)
<b>98</b>	2,471.93	652.07	65.92	44.33	25.95	(679.74)
<b>99+</b>	2,496.16	665.72	66.26	45.25	26.41	(683.18)

**Part B Deductible Attained Age Annual Premium All Ages 147.00**

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

**ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE MALE TOBACCO**  
**ZIP CODES: 53183-185, 53190-192, 53195, 53199, 535, 537-538, 544, 549**

<b>Attained Age</b>	<b>Basic</b>	<b>Part A Deductible</b>	<b>Part B Excess Charges</b>	<b>Additional Home Health Care</b>	<b>Foreign Travel Emergency Rider</b>	<b>Part B Copayment or Coinsurance Premium Reduction</b>
<b>Thru 64</b>	4,214.23	717.16	111.01	48.71	34.45	(1,139.16)
<b>65</b>	1,591.52	305.18	47.26	20.72	14.65	(484.70)
<b>66</b>	1,587.43	309.28	48.44	20.99	14.65	(496.98)
<b>67</b>	1,586.38	310.33	49.24	21.12	14.65	(503.71)
<b>68</b>	1,651.85	322.74	51.35	21.91	14.92	(525.49)
<b>69</b>	1,700.69	335.28	52.80	22.84	15.31	(541.73)
<b>70</b>	1,747.55	347.95	54.38	23.63	15.58	(556.91)
<b>71</b>	1,792.16	360.76	55.70	24.55	15.84	(571.16)
<b>72</b>	1,863.44	373.43	57.02	25.34	16.24	(584.63)
<b>73</b>	1,936.04	387.55	58.48	26.40	16.63	(599.41)
<b>74</b>	1,998.74	402.34	59.80	27.32	17.03	(612.74)
<b>75</b>	2,060.65	415.27	60.59	28.25	17.42	(621.19)
<b>76</b>	2,115.70	432.43	62.04	29.44	17.95	(635.58)
<b>77</b>	2,167.97	447.22	63.10	30.36	18.35	(646.54)
<b>78</b>	2,216.81	461.60	64.02	31.42	18.88	(656.70)
<b>79</b>	2,267.63	473.75	64.68	32.21	19.27	(663.70)
<b>80</b>	2,308.28	488.00	65.60	33.13	19.80	(673.73)
<b>81</b>	2,348.81	500.28	66.26	34.06	20.20	(679.93)
<b>82</b>	2,383.92	515.20	67.06	35.11	20.72	(688.38)
<b>83</b>	2,415.47	529.58	67.85	36.04	21.25	(697.09)
<b>84</b>	2,444.77	542.12	68.38	36.83	21.65	(701.58)
<b>85</b>	2,472.10	556.91	69.04	37.88	22.18	(709.24)
<b>86</b>	2,492.56	571.96	69.83	38.94	22.84	(716.89)
<b>87</b>	2,514.73	585.02	70.22	39.86	23.23	(720.98)
<b>88</b>	2,538.10	597.43	70.62	40.66	23.76	(724.94)
<b>89</b>	2,561.72	609.97	71.02	41.45	24.29	(729.70)
<b>90</b>	2,598.29	626.21	71.68	42.64	24.95	(737.48)
<b>91</b>	2,623.37	639.80	72.07	43.56	25.48	(742.10)
<b>92</b>	2,649.50	653.66	72.60	44.48	26.00	(746.46)
<b>93</b>	2,676.83	667.66	73.00	45.41	26.53	(751.34)
<b>94</b>	2,705.08	682.70	73.39	46.46	27.19	(756.36)
<b>95</b>	2,759.06	704.22	74.58	47.92	27.98	(768.50)
<b>96</b>	2,787.18	719.66	74.98	48.97	28.64	(773.12)
<b>97</b>	2,813.98	734.32	75.37	49.90	29.17	(777.08)
<b>98</b>	2,841.30	749.50	75.77	50.95	29.83	(781.31)
<b>99+</b>	2,869.15	765.20	76.16	52.01	30.36	(785.27)

**Part B Deductible Attained Age Annual Premium All Ages 147.00**

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

**ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE FEMALE NON-TOBACCO**

**ZIP CODES: 53005, 53007-008, 53012, 53017, 53022, 53024, 53033, 53037, 53045-046, 53051-052, 53072, 53076, 53089, 53092, 53097, 53102, 53104, 53108-110, 53122, 53126, 53129-130, 53132, 53140-144, 53146, 53150-151, 53154, 53158-159, 53171-172, 53177, 53182, 53186-189, 53194, 532, 534**

<b>Attained Age</b>	<b>Basic</b>	<b>Part A Deductible</b>	<b>Part B Excess Charges</b>	<b>Additional Home Health Care</b>	<b>Foreign Travel Emergency Rider</b>	<b>Part B Copayment or Coinsurance Premium Reduction</b>
<b>Thru 64</b>	3,479.72	592.17	91.66	40.21	28.45	(1,081.17)
<b>65</b>	1,314.14	251.99	39.03	17.11	12.10	(460.03)
<b>66</b>	1,310.75	255.37	39.99	17.33	12.10	(471.68)
<b>67</b>	1,309.89	256.24	40.66	17.43	12.10	(478.07)
<b>68</b>	1,363.94	266.49	42.40	18.10	12.32	(498.74)
<b>69</b>	1,404.28	276.85	43.60	18.85	12.64	(514.15)
<b>70</b>	1,442.96	287.31	44.90	19.51	12.86	(528.56)
<b>71</b>	1,479.81	297.89	46.00	20.27	13.08	(542.09)
<b>72</b>	1,538.66	308.35	47.08	20.92	13.41	(554.87)
<b>73</b>	1,598.61	320.00	48.29	21.80	13.73	(568.89)
<b>74</b>	1,650.37	332.21	49.37	22.56	14.06	(581.55)
<b>75</b>	1,701.50	342.89	50.03	23.32	14.39	(589.56)
<b>76</b>	1,746.94	357.06	51.23	24.31	14.82	(603.22)
<b>77</b>	1,790.11	369.27	52.10	25.06	15.15	(613.62)
<b>78</b>	1,830.44	381.16	52.86	25.94	15.59	(623.27)
<b>79</b>	1,872.41	391.18	53.41	26.59	15.91	(629.91)
<b>80</b>	1,905.97	402.95	54.17	27.35	16.35	(639.43)
<b>81</b>	1,939.43	413.09	54.71	28.13	16.67	(645.31)
<b>82</b>	1,968.42	425.40	55.38	28.99	17.11	(653.34)
<b>83</b>	1,994.48	437.28	56.02	29.75	17.55	(661.60)
<b>84</b>	2,018.67	447.63	56.46	30.42	17.87	(665.86)
<b>85</b>	2,041.23	459.84	57.00	31.28	18.31	(673.13)
<b>86</b>	2,058.13	472.27	57.66	32.16	18.85	(680.39)
<b>87</b>	2,076.43	483.06	57.99	32.92	19.17	(684.28)
<b>88</b>	2,095.73	493.30	58.31	33.57	19.62	(688.04)
<b>89</b>	2,115.24	503.66	58.64	34.23	20.05	(692.55)
<b>90</b>	2,145.43	517.06	59.19	35.20	20.60	(699.94)
<b>91</b>	2,166.14	528.30	59.51	35.97	21.04	(704.33)
<b>92</b>	2,187.72	539.74	59.94	36.73	21.47	(708.46)
<b>93</b>	2,210.29	551.29	60.27	37.49	21.91	(713.10)
<b>94</b>	2,233.60	563.72	60.60	38.37	22.45	(717.85)
<b>95</b>	2,278.18	581.47	61.59	39.57	23.11	(729.38)
<b>96</b>	2,301.40	594.24	61.91	40.44	23.65	(733.77)
<b>97</b>	2,323.53	606.34	62.23	41.19	24.08	(737.53)
<b>98</b>	2,346.09	618.87	62.57	42.07	24.63	(741.54)
<b>99+</b>	2,369.09	631.84	62.89	42.94	25.06	(745.29)

**Part B Deductible Attained Age Annual Premium All Ages 147.00**

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

**ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE FEMALE TOBACCO**

**ZIP CODES: 53005, 53007-008, 53012, 53017, 53022, 53024, 53033, 53037, 53045-046, 53051-052, 53072, 53076, 53089, 53092, 53097, 53102, 53104, 53108-110, 53122, 53126, 53129-130, 53132, 53140-144, 53146, 53150-151, 53154, 53158-159, 53171-172, 53177, 53182, 53186-189, 53194, 532, 534**

<b>Attained Age</b>	<b>Basic</b>	<b>Part A Deductible</b>	<b>Part B Excess Charges</b>	<b>Additional Home Health Care</b>	<b>Foreign Travel Emergency Rider</b>	<b>Part B Copayment or Coinsurance Premium Reduction</b>
<b>Thru 64</b>	3,999.68	680.65	105.36	46.22	32.70	(1,242.72)
<b>65</b>	1,510.50	289.64	44.86	19.67	13.91	(528.77)
<b>66</b>	1,506.61	293.53	45.97	19.92	13.91	(542.16)
<b>67</b>	1,505.62	294.53	46.73	20.04	13.91	(549.50)
<b>68</b>	1,567.75	306.31	48.73	20.80	14.16	(573.26)
<b>69</b>	1,614.11	318.22	50.11	21.67	14.53	(590.98)
<b>70</b>	1,658.58	330.24	51.61	22.43	14.78	(607.54)
<b>71</b>	1,700.93	342.40	52.87	23.30	15.04	(623.09)
<b>72</b>	1,768.57	354.42	54.12	24.05	15.41	(637.78)
<b>73</b>	1,837.48	367.82	55.50	25.06	15.78	(653.90)
<b>74</b>	1,896.98	381.85	56.75	25.93	16.16	(668.45)
<b>75</b>	1,955.75	394.13	57.50	26.81	16.54	(677.66)
<b>76</b>	2,007.98	410.41	58.88	27.94	17.04	(693.36)
<b>77</b>	2,057.60	424.45	59.88	28.81	17.41	(705.31)
<b>78</b>	2,103.95	438.11	60.76	29.82	17.92	(716.40)
<b>79</b>	2,152.19	449.63	61.39	30.56	18.29	(724.03)
<b>80</b>	2,190.77	463.16	62.27	31.44	18.79	(734.98)
<b>81</b>	2,229.23	474.82	62.89	32.33	19.16	(741.74)
<b>82</b>	2,262.55	488.96	63.65	33.32	19.67	(750.96)
<b>83</b>	2,292.50	502.62	64.39	34.20	20.17	(760.46)
<b>84</b>	2,320.31	514.52	64.90	34.96	20.54	(765.36)
<b>85</b>	2,346.24	528.55	65.52	35.95	21.05	(773.71)
<b>86</b>	2,365.67	542.84	66.28	36.96	21.67	(782.06)
<b>87</b>	2,386.70	555.24	66.65	37.84	22.04	(786.53)
<b>88</b>	2,408.88	567.01	67.02	38.59	22.55	(790.85)
<b>89</b>	2,431.31	578.92	67.40	39.34	23.05	(796.03)
<b>90</b>	2,466.01	594.32	68.03	40.46	23.68	(804.53)
<b>91</b>	2,489.82	607.24	68.40	41.34	24.18	(809.57)
<b>92</b>	2,514.62	620.39	68.90	42.22	24.68	(814.32)
<b>93</b>	2,540.56	633.67	69.28	43.09	25.18	(819.65)
<b>94</b>	2,567.36	647.95	69.66	44.10	25.81	(825.12)
<b>95</b>	2,618.60	668.36	70.79	45.48	26.56	(838.37)
<b>96</b>	2,645.29	683.03	71.16	46.48	27.18	(843.41)
<b>97</b>	2,670.72	696.94	71.53	47.35	27.68	(847.73)
<b>98</b>	2,696.65	711.34	71.92	48.36	28.31	(852.34)
<b>99+</b>	2,723.09	726.25	72.29	49.36	28.81	(856.66)

**Part B Deductible Attained Age Annual Premium All Ages 147.00**

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

**ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE MALE NON-TOBACCO**

**ZIP CODES: 53005, 53007-008, 53012, 53017, 53022, 53024, 53033, 53037, 53045-046, 53051-052, 53072, 53076, 53089, 53092, 53097, 53102, 53104, 53108-110, 53122, 53126, 53129-130, 53132, 53140-144, 53146, 53150-151, 53154, 53158-159, 53171-172, 53177, 53182, 53186-189, 53194, 532, 534**

<b>Attained Age</b>	<b>Basic</b>	<b>Part A Deductible</b>	<b>Part B Excess Charges</b>	<b>Additional Home Health Care</b>	<b>Foreign Travel Emergency Rider</b>	<b>Part B Copayment or Coinsurance Premium Reduction</b>
<b>Thru 64</b>	3,999.69	680.64	105.36	46.23	32.69	(1,081.17)
<b>65</b>	1,510.50	289.65	44.85	19.67	13.90	(460.03)
<b>66</b>	1,506.61	293.53	45.98	19.92	13.90	(471.68)
<b>67</b>	1,505.61	294.53	46.73	20.04	13.90	(478.07)
<b>68</b>	1,567.76	306.31	48.74	20.79	14.15	(498.74)
<b>69</b>	1,614.11	318.21	50.11	21.67	14.53	(514.15)
<b>70</b>	1,658.59	330.23	51.62	22.43	14.78	(528.56)
<b>71</b>	1,700.93	342.39	52.87	23.30	15.03	(542.09)
<b>72</b>	1,768.58	354.42	54.12	24.06	15.41	(554.87)
<b>73</b>	1,837.48	367.82	55.50	25.06	15.78	(568.89)
<b>74</b>	1,896.99	381.85	56.75	25.93	16.16	(581.55)
<b>75</b>	1,955.74	394.13	57.51	26.81	16.54	(589.56)
<b>76</b>	2,007.99	410.41	58.88	27.94	17.03	(603.22)
<b>77</b>	2,057.60	424.45	59.88	28.81	17.42	(613.62)
<b>78</b>	2,103.96	438.11	60.76	29.81	17.91	(623.27)
<b>79</b>	2,152.19	449.63	61.39	30.57	18.29	(629.91)
<b>80</b>	2,190.77	463.16	62.27	31.44	18.79	(639.43)
<b>81</b>	2,229.24	474.81	62.89	32.32	19.17	(645.31)
<b>82</b>	2,262.56	488.97	63.64	33.32	19.67	(653.34)
<b>83</b>	2,292.50	502.63	64.40	34.20	20.17	(661.60)
<b>84</b>	2,320.31	514.53	64.89	34.96	20.55	(665.86)
<b>85</b>	2,346.24	528.56	65.52	35.96	21.05	(673.13)
<b>86</b>	2,365.66	542.84	66.28	36.96	21.67	(680.39)
<b>87</b>	2,386.71	555.24	66.65	37.84	22.05	(684.28)
<b>88</b>	2,408.88	567.01	67.02	38.58	22.55	(688.04)
<b>89</b>	2,431.31	578.92	67.40	39.34	23.06	(692.55)
<b>90</b>	2,466.02	594.33	68.03	40.46	23.68	(699.94)
<b>91</b>	2,489.82	607.23	68.40	41.34	24.18	(704.33)
<b>92</b>	2,514.62	620.39	68.90	42.22	24.68	(708.46)
<b>93</b>	2,540.56	633.66	69.28	43.10	25.18	(713.10)
<b>94</b>	2,567.36	647.95	69.65	44.10	25.80	(717.85)
<b>95</b>	2,618.60	668.37	70.78	45.47	26.56	(729.38)
<b>96</b>	2,645.29	683.03	71.16	46.48	27.19	(733.77)
<b>97</b>	2,670.72	696.93	71.53	47.35	27.68	(737.53)
<b>98</b>	2,696.65	711.34	71.91	48.35	28.31	(741.54)
<b>99+</b>	2,723.08	726.25	72.29	49.36	28.81	(745.29)

**Part B Deductible Attained Age Annual Premium All Ages 147.00**

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.



**ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE MALE TOBACCO**

**ZIP CODES: 53005, 53007-008, 53012, 53017, 53022, 53024, 53033, 53037, 53045-046, 53051-052, 53072, 53076, 53089, 53092, 53097, 53102, 53104, 53108-110, 53122, 53126, 53129-130, 53132, 53140-144, 53146, 53150-151, 53154, 53158-159, 53171-172, 53177, 53182, 53186-189, 53194, 532, 534**

<b>Attained Age</b>	<b>Basic</b>	<b>Part A Deductible</b>	<b>Part B Excess Charges</b>	<b>Additional Home Health Care</b>	<b>Foreign Travel Emergency Rider</b>	<b>Part B Copayment or Coinsurance Premium Reduction</b>
<b>Thru 64</b>	4,597.34	782.35	121.10	53.14	37.58	(1,242.72)
<b>65</b>	1,736.21	332.93	51.55	22.61	15.98	(528.77)
<b>66</b>	1,731.74	337.39	52.85	22.90	15.98	(542.16)
<b>67</b>	1,730.59	338.54	53.71	23.04	15.98	(549.50)
<b>68</b>	1,802.02	352.08	56.02	23.90	16.27	(573.26)
<b>69</b>	1,855.30	365.76	57.60	24.91	16.70	(590.98)
<b>70</b>	1,906.42	379.58	59.33	25.78	16.99	(607.54)
<b>71</b>	1,955.09	393.55	60.77	26.78	17.28	(623.09)
<b>72</b>	2,032.85	407.38	62.21	27.65	17.71	(637.78)
<b>73</b>	2,112.05	422.78	63.79	28.80	18.14	(653.90)
<b>74</b>	2,180.45	438.91	65.23	29.81	18.58	(668.45)
<b>75</b>	2,247.98	453.02	66.10	30.82	19.01	(677.66)
<b>76</b>	2,308.03	471.74	67.68	32.11	19.58	(693.36)
<b>77</b>	2,365.06	487.87	68.83	33.12	20.02	(705.31)
<b>78</b>	2,418.34	503.57	69.84	34.27	20.59	(716.40)
<b>79</b>	2,473.78	516.82	70.56	35.14	21.02	(724.03)
<b>80</b>	2,518.13	532.37	71.57	36.14	21.60	(734.98)
<b>81</b>	2,562.34	545.76	72.29	37.15	22.03	(741.74)
<b>82</b>	2,600.64	562.03	73.15	38.30	22.61	(750.96)
<b>83</b>	2,635.06	577.73	74.02	39.31	23.18	(760.46)
<b>84</b>	2,667.02	591.41	74.59	40.18	23.62	(765.36)
<b>85</b>	2,696.83	607.54	75.31	41.33	24.19	(773.71)
<b>86</b>	2,719.15	623.95	76.18	42.48	24.91	(782.06)
<b>87</b>	2,743.34	638.21	76.61	43.49	25.34	(786.53)
<b>88</b>	2,768.83	651.74	77.04	44.35	25.92	(790.85)
<b>89</b>	2,794.61	665.42	77.47	45.22	26.50	(796.03)
<b>90</b>	2,834.50	683.14	78.19	46.51	27.22	(804.53)
<b>91</b>	2,861.86	697.97	78.62	47.52	27.79	(809.57)
<b>92</b>	2,890.37	713.09	79.20	48.53	28.37	(814.32)
<b>93</b>	2,920.18	728.35	79.63	49.54	28.94	(819.65)
<b>94</b>	2,950.99	744.77	80.06	50.69	29.66	(825.12)
<b>95</b>	3,009.89	768.24	81.36	52.27	30.53	(838.37)
<b>96</b>	3,040.56	785.09	81.79	53.42	31.25	(843.41)
<b>97</b>	3,069.79	801.07	82.22	54.43	31.82	(847.73)
<b>98</b>	3,099.60	817.63	82.66	55.58	32.54	(852.34)
<b>99+</b>	3,129.98	834.77	83.09	56.74	33.12	(856.66)

**Part B Deductible Attained Age Annual Premium All Ages 147.00**

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

## MEDICARE SUPPLEMENT POLICIES - PART A BENEFITS

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

Services	Per Benefit Period	Medicare Pays	The Policy Pays	You Pay
<b>MEDICARE PART A BENEFITS</b> HOSPITALIZATION Semiprivate room and board, general nursing, and miscellaneous services and supplies	First 60 days	All but a \$1,216 deductible	\$0	\$1,216
			Optional Part A deductible rider OMN6B*	\$0
	61 <sup>st</sup> to 90 <sup>th</sup> day	All but \$304 per day	\$304 per day	\$0
	91 <sup>st</sup> day and after: While using 60 lifetime reserve days	All but \$608 per day	\$608 per day	\$0
	Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare-eligible expenses**	\$0
	Beyond the additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$152 per day	Up to \$152 per day	\$0
	101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>INPATIENT PSYCHIATRIC CARE</b> In a participating psychiatric hospital		190 days per lifetime	175 additional days per lifetime	The expense you incur after Medicare has paid 190 days and we have paid 175 additional days
<b>BLOOD</b>	First 3 pints	\$0	First 3 pints	\$0
	Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

## MEDICARE SUPPLEMENT POLICIES - PART B BENEFITS

Services	Per Calendar year	Medicare Pays	The Policy Pays	You Pay
<b>MEDICARE PART B BENEFITS MEDICAL EXPENSES</b> Eligible expenses for physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$147 of Medicare-approved amounts*	\$0	\$0	\$147 (Part B deductible)
			Optional Part B deductible rider OMN8B**  or  Optional Part B copayment or coinsurance rider*** OMP1B	\$0          Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	Expense incurred above the Medicare-approved charges
			Optional Medicare Part B excess charges rider OMN9B**	Expenses not paid by Medicare or the policy
<b>BLOOD</b>	First 3 pints	\$0	All costs	Expenses not paid by Medicare or the policy
	Next \$147 of Medicare-approved amounts*	\$0	\$147 (Part B deductible)	
	Remainder of Medicare-approved amounts	80%	20%	
<b>CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES</b>		100%	\$0	

\*Once you have been billed \$147.00 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

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

\*\*\*This is an optional rider that may decrease your premium when you pay copayments for medical and emergency room visits

## PART B BENEFITS (continued)

Services	Per Calendar Year	Medicare Pays	The Policy Pays	You Pay
HOME HEALTH CARE		100% of charges for visits considered medically necessary by Medicare	40 visits	Expenses not covered by Medicare or the policy
			Optional additional home care rider OMN7B**	
<b>PREVENTIVE MEDICAL CARE BENEFIT</b> Not covered by Medicare: Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare	First \$150.00 each calendar year	\$0	\$150	\$0
	Additional charges	\$0	\$0	All costs

\*Once you have been billed \$147.00 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

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

## ADDITIONAL BENEFITS

### **KIDNEY DISEASE BENEFITS:**

We will pay the expense incurred up to a maximum of \$30,000 during any one calendar year for the necessary hospital inpatient and outpatient treatment of kidney disease, including dialysis, non-prescription insulin, transplantation, and donor-related services as stated in the policy.

### **CHIROPRACTIC BENEFITS:**

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

### **DIABETES BENEFITS:**

We will provide payment in full for all usual and customary charges incurred, not payable under Medicare, while the policy is in force for:

(a) the installation or purchase of an insulin infusion pump; (b) other non-prescription equipment or supplies for treatment of diabetes; and (c) a diabetes self-management education program.

Benefits for an insulin infusion pump are limited to the purchase of one pump each year. No benefits are payable for an insulin infusion pump used less than 30 days. In order to avoid duplication of coverage under Medicare Part D, benefits listed under (b) do not include prescription medication, prescription insulin, or some supplies.

### **BREAST RECONSTRUCTION BENEFITS:**

We will provide payment in full for all usual and customary charges incurred, not payable under Medicare, in the manner recommended by the attending physician or oncologist to be appropriate for reconstruction of the affected tissue incident to a mastectomy.

### **HOSPITAL OR AMBULATORY DENTAL BENEFITS:**

We will provide payment in full for all usual and customary charges incurred, not payable under Medicare, for hospital or ambulatory surgery center charges incurred and anesthetics provided in conjunction with dental care if either of the following applies: (a) you have a chronic health condition; or (b) you have a medical condition that requires hospitalization or general anesthesia for dental care.

### **LIMITATIONS AND EXCLUSIONS:**

The policy DOES NOT cover the following:

- (a) expense incurred while this policy is not in force, except as provided in the Extension of Benefits section;
- (b) hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;
- (c) that portion of any expense incurred which is paid for by Medicare;
- (d) services for which a charge is not normally made in the absence of insurance;
- (e) loss or expense that is payable under any other Medicare supplement insurance policy or certificate;
- (f) nursing home care costs (beyond what is covered by Medicare and the Wisconsin 30-day skilled nursing care mandated by 632.895(3));
- (g) home care above the number of visits covered by Medicare and the 40 visits mandated by Wisconsin 632.895(2), except if Rider form OMN7B is selected;
- (h) physician charges above Medicare's approved charge, except if Rider Form OMN9B is selected;
- (i) outpatient prescription drugs;
- (j) most care received outside the U.S.A.;
- (k) dental care, dentures, checkups, routine immunizations, cosmetic surgery, routine foot care, examinations for and the cost of eyeglasses or hearing aids unless eligible under Medicare;
- (l) coverage for emergency care anywhere or for care received outside the service area if this care is treated differently than other covered benefits; and
- (m) usual, customary, and reasonable limitations.

### **PREMIUM CHANGES:**

The premium for the policy will change. Because the premium rate is based upon your attained age, the premium will increase as you age from age 65 through age 99. This annual change will occur on the first policy renewal date which coincides with or follows the policy anniversary date. The premium may also change for reasons other than attained age.

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

"Persons of the same classification" means all persons having the same age and benefits.

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

**BENEFITS APPEAL:**

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

**GRIEVANCE:**

Grievance means dissatisfaction which you express to us in writing regarding our provision of services, determination to reform or rescind a policy, determination of a diagnosis or level of service required for evidence-based treatment of autism spectrum disorder, or claims practices. We have established a grievance procedure for resolving any grievance you may have. You must submit a grievance in writing to the following address as soon as reasonably possible:

Grievance Review  
Government Personnel Mutual Life Insurance Company  
P.O. Box 2620  
Omaha, NE 68103-2620

**MEDICARE SUPPLEMENT PREMIUM INFORMATION  
ANNUAL PREMIUM**

\$( ) **BASIC MEDICARE SUPPLEMENT COVERAGE**  
**OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT POLICY**

Each of these riders may be purchased separately. NOTE: Only optional coverage provided by rider is listed here.

- \$( ) **1. Part A Deductible - 0MN6B**  
100% of Part A deductible
  - \$( ) **2. Additional Home Care - 0MN7B**  
An aggregate of 365 visits per year including those covered by Medicare
  - \$( ) **3. Part B Deductible - 0MN8B**  
100% of Part B deductible
  - \$( ) **4. Part B Excess Charges - 0MN9B**  
Difference between what Medicare pays and the amount charged by the provider which may be no greater than the actual charges or the limiting charge allowed by Medicare, whichever is less
  - \$( ) **5. Part B Copayment or Coinsurance - 0MP1B**  
100% of the Medicare Part B medical deductible subject to copayment or coinsurance of no more than \$20 per office visit and no more than \$50 per emergency room visit in addition to the Medicare Part B deductible and in addition to out-of-pocket maximums. The emergency room copayment or coinsurance fee will be waived if you are admitted to any hospital and the emergency visit is subsequently covered as a Medicare Part A expense.
  - \$( ) **6. Foreign Travel Emergency Rider - 0MP2B**  
After a deductible of not greater than \$250.00, covers at least 80% of expenses associated with emergency medical care received outside the U.S.A. beginning the first 60 days of a trip with a lifetime maximum of at least \$50,000.00
- \$( ) **TOTAL FOR BASIC POLICY AND SELECTED OPTIONAL BENEFITS**

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