Renaissance®
Life & Health Insurance Company of America
Health Administrative Office P.O. Box 27248, Salt Lake City, UT 84127-0248 Phone 1-844-202-4150

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE

OUTLINE OF COVERAGE FOR

POLICY FORM REN10ST BASE-WI

MEDICARE SUPPLEMENT INSURANCE

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

Premium Information
We, Renaissance Life & Health Insurance Company of America, can only raise your premium if we raise the premium for all the policies like yours in the same geographic area in 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 your Insurance Company.

RIGHT TO RETURN POLICY:
If you find that you are not satisfied with your policy, you may return it to Renaissance Life & Health Insurance Company of America at P.O. Box 27248, Salt Lake City, UT 84127-0248. 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 RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA NOR ITS PRODUCERS ARE CONNECTED WITH MEDICARE

BASIC MEDICARE SUPPLEMENT COVERAGE: NON-TOBACCO FEMALE HOUSEHOLD DISCOUNT

ZIP CODES: 539-543, 545-548

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	$222.48	Through 64	$38.19	Through 64	$2.44	Through 64	$1.47	Through 64	$1.30	Through 64	$171.59
65	$93.88	65	$16.12	65	$1.03	65	$1.47	65	$1.30	65	$72.41
66	$93.88	66	$16.12	66	$1.03	66	$1.47	66	$1.30	66	$72.41
67	$93.88	67	$16.12	67	$1.03	67	$1.47	67	$1.30	67	$72.41
68	$94.95	68	$16.39	68	$1.05	68	$1.47	68	$1.30	68	$73.23
69	$98.73	69	$17.18	69	$1.09	69	$1.47	69	$1.30	69	$76.15
70	$102.71	70	$17.69	70	$1.13	70	$1.47	70	$1.30	70	$79.22
71	$106.88	71	$18.56	71	$1.17	71	$1.47	71	$1.30	71	$82.44
72	$111.05	72	$19.42	72	$1.21	72	$1.47	72	$1.30	72	$85.66
73	$115.36	73	$20.28	73	$1.27	73	$1.47	73	$1.30	73	$88.97
74	$119.20	74	$21.14	74	$1.31	74	$1.47	74	$1.30	74	$91.94
75	$122.92	75	$22.02	75	$1.35	75	$1.47	75	$1.30	75	$94.80
76	$126.51	76	$23.08	76	$1.38	76	$1.47	76	$1.30	76	$97.58
77	$129.83	77	$24.17	77	$1.43	77	$1.47	77	$1.30	77	$100.14
78	$132.96	78	$25.28	78	$1.45	78	$1.47	78	$1.30	78	$102.56
79	$136.10	79	$26.44	79	$1.49	79	$1.47	79	$1.30	79	$104.97
80	$138.83	80	$27.60	80	$1.52	80	$1.47	80	$1.30	80	$107.08
81	$141.43	81	$28.77	81	$1.55	81	$1.47	81	$1.30	81	$109.09
82	$143.92	82	$29.96	82	$1.58	82	$1.47	82	$1.30	82	$111.00
83	$146.20	83	$31.21	83	$1.60	83	$1.47	83	$1.30	83	$112.76
84	$148.29	84	$32.48	84	$1.63	84	$1.47	84	$1.30	84	$114.38
85	$150.37	85	$33.79	85	$1.65	85	$1.47	85	$1.30	85	$115.98
86	$152.14	86	$34.93	86	$1.67	86	$1.47	86	$1.30	86	$117.35
87	$153.90	87	$36.09	87	$1.69	87	$1.47	87	$1.30	87	$118.71
88	$155.67	88	$37.29	88	$1.71	88	$1.47	88	$1.30	88	$120.06
89	$156.97	89	$38.47	89	$1.72	89	$1.47	89	$1.30	89	$121.07
90	$158.14	90	$39.60	90	$1.73	90	$1.47	90	$1.30	90	$121.96
91	$159.11	91	$40.60	91	$1.75	91	$1.47	91	$1.30	91	$122.72
92	$160.10	92	$41.55	92	$1.75	92	$1.47	92	$1.30	92	$123.48
93	$160.94	93	$42.43	93	$1.76	93	$1.47	93	$1.30	93	$124.14
94	$161.73	94	$43.31	94	$1.77	94	$1.47	94	$1.30	94	$124.74
95	$162.31	95	$44.21	95	$1.77	95	$1.47	95	$1.30	95	$125.19
96	$162.89	96	$45.11	96	$1.78	96	$1.47	96	$1.30	96	$125.65
97	$163.35	97	$46.01	97	$1.78	97	$1.47	97	$1.30	97	$125.99
98	$163.95	98	$46.94	98	$1.79	98	$1.47	98	$1.30	98	$126.44
99	$164.21	99	$47.87	99	$1.81	99	$1.47	99	$1.30	99	$126.65

Part B Deductible Rider*** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: NON-TOBACCO MALE HOUSEHOLD DISCOUNT

ZIP CODES: 539-543, 545-548

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	$255.73	Through 64	$43.90	Through 64	$2.80	Through 64	$1.47	Through 64	$1.30	Through 64	$197.23
65	$107.90	65	$18.53	65	$1.18	65	$1.47	65	$1.30	65	$83.23
66	$107.90	66	$18.53	66	$1.18	66	$1.47	66	$1.30	66	$83.23
67	$107.90	67	$18.53	67	$1.18	67	$1.47	67	$1.30	67	$83.23
68	$109.14	68	$18.84	68	$1.20	68	$1.47	68	$1.30	68	$84.17
69	$113.48	69	$19.74	69	$1.26	69	$1.47	69	$1.30	69	$87.52
70	$118.06	70	$20.33	70	$1.29	70	$1.47	70	$1.30	70	$91.06
71	$122.86	71	$21.33	71	$1.34	71	$1.47	71	$1.30	71	$94.76
72	$127.65	72	$22.32	72	$1.39	72	$1.47	72	$1.30	72	$98.46
73	$132.59	73	$23.30	73	$1.45	73	$1.47	73	$1.30	73	$102.27
74	$137.01	74	$24.30	74	$1.50	74	$1.47	74	$1.30	74	$105.68
75	$141.29	75	$25.31	75	$1.55	75	$1.47	75	$1.30	75	$108.97
76	$145.41	76	$26.53	76	$1.58	76	$1.47	76	$1.30	76	$112.16
77	$149.23	77	$27.78	77	$1.64	77	$1.47	77	$1.30	77	$115.11
78	$152.83	78	$29.06	78	$1.67	78	$1.47	78	$1.30	78	$117.88
79	$156.44	79	$30.39	79	$1.71	79	$1.47	79	$1.30	79	$120.65
80	$159.57	80	$31.72	80	$1.75	80	$1.47	80	$1.30	80	$123.08
81	$162.57	81	$33.07	81	$1.78	81	$1.47	81	$1.30	81	$125.39
82	$165.42	82	$34.44	82	$1.81	82	$1.47	82	$1.30	82	$127.59
83	$168.05	83	$35.87	83	$1.84	83	$1.47	83	$1.30	83	$129.61
84	$170.45	84	$37.34	84	$1.87	84	$1.47	84	$1.30	84	$131.47
85	$172.84	85	$38.84	85	$1.89	85	$1.47	85	$1.30	85	$133.31
86	$174.87	86	$40.15	86	$1.92	86	$1.47	86	$1.30	86	$134.88
87	$176.89	87	$41.49	87	$1.94	87	$1.47	87	$1.30	87	$136.45
88	$178.93	88	$42.87	88	$1.96	88	$1.47	88	$1.30	88	$138.00
89	$180.42	89	$44.21	89	$1.98	89	$1.47	89	$1.30	89	$139.16
90	$181.77	90	$45.52	90	$1.98	90	$1.47	90	$1.30	90	$140.19
91	$182.89	91	$46.66	91	$2.01	91	$1.47	91	$1.30	91	$141.05
92	$184.02	92	$47.76	92	$2.01	92	$1.47	92	$1.30	92	$141.93
93	$184.99	93	$48.77	93	$2.02	93	$1.47	93	$1.30	93	$142.68
94	$185.90	94	$49.79	94	$2.03	94	$1.47	94	$1.30	94	$143.37
95	$186.56	95	$50.82	95	$2.04	95	$1.47	95	$1.30	95	$143.89
96	$187.24	96	$51.85	96	$2.04	96	$1.47	96	$1.30	96	$144.42
97	$187.76	97	$52.88	97	$2.04	97	$1.47	97	$1.30	97	$144.81
98	$188.44	98	$53.95	98	$2.05	98	$1.47	98	$1.30	98	$145.33
99	$188.74	99	$55.02	99	$2.07	99	$1.47	99	$1.30	99	$145.57

Part B Deductible Rider*** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: TOBACCO FEMALE HOUSEHOLD DISCOUNT

ZIP CODES: 539-543, 545-548

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	$255.73	Through 64	$43.90	Through 64	$2.80	Through 64	$1.47	Through 64	$1.30	Through 64	$197.23
65	$107.90	65	$18.53	65	$1.18	65	$1.47	65	$1.30	65	$83.23
66	$107.90	66	$18.53	66	$1.18	66	$1.47	66	$1.30	66	$83.23
67	$107.90	67	$18.53	67	$1.18	67	$1.47	67	$1.30	67	$83.23
68	$109.14	68	$18.84	68	$1.20	68	$1.47	68	$1.30	68	$84.17
69	$113.48	69	$19.74	69	$1.26	69	$1.47	69	$1.30	69	$87.52
70	$118.06	70	$20.33	70	$1.29	70	$1.47	70	$1.30	70	$91.06
71	$122.86	71	$21.33	71	$1.34	71	$1.47	71	$1.30	71	$94.76
72	$127.65	72	$22.32	72	$1.39	72	$1.47	72	$1.30	72	$98.46
73	$132.59	73	$23.30	73	$1.45	73	$1.47	73	$1.30	73	$102.27
74	$137.01	74	$24.30	74	$1.50	74	$1.47	74	$1.30	74	$105.68
75	$141.29	75	$25.31	75	$1.55	75	$1.47	75	$1.30	75	$108.97
76	$145.41	76	$26.53	76	$1.58	76	$1.47	76	$1.30	76	$112.16
77	$149.23	77	$27.78	77	$1.64	77	$1.47	77	$1.30	77	$115.11
78	$152.83	78	$29.06	78	$1.67	78	$1.47	78	$1.30	78	$117.88
79	$156.44	79	$30.39	79	$1.71	79	$1.47	79	$1.30	79	$120.65
80	$159.57	80	$31.72	80	$1.75	80	$1.47	80	$1.30	80	$123.08
81	$162.57	81	$33.07	81	$1.78	81	$1.47	81	$1.30	81	$125.39
82	$165.42	82	$34.44	82	$1.81	82	$1.47	82	$1.30	82	$127.59
83	$168.05	83	$35.87	83	$1.84	83	$1.47	83	$1.30	83	$129.61
84	$170.45	84	$37.34	84	$1.87	84	$1.47	84	$1.30	84	$131.47
85	$172.84	85	$38.84	85	$1.89	85	$1.47	85	$1.30	85	$133.31
86	$174.87	86	$40.15	86	$1.92	86	$1.47	86	$1.30	86	$134.88
87	$176.89	87	$41.49	87	$1.94	87	$1.47	87	$1.30	87	$136.45
88	$178.93	88	$42.87	88	$1.96	88	$1.47	88	$1.30	88	$138.00
89	$180.42	89	$44.21	89	$1.98	89	$1.47	89	$1.30	89	$139.16
90	$181.77	90	$45.52	90	$1.98	90	$1.47	90	$1.30	90	$140.19
91	$182.89	91	$46.66	91	$2.01	91	$1.47	91	$1.30	91	$141.05
92	$184.02	92	$47.76	92	$2.01	92	$1.47	92	$1.30	92	$141.93
93	$184.99	93	$48.77	93	$2.02	93	$1.47	93	$1.30	93	$142.68
94	$185.90	94	$49.79	94	$2.03	94	$1.47	94	$1.30	94	$143.37
95	$186.56	95	$50.82	95	$2.04	95	$1.47	95	$1.30	95	$143.89
96	$187.24	96	$51.85	96	$2.04	96	$1.47	96	$1.30	96	$144.42
97	$187.76	97	$52.88	97	$2.04	97	$1.47	97	$1.30	97	$144.81
98	$188.44	98	$53.95	98	$2.05	98	$1.47	98	$1.30	98	$145.33
99	$188.74	99	$55.02	99	$2.07	99	$1.47	99	$1.30	99	$145.57

Part B Deductible Rider*** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: TOBACCO MALE HOUSEHOLD DISCOUNT

ZIP CODES: 539-543, 545-548

Base	
Attained Age	Monthly Premium
Through 64	$293.94
65	$124.03
66	$124.03
67	$124.03
68	$125.44
69	$130.44
70	$135.70
71	$141.21
72	$146.72
73	$152.41
74	$157.48
75	$162.40
76	$167.14
77	$171.53
78	$175.67
79	$179.81
80	$183.42
81	$186.86
82	$190.14
83	$193.16
84	$195.92
85	$198.67
86	$201.00
87	$203.32
88	$205.66
89	$207.38
90	$208.93
91	$210.21
92	$211.52
93	$212.63
94	$213.67
95	$214.44
96	$215.21
97	$215.82
98	$216.60
99	$216.95

Part A Deductible Rider	
Attained Age	Monthly Premium
Through 64	$50.46
65	$21.30
66	$21.30
67	$21.30
68	$21.66
69	$22.70
70	$23.37
71	$24.52
72	$25.66
73	$26.79
74	$27.93
75	$29.09
76	$30.49
77	$31.93
78	$33.40
79	$34.93
80	$36.46
81	$38.01
82	$39.58
83	$41.23
84	$42.92
85	$44.64
86	$46.15
87	$47.69
88	$49.27
89	$50.82
90	$52.32
91	$53.64
92	$54.89
93	$56.06
94	$57.23
95	$58.41
96	$59.60
97	$60.78
98	$62.01
99	$63.25

Part B Excess Charges Rider	
Attained Age	Monthly Premium
Through 64	$3.22
65	$1.36
66	$1.36
67	$1.36
68	$1.38
69	$1.44
70	$1.49
71	$1.54
72	$1.60
73	$1.67
74	$1.72
75	$1.78
76	$1.82
77	$1.88
78	$1.92
79	$1.96
80	$2.01
81	$2.04
82	$2.09
83	$2.11
84	$2.15
85	$2.17
86	$2.21
87	$2.24
88	$2.25
89	$2.27
90	$2.28
91	$2.31
92	$2.31
93	$2.32
94	$2.33
95	$2.34
96	$2.35
97	$2.35
98	$2.36
99	$2.38

Additional Home Health Care Rider	
Attained Age	Monthly Premium
Through 64	$1.47
65	$1.47
66	$1.47
67	$1.47
68	$1.47
69	$1.47
70	$1.47
71	$1.47
72	$1.47
73	$1.47
74	$1.47
75	$1.47
76	$1.47
77	$1.47
78	$1.47
79	$1.47
80	$1.47
81	$1.47
82	$1.47
83	$1.47
84	$1.47
85	$1.47
86	$1.47
87	$1.47
88	$1.47
89	$1.47
90	$1.47
91	$1.47
92	$1.47
93	$1.47
94	$1.47
95	$1.47
96	$1.47
97	$1.47
98	$1.47
99	$1.47

Foreign Travel Rider	
Attained Age	Monthly Premium
Through 64	$1.30
65	$1.30
66	$1.30
67	$1.30
68	$1.30
69	$1.30
70	$1.30
71	$1.30
72	$1.30
73	$1.30
74	$1.30
75	$1.30
76	$1.30
77	$1.30
78	$1.30
79	$1.30
80	$1.30
81	$1.30
82	$1.30
83	$1.30
84	$1.30
85	$1.30
86	$1.30
87	$1.30
88	$1.30
89	$1.30
90	$1.30
91	$1.30
92	$1.30
93	$1.30
94	$1.30
95	$1.30
96	$1.30
97	$1.30
98	$1.30
99	$1.30

Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium
Through 64	$226.70
65	$95.66
66	$95.66
67	$95.66
68	$96.75
69	$100.60
70	$104.67
71	$108.92
72	$113.18
73	$117.55
74	$121.48
75	$125.25
76	$128.92
77	$132.31
78	$135.49
79	$138.68
80	$141.47
81	$144.13
82	$146.65
83	$148.98
84	$151.11
85	$153.23
86	$155.04
87	$156.83
88	$158.62
89	$159.95
90	$161.14
91	$162.13
92	$163.14
93	$164.01
94	$164.80
95	$165.40
96	$166.00
97	$166.45
98	$167.05
99	$167.32

Part B Deductible Rider*** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: NON-TOBACCO FEMALE

ZIP CODES: 539-543, 545-548

Base	
Attained Age	Monthly Premium
Through 64	$252.82
65	$106.68
66	$106.68
67	$106.68
68	$107.90
69	$112.20
70	$116.71
71	$121.46
72	$126.20
73	$131.09
74	$135.45
75	$139.69
76	$143.76
77	$147.53
78	$151.09
79	$154.66
80	$157.76
81	$160.72
82	$163.54
83	$166.14
84	$168.52
85	$170.88
86	$172.88
87	$174.88
88	$176.90
89	$178.37
90	$179.70
91	$180.81
92	$181.93
93	$182.89
94	$183.78
95	$184.44
96	$185.11
97	$185.63
98	$186.30
99	$186.60

Part A Deductible Rider	
Attained Age	Monthly Premium
Through 64	$43.40
65	$18.32
66	$18.32
67	$18.32
68	$18.63
69	$19.52
70	$20.10
71	$21.09
72	$22.07
73	$23.04
74	$24.02
75	$25.02
76	$26.23
77	$27.46
78	$28.73
79	$30.04
80	$31.36
81	$32.69
82	$34.05
83	$35.46
84	$36.91
85	$38.40
86	$39.69
87	$41.02
88	$42.38
89	$43.71
90	$45.01
91	$46.13
92	$47.22
93	$48.21
94	$49.22
95	$50.24
96	$51.26
97	$52.28
98	$53.34
99	$54.40

Part B Excess Charges Rider	
Attained Age	Monthly Premium
Through 64	$2.77
65	$1.17
66	$1.17
67	$1.17
68	$1.19
69	$1.24
70	$1.28
71	$1.32
72	$1.38
73	$1.44
74	$1.48
75	$1.53
76	$1.57
77	$1.62
78	$1.65
79	$1.69
80	$1.73
81	$1.76
82	$1.79
83	$1.82
84	$1.85
85	$1.87
86	$1.90
87	$1.92
88	$1.94
89	$1.95
90	$1.96
91	$1.98
92	$1.99
93	$2.00
94	$2.01
95	$2.01
96	$2.02
97	$2.02
98	$2.03
99	$2.05

Additional Home Health Care Rider	
Attained Age	Monthly Premium
Through 64	$1.67
65	$1.67
66	$1.67
67	$1.67
68	$1.67
69	$1.67
70	$1.67
71	$1.67
72	$1.67
73	$1.67
74	$1.67
75	$1.67
76	$1.67
77	$1.67
78	$1.67
79	$1.67
80	$1.67
81	$1.67
82	$1.67
83	$1.67
84	$1.67
85	$1.67
86	$1.67
87	$1.67
88	$1.67
89	$1.67
90	$1.67
91	$1.67
92	$1.67
93	$1.67
94	$1.67
95	$1.67
96	$1.67
97	$1.67
98	$1.67
99	$1.67

Foreign Travel Rider	
Attained Age	Monthly Premium
Through 64	$1.48
65	$1.48
66	$1.48
67	$1.48
68	$1.48
69	$1.48
70	$1.48
71	$1.48
72	$1.48
73	$1.48
74	$1.48
75	$1.48
76	$1.48
77	$1.48
78	$1.48
79	$1.48
80	$1.48
81	$1.48
82	$1.48
83	$1.48
84	$1.48
85	$1.48
86	$1.48
87	$1.48
88	$1.48
89	$1.48
90	$1.48
91	$1.48
92	$1.48
93	$1.48
94	$1.48
95	$1.48
96	$1.48
97	$1.48
98	$1.48
99	$1.48

Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium
Through 64	$194.99
65	$82.28
66	$82.28
67	$82.28
68	$83.21
69	$86.53
70	$90.03
71	$93.68
72	$97.34
73	$101.11
74	$104.48
75	$107.73
76	$110.89
77	$113.80
78	$116.54
79	$119.28
80	$121.68
81	$123.97
82	$126.14
83	$128.14
84	$129.97
85	$131.80
86	$133.35
87	$134.89
88	$136.43
89	$137.57
90	$138.60
91	$139.45
92	$140.32
93	$141.06
94	$141.74
95	$142.26
96	$142.78
97	$143.17
98	$143.68
99	$143.92

Part B Deductible Rider*** Monthly Premium All Ages $15.25

See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: NON-TOBACCO MALE

ZIP CODES: 539-543, 545-548

Base	
Attained Age	Monthly Premium
Through 64	$290.60
65	$122.62
66	$122.62
67	$122.62
68	$124.02
69	$128.96
70	$134.15
71	$139.61
72	$145.06
73	$150.68
74	$155.70
75	$160.56
76	$165.24
77	$169.58
78	$173.67
79	$177.77
80	$181.33
81	$184.74
82	$187.98
83	$190.96
84	$193.70
85	$196.41
86	$198.72
87	$201.01
88	$203.33
89	$205.02
90	$206.56
91	$207.83
92	$209.11
93	$210.22
94	$211.24
95	$212.00
96	$212.77
97	$213.37
98	$214.14
99	$214.48

Part A Deductible Rider	
Attained Age	Monthly Premium
Through 64	$49.89
65	$21.05
66	$21.05
67	$21.05
68	$21.41
69	$22.44
70	$23.11
71	$24.24
72	$25.37
73	$26.48
74	$27.61
75	$28.76
76	$30.15
77	$31.56
78	$33.03
79	$34.53
80	$36.04
81	$37.58
82	$39.13
83	$40.76
84	$42.43
85	$44.14
86	$45.62
87	$47.15
88	$48.71
89	$50.24
90	$51.73
91	$53.03
92	$54.27
93	$55.42
94	$56.58
95	$57.75
96	$58.93
97	$60.09
98	$61.31
99	$62.53

Part B Excess Charges Rider	
Attained Age	Monthly Premium
Through 64	$3.18
65	$1.34
66	$1.34
67	$1.34
68	$1.37
69	$1.43
70	$1.47
71	$1.52
72	$1.58
73	$1.65
74	$1.71
75	$1.76
76	$1.80
77	$1.86
78	$1.90
79	$1.94
80	$1.98
81	$2.02
82	$2.06
83	$2.09
84	$2.12
85	$2.15
86	$2.18
87	$2.21
88	$2.23
89	$2.24
90	$2.25
91	$2.28
92	$2.29
93	$2.30
94	$2.31
95	$2.31
96	$2.32
97	$2.32
98	$2.33
99	$2.36

Additional Home Health Care Rider	
Attained Age	Monthly Premium
Through 64	$1.67
65	$1.67
66	$1.67
67	$1.67
68	$1.67
69	$1.67
70	$1.67
71	$1.67
72	$1.67
73	$1.67
74	$1.67
75	$1.67
76	$1.67
77	$1.67
78	$1.67
79	$1.67
80	$1.67
81	$1.67
82	$1.67
83	$1.67
84	$1.67
85	$1.67
86	$1.67
87	$1.67
88	$1.67
89	$1.67
90	$1.67
91	$1.67
92	$1.67
93	$1.67
94	$1.67
95	$1.67
96	$1.67
97	$1.67
98	$1.67
99	$1.67

Foreign Travel Rider	
Attained Age	Monthly Premium
Through 64	$1.48
65	$1.48
66	$1.48
67	$1.48
68	$1.48
69	$1.48
70	$1.48
71	$1.48
72	$1.48
73	$1.48
74	$1.48
75	$1.48
76	$1.48
77	$1.48
78	$1.48
79	$1.48
80	$1.48
81	$1.48
82	$1.48
83	$1.48
84	$1.48
85	$1.48
86	$1.48
87	$1.48
88	$1.48
89	$1.48
90	$1.48
91	$1.48
92	$1.48
93	$1.48
94	$1.48
95	$1.48
96	$1.48
97	$1.48
98	$1.48
99	$1.48

Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium
Through 64	$224.12
65	$94.58
66	$94.58
67	$94.58
68	$95.65
69	$99.46
70	$103.48
71	$107.68
72	$111.89
73	$116.21
74	$120.09
75	$123.83
76	$127.46
77	$130.80
78	$133.95
79	$137.10
80	$139.86
81	$142.49
82	$144.99
83	$147.28
84	$149.40
85	$151.49
86	$153.28
87	$155.05
88	$156.82
89	$158.13
90	$159.31
91	$160.29
92	$161.29
93	$162.14
94	$162.92
95	$163.52
96	$164.12
97	$164.56
98	$165.15
99	$165.42

Part B Deductible Rider*** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: TOBACCO FEMALE

ZIP CODES: 539-543, 545-548

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	$290.60	Through 64	$49.89	Through 64	$3.18	Through 64	$1.67	Through 64	$1.48	Through 64	$224.12
65	$122.62	65	$21.05	65	$1.34	65	$1.67	65	$1.48	65	$94.58
66	$122.62	66	$21.05	66	$1.34	66	$1.67	66	$1.48	66	$94.58
67	$122.62	67	$21.05	67	$1.34	67	$1.67	67	$1.48	67	$94.58
68	$124.02	68	$21.41	68	$1.37	68	$1.67	68	$1.48	68	$95.65
69	$128.96	69	$22.44	69	$1.43	69	$1.67	69	$1.48	69	$99.46
70	$134.15	70	$23.11	70	$1.47	70	$1.67	70	$1.48	70	$103.48
71	$139.61	71	$24.24	71	$1.52	71	$1.67	71	$1.48	71	$107.68
72	$145.06	72	$25.37	72	$1.58	72	$1.67	72	$1.48	72	$111.89
73	$150.68	73	$26.48	73	$1.65	73	$1.67	73	$1.48	73	$116.21
74	$155.70	74	$27.61	74	$1.71	74	$1.67	74	$1.48	74	$120.09
75	$160.56	75	$28.76	75	$1.76	75	$1.67	75	$1.48	75	$123.83
76	$165.24	76	$30.15	76	$1.80	76	$1.67	76	$1.48	76	$127.46
77	$169.58	77	$31.56	77	$1.86	77	$1.67	77	$1.48	77	$130.80
78	$173.67	78	$33.03	78	$1.90	78	$1.67	78	$1.48	78	$133.95
79	$177.77	79	$34.53	79	$1.94	79	$1.67	79	$1.48	79	$137.10
80	$181.33	80	$36.04	80	$1.98	80	$1.67	80	$1.48	80	$139.86
81	$184.74	81	$37.58	81	$2.02	81	$1.67	81	$1.48	81	$142.49
82	$187.98	82	$39.13	82	$2.06	82	$1.67	82	$1.48	82	$144.99
83	$190.96	83	$40.76	83	$2.09	83	$1.67	83	$1.48	83	$147.28
84	$193.70	84	$42.43	84	$2.12	84	$1.67	84	$1.48	84	$149.40
85	$196.41	85	$44.14	85	$2.15	85	$1.67	85	$1.48	85	$151.49
86	$198.72	86	$45.62	86	$2.18	86	$1.67	86	$1.48	86	$153.28
87	$201.01	87	$47.15	87	$2.21	87	$1.67	87	$1.48	87	$155.05
88	$203.33	88	$48.71	88	$2.23	88	$1.67	88	$1.48	88	$156.82
89	$205.02	89	$50.24	89	$2.24	89	$1.67	89	$1.48	89	$158.13
90	$206.56	90	$51.73	90	$2.25	90	$1.67	90	$1.48	90	$159.31
91	$207.83	91	$53.03	91	$2.28	91	$1.67	91	$1.48	91	$160.29
92	$209.11	92	$54.27	92	$2.29	92	$1.67	92	$1.48	92	$161.29
93	$210.22	93	$55.42	93	$2.30	93	$1.67	93	$1.48	93	$162.14
94	$211.24	94	$56.58	94	$2.31	94	$1.67	94	$1.48	94	$162.92
95	$212.00	95	$57.75	95	$2.31	95	$1.67	95	$1.48	95	$163.52
96	$212.77	96	$58.93	96	$2.32	96	$1.67	96	$1.48	96	$164.12
97	$213.37	97	$60.09	97	$2.32	97	$1.67	97	$1.48	97	$164.56
98	$214.14	98	$61.31	98	$2.33	98	$1.67	98	$1.48	98	$165.15
99	$214.48	99	$62.53	99	$2.36	99	$1.67	99	$1.48	99	$165.42

Part B Deductible Rider*** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: TOBACCO MALE

ZIP CODES: 539-543, 545-548

Base	
Attained Age	Monthly Premium
Through 64	$334.02
65	$140.94
66	$140.94
67	$140.94
68	$142.55
69	$148.23
70	$154.20
71	$160.47
72	$166.73
73	$173.19
74	$178.96
75	$184.55
76	$189.93
77	$194.92
78	$199.62
79	$204.33
80	$208.43
81	$212.34
82	$216.07
83	$219.50
84	$222.64
85	$225.76
86	$228.41
87	$231.05
88	$233.71
89	$235.66
90	$237.42
91	$238.88
92	$240.36
93	$241.63
94	$242.81
95	$243.68
96	$244.56
97	$245.25
98	$246.14
99	$246.53

Part A Deductible Rider	
Attained Age	Monthly Premium
Through 64	$57.34
65	$24.20
66	$24.20
67	$24.20
68	$24.61
69	$25.79
70	$26.56
71	$27.86
72	$29.16
73	$30.44
74	$31.74
75	$33.06
76	$34.65
77	$36.28
78	$37.96
79	$39.69
80	$41.43
81	$43.19
82	$44.98
83	$46.85
84	$48.77
85	$50.73
86	$52.44
87	$54.19
88	$55.99
89	$57.75
90	$59.46
91	$60.95
92	$62.38
93	$63.70
94	$65.03
95	$66.38
96	$67.73
97	$69.07
98	$70.47
99	$71.87

Part B Excess Charges Rider	
Attained Age	Monthly Premium
Through 64	$3.66
65	$1.54
66	$1.54
67	$1.54
68	$1.57
69	$1.64
70	$1.69
71	$1.75
72	$1.82
73	$1.90
74	$1.96
75	$2.02
76	$2.07
77	$2.14
78	$2.18
79	$2.23
80	$2.28
81	$2.32
82	$2.37
83	$2.40
84	$2.44
85	$2.47
86	$2.51
87	$2.54
88	$2.56
89	$2.58
90	$2.59
91	$2.62
92	$2.63
93	$2.64
94	$2.65
95	$2.66
96	$2.67
97	$2.67
98	$2.68
99	$2.71

Additional Home Health Care Rider	
Attained Age	Monthly Premium
Through 64	$1.67
65	$1.67
66	$1.67
67	$1.67
68	$1.67
69	$1.67
70	$1.67
71	$1.67
72	$1.67
73	$1.67
74	$1.67
75	$1.67
76	$1.67
77	$1.67
78	$1.67
79	$1.67
80	$1.67
81	$1.67
82	$1.67
83	$1.67
84	$1.67
85	$1.67
86	$1.67
87	$1.67
88	$1.67
89	$1.67
90	$1.67
91	$1.67
92	$1.67
93	$1.67
94	$1.67
95	$1.67
96	$1.67
97	$1.67
98	$1.67
99	$1.67

Foreign Travel Rider	
Attained Age	Monthly Premium
Through 64	$1.48
65	$1.48
66	$1.48
67	$1.48
68	$1.48
69	$1.48
70	$1.48
71	$1.48
72	$1.48
73	$1.48
74	$1.48
75	$1.48
76	$1.48
77	$1.48
78	$1.48
79	$1.48
80	$1.48
81	$1.48
82	$1.48
83	$1.48
84	$1.48
85	$1.48
86	$1.48
87	$1.48
88	$1.48
89	$1.48
90	$1.48
91	$1.48
92	$1.48
93	$1.48
94	$1.48
95	$1.48
96	$1.48
97	$1.48
98	$1.48
99	$1.48

Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium
Through 64	$257.61
65	$108.71
66	$108.71
67	$108.71
68	$109.94
69	$114.32
70	$118.94
71	$123.77
72	$128.61
73	$133.58
74	$138.04
75	$142.33
76	$146.50
77	$150.35
78	$153.97
79	$157.59
80	$160.76
81	$163.78
82	$166.65
83	$169.29
84	$171.72
85	$174.13
86	$176.18
87	$178.22
88	$180.25
89	$181.76
90	$183.11
91	$184.24
92	$185.39
93	$186.37
94	$187.27
95	$187.95
96	$188.64
97	$189.15
98	$189.83
99	$190.14

Part B Deductible Rider*** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: NON-TOBACCO FEMALE HOUSEHOLD DISCOUNT

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

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	$244.73	Through 64	$42.01	Through 64	$2.68	Through 64	$1.62	Through 64	$1.43	Through 64	$188.75
65	$103.26	65	$17.73	65	$1.13	65	$1.62	65	$1.43	65	$79.65
66	$103.26	66	$17.73	66	$1.13	66	$1.62	66	$1.43	66	$79.65
67	$103.26	67	$17.73	67	$1.13	67	$1.62	67	$1.43	67	$79.65
68	$104.44	68	$18.03	68	$1.15	68	$1.62	68	$1.43	68	$80.55
69	$108.61	69	$18.90	69	$1.20	69	$1.62	69	$1.43	69	$83.76
70	$112.98	70	$19.46	70	$1.24	70	$1.62	70	$1.43	70	$87.14
71	$117.57	71	$20.41	71	$1.28	71	$1.62	71	$1.43	71	$90.68
72	$122.16	72	$21.36	72	$1.33	72	$1.62	72	$1.43	72	$94.23
73	$126.89	73	$22.30	73	$1.39	73	$1.62	73	$1.43	73	$97.87
74	$131.12	74	$23.26	74	$1.44	74	$1.62	74	$1.43	74	$101.14
75	$135.22	75	$24.22	75	$1.48	75	$1.62	75	$1.43	75	$104.28
76	$139.16	76	$25.39	76	$1.52	76	$1.62	76	$1.43	76	$107.34
77	$142.81	77	$26.58	77	$1.57	77	$1.62	77	$1.43	77	$110.16
78	$146.26	78	$27.81	78	$1.60	78	$1.62	78	$1.43	78	$112.81
79	$149.71	79	$29.08	79	$1.63	79	$1.62	79	$1.43	79	$115.46
80	$152.71	80	$30.35	80	$1.67	80	$1.62	80	$1.43	80	$117.79
81	$155.58	81	$31.64	81	$1.70	81	$1.62	81	$1.43	81	$120.00
82	$158.31	82	$32.96	82	$1.74	82	$1.62	82	$1.43	82	$122.10
83	$160.82	83	$34.33	83	$1.76	83	$1.62	83	$1.43	83	$124.04
84	$163.12	84	$35.73	84	$1.79	84	$1.62	84	$1.43	84	$125.82
85	$165.41	85	$37.17	85	$1.81	85	$1.62	85	$1.43	85	$127.58
86	$167.35	86	$38.42	86	$1.84	86	$1.62	86	$1.43	86	$129.08
87	$169.29	87	$39.70	87	$1.86	87	$1.62	87	$1.43	87	$130.58
88	$171.23	88	$41.02	88	$1.88	88	$1.62	88	$1.43	88	$132.07
89	$172.66	89	$42.31	89	$1.89	89	$1.62	89	$1.43	89	$133.17
90	$173.95	90	$43.57	90	$1.90	90	$1.62	90	$1.43	90	$134.16
91	$175.02	91	$44.66	91	$1.92	91	$1.62	91	$1.43	91	$134.99
92	$176.11	92	$45.70	92	$1.93	92	$1.62	92	$1.43	92	$135.83
93	$177.04	93	$46.67	93	$1.93	93	$1.62	93	$1.43	93	$136.55
94	$177.90	94	$47.65	94	$1.94	94	$1.62	94	$1.43	94	$137.21
95	$178.54	95	$48.64	95	$1.95	95	$1.62	95	$1.43	95	$137.71
96	$179.18	96	$49.62	96	$1.96	96	$1.62	96	$1.43	96	$138.21
97	$179.69	97	$50.61	97	$1.96	97	$1.62	97	$1.43	97	$138.59
98	$180.34	98	$51.63	98	$1.96	98	$1.62	98	$1.43	98	$139.08
99	$180.63	99	$52.66	99	$1.99	99	$1.62	99	$1.43	99	$139.31

Part B Deductible Rider*** Monthly Premium All Ages $15.25

See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: NON-TOBACCO MALE HOUSEHOLD DISCOUNT

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

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	$281.30	Through 64	$48.29	Through 64	$3.08	Through 64	$1.62	Through 64	$1.43	Through 64	$216.95
65	$118.69	65	$20.38	65	$1.30	65	$1.62	65	$1.43	65	$91.55
66	$118.69	66	$20.38	66	$1.30	66	$1.62	66	$1.43	66	$91.55
67	$118.69	67	$20.38	67	$1.30	67	$1.62	67	$1.43	67	$91.55
68	$120.05	68	$20.73	68	$1.32	68	$1.62	68	$1.43	68	$92.59
69	$124.83	69	$21.72	69	$1.38	69	$1.62	69	$1.43	69	$96.28
70	$129.86	70	$22.37	70	$1.42	70	$1.62	70	$1.43	70	$100.17
71	$135.14	71	$23.46	71	$1.47	71	$1.62	71	$1.43	71	$104.23
72	$140.41	72	$24.56	72	$1.53	72	$1.62	72	$1.43	72	$108.31
73	$145.85	73	$25.64	73	$1.60	73	$1.62	73	$1.43	73	$112.50
74	$150.71	74	$26.73	74	$1.65	74	$1.62	74	$1.43	74	$116.25
75	$155.42	75	$27.84	75	$1.70	75	$1.62	75	$1.43	75	$119.86
76	$159.95	76	$29.18	76	$1.74	76	$1.62	76	$1.43	76	$123.38
77	$164.15	77	$30.55	77	$1.80	77	$1.62	77	$1.43	77	$126.62
78	$168.11	78	$31.97	78	$1.84	78	$1.62	78	$1.43	78	$129.67
79	$172.08	79	$33.43	79	$1.88	79	$1.62	79	$1.43	79	$132.72
80	$175.53	80	$34.89	80	$1.92	80	$1.62	80	$1.43	80	$135.39
81	$178.82	81	$36.37	81	$1.95	81	$1.62	81	$1.43	81	$137.93
82	$181.97	82	$37.88	82	$2.00	82	$1.62	82	$1.43	82	$140.35
83	$184.85	83	$39.46	83	$2.02	83	$1.62	83	$1.43	83	$142.57
84	$187.50	84	$41.07	84	$2.05	84	$1.62	84	$1.43	84	$144.62
85	$190.13	85	$42.72	85	$2.08	85	$1.62	85	$1.43	85	$146.65
86	$192.36	86	$44.16	86	$2.11	86	$1.62	86	$1.43	86	$148.37
87	$194.58	87	$45.64	87	$2.14	87	$1.62	87	$1.43	87	$150.09
88	$196.82	88	$47.15	88	$2.16	88	$1.62	88	$1.43	88	$151.80
89	$198.46	89	$48.63	89	$2.17	89	$1.62	89	$1.43	89	$153.07
90	$199.95	90	$50.07	90	$2.18	90	$1.62	90	$1.43	90	$154.21
91	$201.18	91	$51.33	91	$2.21	91	$1.62	91	$1.43	91	$155.16
92	$202.42	92	$52.53	92	$2.21	92	$1.62	92	$1.43	92	$156.13
93	$203.49	93	$53.65	93	$2.22	93	$1.62	93	$1.43	93	$156.95
94	$204.48	94	$54.77	94	$2.23	94	$1.62	94	$1.43	94	$157.71
95	$205.22	95	$55.90	95	$2.24	95	$1.62	95	$1.43	95	$158.28
96	$205.96	96	$57.04	96	$2.25	96	$1.62	96	$1.43	96	$158.87
97	$206.54	97	$58.17	97	$2.25	97	$1.62	97	$1.43	97	$159.29
98	$207.29	98	$59.35	98	$2.26	98	$1.62	98	$1.43	98	$159.87
99	$207.62	99	$60.53	99	$2.28	99	$1.62	99	$1.43	99	$160.13

Part B Deductible Rider*** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: TOBACCO FEMALE HOUSEHOLD DISCOUNT

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

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	$281.30	Through 64	$48.29	Through 64	$3.08	Through 64	$1.62	Through 64	$1.43	Through 64	$216.95
65	$118.69	65	$20.38	65	$1.30	65	$1.62	65	$1.43	65	$91.55
66	$118.69	66	$20.38	66	$1.30	66	$1.62	66	$1.43	66	$91.55
67	$118.69	67	$20.38	67	$1.30	67	$1.62	67	$1.43	67	$91.55
68	$120.05	68	$20.73	68	$1.32	68	$1.62	68	$1.43	68	$92.59
69	$124.83	69	$21.72	69	$1.38	69	$1.62	69	$1.43	69	$96.28
70	$129.86	70	$22.37	70	$1.42	70	$1.62	70	$1.43	70	$100.17
71	$135.14	71	$23.46	71	$1.47	71	$1.62	71	$1.43	71	$104.23
72	$140.41	72	$24.56	72	$1.53	72	$1.62	72	$1.43	72	$108.31
73	$145.85	73	$25.64	73	$1.60	73	$1.62	73	$1.43	73	$112.50
74	$150.71	74	$26.73	74	$1.65	74	$1.62	74	$1.43	74	$116.25
75	$155.42	75	$27.84	75	$1.70	75	$1.62	75	$1.43	75	$119.86
76	$159.95	76	$29.18	76	$1.74	76	$1.62	76	$1.43	76	$123.38
77	$164.15	77	$30.55	77	$1.80	77	$1.62	77	$1.43	77	$126.62
78	$168.11	78	$31.97	78	$1.84	78	$1.62	78	$1.43	78	$129.67
79	$172.08	79	$33.43	79	$1.88	79	$1.62	79	$1.43	79	$132.72
80	$175.53	80	$34.89	80	$1.92	80	$1.62	80	$1.43	80	$135.39
81	$178.82	81	$36.37	81	$1.95	81	$1.62	81	$1.43	81	$137.93
82	$181.97	82	$37.88	82	$2.00	82	$1.62	82	$1.43	82	$140.35
83	$184.85	83	$39.46	83	$2.02	83	$1.62	83	$1.43	83	$142.57
84	$187.50	84	$41.07	84	$2.05	84	$1.62	84	$1.43	84	$144.62
85	$190.13	85	$42.72	85	$2.08	85	$1.62	85	$1.43	85	$146.65
86	$192.36	86	$44.16	86	$2.11	86	$1.62	86	$1.43	86	$148.37
87	$194.58	87	$45.64	87	$2.14	87	$1.62	87	$1.43	87	$150.09
88	$196.82	88	$47.15	88	$2.16	88	$1.62	88	$1.43	88	$151.80
89	$198.46	89	$48.63	89	$2.17	89	$1.62	89	$1.43	89	$153.07
90	$199.95	90	$50.07	90	$2.18	90	$1.62	90	$1.43	90	$154.21
91	$201.18	91	$51.33	91	$2.21	91	$1.62	91	$1.43	91	$155.16
92	$202.42	92	$52.53	92	$2.21	92	$1.62	92	$1.43	92	$156.13
93	$203.49	93	$53.65	93	$2.22	93	$1.62	93	$1.43	93	$156.95
94	$204.48	94	$54.77	94	$2.23	94	$1.62	94	$1.43	94	$157.71
95	$205.22	95	$55.90	95	$2.24	95	$1.62	95	$1.43	95	$158.28
96	$205.96	96	$57.04	96	$2.25	96	$1.62	96	$1.43	96	$158.87
97	$206.54	97	$58.17	97	$2.25	97	$1.62	97	$1.43	97	$159.29
98	$207.29	98	$59.35	98	$2.26	98	$1.62	98	$1.43	98	$159.87
99	$207.62	99	$60.53	99	$2.28	99	$1.62	99	$1.43	99	$160.13

Part B Deductible Rider*** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: TOBACCO MALE HOUSEHOLD DISCOUNT

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

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	$323.33	Through 64	$55.51	Through 64	$3.54	Through 64	$1.62	Through 64	$1.43	Through 64	$249.37
65	$136.43	65	$23.43	65	$1.49	65	$1.62	65	$1.43	65	$105.23
66	$136.43	66	$23.43	66	$1.49	66	$1.62	66	$1.43	66	$105.23
67	$136.43	67	$23.43	67	$1.49	67	$1.62	67	$1.43	67	$105.23
68	$137.99	68	$23.82	68	$1.52	68	$1.62	68	$1.43	68	$106.42
69	$143.49	69	$24.96	69	$1.59	69	$1.62	69	$1.43	69	$110.66
70	$149.27	70	$25.71	70	$1.64	70	$1.62	70	$1.43	70	$115.13
71	$155.33	71	$26.97	71	$1.69	71	$1.62	71	$1.43	71	$119.81
72	$161.39	72	$28.23	72	$1.76	72	$1.62	72	$1.43	72	$124.49
73	$167.65	73	$29.47	73	$1.84	73	$1.62	73	$1.43	73	$129.31
74	$173.23	74	$30.72	74	$1.90	74	$1.62	74	$1.43	74	$133.62
75	$178.64	75	$32.00	75	$1.96	75	$1.62	75	$1.43	75	$137.78
76	$183.85	76	$33.54	76	$2.00	76	$1.62	76	$1.43	76	$141.81
77	$188.68	77	$35.12	77	$2.07	77	$1.62	77	$1.43	77	$145.54
78	$193.23	78	$36.75	78	$2.11	78	$1.62	78	$1.43	78	$149.04
79	$197.79	79	$38.42	79	$2.16	79	$1.62	79	$1.43	79	$152.55
80	$201.76	80	$40.10	80	$2.21	80	$1.62	80	$1.43	80	$155.62
81	$205.55	81	$41.81	81	$2.25	81	$1.62	81	$1.43	81	$158.54
82	$209.16	82	$43.54	82	$2.29	82	$1.62	82	$1.43	82	$161.32
83	$212.48	83	$45.35	83	$2.32	83	$1.62	83	$1.43	83	$163.87
84	$215.52	84	$47.21	84	$2.36	84	$1.62	84	$1.43	84	$166.22
85	$218.54	85	$49.11	85	$2.39	85	$1.62	85	$1.43	85	$168.56
86	$221.10	86	$50.76	86	$2.43	86	$1.62	86	$1.43	86	$170.54
87	$223.66	87	$52.46	87	$2.46	87	$1.62	87	$1.43	87	$172.52
88	$226.23	88	$54.20	88	$2.48	88	$1.62	88	$1.43	88	$174.48
89	$228.12	89	$55.90	89	$2.50	89	$1.62	89	$1.43	89	$175.94
90	$229.82	90	$57.56	90	$2.51	90	$1.62	90	$1.43	90	$177.25
91	$231.24	91	$59.00	91	$2.54	91	$1.62	91	$1.43	91	$178.34
92	$232.67	92	$60.38	92	$2.55	92	$1.62	92	$1.43	92	$179.46
93	$233.90	93	$61.66	93	$2.56	93	$1.62	93	$1.43	93	$180.41
94	$235.04	94	$62.95	94	$2.57	94	$1.62	94	$1.43	94	$181.28
95	$235.88	95	$64.26	95	$2.57	95	$1.62	95	$1.43	95	$181.94
96	$236.73	96	$65.56	96	$2.58	96	$1.62	96	$1.43	96	$182.60
97	$237.40	97	$66.86	97	$2.58	97	$1.62	97	$1.43	97	$183.10
98	$238.26	98	$68.21	98	$2.59	98	$1.62	98	$1.43	98	$183.76
99	$238.64	99	$69.57	99	$2.62	99	$1.62	99	$1.43	99	$184.06

Part B Deductible Rider*** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: NON-TOBACCO FEMALE

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

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	$278.10	Through 64	$47.74	Through 64	$3.05	Through 64	$1.84	Through 64	$1.63	Through 64	$214.48
65	$117.35	65	$20.15	65	$1.28	65	$1.84	65	$1.63	65	$90.51
66	$117.35	66	$20.15	66	$1.28	66	$1.84	66	$1.63	66	$90.51
67	$117.35	67	$20.15	67	$1.28	67	$1.84	67	$1.63	67	$90.51
68	$118.69	68	$20.49	68	$1.31	68	$1.84	68	$1.63	68	$91.53
69	$123.41	69	$21.47	69	$1.37	69	$1.84	69	$1.63	69	$95.18
70	$128.39	70	$22.11	70	$1.41	70	$1.84	70	$1.63	70	$99.03
71	$133.61	71	$23.20	71	$1.46	71	$1.84	71	$1.63	71	$103.05
72	$138.82	72	$24.28	72	$1.52	72	$1.84	72	$1.63	72	$107.08
73	$144.20	73	$25.34	73	$1.58	73	$1.84	73	$1.63	73	$111.22
74	$149.00	74	$26.43	74	$1.63	74	$1.84	74	$1.63	74	$114.93
75	$153.65	75	$27.53	75	$1.68	75	$1.84	75	$1.63	75	$118.50
76	$158.13	76	$28.85	76	$1.72	76	$1.84	76	$1.63	76	$121.97
77	$162.29	77	$30.21	77	$1.78	77	$1.84	77	$1.63	77	$125.18
78	$166.20	78	$31.61	78	$1.82	78	$1.84	78	$1.63	78	$128.19
79	$170.12	79	$33.05	79	$1.86	79	$1.84	79	$1.63	79	$131.21
80	$173.54	80	$34.49	80	$1.90	80	$1.84	80	$1.63	80	$133.85
81	$176.79	81	$35.96	81	$1.93	81	$1.84	81	$1.63	81	$136.36
82	$179.90	82	$37.45	82	$1.97	82	$1.84	82	$1.63	82	$138.75
83	$182.75	83	$39.01	83	$2.00	83	$1.84	83	$1.63	83	$140.95
84	$185.37	84	$40.61	84	$2.03	84	$1.84	84	$1.63	84	$142.97
85	$187.97	85	$42.24	85	$2.06	85	$1.84	85	$1.63	85	$144.98
86	$190.17	86	$43.66	86	$2.09	86	$1.84	86	$1.63	86	$146.69
87	$192.37	87	$45.12	87	$2.11	87	$1.84	87	$1.63	87	$148.38
88	$194.58	88	$46.62	88	$2.13	88	$1.84	88	$1.63	88	$150.07
89	$196.21	89	$48.08	89	$2.15	89	$1.84	89	$1.63	89	$151.33
90	$197.67	90	$49.51	90	$2.16	90	$1.84	90	$1.63	90	$152.46
91	$198.89	91	$50.75	91	$2.18	91	$1.84	91	$1.63	91	$153.40
92	$200.12	92	$51.94	92	$2.19	92	$1.84	92	$1.63	92	$154.35
93	$201.18	93	$53.04	93	$2.20	93	$1.84	93	$1.63	93	$155.17
94	$202.16	94	$54.14	94	$2.21	94	$1.84	94	$1.63	94	$155.92
95	$202.89	95	$55.27	95	$2.21	95	$1.84	95	$1.63	95	$156.49
96	$203.62	96	$56.39	96	$2.22	96	$1.84	96	$1.63	96	$157.06
97	$204.19	97	$57.51	97	$2.22	97	$1.84	97	$1.63	97	$157.48
98	$204.93	98	$58.67	98	$2.23	98	$1.84	98	$1.63	98	$158.05
99	$205.26	99	$59.84	99	$2.26	99	$1.84	99	$1.63	99	$158.31

Part B Deductible Rider*** Monthly Premium All Ages $15.25

See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: NON-TOBACCO MALE

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

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	$319.66	Through 64	$54.87	Through 64	$3.50	Through 64	$1.84	Through 64	$1.63	Through 64	$246.53
65	$134.88	65	$23.16	65	$1.47	65	$1.84	65	$1.63	65	$104.04
66	$134.88	66	$23.16	66	$1.47	66	$1.84	66	$1.63	66	$104.04
67	$134.88	67	$23.16	67	$1.47	67	$1.84	67	$1.63	67	$104.04
68	$136.42	68	$23.55	68	$1.50	68	$1.84	68	$1.63	68	$105.21
69	$141.86	69	$24.68	69	$1.57	69	$1.84	69	$1.63	69	$109.40
70	$147.57	70	$25.42	70	$1.62	70	$1.84	70	$1.63	70	$113.83
71	$153.57	71	$26.66	71	$1.67	71	$1.84	71	$1.63	71	$118.45
72	$159.56	72	$27.91	72	$1.74	72	$1.84	72	$1.63	72	$123.08
73	$165.74	73	$29.13	73	$1.82	73	$1.84	73	$1.63	73	$127.84
74	$171.26	74	$30.38	74	$1.88	74	$1.84	74	$1.63	74	$132.10
75	$176.61	75	$31.64	75	$1.93	75	$1.84	75	$1.63	75	$136.21
76	$181.76	76	$33.16	76	$1.98	76	$1.84	76	$1.63	76	$140.20
77	$186.54	77	$34.72	77	$2.05	77	$1.84	77	$1.63	77	$143.88
78	$191.04	78	$36.33	78	$2.09	78	$1.84	78	$1.63	78	$147.35
79	$195.54	79	$37.98	79	$2.13	79	$1.84	79	$1.63	79	$150.81
80	$199.47	80	$39.65	80	$2.18	80	$1.84	80	$1.63	80	$153.85
81	$203.21	81	$41.33	81	$2.22	81	$1.84	81	$1.63	81	$156.74
82	$206.78	82	$43.05	82	$2.27	82	$1.84	82	$1.63	82	$159.48
83	$210.06	83	$44.84	83	$2.30	83	$1.84	83	$1.63	83	$162.01
84	$213.07	84	$46.67	84	$2.34	84	$1.84	84	$1.63	84	$164.34
85	$216.05	85	$48.55	85	$2.36	85	$1.84	85	$1.63	85	$166.64
86	$218.59	86	$50.19	86	$2.40	86	$1.84	86	$1.63	86	$168.60
87	$221.11	87	$51.86	87	$2.43	87	$1.84	87	$1.63	87	$170.56
88	$223.66	88	$53.58	88	$2.45	88	$1.84	88	$1.63	88	$172.50
89	$225.53	89	$55.27	89	$2.47	89	$1.84	89	$1.63	89	$173.94
90	$227.21	90	$56.90	90	$2.48	90	$1.84	90	$1.63	90	$175.24
91	$228.61	91	$58.33	91	$2.51	91	$1.84	91	$1.63	91	$176.32
92	$230.02	92	$59.70	92	$2.52	92	$1.84	92	$1.63	92	$177.42
93	$231.24	93	$60.96	93	$2.53	93	$1.84	93	$1.63	93	$178.36
94	$232.37	94	$62.23	94	$2.54	94	$1.84	94	$1.63	94	$179.22
95	$233.20	95	$63.53	95	$2.55	95	$1.84	95	$1.63	95	$179.87
96	$234.04	96	$64.82	96	$2.56	96	$1.84	96	$1.63	96	$180.53
97	$234.70	97	$66.10	97	$2.56	97	$1.84	97	$1.63	97	$181.02
98	$235.56	98	$67.44	98	$2.56	98	$1.84	98	$1.63	98	$181.67
99	$235.93	99	$68.78	99	$2.59	99	$1.84	99	$1.63	99	$181.96

Part B Deductible Rider*** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: TOBACCO FEMALE

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

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	$319.66	Through 64	$54.87	Through 64	$3.50	Through 64	$1.84	Through 64	$1.63	Through 64	$246.53
65	$134.88	65	$23.16	65	$1.47	65	$1.84	65	$1.63	65	$104.04
66	$134.88	66	$23.16	66	$1.47	66	$1.84	66	$1.63	66	$104.04
67	$134.88	67	$23.16	67	$1.47	67	$1.84	67	$1.63	67	$104.04
68	$136.42	68	$23.55	68	$1.50	68	$1.84	68	$1.63	68	$105.21
69	$141.86	69	$24.68	69	$1.57	69	$1.84	69	$1.63	69	$109.40
70	$147.57	70	$25.42	70	$1.62	70	$1.84	70	$1.63	70	$113.83
71	$153.57	71	$26.66	71	$1.67	71	$1.84	71	$1.63	71	$118.45
72	$159.56	72	$27.91	72	$1.74	72	$1.84	72	$1.63	72	$123.08
73	$165.74	73	$29.13	73	$1.82	73	$1.84	73	$1.63	73	$127.84
74	$171.26	74	$30.38	74	$1.88	74	$1.84	74	$1.63	74	$132.10
75	$176.61	75	$31.64	75	$1.93	75	$1.84	75	$1.63	75	$136.21
76	$181.76	76	$33.16	76	$1.98	76	$1.84	76	$1.63	76	$140.20
77	$186.54	77	$34.72	77	$2.05	77	$1.84	77	$1.63	77	$143.88
78	$191.04	78	$36.33	78	$2.09	78	$1.84	78	$1.63	78	$147.35
79	$195.54	79	$37.98	79	$2.13	79	$1.84	79	$1.63	79	$150.81
80	$199.47	80	$39.65	80	$2.18	80	$1.84	80	$1.63	80	$153.85
81	$203.21	81	$41.33	81	$2.22	81	$1.84	81	$1.63	81	$156.74
82	$206.78	82	$43.05	82	$2.27	82	$1.84	82	$1.63	82	$159.48
83	$210.06	83	$44.84	83	$2.30	83	$1.84	83	$1.63	83	$162.01
84	$213.07	84	$46.67	84	$2.34	84	$1.84	84	$1.63	84	$164.34
85	$216.05	85	$48.55	85	$2.36	85	$1.84	85	$1.63	85	$166.64
86	$218.59	86	$50.19	86	$2.40	86	$1.84	86	$1.63	86	$168.60
87	$221.11	87	$51.86	87	$2.43	87	$1.84	87	$1.63	87	$170.56
88	$223.66	88	$53.58	88	$2.45	88	$1.84	88	$1.63	88	$172.50
89	$225.53	89	$55.27	89	$2.47	89	$1.84	89	$1.63	89	$173.94
90	$227.21	90	$56.90	90	$2.48	90	$1.84	90	$1.63	90	$175.24
91	$228.61	91	$58.33	91	$2.51	91	$1.84	91	$1.63	91	$176.32
92	$230.02	92	$59.70	92	$2.52	92	$1.84	92	$1.63	92	$177.42
93	$231.24	93	$60.96	93	$2.53	93	$1.84	93	$1.63	93	$178.36
94	$232.37	94	$62.23	94	$2.54	94	$1.84	94	$1.63	94	$179.22
95	$233.20	95	$63.53	95	$2.55	95	$1.84	95	$1.63	95	$179.87
96	$234.04	96	$64.82	96	$2.56	96	$1.84	96	$1.63	96	$180.53
97	$234.70	97	$66.10	97	$2.56	97	$1.84	97	$1.63	97	$181.02
98	$235.56	98	$67.44	98	$2.56	98	$1.84	98	$1.63	98	$181.67
99	$235.93	99	$68.78	99	$2.59	99	$1.84	99	$1.63	99	$181.96

Part B Deductible Rider*** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: TOBACCO MALE

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

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	$367.42	Through 64	$63.07	Through 64	$4.03	Through 64	$1.84	Through 64	$1.63	Through 64	$283.37
65	$155.03	65	$26.62	65	$1.69	65	$1.84	65	$1.63	65	$119.58
66	$155.03	66	$26.62	66	$1.69	66	$1.84	66	$1.63	66	$119.58
67	$155.03	67	$26.62	67	$1.69	67	$1.84	67	$1.63	67	$119.58
68	$156.81	68	$27.07	68	$1.73	68	$1.84	68	$1.63	68	$120.93
69	$163.05	69	$28.37	69	$1.80	69	$1.84	69	$1.63	69	$125.75
70	$169.62	70	$29.22	70	$1.86	70	$1.84	70	$1.63	70	$130.83
71	$176.52	71	$30.65	71	$1.93	71	$1.84	71	$1.63	71	$136.15
72	$183.40	72	$32.08	72	$2.00	72	$1.84	72	$1.63	72	$141.47
73	$190.51	73	$33.48	73	$2.09	73	$1.84	73	$1.63	73	$146.94
74	$196.86	74	$34.91	74	$2.16	74	$1.84	74	$1.63	74	$151.84
75	$203.01	75	$36.37	75	$2.22	75	$1.84	75	$1.63	75	$156.56
76	$208.92	76	$38.12	76	$2.28	76	$1.84	76	$1.63	76	$161.15
77	$214.41	77	$39.91	77	$2.35	77	$1.84	77	$1.63	77	$165.39
78	$219.58	78	$41.76	78	$2.40	78	$1.84	78	$1.63	78	$169.37
79	$224.76	79	$43.66	79	$2.45	79	$1.84	79	$1.63	79	$173.35
80	$229.27	80	$45.57	80	$2.51	80	$1.84	80	$1.63	80	$176.84
81	$233.57	81	$47.51	81	$2.55	81	$1.84	81	$1.63	81	$180.16
82	$237.68	82	$49.48	82	$2.61	82	$1.84	82	$1.63	82	$183.32
83	$241.45	83	$51.54	83	$2.64	83	$1.84	83	$1.63	83	$186.22
84	$244.90	84	$53.65	84	$2.68	84	$1.84	84	$1.63	84	$188.89
85	$248.34	85	$55.80	85	$2.72	85	$1.84	85	$1.63	85	$191.54
86	$251.25	86	$57.68	86	$2.76	86	$1.84	86	$1.63	86	$193.80
87	$254.16	87	$59.61	87	$2.79	87	$1.84	87	$1.63	87	$196.04
88	$257.08	88	$61.59	88	$2.82	88	$1.84	88	$1.63	88	$198.28
89	$259.23	89	$63.53	89	$2.84	89	$1.84	89	$1.63	89	$199.94
90	$261.16	90	$65.41	90	$2.85	90	$1.84	90	$1.63	90	$201.42
91	$262.77	91	$67.04	91	$2.88	91	$1.84	91	$1.63	91	$202.66
92	$264.40	92	$68.62	92	$2.89	92	$1.84	92	$1.63	92	$203.93
93	$265.79	93	$70.07	93	$2.90	93	$1.84	93	$1.63	93	$205.01
94	$267.09	94	$71.53	94	$2.92	94	$1.84	94	$1.63	94	$206.00
95	$268.05	95	$73.02	95	$2.93	95	$1.84	95	$1.63	95	$206.74
96	$269.02	96	$74.50	96	$2.94	96	$1.84	96	$1.63	96	$207.50
97	$269.78	97	$75.98	97	$2.94	97	$1.84	97	$1.63	97	$208.07
98	$270.75	98	$77.52	98	$2.95	98	$1.84	98	$1.63	98	$208.81
99	$271.18	99	$79.06	99	$2.98	99	$1.84	99	$1.63	99	$209.15

Part B Deductible Rider*** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: NON-TOBACCO FEMALE HOUSEHOLD DISCOUNT

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

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	$266.98	Through 64	$45.83	Through 64	$2.93	Through 64	$1.76	Through 64	$1.56	Through 64	$205.90
65	$112.65	65	$19.34	65	$1.23	65	$1.76	65	$1.56	65	$86.89
66	$112.65	66	$19.34	66	$1.23	66	$1.76	66	$1.56	66	$86.89
67	$112.65	67	$19.34	67	$1.23	67	$1.76	67	$1.56	67	$86.89
68	$113.94	68	$19.67	68	$1.25	68	$1.76	68	$1.56	68	$87.87
69	$118.48	69	$20.61	69	$1.31	69	$1.76	69	$1.56	69	$91.37
70	$123.25	70	$21.23	70	$1.35	70	$1.76	70	$1.56	70	$95.07
71	$128.26	71	$22.27	71	$1.40	71	$1.76	71	$1.56	71	$98.93
72	$133.27	72	$23.31	72	$1.45	72	$1.76	72	$1.56	72	$102.80
73	$138.43	73	$24.33	73	$1.52	73	$1.76	73	$1.56	73	$106.77
74	$143.04	74	$25.37	74	$1.57	74	$1.76	74	$1.56	74	$110.33
75	$147.51	75	$26.42	75	$1.61	75	$1.76	75	$1.56	75	$113.76
76	$151.81	76	$27.70	76	$1.65	76	$1.76	76	$1.56	76	$117.10
77	$155.80	77	$29.00	77	$1.71	77	$1.76	77	$1.56	77	$120.17
78	$159.55	78	$30.34	78	$1.74	78	$1.76	78	$1.56	78	$123.07
79	$163.32	79	$31.72	79	$1.78	79	$1.76	79	$1.56	79	$125.96
80	$166.60	80	$33.11	80	$1.82	80	$1.76	80	$1.56	80	$128.49
81	$169.72	81	$34.52	81	$1.85	81	$1.76	81	$1.56	81	$130.91
82	$172.70	82	$35.95	82	$1.89	82	$1.76	82	$1.56	82	$133.20
83	$175.44	83	$37.45	83	$1.92	83	$1.76	83	$1.56	83	$135.31
84	$177.95	84	$38.98	84	$1.95	84	$1.76	84	$1.56	84	$137.25
85	$180.45	85	$40.55	85	$1.97	85	$1.76	85	$1.56	85	$139.18
86	$182.57	86	$41.91	86	$2.01	86	$1.76	86	$1.56	86	$140.82
87	$184.68	87	$43.31	87	$2.03	87	$1.76	87	$1.56	87	$142.45
88	$186.80	88	$44.75	88	$2.05	88	$1.76	88	$1.56	88	$144.07
89	$188.36	89	$46.16	89	$2.06	89	$1.76	89	$1.56	89	$145.28
90	$189.77	90	$47.53	90	$2.07	90	$1.76	90	$1.56	90	$146.36
91	$190.93	91	$48.72	91	$2.09	91	$1.76	91	$1.56	91	$147.26
92	$192.12	92	$49.86	92	$2.10	92	$1.76	92	$1.56	92	$148.18
93	$193.13	93	$50.91	93	$2.11	93	$1.76	93	$1.56	93	$148.96
94	$194.07	94	$51.98	94	$2.12	94	$1.76	94	$1.56	94	$149.68
95	$194.77	95	$53.06	95	$2.13	95	$1.76	95	$1.56	95	$150.23
96	$195.47	96	$54.14	96	$2.13	96	$1.76	96	$1.56	96	$150.78
97	$196.02	97	$55.21	97	$2.13	97	$1.76	97	$1.56	97	$151.19
98	$196.74	98	$56.33	98	$2.14	98	$1.76	98	$1.56	98	$151.73
99	$197.05	99	$57.44	99	$2.17	99	$1.76	99	$1.56	99	$151.98

Part B Deductible Rider*** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: NON-TOBACCO MALE HOUSEHOLD DISCOUNT

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

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	$306.87	Through 64	$52.68	Through 64	$3.36	Through 64	$1.76	Through 64	$1.56	Through 64	$236.67
65	$129.48	65	$22.23	65	$1.41	65	$1.76	65	$1.56	65	$99.87
66	$129.48	66	$22.23	66	$1.41	66	$1.76	66	$1.56	66	$99.87
67	$129.48	67	$22.23	67	$1.41	67	$1.76	67	$1.56	67	$99.87
68	$130.96	68	$22.61	68	$1.44	68	$1.76	68	$1.56	68	$101.00
69	$136.18	69	$23.69	69	$1.51	69	$1.76	69	$1.56	69	$105.03
70	$141.67	70	$24.40	70	$1.55	70	$1.76	70	$1.56	70	$109.27
71	$147.43	71	$25.60	71	$1.61	71	$1.76	71	$1.56	71	$113.71
72	$153.18	72	$26.79	72	$1.67	72	$1.76	72	$1.56	72	$118.16
73	$159.11	73	$27.97	73	$1.75	73	$1.76	73	$1.56	73	$122.72
74	$164.41	74	$29.16	74	$1.80	74	$1.76	74	$1.56	74	$126.82
75	$169.55	75	$30.37	75	$1.86	75	$1.76	75	$1.56	75	$130.76
76	$174.49	76	$31.83	76	$1.90	76	$1.76	76	$1.56	76	$134.59
77	$179.08	77	$33.33	77	$1.97	77	$1.76	77	$1.56	77	$138.13
78	$183.39	78	$34.87	78	$2.00	78	$1.76	78	$1.56	78	$141.46
79	$187.72	79	$36.46	79	$2.05	79	$1.76	79	$1.56	79	$144.78
80	$191.49	80	$38.06	80	$2.09	80	$1.76	80	$1.56	80	$147.69
81	$195.08	81	$39.68	81	$2.13	81	$1.76	81	$1.56	81	$150.47
82	$198.51	82	$41.32	82	$2.18	82	$1.76	82	$1.56	82	$153.10
83	$201.66	83	$43.04	83	$2.20	83	$1.76	83	$1.56	83	$155.53
84	$204.54	84	$44.81	84	$2.24	84	$1.76	84	$1.56	84	$157.76
85	$207.41	85	$46.61	85	$2.27	85	$1.76	85	$1.56	85	$159.98
86	$209.84	86	$48.18	86	$2.31	86	$1.76	86	$1.56	86	$161.86
87	$212.27	87	$49.79	87	$2.33	87	$1.76	87	$1.56	87	$163.73
88	$214.71	88	$51.44	88	$2.35	88	$1.76	88	$1.56	88	$165.60
89	$216.51	89	$53.06	89	$2.37	89	$1.76	89	$1.56	89	$166.99
90	$218.12	90	$54.63	90	$2.38	90	$1.76	90	$1.56	90	$168.23
91	$219.46	91	$56.00	91	$2.41	91	$1.76	91	$1.56	91	$169.26
92	$220.82	92	$57.31	92	$2.42	92	$1.76	92	$1.56	92	$170.32
93	$221.99	93	$58.52	93	$2.43	93	$1.76	93	$1.56	93	$171.22
94	$223.07	94	$59.74	94	$2.43	94	$1.76	94	$1.56	94	$172.05
95	$223.87	95	$60.98	95	$2.44	95	$1.76	95	$1.56	95	$172.67
96	$224.68	96	$62.22	96	$2.45	96	$1.76	96	$1.56	96	$173.31
97	$225.32	97	$63.46	97	$2.45	97	$1.76	97	$1.56	97	$173.78
98	$226.13	98	$64.74	98	$2.46	98	$1.76	98	$1.56	98	$174.40
99	$226.49	99	$66.03	99	$2.49	99	$1.76	99	$1.56	99	$174.69

Part B Deductible Rider*** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: TOBACCO FEMALE HOUSEHOLD DISCOUNT

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

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	$306.87	Through 64	$52.68	Through 64	$3.36	Through 64	$1.76	Through 64	$1.56	Through 64	$236.67
65	$129.48	65	$22.23	65	$1.41	65	$1.76	65	$1.56	65	$99.87
66	$129.48	66	$22.23	66	$1.41	66	$1.76	66	$1.56	66	$99.87
67	$129.48	67	$22.23	67	$1.41	67	$1.76	67	$1.56	67	$99.87
68	$130.96	68	$22.61	68	$1.44	68	$1.76	68	$1.56	68	$101.00
69	$136.18	69	$23.69	69	$1.51	69	$1.76	69	$1.56	69	$105.03
70	$141.67	70	$24.40	70	$1.55	70	$1.76	70	$1.56	70	$109.27
71	$147.43	71	$25.60	71	$1.61	71	$1.76	71	$1.56	71	$113.71
72	$153.18	72	$26.79	72	$1.67	72	$1.76	72	$1.56	72	$118.16
73	$159.11	73	$27.97	73	$1.75	73	$1.76	73	$1.56	73	$122.72
74	$164.41	74	$29.16	74	$1.80	74	$1.76	74	$1.56	74	$126.82
75	$169.55	75	$30.37	75	$1.86	75	$1.76	75	$1.56	75	$130.76
76	$174.49	76	$31.83	76	$1.90	76	$1.76	76	$1.56	76	$134.59
77	$179.08	77	$33.33	77	$1.97	77	$1.76	77	$1.56	77	$138.13
78	$183.39	78	$34.87	78	$2.00	78	$1.76	78	$1.56	78	$141.46
79	$187.72	79	$36.46	79	$2.05	79	$1.76	79	$1.56	79	$144.78
80	$191.49	80	$38.06	80	$2.09	80	$1.76	80	$1.56	80	$147.69
81	$195.08	81	$39.68	81	$2.13	81	$1.76	81	$1.56	81	$150.47
82	$198.51	82	$41.32	82	$2.18	82	$1.76	82	$1.56	82	$153.10
83	$201.66	83	$43.04	83	$2.20	83	$1.76	83	$1.56	83	$155.53
84	$204.54	84	$44.81	84	$2.24	84	$1.76	84	$1.56	84	$157.76
85	$207.41	85	$46.61	85	$2.27	85	$1.76	85	$1.56	85	$159.98
86	$209.84	86	$48.18	86	$2.31	86	$1.76	86	$1.56	86	$161.86
87	$212.27	87	$49.79	87	$2.33	87	$1.76	87	$1.56	87	$163.73
88	$214.71	88	$51.44	88	$2.35	88	$1.76	88	$1.56	88	$165.60
89	$216.51	89	$53.06	89	$2.37	89	$1.76	89	$1.56	89	$166.99
90	$218.12	90	$54.63	90	$2.38	90	$1.76	90	$1.56	90	$168.23
91	$219.46	91	$56.00	91	$2.41	91	$1.76	91	$1.56	91	$169.26
92	$220.82	92	$57.31	92	$2.42	92	$1.76	92	$1.56	92	$170.32
93	$221.99	93	$58.52	93	$2.43	93	$1.76	93	$1.56	93	$171.22
94	$223.07	94	$59.74	94	$2.43	94	$1.76	94	$1.56	94	$172.05
95	$223.87	95	$60.98	95	$2.44	95	$1.76	95	$1.56	95	$172.67
96	$224.68	96	$62.22	96	$2.45	96	$1.76	96	$1.56	96	$173.31
97	$225.32	97	$63.46	97	$2.45	97	$1.76	97	$1.56	97	$173.78
98	$226.13	98	$64.74	98	$2.46	98	$1.76	98	$1.56	98	$174.40
99	$226.49	99	$66.03	99	$2.49	99	$1.76	99	$1.56	99	$174.69

Part B Deductible Rider*** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: TOBACCO MALE HOUSEHOLD DISCOUNT

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

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	$352.73	Through 64	$60.55	Through 64	$3.86	Through 64	$1.76	Through 64	$1.56	Through 64	$272.04
65	$148.83	65	$25.56	65	$1.63	65	$1.76	65	$1.56	65	$114.80
66	$148.83	66	$25.56	66	$1.63	66	$1.76	66	$1.56	66	$114.80
67	$148.83	67	$25.56	67	$1.63	67	$1.76	67	$1.56	67	$114.80
68	$150.53	68	$25.99	68	$1.66	68	$1.76	68	$1.56	68	$116.10
69	$156.53	69	$27.23	69	$1.73	69	$1.76	69	$1.56	69	$120.72
70	$162.84	70	$28.05	70	$1.78	70	$1.76	70	$1.56	70	$125.60
71	$169.46	71	$29.42	71	$1.85	71	$1.76	71	$1.56	71	$130.70
72	$176.07	72	$30.79	72	$1.92	72	$1.76	72	$1.56	72	$135.81
73	$182.89	73	$32.14	73	$2.01	73	$1.76	73	$1.56	73	$141.06
74	$188.98	74	$33.52	74	$2.07	74	$1.76	74	$1.56	74	$145.77
75	$194.88	75	$34.91	75	$2.13	75	$1.76	75	$1.56	75	$150.30
76	$200.57	76	$36.59	76	$2.19	76	$1.76	76	$1.56	76	$154.70
77	$205.84	77	$38.31	77	$2.26	77	$1.76	77	$1.56	77	$158.77
78	$210.80	78	$40.09	78	$2.30	78	$1.76	78	$1.56	78	$162.59
79	$215.77	79	$41.91	79	$2.35	79	$1.76	79	$1.56	79	$166.42
80	$220.10	80	$43.75	80	$2.41	80	$1.76	80	$1.56	80	$169.76
81	$224.23	81	$45.61	81	$2.45	81	$1.76	81	$1.56	81	$172.95
82	$228.17	82	$47.50	82	$2.50	82	$1.76	82	$1.56	82	$175.98
83	$231.79	83	$49.47	83	$2.53	83	$1.76	83	$1.56	83	$178.77
84	$235.11	84	$51.50	84	$2.58	84	$1.76	84	$1.56	84	$181.34
85	$238.40	85	$53.57	85	$2.61	85	$1.76	85	$1.56	85	$183.88
86	$241.20	86	$55.38	86	$2.65	86	$1.76	86	$1.56	86	$186.05
87	$243.99	87	$57.22	87	$2.68	87	$1.76	87	$1.56	87	$188.20
88	$246.80	88	$59.13	88	$2.70	88	$1.76	88	$1.56	88	$190.34
89	$248.86	89	$60.98	89	$2.72	89	$1.76	89	$1.56	89	$191.94
90	$250.72	90	$62.79	90	$2.74	90	$1.76	90	$1.56	90	$193.36
91	$252.26	91	$64.36	91	$2.77	91	$1.76	91	$1.56	91	$194.56
92	$253.82	92	$65.87	92	$2.78	92	$1.76	92	$1.56	92	$195.77
93	$255.16	93	$67.27	93	$2.79	93	$1.76	93	$1.56	93	$196.81
94	$256.41	94	$68.67	94	$2.80	94	$1.76	94	$1.56	94	$197.76
95	$257.33	95	$70.10	95	$2.81	95	$1.76	95	$1.56	95	$198.48
96	$258.26	96	$71.52	96	$2.82	96	$1.76	96	$1.56	96	$199.20
97	$258.98	97	$72.94	97	$2.82	97	$1.76	97	$1.56	97	$199.74
98	$259.92	98	$74.42	98	$2.83	98	$1.76	98	$1.56	98	$200.46
99	$260.34	99	$75.89	99	$2.86	99	$1.76	99	$1.56	99	$200.79

Part B Deductible Rider*** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: NON-TOBACCO FEMALE

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

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	$303.38	Through 64	$52.08	Through 64	$3.32	Through 64	$2.00	Through 64	$1.78	Through 64	$233.98
65	$128.01	65	$21.98	65	$1.40	65	$2.00	65	$1.78	65	$98.74
66	$128.01	66	$21.98	66	$1.40	66	$2.00	66	$1.78	66	$98.74
67	$128.01	67	$21.98	67	$1.40	67	$2.00	67	$1.78	67	$98.74
68	$129.48	68	$22.35	68	$1.43	68	$2.00	68	$1.78	68	$99.86
69	$134.63	69	$23.42	69	$1.49	69	$2.00	69	$1.78	69	$103.83
70	$140.06	70	$24.12	70	$1.53	70	$2.00	70	$1.78	70	$108.03
71	$145.75	71	$25.30	71	$1.59	71	$2.00	71	$1.78	71	$112.42
72	$151.44	72	$26.49	72	$1.65	72	$2.00	72	$1.78	72	$116.81
73	$157.31	73	$27.65	73	$1.73	73	$2.00	73	$1.78	73	$121.33
74	$162.55	74	$28.83	74	$1.78	74	$2.00	74	$1.78	74	$125.38
75	$167.62	75	$30.03	75	$1.83	75	$2.00	75	$1.78	75	$129.28
76	$172.51	76	$31.47	76	$1.88	76	$2.00	76	$1.78	76	$133.06
77	$177.04	77	$32.95	77	$1.94	77	$2.00	77	$1.78	77	$136.56
78	$181.31	78	$34.48	78	$1.98	78	$2.00	78	$1.78	78	$139.85
79	$185.59	79	$36.05	79	$2.03	79	$2.00	79	$1.78	79	$143.14
80	$189.31	80	$37.63	80	$2.07	80	$2.00	80	$1.78	80	$146.02
81	$192.86	81	$39.23	81	$2.11	81	$2.00	81	$1.78	81	$148.76
82	$196.25	82	$40.85	82	$2.15	82	$2.00	82	$1.78	82	$151.36
83	$199.37	83	$42.55	83	$2.18	83	$2.00	83	$1.78	83	$153.76
84	$202.22	84	$44.30	84	$2.22	84	$2.00	84	$1.78	84	$155.97
85	$205.05	85	$46.08	85	$2.24	85	$2.00	85	$1.78	85	$158.16
86	$207.46	86	$47.63	86	$2.28	86	$2.00	86	$1.78	86	$160.02
87	$209.86	87	$49.22	87	$2.31	87	$2.00	87	$1.78	87	$161.87
88	$212.27	88	$50.85	88	$2.33	88	$2.00	88	$1.78	88	$163.72
89	$214.05	89	$52.45	89	$2.34	89	$2.00	89	$1.78	89	$165.09
90	$215.64	90	$54.01	90	$2.35	90	$2.00	90	$1.78	90	$166.32
91	$216.97	91	$55.36	91	$2.38	91	$2.00	91	$1.78	91	$167.34
92	$218.31	92	$56.66	92	$2.39	92	$2.00	92	$1.78	92	$168.39
93	$219.47	93	$57.86	93	$2.40	93	$2.00	93	$1.78	93	$169.28
94	$220.54	94	$59.07	94	$2.41	94	$2.00	94	$1.78	94	$170.09
95	$221.33	95	$60.29	95	$2.42	95	$2.00	95	$1.78	95	$170.71
96	$222.13	96	$61.52	96	$2.43	96	$2.00	96	$1.78	96	$171.34
97	$222.76	97	$62.73	97	$2.43	97	$2.00	97	$1.78	97	$171.80
98	$223.56	98	$64.01	98	$2.43	98	$2.00	98	$1.78	98	$172.42
99	$223.92	99	$65.28	99	$2.46	99	$2.00	99	$1.78	99	$172.70

Part B Deductible Rider*** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: NON-TOBACCO MALE

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

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	$348.72	Through 64	$59.86	Through 64	$3.82	Through 64	$2.00	Through 64	$1.78	Through 64	$268.94
65	$147.14	65	$25.26	65	$1.61	65	$2.00	65	$1.78	65	$113.49
66	$147.14	66	$25.26	66	$1.61	66	$2.00	66	$1.78	66	$113.49
67	$147.14	67	$25.26	67	$1.61	67	$2.00	67	$1.78	67	$113.49
68	$148.82	68	$25.69	68	$1.64	68	$2.00	68	$1.78	68	$114.78
69	$154.75	69	$26.92	69	$1.71	69	$2.00	69	$1.78	69	$119.35
70	$160.98	70	$27.73	70	$1.76	70	$2.00	70	$1.78	70	$124.17
71	$167.53	71	$29.09	71	$1.83	71	$2.00	71	$1.78	71	$129.22
72	$174.07	72	$30.44	72	$1.90	72	$2.00	72	$1.78	72	$134.27
73	$180.81	73	$31.78	73	$1.98	73	$2.00	73	$1.78	73	$139.46
74	$186.83	74	$33.14	74	$2.05	74	$2.00	74	$1.78	74	$144.11
75	$192.67	75	$34.51	75	$2.11	75	$2.00	75	$1.78	75	$148.59
76	$198.29	76	$36.17	76	$2.16	76	$2.00	76	$1.78	76	$152.95
77	$203.50	77	$37.88	77	$2.23	77	$2.00	77	$1.78	77	$156.97
78	$208.40	78	$39.63	78	$2.28	78	$2.00	78	$1.78	78	$160.74
79	$213.32	79	$41.44	79	$2.33	79	$2.00	79	$1.78	79	$164.52
80	$217.60	80	$43.25	80	$2.38	80	$2.00	80	$1.78	80	$167.83
81	$221.68	81	$45.09	81	$2.42	81	$2.00	81	$1.78	81	$170.99
82	$225.58	82	$46.96	82	$2.47	82	$2.00	82	$1.78	82	$173.98
83	$229.16	83	$48.91	83	$2.51	83	$2.00	83	$1.78	83	$176.74
84	$232.44	84	$50.92	84	$2.55	84	$2.00	84	$1.78	84	$179.28
85	$235.69	85	$52.96	85	$2.58	85	$2.00	85	$1.78	85	$181.79
86	$238.46	86	$54.75	86	$2.62	86	$2.00	86	$1.78	86	$183.93
87	$241.22	87	$56.57	87	$2.65	87	$2.00	87	$1.78	87	$186.06
88	$243.99	88	$58.45	88	$2.67	88	$2.00	88	$1.78	88	$188.18
89	$246.03	89	$60.29	89	$2.69	89	$2.00	89	$1.78	89	$189.76
90	$247.87	90	$62.08	90	$2.70	90	$2.00	90	$1.78	90	$191.17
91	$249.39	91	$63.63	91	$2.74	91	$2.00	91	$1.78	91	$192.35
92	$250.94	92	$65.12	92	$2.75	92	$2.00	92	$1.78	92	$193.55
93	$252.26	93	$66.50	93	$2.76	93	$2.00	93	$1.78	93	$194.57
94	$253.49	94	$67.89	94	$2.77	94	$2.00	94	$1.78	94	$195.51
95	$254.40	95	$69.30	95	$2.78	95	$2.00	95	$1.78	95	$196.22
96	$255.32	96	$70.71	96	$2.79	96	$2.00	96	$1.78	96	$196.94
97	$256.04	97	$72.11	97	$2.79	97	$2.00	97	$1.78	97	$197.47
98	$256.97	98	$73.57	98	$2.80	98	$2.00	98	$1.78	98	$198.18
99	$257.38	99	$75.03	99	$2.83	99	$2.00	99	$1.78	99	$198.51

Part B Deductible Rider*** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: TOBACCO FEMALE

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

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	$348.72	Through 64	$59.86	Through 64	$3.82	Through 64	$2.00	Through 64	$1.78	Through 64	$268.94
65	$147.14	65	$25.26	65	$1.61	65	$2.00	65	$1.78	65	$113.49
66	$147.14	66	$25.26	66	$1.61	66	$2.00	66	$1.78	66	$113.49
67	$147.14	67	$25.26	67	$1.61	67	$2.00	67	$1.78	67	$113.49
68	$148.82	68	$25.69	68	$1.64	68	$2.00	68	$1.78	68	$114.78
69	$154.75	69	$26.92	69	$1.71	69	$2.00	69	$1.78	69	$119.35
70	$160.98	70	$27.73	70	$1.76	70	$2.00	70	$1.78	70	$124.17
71	$167.53	71	$29.09	71	$1.83	71	$2.00	71	$1.78	71	$129.22
72	$174.07	72	$30.44	72	$1.90	72	$2.00	72	$1.78	72	$134.27
73	$180.81	73	$31.78	73	$1.98	73	$2.00	73	$1.78	73	$139.46
74	$186.83	74	$33.14	74	$2.05	74	$2.00	74	$1.78	74	$144.11
75	$192.67	75	$34.51	75	$2.11	75	$2.00	75	$1.78	75	$148.59
76	$198.29	76	$36.17	76	$2.16	76	$2.00	76	$1.78	76	$152.95
77	$203.50	77	$37.88	77	$2.23	77	$2.00	77	$1.78	77	$156.97
78	$208.40	78	$39.63	78	$2.28	78	$2.00	78	$1.78	78	$160.74
79	$213.32	79	$41.44	79	$2.33	79	$2.00	79	$1.78	79	$164.52
80	$217.60	80	$43.25	80	$2.38	80	$2.00	80	$1.78	80	$167.83
81	$221.68	81	$45.09	81	$2.42	81	$2.00	81	$1.78	81	$170.99
82	$225.58	82	$46.96	82	$2.47	82	$2.00	82	$1.78	82	$173.98
83	$229.16	83	$48.91	83	$2.51	83	$2.00	83	$1.78	83	$176.74
84	$232.44	84	$50.92	84	$2.55	84	$2.00	84	$1.78	84	$179.28
85	$235.69	85	$52.96	85	$2.58	85	$2.00	85	$1.78	85	$181.79
86	$238.46	86	$54.75	86	$2.62	86	$2.00	86	$1.78	86	$183.93
87	$241.22	87	$56.57	87	$2.65	87	$2.00	87	$1.78	87	$186.06
88	$243.99	88	$58.45	88	$2.67	88	$2.00	88	$1.78	88	$188.18
89	$246.03	89	$60.29	89	$2.69	89	$2.00	89	$1.78	89	$189.76
90	$247.87	90	$62.08	90	$2.70	90	$2.00	90	$1.78	90	$191.17
91	$249.39	91	$63.63	91	$2.74	91	$2.00	91	$1.78	91	$192.35
92	$250.94	92	$65.12	92	$2.75	92	$2.00	92	$1.78	92	$193.55
93	$252.26	93	$66.50	93	$2.76	93	$2.00	93	$1.78	93	$194.57
94	$253.49	94	$67.89	94	$2.77	94	$2.00	94	$1.78	94	$195.51
95	$254.40	95	$69.30	95	$2.78	95	$2.00	95	$1.78	95	$196.22
96	$255.32	96	$70.71	96	$2.79	96	$2.00	96	$1.78	96	$196.94
97	$256.04	97	$72.11	97	$2.79	97	$2.00	97	$1.78	97	$197.47
98	$256.97	98	$73.57	98	$2.80	98	$2.00	98	$1.78	98	$198.18
99	$257.38	99	$75.03	99	$2.83	99	$2.00	99	$1.78	99	$198.51

Part B Deductible Rider*** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

BASIC MEDICARE SUPPLEMENT COVERAGE: TOBACCO MALE

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

Base		Part A Deductible Rider		Part B Excess Charges Rider		Additional Home Health Care Rider		Foreign Travel Rider		Reduced Base Premium with Part B co-payment or Coinsurance Rider	
Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium	Attained Age	Monthly Premium
Through 64	$400.82	Through 64	$68.81	Through 64	$4.39	Through 64	$2.00	Through 64	$1.78	Through 64	$309.13
65	$169.13	65	$29.04	65	$1.85	65	$2.00	65	$1.78	65	$130.45
66	$169.13	66	$29.04	66	$1.85	66	$2.00	66	$1.78	66	$130.45
67	$169.13	67	$29.04	67	$1.85	67	$2.00	67	$1.78	67	$130.45
68	$171.06	68	$29.53	68	$1.88	68	$2.00	68	$1.78	68	$131.93
69	$177.88	69	$30.95	69	$1.97	69	$2.00	69	$1.78	69	$137.18
70	$185.04	70	$31.87	70	$2.03	70	$2.00	70	$1.78	70	$142.73
71	$192.56	71	$33.43	71	$2.10	71	$2.00	71	$1.78	71	$148.52
72	$200.08	72	$34.99	72	$2.18	72	$2.00	72	$1.78	72	$154.33
73	$207.83	73	$36.53	73	$2.28	73	$2.00	73	$1.78	73	$160.30
74	$214.75	74	$38.09	74	$2.35	74	$2.00	74	$1.78	74	$165.65
75	$221.46	75	$39.67	75	$2.42	75	$2.00	75	$1.78	75	$170.80
76	$227.92	76	$41.58	76	$2.48	76	$2.00	76	$1.78	76	$175.80
77	$233.90	77	$43.54	77	$2.57	77	$2.00	77	$1.78	77	$180.42
78	$239.54	78	$45.55	78	$2.62	78	$2.00	78	$1.78	78	$184.76
79	$245.20	79	$47.63	79	$2.68	79	$2.00	79	$1.78	79	$189.11
80	$250.12	80	$49.72	80	$2.74	80	$2.00	80	$1.78	80	$192.91
81	$254.81	81	$51.83	81	$2.78	81	$2.00	81	$1.78	81	$196.54
82	$259.28	82	$53.98	82	$2.84	82	$2.00	82	$1.78	82	$199.98
83	$263.40	83	$56.22	83	$2.88	83	$2.00	83	$1.78	83	$203.15
84	$267.17	84	$58.52	84	$2.93	84	$2.00	84	$1.78	84	$206.06
85	$270.91	85	$60.88	85	$2.96	85	$2.00	85	$1.78	85	$208.96
86	$274.09	86	$62.93	86	$3.01	86	$2.00	86	$1.78	86	$211.42
87	$277.26	87	$65.03	87	$3.05	87	$2.00	87	$1.78	87	$213.86
88	$280.45	88	$67.19	88	$3.07	88	$2.00	88	$1.78	88	$216.30
89	$282.79	89	$69.30	89	$3.10	89	$2.00	89	$1.78	89	$218.11
90	$284.90	90	$71.35	90	$3.11	90	$2.00	90	$1.78	90	$219.73
91	$286.66	91	$73.14	91	$3.14	91	$2.00	91	$1.78	91	$221.09
92	$288.43	92	$74.86	92	$3.16	92	$2.00	92	$1.78	92	$222.47
93	$289.96	93	$76.44	93	$3.17	93	$2.00	93	$1.78	93	$223.64
94	$291.37	94	$78.04	94	$3.18	94	$2.00	94	$1.78	94	$224.72
95	$292.42	95	$79.66	95	$3.19	95	$2.00	95	$1.78	95	$225.54
96	$293.47	96	$81.28	96	$3.20	96	$2.00	96	$1.78	96	$226.37
97	$294.30	97	$82.88	97	$3.20	97	$2.00	97	$1.78	97	$226.98
98	$295.37	98	$84.56	98	$3.22	98	$2.00	98	$1.78	98	$227.80
99	$295.84	99	$86.24	99	$3.25	99	$2.00	99	$1.78	99	$228.17

Part B Deductible Rider *** Monthly Premium All Ages $15.25 See Household Premium Discount for premium information.

***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020

MEDICARE SUPPLEMENT PART A HOSPITAL SERVICES PER BENEFIT PERIOD

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

MEDICARE PART A BENEFITS	PER BENEFIT PERIOD	MEDICARE PAYS	THE POLICY PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies. Includes meals, special care units, recovery room, anesthesia and rehabilitation services.	First 60 days	All but a $1,408 deductible	$0 or	$1,408 unless Optional Part A Deductible Rider is selected and the services listed below*
			☐ Optional Part A Deductible Rider**	$0
	61st to 90th day	All but $352 per day	$352 per day	$0
	91st day and after: While using 60 lifetime reserve days	All but $704 per day	$704 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	100% of Medicare eligible expenses
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	$0	$0
	21st through 100th day	all but $176 per day	Up to $176 per day	$0
	101st day and after	$0	$0	All costs
INPATIENT PSYCHIATRIC CARE In a participating psychiatric hospital		190 days per lifetime	175 days per lifetime after exhaustion of Medicare Benefits	100% of Medicare eligible expenses after 365 days
BLOOD	First 3 pints	$0	First 3 pints	$0
	Additional amounts	$0	$0	100% of Medicare eligible expenses
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.		All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	$0*

* You pay all charges for any services not covered by Medicare and this policy such as personal convenience items, custodial care, etc.

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

*** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on and difference between its billed charges and the amount Medicare would have paid.

MEDICARE SUPPLEMENT POLICIES - PART B BENEFITS

Once you have been billed $198 of Medicare approved amounts for covered services (which are noted with an asterisk), your Medicare Part B deductible will have been met for the calendar year.

MEDICARE PART B BENEFITS	PER CALENDAR YEAR	MEDICARE PAYS	THE POLICY PAYS	YOU PAY
MEDICAL EXPENSES. Eligible Expenses for physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment.	Initial $198 deductible	$0	$0	$198 Deductible plus services noted below*.
			or ☐ Optional Part B Deductible Rider*** or ☐ Optional Part B Co-payment or Coinsurance Rider**	$0
	After initial deductible	Generally 80%	Generally 20% of Medicare eligible charges or, in the case of hospital outpatient department, services under a prospective payment system, applicable co-payments and ☐ Optional Medicare Part B Excess Charges Rider** ☐ Optional Foreign Travel Emergency Rider**	All charges above Medicare reasonable charge unless Optional Medicare Part B Excess Charges Rider is selected
BLOOD	First 3 pints	$0	First 3 pints	100% of Medicare eligible expenses
	Additional Amounts	80% of costs after $198 deductible	$198 Part B deductible and 20% thereafter***	$0*
CLINICAL LABORATORY SERVICES Tests for diagnostic services		100%	$0 ☐	
HOME HEALTH CARE		100% of charges for visits considered medically necessary by Medicare	40 visits or Optional Additional Home Healthcare Rider**	All expenses above the usual and customary charge after Medicare benefits end
PREVENTIVE MEDICAL CARE BENEFIT Not covered by Medicare: Some annual physical and preventive tests and services administered or ordered by your own doctor when not covered by Medicare.	First $120 each calendar year	$0	$120	$0
	Additional charges	$0	$0	100% of Medicare eligible expenses over $120 per calendar year.

* You pay all charges for any services not covered by Medicare and this policy such as personal convenience items, custodial care, etc.
** This is an optional rider. You purchased this benefit if the box is checked and you paid the premium.
*** This is an optional rider. You purchased this benefit if the box is checked and you paid the premium. This rider is only available to those first eligible prior to January 1, 2020.

ADDITIONAL BENEFITS

KIDNEY DISEASE BENEFIT:
We will pay the expense incurred up to a maximum of $30,000 during any one calendar year for the hospital inpatient and outpatient treatment of kidney disease, including dialysis, transplantation and donor related services which are not covered by Medicare.

CHIROPRACTIC BENEFIT:
When Medicare Part B does not pay for medically necessary services received from a licensed 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 BENEFIT:
We will provide payment in full for all usual and customary expenses incurred, not payable under Medicare, while this policy is in force for: (a) the installation or purchase of an insulin infusion pump; (b) other non-prescription equipment or supplies for treatment of diabetes; and (c) diabetes self-management education program. Benefits for an insulin infusion pump are limited to the purchase of one pump each year. No benefits are payable for an insulin infusion pump used less than 30 days. In order to avoid duplication of coverage under Medicare Part D, benefits listed under (b) do not include prescription medication, prescription insulin and some supplies.

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

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

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

(a) nursing home care costs beyond what is covered by Medicare and the additional 30-day skilled nursing care mandated by 632.895(3), Stats;

(b) home health care above the number of visits covered by Medicare and the 40 visits mandated by 632.895(2) Stats, except if Rider Form REN10ST HHC-WI is selected;

(c) physician charges above Medicare's approved charge, except if Rider Form REN10ST BEX-WI is selected;

(d) outpatient prescription drugs;

(e) most care received outside the U.S.A.;

(f) 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;

(g) usual, customary and reasonable limitations;

(h) expense incurred while the policy is not in force, except as provided in the Extension of Benefits section;

(i) hospital or skilled nursing facility confinement incurred during a Medicare Part A Benefit Period that begins while the policy is not in force;

(j) that portion of any expense incurred which is paid for by Medicare;

(k) services for which a charge is not normally made in the absence of insurance;

(l) loss or expense that is payable under any other Medicare supplement insurance policy or policy.

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

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

"Persons 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 such appeal. Once all needed information is received by us, we will notify you within 30 days of our receipt of your appeal.

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

MEDICARE SUPPLEMENT PREMIUM INFORMATION
MONTHLY PREMIUM

$_____ BASIC MEDICARE SUPPLEMENT COVERAGE; or

$_____ BASIC MEDICARE SUPPLEMENT COVERAGE with Part B Co-Payment or Coinsurance Rider - REN10ST BCOI-WI
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 will be waived if you are admitted to any hospital and the emergency room visit is subsequently covered as a Medicare Part A expense.

OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT POLICY
Each of these riders may be purchased separately. NOTE: Only optional coverage provided by rider shall be listed here.

$_____ 1. Part A Deductible Rider - REN10ST ADED-WI
100% of Part A deductible

$_____ 2. Part B Deductible Rider - REN10ST BDED-WI***
100% of Part B deductible
***Part B Deductible Rider is only available for those first eligible prior to January 1, 2020.

$_____ 3. Additional Home Health Care Rider - REN10ST HHC-WI
An aggregate of 365 visits per year including those covered by Medicare

$_____ 4. Part B Excess Charges Rider - REN10ST BEX-WI
Difference between what Medicare pays and the amount charged by the provider which shall be no greater than the actual charges or the limiting charge allowed by Medicare, whichever is less

$_____ 5. Foreign Travel Rider - REN10ST FTC-WI
After a deductible of no greater than $250.00, covers at least 80% of expenses associated with emergency medical care received outside the USA beginning the first 60 days of a trip with a lifetime maximum of at least $50,000.00

There will be a one-time enrollment fee of $25.00 added to the first premium. $25.00

$_____ TOTAL FOR BASIC POLICY AND SELECTED OPTIONAL BENEFITS

HOUSEHOLD PREMIUM DISCOUNT - You may be eligible for a policy with a lower premium rate based on your answers to the questions in this section.

Do you currently have a household resident (at least one, no more than 3) who is age 50 or older:

a. with whom you have resided with for the past 12 months or to whom you are either married or with whom you are in a civil union partnership; or

b. who has an existing Medicare supplement policy, or is applying for such a policy, with Renaissance Life & Health Insurance Company of America.

The Part B Deductible Rider premium is NOT eligible for the Household Premium Discount.

IN ADDITION TO THIS OUTLINE OF COVERAGE, RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA 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.