

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

**OUTLINE OF COVERAGE FOR
POLICY FORM UM25**

MEDICARE SUPPLEMENT INSURANCE

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

Premium Information:

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

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. This policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your Insurance Company.

RIGHT TO RETURN POLICY:

If you find that you are not satisfied with your policy, you may return it to United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments directly to you.

POLICY REPLACEMENT:

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

NOTICE:

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

NEITHER UNITED OF OMAHA NOR ITS AGENTS ARE CONNECTED WITH MEDICARE.

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

FEMALE NON-TOBACCO

Attained Age	Basic Annual Premium	Part A Deductible Annual Premium	Part B Excess Charges Annual Premium	50% Part A Deductible Annual Premium
Thru 64	2,919.53	428.87	34.24	197.64
65	1,271.26	186.77	14.92	86.10
66	1,271.26	186.77	14.92	86.10
67	1,320.71	194.01	15.48	89.44
68	1,372.56	201.61	16.12	92.92
69	1,426.20	209.49	16.76	96.54
70	1,479.27	217.31	17.33	100.17
71	1,531.20	224.91	17.97	103.65
72	1,584.12	232.73	18.61	107.27
73	1,637.26	240.47	19.25	110.82
74	1,690.33	248.29	19.82	114.44
75	1,739.70	255.61	20.39	117.78
76	1,781.97	261.78	20.89	120.63
77	1,813.01	266.33	21.31	122.76
78	1,843.84	270.88	21.66	124.82
79	1,877.37	275.78	22.02	127.10
80	1,909.76	280.53	22.45	129.30
81	1,951.75	286.71	22.95	132.14
82	1,992.46	292.69	23.37	134.90
83	2,031.74	298.44	23.87	137.53
84	2,069.60	303.98	24.30	140.09
85	2,105.91	309.31	24.73	142.58
86	2,140.51	314.43	25.15	144.92
87	2,173.40	319.25	25.50	147.12
88	2,204.30	323.80	25.86	149.26
89	2,233.36	328.06	26.21	151.17
90+	2,259.85	331.97	26.50	153.02

Part B Deductible	Additional Home Health Care	Foreign Travel Emergency Rider
Attained Age Annual Premium	Attained Age Annual Premium	Attained Age Annual Premium
All Ages	All Ages	All Ages
162.00	18.00	18.00

CO53.B-WI 08-11

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

MALE NON-TOBACCO

Attained Age	Basic Annual Premium	Part A Deductible Annual Premium	Part B Excess Charges Annual Premium	50% Part A Deductible Annual Premium
Thru 64	3,243.83	476.39	38.07	219.59
65	1,338.18	196.57	15.70	90.58
66	1,338.18	196.57	15.70	90.58
67	1,405.10	206.44	16.48	95.13
68	1,475.86	216.81	17.33	99.96
69	1,550.37	227.68	18.19	104.92
70	1,625.47	238.76	19.11	110.04
71	1,701.41	249.92	19.96	115.15
72	1,779.98	261.42	20.89	120.48
73	1,860.47	273.29	21.81	125.96
74	1,942.66	285.44	22.80	131.56
75	2,023.08	297.16	23.73	136.96
76	2,096.53	307.96	24.58	141.94
77	2,132.84	313.35	25.00	144.42
78	2,169.13	318.62	25.43	146.84
79	2,208.71	324.44	25.93	149.54
80	2,246.93	330.05	26.35	152.10
81	2,269.44	333.39	26.64	153.66
82	2,290.12	336.44	26.85	155.08
83	2,308.73	339.14	27.14	156.29
84	2,325.28	341.63	27.28	157.43
85	2,339.92	343.69	27.49	158.42
86	2,352.14	345.54	27.64	159.28
87	2,362.43	347.03	27.70	159.91
88	2,370.32	348.17	27.85	160.48
89	2,375.86	349.02	27.92	160.84
90+	2,378.84	349.37	27.92	161.05

Part B Deductible	Additional Home Health Care	Foreign Travel Emergency Rider
Attained Age Annual Premium	Attained Age Annual Premium	Attained Age Annual Premium
All Ages	All Ages	All Ages
162.00	18.00	18.00

CO53.B-WI 08-11

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

FEMALE TOBACCO

Attained Age	Basic Annual Premium	Part A Deductible Annual Premium	Part B Excess Charges Annual Premium	50% Part A Deductible Annual Premium
Thru 64	3,156.25	463.64	37.02	213.66
65	1,374.34	201.91	16.13	93.08
66	1,374.34	201.91	16.13	93.08
67	1,427.79	209.74	16.74	96.69
68	1,483.85	217.96	17.43	100.45
69	1,541.84	226.48	18.12	104.37
70	1,599.21	234.93	18.74	108.29
71	1,655.35	243.15	19.43	112.05
72	1,712.56	251.60	20.12	115.97
73	1,770.01	259.97	20.81	119.81
74	1,827.38	268.42	21.43	123.72
75	1,880.76	276.33	22.04	127.33
76	1,926.45	283.01	22.58	130.41
77	1,960.01	287.92	23.04	132.71
78	1,993.34	292.84	23.42	134.94
79	2,029.59	298.14	23.81	137.40
80	2,064.61	303.28	24.27	139.78
81	2,110.00	309.96	24.81	142.85
82	2,154.01	316.42	25.27	145.84
83	2,196.48	322.64	25.80	148.68
84	2,237.41	328.63	26.27	151.45
85	2,276.66	334.39	26.73	154.14
86	2,314.06	339.92	27.19	156.67
87	2,349.62	345.14	27.57	159.05
88	2,383.03	350.05	27.96	161.36
89	2,414.44	354.66	28.34	163.43
90+	2,443.08	358.89	28.65	165.43

Part B Deductible	Additional Home Health Care	Foreign Travel Emergency Rider
Attained Age Annual Premium	Attained Age Annual Premium	Attained Age Annual Premium
All Ages	All Ages	All Ages
162.00	18.00	18.00

CO53.B-WI 08-11

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

MALE TOBACCO

Attained Age	Basic Annual Premium	Part A Deductible Annual Premium	Part B Excess Charges Annual Premium	50% Part A Deductible Annual Premium
Thru 64	3,506.84	515.02	41.16	237.39
65	1,446.68	212.51	16.97	97.92
66	1,446.68	212.51	16.97	97.92
67	1,519.03	223.18	17.82	102.84
68	1,595.52	234.39	18.74	108.06
69	1,676.08	246.14	19.66	113.43
70	1,757.26	258.12	20.66	118.96
71	1,839.36	270.18	21.58	124.49
72	1,924.30	282.62	22.58	130.25
73	2,011.32	295.45	23.58	136.17
74	2,100.17	308.58	24.65	142.23
75	2,187.11	321.25	25.65	148.07
76	2,266.52	332.93	26.57	153.45
77	2,305.77	338.76	27.03	156.13
78	2,345.01	344.45	27.49	158.75
79	2,387.79	350.75	28.03	161.66
80	2,429.11	356.81	28.49	164.43
81	2,453.45	360.42	28.80	166.12
82	2,475.80	363.72	29.03	167.65
83	2,495.92	366.64	29.34	168.96
84	2,513.82	369.33	29.49	170.19
85	2,529.64	371.56	29.72	171.26
86	2,542.85	373.56	29.88	172.19
87	2,553.98	375.17	29.95	172.88
88	2,562.51	376.40	30.11	173.49
89	2,568.50	377.32	30.18	173.88
90+	2,571.72	377.70	30.18	174.11

Part B Deductible	Additional Home Health Care	Foreign Travel Emergency Rider
Attained Age Annual Premium	Attained Age Annual Premium	Attained Age Annual Premium
All Ages	All Ages	All Ages
162.00	18.00	18.00

CO53.B-WI 08-11

ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE
 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, 53125, 53127-128, 53137-139, 53147-149, 53152-153, 53156-157, 53167-168, 53170, 53176, 53178-179, 53181, 53183-185, 53190-192, 53195, 53199, 535, 537-538, 544, 549
 FEMALE NON-TOBACCO

Attained Age	Basic Annual Premium	Part A Deductible Annual Premium	Part B Excess Charges Annual Premium	50% Part A Deductible Annual Premium
Thru 64	3,193.24	469.08	37.45	216.16
65	1,390.44	204.28	16.32	94.17
66	1,390.44	204.28	16.32	94.17
67	1,444.52	212.20	16.94	97.83
68	1,501.24	220.51	17.64	101.63
69	1,559.90	229.14	18.33	105.60
70	1,617.95	237.69	18.96	109.56
71	1,674.75	245.99	19.66	113.37
72	1,732.64	254.54	20.36	117.33
73	1,790.75	263.01	21.05	121.21
74	1,848.80	271.56	21.68	125.17
75	1,902.80	279.56	22.30	128.82
76	1,949.03	286.32	22.85	131.93
77	1,982.98	291.30	23.31	134.26
78	2,016.70	296.27	23.70	136.52
79	2,053.38	301.63	24.09	139.01
80	2,088.81	306.84	24.55	141.41
81	2,134.73	313.59	25.10	144.52
82	2,179.25	320.12	25.57	147.56
83	2,222.22	326.41	26.10	150.42
84	2,263.63	332.48	26.58	153.23
85	2,303.34	338.31	27.04	155.95
86	2,341.18	343.90	27.51	158.51
87	2,377.16	349.19	27.90	160.91
88	2,410.96	354.15	28.29	163.24
89	2,442.73	358.82	28.68	165.34
90+	2,471.71	363.09	28.98	167.37

Part B Deductible	Additional Home Health Care	Foreign Travel Emergency Rider
Attained Age Annual Premium	Attained Age Annual Premium	Attained Age Annual Premium
All Ages	All Ages	All Ages
162.00	18.00	18.00

CO53.B-WI 08-11

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

Attained Age	Basic Annual Premium	Part A Deductible Annual Premium	Part B Excess Charges Annual Premium	50% Part A Deductible Annual Premium
Thru 64	3,547.94	521.05	41.64	240.17
65	1,463.64	215.00	17.17	99.07
66	1,463.64	215.00	17.17	99.07
67	1,536.83	225.79	18.03	104.04
68	1,614.22	237.14	18.96	109.33
69	1,695.73	249.03	19.89	114.76
70	1,777.85	261.15	20.91	120.36
71	1,860.92	273.35	21.83	125.95
72	1,946.85	285.94	22.85	131.78
73	2,034.89	298.91	23.86	137.76
74	2,124.78	312.20	24.94	143.90
75	2,212.74	325.02	25.96	149.80
76	2,293.08	336.83	26.88	155.24
77	2,332.79	342.73	27.35	157.96
78	2,372.50	348.48	27.81	160.61
79	2,415.77	354.86	28.36	163.56
80	2,457.58	360.99	28.82	166.35
81	2,482.20	364.64	29.14	168.06
82	2,504.82	367.98	29.37	169.62
83	2,525.18	370.94	29.68	170.94
84	2,543.28	373.66	29.84	172.18
85	2,559.28	375.91	30.07	173.27
86	2,572.65	377.94	30.23	174.21
87	2,583.91	379.56	30.30	174.90
88	2,592.53	380.80	30.46	175.53
89	2,598.60	381.74	30.53	175.92
90+	2,601.86	382.13	30.53	176.15

Part B Deductible	Additional Home Health Care	Foreign Travel Emergency Rider
Attained Age Annual Premium	Attained Age Annual Premium	Attained Age Annual Premium
All Ages	All Ages	All Ages
162.00	18.00	18.00

CO53.B-WI 08-11

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

Attained Age	Basic Annual Premium	Part A Deductible Annual Premium	Part B Excess Charges Annual Premium	50% Part A Deductible Annual Premium
Thru 64	3,452.15	507.11	40.49	233.69
65	1,503.18	220.84	17.64	101.81
66	1,503.18	220.84	17.64	101.81
67	1,561.64	229.40	18.31	105.76
68	1,622.96	238.39	19.07	109.87
69	1,686.38	247.72	19.82	114.16
70	1,749.13	256.96	20.50	118.44
71	1,810.54	265.94	21.25	122.56
72	1,873.12	275.18	22.01	126.84
73	1,935.95	284.34	22.76	131.04
74	1,998.70	293.58	23.44	135.32
75	2,057.08	302.23	24.11	139.27
76	2,107.06	309.54	24.70	142.63
77	2,143.76	314.92	25.20	145.15
78	2,180.22	320.29	25.62	147.59
79	2,219.87	326.09	26.04	150.28
80	2,258.17	331.72	26.54	152.88
81	2,307.82	339.02	27.13	156.24
82	2,355.95	346.08	27.64	159.52
83	2,402.40	352.88	28.22	162.62
84	2,447.17	359.44	28.73	165.65
85	2,490.10	365.74	29.23	168.59
86	2,531.00	371.78	29.74	171.36
87	2,569.90	377.50	30.16	173.96
88	2,606.44	382.87	30.58	176.48
89	2,640.79	387.91	31.00	178.75
90+	2,672.12	392.53	31.33	180.94

Part B Deductible	Additional Home Health Care	Foreign Travel Emergency Rider
Attained Age Annual Premium	Attained Age Annual Premium	Attained Age Annual Premium
All Ages	All Ages	All Ages
162.00	18.00	18.00

CO53.B-WI 08-11

ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE
 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, 53183-185, 53190-192, 53195, 53199, 535, 537-538, 544, 549

MALE TOBACCO

Attained Age	Basic Annual Premium	Part A Deductible Annual Premium	Part B Excess Charges Annual Premium	50% Part A Deductible Annual Premium
Thru 64	3,835.61	563.30	45.02	259.64
65	1,582.31	232.43	18.56	107.10
66	1,582.31	232.43	18.56	107.10
67	1,661.44	244.10	19.49	112.48
68	1,745.10	256.37	20.50	118.19
69	1,833.22	269.22	21.50	124.07
70	1,922.00	282.32	22.60	130.12
71	2,011.80	295.51	23.60	136.16
72	2,104.70	309.12	24.70	142.46
73	2,199.88	323.15	25.79	148.93
74	2,297.06	337.51	26.96	155.57
75	2,392.15	351.37	28.06	161.95
76	2,479.01	364.14	29.06	167.83
77	2,521.93	370.52	29.57	170.77
78	2,564.86	376.74	30.07	173.63
79	2,611.64	383.63	30.66	176.82
80	2,656.84	390.26	31.16	179.84
81	2,683.46	394.21	31.50	181.69
82	2,707.91	397.82	31.75	183.37
83	2,729.92	401.02	32.09	184.80
84	2,749.49	403.96	32.26	186.14
85	2,766.79	406.39	32.51	187.32
86	2,781.24	408.58	32.68	188.33
87	2,793.42	410.34	32.76	189.08
88	2,802.74	411.68	32.93	189.76
89	2,809.30	412.69	33.01	190.18
90+	2,812.82	413.11	33.01	190.43

Part B Deductible	Additional Home Health Care	Foreign Travel Emergency Rider
Attained Age Annual Premium	Attained Age Annual Premium	Attained Age Annual Premium
All Ages	All Ages	All Ages
162.00	18.00	18.00

CO53.B-WI 08-11

ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE
 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

FEMALE NON-TOBACCO

Attained Age	Basic Annual Premium	Part A Deductible Annual Premium	Part B Excess Charges Annual Premium	50% Part A Deductible Annual Premium
Thru 64	3,558.18	522.68	41.74	240.87
65	1,549.35	227.61	18.19	104.93
66	1,549.35	227.61	18.19	104.93
67	1,609.61	236.45	18.87	109.00
68	1,672.82	245.72	19.66	113.25
69	1,738.18	255.33	20.43	117.66
70	1,802.85	264.85	21.13	122.08
71	1,866.14	274.11	21.90	126.32
72	1,930.65	283.63	22.68	130.74
73	1,995.41	293.08	23.47	135.07
74	2,060.09	302.60	24.15	139.48
75	2,120.26	311.51	24.85	143.55
76	2,171.77	319.05	25.46	147.01
77	2,209.61	324.59	25.97	149.61
78	2,247.19	330.13	26.41	152.13
79	2,288.05	336.11	26.84	154.89
80	2,327.53	341.91	27.36	157.57
81	2,378.70	349.44	27.96	161.04
82	2,428.31	356.71	28.48	164.42
83	2,476.19	363.72	29.09	167.62
84	2,522.34	370.47	29.61	170.74
85	2,566.58	376.97	30.13	173.77
86	2,608.74	383.20	30.65	176.62
87	2,648.83	389.09	31.08	179.31
88	2,686.49	394.63	31.51	181.90
89	2,721.91	399.82	31.95	184.24
90+	2,754.20	404.59	32.29	186.49

Part B Deductible Foreign Travel Emergency Rider
 Attained Age Annual Premium 162.00 Attained Age Annual Premium 18.00
 All Ages All Ages

CO53.B-WI 08-11

ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE
 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

MALE NON-TOBACCO

Attained Age	Basic Annual Premium	Part A Deductible Annual Premium	Part B Excess Charges Annual Premium	50% Part A Deductible Annual Premium
Thru 64	3,953.41	580.60	46.41	267.62
65	1,630.90	239.57	19.14	110.39
66	1,630.90	239.57	19.14	110.39
67	1,712.46	251.60	20.09	115.93
68	1,798.70	264.24	21.13	121.82
69	1,889.53	277.49	22.16	127.88
70	1,981.04	291.00	23.29	134.12
71	2,073.59	304.58	24.33	140.35
72	2,169.35	318.62	25.46	146.84
73	2,267.44	333.07	26.58	153.50
74	2,367.62	347.87	27.80	160.35
75	2,465.62	362.17	28.92	166.93
76	2,555.15	375.33	29.96	172.98
77	2,599.39	381.90	30.48	176.02
78	2,643.63	388.32	31.00	178.96
79	2,691.86	395.41	31.60	182.25
80	2,738.43	402.25	32.13	185.37
81	2,765.89	406.32	32.47	187.28
82	2,791.08	410.04	32.73	189.01
83	2,813.77	413.34	33.08	190.48
84	2,833.94	416.36	33.24	191.86
85	2,851.78	418.88	33.50	193.08
86	2,866.67	421.12	33.68	194.11
87	2,879.22	422.95	33.76	194.89
88	2,888.83	424.33	33.94	195.58
89	2,895.58	425.37	34.02	196.02
90+	2,899.22	425.80	34.02	196.28

Part B Deductible	Additional Home Health Care	Foreign Travel Emergency Rider
Attained Age Annual Premium	Attained Age Annual Premium	Attained Age Annual Premium
All Ages	All Ages	All Ages
162.00	18.00	18.00

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ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE
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

FEMALE TOBACCO

Attained Age	Basic Annual Premium	Part A Deductible Annual Premium	Part B Excess Charges Annual Premium	50% Part A Deductible Annual Premium
Thru 64	3,846.68	565.06	45.12	260.40
65	1,674.97	246.07	19.66	113.44
66	1,674.97	246.07	19.66	113.44
67	1,740.12	255.62	20.40	117.84
68	1,808.45	265.64	21.25	122.43
69	1,879.11	276.03	22.09	127.20
70	1,949.03	286.32	22.84	131.98
71	2,017.45	296.34	23.68	136.56
72	2,087.19	306.63	24.52	141.34
73	2,157.20	316.84	25.37	146.02
74	2,227.12	327.13	26.11	150.79
75	2,292.17	336.77	26.86	155.19
76	2,347.86	344.92	27.52	158.93
77	2,388.77	350.91	28.08	161.74
78	2,429.39	356.90	28.55	164.46
79	2,473.57	363.36	29.02	167.45
80	2,516.25	369.63	29.58	170.35
81	2,571.57	377.77	30.23	174.10
82	2,625.20	385.63	30.79	177.75
83	2,676.96	393.21	31.45	181.21
84	2,726.85	400.51	32.01	184.58
85	2,774.68	407.53	32.57	187.86
86	2,820.26	414.27	33.13	190.94
87	2,863.60	420.64	33.60	193.85
88	2,904.31	426.63	34.07	196.65
89	2,942.60	432.24	34.54	199.18
90+	2,977.51	437.39	34.91	201.61

Part B Deductible		Additional Home Health Care	Foreign Travel Emergency Rider
Attained Age Annual Premium	162.00	Attained Age Annual Premium	Attained Age Annual Premium
All Ages		All Ages	All Ages
		18.00	18.00

CO53.B-WI 08-11

ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE
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

MALE TOBACCO

Attained Age	Basic Annual Premium	Part A Deductible Annual Premium	Part B Excess Charges Annual Premium	50% Part A Deductible Annual Premium
Thru 64	4,273.96	627.68	50.17	289.32
65	1,763.14	258.99	20.69	119.34
66	1,763.14	258.99	20.69	119.34
67	1,851.31	272.00	21.72	125.33
68	1,944.54	285.67	22.84	131.70
69	2,042.73	299.99	23.96	138.25
70	2,141.66	314.59	25.18	144.99
71	2,241.72	329.28	26.30	151.73
72	2,345.24	344.45	27.52	158.75
73	2,451.29	360.08	28.74	165.95
74	2,559.59	376.08	30.05	173.35
75	2,665.54	391.53	31.26	180.46
76	2,762.32	405.76	32.39	187.01
77	2,810.15	412.87	32.95	190.29
78	2,857.98	419.80	33.51	193.47
79	2,910.12	427.47	34.16	197.03
80	2,960.47	434.87	34.73	200.40
81	2,990.15	439.26	35.10	202.46
82	3,017.38	443.29	35.38	204.33
83	3,041.91	446.85	35.76	205.92
84	3,063.72	450.12	35.94	207.42
85	3,083.00	452.84	36.22	208.73
86	3,099.10	455.27	36.41	209.85
87	3,112.67	457.24	36.50	210.69
88	3,123.06	458.73	36.69	211.44
89	3,130.36	459.86	36.78	211.91
90+	3,134.29	460.32	36.78	212.19

Part B Deductible		Additional Home Health Care		Foreign Travel Emergency Rider
Attained Age Annual Premium	162.00	Attained Age Annual Premium	18.00	Attained Age Annual Premium
All Ages		All Ages		All Ages

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