

Anthem Blue Cross and Blue Shield

Outline of Medicare Supplement Coverage

VALUE PLUS MEDICARE SUPPLEMENT INSURANCE

The Wisconsin Insurance Commissioner has set standards for Medicare Supplement insurance. This 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 the "Wisconsin Guide to Health Insurance for People with Medicare" included in this package. Do not buy this policy if you did not get the guide.

READ YOUR POLICY VERY CAREFULLY

This is only an outline 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.

PREMIUM INFORMATION We, Anthem Blue Cross and Blue Shield, can only raise your premium if we raise the premium for all policies like yours in this state. If you change age categories, your premium will increase to that rate at the beginning of the policy term following your birthday. Also, if your residence changes such that you move into a new rating area, your rates may be adjusted. Finally, if your coverage begins prior to age 65, you will remain in the same age category for the duration of your policy.

DISCLOSURES Use this outline to compare benefits and premiums among policies.

RIGHT TO RETURN YOUR POLICY If you find that you are not satisfied with your policy, you may return it to Anthem Blue Cross and Blue Shield P.O. Box 3047, Milwaukee, WI 53201-3047. 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 This policy may not fully cover all of your medical costs.

Neither Anthem Blue Cross and Blue Shield nor its agents are connected with Medicare.



Coalition of Wisconsin Aging Groups

Value Plus is endorsed by the Coalition of Wisconsin Aging Groups. Blue Cross funds the advocate position for the Coalition.

Anthem 

Benefits underwritten by Blue Cross Blue Shield of Wisconsin. An independent licensee of the Blue Cross and Blue Shield Association.

Medicare 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.

Services	Per Benefit Period	Medicare Pays	This Policy Pays	You Pay
Hospitalization Semiprivate room and board, general nursing and miscellaneous hospital services and supplies.	First 60 days	All but \$952	\$0 or Optional Part A Deductible Rider*	\$952 or \$0
	61st to 90th day	All but \$238 a day	\$238 a day	\$0
	91st to 150th day	All but \$476 a day	\$476 a day	\$0
	Beyond 150 days	\$0	100% of Medicare eligible expenses**	\$0
Skilled Nursing 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 discharge.	First 20 days	All approved amounts.	\$0	\$0
	Days 21-100	All but \$119 a day	\$119 a day	\$0
	101 st day and after	\$0	\$0	101 st day and after per benefit period
Inpatient Psychiatric Care Inpatient psychiatric care in a participating psychiatric hospital		190 days per lifetime	175 additional days per lifetime	Beyond 365 days
Blood	First 3 pints	\$0	First 3 pints	\$0
	Additional amounts	100%	\$0	\$0

Medicare deductibles and co-insurance are effective as of January 1, 2006. Medicare may change these amounts annually.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "The Medicare and You Handbook" for more details. For full details about **Value Plus** coverage, refer to the **Value Plus Policy** or call Anthem Blue Cross and Blue Shield.

*These are optional riders. You may purchase these benefits if you pay an additional 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 for up to an additional 365 days as provided in the policy's "Core Benefits."

Medicare Supplement Policy Part B Benefits

Services	Per Calendar Year	Medicare Pays	This Policy Pays	You Pay
Medical Expenses Eligible expenses for physicians' services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$124 of Medicare approved amounts*	\$0	\$0 or Optional Part B Deductible Rider**	\$124 or \$0
	Remainder of Medicare approved amounts	Generally 80%	Generally 20% or Optional Medicare Part B Excess Charges Rider** †	Charges in excess of Medicare approved charges Or Charges not paid by Medicare or us
Blood	First 3 pints	\$0	All costs	\$0
	Next \$124 of Medicare approved amounts*	\$0	\$0 or Optional Part B Deductible Rider**	\$124 or \$0
	Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services – Tests for Diagnostic Services		100%	\$0	\$0
Home Health Care		100% of charges for visits considered medically necessary by Medicare	40 visits in addition to those paid by Medicare or Optional Additional Home Health Rider**	Beyond 40 visits per calendar year or Beyond 365 visits
Preventive Medical Care Benefit – Not Covered By Medicare Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare.	First \$300 each calendar year for Annual Wellcare Medical Exam, including Diagnostic X-rays & Laboratory Exams	\$0	\$300 (If Medicare pays, then we supplement Medicare's payment and do not charge against the \$300 maximum)	Charges in excess of \$300 per year
	First \$25 each calendar year for Immunizations and Injections, such as flu and vitamin shots.	\$0	\$25 (If Medicare pays, then we supplement Medicare's payment and do not charge against the \$25 maximum)	Charges in excess of \$25 per year

† For doctors who do not accept assignment, Anthem Blue Cross and Blue Shield pays the difference between what Medicare pays and the amount charged by the provider, up to the limiting charge allowed by Medicare.

* Once you have been billed \$124 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.

** These are optional riders. You may purchase these benefits if you pay an additional premium.

Additional Benefits

Service	Medicare Part B Pays	This Policy Pays	You Pay
Foreign Travel	\$0	\$0 or <i>Optional Foreign Travel Rider*</i> After a separate foreign travel deductible of \$250, pays 80% of expenses associated with emergency medical care received outside the U.S.A. beginning the first 60 days of a trip. Maximum lifetime benefit of \$50,000 in covered services.	Charges while traveling outside the country or \$250 deductible and 20% of charges for the first 60 days up to the \$50,000 lifetime maximum; 100% beyond 60 days or \$50,000 maximum.
Kidney Disease Care	80%	Up to \$30,000 per year	Charges in excess of \$30,000 per year
Chiropractic Care	80% for manual manipulations of the spine to correct a subluxation that can be demonstrated by x-ray	The full usual, customary and reasonable charge, less what Medicare pays for Medicare eligible expenses	Charges in excess of the full, usual, customary and reasonable charge

*These are optional riders. You may purchase these benefits if you pay an additional premium.

In addition to this outline of coverage, Anthem Blue Cross and Blue Shield will send an annual notice to you 30 days prior to the effective date of Medicare changes that will describe these changes and the changes in your Medicare Supplement coverage.

General Limitations & Exclusions

Custom Plan: The Plan pays the amount approved by Medicare as reasonable. For services not covered by Medicare, we determine the usual, customary, and reasonable rate, fee or cost. When we determine a usual, customary, and reasonable fee, it is not more than:

- the fee charged by the provider for the service to the majority of his or her patients; and
- the fee charged by the majority of providers in the state for the same service; and
- the fee appropriate for the service, taking into consideration the complexity of treatment required for the particular case.

We provide benefits as stated in the policy up to the usual, customary and reasonable amount for preventive care, diabetic equipment and supplies, breast reconstruction of affected tissue incident to a mastectomy, hospital or ambulatory surgery center charges and anesthetics provided for dental care, home care, and chiropractic services. In some instances, the usual, customary and reasonable charge may be less than the actual charge for the services and supplies.

Optional Part B Excess Charges Rider: If you select this rider, “excess charges” are defined as the amount charged by the provider, which shall be no greater than the actual charge or the limiting charge allowed by Medicare, whichever is less.

Anthem Blue Cross and Blue Shield does not pay any benefits for:

- charges that Medicare has applied to your Part A or Part B deductible, unless you elect the Part A Deductible Rider or Part B Deductible Rider
- services incurred prior to the date you satisfy the deductible amount for that calendar year
- any part of the cost of your care which Medicare has paid
- charges of a type Medicare does not cover, except as specifically stated in this policy
- charges that Medicare considers unnecessary
- charges that Medicare deems unreasonable
- services that we determine are not medically necessary
- services and supplies that are experimental/investigational
- dentistry, dental or oral surgery processes except as stated in the policy. This also excludes orthodontics, periodontics, orthognathic surgery, osteotomies, and treatment of temporomandibular disorders.
- care for cosmetic purposes (this does not apply to prompt repair of any accidental injury or to care that improves functioning of a malformed body member); breast reconstruction of affected tissue incident to a mastectomy is not considered treatment for cosmetic purposes
- custodial care, or care in custodial or domiciliary institutions, or residential treatment facilities (this does not apply to home care if you reside in the institution or facility)
- care due to war
- any part of the cost Medicare would have paid under Part B, if you were not enrolled in Part B at the time you received care
- care that is free to you or would be free if you did not have this policy
- care which you are entitled to, or has been paid for you, in whole or in part due to any law or regulation
- care for which you receive or are eligible for an award or settlement under Worker's Compensation or employer's liability law
- care you receive outside the United States, except as stated under the Foreign Travel benefit
- care if you are not a permanent resident of the United States
- except as stated, care prescribed or performed by a midwife, hearing aid dealer or fitter, social worker, audiologist, dentist, podiatrist, or any other health care professional other than a physician
- except as stated, care in the United States in a non Medicare-approved institution
- physical exams that are not preventive care (this includes exams for a job, a lawsuit, or the purchase of insurance)
- refraction costs and routine eye exams
- services of a blood donor
- organ transplants that are not eligible for Medicare benefits (this exclusion does not apply to kidney transplants, which are subject to the policy's kidney disease limitations)
- routine foot care, which is care for corns, callosities, toenails (but not removal of toenails), and hypertrophy or hyperplasia of the skin or your feet (this exclusion does not apply if the services you receive are medically necessary because you have diabetes)
- outpatient prescription drugs
- insulin and other diabetic supplies, except those covered by Medicare Part B.
- pre-existing conditions during the first three months of coverage unless credited

■ Home Health Care visits beyond the 40 visits per calendar year including what Medicare pays unless you choose the Additional Home Health Care Rider.

■ skilled nursing facility care costs beyond what is covered by Medicare and the state required 30-day skilled nursing facility benefit.

Waiting Periods for Pre-Existing Conditions

Any new illness or injury that appears after your Value Plus effective date is covered immediately. However, you may have a waiting period for pre-existing conditions. A condition is considered pre-existing if, within three months before your effective date of coverage, a physician gave you medical advice, care or treatment or recommended you receive care or treatment. Read the following to learn more:

You DON'T have a waiting period for pre-existing conditions if...

- immediately prior to your effective date of coverage under Value Plus, you had three months of continuous coverage under any Medicare Supplement or replacement plan or certain other medical plans. If your continuous coverage was less than three months, we will give credit for whatever time period was served.
- you had three months of continuous coverage AND you had up to a 63-day break in coverage AND applied within the first six months following your enrollment in Medicare Part B OR within the first six months following your 65th birthday if your Medicare Part B was effective before your 65th birthday. If your continuous coverage was less than three months, we will give credit for whatever time period was served.
- you are entitled to Guaranteed Acceptance due to the loss of certain health coverage.

You DO have a waiting period for pre-existing conditions...

during the first three months this coverage is in effect if you are not eligible for a waiver or credit as outlined above.

Grievance & Renewal

Grievance If you have any dissatisfaction with the provision of services or our claim practices or administration, you have the right to file a written grievance. The Coalition of Wisconsin Aging Groups' Consumer Advocate is available to assist you with your grievance. Your grievance must be in writing, and it should be identified as a grievance. We have a grievance form available if you wish to use one.

We will acknowledge receipt of your grievance within 5 days. Our Grievance Committee will conduct a complete review of your case. You will have an opportunity to appear before the committee to present written or oral information and ask questions. We will inform you of the time and place of the committee meeting at least 7 days in advance. In general, the resolution of your grievance will occur within 30 days after receiving your grievance. However, we may extend this period by an additional 30 days. If an extension is required, we will notify you in writing prior to the expiration of the first 30-day period. You must complete this grievance process before you start any legal action against us or before requesting external review (except in limited circumstances explained in the policy).

External Review If you are not satisfied with the decision of the Review Committee and your grievance qualifies, you may request an external review. A neutral third party then reviews your case and makes a decision. We will inform you if your grievance qualifies for external review.

Renewal Terms Your Anthem Blue Cross and Blue Shield coverage is guaranteed renewable for your lifetime. We may decline to renew your policy if you fail to pay your premium within the grace period or if you misrepresent information that is material to our acceptance of the risk.

Rate Information

We will not change your rate unless we change the rate for all plan members in your age category. That means that we will not increase your rate because you get sick or because of your health history. This rate increase may be exceeded if Medicare significantly changes benefits (other than the annual changes in deductible and coinsurance amounts). This applies to a general rate increase; it does not apply to a rate change that occurs because you enter a new age category or you change your residence.

Rate Changes Your rates will change when you move into a new age category. For example, if you are now age 71 and you will turn age 72 next month, you will move into a new age category and your rate will change. However, if your coverage begins prior to age 65, you will remain in the Under 65 age category for the duration of your policy. Your rate change will appear on your billing statement for the next policy term following your birthday. The age categories are as follows: Under 65, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79 and 80+.

Your rates may also change if you change your residence. For rating purposes, Wisconsin is divided into three rating areas. Area 1 includes Milwaukee, Waukesha, Racine, Kenosha, Washington and Ozaukee counties. Area 2 includes Dane, Brown and Outagamie counties, and Area 3 includes all other Wisconsin counties. If you permanently move out of Wisconsin, you will be deemed to reside in Area 1. Please contact us if you change your address. We will update our records and let you know if you have moved into a different area rating. Any area rate adjustment will be reflected in your billing statement.

Medicare Supplement Plan Premium Information

\$ _____ Annual Premium for Value Plus Plan

Optional Benefits for Medicare Supplement Plan

- 1. Part A Deductible**
100% of Part A deductible
- 2. 365 Home Health Care Visits**
An aggregate of 365 visits per year including those covered by Medicare
- 3. Part B Deductible**
100% of Part B deductible
- 4. Part B Excess Charges**
Difference between what Medicare pays and the amount charged by the provider, up to the limiting charge allowed by Medicare
- 5. Foreign Travel Rider**
After a separate foreign travel deductible of \$250, covers 80% of expenses associated with emergency medical care received outside the U.S.A. during the first 60 days of a trip with a lifetime maximum of \$50,000 in covered expenses.

Please see your customized quote included with this Outline of Coverage for your Value Plus Plan annual premium information.

Neither Anthem Blue Cross and Blue Shield nor its agents are connected with Medicare.

VALUE PLUS MONTHLY RATES EFFECTIVE JUNE 1, 2006

HOW TO DETERMINE YOUR RATE:

1. Determine your area, based on where you live:
 - Area 1: Milwaukee, Waukesha, Racine, Kenosha, Washington and Ozaukee Counties
 - Area 2: Dane, Brown and Outagamie Counties
 - Area 3: All other Wisconsin Counties
2. Find your area, gender and age.
3. Determine if you qualify for our plan: Are you within your Medicare Open Enrollment Period or in a Guarantee Issue situation*?
 - If yes, you qualify for the plan
 - If no, your answers to the health questions and Medical Information on the application will determine if you qualify.

*Please refer to the enclosed Wisconsin Guide to Health Insurance for People with Medicare. If you elect to pay for your premiums via monthly "Easy Pay" deduction from bank account, a \$2 premium discount per month will apply to your calculated rate.

Area 1 – Female Rates

Age	Base	Part A Deductible	Part B Deductible	Home Health	Excess Charges	Foreign Travel
Under 65	\$280.17	\$54.76	\$10.90	\$4.36	\$12.99	\$6.49
65	\$86.90	\$17.87	\$10.90	\$1.53	\$4.23	\$2.13
66	\$94.02	\$18.72	\$10.90	\$1.59	\$4.44	\$2.23
67	\$98.46	\$19.58	\$10.90	\$1.65	\$4.65	\$2.33
68	\$102.90	\$20.43	\$10.90	\$1.71	\$4.87	\$2.42
69	\$107.34	\$21.28	\$10.90	\$1.76	\$5.08	\$2.52
70	\$111.78	\$22.13	\$10.90	\$1.82	\$5.29	\$2.62
71	\$116.22	\$22.99	\$10.90	\$1.88	\$5.50	\$2.71
72	\$120.66	\$23.84	\$10.90	\$1.94	\$5.72	\$2.81
73	\$126.06	\$24.87	\$10.90	\$2.02	\$5.97	\$2.93
74	\$131.47	\$25.90	\$10.90	\$2.09	\$6.22	\$3.04
75	\$136.88	\$26.92	\$10.90	\$2.17	\$6.47	\$3.16
76	\$142.29	\$27.95	\$10.90	\$2.25	\$6.73	\$3.28
77	\$147.69	\$28.98	\$10.90	\$2.33	\$6.98	\$3.39
78	\$154.34	\$30.28	\$10.90	\$2.44	\$7.27	\$3.55
79	\$160.99	\$31.57	\$10.90	\$2.56	\$7.56	\$3.70
80+	\$180.94	\$35.47	\$10.90	\$2.91	\$8.43	\$4.17

Area 1 – Male Rates

Age	Base	Part A Deductible	Part B Deductible	Home Health	Excess Charges	Foreign Travel
Under 65	\$301.84	\$58.99	\$10.90	\$4.70	\$13.99	\$7.00
65	\$93.62	\$19.25	\$10.90	\$1.65	\$4.55	\$2.30
66	\$101.29	\$20.17	\$10.90	\$1.71	\$4.78	\$2.40
67	\$106.08	\$21.09	\$10.90	\$1.77	\$5.01	\$2.51
68	\$110.86	\$22.01	\$10.90	\$1.84	\$5.24	\$2.61
69	\$115.64	\$22.93	\$10.90	\$1.90	\$5.47	\$2.71
70	\$120.42	\$23.85	\$10.90	\$1.96	\$5.70	\$2.82
71	\$125.20	\$24.77	\$10.90	\$2.03	\$5.93	\$2.92
72	\$129.99	\$25.68	\$10.90	\$2.09	\$6.16	\$3.03
73	\$135.81	\$26.79	\$10.90	\$2.17	\$6.43	\$3.15
74	\$141.64	\$27.90	\$10.90	\$2.26	\$6.70	\$3.28
75	\$147.46	\$29.00	\$10.90	\$2.34	\$6.97	\$3.40
76	\$153.29	\$30.11	\$10.90	\$2.42	\$7.25	\$3.53
77	\$159.11	\$31.22	\$10.90	\$2.51	\$7.52	\$3.65
78	\$166.28	\$32.62	\$10.90	\$2.63	\$7.83	\$3.82
79	\$173.44	\$34.02	\$10.90	\$2.76	\$8.14	\$3.99
80+	\$194.93	\$38.21	\$10.90	\$3.13	\$9.08	\$4.49

VALUE PLUS MONTHLY RATES EFFECTIVE JUNE 1, 2006

HOW TO DETERMINE YOUR RATE:

1. Determine your area, based on where you live:
 - Area 1: Milwaukee, Waukesha, Racine, Kenosha, Washington and Ozaukee Counties
 - Area 2: Dane, Brown and Outagamie Counties
 - Area 3: All other Wisconsin Counties
2. Find your area, gender and age.
3. Determine if you qualify for our plan: Are you within your Medicare Open Enrollment Period or in a Guarantee Issue situation*?
 - If yes, you qualify for the plan
 - If no, your answers to the health questions and Medical Information on the application will determine if you qualify.

*Please refer to the enclosed Wisconsin Guide to Health Insurance for People with Medicare. If you elect to pay for your premiums via monthly "Easy Pay" deduction from bank account, a \$2 premium discount per month will apply to your calculated rate.

Area 2 – Female Rates

Age	Base	Part A Deductible	Part B Deductible	Home Health	Excess Charges	Foreign Travel
Under 65	\$238.15	\$46.54	\$10.90	\$3.71	\$11.04	\$5.52
65	\$73.86	\$15.19	\$10.90	\$1.30	\$3.59	\$1.81
66	\$79.92	\$15.92	\$10.90	\$1.35	\$3.77	\$1.89
67	\$83.69	\$16.64	\$10.90	\$1.40	\$3.95	\$1.98
68	\$87.47	\$17.36	\$10.90	\$1.45	\$4.14	\$2.06
69	\$91.24	\$18.09	\$10.90	\$1.50	\$4.32	\$2.14
70	\$95.01	\$18.81	\$10.90	\$1.55	\$4.50	\$2.22
71	\$98.79	\$19.54	\$10.90	\$1.60	\$4.68	\$2.31
72	\$102.56	\$20.26	\$10.90	\$1.65	\$4.86	\$2.39
73	\$107.15	\$21.14	\$10.90	\$1.71	\$5.07	\$2.49
74	\$111.75	\$22.01	\$10.90	\$1.78	\$5.29	\$2.59
75	\$116.35	\$22.88	\$10.90	\$1.85	\$5.50	\$2.69
76	\$120.94	\$23.76	\$10.90	\$1.91	\$5.72	\$2.78
77	\$125.54	\$24.63	\$10.90	\$1.98	\$5.93	\$2.88
78	\$131.19	\$25.73	\$10.90	\$2.08	\$6.18	\$3.01
79	\$136.84	\$26.84	\$10.90	\$2.17	\$6.43	\$3.15
80+	\$153.80	\$30.15	\$10.90	\$2.47	\$7.17	\$3.54

Area 2 – Male Rates

Age	Base	Part A Deductible	Part B Deductible	Home Health	Excess Charges	Foreign Travel
Under 65	\$256.56	\$50.14	\$10.90	\$3.99	\$11.89	\$5.95
65	\$79.57	\$16.36	\$10.90	\$1.40	\$3.87	\$1.95
66	\$86.10	\$17.15	\$10.90	\$1.46	\$4.06	\$2.04
67	\$90.16	\$17.93	\$10.90	\$1.51	\$4.26	\$2.13
68	\$94.23	\$18.71	\$10.90	\$1.56	\$4.46	\$2.22
69	\$98.29	\$19.49	\$10.90	\$1.62	\$4.65	\$2.31
70	\$102.36	\$20.27	\$10.90	\$1.67	\$4.85	\$2.40
71	\$106.42	\$21.05	\$10.90	\$1.72	\$5.04	\$2.48
72	\$110.49	\$21.83	\$10.90	\$1.77	\$5.24	\$2.57
73	\$115.44	\$22.77	\$10.90	\$1.85	\$5.47	\$2.68
74	\$120.39	\$23.71	\$10.90	\$1.92	\$5.70	\$2.79
75	\$125.34	\$24.65	\$10.90	\$1.99	\$5.93	\$2.89
76	\$130.30	\$25.59	\$10.90	\$2.06	\$6.16	\$3.00
77	\$135.25	\$26.53	\$10.90	\$2.13	\$6.39	\$3.11
78	\$141.34	\$27.72	\$10.90	\$2.24	\$6.66	\$3.25
79	\$147.42	\$28.91	\$10.90	\$2.34	\$6.92	\$3.39
80+	\$165.69	\$32.48	\$10.90	\$2.66	\$7.72	\$3.82

VALUE PLUS MONTHLY RATES EFFECTIVE JUNE 1, 2006

HOW TO DETERMINE YOUR RATE:

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2. Find your area, gender and age.
3. Determine if you qualify for our plan: Are you within your Medicare Open Enrollment Period or in a Guarantee Issue situation*?
 - If yes, you qualify for the plan
 - If no, your answers to the health questions and Medical Information on the application will determine if you qualify.

*Please refer to the enclosed Wisconsin Guide to Health Insurance for People with Medicare. If you elect to pay for your premiums via monthly "Easy Pay" deduction from bank account, a \$2 premium discount per month will apply to your calculated rate.

Area 3 – Female Rates

Age	Base	Part A Deductible	Part B Deductible	Home Health	Excess Charges	Foreign Travel
Under 65	\$252.16	\$49.28	\$10.90	\$3.92	\$11.69	\$5.84
65	\$78.21	\$16.08	\$10.90	\$1.38	\$3.80	\$1.92
66	\$84.62	\$16.85	\$10.90	\$1.43	\$3.99	\$2.01
67	\$88.62	\$17.62	\$10.90	\$1.48	\$4.19	\$2.09
68	\$92.61	\$18.39	\$10.90	\$1.54	\$4.38	\$2.18
69	\$96.61	\$19.15	\$10.90	\$1.59	\$4.57	\$2.27
70	\$100.60	\$19.92	\$10.90	\$1.64	\$4.76	\$2.35
71	\$104.60	\$20.69	\$10.90	\$1.69	\$4.95	\$2.44
72	\$108.59	\$21.46	\$10.90	\$1.74	\$5.15	\$2.53
73	\$113.46	\$22.38	\$10.90	\$1.81	\$5.37	\$2.63
74	\$118.32	\$23.31	\$10.90	\$1.88	\$5.60	\$2.74
75	\$123.19	\$24.23	\$10.90	\$1.95	\$5.83	\$2.84
76	\$128.06	\$25.15	\$10.90	\$2.02	\$6.05	\$2.95
77	\$132.93	\$26.08	\$10.90	\$2.09	\$6.28	\$3.05
78	\$138.91	\$27.25	\$10.90	\$2.20	\$6.54	\$3.19
79	\$144.89	\$28.42	\$10.90	\$2.30	\$6.80	\$3.33
80+	\$162.84	\$31.92	\$10.90	\$2.62	\$7.59	\$3.75

Area 3 – Male Rates

Age	Base	Part A Deductible	Part B Deductible	Home Health	Excess Charges	Foreign Travel
Under 65	\$271.65	\$53.09	\$10.90	\$4.23	\$12.59	\$6.30
65	\$84.26	\$17.33	\$10.90	\$1.48	\$4.10	\$2.07
66	\$91.17	\$18.15	\$10.90	\$1.54	\$4.30	\$2.16
67	\$95.47	\$18.98	\$10.90	\$1.60	\$4.51	\$2.26
68	\$99.77	\$19.81	\$10.90	\$1.65	\$4.72	\$2.35
69	\$104.08	\$20.63	\$10.90	\$1.71	\$4.92	\$2.44
70	\$108.38	\$21.46	\$10.90	\$1.77	\$5.13	\$2.54
71	\$112.68	\$22.29	\$10.90	\$1.82	\$5.34	\$2.63
72	\$116.99	\$23.12	\$10.90	\$1.88	\$5.54	\$2.72
73	\$122.23	\$24.11	\$10.90	\$1.95	\$5.79	\$2.84
74	\$127.47	\$25.11	\$10.90	\$2.03	\$6.03	\$2.95
75	\$132.72	\$26.10	\$10.90	\$2.10	\$6.28	\$3.06
76	\$137.96	\$27.10	\$10.90	\$2.18	\$6.52	\$3.18
77	\$143.20	\$28.10	\$10.90	\$2.26	\$6.77	\$3.29
78	\$149.65	\$29.35	\$10.90	\$2.37	\$7.05	\$3.44
79	\$156.10	\$30.61	\$10.90	\$2.48	\$7.33	\$3.59
80+	\$175.43	\$34.39	\$10.90	\$2.82	\$8.17	\$4.04