

Amendment to WPS Health Insurance Medicare Companion Outline of Coverage for Premium Rates Effective June 1, 2010

These rates replace those shown on pages 12 and 13 of the WPS Medicare Companion Outline of Coverage (with plan information effective July 1, 2009).

AREA 1

(The Milwaukee area and Southeastern Wisconsin)

Rates for applicants living in Area 1, including the following ZIP codes:

530___: 02, 04, 05, 07, 08, 12, 17, 18, 21, 22, 24, 25, 27-30, 33, 37, 40, 41, 45, 46,
51-56, 58, 60, 64, 66-69, 71, 72, 74, 76, 77, 80, 86, 87, 89, 90, 92, 95-97

531___: 01-13, 16-19, 22-24, 26, 27, 29-36, 39-46, 49-55, 58-75, 77, 79-83, 85-89, 92-94, 96-99

532___: All ZIP codes

534___: All ZIP codes

and all out-of-state ZIP codes

MONTHLY PREMIUM		OPTIONAL RIDERS				
Age	Basic Plan	Part A Deductible	Part B Deductible	Part B Excess Charges	Additional Home Health Care	Foreign Travel*
Under 65	\$195.27	\$48.26	\$12.91	\$12.86	\$2.00	\$1.50
65-67	\$111.02	\$24.02	\$12.91	\$4.88	\$2.00	\$1.50
68-70	\$127.57	\$24.02	\$12.91	\$4.88	\$2.00	\$1.50
71-73	\$147.91	\$30.79	\$12.91	\$6.10	\$2.00	\$1.50
74-76	\$165.54	\$40.16	\$12.91	\$6.10	\$2.00	\$1.50
77+	\$189.89	\$49.41	\$12.91	\$6.86	\$2.00	\$1.50

ANNUAL PREMIUM		OPTIONAL RIDERS				
Age	Basic Plan	Part A Deductible	Part B Deductible	Part B Excess Charges	Additional Home Health Care	Foreign Travel*
Under 65	\$2,343.24	\$579.12	\$154.92	\$154.32	\$24.00	\$18.00
65-67	\$1,332.24	\$288.24	\$154.92	\$58.56	\$24.00	\$18.00
68-70	\$1,530.84	\$288.24	\$154.92	\$58.56	\$24.00	\$18.00
71-73	\$1,774.92	\$369.48	\$154.92	\$73.20	\$24.00	\$18.00
74-76	\$1,986.48	\$481.92	\$154.92	\$73.20	\$24.00	\$18.00
77+	\$2,278.68	\$592.92	\$154.92	\$82.32	\$24.00	\$18.00

Note: These rates also apply if you move outside Wisconsin. If, in the future, you permanently relocate to another state, Area 1 rates will apply. If you relocate to another Wisconsin ZIP code, Area 1 or 2 rates will apply as appropriate.

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AREA 2

(All other Wisconsin locations not included in Area 1)

Rates for applicants living in Area 2, including the following ZIP codes:

530___: 01, 03, 06, 09-11, 13-16, 19, 20, 23, 26, 31, 32, 34-36, 38, 39, 42-44, 47-50,
57, 59, 61-63, 65, 70, 73, 75, 78, 79, 81-85, 88, 91, 93, 94, 98, 99

531___: 14, 15, 20, 21, 25, 28, 37, 38, 47, 48, 56, 57, 76, 78, 84, 90, 91, 95

535___ thru 549___: All ZIP Codes

MONTHLY PREMIUM		OPTIONAL RIDERS				
Age	Basic Plan	Part A Deductible	Part B Deductible	Part B Excess Charges	Additional Home Health Care	Foreign Travel*
Under 65	\$177.52	\$43.87	\$12.91	\$12.86	\$2.00	\$1.50
65-67	\$100.93	\$21.84	\$12.91	\$4.88	\$2.00	\$1.50
68-70	\$115.97	\$21.84	\$12.91	\$4.88	\$2.00	\$1.50
71-73	\$134.46	\$27.99	\$12.91	\$6.10	\$2.00	\$1.50
74-76	\$150.49	\$36.51	\$12.91	\$6.10	\$2.00	\$1.50
77+	\$172.63	\$44.92	\$12.91	\$6.86	\$2.00	\$1.50

ANNUAL PREMIUM		OPTIONAL RIDERS				
Age	Basic Plan	Part A Deductible	Part B Deductible	Part B Excess Charges	Additional Home Health Care	Foreign Travel*
Under 65	\$2,130.24	\$526.44	\$154.92	\$154.32	\$24.00	\$18.00
65-67	\$1,211.16	\$262.08	\$154.92	\$58.56	\$24.00	\$18.00
68-70	\$1,391.64	\$262.08	\$154.92	\$58.56	\$24.00	\$18.00
71-73	\$1,613.52	\$335.88	\$154.92	\$73.20	\$24.00	\$18.00
74-76	\$1,805.88	\$438.12	\$154.92	\$73.20	\$24.00	\$18.00
77+	\$2,071.56	\$539.04	\$154.92	\$82.32	\$24.00	\$18.00

To calculate rates:

- Quarterly: Divide annual rate by 4
- Semiannually: Divide annual rate by 2
- Rates include a discount for using one of our automated payment options (payment by debit card, credit card, automated bank draft, or annual billing by mail). If you prefer to receive a bill in the mail on a monthly, quarterly, or semiannual basis, the cost will be \$5.00 higher for each bill.
- WPS offers a 2% household discount when both you and another member of your household are enrolled in a current WPS Medicare supplement plan. To calculate, multiply your final rate by 0.98.

* The Foreign Travel Emergency Medical Care rider can be added at any time in the future without answering medical questions. However, if you add this rider after your original effective date, a \$25 administration fee will apply.

This insert amends the WPS Medicare Companion Outline of Coverage (20739-021-0903).

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