Rates effective September 1, 2025

There's a better way.

Medicare Supplement Insurance from WPS

NO HASSLES.
NO NETWORKS.
NO WORRIES.

WPS™
A HEALTH SOLUTIONS COMPANY

Choose peace-of-mind coverage with caring customer support.

1-800-236-1448 | wpsmedicaresolutions.com

WI_MSS_2509

Table of contents

#1
CHOICE
FOR MEDICARE SUPPLEMENT INSURANCE IN WISCONSIN[1]

9/10

customers surveyed say they would recommend WPS to their **friends and family.**[2]

WPS™
A HEALTH SOLUTIONS COMPANY

Get to know WPS.

A good reputation is earned. With 60+ years providing superior service to seniors, WPS Medicare Supplement Insurance is chosen by more Wisconsinites than any other company.[1] WPS Medicare Supplement Insurance Plans offer great value and peace of mind.

Choose freedom.

With WPS, you can visit any doctor in the United States who accepts Medicare Supplement Insurance. There are no networks, no worries and no hassles.

WPS gives you a healthy edge.

WPS customers get special programs and services with their plan, including:

- Fitness program[3]
- Vision care program[3]
- Hearing care program[3]
- Additional preventive care coverage[4]
- Optional $100,000 foreign travel emergency rider[5]
- 2% discount when you use automatic bank withdrawal
- 7% household discount[6]
- Option to purchase dental coverage[7]

[1]Based on enrollment data submitted to NAIC, 2024. [2]Based on customer support survey response data, 2023. [3]Fitness, vision and hearing programs are not insurance, are not part of the insurance policy, and can be changed or discontinued at any time. Limitations, member fees, and restrictions may apply. [4]Plans include coverage for preventive services covered by Medicare Part B, and preventive services not covered by Part B (charges are payable up to 100% of the Medicare allowed amounts.) [5]Requires purchase of an additional rider. [6]Available for any member that has a second household member who: is age 60 or older, has lived with the member continuously for the past 12 months or is enrolled in or applying for a WPS Medicare supplement insurance policy. [7]WPS has partnered with Delta Dental to provide dental coverage. Dental policies are underwritten by Delta Dental of Wisconsin and require an additional premium.

WPS by the numbers

Nearly

80

years as a not-for-profit company serving the healthcare needs of Wisconsinites.

60+

years serving seniors.

10+ million beneficiaries[8]

served across all lines of business, including our Government Services division.

179+ million claims paid[8]

across all lines of business.

76,000+ policies[8]

issued and administered by WPS for Medicare Supplement Insurance.

[8]WPS Enterprise Fact Sheet, 2024.

Enroll after you turn 65.

If you have reached the 65-year milestone and are already signed up for Medicare, you can apply for a WPS Medicare Supplement Insurance Plan at any time during the year. There is no Annual Enrollment Period as with Medicare Advantage Plans. After your Open Enrollment Period ends, you may be required to answer health questions to enroll.

If you have other coverage that's terminating or changing, you may be eligible for guaranteed acceptance of a WPS Medicare Supplement Insurance Plan.

Your Medicare journey.

Don't wait until you turn 65 to start reading up on Medicare. It's a complicated program with many options to consider. You'll want to begin researching and asking questions shortly after you turn 64, or earlier. This guide makes it easy to get started.

12 months before you turn 65

You should begin preparing for your transition to Medicare.

3 months before you turn 65

Medicare's Initial Enrollment Period begins, and you can determine if you will apply for Medicare Part A and Part B to be in effect when you are 65.

Turn 65 and enroll in Part B

If you apply for a Medicare Supplement Plan during your Initial Enrollment Period, you won't need to answer any health questions.

3 months after you turn 65

Medicare's one-time Initial Enrollment Period ends.

6 months after you turn 65

Medicare supplement (Medigap) Open Enrollment Period ends.

Understand your Original A/B Medicare out-of-pocket costs with no max out-of-pocket.

Parts of Medicare

Part A Hospital Insurance (Original Medicare)

Part A helps cover inpatient care in hospitals, skilled nursing facility care, hospice care and some home healthcare.

Part B Medical Insurance (Original Medicare)

Part B helps cover services from healthcare providers, outpatient care, home healthcare, durable medical equipment and many preventive services.

Part D Drug coverage

Part D helps cover the cost of prescription drugs (including many recommended shots or vaccines).

Medicare supplemental insurance (Medigap)

Extra insurance you can buy that helps pay your share of costs in Original Medicare.

Your Medicare options

Original Medicare

Part A and Part B

- Optional Medicare drug coverage (Part D sold separately).
- Optional Medicare Supplement Insurance (Medigap) to help pay your out-of-pocket costs in Original Medicare (like your 20% coinsurance). This is an insurance policy you can buy to help lower your share of certain costs for Part A and Part B services (Original Medicare).

OR coverage from a former employer or union, or Medicaid.

OR

Medicare Advantage

Part C

Replacement of Federal A & B original Medicare from a private Health Insurance Company.

Private company that offers an alternative to Original Medicare for your health and/or drug coverage.

In many cases, you can only use doctors who are in the plan's network, and you will need approval from your plan before it covers certain services.

Plans may have higher out-of-pocket costs than Original Medicare, and an additional premium.

You cannot purchase Medicare supplement to cover your additional expenses if you have a Medicare Advantage Plan.

Confused?

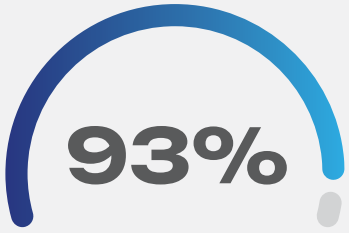
That's ok, give your local agent or WPS a call.

800-236-1448

WPS Medicare Supplement Insurance provides freedom of choice and freedom to roam.

If I choose one of these insurance plans, will I still be covered by Original Medicare?	**Yes.** You pay your Part B premium and keep your Original Medicare coverage, which is enhanced by this type of plan.
Do I need a referral to see a specialist?	**No.** Referrals are not needed.
What if I don't like the plan? Can I drop it whenever I choose?	**Yes.** There is no period where you are locked in to your coverage. You may need to go through underwriting to switch to another Medicare supplement policy.
Can my plan have its benefits reduced or even be terminated by the insurer?	**No.** As long as you continue to pay the plan premium, your policy is guaranteed renewable for life. Benefits will only change when Medicare benefits or federal/state law changes.
What if I find out my doctor is out-of-network?	**There is no network.** You can see any healthcare provider in the U.S. that accepts Medicare.
Who oversees the plan?	**Wisconsin Office of the Commissioner of Insurance.**
What if I move out of state? Can I take my plan with me?	**Absolutely!** The plan moves with you wherever you live in the U.S.

Scan the code to learn about the differences between Medicare Advantage and Medicare Supplement Insurance.



said their Medicare Supplement Plan **makes it easier** to handle medical bills and paperwork.[1]

[1]Seniors' Satisfaction with their Medicare Supplemental Insurance Coverage, conducted by Global Strategy Group on behalf of America's Health Insurance Plans (AHIP), 2023.

With our Medicare Supplement Insurance, peace of mind is part of the plan.

Only the luckiest of us get to age without ever worrying about our health, medical costs and the stress of managing it all. No one knows what the future holds. Preparing for life on a fixed income can be challenging, much less trying to predict and budget for your future healthcare needs.

It's important to know that Original Medicare doesn't pay for everything. With Original Medicare, there is no out-of-pocket maximum for deductibles, copays and coinsurance. If you need healthcare, those costs can add up quickly. Medicare Supplement Insurance helps cover the costs Original Medicare leaves behind.

Our Medicare Supplement Insurance Plans:

- **Work with Medicare**—If Medicare pays for a service, we cover it.
- **Are guaranteed renewable**—Keep your policy for life, as long as premiums are paid.
- **Have no networks**—You're free to see any provider, anywhere in the U.S., that accepts Medicare.
- **Offer live customer support staff with a company home base in Wisconsin**—You'll speak with a friendly, knowledgeable representative who is trained to help get you the answers you need.
- **Special programs and services**—Fitness, hearing and vision programs that offer substantial savings on hearing aids and eyewear.[2]
- **Additional preventive care coverage for those routine services not covered by Medicare**—Routine physical exams, eye exams, hearing exams and related diagnostic x-rays and lab tests.[3]

When you purchase one of our Medicare Supplement Insurance Plans you'll have the financial and medical protection you need for your future. We've been serving seniors for more than 60 years, and we'll be there for you, too.

Give us a call now at 800-236-1448 to speak to a WPS representative or call your local agent.

94%

of customers said their Medicare supplement coverage allows them to receive **high-quality care.**[4]

[2]Fitness, vision and hearing programs are not insurance, are not part of the insurance policy, and can be changed or discontinued at any time. Vision program is administered by EyeMed Vision Care, LLC. Hearing program is administered by TruHearing, Inc.® (formerly Hearing Care Solutions, Inc.) [3]Coverage is for the actual charges up to 100% of the Medicare approved amount for each service, as if Medicare were to cover the service. There is no coverage for services covered by Medicare. If your provider does not accept the Medicare approved amount, you may be responsible for the difference. [4]Seniors' Satisfaction with their Medicare Supplemental Insurance Coverage, conducted by Global Strategy Group on behalf of America's Health Insurance Plans (AHIP), 2023. Comments from our customers are a result of our questions regarding their thoughts about our services. No customers are directly or indirectly compensated for making a testimonial or endorsement. Please contact us for reports related to the statistical information.

Programs for a healthier you.

Being able to hear and see well can help make it easier to enjoy your favorite activities and time with your favorite people. Unfortunately, routine hearing, vision and dental care are not currently covered by Original Medicare. Hearing aids, eyeglasses and dental care can be expensive as well. We offer programs that can help make hearing, vision and dental care more affordable. The TruHearing® and EyeMed programs are available to all our Medicare Supplement Insurance customers.[1] There is also the option to purchase dental coverage through Delta Dental.[2]

[1]Fitness, vision and hearing programs are not insurance, are not part of the insurance policy, and can be changed or discontinued at any time. Vision program is administered by EyeMed Vision Care, LLC. Hearing program is administered by TruHearing. [2]WPS has partnered with Delta Dental to provide dental coverage. Dental policies are underwritten by Delta Dental of Wisconsin and require an additional premium.

TruHearing®

TruHearing® makes better hearing affordable.[3]

Available to all our Medicare supplement customers, the TruHearing program offers fixed prices for hearing aids. Plus, you're eligible for:

- Free comprehensive hearing exam
- Free hearing aid evaluation and fitting
- Three-year manufacturer's warranty including loss, damage and repair
- Three-year supply of batteries (up to 64 cells per aid, per year)
- One year of follow-up care at no charge
- A 60-day evaluation period for your hearing aid
- 12-month interest-free financing (to those who qualify)

Examples of how you can save

Sample savings per hearing aid	MSRP or average price	You pay[4]
Three-year repair, loss and damage warranty	$500	$0
Three years of hearing aid batteries	$360	$0

Product	Suggested retail	Copay	Savings[4]
Basic	$1,435	$450	$985
Entry	$1,705	$599	$1,106
Premium	$2,065	$750	$1,315
Premier	$2,745	$995	$1,750
Premier Plus	$3,250	$1,350	$1,900

[3]These are savings examples only. May be used in conjunction with your existing insurance coverage. Hearing program is not part of the insurance policy, is offered at no additional charge and can be changed or discontinued at any time. Hearing program is administered by TruHearing, Inc. (formerly Hearing Care Solutions, Inc.) [4]These are savings examples only. May be used in conjunction with your existing insurance coverage.

Give WPS a call today to find out more about this program **800-236-1448.**

EyeMed Vision Care Program.

All our Medicare Supplement Insurance Plan customers receive access to the EyeMed Vision Care program at no additional cost.[1]

EyeMed offers substantial savings on eyewear at thousands of provider locations nationwide in the Access Network.

Vision Care services	Customer benefits
Eye exam (with dilation, as necessary)	$5 off routine exam $5 off contact lens exam
Complete pair eyeglass purchase[2]	
Frames	
Any available frame at provider location	35% off retail price
Standard plastic lenses	
Single vision	$50 patient responsibility
Bifocal	$70 patient responsibility
Trifocal	$105 patient responsibility
Progressive-Standard	$135 patient responsibility
Progressive-Premium	20% off retail price
Lens options	
UV coating	$15 patient responsibility
Tint (solid and gradient)	$15 patient responsibility
Standard scratch-resistant coating	$15 patient responsibility
Standard polycarbonate	$40 patient responsibility
Standard anti-reflective coating	$45 patient responsibility
Premium anti-reflective coating	20% off retail price
Other add-ons and services	20% off retail price
Contact lenses (discount applies to materials only)	
Conventional	15% off retail price
Laser vision correction	
LASIK or PRK from U.S. Laser Network	15% off retail price 5% off promotional price
Frequency of use for examination, frames, lenses or contact lenses unlimited	

Does your vision provider accept EyeMed?

We would be happy to explain how this valuable program works and help you find a provider.

Contact your local agent or call WPS today at 800-236-1448

[1]Vision program is not insurance and is not part of the insurance policy and can be changed or discontinued at any time. Vision program is administered by EyeMed Vision Care, LLC.
[2]Frame, lens and lens option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, customers receive 20% off the retail price. Benefits may not be combined with any discount, promotional offering or other group benefit plans, except as indicated. Contract is effective July 1, 2024 through June 30, 2026.

Optional Delta Dental coverage.

You can choose any dentist for a variety of dental services. From cleanings and x-rays to fillings and crowns, our optional dental coverage provides the essential coverage you need for a healthy smile.

Optional dental coverage includes:

- Annual maximum benefit: $1,200 per individual.
- CheckUp Plus. Preventive not subject to the annual max.
- Annual deductible: $50 per individual.
- Freedom to choose any licensed dentist. Seeing a dentist in the Delta Dental PPO network may result in lower out-of-pocket costs.

Monthly dental rate: $57.80

Discounts available:

- Save 7% on your dental premium with our household discount.[1]
- Save 2% when you pay by automatic bank withdrawal.

DELTA DENTAL®

When you visit a Delta Dental dentist		
Diagnostic and preventive care		
	This policy pays[2]	**Frequency**
Regular cleanings and routine exams	100%	2 per year
Bitewing x-rays	80%	1 set per year
Full mouth x-rays	80%	1 every 5 years
Emergency exam	80%	N/A
Restorative services[3]		
	This policy pays[2]	**Waiting period**
Fillings and simple extractions	50%	6 months
Oral surgery, endodontic, and periodontic[4] services	50%	12 months
Crowns and prosthodontics (fixed or removable)	50%	12 months[5]

[1]When you and a second household member is eligible if they are 60 or older and have lived with you for the past 12 months, or if they are enrolled or applying for a WPS Medicare supplement plan. Household: Two or more individuals who reside together in the same dwelling. For purposes of this definition, "dwelling" means a single home, condominium unit, or apartment unit within an apartment complex. [2]After $50 deductible is met. [3]Predetermination of benefits is strongly encouraged before restorative services are scheduled. [4]Provides additional Evidence-Based Integrated Care Plan benefits for people with specific medical conditions. [5]Replacement of a defective existing appliance 10 years after its original placement date.

Plan underwritten by Delta Dental of Wisconsin. Waiting period waived with proof of continuous insurance coverage for at least two years as long as there is no more than a 63-day gap between your previous plan and this plan. This plan summary provides only a general description of benefits and limitations. A detailed description of coverage is in the applicable policy. Coverage is subject to all terms and conditions of the policy and any endorsements. The policy is your contract of insurance. If there's ever a discrepancy between the policy and this plan summary, the policy has final authority. Visit DeltaDentalWI.com to find a Delta Dental PPO dentist.

Opportunities for connection.

It's important to maintain social connections, especially as we age. We offer our Medicare Supplement Insurance customers options for connecting with us and each other. Our groups and programs educate, inform, offer the chance to provide feedback and drive change and foster a sense of connection and wellbeing.

WPS Medicare Solutions Group on Facebook.

Our private Facebook group offers ways for seniors to connect with each other, learn more about Medicare options and find tips for healthy living.

Members can also explore helpful tools like enrollment checklists and "how-to" videos. We curate all the content ourselves and don't allow any sales pitches or spam posts.

This group is open to anyone approaching or at Medicare age. **You don't need to be a current customer to join.** To find the group, search "WPS Medicare Solutions" on Facebook and click the "Join group" button.

WPS Cares Community.

At WPS, we want to know what everyone thinks. That includes current customers, non-customers and future customers. That's why we created the Cares Community. Members of the Cares Community share their insights and opinions by completing online surveys and polls. They can also connect with other community members in the private Cares Community Member Hub, play word games and more. By joining the Cares Community, you become an active part of the conversations that help us enhance our products and services, while getting a look behind the scenes of WPS.

How to choose a Medicare Supplement Insurance Plan.

Start by determining your rate area and choosing your base plan.
Then, choose optional riders for more coverage at an additional cost.
Finally, apply any discounts that may be applicable.

1. **Determine your rate area.**
2. **Select your base plan option.**
3. **Choose optional riders.**
4. **Apply discounts for which you qualify.**

1 Determine your rate area.

Determine your rate area. Check the box below for your rate area.

☐ **Area 1** See rates on page 15 and 16

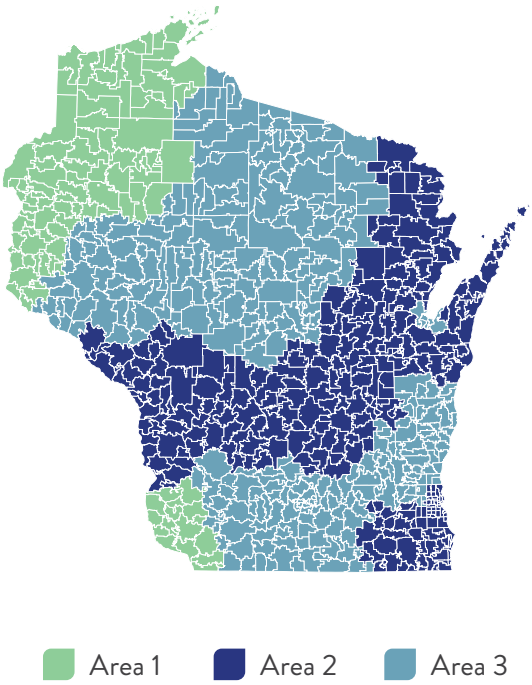
538__ All zips that begin with these 3 numbers
540__ All zips that begin with these 3 numbers
548__ All zips that begin with these 3 numbers
All out-of-state zip Codes

☐ **Area 2** See rates on page 17 and 18

531__ All zips that begin with these 3 numbers
532__ All zips that begin with these 3 numbers
534__ All zips that begin with these 3 numbers
539__ All zips that begin with these 3 numbers
541__ All zips that begin with these 3 numbers
542__ All zips that begin with these 3 numbers
546__ All zips that begin with these 3 numbers
549__ All zips that begin with these 3 numbers

☐ **Area 3** See rates on page 19 and 20

530__ All zips that begin with these 3 numbers
535__ All zips that begin with these 3 numbers
537__ All zips that begin with these 3 numbers
543__ All zips that begin with these 3 numbers
544__ All zips that begin with these 3 numbers
545__ All zips that begin with these 3 numbers
547__ All zips that begin with these 3 numbers



2 Select your base plan (choose one.)

☐ Base plan—highest coverage option.	OR	☐ Base plan with Medicare Part B copayment or coinsurance rider.
Covers your Medicare Part A and Part B copayments and coinsurance—costs you would otherwise pay out of pocket. This plan offers additional preventive benefits.*		After you pay the Medicare Part B deductible, your copayment or coinsurance will be the lesser of $20 per office visit or the Medicare Part B coinsurance and the lesser of $50 per emergency room visit or the Medicare Part B coinsurance, whichever is less. This plan offers additional preventive benefits.*

*Base plans include Medicare Part B preventive services.

3 Choose optional riders.

Enhance your base plan with optional benefit riders, each at an additional cost.

☐ **Rider 1—Medicare Part A Deductible**—WPS will pay either 100% or 50% of your Medicare Part A Deductible during the first 60 days of hospitalization.

☐ 100% Medicare Part A Deductible OR ☐ 50% Medicare Part A Deductible

☐ **Rider 2—Medicare Part B Deductible** (available for base plan with highest coverage option only)—WPS will pay your Medicare Part B Deductible each calendar year. This rider is only available to applicants who were first eligible for Medicare prior to Jan. 1, 2020.

☐ **Rider 3—Medicare Part B Excess Charges**—If your healthcare provider does not accept Medicare assignment, WPS will pay the difference between what Medicare approves for payment and the amount charged by the provider. The difference shall be no more than the actual charge or the limiting charge allowed by Medicare, whichever is less.

☐ **Rider 4—Additional Home Healthcare**—WPS will pay benefits for an additional 325 home healthcare visits each calendar year up to a total of 365 visits per year, including those covered by Medicare.

☐ **Rider 5—Foreign Travel Emergency**—WPS will pay 80% of the billed charges for expenses associated with medically necessary emergency medical care you receive outside the U.S. that begins in the first 60 days of a trip after you satisfy a deductible of $250; lifetime maximum benefit of $100,000.

4 Apply discounts for which you qualify.

☐ **2% Automatic bank withdrawal discount**—Receive a 2% discount when you pay your premium by automatic bank withdrawal each month.

☐ **7% Household discount**—Receive a 7% discount when you and another member of your household meet either of the following conditions:

1. They are age 60 or older, and you have continuously lived with them for the last 12 months; OR
2. They are currently enrolled in or applying for a WPS Medicare Supplement Plan.

Household is defined as two or more individuals who reside together in the same dwelling. Dwelling is defined as a single home, condominium unit or apartment unit within an apartment complex.

Area 1 male monthly rates.

Age at time of enrollment	Base plans choose one		Optional riders					
			Rider 1 *choose one*		Rider 2	Rider 3	Rider 4	Rider 5
	Base plan only	Base plan with copay/ coinsurance	Part A Deductible 100% OR	Part A Deductible 50%	Part B Deductible[1]	Part B Excess Charges	Additional Home Healthcare	Foreign Travel Emergency
65	$188.28	$163.62	$39.45	$19.34	$21.41	$8.05	$2.04	$1.53
66	$196.00	$170.33	$41.08	$20.12	$21.41	$8.38	$2.04	$1.53
67	$203.93	$177.21	$42.74	$20.95	$21.41	$8.72	$2.04	$1.53
68	$212.10	$184.32	$44.46	$21.78	$21.41	$9.07	$2.04	$1.53
69	$220.47	$191.59	$46.21	$22.64	$21.41	$9.42	$2.04	$1.53
70	$229.06	$199.06	$48.01	$23.52	$21.41	$9.79	$2.04	$1.53
71	$237.89	$206.72	$49.85	$24.43	$21.41	$10.17	$2.04	$1.53
72	$246.92	$214.57	$51.74	$25.37	$21.41	$10.56	$2.04	$1.53
73	$256.18	$222.61	$53.69	$26.31	$21.41	$10.95	$2.04	$1.53
74	$265.66	$230.86	$55.67	$27.29	$21.41	$11.36	$2.04	$1.53
75	$275.36	$239.29	$57.71	$28.29	$21.41	$11.77	$2.04	$1.53
76	$285.28	$247.91	$59.79	$29.30	$21.41	$12.20	$2.04	$1.53
77	$295.40	$256.71	$61.91	$30.34	$21.41	$12.63	$2.04	$1.53
78	$305.74	$265.69	$64.07	$31.41	$21.41	$13.08	$2.04	$1.53
79	$316.29	$274.85	$66.29	$32.48	$21.41	$13.53	$2.04	$1.53
80	$327.04	$284.20	$68.55	$33.59	$21.41	$13.98	$2.04	$1.53
81	$338.00	$293.72	$70.83	$34.72	$21.41	$14.45	$2.04	$1.53
82	$349.15	$303.41	$73.17	$35.87	$21.41	$14.93	$2.04	$1.53
83	$360.50	$313.28	$75.56	$37.03	$21.41	$15.41	$2.04	$1.53
84	$372.03	$323.29	$77.97	$38.21	$21.41	$15.90	$2.04	$1.53
85+	$383.75	$333.48	$80.42	$39.41	$21.41	$16.41	$2.04	$1.53
Under 65	$753.10	$654.45	$157.84	$77.35	$21.41	$32.20	$2.04	$1.53

Calculate your plan cost—Area 1

Please refer to pages 13-14 for descriptions of benefit options and see chart above for area rates.

1. **Base plan rate (choose one)** $_____
2. **Choose optional riders**
   - Rider 1—Medicare Part A Deductible $_____
   - Rider 2—Medicare Part B Deductible[1] $_____
   - Rider 3—Medicare Part B Excess Charges $_____
   - Rider 4—Additional Home Healthcare $_____
   - Rider 5—Foreign Travel Emergency $_____
3. **Your total per month** Total = $_____
4. **Apply discounts for which you qualify[2]**
   - 2% Automatic bank withdrawal discount Total x 0.98 = $_____
   - OR, 7% Household discount Total x 0.93 = $_____
   - OR, BOTH discounts Total x 0.9114 = $_____

[1]This rider is only available to applicants who were first eligible for Medicare prior to Jan. 1, 2020, and who purchase our highest-level base plan.
[2]Discounts are approximate; actual discount amount will be determined when your application is approved.

Area 1 female monthly rates.

Age at time of enrollment	Base plans choose one		Optional riders					
			Rider 1 *choose one*		Rider 2	Rider 3	Rider 4	Rider 5
	Base plan only	Base plan with copay/ coinsurance	Part A Deductible 100%	OR Part A Deductible 50%	Part B Deductible[1]	Part B Excess Charges	Additional Home Healthcare	Foreign Travel Emergency
65	$172.26	$149.70	$36.11	$17.69	$21.41	$7.37	$2.04	$1.53
66	$179.33	$155.83	$37.58	$18.42	$21.41	$7.67	$2.04	$1.53
67	$186.59	$162.15	$39.10	$19.16	$21.41	$7.98	$2.04	$1.53
68	$194.06	$168.64	$40.67	$19.93	$21.41	$8.30	$2.04	$1.53
69	$201.71	$175.28	$42.27	$20.72	$21.41	$8.63	$2.04	$1.53
70	$209.58	$182.13	$43.92	$21.53	$21.41	$8.96	$2.04	$1.53
71	$217.65	$189.14	$45.62	$22.36	$21.41	$9.31	$2.04	$1.53
72	$225.92	$196.32	$47.35	$23.21	$21.41	$9.66	$2.04	$1.53
73	$234.39	$203.68	$49.13	$24.08	$21.41	$10.02	$2.04	$1.53
74	$243.07	$211.22	$50.94	$24.96	$21.41	$10.40	$2.04	$1.53
75	$251.94	$218.93	$52.81	$25.87	$21.41	$10.78	$2.04	$1.53
76	$261.01	$226.81	$54.70	$26.81	$21.41	$11.15	$2.04	$1.53
77	$270.27	$234.86	$56.65	$27.75	$21.41	$11.56	$2.04	$1.53
78	$279.73	$243.08	$58.63	$28.73	$21.41	$11.96	$2.04	$1.53
79	$289.38	$251.47	$60.65	$29.73	$21.41	$12.37	$2.04	$1.53
80	$299.23	$260.03	$62.71	$30.74	$21.41	$12.80	$2.04	$1.53
81	$309.24	$268.73	$64.81	$31.76	$21.41	$13.23	$2.04	$1.53
82	$319.45	$277.60	$66.95	$32.81	$21.41	$13.66	$2.04	$1.53
83	$329.83	$286.63	$69.13	$33.88	$21.41	$14.10	$2.04	$1.53
84	$340.38	$295.79	$71.34	$34.96	$21.41	$14.55	$2.04	$1.53
85+	$351.11	$305.11	$73.59	$36.07	$21.41	$15.01	$2.04	$1.53
Under 65	$689.04	$598.78	$144.41	$70.77	$21.41	$29.46	$2.04	$1.53

Calculate your plan cost—Area 1

Please refer to pages 13-14 for descriptions of benefit options and see chart above for area rates.

1. **Base plan rate (choose one)** $_____
2. **Choose optional riders**
   - Rider 1—Medicare Part A Deductible $_____
   - Rider 2—Medicare Part B Deductible[1] $_____
   - Rider 3—Medicare Part B Excess Charges $_____
   - Rider 4—Additional Home Healthcare $_____
   - Rider 5—Foreign Travel Emergency $_____
3. **Your total per month** Total = $_____
4. **Apply discounts for which you qualify[2]**
   - 2% Automatic bank withdrawal discount Total x 0.98 = $_____
   - OR, 7% Household discount Total x 0.93 = $_____
   - OR, BOTH discounts Total x 0.9114 = $_____

[1]This rider is only available to applicants who were first eligible for Medicare prior to Jan. 1, 2020, and who purchase our highest-level base plan.
[2]Discounts are approximate; actual discount amount will be determined when your application is approved.

Area 2 male monthly rates.

Age at time of enrollment	Base plans choose one		Optional riders					
			Rider 1 *choose one*		Rider 2	Rider 3	Rider 4	Rider 5
	Base plan only	Base plan with copay/ coinsurance	Part A Deductible 100% OR	Part A Deductible 50%	Part B Deductible[1]	Part B Excess Charges	Additional Home Healthcare	Foreign Travel Emergency
65	$173.17	$150.49	$36.29	$17.79	$21.41	$7.40	$2.04	$1.53
66	$180.27	$156.66	$37.78	$18.51	$21.41	$7.70	$2.04	$1.53
67	$187.57	$163.00	$39.31	$19.26	$21.41	$8.02	$2.04	$1.53
68	$195.07	$169.52	$40.89	$20.03	$21.41	$8.34	$2.04	$1.53
69	$202.77	$176.21	$42.50	$20.82	$21.41	$8.67	$2.04	$1.53
70	$210.68	$183.08	$44.15	$21.63	$21.41	$9.00	$2.04	$1.53
71	$218.80	$190.14	$45.85	$22.47	$21.41	$9.35	$2.04	$1.53
72	$227.10	$197.34	$47.59	$23.33	$21.41	$9.71	$2.04	$1.53
73	$235.62	$204.75	$49.38	$24.20	$21.41	$10.07	$2.04	$1.53
74	$244.34	$212.33	$51.20	$25.10	$21.41	$10.45	$2.04	$1.53
75	$253.26	$220.09	$53.08	$26.01	$21.41	$10.83	$2.04	$1.53
76	$262.38	$228.01	$54.99	$26.94	$21.41	$11.22	$2.04	$1.53
77	$271.69	$236.10	$56.94	$27.91	$21.41	$11.62	$2.04	$1.53
78	$281.20	$244.37	$58.93	$28.88	$21.41	$12.03	$2.04	$1.53
79	$290.90	$252.79	$60.96	$29.87	$21.41	$12.44	$2.04	$1.53
80	$300.79	$261.39	$63.04	$30.89	$21.41	$12.86	$2.04	$1.53
81	$310.87	$270.15	$65.15	$31.93	$21.41	$13.29	$2.04	$1.53
82	$321.13	$279.06	$67.30	$32.99	$21.41	$13.73	$2.04	$1.53
83	$331.56	$288.13	$69.49	$34.06	$21.41	$14.18	$2.04	$1.53
84	$342.17	$297.34	$71.71	$35.15	$21.41	$14.63	$2.04	$1.53
85+	$352.95	$306.72	$73.97	$36.25	$21.41	$15.09	$2.04	$1.53
Under 65	$692.66	$601.93	$145.17	$71.14	$21.41	$29.62	$2.04	$1.53

Calculate your plan cost—Area 2

Please refer to pages 13-14 for descriptions of benefit options and see chart above for area rates.

1. **Base plan rate (choose one)** $_____
2. **Choose optional riders**
   - Rider 1—Medicare Part A Deductible $_____
   - Rider 2—Medicare Part B Deductible[1] $_____
   - Rider 3—Medicare Part B Excess Charges $_____
   - Rider 4—Additional Home Healthcare $_____
   - Rider 5—Foreign Travel Emergency $_____
3. **Your total per month** Total = $_____
4. **Apply discounts for which you qualify[2]**
   - 2% Automatic bank withdrawal discount Total x 0.98 = $_____
   - OR, 7% Household discount Total x 0.93 = $_____
   - OR, BOTH discounts Total x 0.9114 = $_____

[1]This rider is only available to applicants who were first eligible for Medicare prior to Jan. 1, 2020, and who purchase our highest-level base plan.
[2]Discounts are approximate; actual discount amount will be determined when your application is approved.

Area 2 female monthly rates.

Age at time of enrollment	Base plans choose one		Optional riders					
			Rider 1 *choose one*		Rider 2	Rider 3	Rider 4	Rider 5
	Base plan only	Base plan with copay/ coinsurance	Part A Deductible 100% OR	Part A Deductible 50%	Part B Deductible[1]	Part B Excess Charges	Additional Home Healthcare	Foreign Travel Emergency
65	$158.44	$137.69	$33.21	$16.27	$21.41	$6.77	$2.04	$1.53
66	$164.93	$143.32	$34.57	$16.94	$21.41	$7.05	$2.04	$1.53
67	$171.61	$149.13	$35.96	$17.63	$21.41	$7.34	$2.04	$1.53
68	$178.48	$155.10	$37.40	$18.33	$21.41	$7.63	$2.04	$1.53
69	$185.52	$161.21	$38.88	$19.06	$21.41	$7.94	$2.04	$1.53
70	$192.76	$167.51	$40.40	$19.80	$21.41	$8.24	$2.04	$1.53
71	$200.18	$173.96	$41.96	$20.57	$21.41	$8.56	$2.04	$1.53
72	$207.78	$180.56	$43.55	$21.34	$21.41	$8.89	$2.04	$1.53
73	$215.58	$187.33	$45.19	$22.15	$21.41	$9.21	$2.04	$1.53
74	$223.56	$194.27	$46.85	$22.96	$21.41	$9.56	$2.04	$1.53
75	$231.72	$201.36	$48.57	$23.80	$21.41	$9.91	$2.04	$1.53
76	$240.06	$208.61	$50.31	$24.66	$21.41	$10.26	$2.04	$1.53
77	$248.58	$216.01	$52.10	$25.53	$21.41	$10.63	$2.04	$1.53
78	$257.28	$223.57	$53.92	$26.42	$21.41	$11.00	$2.04	$1.53
79	$266.16	$231.29	$55.78	$27.34	$21.41	$11.38	$2.04	$1.53
80	$275.21	$239.16	$57.68	$28.27	$21.41	$11.77	$2.04	$1.53
81	$284.42	$247.16	$59.61	$29.21	$21.41	$12.17	$2.04	$1.53
82	$293.81	$255.32	$61.58	$30.17	$21.41	$12.56	$2.04	$1.53
83	$303.36	$263.62	$63.58	$31.16	$21.41	$12.97	$2.04	$1.53
84	$313.06	$272.04	$65.61	$32.15	$21.41	$13.39	$2.04	$1.53
85+	$322.93	$280.63	$67.68	$33.17	$21.41	$13.80	$2.04	$1.53
Under 65	$633.74	$550.72	$132.82	$65.09	$21.41	$27.10	$2.04	$1.53

Calculate your plan cost—Area 2

Please refer to pages 13-14 for descriptions of benefit options and see chart above for area rates.

1. **Base plan rate (choose one)** $_____
2. **Choose optional riders**
   - Rider 1—Medicare Part A Deductible $_____
   - Rider 2—Medicare Part B Deductible[1] $_____
   - Rider 3—Medicare Part B Excess Charges $_____
   - Rider 4—Additional Home Healthcare $_____
   - Rider 5—Foreign Travel Emergency $_____
3. **Your total per month** Total = $_____
4. **Apply discounts for which you qualify[2]**
   - 2% Automatic bank withdrawal discount Total x 0.98 = $_____
   - OR, 7% Household discount Total x 0.93 = $_____
   - OR, BOTH discounts Total x 0.9114 = $_____

[1]This rider is only available to applicants who were first eligible for Medicare prior to Jan. 1, 2020, and who purchase our highest-level base plan.
[2]Discounts are approximate; actual discount amount will be determined when your application is approved.

Area 3 male monthly rates.

Age at time of enrollment	Base plans choose one		Optional riders					
			Rider 1 *choose one*		Rider 2	Rider 3	Rider 4	Rider 5
	Base plan only	Base plan with copay/ coinsurance	Part A Deductible 100% OR	Part A Deductible 50%	Part B Deductible[1]	Part B Excess Charges	Additional Home Healthcare	Foreign Travel Emergency
65	$149.04	$129.52	$31.23	$15.31	$21.41	$6.37	$2.04	$1.53
66	$155.15	$134.83	$32.52	$15.93	$21.41	$6.63	$2.04	$1.53
67	$161.43	$140.28	$33.83	$16.58	$21.41	$6.90	$2.04	$1.53
68	$167.89	$145.90	$35.19	$17.24	$21.41	$7.18	$2.04	$1.53
69	$174.52	$151.66	$36.58	$17.92	$21.41	$7.46	$2.04	$1.53
70	$181.32	$157.57	$38.00	$18.62	$21.41	$7.75	$2.04	$1.53
71	$188.31	$163.64	$39.46	$19.34	$21.41	$8.05	$2.04	$1.53
72	$195.46	$169.85	$40.96	$20.08	$21.41	$8.36	$2.04	$1.53
73	$202.79	$176.22	$42.50	$20.83	$21.41	$8.67	$2.04	$1.53
74	$210.29	$182.74	$44.07	$21.60	$21.41	$8.99	$2.04	$1.53
75	$217.97	$189.42	$45.68	$22.39	$21.41	$9.32	$2.04	$1.53
76	$225.82	$196.24	$47.33	$23.19	$21.41	$9.66	$2.04	$1.53
77	$233.83	$203.20	$49.01	$24.02	$21.41	$10.00	$2.04	$1.53
78	$242.02	$210.32	$50.72	$24.86	$21.41	$10.35	$2.04	$1.53
79	$250.37	$217.57	$52.47	$25.71	$21.41	$10.71	$2.04	$1.53
80	$258.88	$224.97	$54.26	$26.59	$21.41	$11.07	$2.04	$1.53
81	$267.55	$232.50	$56.07	$27.48	$21.41	$11.44	$2.04	$1.53
82	$276.38	$240.17	$57.92	$28.39	$21.41	$11.82	$2.04	$1.53
83	$285.36	$247.98	$59.81	$29.31	$21.41	$12.20	$2.04	$1.53
84	$294.49	$255.91	$61.72	$30.25	$21.41	$12.59	$2.04	$1.53
85+	$303.77	$263.98	$63.66	$31.20	$21.41	$12.99	$2.04	$1.53
Under 65	$596.14	$518.05	$124.94	$61.23	$21.41	$25.49	$2.04	$1.53

Calculate your plan cost—Area 3

Please refer to pages 13-14 for descriptions of benefit options and see chart above for area rates.

1. **Base plan rate (choose one)** $_____
2. **Choose optional riders**
   - Rider 1—Medicare Part A Deductible $_____
   - Rider 2—Medicare Part B Deductible[1] $_____
   - Rider 3—Medicare Part B Excess Charges $_____
   - Rider 4—Additional Home Healthcare $_____
   - Rider 5—Foreign Travel Emergency $_____
3. **Your total per month** Total = $_____
4. **Apply discounts for which you qualify[2]**
   - 2% Automatic bank withdrawal discount Total x 0.98 = $_____
   - OR, 7% Household discount Total x 0.93 = $_____
   - OR, BOTH discounts Total x 0.9114 = $_____

[1]This rider is only available to applicants who were first eligible for Medicare prior to Jan. 1, 2020, and who purchase our highest-level base plan.
[2]Discounts are approximate; actual discount amount will be determined when your application is approved.

Area 3 female monthly rates.

Age at time of enrollment	Base plans choose one		Optional riders					
			Rider 1 *choose one*		Rider 2	Rider 3	Rider 4	Rider 5
	Base plan only	Base plan with copay/ coinsurance	Part A Deductible 100%	OR Part A Deductible 50%	Part B Deductible[1]	Part B Excess Charges	Additional Home Healthcare	Foreign Travel Emergency
65	$136.36	$118.50	$28.58	$14.00	$21.41	$5.83	$2.04	$1.53
66	$141.95	$123.35	$29.75	$14.58	$21.41	$6.07	$2.04	$1.53
67	$147.70	$128.35	$30.95	$15.17	$21.41	$6.32	$2.04	$1.53
68	$153.61	$133.49	$32.19	$15.78	$21.41	$6.57	$2.04	$1.53
69	$159.67	$138.75	$33.46	$16.40	$21.41	$6.83	$2.04	$1.53
70	$165.90	$144.17	$34.77	$17.04	$21.41	$7.09	$2.04	$1.53
71	$172.29	$149.72	$36.11	$17.70	$21.41	$7.37	$2.04	$1.53
72	$178.83	$155.40	$37.48	$18.37	$21.41	$7.65	$2.04	$1.53
73	$185.54	$161.23	$38.89	$19.06	$21.41	$7.93	$2.04	$1.53
74	$192.41	$167.20	$40.32	$19.76	$21.41	$8.23	$2.04	$1.53
75	$199.43	$173.30	$41.80	$20.48	$21.41	$8.53	$2.04	$1.53
76	$206.61	$179.54	$43.30	$21.22	$21.41	$8.83	$2.04	$1.53
77	$213.94	$185.91	$44.84	$21.97	$21.41	$9.15	$2.04	$1.53
78	$221.43	$192.42	$46.41	$22.74	$21.41	$9.47	$2.04	$1.53
79	$229.07	$199.06	$48.01	$23.53	$21.41	$9.79	$2.04	$1.53
80	$236.86	$205.83	$49.64	$24.33	$21.41	$10.13	$2.04	$1.53
81	$244.79	$212.72	$51.30	$25.14	$21.41	$10.47	$2.04	$1.53
82	$252.87	$219.74	$53.00	$25.97	$21.41	$10.81	$2.04	$1.53
83	$261.09	$226.89	$54.72	$26.82	$21.41	$11.16	$2.04	$1.53
84	$269.44	$234.14	$56.47	$27.67	$21.41	$11.52	$2.04	$1.53
85+	$277.93	$241.52	$58.25	$28.55	$21.41	$11.88	$2.04	$1.53
Under 65	$545.43	$473.98	$114.31	$56.02	$21.41	$23.32	$2.04	$1.53

Calculate your plan cost—Area 3

Please refer to pages 13-14 for descriptions of benefit options and see chart above for area rates.

1. **Base plan rate (choose one)** $_____
2. **Choose optional riders**
   - Rider 1—Medicare Part A Deductible $_____
   - Rider 2—Medicare Part B Deductible[1] $_____
   - Rider 3—Medicare Part B Excess Charges $_____
   - Rider 4—Additional Home Healthcare $_____
   - Rider 5—Foreign Travel Emergency $_____
3. **Your total per month** **Total = $_____**
4. **Apply discounts for which you qualify[2]**
   - 2% Automatic bank withdrawal discount Total x 0.98 = $_____
   - OR, 7% Household discount Total x 0.93 = $_____
   - OR, BOTH discounts Total x 0.9114 = $_____

[1]This rider is only available to applicants who were first eligible for Medicare prior to Jan. 1, 2020, and who purchase our highest-level base plan.
[2]Discounts are approximate; actual discount amount will be determined when your application is approved.

Limitations and exclusions.

No insurance policy covers everything. Here's a list of things WPS Medicare Supplement Insurance doesn't cover:

- Healthcare services Medicare does not cover unless this policy specifically provides coverage for them.
- Healthcare services which neither you nor a party on your behalf has a legal obligation to pay in the absence of insurance.
- Healthcare services to the extent that they are paid for by Medicare, or would have been paid for by Medicare if you were enrolled in both Medicare Parts A and B.
- Healthcare services to the extent that they are paid for by another government entity or program This doesn't apply to health benefits or insurance plans for employees of such entities.
- Healthcare services to the extent that a worker's compensation law or other U.S. or state plan covers them.
- Healthcare services you need because of war, or an act of war, occurring on or after the effective date of this policy.
- Custodial care.
- Maintenance care and supportive care.
- Services provided by members of your immediate family or anyone else living in your household.
- Teeth-related services, including:
    1. Care, treatment, filling, removal or replacement
    2. Dental x-rays
    3. Root canal therapy
    4. Surgery for impacted teeth
    5. Any other surgical procedures involving the teeth or structures directly supporting them.
- Drugs and medicines you buy with or without a physician's prescription except for equipment and supplies for treatment of diabetes as noted in the policy.
- Healthcare services before your insurance becomes effective, or after coverage ends, except as allowed under Extension of Benefits.
- Healthcare services which are not medically necessary as determined by us, except for such healthcare services covered by Medicare.
- Medicare Part B copayment or coinsurance, except when you have purchased the Medicare Part B Copayment or Coinsurance Rider.
- Medicare Part A Deductible, except when one of the Medicare Part A Deductible Riders has been purchased.
- Medicare Part B Deductible, except when the Medicare Part B Deductible Rider has been purchased.
- Charges exceeding the Medicare allowed amount for healthcare services, except when the Medicare Part B Excess Charges Rider has been purchased.
- Home healthcare above forty (40) visits as required by Wisconsin insurance statutes, except when the Additional Home Healthcare Rider has been purchased.
- Healthcare services received outside the United States, except when the Foreign Travel Emergency Rider has been purchased.

WPS™
A HEALTH SOLUTIONS COMPANY

Notes

Notes

#1 CHOICE

FOR MEDICARE SUPPLEMENT INSURANCE IN WISCONSIN*

Ready to take the next step?

Contact your local agent or call WPS today at **1-800-236-1448.**

Current WPS customers, please call **1-888-253-2694.**

WPS™

A HEALTH SOLUTIONS COMPANY

MEDICARE SUPPLEMENT INSURANCE

IMPORTANT INFORMATION:

In some states, all Medicare Supplement Insurance plans are offered to qualified individuals under the age of 65 and/or to Medicare-qualified individuals due to disability or end-stage renal disease. *Based on enrollment data submitted to NAIC, 2024. The intent of this advertisement is solicitation of insurance, and contact may be made by the insurer or a licensed agent. Neither Wisconsin Physicians Service Insurance Corporation (WPS), nor its agents, nor products are connected with the federal Medicare program. This plan summary provides only a general description of benefits and limitations. A detailed description of coverage is in the applicable policy. If there is ever a discrepancy between the policy and this document, the policy has final authority.

29595-100-2509