

# AMERICAN RETIREMENT LIFE INSURANCE COMPANY

P.O. Box 26580 • Austin, Texas 78755-0580 • 866-459-4272

## Outline of Medicare Supplement Coverage OUTLINE OF COVERAGE FOR POLICY FORM AR-BASC.v2-WI

### MEDICARE SUPPLEMENT INSURANCE

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

### **PREMIUM INFORMATION**

We, American Retirement Life Insurance Company, can only raise your premium for all the policies like yours in the same geographic area in this state. If your policy was issued as an under age 65 policy due to disability, when you turn 65, premiums will remain at the disabled rates.

### **DISCLOSURES**

Use this Outline to compare benefits and premiums among policies.

### **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 American Retirement Life Insurance Company.

### **RIGHT TO RETURN POLICY**

If you find that you are not satisfied with your policy, you may return it to American Retirement Life Insurance Company, P. O. Box 26580, Austin, TX 78755-0580. If you send the policy back to us within thirty (30) days after you receive it, we will treat the policy as if it had never been issued and return all 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.

### **USUAL AND CUSTOMARY CHARGES**

The prevailing rates, as determined by Us, for any service or materials in the geographic area where furnished.

**Neither American Retirement Life Insurance Company  
nor its agents are connected with Medicare.**

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**WISCONSIN**

**Attained Age Rates -- Current Rates Effective 1/1/2018 -- Area I (535-549)**

**PREFERRED ANNUAL RATES**

FEMALE RATES							Attained Age	MALE RATES						
Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care		Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care
4,072.19	-236.39	845.64	183.00	55.50	40.56	245.86	<b>Under 65</b>	4,683.03	-271.84	972.49	183.00	63.81	46.63	282.75
1,357.40	-236.39	281.88	183.00	18.50	13.52	81.96	<b>65</b>	1,561.01	-271.84	324.16	183.00	21.27	15.54	94.25
1,357.40	-236.39	281.88	183.00	18.50	13.52	85.23	<b>66</b>	1,561.01	-271.84	324.16	183.00	21.27	15.54	98.02
1,423.83	-249.65	295.28	183.00	19.33	14.13	88.51	<b>67</b>	1,637.41	-287.09	339.58	183.00	22.23	16.26	101.79
1,486.23	-261.63	309.31	183.00	20.15	14.73	91.79	<b>68</b>	1,709.16	-300.87	355.72	183.00	23.16	16.93	105.55
1,549.84	-274.94	324.01	183.00	20.95	15.32	95.07	<b>69</b>	1,782.31	-316.18	372.61	183.00	24.10	17.62	109.33
1,611.98	-286.73	333.86	183.00	21.74	15.89	98.34	<b>70</b>	1,853.77	-329.74	383.94	183.00	25.00	18.28	113.10
1,666.69	-296.55	350.09	183.00	22.43	16.40	101.63	<b>71</b>	1,916.69	-341.04	402.60	183.00	25.79	18.86	116.87
1,721.41	-306.38	366.33	183.00	23.13	16.91	104.90	<b>72</b>	1,979.62	-352.33	421.28	183.00	26.59	19.45	120.64
1,776.13	-316.21	382.56	183.00	23.82	17.41	108.18	<b>73</b>	2,042.55	-363.63	439.95	183.00	27.38	20.02	124.40
1,830.84	-326.02	398.79	183.00	24.51	17.92	111.45	<b>74</b>	2,105.47	-374.93	458.62	183.00	28.18	20.60	128.18
1,887.44	-336.19	415.45	183.00	25.22	18.44	114.74	<b>75</b>	2,170.56	-386.61	477.77	183.00	29.01	21.21	131.95
1,942.03	-344.56	435.48	183.00	25.93	18.96	118.01	<b>76</b>	2,233.33	-396.24	500.79	183.00	29.82	21.81	135.72
1,997.52	-353.06	455.86	183.00	26.66	19.49	121.30	<b>77</b>	2,297.14	-406.02	524.24	183.00	30.67	22.41	139.49
2,055.95	-362.06	477.08	183.00	27.43	20.05	124.57	<b>78</b>	2,364.35	-416.37	548.64	183.00	31.54	23.06	143.25
2,115.43	-371.21	498.70	183.00	28.20	20.62	127.85	<b>79</b>	2,432.75	-426.90	573.51	183.00	32.43	23.71	147.03
2,175.97	-380.53	520.75	183.00	28.99	21.20	131.12	<b>80</b>	2,502.37	-437.61	598.87	183.00	33.34	24.38	150.79
2,251.69	-388.18	542.81	183.00	29.65	21.67	134.41	<b>81</b>	2,589.44	-446.42	624.23	183.00	34.09	24.92	154.57
2,328.91	-395.97	565.30	183.00	30.30	22.15	137.68	<b>82</b>	2,678.26	-455.37	650.10	183.00	34.85	25.48	158.34
2,410.05	-404.29	588.85	183.00	31.00	22.66	140.96	<b>83</b>	2,771.55	-464.93	677.18	183.00	35.66	26.06	162.10
2,492.90	-412.75	612.91	183.00	31.72	23.19	144.24	<b>84</b>	2,866.84	-474.66	704.85	183.00	36.47	26.66	165.88
2,577.50	-421.37	637.50	183.00	32.44	23.71	147.52	<b>85</b>	2,964.13	-484.57	733.13	183.00	37.32	27.28	169.64
2,668.85	-430.61	659.01	183.00	33.26	24.32	148.99	<b>86</b>	3,069.19	-495.20	757.86	183.00	38.25	27.97	171.35
2,762.67	-440.04	681.08	183.00	34.10	24.93	150.49	<b>87</b>	3,177.07	-506.03	783.25	183.00	39.22	28.67	173.05
2,858.99	-449.67	703.74	183.00	34.95	25.56	151.98	<b>88</b>	3,287.84	-517.11	809.30	183.00	40.20	29.39	174.78
2,955.00	-459.04	726.27	183.00	35.80	26.17	153.51	<b>89</b>	3,398.25	-527.90	835.22	183.00	41.17	30.09	176.54
3,050.42	-468.15	748.64	183.00	36.63	26.77	155.05	<b>90</b>	3,507.98	-538.38	860.94	183.00	42.12	30.78	178.30
3,149.23	-474.57	766.10	183.00	37.13	27.14	156.60	<b>91</b>	3,621.61	-545.75	881.03	183.00	42.69	31.21	180.08
3,250.10	-481.08	783.90	183.00	37.63	27.51	158.17	<b>92</b>	3,737.61	-553.23	901.49	183.00	43.28	31.64	181.89
3,346.43	-486.71	800.45	183.00	38.07	27.84	159.74	<b>93</b>	3,848.39	-559.72	920.52	183.00	43.79	32.01	183.70
3,444.49	-492.40	817.27	183.00	38.52	28.16	161.34	<b>94</b>	3,961.17	-566.26	939.86	183.00	44.30	32.38	185.54
3,544.31	-498.17	834.35	183.00	38.97	28.49	162.96	<b>95</b>	4,075.95	-572.89	959.50	183.00	44.82	32.77	187.39
3,615.19	-508.13	851.04	183.00	39.76	29.06	164.58	<b>96</b>	4,157.47	-584.35	978.69	183.00	45.72	33.42	189.26
3,687.49	-518.29	868.07	183.00	40.55	29.65	166.23	<b>97</b>	4,240.62	-596.04	998.27	183.00	46.63	34.09	191.16
3,761.24	-528.66	885.42	183.00	41.36	30.24	167.89	<b>98</b>	4,325.43	-607.96	1,018.24	183.00	47.56	34.78	193.07
3,836.47	-539.23	903.13	183.00	42.19	30.84	169.57	<b>99</b>	4,411.94	-620.12	1,038.60	183.00	48.51	35.47	195.00

Policies may be issued on an annual, semi-annual, quarterly or monthly mode. To obtain semi-annual premiums, multiply the above-quoted premium by 0.52, for quarterly premiums, multiply the above quoted premium by 0.265, and for monthly bank draft premiums, multiply the above-quoted premium by 0.0833.

Add one-time enrollment fee of \$20.00 to the first premium  
Applicants who qualify for Household Discount multiply above rates by 0.93

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**WISCONSIN**

**Attained Age Rates -- Current Rates Effective 1/1/2018 -- Area I (535-549)**

**STANDARD ANNUAL RATES**

FEMALE RATES							Attained Age	MALE RATES						
Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care		Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care
4,479.41	-260.02	930.21	183.00	61.04	44.60	270.45	<b>Under 65</b>	5,151.33	-299.03	1,069.74	183.00	70.19	51.29	311.01
1,493.14	-260.02	310.07	183.00	20.35	14.87	90.15	<b>65</b>	1,717.11	-299.03	356.58	183.00	23.40	17.10	103.67
1,493.14	-260.02	310.07	183.00	20.35	14.87	93.76	<b>66</b>	1,717.11	-299.03	356.58	183.00	23.40	17.10	107.82
1,566.21	-274.61	324.81	183.00	21.26	15.54	97.36	<b>67</b>	1,801.15	-315.80	373.53	183.00	24.45	17.88	111.97
1,634.85	-287.79	340.24	183.00	22.16	16.20	100.97	<b>68</b>	1,880.08	-330.95	391.28	183.00	25.49	18.62	116.12
1,704.81	-302.44	356.42	183.00	23.05	16.85	104.57	<b>69</b>	1,960.54	-347.79	409.87	183.00	26.51	19.38	120.27
1,773.17	-315.40	367.25	183.00	23.91	17.48	108.18	<b>70</b>	2,039.14	-362.72	422.33	183.00	27.50	20.11	124.40
1,833.36	-326.21	385.11	183.00	24.67	18.04	111.78	<b>71</b>	2,108.36	-375.14	442.87	183.00	28.38	20.74	128.55
1,893.55	-337.02	402.96	183.00	25.43	18.59	115.39	<b>72</b>	2,177.58	-387.56	463.41	183.00	29.25	21.39	132.70
1,953.74	-347.82	420.82	183.00	26.20	19.15	119.00	<b>73</b>	2,246.79	-400.00	483.94	183.00	30.13	22.03	136.85
2,013.93	-358.63	438.68	183.00	26.96	19.70	122.60	<b>74</b>	2,316.01	-412.42	504.47	183.00	31.00	22.66	141.00
2,076.19	-369.80	456.99	183.00	27.74	20.29	126.22	<b>75</b>	2,387.62	-425.28	525.55	183.00	31.90	23.33	145.15
2,136.23	-379.01	479.02	183.00	28.53	20.86	129.81	<b>76</b>	2,456.66	-435.86	550.87	183.00	32.80	23.98	149.28
2,197.26	-388.37	501.44	183.00	29.33	21.44	133.43	<b>77</b>	2,526.85	-446.63	576.66	183.00	33.73	24.66	153.43
2,261.54	-398.27	524.79	183.00	30.17	22.05	137.03	<b>78</b>	2,600.78	-458.01	603.51	183.00	34.70	25.36	157.58
2,326.97	-408.34	548.58	183.00	31.03	22.68	140.64	<b>79</b>	2,676.02	-469.59	630.86	183.00	35.68	26.08	161.73
2,393.56	-418.58	572.83	183.00	31.89	23.31	144.24	<b>80</b>	2,752.60	-481.37	658.76	183.00	36.68	26.81	165.88
2,476.87	-427.01	597.09	183.00	32.61	23.84	147.85	<b>81</b>	2,848.39	-491.06	686.65	183.00	37.50	27.42	170.03
2,561.80	-435.57	621.84	183.00	33.33	24.37	151.46	<b>82</b>	2,946.08	-500.90	715.11	183.00	38.33	28.02	174.18
2,651.05	-444.71	647.74	183.00	34.10	24.93	155.06	<b>83</b>	3,048.71	-511.42	744.90	183.00	39.22	28.67	178.31
2,742.19	-454.03	674.21	183.00	34.90	25.50	158.67	<b>84</b>	3,153.52	-522.14	775.33	183.00	40.12	29.33	182.46
2,835.25	-463.50	701.25	183.00	35.69	26.08	162.27	<b>85</b>	3,260.53	-533.03	806.44	183.00	41.04	30.00	186.61
2,935.74	-473.66	724.91	183.00	36.59	26.75	163.89	<b>86</b>	3,376.10	-544.71	833.65	183.00	42.08	30.76	188.48
3,038.94	-484.04	749.19	183.00	37.51	27.42	165.53	<b>87</b>	3,494.78	-556.63	861.57	183.00	43.14	31.53	190.36
3,144.89	-494.62	774.12	183.00	38.45	28.11	167.19	<b>88</b>	3,616.63	-568.82	890.23	183.00	44.22	32.33	192.27
3,250.49	-504.94	798.91	183.00	39.37	28.78	168.86	<b>89</b>	3,738.07	-580.69	918.74	183.00	45.29	33.11	194.18
3,355.46	-514.97	823.51	183.00	40.28	29.45	170.55	<b>90</b>	3,858.78	-592.21	947.02	183.00	46.33	33.87	196.14
3,464.16	-522.03	842.72	183.00	40.83	29.86	172.25	<b>91</b>	3,983.78	-600.33	969.12	183.00	46.96	34.34	198.09
3,575.11	-529.18	862.29	183.00	41.39	30.27	173.98	<b>92</b>	4,111.37	-608.56	991.64	183.00	47.61	34.80	200.07
3,681.07	-535.38	880.49	183.00	41.88	30.62	175.72	<b>93</b>	4,233.23	-615.69	1,012.57	183.00	48.16	35.21	202.07
3,788.94	-541.64	898.99	183.00	42.38	30.98	177.47	<b>94</b>	4,357.28	-622.90	1,033.84	183.00	48.73	35.63	204.09
3,898.74	-547.99	917.79	183.00	42.88	31.34	179.25	<b>95</b>	4,483.54	-630.18	1,055.46	183.00	49.31	36.04	206.14
3,976.71	-558.95	936.14	183.00	43.73	31.97	181.04	<b>96</b>	4,573.22	-642.79	1,076.57	183.00	50.29	36.77	208.20
4,056.25	-570.12	954.86	183.00	44.61	32.61	182.85	<b>97</b>	4,664.68	-655.64	1,098.09	183.00	51.29	37.50	210.28
4,137.37	-581.53	973.97	183.00	45.50	33.26	184.68	<b>98</b>	4,757.97	-668.76	1,120.07	183.00	52.32	38.25	212.38
4,220.12	-593.15	993.44	183.00	46.41	33.93	186.53	<b>99</b>	4,853.13	-682.14	1,142.47	183.00	53.37	39.02	214.51

Policies may be issued on an annual, semi-annual, quarterly or monthly mode. To obtain semi-annual premiums, multiply the above-quoted premium by 0.52, for quarterly premiums, multiply the above quoted premium by 0.265, and for monthly bank draft premiums, multiply the above-quoted premium by 0.0833.

Add one-time enrollment fee of \$20.00 to the first premium  
Applicants who qualify for Household Discount multiply above rates by 0.93

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**WISCONSIN**

**Attained Age Rates -- Current Rates Effective 1/1/2018 -- Area I (535-549)**

**STANDARD II ANNUAL RATES**

FEMALE RATES							Attained Age	MALE RATES						
Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care		Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care
3,080.27	-198.66	449.20	183.00	25.85	21.68	128.00	<b>65</b>	3,542.31	-228.46	516.58	183.00	29.72	24.94	147.20
3,080.27	-198.66	449.20	183.00	25.85	21.68	133.11	<b>66</b>	3,542.31	-228.46	516.58	183.00	29.72	24.94	153.07
3,080.27	-209.81	470.56	183.00	27.01	22.66	138.24	<b>67</b>	3,542.31	-241.28	541.14	183.00	31.06	26.06	158.97
3,080.27	-219.87	492.91	183.00	28.15	23.61	143.35	<b>68</b>	3,542.31	-252.85	566.84	183.00	32.37	27.16	164.85
3,080.27	-231.06	516.33	183.00	29.28	24.57	148.48	<b>69</b>	3,542.31	-265.72	593.79	183.00	33.67	28.26	170.75
3,080.27	-240.97	532.03	183.00	30.37	25.49	153.59	<b>70</b>	3,542.31	-277.11	611.84	183.00	34.93	29.31	176.62
3,080.81	-249.22	557.90	183.00	31.33	26.29	158.72	<b>71</b>	3,542.94	-286.60	641.59	183.00	36.03	30.24	182.52
3,126.04	-257.48	583.77	183.00	32.31	27.12	163.83	<b>72</b>	3,594.95	-296.10	671.34	183.00	37.16	31.19	188.40
3,181.09	-265.74	609.64	183.00	33.28	27.93	168.95	<b>73</b>	3,658.25	-305.60	701.08	183.00	38.27	32.11	194.30
3,234.09	-273.99	635.51	183.00	34.24	28.73	174.06	<b>74</b>	3,719.20	-315.09	730.83	183.00	39.38	33.04	200.17
3,286.95	-282.53	662.04	183.00	35.24	29.57	179.19	<b>75</b>	3,780.00	-324.91	761.35	183.00	40.52	34.01	206.07
3,341.64	-289.57	693.97	183.00	36.23	30.40	184.30	<b>76</b>	3,842.88	-333.00	798.06	183.00	41.67	34.96	211.95
3,391.73	-296.72	726.44	183.00	37.24	31.26	189.43	<b>77</b>	3,900.49	-341.22	835.41	183.00	42.83	35.95	217.85
3,439.44	-304.28	760.26	183.00	38.32	32.16	194.54	<b>78</b>	3,955.35	-349.92	874.30	183.00	44.07	36.98	223.72
3,488.73	-311.97	794.72	183.00	39.40	33.06	199.67	<b>79</b>	4,012.04	-358.76	913.93	183.00	45.31	38.02	229.62
3,540.65	-319.80	829.86	183.00	40.51	34.00	204.78	<b>80</b>	4,071.75	-367.77	954.34	183.00	46.59	39.10	235.50
3,589.86	-326.23	865.00	183.00	41.42	34.75	209.91	<b>81</b>	4,128.34	-375.16	994.75	183.00	47.64	39.96	241.40
3,633.83	-332.77	900.85	183.00	42.34	35.52	215.02	<b>82</b>	4,178.91	-382.69	1,035.98	183.00	48.69	40.84	247.27
3,676.72	-339.76	938.38	183.00	43.32	36.34	220.15	<b>83</b>	4,228.23	-390.73	1,079.14	183.00	49.82	41.79	253.17
3,721.09	-346.87	976.73	183.00	44.31	37.18	225.26	<b>84</b>	4,279.25	-398.90	1,123.23	183.00	50.96	42.76	259.05
3,761.46	-354.12	1,015.91	183.00	45.33	38.03	230.39	<b>85</b>	4,325.68	-407.24	1,168.30	183.00	52.13	43.73	264.95
3,800.46	-361.88	1,050.18	183.00	46.47	39.00	232.69	<b>86</b>	4,370.53	-416.16	1,207.70	183.00	53.44	44.85	267.59
3,839.03	-369.81	1,085.36	183.00	47.65	39.98	235.02	<b>87</b>	4,414.88	-425.28	1,248.16	183.00	54.79	45.97	270.28
3,874.94	-377.90	1,121.47	183.00	48.84	40.99	237.36	<b>88</b>	4,456.18	-434.58	1,289.69	183.00	56.16	47.14	272.97
3,911.66	-385.78	1,157.37	183.00	50.01	41.96	239.75	<b>89</b>	4,498.41	-443.64	1,330.98	183.00	57.52	48.26	275.71
3,949.26	-393.44	1,193.02	183.00	51.17	42.94	242.14	<b>90</b>	4,541.65	-452.45	1,371.97	183.00	58.85	49.38	278.46
4,008.50	-398.83	1,220.84	183.00	51.87	43.52	244.57	<b>91</b>	4,609.77	-458.65	1,403.97	183.00	59.66	50.05	281.26
4,068.63	-404.30	1,249.20	183.00	52.58	44.12	247.02	<b>92</b>	4,678.92	-464.94	1,436.59	183.00	60.46	50.74	284.07
4,129.66	-409.03	1,275.58	183.00	53.20	44.64	249.48	<b>93</b>	4,749.10	-470.39	1,466.91	183.00	61.18	51.34	286.90
4,191.60	-413.82	1,302.37	183.00	53.82	45.17	251.98	<b>94</b>	4,820.34	-475.89	1,497.73	183.00	61.89	51.94	289.78
4,254.47	-418.66	1,329.60	183.00	54.45	45.69	254.50	<b>95</b>	4,892.65	-481.46	1,529.04	183.00	62.62	52.55	292.67
4,318.29	-427.04	1,356.20	183.00	55.55	46.61	257.04	<b>96</b>	4,966.04	-491.09	1,559.63	183.00	63.88	53.60	295.59
4,383.07	-435.57	1,383.33	183.00	56.66	47.55	259.61	<b>97</b>	5,040.53	-500.91	1,590.83	183.00	65.16	54.68	298.55
4,448.81	-444.28	1,410.99	183.00	57.79	48.50	262.20	<b>98</b>	5,116.13	-510.93	1,622.63	183.00	66.45	55.78	301.53
4,515.54	-453.17	1,439.20	0.00	58.95	49.46	264.83	<b>99</b>	5,192.88	-521.15	1,655.08	183.00	67.79	56.88	304.55

Policies may be issued on an annual, semi-annual, quarterly or monthly mode. To obtain semi-annual premiums, multiply the above-quoted premium by 0.52, for quarterly premiums, multiply the above quoted premium by 0.265, and for monthly bank draft premiums, multiply the above-quoted premium by 0.0833.

Add one-time enrollment fee of \$20.00 to the first premium  
Applicants who qualify for Household Discount multiply above rates by 0.93

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**WISCONSIN**

**Attained Age Rates -- Current Rates Effective 1/1/2018 -- Area I (535-549)**

**STANDARD III ANNUAL RATES**

FEMALE RATES							Attained Age	MALE RATES						
Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care		Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care
							<b>Under 65</b>							
3,388.29	-218.52	494.12	183.00	28.43	23.85	140.80	<b>65</b>	3,896.54	-251.30	568.23	183.00	32.70	27.43	161.92
3,388.29	-218.52	494.12	183.00	28.43	23.85	146.42	<b>66</b>	3,896.54	-251.30	568.23	183.00	32.70	27.43	168.38
3,388.29	-230.79	517.61	183.00	29.71	24.92	152.06	<b>67</b>	3,896.54	-265.40	595.26	183.00	34.16	28.66	174.87
3,388.29	-241.86	542.20	183.00	30.96	25.98	157.68	<b>68</b>	3,896.54	-278.14	623.53	183.00	35.61	29.87	181.33
3,388.29	-254.17	567.97	183.00	32.20	27.03	163.32	<b>69</b>	3,896.54	-292.29	653.16	183.00	37.03	31.08	187.82
3,388.29	-265.07	585.24	183.00	33.41	28.04	168.95	<b>70</b>	3,896.54	-304.83	673.02	183.00	38.42	32.24	194.29
3,388.89	-274.14	613.69	183.00	34.47	28.92	174.59	<b>71</b>	3,897.23	-315.26	705.75	183.00	39.64	33.26	200.77
3,438.65	-283.23	642.15	183.00	35.55	29.83	180.21	<b>72</b>	3,954.45	-325.71	738.47	183.00	40.88	34.31	207.24
3,499.19	-292.31	670.60	183.00	36.60	30.72	185.85	<b>73</b>	4,024.07	-336.16	771.19	183.00	42.10	35.33	213.73
3,557.50	-301.39	699.06	183.00	37.66	31.60	191.47	<b>74</b>	4,091.12	-346.60	803.92	183.00	43.31	36.34	220.19
3,615.65	-310.79	728.25	183.00	38.76	32.53	197.11	<b>75</b>	4,158.00	-357.40	837.49	183.00	44.57	37.41	226.68
3,675.80	-318.52	763.36	183.00	39.86	33.44	202.73	<b>76</b>	4,227.17	-366.30	877.87	183.00	45.83	38.45	233.14
3,730.90	-326.39	799.09	183.00	40.97	34.39	208.38	<b>77</b>	4,290.54	-375.35	918.95	183.00	47.11	39.55	239.63
3,783.38	-334.71	836.29	183.00	42.15	35.38	214.00	<b>78</b>	4,350.89	-384.91	961.73	183.00	48.48	40.68	246.10
3,837.60	-343.17	874.19	183.00	43.34	36.37	219.64	<b>79</b>	4,413.24	-394.64	1,005.32	183.00	49.84	41.82	252.58
3,894.72	-351.78	912.85	183.00	44.56	37.40	225.26	<b>80</b>	4,478.93	-404.54	1,049.77	183.00	51.25	43.01	259.05
3,948.85	-358.85	951.50	183.00	45.57	38.22	230.90	<b>81</b>	4,541.18	-412.68	1,094.23	183.00	52.40	43.96	265.54
3,997.21	-366.05	990.94	183.00	46.57	39.07	236.52	<b>82</b>	4,596.80	-420.95	1,139.58	183.00	53.56	44.93	272.00
4,044.39	-373.74	1,032.22	183.00	47.65	39.97	242.16	<b>83</b>	4,651.05	-429.80	1,187.05	183.00	54.80	45.97	278.49
4,093.20	-381.56	1,074.40	183.00	48.75	40.90	247.79	<b>84</b>	4,707.18	-438.80	1,235.56	183.00	56.06	47.04	284.95
4,137.61	-389.53	1,117.50	183.00	49.86	41.83	253.43	<b>85</b>	4,758.25	-447.96	1,285.12	183.00	57.34	48.10	291.44
4,180.50	-398.07	1,155.19	183.00	51.12	42.90	255.96	<b>86</b>	4,807.58	-457.78	1,328.47	183.00	58.78	49.34	294.35
4,222.93	-406.79	1,193.89	183.00	52.41	43.97	258.53	<b>87</b>	4,856.37	-467.81	1,372.97	183.00	60.27	50.57	297.31
4,262.43	-415.69	1,233.61	183.00	53.72	45.09	261.10	<b>88</b>	4,901.79	-478.04	1,418.66	183.00	61.78	51.85	300.26
4,302.83	-424.35	1,273.11	183.00	55.01	46.16	263.73	<b>89</b>	4,948.26	-488.01	1,464.08	183.00	63.27	53.08	303.29
4,344.19	-432.78	1,312.32	183.00	56.29	47.23	266.36	<b>90</b>	4,995.81	-497.70	1,509.17	183.00	64.73	54.32	306.31
4,409.35	-438.71	1,342.93	183.00	57.06	47.87	269.03	<b>91</b>	5,070.75	-504.52	1,544.36	183.00	65.62	55.05	309.38
4,475.49	-444.73	1,374.13	183.00	57.83	48.53	271.72	<b>92</b>	5,146.81	-511.44	1,580.24	183.00	66.51	55.81	312.48
4,542.62	-449.94	1,403.13	183.00	58.52	49.11	274.43	<b>93</b>	5,224.01	-517.43	1,613.60	183.00	67.29	56.47	315.59
4,610.76	-455.20	1,432.61	183.00	59.20	49.68	277.18	<b>94</b>	5,302.37	-523.48	1,647.50	183.00	68.08	57.14	318.76
4,679.92	-460.52	1,462.56	183.00	59.90	50.26	279.95	<b>95</b>	5,381.91	-529.60	1,681.95	183.00	68.89	57.80	321.94
4,750.12	-469.74	1,491.82	183.00	61.10	51.27	282.74	<b>96</b>	5,462.64	-540.20	1,715.59	183.00	70.27	58.96	325.15
4,821.37	-479.13	1,521.66	183.00	62.33	52.30	285.57	<b>97</b>	5,544.58	-551.00	1,749.91	183.00	71.67	60.15	328.41
4,893.69	-488.71	1,552.09	0.00	63.56	53.35	288.42	<b>98</b>	5,627.75	-562.02	1,784.90	183.00	73.10	61.36	331.68
4,967.10	-498.49	1,583.12	#VALUE!	64.84	54.41	291.31	<b>99</b>	5,712.16	-573.26	1,820.59	183.00	74.57	62.57	335.01

Policies may be issued on an annual, semi-annual, quarterly or monthly mode. To obtain semi-annual premiums, multiply the above-quoted premium by 0.52, for quarterly premiums, multiply the above quoted premium by 0.265, and for monthly bank draft premiums, multiply the above-quoted premium by 0.0833.

Add one-time enrollment fee of \$20.00 to the first premium  
Applicants who qualify for Household Discount multiply above rates by 0.93

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**WISCONSIN**

**Attained Age Rates -- Current Rates Effective 1/1/2018 -- Area II (530-534)**

**PREFERRED ANNUAL RATES**

FEMALE RATES							Attained Age	MALE RATES						
Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care		Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care
4,735.10	-274.87	983.30	183.00	64.53	47.17	285.89	<b>Under 65</b>	5,445.39	-316.10	1,130.80	183.00	74.20	54.22	328.77
1,578.37	-274.87	327.77	183.00	21.51	15.72	95.30	<b>65</b>	1,815.13	-316.10	376.93	183.00	24.73	18.07	109.60
1,578.37	-274.87	327.77	183.00	21.51	15.72	99.10	<b>66</b>	1,815.13	-316.10	376.93	183.00	24.73	18.07	113.97
1,655.62	-290.29	343.35	183.00	22.48	16.43	102.92	<b>67</b>	1,903.96	-333.83	394.86	183.00	25.85	18.90	118.36
1,728.17	-304.22	359.66	183.00	23.43	17.12	106.73	<b>68</b>	1,987.40	-349.85	413.62	183.00	26.93	19.69	122.74
1,802.14	-319.70	376.76	183.00	24.37	17.82	110.55	<b>69</b>	2,072.45	-367.65	433.27	183.00	28.02	20.49	127.13
1,874.39	-333.41	388.21	183.00	25.28	18.48	114.35	<b>70</b>	2,155.55	-383.42	446.44	183.00	29.07	21.25	131.51
1,938.02	-344.82	407.09	183.00	26.08	19.07	118.17	<b>71</b>	2,228.71	-396.56	468.14	183.00	29.99	21.93	135.89
2,001.64	-356.25	425.96	183.00	26.89	19.66	121.98	<b>72</b>	2,301.89	-409.68	489.86	183.00	30.92	22.61	140.28
2,065.26	-367.68	444.84	183.00	27.69	20.25	125.79	<b>73</b>	2,375.05	-422.82	511.57	183.00	31.84	23.28	144.66
2,128.89	-379.10	463.71	183.00	28.50	20.83	129.60	<b>74</b>	2,448.22	-435.97	533.27	183.00	32.76	23.96	149.04
2,194.70	-390.92	483.08	183.00	29.33	21.44	133.42	<b>75</b>	2,523.91	-449.54	555.55	183.00	33.73	24.66	153.43
2,258.17	-400.65	506.37	183.00	30.15	22.04	137.22	<b>76</b>	2,596.89	-460.74	582.32	183.00	34.68	25.36	157.81
2,322.69	-410.54	530.07	183.00	31.00	22.67	141.04	<b>77</b>	2,671.09	-472.11	609.58	183.00	35.66	26.06	162.20
2,390.64	-421.00	554.75	183.00	31.89	23.32	144.85	<b>78</b>	2,749.24	-484.15	637.95	183.00	36.68	26.81	166.57
2,459.81	-431.64	579.89	183.00	32.79	23.97	148.66	<b>79</b>	2,828.78	-496.40	666.87	183.00	37.71	27.57	170.96
2,530.20	-442.47	605.53	183.00	33.71	24.65	152.47	<b>80</b>	2,909.73	-508.84	696.36	183.00	38.77	28.35	175.34
2,618.24	-451.38	631.17	183.00	34.48	25.19	156.29	<b>81</b>	3,010.98	-519.09	725.85	183.00	39.64	28.97	179.73
2,708.04	-460.43	657.33	183.00	35.24	25.75	160.09	<b>82</b>	3,114.26	-529.50	755.93	183.00	40.52	29.62	184.12
2,802.39	-470.10	684.71	183.00	36.05	26.35	163.91	<b>83</b>	3,222.74	-540.62	787.42	183.00	41.46	30.30	188.49
2,898.72	-479.94	712.69	183.00	36.88	26.96	167.72	<b>84</b>	3,333.53	-551.93	819.60	183.00	42.41	31.00	192.88
2,997.09	-489.97	741.28	183.00	37.72	27.57	171.53	<b>85</b>	3,446.66	-563.46	852.48	183.00	43.39	31.72	197.26
3,103.32	-500.70	766.29	183.00	38.67	28.28	173.25	<b>86</b>	3,568.82	-575.81	881.24	183.00	44.48	32.52	199.24
3,212.41	-511.67	791.96	183.00	39.65	28.99	174.99	<b>87</b>	3,694.26	-588.41	910.75	183.00	45.60	33.33	201.23
3,324.41	-522.87	818.31	183.00	40.64	29.72	176.73	<b>88</b>	3,823.07	-601.29	941.04	183.00	46.75	34.18	203.24
3,436.04	-533.77	844.50	183.00	41.62	30.43	178.51	<b>89</b>	3,951.45	-613.83	971.18	183.00	47.87	34.99	205.28
3,547.00	-544.37	870.51	183.00	42.59	31.13	180.29	<b>90</b>	4,079.05	-626.02	1,001.09	183.00	48.97	35.79	207.33
3,661.89	-551.83	890.82	183.00	43.17	31.55	182.09	<b>91</b>	4,211.18	-634.60	1,024.45	183.00	49.64	36.30	209.39
3,779.18	-559.40	911.51	183.00	43.76	31.99	183.91	<b>92</b>	4,346.06	-643.29	1,048.25	183.00	50.32	36.79	211.50
3,891.20	-565.95	930.75	183.00	44.27	32.37	185.75	<b>93</b>	4,474.87	-650.84	1,070.37	183.00	50.92	37.22	213.61
4,005.22	-572.56	950.31	183.00	44.79	32.75	187.61	<b>94</b>	4,606.01	-658.45	1,092.86	183.00	51.52	37.66	215.74
4,121.29	-579.26	970.18	183.00	45.32	33.13	189.49	<b>95</b>	4,739.48	-666.15	1,115.70	183.00	52.11	38.10	217.90
4,203.70	-590.85	989.58	183.00	46.23	33.80	191.37	<b>96</b>	4,834.26	-679.48	1,138.01	183.00	53.16	38.86	220.07
4,287.78	-602.66	1,009.38	183.00	47.15	34.48	193.29	<b>97</b>	4,930.95	-693.07	1,160.78	183.00	54.22	39.64	222.28
4,373.54	-614.72	1,029.56	183.00	48.09	35.17	195.22	<b>98</b>	5,029.56	-706.93	1,184.00	183.00	55.31	40.44	224.50
4,461.01	-627.01	1,050.15	183.00	49.06	35.86	197.18	<b>99</b>	5,130.16	-721.06	1,207.67	183.00	56.41	41.24	226.75

Policies may be issued on an annual, semi-annual, quarterly or monthly mode. To obtain semi-annual premiums, multiply the above-quoted premium by 0.52, for quarterly premiums, multiply the above quoted premium by 0.265, and for monthly bank draft premiums, multiply the above-quoted premium by 0.0833.

Add one-time enrollment fee of \$20.00 to the first premium  
Applicants who qualify for Household Discount multiply above rates by 0.93

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**WISCONSIN**

**Attained Age Rates -- Current Rates Effective 1/1/2018 -- Area II (530-534)**

**STANDARD ANNUAL RATES**

FEMALE RATES							Attained Age	MALE RATES						
Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care		Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care
5,208.61	-302.34	1,081.63	183.00	70.98	51.86	314.48	<b>Under 65</b>	5,989.92	-347.70	1,243.89	183.00	81.62	59.64	361.65
1,736.20	-302.34	360.54	183.00	23.66	17.29	104.83	<b>65</b>	1,996.64	-347.70	414.63	183.00	27.21	19.88	120.55
1,736.20	-302.34	360.54	183.00	23.66	17.29	109.02	<b>66</b>	1,996.64	-347.70	414.63	183.00	27.21	19.88	125.37
1,821.18	-319.32	377.68	183.00	24.72	18.07	113.21	<b>67</b>	2,094.36	-367.20	434.33	183.00	28.43	20.79	130.20
1,900.99	-334.65	395.63	183.00	25.76	18.83	117.41	<b>68</b>	2,186.14	-384.83	454.97	183.00	29.64	21.65	135.02
1,982.34	-351.67	414.44	183.00	26.80	19.60	121.59	<b>69</b>	2,279.70	-404.41	476.60	183.00	30.82	22.53	139.84
2,061.83	-366.74	427.04	183.00	27.80	20.33	125.79	<b>70</b>	2,371.10	-421.76	491.08	183.00	31.98	23.39	144.66
2,131.81	-379.31	447.80	183.00	28.69	20.98	129.98	<b>71</b>	2,451.59	-436.21	514.97	183.00	32.99	24.12	149.48
2,201.81	-391.88	468.56	183.00	29.57	21.62	134.18	<b>72</b>	2,532.07	-450.66	538.85	183.00	34.01	24.87	154.30
2,271.79	-404.44	489.33	183.00	30.47	22.27	138.38	<b>73</b>	2,612.55	-465.11	562.72	183.00	35.03	25.62	159.13
2,341.77	-417.01	510.09	183.00	31.35	22.91	142.56	<b>74</b>	2,693.04	-479.56	586.60	183.00	36.05	26.35	163.95
2,414.18	-430.00	531.39	183.00	32.26	23.59	146.76	<b>75</b>	2,776.30	-494.51	611.10	183.00	37.10	27.12	168.78
2,483.98	-440.71	557.00	183.00	33.17	24.26	150.95	<b>76</b>	2,856.58	-506.82	640.55	183.00	38.14	27.88	173.59
2,554.96	-451.59	583.07	183.00	34.11	24.94	155.15	<b>77</b>	2,938.20	-519.33	670.54	183.00	39.22	28.67	178.41
2,629.70	-463.10	610.22	183.00	35.09	25.64	159.33	<b>78</b>	3,024.16	-532.57	701.75	183.00	40.35	29.49	183.23
2,705.78	-474.82	637.88	183.00	36.08	26.38	163.53	<b>79</b>	3,111.65	-546.04	733.56	183.00	41.49	30.33	188.06
2,783.21	-486.72	666.08	183.00	37.08	27.11	167.72	<b>80</b>	3,200.70	-559.74	766.00	183.00	42.66	31.17	192.88
2,880.08	-496.52	694.29	183.00	37.91	27.72	171.92	<b>81</b>	3,312.09	-571.00	798.42	183.00	43.61	31.88	197.71
2,978.84	-506.48	723.07	183.00	38.76	28.33	176.11	<b>82</b>	3,425.68	-582.44	831.53	183.00	44.57	32.59	202.53
3,082.62	-517.11	753.19	183.00	39.65	28.99	180.30	<b>83</b>	3,545.02	-594.67	866.17	183.00	45.60	33.33	207.34
3,188.59	-527.94	783.97	183.00	40.58	29.65	184.50	<b>84</b>	3,666.88	-607.13	901.55	183.00	46.65	34.11	212.17
3,296.80	-538.96	815.41	183.00	41.50	30.33	188.68	<b>85</b>	3,791.32	-619.80	937.73	183.00	47.72	34.88	216.99
3,413.65	-550.77	842.92	183.00	42.55	31.11	190.57	<b>86</b>	3,925.70	-633.39	969.36	183.00	48.93	35.77	219.16
3,533.66	-562.83	871.15	183.00	43.62	31.88	192.48	<b>87</b>	4,063.70	-647.25	1,001.83	183.00	50.16	36.66	221.35
3,656.85	-575.15	900.14	183.00	44.71	32.68	194.40	<b>88</b>	4,205.39	-661.42	1,035.15	183.00	51.42	37.59	223.57
3,779.64	-587.14	928.96	183.00	45.78	33.47	196.35	<b>89</b>	4,346.59	-675.22	1,068.30	183.00	52.66	38.50	225.80
3,901.70	-598.80	957.57	183.00	46.84	34.24	198.32	<b>90</b>	4,486.95	-688.61	1,101.19	183.00	53.87	39.38	228.06
4,028.09	-607.01	979.91	183.00	47.48	34.72	200.29	<b>91</b>	4,632.30	-698.06	1,126.89	183.00	54.60	39.92	230.33
4,157.11	-615.33	1,002.67	183.00	48.13	35.20	202.30	<b>92</b>	4,780.67	-707.63	1,153.07	183.00	55.36	40.47	232.64
4,280.32	-622.53	1,023.83	183.00	48.70	35.60	204.32	<b>93</b>	4,922.36	-715.91	1,177.41	183.00	56.00	40.94	234.97
4,405.75	-629.81	1,045.34	183.00	49.27	36.02	206.36	<b>94</b>	5,066.61	-724.30	1,202.14	183.00	56.67	41.43	237.32
4,533.41	-637.19	1,067.20	183.00	49.86	36.45	208.43	<b>95</b>	5,213.42	-732.77	1,227.28	183.00	57.33	41.91	239.70
4,624.08	-649.94	1,088.54	183.00	50.85	37.18	210.51	<b>96</b>	5,317.69	-747.43	1,251.82	183.00	58.47	42.75	242.09
4,716.57	-662.93	1,110.31	183.00	51.87	37.91	212.61	<b>97</b>	5,424.04	-762.38	1,276.85	183.00	59.64	43.61	244.51
4,810.89	-676.19	1,132.52	183.00	52.90	38.67	214.75	<b>98</b>	5,532.52	-777.62	1,302.40	183.00	60.84	44.48	246.95
4,907.11	-689.71	1,155.16	183.00	53.96	39.45	216.89	<b>99</b>	5,643.18	-793.18	1,328.45	183.00	62.06	45.37	249.43

Policies may be issued on an annual, semi-annual, quarterly or monthly mode. To obtain semi-annual premiums, multiply the above-quoted premium by 0.52, for quarterly premiums, multiply the above quoted premium by 0.265, and for monthly bank draft premiums, multiply the above-quoted premium by 0.0833.

Add one-time enrollment fee of \$20.00 to the first premium  
Applicants who qualify for Household Discount multiply above rates by 0.93

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**WISCONSIN**

**Attained Age Rates -- Current Rates Effective 1/1/2018 -- Area II (530-534)**

**STANDARD II ANNUAL RATES**

FEMALE RATES							Attained Age	MALE RATES						
Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care		Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care
3,581.71	-231.00	522.32	183.00	30.06	25.21	148.83	<b>Under 65</b>	4,118.96	-265.65	600.67	183.00	34.56	29.00	171.16
3,581.71	-231.00	522.32	183.00	30.06	25.21	154.78	<b>65</b>	4,118.96	-265.65	600.67	183.00	34.56	29.00	177.99
3,581.71	-243.96	547.16	183.00	31.40	26.35	160.74	<b>66</b>	4,118.96	-280.55	629.24	183.00	36.11	30.30	184.85
3,581.71	-255.67	573.15	183.00	32.73	27.46	166.68	<b>67</b>	4,118.96	-294.02	659.12	183.00	37.64	31.58	191.69
3,581.71	-268.67	600.39	183.00	34.04	28.57	172.65	<b>68</b>	4,118.96	-308.97	690.45	183.00	39.15	32.86	198.54
3,581.71	-280.20	618.64	183.00	35.31	29.64	178.59	<b>69</b>	4,118.96	-322.23	711.44	183.00	40.61	34.08	205.38
3,582.34	-289.79	648.72	183.00	36.43	30.58	184.55	<b>70</b>	4,119.69	-333.26	746.03	183.00	41.90	35.16	212.24
3,634.94	-299.39	678.80	183.00	37.57	31.53	190.50	<b>71</b>	4,180.18	-344.30	780.62	183.00	43.21	36.26	219.07
3,698.94	-309.00	708.88	183.00	38.69	32.47	196.46	<b>72</b>	4,253.78	-355.35	815.21	183.00	44.50	37.34	225.93
3,760.57	-318.59	738.96	183.00	39.81	33.41	202.40	<b>73</b>	4,324.65	-366.38	849.80	183.00	45.79	38.42	232.76
3,822.04	-328.53	769.82	183.00	40.97	34.39	208.36	<b>74</b>	4,395.34	-377.81	885.29	183.00	47.12	39.55	239.62
3,885.62	-336.70	806.94	183.00	42.13	35.35	214.31	<b>75</b>	4,468.47	-387.21	927.98	183.00	48.45	40.65	246.45
3,943.87	-345.02	844.70	183.00	43.31	36.35	220.27	<b>76</b>	4,535.45	-396.77	971.41	183.00	49.80	41.80	253.31
3,999.34	-353.81	884.03	183.00	44.56	37.40	226.21	<b>77</b>	4,599.25	-406.88	1,016.63	183.00	51.25	43.01	260.14
4,056.66	-362.75	924.09	183.00	45.81	38.44	232.18	<b>78</b>	4,665.16	-417.17	1,062.70	183.00	52.69	44.21	267.00
4,117.04	-371.86	964.95	183.00	47.11	39.53	238.12	<b>79</b>	4,734.60	-427.63	1,109.70	183.00	54.17	45.46	273.84
4,174.26	-379.34	1,005.82	183.00	48.17	40.40	244.08	<b>80</b>	4,800.40	-436.24	1,156.69	183.00	55.39	46.46	280.69
4,225.38	-386.94	1,047.50	183.00	49.23	41.30	250.02	<b>81</b>	4,859.19	-444.98	1,204.63	183.00	56.62	47.49	287.53
4,275.26	-395.07	1,091.14	183.00	50.37	42.26	255.99	<b>82</b>	4,916.54	-454.33	1,254.81	183.00	57.93	48.59	294.39
4,326.85	-403.34	1,135.73	183.00	51.53	43.24	261.93	<b>83</b>	4,975.88	-463.84	1,306.09	183.00	59.26	49.72	301.22
4,373.79	-411.77	1,181.29	183.00	52.71	44.22	267.89	<b>84</b>	5,029.86	-473.54	1,358.48	183.00	60.61	50.85	308.08
4,419.14	-420.79	1,221.13	183.00	54.04	45.35	270.57	<b>85</b>	5,082.01	-483.91	1,404.30	183.00	62.14	52.15	311.15
4,463.99	-430.01	1,262.04	183.00	55.40	46.48	273.28	<b>86</b>	5,133.59	-494.51	1,451.35	183.00	63.71	53.46	314.28
4,505.74	-439.42	1,304.03	183.00	56.79	47.66	276.00	<b>87</b>	5,181.60	-505.33	1,499.64	183.00	65.31	54.81	317.40
4,548.45	-448.58	1,345.78	183.00	58.16	48.79	278.78	<b>88</b>	5,230.71	-515.86	1,547.65	183.00	66.88	56.11	320.60
4,592.16	-457.49	1,387.23	183.00	59.50	49.93	281.56	<b>89</b>	5,280.99	-526.11	1,595.31	183.00	68.43	57.42	323.80
4,661.04	-463.75	1,419.58	183.00	60.32	50.60	284.38	<b>90</b>	5,360.20	-533.32	1,632.52	183.00	69.37	58.19	327.04
4,730.96	-470.12	1,452.56	183.00	61.14	51.30	287.23	<b>91</b>	5,440.60	-540.63	1,670.45	183.00	70.31	58.99	330.31
4,801.92	-475.62	1,483.23	183.00	61.86	51.91	290.09	<b>92</b>	5,522.21	-546.96	1,705.71	183.00	71.14	59.70	333.61
4,873.95	-481.18	1,514.39	183.00	62.58	52.52	293.00	<b>93</b>	5,605.05	-553.36	1,741.55	183.00	71.97	60.40	336.95
4,947.06	-486.81	1,546.05	183.00	63.32	53.13	295.93	<b>94</b>	5,689.12	-559.83	1,777.96	183.00	72.82	61.10	340.32
5,021.27	-496.55	1,576.97	183.00	64.59	54.20	298.88	<b>95</b>	5,774.46	-571.04	1,813.52	183.00	74.28	62.33	343.71
5,096.59	-506.48	1,608.52	183.00	65.88	55.29	301.87	<b>96</b>	5,861.08	-582.45	1,849.80	183.00	75.77	63.58	347.15
5,173.04	-516.61	1,640.68	183.00	67.19	56.40	304.89	<b>97</b>	5,948.99	-594.10	1,886.78	183.00	77.27	64.86	350.62
5,250.63	-526.94	1,673.49	183.00	68.54	57.51	307.94	<b>98</b>	6,038.23	-605.98	1,924.51	183.00	78.82	66.14	354.13
							<b>99</b>							

Policies may be issued on an annual, semi-annual, quarterly or monthly mode. To obtain semi-annual premiums, multiply the above-quoted premium by 0.52, for quarterly premiums, multiply the above quoted premium by 0.265, and for monthly bank draft premiums, multiply the above-quoted premium by 0.0833.

Add one-time enrollment fee of \$20.00 to the first premium  
Applicants who qualify for Household Discount multiply above rates by 0.93



**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**WISCONSIN**

**Attained Age Rates -- Current Rates Effective 1/1/2018 -- Area II (530-534)**

**STANDARD III ANNUAL RATES**

FEMALE RATES							Attained Age	MALE RATES						
Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care		Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care
							<b>Under 65</b>							
3,939.88	-254.10	574.55	183.00	33.06	27.74	163.72	<b>65</b>	4,530.86	-292.21	660.74	183.00	38.02	31.90	188.28
3,939.88	-254.10	574.55	183.00	33.06	27.74	170.25	<b>66</b>	4,530.86	-292.21	660.74	183.00	38.02	31.90	195.79
3,939.88	-268.36	601.88	183.00	34.54	28.98	176.81	<b>67</b>	4,530.86	-308.61	692.16	183.00	39.73	33.33	203.34
3,939.88	-281.23	630.46	183.00	36.01	30.20	183.35	<b>68</b>	4,530.86	-323.42	725.03	183.00	41.41	34.74	210.85
3,939.88	-295.54	660.43	183.00	37.45	31.43	189.91	<b>69</b>	4,530.86	-339.87	759.49	183.00	43.06	36.14	218.40
3,939.88	-308.22	680.51	183.00	38.85	32.60	196.45	<b>70</b>	4,530.86	-354.45	782.59	183.00	44.67	37.49	225.92
3,940.58	-318.77	713.60	183.00	40.08	33.63	203.01	<b>71</b>	4,531.66	-366.58	820.64	183.00	46.09	38.68	233.46
3,998.43	-329.33	746.68	183.00	41.33	34.69	209.54	<b>72</b>	4,598.19	-378.73	858.69	183.00	47.53	39.89	240.98
4,068.83	-339.90	779.77	183.00	42.56	35.72	216.10	<b>73</b>	4,679.16	-390.88	896.74	183.00	48.95	41.08	248.52
4,136.63	-350.45	812.86	183.00	43.80	36.75	222.64	<b>74</b>	4,757.12	-403.02	934.79	183.00	50.37	42.26	256.04
4,204.24	-361.38	846.80	183.00	45.07	37.83	229.20	<b>75</b>	4,834.88	-415.59	973.82	183.00	51.83	43.50	263.58
4,274.19	-370.37	887.63	183.00	46.34	38.88	235.74	<b>76</b>	4,915.32	-425.93	1,020.77	183.00	53.30	44.71	271.10
4,338.26	-379.52	929.17	183.00	47.64	39.99	242.30	<b>77</b>	4,989.00	-436.45	1,068.55	183.00	54.78	45.98	278.64
4,399.28	-389.19	972.43	183.00	49.02	41.14	248.83	<b>78</b>	5,059.17	-447.57	1,118.30	183.00	56.37	47.31	286.16
4,462.33	-399.03	1,016.50	183.00	50.40	42.29	255.39	<b>79</b>	5,131.68	-458.88	1,168.97	183.00	57.95	48.63	293.70
4,528.74	-409.04	1,061.45	183.00	51.82	43.49	261.93	<b>80</b>	5,208.06	-470.40	1,220.67	183.00	59.59	50.01	301.22
4,591.68	-417.27	1,106.40	183.00	52.99	44.44	268.49	<b>81</b>	5,280.44	-479.86	1,272.36	183.00	60.93	51.11	308.76
4,647.92	-425.64	1,152.25	183.00	54.15	45.43	275.03	<b>82</b>	5,345.11	-489.48	1,325.09	183.00	62.28	52.24	316.28
4,702.78	-434.58	1,200.25	183.00	55.41	46.48	281.59	<b>83</b>	5,408.20	-499.77	1,380.29	183.00	63.72	53.45	323.83
4,759.53	-443.68	1,249.30	183.00	56.68	47.56	288.12	<b>84</b>	5,473.46	-510.23	1,436.69	183.00	65.18	54.69	331.34
4,811.17	-452.95	1,299.42	183.00	57.98	48.64	294.68	<b>85</b>	5,532.84	-520.89	1,494.33	183.00	66.67	55.93	338.89
4,861.05	-462.87	1,343.25	183.00	59.44	49.89	297.63	<b>86</b>	5,590.21	-532.30	1,544.74	183.00	68.35	57.37	342.27
4,910.39	-473.01	1,388.25	183.00	60.94	51.13	300.61	<b>87</b>	5,646.94	-543.96	1,596.48	183.00	70.08	58.80	345.71
4,956.31	-483.36	1,434.43	183.00	62.47	52.43	303.60	<b>88</b>	5,699.76	-555.86	1,649.60	183.00	71.84	60.29	349.14
5,003.29	-493.44	1,480.36	183.00	63.97	53.67	306.66	<b>89</b>	5,753.79	-567.45	1,702.41	183.00	73.57	61.72	352.66
5,051.38	-503.23	1,525.95	183.00	65.45	54.92	309.72	<b>90</b>	5,809.09	-578.72	1,754.85	183.00	75.27	63.16	356.18
5,127.15	-510.13	1,561.54	183.00	66.35	55.66	312.82	<b>91</b>	5,896.22	-586.65	1,795.77	183.00	76.30	64.01	359.75
5,204.06	-517.13	1,597.82	183.00	67.25	56.43	315.95	<b>92</b>	5,984.67	-594.70	1,837.49	183.00	77.34	64.89	363.34
5,282.12	-523.18	1,631.55	183.00	68.04	57.10	319.10	<b>93</b>	6,074.44	-601.66	1,876.28	183.00	78.25	65.67	366.97
5,361.35	-529.30	1,665.83	183.00	68.84	57.77	322.30	<b>94</b>	6,165.55	-608.70	1,915.70	183.00	79.16	66.44	370.65
5,441.77	-535.49	1,700.65	183.00	69.65	58.44	325.52	<b>95</b>	6,258.03	-615.82	1,955.75	183.00	80.10	67.21	374.35
5,523.40	-546.21	1,734.67	183.00	71.05	59.62	328.77	<b>96</b>	6,351.91	-628.14	1,994.87	183.00	81.71	68.56	378.08
5,606.25	-557.13	1,769.38	183.00	72.47	60.82	332.06	<b>97</b>	6,447.18	-640.69	2,034.78	183.00	83.34	69.94	381.87
5,690.34	-568.27	1,804.75	183.00	73.91	62.04	335.37	<b>98</b>	6,543.89	-653.51	2,075.46	183.00	85.00	71.35	385.68
5,775.70	-579.64	1,840.84	183.00	75.39	63.26	338.74	<b>99</b>	6,642.05	-666.58	2,116.96	183.00	86.70	72.75	389.55

Policies may be issued on an annual, semi-annual, quarterly or monthly mode. To obtain semi-annual premiums, multiply the above-quoted premium by 0.52, for quarterly premiums, multiply the above quoted premium by 0.265, and for monthly bank draft premiums, multiply the above-quoted premium by 0.0833.

Add one-time enrollment fee of \$20.00 to the first premium  
Applicants who qualify for Household Discount multiply above rates by 0.93

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**WISCONSIN**

**Attained Age Rates -- Current Rates Effective 1/1/2018 -- Area I (535-549)**

**PREFERRED MONTHLY BANK DRAFT RATES**

FEMALE RATES							Attained Age	MALE RATES						
Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care		Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care
339.21	-19.69	70.44	15.24	4.62	3.38	20.48	<b>Under 65</b>	390.10	-22.64	81.01	15.24	5.32	3.88	23.55
113.07	-19.69	23.48	15.24	1.54	1.13	6.83	<b>65</b>	130.03	-22.64	27.00	15.24	1.77	1.29	7.85
113.07	-19.69	23.48	15.24	1.54	1.13	7.10	<b>66</b>	130.03	-22.64	27.00	15.24	1.77	1.29	8.16
118.61	-20.80	24.60	15.24	1.61	1.18	7.37	<b>67</b>	136.40	-23.91	28.29	15.24	1.85	1.35	8.48
123.80	-21.79	25.77	15.24	1.68	1.23	7.65	<b>68</b>	142.37	-25.06	29.63	15.24	1.93	1.41	8.79
129.10	-22.90	26.99	15.24	1.75	1.28	7.92	<b>69</b>	148.47	-26.34	31.04	15.24	2.01	1.47	9.11
134.28	-23.88	27.81	15.24	1.81	1.32	8.19	<b>70</b>	154.42	-27.47	31.98	15.24	2.08	1.52	9.42
138.84	-24.70	29.16	15.24	1.87	1.37	8.47	<b>71</b>	159.66	-28.41	33.54	15.24	2.15	1.57	9.73
143.39	-25.52	30.52	15.24	1.93	1.41	8.74	<b>72</b>	164.90	-29.35	35.09	15.24	2.21	1.62	10.05
147.95	-26.34	31.87	15.24	1.98	1.45	9.01	<b>73</b>	170.14	-30.29	36.65	15.24	2.28	1.67	10.36
152.51	-27.16	33.22	15.24	2.04	1.49	9.28	<b>74</b>	175.39	-31.23	38.20	15.24	2.35	1.72	10.68
157.22	-28.00	34.61	15.24	2.10	1.54	9.56	<b>75</b>	180.81	-32.20	39.80	15.24	2.42	1.77	10.99
161.77	-28.70	36.28	15.24	2.16	1.58	9.83	<b>76</b>	186.04	-33.01	41.72	15.24	2.48	1.82	11.31
166.39	-29.41	37.97	15.24	2.22	1.62	10.10	<b>77</b>	191.35	-33.82	43.67	15.24	2.55	1.87	11.62
171.26	-30.16	39.74	15.24	2.28	1.67	10.38	<b>78</b>	196.95	-34.68	45.70	15.24	2.63	1.92	11.93
176.22	-30.92	41.54	15.24	2.35	1.72	10.65	<b>79</b>	202.65	-35.56	47.77	15.24	2.70	1.98	12.25
181.26	-31.70	43.38	15.24	2.42	1.77	10.92	<b>80</b>	208.45	-36.45	49.89	15.24	2.78	2.03	12.56
187.57	-32.34	45.22	15.24	2.47	1.80	11.20	<b>81</b>	215.70	-37.19	52.00	15.24	2.84	2.08	12.88
194.00	-32.98	47.09	15.24	2.52	1.84	11.47	<b>82</b>	223.10	-37.93	54.15	15.24	2.90	2.12	13.19
200.76	-33.68	49.05	15.24	2.58	1.89	11.74	<b>83</b>	230.87	-38.73	56.41	15.24	2.97	2.17	13.50
207.66	-34.38	51.06	15.24	2.64	1.93	12.01	<b>84</b>	238.81	-39.54	58.71	15.24	3.04	2.22	13.82
214.71	-35.10	53.10	15.24	2.70	1.98	12.29	<b>85</b>	246.91	-40.37	61.07	15.24	3.11	2.27	14.13
222.32	-35.87	54.90	15.24	2.77	2.03	12.41	<b>86</b>	255.66	-41.25	63.13	15.24	3.19	2.33	14.27
230.13	-36.66	56.73	15.24	2.84	2.08	12.54	<b>87</b>	264.65	-42.15	65.24	15.24	3.27	2.39	14.42
238.15	-37.46	58.62	15.24	2.91	2.13	12.66	<b>88</b>	273.88	-43.08	67.41	15.24	3.35	2.45	14.56
246.15	-38.24	60.50	15.24	2.98	2.18	12.79	<b>89</b>	283.07	-43.97	69.57	15.24	3.43	2.51	14.71
254.10	-39.00	62.36	15.24	3.05	2.23	12.92	<b>90</b>	292.22	-44.85	71.72	15.24	3.51	2.56	14.85
262.33	-39.53	63.82	15.24	3.09	2.26	13.04	<b>91</b>	301.68	-45.46	73.39	15.24	3.56	2.60	15.00
270.73	-40.07	65.30	15.24	3.13	2.29	13.18	<b>92</b>	311.34	-46.08	75.09	15.24	3.60	2.64	15.15
278.76	-40.54	66.68	15.24	3.17	2.32	13.31	<b>93</b>	320.57	-46.62	76.68	15.24	3.65	2.67	15.30
286.93	-41.02	68.08	15.24	3.21	2.35	13.44	<b>94</b>	329.97	-47.17	78.29	15.24	3.69	2.70	15.46
295.24	-41.50	69.50	15.24	3.25	2.37	13.57	<b>95</b>	339.53	-47.72	79.93	15.24	3.73	2.73	15.61
301.14	-42.33	70.89	15.24	3.31	2.42	13.71	<b>96</b>	346.32	-48.68	81.53	15.24	3.81	2.78	15.77
307.17	-43.17	72.31	15.24	3.38	2.47	13.85	<b>97</b>	353.24	-49.65	83.16	15.24	3.88	2.84	15.92
313.31	-44.04	73.76	15.24	3.45	2.52	13.99	<b>98</b>	360.31	-50.64	84.82	15.24	3.96	2.90	16.08
319.58	-44.92	75.23	15.24	3.51	2.57	14.13	<b>99</b>	367.51	-51.66	86.52	15.24	4.04	2.95	16.24

Due to rounding, actual premium charged may vary slightly from rates shown above. System rates prevail.

Add one-time enrollment fee of \$20.00 to the first premium  
 Applicants who qualify for Household Discount multiply above rates by 0.93

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**WISCONSIN**

**Attained Age Rates -- Current Rates Effective 1/1/2018 -- Area I (535-549)**

**STANDARD MONTHLY BANK DRAFT RATES**

FEMALE RATES							Attained Age	MALE RATES						
Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care		Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care
373.13	-21.66	77.49	15.24	5.08	3.71	22.53	Under 65	429.11	-24.91	89.11	15.24	5.85	4.27	25.91
124.38	-21.66	25.83	15.24	1.69	1.24	7.51	65	143.04	-24.91	29.70	15.24	1.95	1.42	8.64
124.38	-21.66	25.83	15.24	1.69	1.24	7.81	66	143.04	-24.91	29.70	15.24	1.95	1.42	8.98
130.47	-22.88	27.06	15.24	1.77	1.29	8.11	67	150.04	-26.31	31.11	15.24	2.04	1.49	9.33
136.18	-23.97	28.34	15.24	1.85	1.35	8.41	68	156.61	-27.57	32.59	15.24	2.12	1.55	9.67
142.01	-25.19	29.69	15.24	1.92	1.40	8.71	69	163.31	-28.97	34.14	15.24	2.21	1.61	10.02
147.71	-26.27	30.59	15.24	1.99	1.46	9.01	70	169.86	-30.21	35.18	15.24	2.29	1.68	10.36
152.72	-27.17	32.08	15.24	2.06	1.50	9.31	71	175.63	-31.25	36.89	15.24	2.36	1.73	10.71
157.73	-28.07	33.57	15.24	2.12	1.55	9.61	72	181.39	-32.28	38.60	15.24	2.44	1.78	11.05
162.75	-28.97	35.05	15.24	2.18	1.60	9.91	73	187.16	-33.32	40.31	15.24	2.51	1.84	11.40
167.76	-29.87	36.54	15.24	2.25	1.64	10.21	74	192.92	-34.35	42.02	15.24	2.58	1.89	11.75
172.95	-30.80	38.07	15.24	2.31	1.69	10.51	75	198.89	-35.43	43.78	15.24	2.66	1.94	12.09
177.95	-31.57	39.90	15.24	2.38	1.74	10.81	76	204.64	-36.31	45.89	15.24	2.73	2.00	12.44
183.03	-32.35	41.77	15.24	2.44	1.79	11.11	77	210.49	-37.20	48.04	15.24	2.81	2.05	12.78
188.39	-33.18	43.71	15.24	2.51	1.84	11.41	78	216.64	-38.15	50.27	15.24	2.89	2.11	13.13
193.84	-34.01	45.70	15.24	2.58	1.89	11.72	79	222.91	-39.12	52.55	15.24	2.97	2.17	13.47
199.38	-34.87	47.72	15.24	2.66	1.94	12.01	80	229.29	-40.10	54.87	15.24	3.06	2.23	13.82
206.32	-35.57	49.74	15.24	2.72	1.99	12.32	81	237.27	-40.91	57.20	15.24	3.12	2.28	14.16
213.40	-36.28	51.80	15.24	2.78	2.03	12.62	82	245.41	-41.73	59.57	15.24	3.19	2.33	14.51
220.83	-37.04	53.96	15.24	2.84	2.08	12.92	83	253.96	-42.60	62.05	15.24	3.27	2.39	14.85
228.42	-37.82	56.16	15.24	2.91	2.12	13.22	84	262.69	-43.49	64.59	15.24	3.34	2.44	15.20
236.18	-38.61	58.41	15.24	2.97	2.17	13.52	85	271.60	-44.40	67.18	15.24	3.42	2.50	15.54
244.55	-39.46	60.38	15.24	3.05	2.23	13.65	86	281.23	-45.37	69.44	15.24	3.51	2.56	15.70
253.14	-40.32	62.41	15.24	3.12	2.28	13.79	87	291.12	-46.37	71.77	15.24	3.59	2.63	15.86
261.97	-41.20	64.48	15.24	3.20	2.34	13.93	88	301.27	-47.38	74.16	15.24	3.68	2.69	16.02
270.77	-42.06	66.55	15.24	3.28	2.40	14.07	89	311.38	-48.37	76.53	15.24	3.77	2.76	16.18
279.51	-42.90	68.60	15.24	3.36	2.45	14.21	90	321.44	-49.33	78.89	15.24	3.86	2.82	16.34
288.56	-43.49	70.20	15.24	3.40	2.49	14.35	91	331.85	-50.01	80.73	15.24	3.91	2.86	16.50
297.81	-44.08	71.83	15.24	3.45	2.52	14.49	92	342.48	-50.69	82.60	15.24	3.97	2.90	16.67
306.63	-44.60	73.34	15.24	3.49	2.55	14.64	93	352.63	-51.29	84.35	15.24	4.01	2.93	16.83
315.62	-45.12	74.89	15.24	3.53	2.58	14.78	94	362.96	-51.89	86.12	15.24	4.06	2.97	17.00
324.76	-45.65	76.45	15.24	3.57	2.61	14.93	95	373.48	-52.49	87.92	15.24	4.11	3.00	17.17
331.26	-46.56	77.98	15.24	3.64	2.66	15.08	96	380.95	-53.54	89.68	15.24	4.19	3.06	17.34
337.89	-47.49	79.54	15.24	3.72	2.72	15.23	97	388.57	-54.62	91.47	15.24	4.27	3.12	17.52
344.64	-48.44	81.13	15.24	3.79	2.77	15.38	98	396.34	-55.71	93.30	15.24	4.36	3.19	17.69
351.54	-49.41	82.75	15.24	3.87	2.83	15.54	99	404.27	-56.82	95.17	15.24	4.45	3.25	17.87

Due to rounding, actual premium charged may vary slightly from rates shown above. System rates prevail.

Add one-time enrollment fee of \$20.00 to the first premium  
 Applicants who qualify for Household Discount multiply above rates by 0.93

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**WISCONSIN**

**Attained Age Rates -- Current Rates Effective 1/1/2018 -- Area I (535-549)**

**STANDARD II MONTHLY BANK DRAFT RATES**

FEMALE RATES							Attained	MALE RATES						
Base	Part B	Part A	Part B	Part B	Foreign	Home		Base	Part B	Part A	Part B	Part B	Foreign	Home
256.59	-16.55	37.42	15.24	2.15	1.81	10.66	<b>65</b>	295.07	-19.03	43.03	15.24	2.48	2.08	12.26
256.59	-16.55	37.42	15.24	2.15	1.81	11.09	<b>66</b>	295.07	-19.03	43.03	15.24	2.48	2.08	12.75
256.59	-17.48	39.20	15.24	2.25	1.89	11.52	<b>67</b>	295.07	-20.10	45.08	15.24	2.59	2.17	13.24
256.59	-18.32	41.06	15.24	2.34	1.97	11.94	<b>68</b>	295.07	-21.06	47.22	15.24	2.70	2.26	13.73
256.59	-19.25	43.01	15.24	2.44	2.05	12.37	<b>69</b>	295.07	-22.13	49.46	15.24	2.80	2.35	14.22
256.59	-20.07	44.32	15.24	2.53	2.12	12.79	<b>70</b>	295.07	-23.08	50.97	15.24	2.91	2.44	14.71
256.63	-20.76	46.47	15.24	2.61	2.19	13.22	<b>71</b>	295.13	-23.87	53.44	15.24	3.00	2.52	15.20
260.40	-21.45	48.63	15.24	2.69	2.26	13.65	<b>72</b>	299.46	-24.67	55.92	15.24	3.10	2.60	15.69
264.98	-22.14	50.78	15.24	2.77	2.33	14.07	<b>73</b>	304.73	-25.46	58.40	15.24	3.19	2.68	16.18
269.40	-22.82	52.94	15.24	2.85	2.39	14.50	<b>74</b>	309.81	-26.25	60.88	15.24	3.28	2.75	16.67
273.80	-23.54	55.15	15.24	2.94	2.46	14.93	<b>75</b>	314.87	-27.07	63.42	15.24	3.38	2.83	17.17
278.36	-24.12	57.81	15.24	3.02	2.53	15.35	<b>76</b>	320.11	-27.74	66.48	15.24	3.47	2.91	17.66
282.53	-24.72	60.51	15.24	3.10	2.60	15.78	<b>77</b>	324.91	-28.42	69.59	15.24	3.57	2.99	18.15
286.50	-25.35	63.33	15.24	3.19	2.68	16.21	<b>78</b>	329.48	-29.15	72.83	15.24	3.67	3.08	18.64
290.61	-25.99	66.20	15.24	3.28	2.75	16.63	<b>79</b>	334.20	-29.89	76.13	15.24	3.77	3.17	19.13
294.94	-26.64	69.13	15.24	3.37	2.83	17.06	<b>80</b>	339.18	-30.63	79.50	15.24	3.88	3.26	19.62
299.04	-27.17	72.05	15.24	3.45	2.89	17.49	<b>81</b>	343.89	-31.25	82.86	15.24	3.97	3.33	20.11
302.70	-27.72	75.04	15.24	3.53	2.96	17.91	<b>82</b>	348.10	-31.88	86.30	15.24	4.06	3.40	20.60
306.27	-28.30	78.17	15.24	3.61	3.03	18.34	<b>83</b>	352.21	-32.55	89.89	15.24	4.15	3.48	21.09
309.97	-28.89	81.36	15.24	3.69	3.10	18.76	<b>84</b>	356.46	-33.23	93.57	15.24	4.25	3.56	21.58
313.33	-29.50	84.63	15.24	3.78	3.17	19.19	<b>85</b>	360.33	-33.92	97.32	15.24	4.34	3.64	22.07
316.58	-30.14	87.48	15.24	3.87	3.25	19.38	<b>86</b>	364.06	-34.67	100.60	15.24	4.45	3.74	22.29
319.79	-30.80	90.41	15.24	3.97	3.33	19.58	<b>87</b>	367.76	-35.43	103.97	15.24	4.56	3.83	22.51
322.78	-31.48	93.42	15.24	4.07	3.41	19.77	<b>88</b>	371.20	-36.20	107.43	15.24	4.68	3.93	22.74
325.84	-32.14	96.41	15.24	4.17	3.50	19.97	<b>89</b>	374.72	-36.96	110.87	15.24	4.79	4.02	22.97
328.97	-32.77	99.38	15.24	4.26	3.58	20.17	<b>90</b>	378.32	-37.69	114.29	15.24	4.90	4.11	23.20
333.91	-33.22	101.70	15.24	4.32	3.63	20.37	<b>91</b>	383.99	-38.21	116.95	15.24	4.97	4.17	23.43
338.92	-33.68	104.06	15.24	4.38	3.68	20.58	<b>92</b>	389.75	-38.73	119.67	15.24	5.04	4.23	23.66
344.00	-34.07	106.26	15.24	4.43	3.72	20.78	<b>93</b>	395.60	-39.18	122.19	15.24	5.10	4.28	23.90
349.16	-34.47	108.49	15.24	4.48	3.76	20.99	<b>94</b>	401.53	-39.64	124.76	15.24	5.16	4.33	24.14
354.40	-34.87	110.76	15.24	4.54	3.81	21.20	<b>95</b>	407.56	-40.11	127.37	15.24	5.22	4.38	24.38
359.71	-35.57	112.97	15.24	4.63	3.88	21.41	<b>96</b>	413.67	-40.91	129.92	15.24	5.32	4.47	24.62
365.11	-36.28	115.23	15.24	4.72	3.96	21.63	<b>97</b>	419.88	-41.73	132.52	15.24	5.43	4.55	24.87
370.59	-37.01	117.54	15.24	4.81	4.04	21.84	<b>98</b>	426.17	-42.56	135.17	15.24	5.54	4.65	25.12
376.14	-37.75	119.89	0.00	4.91	4.12	22.06	<b>99</b>	432.57	-43.41	137.87	15.24	5.65	4.74	25.37

Due to rounding, actual premium charged may vary slightly from rates shown above. System rates prevail.

Add one-time enrollment fee of \$20.00 to the first premium  
 Applicants who qualify for Household Discount multiply above rates by 0.93

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**WISCONSIN**

**Attained Age Rates -- Current Rates Effective 1/1/2018 -- Area I (535-549)**

**STANDARD III MONTHLY BANK DRAFT RATES**

FEMALE RATES							Attained	MALE RATES						
Base	Part B	Part A	Part B	Part B	Foreign	Home		Base	Part B	Part A	Part B	Part B	Foreign	Home
282.24	-18.20	41.16	15.24	2.37	1.99	11.73	<b>65</b>	324.58	-20.93	47.33	15.24	2.72	2.28	13.49
282.24	-18.20	41.16	15.24	2.37	1.99	12.20	<b>66</b>	324.58	-20.93	47.33	15.24	2.72	2.28	14.03
282.24	-19.22	43.12	15.24	2.47	2.08	12.67	<b>67</b>	324.58	-22.11	49.58	15.24	2.85	2.39	14.57
282.24	-20.15	45.17	15.24	2.58	2.16	13.13	<b>68</b>	324.58	-23.17	51.94	15.24	2.97	2.49	15.11
282.24	-21.17	47.31	15.24	2.68	2.25	13.60	<b>69</b>	324.58	-24.35	54.41	15.24	3.09	2.59	15.65
282.24	-22.08	48.75	15.24	2.78	2.34	14.07	<b>70</b>	324.58	-25.39	56.06	15.24	3.20	2.69	16.18
282.29	-22.84	51.12	15.24	2.87	2.41	14.54	<b>71</b>	324.64	-26.26	58.79	15.24	3.30	2.77	16.72
286.44	-23.59	53.49	15.24	2.96	2.48	15.01	<b>72</b>	329.41	-27.13	61.51	15.24	3.41	2.86	17.26
291.48	-24.35	55.86	15.24	3.05	2.56	15.48	<b>73</b>	335.21	-28.00	64.24	15.24	3.51	2.94	17.80
296.34	-25.11	58.23	15.24	3.14	2.63	15.95	<b>74</b>	340.79	-28.87	66.97	15.24	3.61	3.03	18.34
301.18	-25.89	60.66	15.24	3.23	2.71	16.42	<b>75</b>	346.36	-29.77	69.76	15.24	3.71	3.12	18.88
306.19	-26.53	63.59	15.24	3.32	2.79	16.89	<b>76</b>	352.12	-30.51	73.13	15.24	3.82	3.20	19.42
310.78	-27.19	66.56	15.24	3.41	2.86	17.36	<b>77</b>	357.40	-31.27	76.55	15.24	3.92	3.29	19.96
315.16	-27.88	69.66	15.24	3.51	2.95	17.83	<b>78</b>	362.43	-32.06	80.11	15.24	4.04	3.39	20.50
319.67	-28.59	72.82	15.24	3.61	3.03	18.30	<b>79</b>	367.62	-32.87	83.74	15.24	4.15	3.48	21.04
324.43	-29.30	76.04	15.24	3.71	3.12	18.76	<b>80</b>	373.09	-33.70	87.45	15.24	4.27	3.58	21.58
328.94	-29.89	79.26	15.24	3.80	3.18	19.23	<b>81</b>	378.28	-34.38	91.15	15.24	4.37	3.66	22.12
332.97	-30.49	82.55	15.24	3.88	3.25	19.70	<b>82</b>	382.91	-35.07	94.93	15.24	4.46	3.74	22.66
336.90	-31.13	85.98	15.24	3.97	3.33	20.17	<b>83</b>	387.43	-35.80	98.88	15.24	4.56	3.83	23.20
340.96	-31.78	89.50	15.24	4.06	3.41	20.64	<b>84</b>	392.11	-36.55	102.92	15.24	4.67	3.92	23.74
344.66	-32.45	93.09	15.24	4.15	3.48	21.11	<b>85</b>	396.36	-37.32	107.05	15.24	4.78	4.01	24.28
348.24	-33.16	96.23	15.24	4.26	3.57	21.32	<b>86</b>	400.47	-38.13	110.66	15.24	4.90	4.11	24.52
351.77	-33.89	99.45	15.24	4.37	3.66	21.54	<b>87</b>	404.54	-38.97	114.37	15.24	5.02	4.21	24.77
355.06	-34.63	102.76	15.24	4.48	3.76	21.75	<b>88</b>	408.32	-39.82	118.17	15.24	5.15	4.32	25.01
358.43	-35.35	106.05	15.24	4.58	3.85	21.97	<b>89</b>	412.19	-40.65	121.96	15.24	5.27	4.42	25.26
361.87	-36.05	109.32	15.24	4.69	3.93	22.19	<b>90</b>	416.15	-41.46	125.71	15.24	5.39	4.52	25.52
367.30	-36.54	111.87	15.24	4.75	3.99	22.41	<b>91</b>	422.39	-42.03	128.65	15.24	5.47	4.59	25.77
372.81	-37.05	114.46	15.24	4.82	4.04	22.63	<b>92</b>	428.73	-42.60	131.63	15.24	5.54	4.65	26.03
378.40	-37.48	116.88	15.24	4.87	4.09	22.86	<b>93</b>	435.16	-43.10	134.41	15.24	5.61	4.70	26.29
384.08	-37.92	119.34	15.24	4.93	4.14	23.09	<b>94</b>	441.69	-43.61	137.24	15.24	5.67	4.76	26.55
389.84	-38.36	121.83	15.24	4.99	4.19	23.32	<b>95</b>	448.31	-44.12	140.11	15.24	5.74	4.81	26.82
395.69	-39.13	124.27	15.24	5.09	4.27	23.55	<b>96</b>	455.04	-45.00	142.91	15.24	5.85	4.91	27.09
401.62	-39.91	126.75	15.24	5.19	4.36	23.79	<b>97</b>	461.86	-45.90	145.77	15.24	5.97	5.01	27.36
407.64	-40.71	129.29	0.00	5.29	4.44	24.03	<b>98</b>	468.79	-46.82	148.68	15.24	6.09	5.11	27.63
413.76	-41.52	131.87	#VALUE!	5.40	4.53	24.27	<b>99</b>	475.82	-47.75	151.66	15.24	6.21	5.21	27.91

Due to rounding, actual premium charged may vary slightly from rates shown above. System rates prevail.

Add one-time enrollment fee of \$20.00 to the first premium  
 Applicants who qualify for Household Discount multiply above rates by 0.93

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**WISCONSIN**

**Attained Age Rates -- Current Rates Effective 1/1/2018 -- Area II (530-534)**

**PREFERRED MONTHLY BANK DRAFT RATES**

FEMALE RATES							Attained Age	MALE RATES						
Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care		Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care
394.43	-22.90	81.91	15.24	5.38	3.93	23.81	<b>Under 65</b>	453.60	-26.33	94.20	15.24	6.18	4.52	27.39
131.48	-22.90	27.30	15.24	1.79	1.31	7.94	<b>65</b>	151.20	-26.33	31.40	15.24	2.06	1.51	9.13
131.48	-22.90	27.30	15.24	1.79	1.31	8.26	<b>66</b>	151.20	-26.33	31.40	15.24	2.06	1.51	9.49
137.91	-24.18	28.60	15.24	1.87	1.37	8.57	<b>67</b>	158.60	-27.81	32.89	15.24	2.15	1.57	9.86
143.96	-25.34	29.96	15.24	1.95	1.43	8.89	<b>68</b>	165.55	-29.14	34.45	15.24	2.24	1.64	10.22
150.12	-26.63	31.38	15.24	2.03	1.48	9.21	<b>69</b>	172.64	-30.63	36.09	15.24	2.33	1.71	10.59
156.14	-27.77	32.34	15.24	2.11	1.54	9.53	<b>70</b>	179.56	-31.94	37.19	15.24	2.42	1.77	10.96
161.44	-28.72	33.91	15.24	2.17	1.59	9.84	<b>71</b>	185.65	-33.03	39.00	15.24	2.50	1.83	11.32
166.74	-29.68	35.48	15.24	2.24	1.64	10.16	<b>72</b>	191.75	-34.13	40.81	15.24	2.58	1.88	11.69
172.04	-30.63	37.05	15.24	2.31	1.69	10.48	<b>73</b>	197.84	-35.22	42.61	15.24	2.65	1.94	12.05
177.34	-31.58	38.63	15.24	2.37	1.74	10.80	<b>74</b>	203.94	-36.32	44.42	15.24	2.73	2.00	12.42
182.82	-32.56	40.24	15.24	2.44	1.79	11.11	<b>75</b>	210.24	-37.45	46.28	15.24	2.81	2.05	12.78
188.11	-33.37	42.18	15.24	2.51	1.84	11.43	<b>76</b>	216.32	-38.38	48.51	15.24	2.89	2.11	13.15
193.48	-34.20	44.15	15.24	2.58	1.89	11.75	<b>77</b>	222.50	-39.33	50.78	15.24	2.97	2.17	13.51
199.14	-35.07	46.21	15.24	2.66	1.94	12.07	<b>78</b>	229.01	-40.33	53.14	15.24	3.06	2.23	13.88
204.90	-35.96	48.30	15.24	2.73	2.00	12.38	<b>79</b>	235.64	-41.35	55.55	15.24	3.14	2.30	14.24
210.77	-36.86	50.44	15.24	2.81	2.05	12.70	<b>80</b>	242.38	-42.39	58.01	15.24	3.23	2.36	14.61
218.10	-37.60	52.58	15.24	2.87	2.10	13.02	<b>81</b>	250.81	-43.24	60.46	15.24	3.30	2.41	14.97
225.58	-38.35	54.76	15.24	2.94	2.15	13.34	<b>82</b>	259.42	-44.11	62.97	15.24	3.38	2.47	15.34
233.44	-39.16	57.04	15.24	3.00	2.19	13.65	<b>83</b>	268.45	-45.03	65.59	15.24	3.45	2.52	15.70
241.46	-39.98	59.37	15.24	3.07	2.25	13.97	<b>84</b>	277.68	-45.98	68.27	15.24	3.53	2.58	16.07
249.66	-40.81	61.75	15.24	3.14	2.30	14.29	<b>85</b>	287.11	-46.94	71.01	15.24	3.61	2.64	16.43
258.51	-41.71	63.83	15.24	3.22	2.36	14.43	<b>86</b>	297.28	-47.97	73.41	15.24	3.70	2.71	16.60
267.59	-42.62	65.97	15.24	3.30	2.41	14.58	<b>87</b>	307.73	-49.01	75.87	15.24	3.80	2.78	16.76
276.92	-43.55	68.16	15.24	3.39	2.48	14.72	<b>88</b>	318.46	-50.09	78.39	15.24	3.89	2.85	16.93
286.22	-44.46	70.35	15.24	3.47	2.53	14.87	<b>89</b>	329.16	-51.13	80.90	15.24	3.99	2.91	17.10
295.47	-45.35	72.51	15.24	3.55	2.59	15.02	<b>90</b>	339.78	-52.15	83.39	15.24	4.08	2.98	17.27
305.04	-45.97	74.21	15.24	3.60	2.63	15.17	<b>91</b>	350.79	-52.86	85.34	15.24	4.14	3.02	17.44
314.81	-46.60	75.93	15.24	3.64	2.66	15.32	<b>92</b>	362.03	-53.59	87.32	15.24	4.19	3.06	17.62
324.14	-47.14	77.53	15.24	3.69	2.70	15.47	<b>93</b>	372.76	-54.21	89.16	15.24	4.24	3.10	17.79
333.64	-47.69	79.16	15.24	3.73	2.73	15.63	<b>94</b>	383.68	-54.85	91.04	15.24	4.29	3.14	17.97
343.30	-48.25	80.82	15.24	3.78	2.76	15.78	<b>95</b>	394.80	-55.49	92.94	15.24	4.34	3.17	18.15
350.17	-49.22	82.43	15.24	3.85	2.82	15.94	<b>96</b>	402.69	-56.60	94.80	15.24	4.43	3.24	18.33
357.17	-50.20	84.08	15.24	3.93	2.87	16.10	<b>97</b>	410.75	-57.73	96.69	15.24	4.52	3.30	18.52
364.32	-51.21	85.76	15.24	4.01	2.93	16.26	<b>98</b>	418.96	-58.89	98.63	15.24	4.61	3.37	18.70
371.60	-52.23	87.48	15.24	4.09	2.99	16.42	<b>99</b>	427.34	-60.06	100.60	15.24	4.70	3.44	18.89

Due to rounding, actual premium charged may vary slightly from rates shown above. System rates prevail.

Add one-time enrollment fee of \$20.00 to the first premium  
 Applicants who qualify for Household Discount multiply above rates by 0.93

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**WISCONSIN**

**Attained Age Rates -- Current Rates Effective 1/1/2018 -- Area II (530-534)**

**STANDARD MONTHLY BANK DRAFT RATES**

FEMALE RATES							Attained Age	MALE RATES						
Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care		Base	Part B Copayment	Part A Deductible	Part B Deductible	Part B Excess	Foreign Travel	Home Health Care
433.88	-25.19	90.10	15.24	5.91	4.32	26.20	Under 65	498.96	-28.96	103.62	15.24	6.80	4.97	30.13
144.63	-25.19	30.03	15.24	1.97	1.44	8.73	65	166.32	-28.96	34.54	15.24	2.27	1.66	10.04
144.63	-25.19	30.03	15.24	1.97	1.44	9.08	66	166.32	-28.96	34.54	15.24	2.27	1.66	10.44
151.70	-26.60	31.46	15.24	2.06	1.51	9.43	67	174.46	-30.59	36.18	15.24	2.37	1.73	10.85
158.35	-27.88	32.96	15.24	2.15	1.57	9.78	68	182.11	-32.06	37.90	15.24	2.47	1.80	11.25
165.13	-29.29	34.52	15.24	2.23	1.63	10.13	69	189.90	-33.69	39.70	15.24	2.57	1.88	11.65
171.75	-30.55	35.57	15.24	2.32	1.69	10.48	70	197.51	-35.13	40.91	15.24	2.66	1.95	12.05
177.58	-31.60	37.30	15.24	2.39	1.75	10.83	71	204.22	-36.34	42.90	15.24	2.75	2.01	12.45
183.41	-32.64	39.03	15.24	2.46	1.80	11.18	72	210.92	-37.54	44.89	15.24	2.83	2.07	12.85
189.24	-33.69	40.76	15.24	2.54	1.86	11.53	73	217.63	-38.74	46.87	15.24	2.92	2.13	13.26
195.07	-34.74	42.49	15.24	2.61	1.91	11.88	74	224.33	-39.95	48.86	15.24	3.00	2.19	13.66
201.10	-35.82	44.26	15.24	2.69	1.97	12.23	75	231.27	-41.19	50.90	15.24	3.09	2.26	14.06
206.92	-36.71	46.40	15.24	2.76	2.02	12.57	76	237.95	-42.22	53.36	15.24	3.18	2.32	14.46
212.83	-37.62	48.57	15.24	2.84	2.08	12.92	77	244.75	-43.26	55.86	15.24	3.27	2.39	14.86
219.05	-38.58	50.83	15.24	2.92	2.14	13.27	78	251.91	-44.36	58.46	15.24	3.36	2.46	15.26
225.39	-39.55	53.14	15.24	3.01	2.20	13.62	79	259.20	-45.48	61.11	15.24	3.46	2.53	15.67
231.84	-40.54	55.48	15.24	3.09	2.26	13.97	80	266.62	-46.63	63.81	15.24	3.55	2.60	16.07
239.91	-41.36	57.83	15.24	3.16	2.31	14.32	81	275.90	-47.56	66.51	15.24	3.63	2.66	16.47
248.14	-42.19	60.23	15.24	3.23	2.36	14.67	82	285.36	-48.52	69.27	15.24	3.71	2.71	16.87
256.78	-43.07	62.74	15.24	3.30	2.41	15.02	83	295.30	-49.54	72.15	15.24	3.80	2.78	17.27
265.61	-43.98	65.30	15.24	3.38	2.47	15.37	84	305.45	-50.57	75.10	15.24	3.89	2.84	17.67
274.62	-44.90	67.92	15.24	3.46	2.53	15.72	85	315.82	-51.63	78.11	15.24	3.98	2.91	18.08
284.36	-45.88	70.21	15.24	3.54	2.59	15.87	86	327.01	-52.76	80.75	15.24	4.08	2.98	18.26
294.35	-46.88	72.57	15.24	3.63	2.66	16.03	87	338.51	-53.92	83.45	15.24	4.18	3.05	18.44
304.62	-47.91	74.98	15.24	3.72	2.72	16.19	88	350.31	-55.10	86.23	15.24	4.28	3.13	18.62
314.84	-48.91	77.38	15.24	3.81	2.79	16.36	89	362.07	-56.25	88.99	15.24	4.39	3.21	18.81
325.01	-49.88	79.77	15.24	3.90	2.85	16.52	90	373.76	-57.36	91.73	15.24	4.49	3.28	19.00
335.54	-50.56	81.63	15.24	3.96	2.89	16.68	91	385.87	-58.15	93.87	15.24	4.55	3.33	19.19
346.29	-51.26	83.52	15.24	4.01	2.93	16.85	92	398.23	-58.95	96.05	15.24	4.61	3.37	19.38
356.55	-51.86	85.28	15.24	4.06	2.97	17.02	93	410.03	-59.64	98.08	15.24	4.66	3.41	19.57
367.00	-52.46	87.08	15.24	4.10	3.00	17.19	94	422.05	-60.33	100.14	15.24	4.72	3.45	19.77
377.63	-53.08	88.90	15.24	4.15	3.04	17.36	95	434.28	-61.04	102.23	15.24	4.78	3.49	19.97
385.19	-54.14	90.68	15.24	4.24	3.10	17.54	96	442.96	-62.26	104.28	15.24	4.87	3.56	20.17
392.89	-55.22	92.49	15.24	4.32	3.16	17.71	97	451.82	-63.51	106.36	15.24	4.97	3.63	20.37
400.75	-56.33	94.34	15.24	4.41	3.22	17.89	98	460.86	-64.78	108.49	15.24	5.07	3.70	20.57
408.76	-57.45	96.23	15.24	4.50	3.29	18.07	99	470.08	-66.07	110.66	15.24	5.17	3.78	20.78

Due to rounding, actual premium charged may vary slightly from rates shown above. System rates prevail.

Add one-time enrollment fee of \$20.00 to the first premium  
 Applicants who qualify for Household Discount multiply above rates by 0.93

**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**WISCONSIN**

**Attained Age Rates -- Current Rates Effective 1/1/2018 -- Area II (530-534)**

**STANDARD II MONTHLY BANK DRAFT RATES**

FEMALE RATES							Attained	MALE RATES						
Base	Part B	Part A	Part B	Part B	Foreign	Home		Base	Part B	Part A	Part B	Part B	Foreign	Home
298.36	-19.24	43.51	15.24	2.50	2.10	12.40	<b>65</b>	343.11	-22.13	50.04	15.24	2.88	2.42	14.26
298.36	-19.24	43.51	15.24	2.50	2.10	12.89	<b>66</b>	343.11	-22.13	50.04	15.24	2.88	2.42	14.83
298.36	-20.32	45.58	15.24	2.62	2.19	13.39	<b>67</b>	343.11	-23.37	52.42	15.24	3.01	2.52	15.40
298.36	-21.30	47.74	15.24	2.73	2.29	13.88	<b>68</b>	343.11	-24.49	54.90	15.24	3.14	2.63	15.97
298.36	-22.38	50.01	15.24	2.84	2.38	14.38	<b>69</b>	343.11	-25.74	57.51	15.24	3.26	2.74	16.54
298.36	-23.34	51.53	15.24	2.94	2.47	14.88	<b>70</b>	343.11	-26.84	59.26	15.24	3.38	2.84	17.11
298.41	-24.14	54.04	15.24	3.04	2.55	15.37	<b>71</b>	343.17	-27.76	62.14	15.24	3.49	2.93	17.68
302.79	-24.94	56.54	15.24	3.13	2.63	15.87	<b>72</b>	348.21	-28.68	65.03	15.24	3.60	3.02	18.25
308.12	-25.74	59.05	15.24	3.22	2.70	16.37	<b>73</b>	354.34	-29.60	67.91	15.24	3.71	3.11	18.82
313.26	-26.54	61.56	15.24	3.32	2.78	16.86	<b>74</b>	360.24	-30.52	70.79	15.24	3.81	3.20	19.39
318.38	-27.37	64.13	15.24	3.41	2.86	17.36	<b>75</b>	366.13	-31.47	73.74	15.24	3.92	3.29	19.96
323.67	-28.05	67.22	15.24	3.51	2.94	17.85	<b>76</b>	372.22	-32.25	77.30	15.24	4.04	3.39	20.53
328.52	-28.74	70.36	15.24	3.61	3.03	18.35	<b>77</b>	377.80	-33.05	80.92	15.24	4.15	3.48	21.10
333.15	-29.47	73.64	15.24	3.71	3.12	18.84	<b>78</b>	383.12	-33.89	84.69	15.24	4.27	3.58	21.67
337.92	-30.22	76.98	15.24	3.82	3.20	19.34	<b>79</b>	388.61	-34.75	88.52	15.24	4.39	3.68	22.24
342.95	-30.98	80.38	15.24	3.92	3.29	19.84	<b>80</b>	394.39	-35.62	92.44	15.24	4.51	3.79	22.81
347.72	-31.60	83.78	15.24	4.01	3.37	20.33	<b>81</b>	399.87	-36.34	96.35	15.24	4.61	3.87	23.38
351.97	-32.23	87.26	15.24	4.10	3.44	20.83	<b>82</b>	404.77	-37.07	100.35	15.24	4.72	3.96	23.95
356.13	-32.91	90.89	15.24	4.20	3.52	21.32	<b>83</b>	409.55	-37.85	104.53	15.24	4.83	4.05	24.52
360.43	-33.60	94.61	15.24	4.29	3.60	21.82	<b>84</b>	414.49	-38.64	108.80	15.24	4.94	4.14	25.09
364.34	-34.30	98.40	15.24	4.39	3.68	22.32	<b>85</b>	418.99	-39.45	113.16	15.24	5.05	4.24	25.66
368.11	-35.05	101.72	15.24	4.50	3.78	22.54	<b>86</b>	423.33	-40.31	116.98	15.24	5.18	4.34	25.92
371.85	-35.82	105.13	15.24	4.62	3.87	22.76	<b>87</b>	427.63	-41.19	120.90	15.24	5.31	4.45	26.18
375.33	-36.60	108.63	15.24	4.73	3.97	22.99	<b>88</b>	431.63	-42.09	124.92	15.24	5.44	4.57	26.44
378.89	-37.37	112.10	15.24	4.84	4.06	23.22	<b>89</b>	435.72	-42.97	128.92	15.24	5.57	4.67	26.71
382.53	-38.11	115.56	15.24	4.96	4.16	23.45	<b>90</b>	439.91	-43.82	132.89	15.24	5.70	4.78	26.97
388.27	-38.63	118.25	15.24	5.02	4.22	23.69	<b>91</b>	446.50	-44.43	135.99	15.24	5.78	4.85	27.24
394.09	-39.16	121.00	15.24	5.09	4.27	23.93	<b>92</b>	453.20	-45.03	139.15	15.24	5.86	4.91	27.52
400.00	-39.62	123.55	15.24	5.15	4.32	24.16	<b>93</b>	460.00	-45.56	142.09	15.24	5.93	4.97	27.79
406.00	-40.08	126.15	15.24	5.21	4.37	24.41	<b>94</b>	466.90	-46.09	145.07	15.24	5.99	5.03	28.07
412.09	-40.55	128.79	15.24	5.27	4.43	24.65	<b>95</b>	473.90	-46.63	148.10	15.24	6.07	5.09	28.35
418.27	-41.36	131.36	15.24	5.38	4.51	24.90	<b>96</b>	481.01	-47.57	151.07	15.24	6.19	5.19	28.63
424.55	-42.19	133.99	15.24	5.49	4.61	25.15	<b>97</b>	488.23	-48.52	154.09	15.24	6.31	5.30	28.92
430.91	-43.03	136.67	15.24	5.60	4.70	25.40	<b>98</b>	495.55	-49.49	157.17	15.24	6.44	5.40	29.21
437.38	-43.89	139.40	15.24	5.71	4.79	25.65	<b>99</b>	502.98	-50.48	160.31	15.24	6.57	5.51	29.50

Due to rounding, actual premium charged may vary slightly from rates shown above. System rates prevail.

Add one-time enrollment fee of \$20.00 to the first premium  
 Applicants who qualify for Household Discount multiply above rates by 0.93



**American Retirement Life Insurance Company**

**MEDICARE SUPPLEMENT**

**WISCONSIN**

**Attained Age Rates -- Current Rates Effective 1/1/2018 -- Area II (530-534)**

**STANDARD III MONTHLY BANK DRAFT RATES**

FEMALE RATES							Attained	MALE RATES						
Base	Part B	Part A	Part B	Part B	Foreign	Home		Base	Part B	Part A	Part B	Part B	Foreign	Home
328.19	-21.17	47.86	15.24	2.75	2.31	13.64	<b>65</b>	377.42	-24.34	55.04	15.24	3.17	2.66	15.68
328.19	-21.17	47.86	15.24	2.75	2.31	14.18	<b>66</b>	377.42	-24.34	55.04	15.24	3.17	2.66	16.31
328.19	-22.35	50.14	15.24	2.88	2.41	14.73	<b>67</b>	377.42	-25.71	57.66	15.24	3.31	2.78	16.94
328.19	-23.43	52.52	15.24	3.00	2.52	15.27	<b>68</b>	377.42	-26.94	60.40	15.24	3.45	2.89	17.56
328.19	-24.62	55.01	15.24	3.12	2.62	15.82	<b>69</b>	377.42	-28.31	63.27	15.24	3.59	3.01	18.19
328.19	-25.67	56.69	15.24	3.24	2.72	16.36	<b>70</b>	377.42	-29.53	65.19	15.24	3.72	3.12	18.82
328.25	-26.55	59.44	15.24	3.34	2.80	16.91	<b>71</b>	377.49	-30.54	68.36	15.24	3.84	3.22	19.45
333.07	-27.43	62.20	15.24	3.44	2.89	17.46	<b>72</b>	383.03	-31.55	71.53	15.24	3.96	3.32	20.07
338.93	-28.31	64.95	15.24	3.55	2.98	18.00	<b>73</b>	389.77	-32.56	74.70	15.24	4.08	3.42	20.70
344.58	-29.19	67.71	15.24	3.65	3.06	18.55	<b>74</b>	396.27	-33.57	77.87	15.24	4.20	3.52	21.33
350.21	-30.10	70.54	15.24	3.75	3.15	19.09	<b>75</b>	402.75	-34.62	81.12	15.24	4.32	3.62	21.96
356.04	-30.85	73.94	15.24	3.86	3.24	19.64	<b>76</b>	409.45	-35.48	85.03	15.24	4.44	3.72	22.58
361.38	-31.61	77.40	15.24	3.97	3.33	20.18	<b>77</b>	415.58	-36.36	89.01	15.24	4.56	3.83	23.21
366.46	-32.42	81.00	15.24	4.08	3.43	20.73	<b>78</b>	421.43	-37.28	93.15	15.24	4.70	3.94	23.84
371.71	-33.24	84.67	15.24	4.20	3.52	21.27	<b>79</b>	427.47	-38.23	97.38	15.24	4.83	4.05	24.47
377.24	-34.07	88.42	15.24	4.32	3.62	21.82	<b>80</b>	433.83	-39.18	101.68	15.24	4.96	4.17	25.09
382.49	-34.76	92.16	15.24	4.41	3.70	22.37	<b>81</b>	439.86	-39.97	105.99	15.24	5.08	4.26	25.72
387.17	-35.46	95.98	15.24	4.51	3.78	22.91	<b>82</b>	445.25	-40.77	110.38	15.24	5.19	4.35	26.35
391.74	-36.20	99.98	15.24	4.62	3.87	23.46	<b>83</b>	450.50	-41.63	114.98	15.24	5.31	4.45	26.97
396.47	-36.96	104.07	15.24	4.72	3.96	24.00	<b>84</b>	455.94	-42.50	119.68	15.24	5.43	4.56	27.60
400.77	-37.73	108.24	15.24	4.83	4.05	24.55	<b>85</b>	460.89	-43.39	124.48	15.24	5.55	4.66	28.23
404.93	-38.56	111.89	15.24	4.95	4.16	24.79	<b>86</b>	465.66	-44.34	128.68	15.24	5.69	4.78	28.51
409.04	-39.40	115.64	15.24	5.08	4.26	25.04	<b>87</b>	470.39	-45.31	132.99	15.24	5.84	4.90	28.80
412.86	-40.26	119.49	15.24	5.20	4.37	25.29	<b>88</b>	474.79	-46.30	137.41	15.24	5.98	5.02	29.08
416.77	-41.10	123.31	15.24	5.33	4.47	25.54	<b>89</b>	479.29	-47.27	141.81	15.24	6.13	5.14	29.38
420.78	-41.92	127.11	15.24	5.45	4.57	25.80	<b>90</b>	483.90	-48.21	146.18	15.24	6.27	5.26	29.67
427.09	-42.49	130.08	15.24	5.53	4.64	26.06	<b>91</b>	491.16	-48.87	149.59	15.24	6.36	5.33	29.97
433.50	-43.08	133.10	15.24	5.60	4.70	26.32	<b>92</b>	498.52	-49.54	153.06	15.24	6.44	5.41	30.27
440.00	-43.58	135.91	15.24	5.67	4.76	26.58	<b>93</b>	506.00	-50.12	156.29	15.24	6.52	5.47	30.57
446.60	-44.09	138.76	15.24	5.73	4.81	26.85	<b>94</b>	513.59	-50.70	159.58	15.24	6.59	5.53	30.87
453.30	-44.61	141.66	15.24	5.80	4.87	27.12	<b>95</b>	521.29	-51.30	162.91	15.24	6.67	5.60	31.18
460.10	-45.50	144.50	15.24	5.92	4.97	27.39	<b>96</b>	529.11	-52.32	166.17	15.24	6.81	5.71	31.49
467.00	-46.41	147.39	15.24	6.04	5.07	27.66	<b>97</b>	537.05	-53.37	169.50	15.24	6.94	5.83	31.81
474.01	-47.34	150.34	15.24	6.16	5.17	27.94	<b>98</b>	545.11	-54.44	172.89	15.24	7.08	5.94	32.13
481.12	-48.28	153.34	15.24	6.28	5.27	28.22	<b>99</b>	553.28	-55.53	176.34	15.24	7.22	6.06	32.45

Due to rounding, actual premium charged may vary slightly from rates shown above. System rates prevail.

Add one-time enrollment fee of \$20.00 to the first premium  
 Applicants who qualify for Household Discount multiply above rates by 0.93

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## MEDICARE SUPPLEMENT PART A – HOSPITAL SERVICES – PER BENEFIT PERIOD

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

SERVICES	PER BENEFIT PERIOD	MEDICARE PAYS	POLICY PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing, and miscellaneous hospital services and supplies	First 60 days	All but \$1,340	\$0 <b>OR</b> <input type="checkbox"/> \$1,340 <b>Optional Part A Deductible Rider***</b>	\$1,340 <b>OR</b> \$0***
	61 <sup>st</sup> to 90 <sup>th</sup> days	All but \$335 per day	\$335 per day	\$0
	91 <sup>st</sup> to 150 <sup>th</sup> days	All but \$670 per day	\$670 per day	\$0
	Beyond 150 days	\$0	100% of Medicare Eligible Expenses	\$0**
<b>SKILLED NURSING FACILITY CARE *</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entering a Medicare-approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	\$0	\$0
	21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$167.50 a day	Up to \$167.50 a day	\$0
	101 <sup>st</sup> day and after	\$0	\$0	All Costs
<b>INPATIENT PSYCHIATRIC CARE</b> Inpatient psychiatric care in a participating psychiatric hospital		190 days per lifetime	175 additional days per lifetime	Expenses not covered by the Policy or by Medicare
<b>BLOOD</b>	First 3 pints	\$0	First 3 pints	\$0
	Additional Amounts	100%	\$0	\$0

**MEDICARE SUPPLEMENT PART A – HOSPITAL SERVICES – PER BENEFIT PERIOD (CONT'D.)**

SERVICES	PER BENEFIT PERIOD	MEDICARE PAYS	POLICY PAYS	YOU PAY
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services		All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**\*\*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.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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

### MEDICARE SUPPLEMENT POLICIES – PART B BENEFITS

\*\*\*\*Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with four asterisks), your Part B Deductible will have been met for the calendar year.

<b>MEDICARE PART B BENEFITS</b>	<b>PER CALENDAR YEAR</b>	<b>MEDICARE PAYS</b>	<b>POLICY PAYS</b>	<b>YOU PAY</b>
<b>MEDICAL EXPENSES</b> Eligible expense for physician’s services, in-patient and out-patient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$183 of Medicare Approved Amounts****  Remainder of Medicare Approved Amounts	\$0  Generally 80%	\$0  <b>OR</b> <input type="checkbox"/> \$183**** <b>Optional Part B Deductible Rider***</b> <b>OR</b> <input type="checkbox"/> <b>Optional Medicare Part B Copayment Deductible Rider***</b>	\$183 (Part B Deductible)****  <b>OR</b> \$0***  <b>OR</b> Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense***  Charges in Excess of Medicare Approved Amounts
<b>PART B EXCESS CHARGES</b>	Charges in Excess of Medicare Approved Amounts	\$0	\$0 <b>OR</b> <input type="checkbox"/> Amount Covered under the <b>Optional Medicare Part B Excess Charges Rider***</b>	All Cost <b>OR</b> \$0 if the Optional Medicare Part B Excess Rider is purchased***

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

## MEDICARE SUPPLEMENT POLICIES – PART B BENEFITS (CONT'D.)

\*\*\*\*Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with four asterisks), your Part B Deductible will have been met for the calendar year.

MEDICARE PART B BENEFITS	PER CALENDAR YEAR	MEDICARE PAYS	POLICY PAYS	YOU PAY
<b>BLOOD</b>	First 3 pints	\$0	All Costs	\$0
	Next \$183 of Medicare Approved Amounts****	\$0	\$0  <b>OR</b> <input type="checkbox"/> \$183**** <b>Optional Part B Deductible Rider***</b>	\$183 (Part B Deductible)****  <b>OR</b> \$0***
	Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES</b> Tests for diagnostic services		100%	\$0	\$0
<b>HOME HEALTH CARE</b> Medically-necessary skilled care services and medical supplies		100% of charges for visits considered medically necessary by Medicare	Up to 40 visits per calendar year	All expenses beyond 40 visits per calendar year or <input type="checkbox"/> Optional Additional Home Health Care Rider ***
<b>PREVENTIVE MEDICAL CARE BENEFIT – NOT COVERED BY MEDICARE</b> Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare	First \$120 each calendar year	\$0	\$120	\$0
	Additional charges	\$0	\$0	All Costs

\*\*\*These are optional riders. You purchased these benefits if the box is checked and you paid the premium.

**MEDICARE SUPPLEMENT POLICIES – PART B BENEFITS (CONT'D.)**

MEDICARE PART B BENEFITS	PER CALENDAR YEAR	MEDICARE PAYS	POLICY PAYS	YOU PAY
<p><b>FOREIGN TRAVEL</b>  <input type="checkbox"/> <b>Optional Foreign Travel Rider*</b>                      Medically-necessary emergency care services beginning during the first 60 days of each trip outside of the USA</p>	<p>First \$250 each calendar year                       Remainder of charges</p>	<p>\$0                       \$0</p>	<p>\$0                       80% to a lifetime maximum benefit of \$50,000</p>	<p>\$250                       \$20% and amounts over the \$50,000 lifetime maximum</p>

\*\*\*These are optional riders. You purchased these benefits if the box is checked and you paid the premium.

## MEDICARE SUPPLEMENT POLICY FORM AR-BASC.v2-WI – ADDITIONAL BENEFITS

ADDITIONAL BENEFITS	PER BENEFIT PERIOD	MEDICARE PAYS	POLICY PAYS	YOU PAY
<b>BREAST RECONSTRUCTION</b> Eligible expenses for breast reconstruction*	calendar Year	Medicare approved amounts	100% of the Usual and Customary Charges**	Amounts in excess of Usual and Customary Charges**
<b>CHIROPRACTIC SERVICES</b> Eligible expenses for services performed by a licensed chiropractor*	calendar Year	Medicare approved amounts	100% of the Usual and Customary Charges**	100% of the Usual and Customary Charges**
<b>HOSPITAL AND AMBULATORY SURGERY CENTER AND ANESTHESIA FOR DENTAL CARE BENEFITS</b> Eligible expenses for hospital, ambulatory surgery center charges and anesthesia for dental care*	calendar Year	Medicare approved amounts	100% of the Usual and Customary Charges**	100% of the Usual and Customary Charges**

**\*\*USUAL AND CUSTOMARY CHARGES:** The prevailing rates, as determined by Us, for any service or materials in the geographic area where furnished.

\*We will not duplicate any charges paid for by Medicare or paid under any other provision of this policy.



**MEDICARE SUPPLEMENT POLICY FORM AR-BASC.V2-WI - ADDITIONAL BENEFITS (CONT'D.)**

<b>ADDITIONAL BENEFITS</b>	<b>PER BENEFIT PERIOD</b>	<b>MEDICARE PAYS</b>	<b>POLICY PAYS</b>	<b>YOU PAY</b>
<b>KIDNEY DISEASE TREATMENT</b> Eligible expenses for hospital and outpatient services*	calendar Year	Medicare approved amounts to a maximum of \$30,000 per calendar year	100% of the Usual and Customary Charges**	100% of the Usual and Customary Charges** or in excess of \$30,000 per calendar year
<b>ADDITIONAL SKILLED NURSING CARE</b> Eligible expenses for Skilled Nursing Home services not covered by Medicare*	calendar Year	Medicare approved amounts	100% of the Usual and Customary Charges**	100% of the Usual and Customary Charges**
<b>EQUIPMENT/SUPPLIES FOR TREATMENT OF DIABETES</b> Eligible expenses for equipment and supplies including insulin. Limit of one insulin infusion pump per calendar year *	calendar Year	Medicare approved amounts	100% of the Usual and Customary Charges**	100% of the Usual and Customary Charges**

**\*\*USUAL AND CUSTOMARY CHARGES:** The prevailing rates, as determined by Us, for any service or materials in the geographic area where furnished.

\*We will not duplicate any charges paid for by Medicare or paid under any other provision of this policy.

## **LIMITATIONS AND EXCLUSIONS**

The following benefits are not provided under this policy:

1. Nursing Home Care costs beyond what is covered by Medicare and the Wisconsin-mandated thirty (30) day skilled nursing benefit;
2. Home Health Care visits paid for by Medicare nor above the forty (40) visits covered by the base policy per calendar year, unless the Optional Additional Home Health Care Rider is purchased;
3. physician charges above Medicare's approved charge, unless the Optional Medicare Part B Excess Charges Rider is purchased;
4. most care received outside of the USA, unless the Optional Foreign Travel Emergency Rider is purchased;
5. dental care (except anesthesia charges for dental care provided in a hospital or ambulatory surgery center), dentures, checkups, routine immunizations, cosmetic surgery, routine foot care, examinations for and the cost of eyeglasses or hearing aids, unless eligible under Medicare;
6. any expense which you are not legally obligated to pay;
7. any services that are not medically necessary as determined by Medicare;
8. any portion of any expense for which payment is made by Medicare or for which payment would have been made by Medicare if you were enrolled in Parts A and B of Medicare;
9. any type of expense not eligible for coverage under Medicare except as provided otherwise in the policy;
10. any expense incurred in excess of the usual and customary charge or not medically necessary as determined by us for all required Wisconsin-mandated benefits.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "*Medicare and You*" for more details.

## **RENEWABILITY**

This policy is guaranteed renewable for life as long as the premiums are paid on time. The premium table for this policy may change by class as determined by the Company. Premiums may change because of an increase in age, change of residence, or as Medicare benefits change. We, American Retirement Life Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this state. No premium change may be made on an individual basis. You have a thirty-one (31) day grace period to pay your premiums.

## **CLAIM PAYMENT AND APPEAL PROCESS**

All benefits will be paid to You. However, You may send Us a written request for payment to be made otherwise. This is known as an Assignment of Benefits. Upon receipt for Your Assignment of Benefits, We will direct all further payments to the individual designated. Any benefits unpaid at the time of Your death will be paid to Your estate. Any payment made by Us in good faith will fully discharge Us to the extent of such payment.

If you believe our claim decision is in error, you may request that we reconsider the decision. All you have to do is send us a letter to American Retirement Life Insurance Company, Claims Department at P. O. Box 26580, Austin, TX 78755-0580, requesting an appeal of the decision. Your letter must state why you think we should change our decision and include your name, address, policy number, Social Security number, and any other information to support your appeal. Our review will be completed within thirty (30) days of the receipt of your request. We will send you a written notice and immediately pay any benefits due as a result of our reconsideration.

## **GRIEVANCE**

Grievance means any dissatisfaction with American Retirement Life Insurance Company that is expressed in writing to the Company by, or on behalf of, an insured including any of the following: provision of services, determination to reform or rescind a policy, or claims practices.

If You wish to dispute the Company's decision on a claim or if You have any other grievance, You may write to American Retirement Life Insurance Company, ATTN: Compliance Department, at the address above.

Within five (5) business days of receipt of Your grievance, We will deliver or deposit in the mail a written acknowledgement to You or Your authorized representative confirming receipt of the grievance. A decision will be made within thirty (30) calendar days of receipt of the grievance. If We are unable to resolve the grievance within that time, the time period may be extended an additional thirty (30) calendar days if We provide a written notification to You and Your authorized representative, if applicable, of all of the following:

1. grievance has not been resolved
2. when resolution of the grievance may be expected
3. the reason additional time is needed

**GRIEVANCE PROCEDURE** - The grievance procedure utilized by Us shall include all of the following:

1. A method whereby the insured who filed the grievance, or the insured's authorized representative, has the right to appear in person before the grievance panel to present written or oral information. The insurer shall permit the grievant to submit written questions to the person or persons responsible for making the determination that resulted in the denial, determination, or initiation of disenrollment unless the insurer permits the insured or insured's authorized representative to meet with and question the decision maker or makers.
2. A written notification to the insured of the time and place of the grievance meeting at least seven (7) calendar days before the meeting.
3. Reasonable accommodations to allow the insured, or the insured's authorized representative, to participate in the meeting.
4. The grievance panel shall not include the person who ultimately made the initial determination. If the panel consists of at least three (3) persons, the panel may then include no more than one subordinate of the person who ultimately made the initial determination. The panel may consult with the ultimate initial decision-maker.
5. The insured member of the panel shall not be an employee of the plan, to the extent possible.
6. Consultation with a licensed health care provider with expertise in the field relating to the grievance, if appropriate.
7. The panel's written decision to the insured shall be signed by one voting member of the panel and include a written description of position titles of panel members involved in making a decision.

Once a decision is made, a notice of that decision will be mailed to You. This notice will include the criteria used, the additional information reviewed, the reasons for Our decision, and any references to support Our decision.

All records related to the grievance will be maintained by American Retirement Life Insurance Company for a minimum of three (3) years.

**AUTHORIZATION FOR RELEASE OF INFORMATION** - We may require a written expression of authorization for representation from a person acting as Your authorized representative unless any of the following applies:

1. the person is authorized by law to act on behalf of the insured;
2. the insured is unable to give consent and the person is a spouse, family member of the treating provider;
3. the grievance is an expedited grievance and the person represents that the insured has verbally given authorization to represent the insured.

We shall process a grievance without requiring written authorization unless the insurer, in its acknowledgement to the person, clearly and prominently, does all of the following:

1. notifies the person that the grievance will not be processed until the insured receives written authorization;
2. requests written authorization from the person;
3. provides the person with a form the insured may use to give written authorization. An insured may, but is not required to, use the insurer's form to give written authorization.

We shall accept any written expression of authorization without requiring specific form, language, or format.

We shall include in Our acknowledgement of receipt of a grievance filed by an authorized representative a clear and prominent notice that health care information or medical records may be disclosed only if permitted by law. The acknowledgement shall state that unless otherwise permitted under applicable law, including the Health Insurance Portability and Accountability Act of 1996, U.S. PL 104-191, ss. 51.30, 146.82 to 146.84, and 610.70, Stats., and Ch. Ins 25, informed consent form for that purpose. We may withhold health care information or medical records from an authorized representative, including information contained in its resolution of the grievance, but only if disclosure is prohibited by law. We shall process a grievance submitted by an authorized representative regardless of whether health care information or medical records may be disclosed to the authorized representative under applicable law.

## **INDEPENDENT REVIEW PROCEDURES**

**NOTIFICATION OF RIGHT TO INDEPENDENT REVIEW** - In addition to the requirements above, each time We make a coverage denial determination, We shall provide all of the following in the notice to insureds:

A notice to an insured of the right to request an independent review. The notice shall be accompanied by the informational brochure developed by the office, or in a form substantially similar, describing the independent review process. The notice shall be sent when We make a coverage denial determination.

In addition, the notice shall contain all of the following information:

1. For coverage denial determinations, including preexisting condition denial and rescission determinations that occur on or after January 1, 2010 (but prior to the date in the notice published by the Commissioner in the Wisconsin Administrative Register under section 632.835(8)(b). Stats.), the notice to an insured shall state that the insured, or the insured's authorized representative, must request the independent review within four (4) months from the date stated in the notice published by the Commissioner in the Wisconsin Administrative Register. The notice should be provided to each affected insured within sixty (60) days of the publication date in the Register.
2. For coverage denial determinations, including preexisting condition exclusion denial and rescission determinations that occur subsequent to the date stated in the notice published by the Commissioner in the Wisconsin Administrative Register, the notice to an insured shall state that the insured, or the insured's authorized representative, must request independent review within four (4) months from the date of the coverage denial determination by the insurer or from the date of receipt of notice of the grievance panel decision, whichever is later.
3. The notice shall state that the insured, or the insured's authorized representative, shall select the independent review organization from the list of certified independent review organizations, accompanying the notice, as compiled by the Commissioner and available from the insurer.  
**Note:** *The Commissioner maintains a current listing, revised at least quarterly, of certified independent review organizations and posts the current list on the office website: [oci.wi.gov/iros-cert.htm](http://oci.wi.gov/iros-cert.htm).*
4. The notice shall state that the insured's, or the insured's authorized representative's, request for an independent review must be made in writing and contain the name of the selected independent review organization. The notice shall also state that the insured's, or the insured's authorized representative, written request be submitted to Us and must contain the address and name of the person or position to whom the request is to be sent.
5. The notice shall include a statement informing the insured that once the independent review organization makes a determination, the determination may be binding upon the insurer and the insured. For preexisting condition exclusion and recession denial determinations, the notice shall indicate that the independent review organization determination is not binding on the insured.
6. The notice shall include a statement informing the insured, or the insured's authorized representative, that they need not exhaust the internal grievance procedure if either of the following conditions are met:
  - Both Us and the insured, or the insured's authorized representative, agree that the appeal should proceed directly to independent review.
  - The independent review organization determines that an expedited review is appropriate upon receiving a request from an insured or the insured's authorized representative that is simultaneously sent to Us.The notice shall include a brief summary statement regarding Health Insurance Risk Sharing Plan eligibility as required in section 632.785, Stats., when the coverage denial determination involved a policy rescission.

**INDEPENDENT REVIEW TIMEFRAMES** - The following procedures shall be followed:

- a. We, upon receipt of a request for independent review, shall provide written notice of the request to the Commissioner and to the independent review organization selected by the insured, or the insured's authorized representative, within two (2) business days or receipt.
- b. We shall provide the information required to the independent review organization without requiring a written release from the insured. Upon written request from the insured, or the insured's authorized representative, a complete copy of the insured's policy will be provided. The Company will respond to such written request within three (3) business days of the request by mailing or electronically mailing the copy to the insured, or the insured's authorized representative, in the format requested.
- c. Information submitted to the independent review organization at the request of the independent review organization by either Us or the insured, or the insured's authorized representative, shall also be promptly provided to the other party to the review.
- d. Subdivisions (a) to (c) do not apply to situations where the independent review organization determines that the normal duration of the independent review process would jeopardize the life or health of the insured or the insured's ability to regain maximum function. For these situations, the independent review organization shall develop a separate expedited review procedure for expedited situations. An expedited review shall be conducted and resolved as expeditiously as the insured's health condition requires.

**DISPUTES**

- a. A dispute between an insured and the Company regarding eligibility for independent review shall be considered a coverage denial determination and the insured may seek independent review of such a determination.
- b. Disputes that are related to administrative matters, including enrollment eligibility, not related to treatment or services are not eligible for independent review determinations.

**HOUSEHOLD DISCOUNT**

Affiliate means an Insurance Company that is under common ownership or control with American Retirement Life Insurance Company and that is a member of the same insurance holding Company system.

Household Discount is a discount that is available when more than one member of Your household enrolls or is enrolled in a Medicare Supplement policy provided by or through an Affiliate of American Retirement Life Insurance Company. Household is defined as a condominium unit, a single family home, or an apartment unit within an apartment complex.

The household premium discount will be removed if the other Medicare Supplement policyholder whose policy status entitles You to the discount no longer resides with You or no longer has a Medicare Supplement policy through an Affiliate of American Retirement Life Insurance Company. However, if that person becomes deceased, Your discount will still apply. The addition or removal of the discount will occur on the billing cycle following the date We learn Your eligibility has changed.

## MEDICARE SUPPLEMENT PREMIUM INFORMATION

### ANNUAL PREMIUM

\$ \_\_\_\_\_

#### **BASIC MEDICARE SUPPLEMENT COVERAGE**

#### **OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT POLICY**

Each of these riders may be purchased separately.

\$ \_\_\_\_\_

1. **Medicare Part A Deductible**

100% of Medicare Part A Deductible

\$ \_\_\_\_\_

2. **Medicare Part B Copayment Deductible\***

In addition to the insured being required to pay the Part B Deductible, the insured's 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. The emergency room copayment or coinsurance fee shall be waived if the insured is admitted to any hospital and the emergency visit is subsequently covered as a Medicare Part A expense.

\$ \_\_\_\_\_

3. **Medicare Part B Deductible\***

100% of Medicare Part B Deductible

\$ \_\_\_\_\_

4. **Medicare Part B Excess Charges**

Difference between the Medicare eligible charge and the amount charged by the provider which shall be no greater than the actual charge or the limited charge allowed by Medicare, whichever is less.

\$ \_\_\_\_\_

5. **Foreign Travel Emergency**

After a deductible not greater than \$250 covers at least 80% of expenses associated with emergency medical care received outside the USA, beginning the first sixty (60) days of a trip with a lifetime maximum of at least \$50,000.

\$ \_\_\_\_\_

6. **Additional Home Health Care**

Provides coverage for medically-necessary Home Care visits which are not covered by Medicare and the policy.

\$ \_\_\_\_\_

#### **TOTAL FOR BASIC POLICY AND SELECTED OPTIONAL BENEFITS**

\$ \_\_\_\_\_ Monthly

\$ \_\_\_\_\_ Semiannual

**IN ADDITION TO THIS OUTLINE OF COVERAGE, AMERICAN RETIREMENT LIFE INSURANCE COMPANY WILL SEND AN ANNUAL NOTICE TO YOU THIRTY (30) DAYS PRIOR TO THE EFFECTIVE DATE OF MEDICARE CHANGES WHICH WILL DESCRIBE THESE CHANGES AND THE CHANGES IN YOUR MEDICARE SUPPLEMENT COVERAGE.**

**\*NOTE: Insurers cannot issue both the Medicare Part B Deductible Rider and the Medicare Part B Copayment Deductible Rider to the same insured for the same period of coverage.**

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