

Wellmark Blue Cross and Blue Shield of Iowa 2006 Pricing

If you apply for Plans C, E, F, or J (Listed Below) within six months of the month your are both 65 or older and enrolled in Medicare Part B, you do not have to answer health questions. If you apply for these plans after this period, you must answer health questions.

Age	Plan C	Plan E	Plan F
64 or Less	129.90	102.70	127.00
65	106.80	84.50	104.30
66	110.00	87.00	107.50
67	113.80	89.60	110.90
68	116.90	92.20	114.30
69	120.60	95.20	117.90
70	123.80	97.90	121.20
71	134.50	106.60	131.50
72	138.70	109.60	135.50
73	142.80	112.60	139.40
74	147.10	116.00	143.70
75	151.60	119.70	147.90
76	159.10	125.50	155.20
77	166.80	132.00	162.90
78	175.30	138.30	171.40
79	184.20	145.50	179.90
80	193.00	152.40	189.00
81 & Over	213.50	169.90	208.70

Wellmark Blue Cross and Blue Shield of Iowa can only raise your premium if they raise the premium for all policies like yours issued in this state. When they change the premium upon our implementation of a new table of rates or a change in Medicare's benefit structure, your new premium will be based upon your age at the effective date of the premium change. If they do change your premium, they will notify you at least 30 days in advance

Mutual of Omaha Insurance Company 2006 Pricing

Mutual of Omaha, can only raise your premium if they raise the premium for all certificates like yours in the same geographic area of the state where you live. Until you are age 80, your premium may change each year. This change will only be made on the first renewal date that coincides with or follows each anniversary of the Certificate Date. Schedules of rates may vary depending upon your Certificate Date.

Female						Attained Age	Male					
Plan A		Plan D		Plan F			Plan A		Plan D		Plan F	
N	T	N	T	N	T		N	T	N	T	N	T
65.04	70.32	78.99	85.39	83.04	89.77	65	74.76	80.82	90.79	98.15	95.45	103.18
65.04	70.32	78.99	85.39	83.04	89.77	66	74.76	80.82	90.79	98.15	95.45	103.18
67.85	73.35	82.38	89.06	86.63	93.65	67	77.99	80.82	94.69	102.37	99.57	107.65
70.86	76.60	86.04	93.02	90.46	97.79	68	81.45	84.31	98.90	106.83	103.98	112.41
74.00	80.00	89.84	97.13	94.47	102.13	69	85.05	88.05	103.28	111.64	108.58	117.39
77.12	83.37	93.65	101.24	98.46	106.45	70	88.64	91.95	107.64	116.37	113.17	122.35
80.25	86.76	97.44	105.34	102.46	110.76	71	92.25	95.83	112.00	121.08	117.77	127.31
83.39	90.15	101.25	109.45	106.47	115.10	72	95.93	99.73	116.37	125.81	122.37	132.30
86.52	93.54	105.06	113.58	110.47	119.42	73	99.45	103.62	120.76	130.55	126.97	137.27
88.11	95.25	106.99	115.67	112.51	121.63	74	101.28	107.51	122.98	132.95	129.32	139.80
89.69	96.97	108.92	117.75	114.52	123.81	75	103.10	109.49	125.20	135.35	131.64	142.31
91.29	98.69	110.84	119.83	116.55	126.00	76	104.93	111.45	127.41	137.74	133.96	144.82
92.88	100.41	112.77	121.91	118.58	128.19	77	106.76	113.44	129.62	140.13	136.38	147.35
94.45	102.11	114.68	123.98	120.59	130.37	78	108.57	115.41	131.82	142.51	138.61	149.85
96.20	104.00	116.80	126.27	122.81	132.77	79	110.57	117.37	134.26	145.14	141.17	152.61
103.30	111.67	125.43	135.60	131.88	142.57	80 & over	118.73	111.96	144.17	155.86	151.59	163.88

N = Non Tobacco T = Tobacco

Rates are for Zip Codes 500-502, 504-506, 512-514 and 520 - 525

Medicare Supplement Plans - Outlines

- **Basic Benefits:** Included in all plans.
- **Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses:** Part B coinsurance (generally 20% of Medicare approved expenses, or, in the case of hospital outpatient department services under a prospective payment system, applicable co payments).
- **Blood:** First three pints of blood each year.

Medicare supplement insurance can be sold in only ten standardized plans plus two high deductible plans. This chart shows the benefits included in each plan. Every company must make available Plan A. Some plans may not be available in Iowa

A	B	C	D	E	F	F*	G			
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Bask Benefits	Basic Benefits				
		Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance				
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible				
		Part B Deductible			Part B Deductible					
					Part B Excess (100%)	Part B Excess (80%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency				
			At-Home Recovery			At-Home Recovery				
				Preventive Care						

Please refer to each company's full outline of coverage – these are available on request.