



Rates effective Jan. 1, 2027

Get a plan for life.

WPS Medicare Supplement Insurance Plans

No networks.
No hassles.
No worries.



Coverage that's guaranteed renewable for as long as you pay your premiums—and caring customer support every step of the way.

1-800-236-1448 | wpsmedicareolutions.com

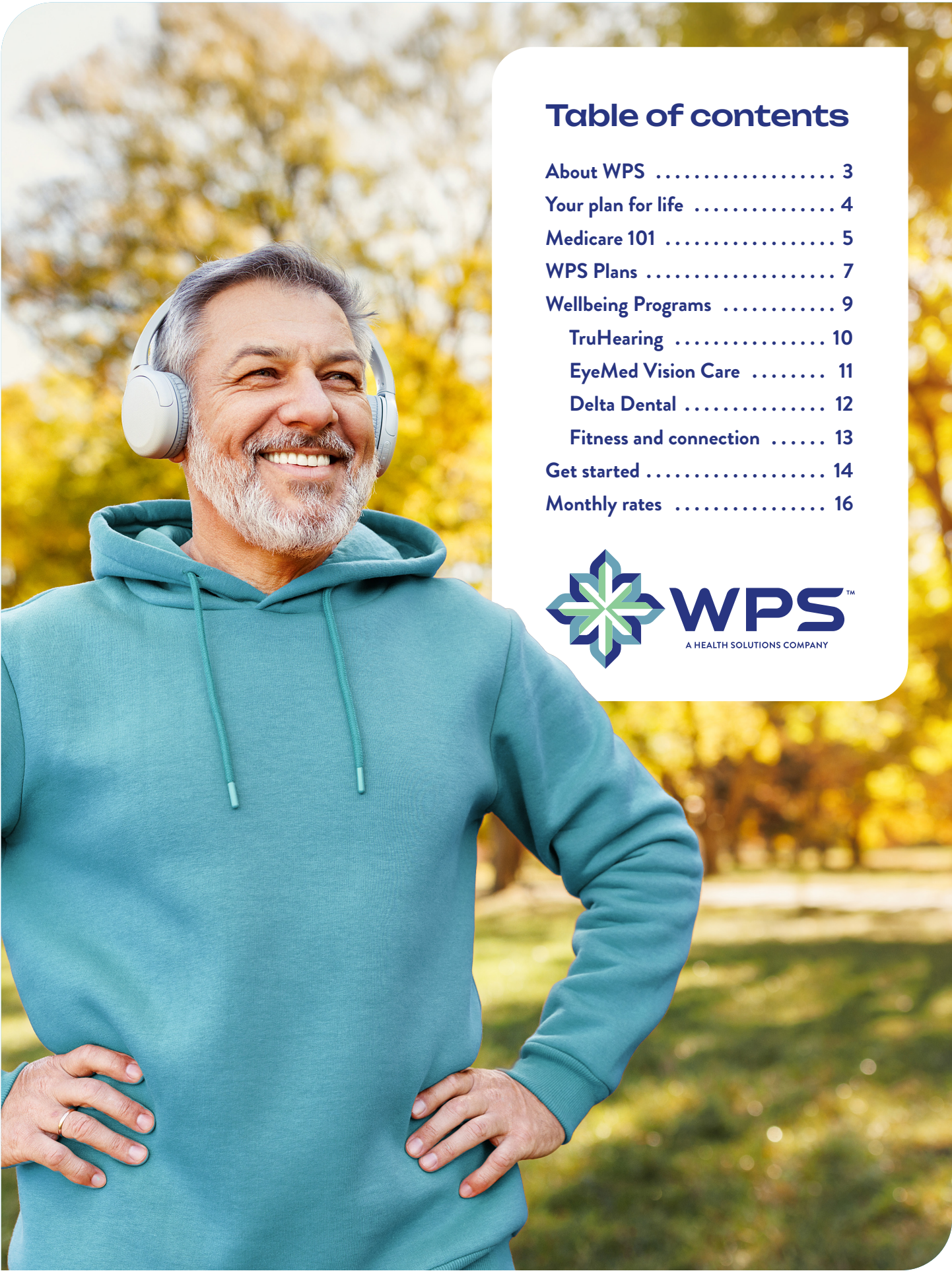


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Wisconsin seniors love WPS service and support. You will, too.

60+
YEARS

years serving seniors in Wisconsin.

9/10
CUSTOMERS

surveyed say they would recommend WPS to their friends and family.¹

95%

of WPS Medicare Supplement Plan customers stay with WPS year after year.²

#1
CHOICE

for Medicare Supplement Insurance in Wisconsin.³



10+ million
beneficiaries⁴

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



181+ million
claims paid⁴

across all lines of business.



76,000+
policies⁴

issued and administered by WPS for Medicare Supplement Insurance.

¹Based on customer support survey response data, 2025. ²Based on WPS internal persistency report, 2025. ³Based on enrollment data submitted to NAIC, 2025. ⁴WPS Enterprise Fact Sheet, 2025.

Why a WPS Medicare Supplement Plan is your plan for life.

Turning 65 is a milestone, not a slowdown. It's about making every moment count—while protecting the life you've worked hard to build. Original Medicare is a great start, but adding Medicare Supplement Insurance helps cover what Medicare doesn't.

Welcome to your retirement era.

This is a plan for:

- **Ease and simplicity:** If Medicare pays for a service, we cover it. It's that simple.
- **Freedom and flexibility:** You're free to see any provider, anywhere in the U.S., that accepts Medicare assignment.¹
- **Cost control:** You can choose a plan that fits your budget.
- **Answers and action:** If you ever need to see a specialist for care, you don't have to get referrals or wait for prior authorization.
- **Health and wellness:** Special programs and services that support fitness, hearing and vision.³
- **Preventive care:** Get covered for preventive care services, sometimes beyond what Original Medicare will cover.²
- **Routine Care:** Get covered for routine hearing and vision exams (including eye refractions) not covered by Medicare.
- **Winter breaks:** If you move out of state during the winter months (or anytime), your coverage moves with you.
- **Adventure:** Love to travel? Your plan can cover you for emergency services from Madison to Montreal to Madrid; wherever your adventures take you, you're protected.⁴
- **Special discounts:** Members get a 2% discount when you use automatic bank withdrawal and a 7% household discount.⁵
- **Customer service:** Our live, U.S.-based representatives are trained to get you the answers you need.
- **Long-term certainty and security:** Keep your policy for life, as long as you pay your premiums.

When healthcare costs add up, the WPS plans step in.

Original Medicare typically covers only 80% of medical expenses. And there's no out-of-pocket maximum for deductibles, copays and coinsurance. Those costs can add up quickly. You can count on WPS Medicare Supplement Plans to help fill the gaps and protect your retirement savings.

¹Providers may accept the Medicare-approved amount as payment, so you won't be billed for more than the Medicare deductible and coinsurance. A WPS Medicare Supplement Insurance Plan will help cover the Medicare deductible and coinsurance. Visit [medicare.gov](https://www.medicare.gov) to find a provider near you or check to see if your provider accepts the Medicare-approved amount. ²Plans include coverage for preventive services covered by Medicare Part B, and preventive services not covered by Part B (charges are payable up to 100% of the Medicare allowed amounts.) ³Fitness, vision and hearing programs are not insurance, are not part of the insurance policy, and can be changed or discontinued at any time. Vision program is administered by EyeMed Vision Care, LLC. Hearing program is administered by TruHearing®, Inc. ⁴Base plan requires purchase of an additional rider. Foreign Travel Emergency is included with the new High-Deductible plan. ⁵Available for any member that has a second household member who: is age 60 or older, has lived with the member continuously for the past 12 months or is enrolled in or applying for a WPS Medicare Supplement Insurance policy.

The Medicare journey: Your timing matters.

Are you 65? Apply today.

- If you have reached the 65-year milestone and are already signed up for Medicare, you can apply for a WPS Medicare Supplement Plan at any time during the year.¹
- There is no Annual Enrollment Period as with Medicare Advantage Plans.
- After your Open Enrollment Period ends, you may be required to answer health questions to enroll.
- If you have other coverage that's terminating or changing, you may be eligible for guaranteed acceptance of a WPS Medicare Supplement Plan.



Scan for videos and
tools to help guide
your journey.

Not 65 quite yet? Start planning your next move.

Here's a helpful timeline to follow as you consider your Medicare options.

6+ months before your 65th birthday:

- Confirm Social Security eligibility.
- Learn Medicare Parts A, B, C and D.
- Understand enrollment timing and about penalties.
- Review current coverage.

3-6 months before your 65th birthday:

- Check if your doctor accepts Medicare assignment.
- Make a list of medications and services you may need.
- Compare Medicare plan options.

3 months before your 65th birthday:

- Choose your Medicare plan.
- If you already receive Social Security, enrollment in Original Medicare Parts A and B is automatic.
- Enroll in a Medicare Supplement Plan.
- Enroll in a Medicare Prescription Drug Plan (Part D).

¹May require underwriting.

Parts of Medicare and your coverage options.

Medicare Part A + Medicare Part B = Original Medicare



Medicare Part A:

Hospital insurance that includes inpatient hospital care, skilled nursing facility and hospice care.



Medicare Part B:

Medical insurance that includes doctor services, outpatient care and medical supplies.



Medicare Part C

Medicare Advantage Plans, which are offered by private insurance companies. This plan **replaces** Original Medicare and may include Medicare Part D.



Medicare Part D

Prescription drug coverage that can be added to Original Medicare; also includes many recommended vaccines.

When you choose your Medicare coverage, you select one of these options:

- Original Medicare only (Parts A and B; Part D sold separately)
- Original Medicare + Medicare Supplement Plan (also called Medigap)
- Medicare Advantage Plan (also known as Medicare Part C)
- Employers' insurance plan

Let's match you to the right Medicare option.



Talk to a WPS representative today:
800-236-1448

Freedom feels good—and it's a big part of WPS Medicare Supplement Plans.

If I choose a WPS Medicare Supplement Plan, will I still be covered by Original Medicare?	Yes. You pay your Part B premium and keep your Original Medicare coverage, which is enhanced by this type of plan.
Are there budget-friendly plan options?	Yes. WPS offers a high-deductible plan with lower monthly premiums, so you can choose the best option for your budget.
What if I find out my doctor is out-of-network?	There is no network. You have the freedom to see any healthcare provider in the U.S. that accepts Medicare assignment.
Do I need a referral to see a specialist?	No. Referrals are not needed.
Can my plan benefits be reduced or even terminated by the insurer?	No. As long as you pay your premium and there is no fraudulent misrepresentation, your plan is renewable for life. Benefits will only change when Medicare benefits or federal or state law change.
What if I don't like the plan? Can I drop it whenever I choose?	Yes. There is no period where you are locked into your coverage. You may need to go through underwriting to switch to another Medicare Supplement policy.
What if I move out of state? Can I take my plan with me?	Absolutely. The plan moves with you wherever you live in the U.S.
Who oversees the plan?	Wisconsin Office of the Commissioner of Insurance.



More flexibility to live your best life.

Scan to see how Medicare Supplement Plans compare to Medicare Advantage Plans.

Our plans are designed to fit yours.



With WPS Medicare Supplement Insurance Plans, you can feel confident knowing your health is protected and your savings are secure, so you can focus on living the life you've earned. Our plan options let you choose what's best for your budget.

If you want to keep your monthly premiums low, the **WPS High-Deductible Plan** may be the right choice for you. Here's how this plan compares to our base plan.

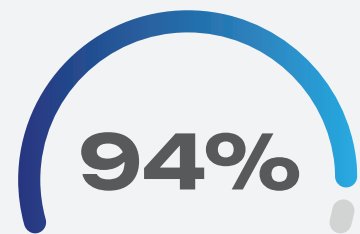
Base Plan	High-Deductible Plan
Offers very comprehensive coverage with minimal out-of-pocket costs once you pay the Medicare Part B deductible	Provides the same medical coverage as the regular base plan after the \$2,950 deductible is met ¹
Optional benefit riders available; see page 15	Additional coverage options are included with the plan
Helps cover most gaps left by Original Medicare, including coinsurance and copays	Up to 60% lower monthly premium, making it attractive for cost-conscious members
Predictable expenses throughout the year	Requires meeting a higher annual deductible before benefits begin
Higher monthly premium, but lower cost at point of care	Best for people comfortable with more upfront risk or who rarely use medical services



Not sure which plan is right for you?

A WPS representative can help you decide.

**Call today:
800-236-1448**



of customers said their Medicare supplement coverage allows them to receive **high-quality care.**²

¹The \$2,950 deductible is the 2026 amount set by Medicare. The annual policy deductible may increase each year and includes out-of-pocket expenses that you must pay before the policy pays benefits. The policy deductible may include Medicare Parts A and B deductibles, but not the separate foreign travel emergency deductible. ²Senior's Satisfaction with their Medicare Supplemental Insurance Coverage, conducted by Global Strategy Group on behalf of America's Health Insurance Plans (AHIP) 2025.

Health is your new wealth.

From staying active to staying connected to friends and family, living well is your richest asset. WPS Medicare Supplement Plans include additional perks and programs that cover the services Original Medicare doesn't—like vision and hearing care.

There's even an option to purchase dental coverage through Delta Dental to support your oral health. Here's another reason to smile:

You can also access fitness programs generally with no additional membership fees. Whether it's a membership at your local YMCA or at a workout center near you, the plan offers fitness options that fit your life. Your WPS sales agent will talk about your gym membership options when you apply.



TruHearing®

Annual hearing exams and access to fixed pricing on hearing aids.¹



EyeMed Vision Care

Savings on eye exams and eyewear at participating locations across the U.S.¹



Delta Dental (optional)

Add dental coverage to your plan and choose any dentist for a variety of dental services.²



Fitness programs

Access to participating Wisconsin YMCAs and other fitness options with no additional membership fees for eligible members.¹

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

TruHearing® makes better hearing affordable.

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

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

Sample savings per hearing aid		MSRP or average price	You pay ³
Three-year repair, loss and damage warranty		\$500	\$0
Three years of hearing aid batteries		\$360	\$0
Product	Suggested retail	Copay	Savings ³
Basic	\$1,435	\$450	\$985
Entry	\$1,705	\$599	\$1,106
Premium	\$2,065	\$750	\$1,315
Premier	\$2,745	\$995	\$1,750
Premier Plus	\$3,250	\$1,350	\$1,900

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



TruHearing®



Do these savings sound good?
Call WPS to learn more:
800-236-1448.

EyeMed Vision Care program helps support your sight.

All our Medicare Supplement customers receive access to the EyeMed Vision Care program with no additional membership fees.¹

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



Does your vision provider accept EyeMed?

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



Call WPS:
800-236-1448

Vision care services	Customer benefits
Eye exam (with dilation, as necessary)	\$5 off routine exam \$5 off contact lens exam
Complete pair eyeglass purchase²	
Frames	
Any available frame at provider location	35% off retail price
Standard plastic lenses	
Single vision	\$50 patient responsibility
Bifocal	\$70 patient responsibility
Trifocal	\$105 patient responsibility
Progressive-Standard	\$135 patient responsibility
Progressive-Premium	20% off retail price
Lens options	
UV coating	\$15 patient responsibility
Tint (solid and gradient)	\$15 patient responsibility
Standard scratch-resistant coating	\$15 patient responsibility
Standard polycarbonate	\$40 patient responsibility
Standard anti-reflective coating	\$45 patient responsibility
Premium anti-reflective coating	20% off retail price
Other add-ons and services	20% off retail price
Contact lenses (discount applies to materials only)	
Conventional	15% off retail price
Laser vision correction	
LASIK or PRK from U.S. Laser Network	15% off retail price 5% off promotional price
Frequency of use for examination, frames, lenses or contact lenses unlimited	

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

Optional Delta Dental coverage for healthy smiles.



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

Optional dental coverage includes:

- Annual maximum benefit: \$1,200 per individual
- CheckUp Plus: Preventive not subject to the annual max
- Annual deductible: \$50
- Seeing a dentist in the Delta Dental PPO network will provide the lowest agreed-upon fees and/or best savings. The Delta Dental Premier network is also available.

Monthly dental rate: \$59.24

Discounts available:

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



When you visit a Delta Dental dentist

Diagnostic and preventive care

	This policy pays ²	Frequency
Regular cleanings and routine exams	100%	2 per year
Bitewing x-rays	80%	1 set per year
Full mouth x-rays	80%	1 every 5 years
Emergency exam	80%	N/A

Restorative services³

	This policy pays ²	Waiting period
Fillings and simple extractions	50%	6 months
Oral surgery, endodontic, and periodontic ⁴ services	50%	12 months
Crowns and prosthodontics (fixed or removable)	50%	12 months ⁵

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

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

Fitness options that fit you— included in your plan with no additional membership fees.

Take control of healthy aging with a YMCA membership with no additional fees.¹ If you're not close to a YMCA, other fitness programs are available.

Get a healthy edge with swimming, weights, courts, group exercise classes and more. Whether it's at your local YMCA or other fitness center, your plan helps you get more every day. It's your plan for life.



Opportunities for conversation and connection.

When you join the Cares Community, you connect with us and each other. Our groups and programs educate, inform, offer the chance to provide feedback and drive change. It's about gaining a sense of wellbeing.

At WPS, we want to know what everyone thinks. That includes current customers, non-customers and future customers.

That's why we created the Cares Community. Members of the Cares Community share their insights and opinions by completing online surveys and polls. You can also connect with other community members in the private Cares Community Member Hub, play word games and more.

By joining the Cares Community, you become an active part of the conversations that help us enhance our products and services, while getting a look behind the scenes of WPS.

¹Fitness program is not insurance, is not part of the insurance policy and can be changed or discontinued at any time. WPS has partnered with Wisconsin YMCAs to provide a membership for our Fitness program. All YMCA programs and services are not available in all areas. Participating facilities and memberships may vary by location and are subject to change. Limitations and restrictions may apply. The fitness program includes all Wisconsin YMCA locations except for the Hudson YMCA, which is part of a Minnesota YMCA association and not included in the program.

How to choose a Medicare Supplement Insurance Plan.

You've spent years planning for what's next. Now it's time to choose a plan that supports your health, your finances and the life you've been dreaming of. Here's how to get started.

1

**Determine
your rate
area.**

2

**Select your
plan option.**

3

**Choose
optional riders.
(where needed)**

4

**Apply for
discounts, if
eligible.**

1 Determine your rate area.

Check the box below for your rate area.

☐ **Area 1** See rates on page 16 and 17

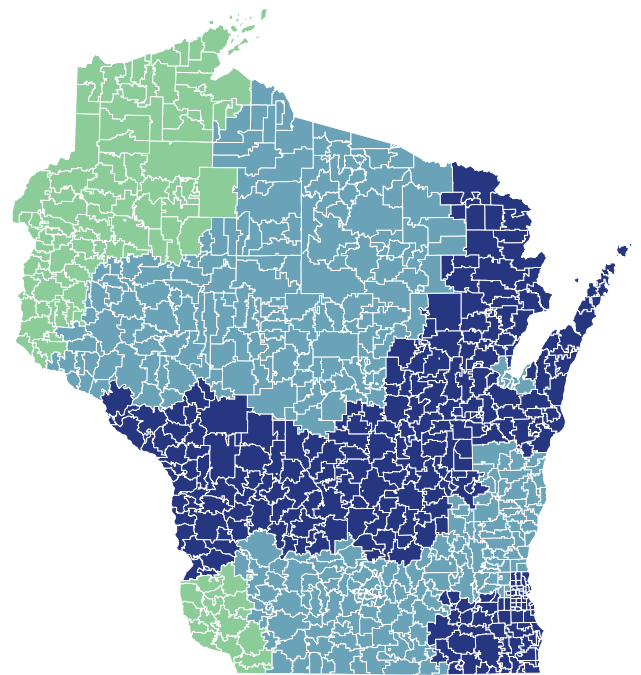
538__ All zips that begin with these 3 numbers
540__ All zips that begin with these 3 numbers
548__ All zips that begin with these 3 numbers
All out-of-state zip Codes

☐ **Area 2** See rates on page 18 and 19

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

☐ **Area 3** See rates on page 20 and 21

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



■ Area 1 ■ Area 2 ■ Area 3

2 Select your plan (choose one.)

☐ Base Plan—highest coverage option.	OR	☐ Base Plan with Medicare Part B copayment or coinsurance rider.	OR	☐ High-Deductible Plan
Covers your Medicare Part A and Part B copayments and coinsurance—costs you would otherwise pay out of pocket. This plan offers additional preventive benefits.*		After you pay the Medicare Part B deductible, your copayment or coinsurance will be the lesser of \$20 per office visit or the Medicare Part B coinsurance and the lesser of \$50 per emergency room visit or the Medicare Part B coinsurance, whichever is less. This plan offers additional preventive benefits.*		After you pay a \$2,950 deductible in a calendar year, you will start to receive benefits. This deductible consists of expenses that would ordinarily be paid by the policy. ¹ This plan offers additional preventive benefits.*

*Base plans include Medicare Part B preventive services.

¹The High-Deductible plan requires first paying the policy deductible before the policy begins to pay benefits. The policy deductible includes the Part A deductible and the Part B deductible. The policy does not pay benefits for amounts applied to the Medicare Part B deductible. However, Medicare Part B deductible amounts count toward meeting the policy's deductible.

3 Choose Base Plan optional riders.

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

- ☐ **Rider 1—Medicare Part A Deductible**—WPS will pay either 100% or 50% of your Medicare Part A Deductible during the first 60 days of hospitalization.
- ☐ 100% Medicare Part A Deductible OR ☐ 50% Medicare Part A Deductible
- ☐ **Rider 2—Medicare Part B Deductible** (available for base plan with highest coverage option only)—WPS will pay your Medicare Part B Deductible each calendar year. This rider is only available to applicants who were first eligible for Medicare prior to Jan. 1, 2020.
- ☐ **Rider 3—Medicare Part B Excess Charges**—If your healthcare provider does not accept Medicare assignment, WPS will pay the difference between what Medicare approves for payment and the amount charged by the provider. The difference shall be no more than the actual charge or the limiting charge allowed by Medicare, whichever is less.
- ☐ **Rider 4—Additional Home Healthcare**—WPS will pay benefits for an additional 325 home healthcare visits each calendar year up to a total of 365 visits per year, including those covered by Medicare.
- ☐ **Rider 5—Foreign Travel Emergency**—WPS will pay 80% of the billed charges for expenses associated with medically necessary emergency medical care you receive outside the U.S. that begins in the first 60 days of a trip after you satisfy a deductible of \$250; lifetime maximum benefit of \$100,000.

4 Apply discounts for which you qualify.

- ☐ **2% Automatic bank withdrawal discount**—Receive a 2% discount when you pay your premium by automatic bank withdrawal each month.
- ☐ **7% Household discount**—Receive a 7% discount when you and another member of your household meet either of the following conditions:
1. They are age 60 or older, and you have continuously lived with them for the last 12 months; OR
 2. They are currently enrolled in or applying for a WPS Medicare Supplement Plan.

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

Area 1—Male Base Plan monthly rates

Age at time of enrollment	Base plans choose one		Optional riders					
	Base plan only	Base plan with copay/coinsurance	Rider 1 choose one		Rider 2	Rider 3	Rider 4	Rider 5
			Part A Deductible 100%	OR Part A Deductible 50%	Part B Deductible ¹	Part B Excess Charges	Additional Home Healthcare	Foreign Travel Emergency
65	\$197.88	\$171.96	\$41.03	\$20.11	\$23.58	\$8.36	\$2.04	\$1.53
66	\$206.01	\$179.03	\$42.72	\$20.93	\$23.58	\$8.72	\$2.04	\$1.53
67	\$214.34	\$186.26	\$44.44	\$21.78	\$23.58	\$9.07	\$2.04	\$1.53
68	\$222.92	\$193.73	\$46.24	\$22.65	\$23.58	\$9.44	\$2.04	\$1.53
69	\$231.71	\$201.35	\$48.06	\$23.55	\$23.58	\$9.80	\$2.04	\$1.53
70	\$240.75	\$209.22	\$49.93	\$24.46	\$23.58	\$10.18	\$2.04	\$1.53
71	\$250.03	\$217.27	\$51.85	\$25.40	\$23.58	\$10.57	\$2.04	\$1.53
72	\$259.52	\$225.51	\$53.82	\$26.38	\$23.58	\$10.98	\$2.04	\$1.53
73	\$269.26	\$233.98	\$55.84	\$27.36	\$23.58	\$11.39	\$2.04	\$1.53
74	\$279.21	\$242.62	\$57.90	\$28.37	\$23.58	\$11.81	\$2.04	\$1.53
75	\$289.41	\$251.50	\$60.02	\$29.42	\$23.58	\$12.24	\$2.04	\$1.53
76	\$299.83	\$260.55	\$62.18	\$30.47	\$23.58	\$12.70	\$2.04	\$1.53
77	\$310.47	\$269.80	\$64.39	\$31.56	\$23.58	\$13.14	\$2.04	\$1.53
78	\$321.35	\$279.26	\$66.64	\$32.66	\$23.58	\$13.59	\$2.04	\$1.53
79	\$332.42	\$288.87	\$68.94	\$33.78	\$23.58	\$14.07	\$2.04	\$1.53
80	\$343.73	\$298.71	\$71.29	\$34.93	\$23.58	\$14.54	\$2.04	\$1.53
81	\$355.24	\$308.70	\$73.66	\$36.11	\$23.58	\$15.03	\$2.04	\$1.53
82	\$366.96	\$318.88	\$76.10	\$37.31	\$23.58	\$15.53	\$2.04	\$1.53
83	\$378.89	\$329.25	\$78.58	\$38.51	\$23.58	\$16.03	\$2.04	\$1.53
84	\$391.02	\$339.79	\$81.09	\$39.74	\$23.58	\$16.54	\$2.04	\$1.53
85+	\$403.33	\$350.50	\$83.64	\$40.99	\$23.58	\$17.07	\$2.04	\$1.53
Under 65	\$791.53	\$687.85	\$164.15	\$80.45	\$23.58	\$33.49	\$2.04	\$1.53

Area 1—Calculate your plan cost.

Please refer to pages 14-15 for descriptions of benefit options and see chart above for area rates.

- Base plan rate (choose one) \$ _____
- Choose optional riders
 - Rider 1—Medicare Part A Deductible \$ _____
 - Rider 2—Medicare Part B Deductible¹ \$ _____
 - Rider 3—Medicare Part B Excess Charges \$ _____
 - Rider 4—Additional Home Healthcare \$ _____
 - Rider 5—Foreign Travel Emergency \$ _____
- Your total per month Total = \$ _____
- Apply discounts for which you qualify²
 - 2% Automatic bank withdrawal discount Total x 0.98 = \$ _____
 - OR, 7% Household discount Total x 0.93 = \$ _____
 - OR, BOTH discounts Total x 0.9114 = \$ _____

¹This rider is only available to applicants who were first eligible for Medicare prior to Jan. 1, 2020, and who purchase our highest-level base plan.

²Discounts are approximate; actual discount amount will be determined when your application is approved.

Area 1—Female Base Plan monthly rates

Age at time of enrollment	Base plans choose one		Optional riders					
	Base plan only	Base plan with copay/coinsurance	Rider 1 choose one		Rider 2	Rider 3	Rider 4	Rider 5
			Part A Deductible 100%	OR Part A Deductible 50%	Part B Deductible ¹	Part B Excess Charges	Additional Home Healthcare	Foreign Travel Emergency
65	\$181.06	\$157.35	\$37.55	\$18.39	\$23.58	\$7.66	\$2.04	\$1.53
66	\$188.47	\$163.77	\$39.09	\$19.15	\$23.58	\$7.97	\$2.04	\$1.53
67	\$196.11	\$170.41	\$40.67	\$19.93	\$23.58	\$8.30	\$2.04	\$1.53
68	\$203.96	\$177.24	\$42.30	\$20.73	\$23.58	\$8.63	\$2.04	\$1.53
69	\$212.01	\$184.23	\$43.96	\$21.55	\$23.58	\$8.97	\$2.04	\$1.53
70	\$220.27	\$191.42	\$45.68	\$22.39	\$23.58	\$9.31	\$2.04	\$1.53
71	\$228.76	\$198.79	\$47.44	\$23.26	\$23.58	\$9.68	\$2.04	\$1.53
72	\$237.44	\$206.32	\$49.24	\$24.13	\$23.58	\$10.06	\$2.04	\$1.53
73	\$246.36	\$214.08	\$51.10	\$25.04	\$23.58	\$10.42	\$2.04	\$1.53
74	\$255.48	\$222.00	\$52.97	\$25.96	\$23.58	\$10.81	\$2.04	\$1.53
75	\$264.80	\$230.11	\$54.92	\$26.91	\$23.58	\$11.21	\$2.04	\$1.53
76	\$274.33	\$238.39	\$56.89	\$27.88	\$23.58	\$11.60	\$2.04	\$1.53
77	\$284.07	\$246.85	\$58.91	\$28.87	\$23.58	\$12.03	\$2.04	\$1.53
78	\$294.01	\$255.49	\$60.98	\$29.88	\$23.58	\$12.44	\$2.04	\$1.53
79	\$304.15	\$264.31	\$63.08	\$30.91	\$23.58	\$12.86	\$2.04	\$1.53
80	\$314.50	\$273.30	\$65.22	\$31.96	\$23.58	\$13.32	\$2.04	\$1.53
81	\$325.02	\$282.43	\$67.40	\$33.04	\$23.58	\$13.76	\$2.04	\$1.53
82	\$335.75	\$291.76	\$69.63	\$34.12	\$23.58	\$14.20	\$2.04	\$1.53
83	\$346.66	\$301.24	\$71.89	\$35.23	\$23.58	\$14.67	\$2.04	\$1.53
84	\$357.75	\$310.88	\$74.19	\$36.36	\$23.58	\$15.13	\$2.04	\$1.53
85+	\$369.02	\$320.67	\$76.53	\$37.51	\$23.58	\$15.61	\$2.04	\$1.53
Under 65	\$724.20	\$629.33	\$150.18	\$73.60	\$23.58	\$30.64	\$2.04	\$1.53

Area 1—Calculate your plan cost.

Please refer to pages 14-15 for descriptions of benefit options and see chart above for area rates.

- Base plan rate (choose one) \$ _____
- Choose optional riders
 - Rider 1—Medicare Part A Deductible \$ _____
 - Rider 2—Medicare Part B Deductible¹ \$ _____
 - Rider 3—Medicare Part B Excess Charges \$ _____
 - Rider 4—Additional Home Healthcare \$ _____
 - Rider 5—Foreign Travel Emergency \$ _____
- Your total per month Total = \$ _____
- Apply discounts for which you qualify²
 - 2% Automatic bank withdrawal discount Total x 0.98 = \$ _____
 - OR, 7% Household discount Total x 0.93 = \$ _____
 - OR, BOTH discounts Total x 0.9114 = \$ _____

¹This rider is only available to applicants who were first eligible for Medicare prior to Jan. 1, 2020, and who purchase our highest-level base plan.

²Discounts are approximate; actual discount amount will be determined when your application is approved.

Area 2—Male Base Plan monthly rates

Age at time of enrollment	Base plans choose one		Optional riders					
	Base plan only	Base plan with copay/coinsurance	Rider 1 choose one		Rider 2	Rider 3	Rider 4	Rider 5
			Part A Deductible 100%	OR Part A Deductible 50%	Part B Deductible ¹	Part B Excess Charges	Additional Home Healthcare	Foreign Travel Emergency
65	\$182.00	\$158.16	\$37.74	\$18.50	\$23.58	\$7.69	\$2.04	\$1.53
66	\$189.47	\$164.65	\$39.30	\$19.25	\$23.58	\$8.02	\$2.04	\$1.53
67	\$197.14	\$171.31	\$40.88	\$20.03	\$23.58	\$8.34	\$2.04	\$1.53
68	\$205.03	\$178.18	\$42.53	\$20.83	\$23.58	\$8.68	\$2.04	\$1.53
69	\$213.12	\$185.20	\$44.20	\$21.66	\$23.58	\$9.02	\$2.04	\$1.53
70	\$221.42	\$192.42	\$45.92	\$22.49	\$23.58	\$9.36	\$2.04	\$1.53
71	\$229.96	\$199.83	\$47.68	\$23.37	\$23.58	\$9.73	\$2.04	\$1.53
72	\$238.69	\$207.41	\$49.50	\$24.26	\$23.58	\$10.10	\$2.04	\$1.53
73	\$247.65	\$215.20	\$51.36	\$25.17	\$23.58	\$10.48	\$2.04	\$1.53
74	\$256.80	\$223.15	\$53.25	\$26.10	\$23.58	\$10.86	\$2.04	\$1.53
75	\$266.18	\$231.31	\$55.20	\$27.06	\$23.58	\$11.26	\$2.04	\$1.53
76	\$275.77	\$239.65	\$57.19	\$28.03	\$23.58	\$11.68	\$2.04	\$1.53
77	\$285.55	\$248.15	\$59.22	\$29.02	\$23.58	\$12.08	\$2.04	\$1.53
78	\$295.55	\$256.84	\$61.29	\$30.04	\$23.58	\$12.50	\$2.04	\$1.53
79	\$305.74	\$265.69	\$63.40	\$31.07	\$23.58	\$12.94	\$2.04	\$1.53
80	\$316.14	\$274.73	\$65.57	\$32.13	\$23.58	\$13.37	\$2.04	\$1.53
81	\$326.73	\$283.93	\$67.75	\$33.21	\$23.58	\$13.83	\$2.04	\$1.53
82	\$337.51	\$293.29	\$69.99	\$34.31	\$23.58	\$14.28	\$2.04	\$1.53
83	\$348.48	\$302.83	\$72.27	\$35.41	\$23.58	\$14.74	\$2.04	\$1.53
84	\$359.63	\$312.51	\$74.58	\$36.55	\$23.58	\$15.21	\$2.04	\$1.53
85+	\$370.96	\$322.37	\$76.93	\$37.70	\$23.58	\$15.70	\$2.04	\$1.53
Under 65	\$728.00	\$632.64	\$150.98	\$73.99	\$23.58	\$30.80	\$2.04	\$1.53

Area 2—Calculate your plan cost.

Please refer to pages 14-15 for descriptions of benefit options and see chart above for area rates.

- Base plan rate (choose one) \$_____
- Choose optional riders
 - Rider 1—Medicare Part A Deductible \$_____
 - Rider 2—Medicare Part B Deductible¹ \$_____
 - Rider 3—Medicare Part B Excess Charges \$_____
 - Rider 4—Additional Home Healthcare \$_____
 - Rider 5—Foreign Travel Emergency \$_____
- Your total per month Total = \$_____
- Apply discounts for which you qualify²
 - 2% Automatic bank withdrawal discount Total x 0.98 = \$_____
 - OR, 7% Household discount Total x 0.93 = \$_____
 - OR, BOTH discounts Total x 0.9114 = \$_____

¹This rider is only available to applicants who were first eligible for Medicare prior to Jan. 1, 2020, and who purchase our highest-level base plan.

²Discounts are approximate; actual discount amount will be determined when your application is approved.

Area 2—Female Base Plan monthly rates

Age at time of enrollment	Base plans choose one		Optional riders					
	Base plan only	Base plan with copay/coinsurance	Rider 1 choose one		Rider 2	Rider 3	Rider 4	Rider 5
			Part A Deductible 100%	OR Part A Deductible 50%	Part B Deductible ¹	Part B Excess Charges	Additional Home Healthcare	Foreign Travel Emergency
65	\$166.52	\$144.71	\$34.53	\$16.92	\$23.58	\$7.04	\$2.04	\$1.53
66	\$173.34	\$150.62	\$35.95	\$17.61	\$23.58	\$7.33	\$2.04	\$1.53
67	\$180.37	\$156.74	\$37.40	\$18.33	\$23.58	\$7.63	\$2.04	\$1.53
68	\$187.59	\$163.02	\$38.90	\$19.07	\$23.58	\$7.94	\$2.04	\$1.53
69	\$194.99	\$169.44	\$40.43	\$19.82	\$23.58	\$8.25	\$2.04	\$1.53
70	\$202.59	\$176.05	\$42.01	\$20.59	\$23.58	\$8.56	\$2.04	\$1.53
71	\$210.40	\$182.84	\$43.63	\$21.39	\$23.58	\$8.90	\$2.04	\$1.53
72	\$218.38	\$189.76	\$45.29	\$22.19	\$23.58	\$9.25	\$2.04	\$1.53
73	\$226.58	\$196.89	\$47.00	\$23.03	\$23.58	\$9.59	\$2.04	\$1.53
74	\$234.97	\$204.18	\$48.72	\$23.88	\$23.58	\$9.95	\$2.04	\$1.53
75	\$243.55	\$211.64	\$50.51	\$24.75	\$23.58	\$10.31	\$2.04	\$1.53
76	\$252.31	\$219.25	\$52.32	\$25.64	\$23.58	\$10.67	\$2.04	\$1.53
77	\$261.26	\$227.03	\$54.18	\$26.55	\$23.58	\$11.06	\$2.04	\$1.53
78	\$270.41	\$234.98	\$56.08	\$27.48	\$23.58	\$11.44	\$2.04	\$1.53
79	\$279.74	\$243.09	\$58.01	\$28.43	\$23.58	\$11.83	\$2.04	\$1.53
80	\$289.26	\$251.37	\$59.99	\$29.40	\$23.58	\$12.25	\$2.04	\$1.53
81	\$298.93	\$259.76	\$61.99	\$30.38	\$23.58	\$12.65	\$2.04	\$1.53
82	\$308.80	\$268.34	\$64.04	\$31.38	\$23.58	\$13.06	\$2.04	\$1.53
83	\$318.84	\$277.07	\$66.12	\$32.41	\$23.58	\$13.49	\$2.04	\$1.53
84	\$329.04	\$285.93	\$68.24	\$33.44	\$23.58	\$13.92	\$2.04	\$1.53
85+	\$339.40	\$294.93	\$70.39	\$34.50	\$23.58	\$14.36	\$2.04	\$1.53
Under 65	\$666.07	\$578.81	138.13	\$67.69	\$23.58	\$28.18	\$2.04	\$1.53

Area 2—Calculate your plan cost.

Please refer to pages 14-15 for descriptions of benefit options and see chart above for area rates.

- Base plan rate (choose one) \$_____
- Choose optional riders
 - Rider 1—Medicare Part A Deductible \$_____
 - Rider 2—Medicare Part B Deductible¹ \$_____
 - Rider 3—Medicare Part B Excess Charges \$_____
 - Rider 4—Additional Home Healthcare \$_____
 - Rider 5—Foreign Travel Emergency \$_____
- Your total per month Total = \$_____
- Apply discounts for which you qualify²
 - 2% Automatic bank withdrawal discount Total x 0.98 = \$_____
 - OR, 7% Household discount Total x 0.93 = \$_____
 - OR, BOTH discounts Total x 0.9114 = \$_____

¹This rider is only available to applicants who were first eligible for Medicare prior to Jan. 1, 2020, and who purchase our highest-level base plan.

²Discounts are approximate; actual discount amount will be determined when your application is approved.

Area 3—Male Base Plan monthly rates

Age at time of enrollment	Base plans choose one		Optional riders					
	Base plan only	Base plan with copay/coinsurance	Rider 1 choose one		Rider 2	Rider 3	Rider 4	Rider 5
			Part A Deductible 100%	OR Part A Deductible 50%	Part B Deductible ¹	Part B Excess Charges	Additional Home Healthcare	Foreign Travel Emergency
65	\$156.64	\$136.12	\$32.48	\$15.92	\$23.58	\$6.62	\$2.04	\$1.53
66	\$163.07	\$141.71	\$33.82	\$16.57	\$23.58	\$6.90	\$2.04	\$1.53
67	\$169.67	\$147.44	\$35.18	\$17.24	\$23.58	\$7.18	\$2.04	\$1.53
68	\$176.46	\$153.35	\$36.60	\$17.93	\$23.58	\$7.47	\$2.04	\$1.53
69	\$183.42	\$159.39	\$38.04	\$18.64	\$23.58	\$7.76	\$2.04	\$1.53
70	\$190.57	\$165.61	\$39.52	\$19.36	\$23.58	\$8.06	\$2.04	\$1.53
71	\$197.92	\$171.99	\$41.04	\$20.11	\$23.58	\$8.37	\$2.04	\$1.53
72	\$205.43	\$178.51	\$42.60	\$20.88	\$23.58	\$8.69	\$2.04	\$1.53
73	\$213.14	\$185.21	\$44.20	\$21.66	\$23.58	\$9.02	\$2.04	\$1.53
74	\$221.02	\$192.06	\$45.83	\$22.46	\$23.58	\$9.35	\$2.04	\$1.53
75	\$229.09	\$199.08	\$47.51	\$23.29	\$23.58	\$9.69	\$2.04	\$1.53
76	\$237.34	\$206.25	\$49.22	\$24.12	\$23.58	\$10.05	\$2.04	\$1.53
77	\$245.76	\$213.57	\$50.97	\$24.98	\$23.58	\$10.40	\$2.04	\$1.53
78	\$254.37	\$221.05	\$52.75	\$25.85	\$23.58	\$10.76	\$2.04	\$1.53
79	\$263.14	\$228.67	\$54.57	\$26.74	\$23.58	\$11.14	\$2.04	\$1.53
80	\$272.09	\$236.45	\$56.43	\$27.65	\$23.58	\$11.51	\$2.04	\$1.53
81	\$281.20	\$244.36	\$58.31	\$28.58	\$23.58	\$11.90	\$2.04	\$1.53
82	\$290.48	\$252.42	\$60.24	\$29.53	\$23.58	\$12.29	\$2.04	\$1.53
83	\$299.92	\$260.63	\$62.20	\$30.48	\$23.58	\$12.69	\$2.04	\$1.53
84	\$309.52	\$268.97	\$64.19	\$31.46	\$23.58	\$13.09	\$2.04	\$1.53
85+	\$319.27	\$277.45	\$66.21	\$32.45	\$23.58	\$13.51	\$2.04	\$1.53
Under 65	\$626.56	\$544.49	\$129.94	\$63.68	\$23.58	\$26.51	\$2.04	\$1.53

Area 3—Calculate your plan cost.

Please refer to pages 14-15 for descriptions of benefit options and see chart above for area rates.

- Base plan rate (choose one) \$ _____
- Choose optional riders
 - Rider 1—Medicare Part A Deductible \$ _____
 - Rider 2—Medicare Part B Deductible¹ \$ _____
 - Rider 3—Medicare Part B Excess Charges \$ _____
 - Rider 4—Additional Home Healthcare \$ _____
 - Rider 5—Foreign Travel Emergency \$ _____
- Your total per month Total = \$ _____
- Apply discounts for which you qualify²
 - 2% Automatic bank withdrawal discount Total x 0.98 = \$ _____
 - OR, 7% Household discount Total x 0.93 = \$ _____
 - OR, BOTH discounts Total x 0.9114 = \$ _____

¹This rider is only available to applicants who were first eligible for Medicare prior to Jan. 1, 2020, and who purchase our highest-level base plan.

²Discounts are approximate; actual discount amount will be determined when your application is approved.

Area 3—Female Base Plan monthly rates

Age at time of enrollment	Base plans choose one		Optional riders					
	Base plan only	Base plan with copay/coinsurance	Rider 1 choose one		Rider 2	Rider 3	Rider 4	Rider 5
			Part A Deductible 100%	OR Part A Deductible 50%	Part B Deductible ¹	Part B Excess Charges	Additional Home Healthcare	Foreign Travel Emergency
65	\$143.32	\$124.55	\$29.72	\$14.56	\$23.58	\$6.06	\$2.04	\$1.53
66	\$149.19	\$129.64	\$30.94	\$15.16	\$23.58	\$6.31	\$2.04	\$1.53
67	\$155.24	\$134.90	\$32.19	\$15.78	\$23.58	\$6.57	\$2.04	\$1.53
68	\$161.45	\$140.30	\$33.48	\$16.41	\$23.58	\$6.83	\$2.04	\$1.53
69	\$167.82	\$145.83	\$34.80	\$17.06	\$23.58	\$7.10	\$2.04	\$1.53
70	\$174.36	\$151.52	\$36.16	\$17.72	\$23.58	\$7.37	\$2.04	\$1.53
71	\$181.08	\$157.36	\$37.55	\$18.41	\$23.58	\$7.66	\$2.04	\$1.53
72	\$187.95	\$163.32	\$38.98	\$19.10	\$23.58	\$7.96	\$2.04	\$1.53
73	\$195.01	\$169.46	\$40.45	\$19.82	\$23.58	\$8.25	\$2.04	\$1.53
74	\$202.23	\$175.73	\$41.93	\$20.55	\$23.58	\$8.56	\$2.04	\$1.53
75	\$209.61	\$182.15	\$43.47	\$21.30	\$23.58	\$8.87	\$2.04	\$1.53
76	\$217.15	\$188.70	\$45.03	\$22.07	\$23.58	\$9.18	\$2.04	\$1.53
77	\$224.86	\$195.40	\$46.63	\$22.85	\$23.58	\$9.52	\$2.04	\$1.53
78	\$232.73	\$202.24	\$48.27	\$23.65	\$23.58	\$9.85	\$2.04	\$1.53
79	\$240.76	\$209.22	\$49.93	\$24.47	\$23.58	\$10.18	\$2.04	\$1.53
80	\$248.95	\$216.34	\$51.63	\$25.30	\$23.58	\$10.54	\$2.04	\$1.53
81	\$257.28	\$223.57	\$53.35	\$26.15	\$23.58	\$10.89	\$2.04	\$1.53
82	\$265.77	\$230.95	\$55.12	\$27.01	\$23.58	\$11.24	\$2.04	\$1.53
83	\$274.41	\$238.46	\$56.91	\$27.89	\$23.58	\$11.61	\$2.04	\$1.53
84	\$283.19	\$246.09	\$58.73	\$28.78	\$23.58	\$11.98	\$2.04	\$1.53
85+	\$292.11	\$253.84	\$60.58	\$29.69	\$23.58	\$12.36	\$2.04	\$1.53
Under 65	\$573.26	\$498.16	\$118.88	\$58.26	\$23.58	\$24.25	\$2.04	\$1.53

Area 3—Calculate your plan cost.

Please refer to pages 14-15 for descriptions of benefit options and see chart above for area rates.

- Base plan rate (choose one) \$ _____
- Choose optional riders
 - Rider 1—Medicare Part A Deductible \$ _____
 - Rider 2—Medicare Part B Deductible¹ \$ _____
 - Rider 3—Medicare Part B Excess Charges \$ _____
 - Rider 4—Additional Home Healthcare \$ _____
 - Rider 5—Foreign Travel Emergency \$ _____
- Your total per month Total = \$ _____
- Apply discounts for which you qualify²
 - 2% Automatic bank withdrawal discount Total x 0.98 = \$ _____
 - OR, 7% Household discount Total x 0.93 = \$ _____
 - OR, BOTH discounts Total x 0.9114 = \$ _____

¹This rider is only available to applicants who were first eligible for Medicare prior to Jan. 1, 2020, and who purchase our highest-level base plan.

²Discounts are approximate; actual discount amount will be determined when your application is approved.

High-Deductible Plan monthly rates

Age at time of enrollment	Area 1		Area 2		Area 3	
	Male	Female	Male	Female	Male	Female
65	\$100.71	\$92.31	\$92.63	\$84.90	\$79.72	\$73.07
66	\$104.78	\$96.01	\$96.37	\$88.30	\$82.94	\$76.00
67	\$108.95	\$99.84	\$100.20	\$91.82	\$86.24	\$79.03
68	\$113.24	\$103.75	\$104.15	\$95.43	\$89.64	\$82.13
69	\$117.64	\$107.78	\$108.20	\$99.13	\$93.12	\$85.32
70	\$122.15	\$111.90	\$112.34	\$102.92	\$96.69	\$88.58
71	\$126.78	\$116.15	\$116.61	\$106.83	\$100.36	\$91.94
72	\$131.53	\$120.49	\$120.98	\$110.82	\$104.12	\$95.38
73	\$136.40	\$124.95	\$125.45	\$114.92	\$107.97	\$98.91
74	\$141.38	\$129.51	\$130.03	\$119.12	\$111.91	\$102.52
75	\$146.47	\$134.18	\$134.71	\$123.41	\$115.94	\$106.21
76	\$151.68	\$138.93	\$139.51	\$127.77	\$120.07	\$109.97
77	\$157.00	\$143.80	\$144.40	\$132.26	\$124.28	\$113.83
78	\$162.44	\$148.78	\$149.40	\$136.84	\$128.58	\$117.77
79	\$167.98	\$153.84	\$154.50	\$141.50	\$132.97	\$121.78
80	\$173.63	\$159.02	\$159.69	\$146.26	\$137.44	\$125.88
81	\$179.38	\$164.28	\$164.98	\$151.09	\$141.99	\$130.04
82	\$185.24	\$169.64	\$170.37	\$156.02	\$146.63	\$134.28
83	\$191.20	\$175.09	\$175.85	\$161.04	\$151.35	\$138.60
84	\$197.26	\$180.64	\$181.43	\$166.14	\$156.15	\$142.99
85+	\$203.42	\$186.27	\$187.09	\$171.32	\$161.02	\$147.45
Under 65	\$397.47	\$363.81	\$365.57	\$334.60	\$314.63	\$287.98

High-Deductible Plan—Calculate your plan cost.

1. High-Deductible Plan rate (choose one) total per month

\$_____

The policy includes foreign travel emergency coverage, additional home health care and Medicare Part B excess charges

2. Apply discounts for which you qualify¹

2% Automatic bank withdrawal discount

Total x 0.98 = \$_____

OR, 7% Household discount

Total x 0.93 = \$_____

OR, BOTH discounts

Total x 0.9114 = \$_____

¹Discounts are approximate; actual discount amount will be determined when your application is approved.

Limitations and exclusions.

No insurance policy covers everything. Here's a list of things WPS Medicare Supplement Plans do not cover:

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



#1 CHOICE

for Medicare Supplement
Insurance in Wisconsin

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WPSTM
A HEALTH SOLUTIONS COMPANY

Medicare Supplement Insurance

IMPORTANT INFORMATION:

In some states, all Medicare Supplement Insurance plans are offered to qualified individuals under the age of 65 and/or to Medicare-qualified individuals due to disability or end-stage renal disease. *Based on enrollment data submitted to NAIC, 2025. The intent of this advertisement is solicitation of insurance, and contact may be made by the insurer or a licensed agent. Neither Wisconsin Physicians Service Insurance Corporation (WPS), nor its agents, nor products are connected with the federal Medicare program. This plan summary provides only a general description of benefits and limitations. A detailed description of coverage is in the applicable policy. If there is ever a discrepancy between the policy and this document, the policy has final authority.