



**Anthem Blue Cross and Blue Shield - Wisconsin**

## Monthly Rates Basic and High Deductible Plan Effective January 1, 2011

Administrative Office: PO Box 9063, Oxnard, CA 93031-9063  
Toll Free Telephone Number: 1-888-211-9815

Rates are subject to change

### Basic and High Deductible Plan: Area 1 – Female Rates

Attained Age	BASIC PLAN						HIGH DEDUCTIBLE PLAN	
	Base Rate	Optional Riders					Base Rate	
		Part A Deductible	Part B Deductible*	Medicare Part B Copayment/Coinsurance*	Part B Excess Charges	Home Health	Foreign Travel Emergency	
< 65	\$ 296.98	\$ 58.05	\$ 11.55	-99.34	\$ 13.77	\$ 4.62	\$ 6.88	\$ 137.15
65	92.11	18.94	11.55	-25.69	4.48	1.62	2.26	45.84
66	99.66	19.84	11.55	-28.25	4.71	1.69	2.36	48.93
67	104.37	20.75	11.55	-29.93	4.93	1.75	2.47	51.04
68	109.07	21.66	11.55	-31.60	5.16	1.81	2.57	53.14
69	113.78	22.56	11.55	-33.28	5.38	1.87	2.67	55.23
70	118.49	23.46	11.55	-34.96	5.61	1.93	2.78	57.34
71	123.19	24.37	11.55	-36.63	5.83	1.99	2.87	59.43
72	127.90	25.27	11.55	-38.32	6.06	2.06	2.98	61.54
73	133.62	26.36	11.55	-40.36	6.33	2.14	3.11	64.09
74	139.36	27.45	11.55	-42.41	6.59	2.22	3.22	66.64
75	145.09	28.54	11.55	-44.46	6.86	2.30	3.35	69.19
76	150.83	29.63	11.55	-46.52	7.13	2.39	3.48	71.75
77	156.55	30.72	11.55	-48.56	7.40	2.47	3.59	74.30
78	163.60	32.10	11.55	-51.13	7.71	2.59	3.76	77.46
79	170.65	33.46	11.55	-53.70	8.01	2.71	3.92	80.61
80+	191.80	37.60	11.55	-61.43	8.94	3.08	4.42	90.09

\* You may select either Part B Deductible or Part B Copayment/Coinsurance rider option.

■ **Area 1** Includes Milwaukee, Waukesha, Racine, Kenosha, Washington and Ozaukee Counties.

■ **Area 2** Includes Dane, Brown and Outagamie Counties. ■ **Area 3** Includes all other Wisconsin Counties.



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	Base Rate	Optional Riders					Base Rate	
		Part A Deductible	Part B Deductible*	Medicare Part B Copayment/Coinsurance*	Part B Excess Charges	Home Health	Foreign Travel Emergency	
< 65	\$ 319.95	\$ 62.53	\$ 11.55	-107.65	\$ 14.83	\$ 4.98	\$ 7.42	\$ 147.44
65	99.24	20.41	11.55	-28.30	4.82	1.75	2.44	49.07
66	107.37	21.38	11.55	-31.04	5.07	1.81	2.54	52.40
67	112.44	22.36	11.55	-32.86	5.31	1.88	2.66	54.67
68	117.51	23.33	11.55	-34.67	5.55	1.95	2.77	56.93
69	122.58	24.31	11.55	-36.46	5.80	2.01	2.87	59.19
70	127.65	25.28	11.55	-38.28	6.04	2.08	2.99	61.46
71	132.71	26.26	11.55	-40.08	6.29	2.15	3.10	63.72
72	137.79	27.22	11.55	-41.89	6.53	2.22	3.21	65.98
73	143.96	28.40	11.55	-44.09	6.82	2.30	3.34	68.73
74	150.14	29.57	11.55	-46.32	7.10	2.40	3.48	71.48
75	156.31	30.74	11.55	-48.51	7.39	2.48	3.60	74.22
76	162.49	31.92	11.55	-50.72	7.69	2.57	3.74	76.99
77	168.66	33.09	11.55	-52.93	7.97	2.66	3.87	79.73
78	176.26	34.58	11.55	-55.71	8.30	2.79	4.05	83.14
79	183.85	36.06	11.55	-58.49	8.63	2.93	4.23	86.54
80+	206.63	40.50	11.55	-66.80	9.62	3.32	4.76	96.73

\* You may select either Part B Deductible or Part B Copayment/Coinsurance rider option.

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### Basic and High Deductible Plan: Area 2 – Female Rates

Attained Age	BASIC PLAN							HIGH DEDUCTIBLE PLAN
	Base Rate	Optional Riders						Base Rate
		Part A Deductible	Part B Deductible*	Medicare Part B Copayment/Coinsurance*	Part B Excess Charges	Home Health	Foreign Travel Emergency	
< 65	\$ 252.43	\$ 49.34	\$ 9.82	-84.44	\$ 11.70	\$ 3.93	\$ 5.85	\$ 116.58
65	78.29	16.10	9.82	-21.84	3.81	1.38	1.92	38.96
66	84.71	16.86	9.82	-24.01	4.00	1.44	2.01	41.59
67	88.71	17.64	9.82	-25.44	4.19	1.49	2.10	43.38
68	92.71	18.41	9.82	-26.86	4.39	1.54	2.18	45.17
69	96.71	19.18	9.82	-28.29	4.57	1.59	2.27	46.95
70	100.72	19.94	9.82	-29.72	4.77	1.64	2.36	48.74
71	104.71	20.71	9.82	-31.14	4.96	1.69	2.44	50.52
72	108.72	21.48	9.82	-32.57	5.15	1.75	2.53	52.31
73	113.58	22.41	9.82	-34.31	5.38	1.82	2.64	54.48
74	118.46	23.33	9.82	-36.05	5.60	1.89	2.74	56.64
75	123.33	24.26	9.82	-37.79	5.83	1.96	2.85	58.81
76	128.21	25.19	9.82	-39.54	6.06	2.03	2.96	60.99
77	133.07	26.11	9.82	-41.28	6.29	2.10	3.05	63.16
78	139.06	27.29	9.82	-43.46	6.55	2.20	3.20	65.84
79	145.05	28.44	9.82	-45.65	6.81	2.30	3.33	68.52
80+	163.03	31.96	9.82	-52.22	7.60	2.62	3.76	76.58

\* You may select either Part B Deductible or Part B Copayment/Coinsurance rider option.

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### Basic and High Deductible Plan: Area 2 – Male Rates

Attained Age	BASIC PLAN							HIGH DEDUCTIBLE PLAN
	Base Rate	Optional Riders			Part B Excess Charges	Home Health	Foreign Travel Emergency	Base Rate
	Part A Deductible	Part B Deductible*	Medicare Part B Copayment/Coinsurance*					
< 65	\$ 271.96	\$ 53.15	\$ 9.82	-91.50	\$ 12.61	\$ 4.23	\$ 6.31	\$ 125.32
65	84.35	17.35	9.82	-24.06	4.10	1.49	2.07	41.71
66	91.26	18.17	9.82	-26.38	4.31	1.54	2.16	44.54
67	95.57	19.01	9.82	-27.93	4.51	1.60	2.26	46.47
68	99.88	19.83	9.82	-29.47	4.72	1.66	2.35	48.39
69	104.19	20.66	9.82	-30.99	4.93	1.71	2.44	50.31
70	108.50	21.49	9.82	-32.54	5.13	1.77	2.54	52.24
71	112.80	22.32	9.82	-34.07	5.35	1.83	2.64	54.16
72	117.12	23.14	9.82	-35.61	5.55	1.89	2.73	56.08
73	122.37	24.14	9.82	-37.48	5.80	1.96	2.84	58.42
74	127.62	25.13	9.82	-39.37	6.04	2.04	2.96	60.76
75	132.86	26.13	9.82	-41.23	6.28	2.11	3.06	63.09
76	138.12	27.13	9.82	-43.11	6.54	2.18	3.18	65.44
77	143.36	28.13	9.82	-44.99	6.77	2.26	3.29	67.77
78	149.82	29.39	9.82	-47.35	7.06	2.37	3.44	70.67
79	156.27	30.65	9.82	-49.72	7.34	2.49	3.60	73.56
80+	175.64	34.43	9.82	-56.78	8.18	2.82	4.05	82.22

\* You may select either Part B Deductible or Part B Copayment/Coinsurance rider option.

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### Basic and High Deductible Plan: Area 3 – Female Rates

Attained Age	BASIC PLAN							HIGH DEDUCTIBLE PLAN
	Base Rate	Optional Riders			Part B Excess Charges	Home Health	Foreign Travel Emergency	Base Rate
	Part A Deductible	Part B Deductible*	Medicare Part B Copayment/Coinsurance*					
< 65	\$ 267.28	\$ 52.25	\$ 10.40	-89.41	\$ 12.39	\$ 4.16	\$ 6.19	\$ 123.44
65	82.90	17.05	10.40	-23.12	4.03	1.46	2.03	41.26
66	89.69	17.86	10.40	-25.43	4.24	1.52	2.12	44.04
67	93.93	18.68	10.40	-26.94	4.44	1.58	2.22	45.94
68	98.16	19.49	10.40	-28.44	4.64	1.63	2.31	47.83
69	102.40	20.30	10.40	-29.95	4.84	1.68	2.40	49.71
70	106.64	21.11	10.40	-31.46	5.05	1.74	2.50	51.61
71	110.87	21.93	10.40	-32.97	5.25	1.79	2.58	53.49
72	115.11	22.74	10.40	-34.49	5.45	1.85	2.68	55.39
73	120.26	23.72	10.40	-36.32	5.70	1.93	2.80	57.68
74	125.42	24.71	10.40	-38.17	5.93	2.00	2.90	59.98
75	130.58	25.69	10.40	-40.01	6.17	2.07	3.02	62.27
76	135.75	26.67	10.40	-41.87	6.42	2.15	3.13	64.58
77	140.90	27.65	10.40	-43.70	6.66	2.22	3.23	66.87
78	147.24	28.89	10.40	-46.02	6.94	2.33	3.38	69.71
79	153.59	30.11	10.40	-48.33	7.21	2.44	3.53	72.55
80+	172.62	33.84	10.40	-55.29	8.05	2.77	3.98	81.08

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### Basic and High Deductible Plan: Area 3 – Male Rates

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	Base Rate	Optional Riders						Base Rate
		Part A Deductible	Part B Deductible*	Medicare Part B Copayment/Coinsurance*	Part B Excess Charges	Home Health	Foreign Travel Emergency	
< 65	\$ 287.96	\$ 56.28	\$ 10.40	-96.89	\$13.35	\$ 4.48	\$ 6.68	\$ 132.70
65	89.32	18.37	10.40	-25.47	4.34	1.58	2.20	44.16
66	96.63	19.24	10.40	-27.94	4.56	1.63	2.29	47.16
67	101.20	20.12	10.40	-29.57	4.78	1.69	2.39	49.20
68	105.76	21.00	10.40	-31.20	5.00	1.76	2.49	51.24
69	110.32	21.88	10.40	-32.81	5.22	1.81	2.58	53.27
70	114.89	22.75	10.40	-34.45	5.44	1.87	2.69	55.31
71	119.44	23.63	10.40	-36.07	5.66	1.94	2.79	57.35
72	124.01	24.50	10.40	-37.70	5.88	2.00	2.89	59.38
73	129.56	25.56	10.40	-39.68	6.14	2.07	3.01	61.86
74	135.13	26.61	10.40	-41.69	6.39	2.16	3.13	64.33
75	140.68	27.67	10.40	-43.66	6.65	2.23	3.24	66.80
76	146.24	28.73	10.40	-45.65	6.92	2.31	3.37	69.29
77	151.79	29.78	10.40	-47.64	7.17	2.39	3.48	71.76
78	158.63	31.12	10.40	-50.14	7.47	2.51	3.65	74.83
79	165.47	32.45	10.40	-52.64	7.77	2.64	3.81	77.89
80+	185.97	36.45	10.40	-60.12	8.66	2.99	4.28	87.06

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## **Monthly Rates**

### **Basic and High Deductible Plan**

### **Effective January 1, 2011**

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### **Basic and High Deductible Plan: Premium Information**

**Save \$2 on your monthly premium!** Enroll in our monthly Automatic Bank Draft or Electronic Fund Transfer (EFT) program and you will save \$2 on your monthly premium. (To enroll, simply complete the Premium Payment Form.)

—OR—

**Save \$48 by paying your premium for the entire year!**  
(Note: Based on the policy effective date, the discount may be pro-rated the first year.)

**Save 5%** when more than one member in the household enrolls in a Medicare Supplement plan with us. The discount is for policies with effective dates of June 1, 2010 or after and available to those members who occupy the same housing unit.

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