



Anthem Blue Cross and Blue Shield – Wisconsin

Administrative Office: PO Box 9063, Oxnard, CA 93031-9063

Toll Free Telephone Number: 1-888-211-9815

MONTHLY RATES – VALUE PLUS PLAN

Effective January 1, 2010

VALUE PLUS PLAN

Attained Age	Area 1 Female						Area 1 Male					
	Base	Part A Deductible	Part B Deductible	Home Health	Excess Charges	Foreign Travel	Base	Part A Deductible	Part B Deductible	Home Health	Excess Charges	Foreign Travel
<65	\$ 296.98	\$ 58.05	\$ 11.55	\$ 4.62	\$ 13.77	\$ 6.88	\$ 319.95	\$ 62.53	\$ 11.55	\$ 4.98	\$ 14.83	\$ 7.42
65	92.11	18.94	11.55	1.62	4.48	2.26	99.24	20.41	11.55	1.75	4.82	2.44
66	99.66	19.84	11.55	1.69	4.71	2.36	107.37	21.38	11.55	1.81	5.07	2.54
67	104.37	20.75	11.55	1.75	4.93	2.47	112.44	22.36	11.55	1.88	5.31	2.66
68	109.07	21.66	11.55	1.81	5.16	2.57	117.51	23.33	11.55	1.95	5.55	2.77
69	113.78	22.56	11.55	1.87	5.38	2.67	122.58	24.31	11.55	2.01	5.80	2.87
70	118.49	23.46	11.55	1.93	5.61	2.78	127.65	25.28	11.55	2.08	6.04	2.99
71	123.19	24.37	11.55	1.99	5.83	2.87	132.71	26.26	11.55	2.15	6.29	3.10
72	127.90	25.27	11.55	2.06	6.06	2.98	137.79	27.22	11.55	2.22	6.53	3.21
73	133.62	26.36	11.55	2.14	6.33	3.11	143.96	28.40	11.55	2.30	6.82	3.34
74	139.36	27.45	11.55	2.22	6.59	3.22	150.14	29.57	11.55	2.40	7.10	3.48
75	145.09	28.54	11.55	2.30	6.86	3.35	156.31	30.74	11.55	2.48	7.39	3.60
76	150.83	29.63	11.55	2.39	7.13	3.48	162.49	31.92	11.55	2.57	7.69	3.74
77	156.55	30.72	11.55	2.47	7.40	3.59	168.66	33.09	11.55	2.66	7.97	3.87
78	163.60	32.10	11.55	2.59	7.71	3.76	176.26	34.58	11.55	2.79	8.30	4.05
79	170.65	33.46	11.55	2.71	8.01	3.92	183.85	36.06	11.55	2.93	8.63	4.23
80+	191.80	37.60	11.55	3.08	8.94	4.42	206.63	40.50	11.55	3.32	9.62	4.76

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	Part A Deductible	Part B Deductible	Home Health	Excess Charges	Foreign Travel	Base	Part A Deductible	Part B Deductible	Home Health	Excess Charges	Foreign Travel
<65	\$ 252.44	\$ 49.33	\$ 11.55	\$ 3.93	\$ 11.70	\$ 5.85	\$ 271.95	\$ 53.15	\$ 11.55	\$ 4.23	\$ 12.60	\$ 6.31
65	78.29	16.10	11.55	1.38	3.81	1.92	84.34	17.34	11.55	1.48	4.10	2.07
66	84.72	16.88	11.55	1.43	4.00	2.00	91.27	18.18	11.55	1.55	4.30	2.16
67	88.71	17.64	11.55	1.48	4.19	2.10	95.57	19.01	11.55	1.60	4.52	2.26
68	92.72	18.40	11.55	1.54	4.39	2.18	99.88	19.83	11.55	1.65	4.73	2.35
69	96.71	19.18	11.55	1.59	4.58	2.27	104.19	20.66	11.55	1.72	4.93	2.45
70	100.71	19.94	11.55	1.64	4.77	2.35	108.50	21.49	11.55	1.77	5.14	2.54
71	104.72	20.71	11.55	1.70	4.96	2.45	112.81	22.31	11.55	1.82	5.34	2.63
72	108.71	21.48	11.55	1.75	5.15	2.53	117.12	23.14	11.55	1.88	5.55	2.72
73	113.58	22.41	11.55	1.81	5.37	2.64	122.37	24.14	11.55	1.96	5.80	2.84
74	118.46	23.33	11.55	1.89	5.61	2.75	127.61	25.13	11.55	2.04	6.04	2.96
75	123.33	24.25	11.55	1.96	5.83	2.85	132.86	26.13	11.55	2.11	6.29	3.06
76	128.20	25.19	11.55	2.02	6.06	2.95	138.12	27.13	11.55	2.18	6.53	3.18
77	133.07	26.11	11.55	2.10	6.29	3.05	143.37	28.12	11.55	2.26	6.77	3.30
78	139.06	27.27	11.55	2.20	6.55	3.19	149.82	29.38	11.55	2.37	7.06	3.45
79	145.05	28.45	11.55	2.30	6.82	3.34	156.27	30.64	11.55	2.48	7.34	3.59
80+	163.03	31.96	11.55	2.62	7.60	3.75	175.63	34.43	11.55	2.82	8.18	4.05

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

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	Base	Part A Deductible	Part B Deductible	Home Health	Excess Charges	Foreign Travel	Base	Part A Deductible	Part B Deductible	Home Health	Excess Charges	Foreign Travel
<65	\$ 267.29	\$ 52.24	\$ 11.55	\$ 4.16	\$ 12.39	\$ 6.19	\$ 287.95	\$ 56.28	\$ 11.55	\$ 4.48	\$ 13.35	\$ 6.68
65	82.90	17.04	11.55	1.46	4.03	2.04	89.32	18.37	11.55	1.57	4.35	2.19
66	89.70	17.86	11.55	1.52	4.23	2.13	96.64	19.24	11.55	1.63	4.56	2.29
67	93.94	18.68	11.55	1.57	4.44	2.22	101.20	20.12	11.55	1.70	4.78	2.40
68	98.17	19.49	11.55	1.63	4.64	2.31	105.76	21.00	11.55	1.75	5.00	2.49
69	102.41	20.30	11.55	1.69	4.84	2.41	110.32	21.87	11.55	1.81	5.22	2.59
70	106.64	21.12	11.55	1.74	5.05	2.49	114.88	22.75	11.55	1.88	5.44	2.69
71	110.88	21.93	11.55	1.79	5.25	2.59	119.44	23.63	11.55	1.93	5.66	2.79
72	115.11	22.75	11.55	1.84	5.46	2.68	124.01	24.51	11.55	1.99	5.87	2.88
73	120.27	23.72	11.55	1.92	5.69	2.79	129.56	25.56	11.55	2.07	6.14	3.01
74	125.42	24.71	11.55	1.99	5.94	2.90	135.12	26.62	11.55	2.15	6.39	3.13
75	130.58	25.68	11.55	2.07	6.18	3.01	140.68	27.67	11.55	2.23	6.66	3.24
76	135.74	26.66	11.55	2.14	6.41	3.13	146.24	28.73	11.55	2.31	6.91	3.37
77	140.91	27.64	11.55	2.22	6.66	3.23	151.79	29.79	11.55	2.40	7.18	3.49
78	147.24	28.89	11.55	2.33	6.93	3.38	158.63	31.11	11.55	2.51	7.47	3.65
79	153.58	30.13	11.55	2.44	7.21	3.53	165.47	32.45	11.55	2.63	7.77	3.81
80+	172.61	33.84	11.55	2.78	8.05	3.98	185.96	36.45	11.55	2.99	8.66	4.28

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