Cigna Healthcare Medicare Supplement Insurance

Cigna National Health Insurance Company

Outline of Coverage and Rates for Wisconsin Residents

Medicare Supplement benefit plan: Basic Plan and Optional Riders

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CNHIC-OC-2020-WI

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CIGNA NATIONAL HEALTH INSURANCE COMPANY

PO Box 5700, Scranton, PA 18505-5700 • 866-459-4272

Outline of Medicare Supplement Coverage

OUTLINE OF COVERAGE FOR POLICY FORM CNHIC-MS-BASIC-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.

Basic Benefits Included in Medicare Supplement Policies

- **Inpatient Hospital Care:** Covers the Medicare Part A coinsurance.
- **Medical Costs:** Covers the Medicare Part B coinsurance (generally 20% of the Medicare-approved payment amount).
- **Blood:** Covers the first three pints of blood each year.

Medicare Supplement Benefits	Basic Plan
Basic Benefits	✓
Medicare Part A: Skilled Nursing Facility Coinsurance	✓
Inpatient Mental Health Coverage	175 days per lifetime in addition to Medicare
Home Health Care	40 visits in addition to those paid by Medicare
Medicare Part B: Coinsurance	✓
Outpatient Mental Health	✓
Other Wisconsin State-mandated benefits	✓

Optional Riders
You may add any of the following six Riders to the Basic Plan
• Medicare Part A Deductible
• Additional Home Health Care (365 visits including those paid by Medicare)
• Medicare Part B Deductible*
• Medicare Part B Copayment or Coinsurance
• Medicare Part B Excess Charges
• Foreign Travel Emergency

*The Part B Deductible Rider is only available if you were eligible to Medicare prior to January 1, 2020.

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Locate appropriate Area according to the Applicant's ZIP Code in the ZIP Code chart below.

WISCONSIN ZIP CODES:

Area	**3-digit ZIP Codes**
Area I	535-549, as reflected in rate chart
Area II	530-534, as reflected in rate chart

Cigna National Health Insurance Company

MEDICARE SUPPLEMENT

WISCONSIN

Attained Age Rates -- Effective 7/1/2024 -- Area I (535-549)

PREFERRED ANNUAL & MONTHLY BANK DRAFT RATES

FEMALE RATES

Attained Age	Base Annual	Base Monthly	Part B Copayment Annual	Part B Copayment Monthly	Part A Deductible Annual	Part A Deductible Monthly	Part B Deductible Annual	Part B Deductible Monthly	Part B Excess Annual	Part B Excess Monthly	Foreign Travel Annual	Foreign Travel Monthly	Home Health Care Annual	Home Health Care Monthly
Under 65	4,673.19	389.28	-1,247.37	-103.91	745.49	62.10	240.00	19.99	50.07	4.17	38.07	3.17	55.63	4.63
65	1,335.20	111.22	-356.39	-29.69	213.00	17.74	240.00	19.99	14.31	1.19	10.88	0.91	15.90	1.32
66	1,335.20	111.22	-356.39	-29.69	213.00	17.74	240.00	19.99	14.31	1.19	10.88	0.91	15.90	1.32
67	1,335.20	111.22	-356.39	-29.69	213.00	17.74	240.00	19.99	14.31	1.19	10.88	0.91	15.90	1.32
68	1,335.20	111.22	-356.39	-29.69	213.00	17.74	240.00	19.99	14.31	1.19	10.88	0.91	15.90	1.32
69	1,361.90	113.45	-363.52	-30.28	217.26	18.10	240.00	19.99	14.59	1.22	11.09	0.92	16.21	1.35
70	1,400.03	116.62	-373.70	-31.13	223.34	18.60	240.00	19.99	15.00	1.25	11.40	0.95	16.67	1.39
71	1,444.84	120.35	-385.65	-32.13	230.49	19.20	240.00	19.99	15.48	1.29	11.77	0.98	17.20	1.43
72	1,495.40	124.57	-399.15	-33.25	238.55	19.87	240.00	19.99	16.02	1.33	12.18	1.01	17.80	1.48
73	1,547.74	128.93	-413.12	-34.41	246.90	20.57	240.00	19.99	16.58	1.38	12.61	1.05	18.43	1.53
74	1,601.91	133.44	-427.58	-35.62	255.54	21.29	240.00	19.99	17.16	1.43	13.05	1.09	19.07	1.59
75	1,657.98	138.11	-442.55	-36.86	264.49	22.03	240.00	19.99	17.76	1.48	13.51	1.13	19.74	1.64
76	1,716.01	142.94	-458.04	-38.15	273.74	22.80	240.00	19.99	18.39	1.53	13.98	1.16	20.43	1.70
77	1,776.07	147.95	-474.07	-39.49	283.33	23.60	240.00	19.99	19.03	1.59	14.47	1.21	21.14	1.76
78	1,838.23	153.12	-490.66	-40.87	293.24	24.43	240.00	19.99	19.70	1.64	14.97	1.25	21.88	1.82
79	1,897.06	158.02	-506.36	-42.18	302.63	25.21	240.00	19.99	20.33	1.69	15.45	1.29	22.58	1.88
80	1,957.76	163.08	-522.57	-43.53	312.31	26.02	240.00	19.99	20.98	1.75	15.95	1.33	23.31	1.94
81	2,020.41	168.30	-539.29	-44.92	322.30	26.85	240.00	19.99	21.65	1.80	16.46	1.37	24.05	2.00
82	2,085.07	173.69	-556.54	-46.36	332.62	27.71	240.00	19.99	22.34	1.86	16.98	1.41	24.82	2.07
83	2,147.62	178.90	-573.24	-47.75	342.60	28.54	240.00	19.99	23.01	1.92	17.49	1.46	25.57	2.13
84	2,212.05	184.26	-590.44	-49.18	352.87	29.39	240.00	19.99	23.70	1.97	18.02	1.50	26.33	2.19
85	2,278.41	189.79	-608.15	-50.66	363.46	30.28	240.00	19.99	24.41	2.03	18.56	1.55	27.12	2.26
86	2,339.92	194.92	-624.57	-52.03	373.27	31.09	240.00	19.99	25.07	2.09	19.06	1.59	27.86	2.32
87	2,403.10	200.18	-641.43	-53.43	383.35	31.93	240.00	19.99	25.75	2.14	19.58	1.63	28.61	2.38
88	2,467.99	205.58	-658.75	-54.87	393.70	32.80	240.00	19.99	26.44	2.20	20.10	1.67	29.38	2.45
89	2,534.62	211.13	-676.54	-56.36	404.33	33.68	240.00	19.99	27.16	2.26	20.65	1.72	30.17	2.51
90	2,603.06	216.83	-694.81	-57.88	415.25	34.59	240.00	19.99	27.89	2.32	21.20	1.77	30.99	2.58
91	2,673.34	222.69	-713.57	-59.44	426.46	35.52	240.00	19.99	28.64	2.39	21.78	1.81	31.83	2.65
92	2,745.52	228.70	-732.83	-61.04	437.98	36.48	240.00	19.99	29.42	2.45	22.36	1.86	32.68	2.72
93	2,819.65	234.88	-752.62	-62.69	449.80	37.47	240.00	19.99	30.21	2.52	22.97	1.91	33.57	2.80
94	2,895.78	241.22	-772.94	-64.39	461.95	38.48	240.00	19.99	31.03	2.58	23.59	1.96	34.47	2.87
95	2,968.17	247.25	-792.26	-66.00	473.49	39.44	240.00	19.99	31.80	2.65	24.18	2.01	35.34	2.94
96	3,042.38	253.43	-812.07	-67.65	485.33	40.43	240.00	19.99	32.60	2.72	24.78	2.06	36.22	3.02
97	3,118.44	259.77	-832.37	-69.34	497.46	41.44	240.00	19.99	33.41	2.78	25.40	2.12	37.12	3.09
98	3,196.40	266.26	-853.18	-71.07	509.90	42.47	240.00	19.99	34.25	2.85	26.04	2.17	38.05	3.17
99	3,276.31	272.92	-874.51	-72.85	522.65	43.54	240.00	19.99	35.10	2.92	26.69	2.22	39.00	3.25

MALE RATES

Attained Age	Base Annual	Base Monthly	Part B Copayment Annual	Part B Copayment Monthly	Part A Deductible Annual	Part A Deductible Monthly	Part B Deductible Annual	Part B Deductible Monthly	Part B Excess Annual	Part B Excess Monthly	Foreign Travel Annual	Foreign Travel Monthly	Home Health Care Annual	Home Health Care Monthly
Under 65	5,233.97	435.99	-1,397.05	-116.37	834.94	69.55	240.00	19.99	56.08	4.67	42.63	3.55	62.31	5.19
65	1,495.42	124.57	-399.16	-33.25	238.56	19.87	240.00	19.99	16.02	1.33	12.18	1.01	17.80	1.48
66	1,495.42	124.57	-399.16	-33.25	238.56	19.87	240.00	19.99	16.02	1.33	12.18	1.01	17.80	1.48
67	1,495.42	124.57	-399.16	-33.25	238.56	19.87	240.00	19.99	16.02	1.33	12.18	1.01	17.80	1.48
68	1,495.42	124.57	-399.16	-33.25	238.56	19.87	240.00	19.99	16.02	1.33	12.18	1.01	17.80	1.48
69	1,525.33	127.06	-407.14	-33.91	243.33	20.27	240.00	19.99	16.34	1.36	12.42	1.03	18.16	1.51
70	1,568.04	130.62	-418.54	-34.86	250.14	20.84	240.00	19.99	16.80	1.40	12.77	1.06	18.67	1.55
71	1,618.22	134.80	-431.93	-35.98	258.14	21.50	240.00	19.99	17.34	1.44	13.18	1.10	19.26	1.60
72	1,674.85	139.52	-447.05	-37.24	267.18	22.26	240.00	19.99	17.94	1.49	13.64	1.14	19.94	1.66
73	1,733.47	144.40	-462.70	-38.54	276.53	23.03	240.00	19.99	18.57	1.55	14.12	1.18	20.64	1.72
74	1,794.14	149.45	-478.89	-39.89	286.21	23.84	240.00	19.99	19.22	1.60	14.61	1.22	21.36	1.78
75	1,856.94	154.68	-495.65	-41.29	296.23	24.68	240.00	19.99	19.90	1.66	15.13	1.26	22.11	1.84
76	1,921.93	160.10	-513.00	-42.73	306.59	25.54	240.00	19.99	20.59	1.72	15.66	1.30	22.88	1.91
77	1,989.20	165.70	-530.96	-44.23	317.32	26.43	240.00	19.99	21.31	1.78	16.20	1.35	23.68	1.97
78	2,058.82	171.50	-549.54	-45.78	328.43	27.36	240.00	19.99	22.06	1.84	16.77	1.40	24.51	2.04
79	2,124.70	176.99	-567.12	-47.24	338.94	28.23	240.00	19.99	22.76	1.90	17.31	1.44	25.29	2.11
80	2,192.70	182.65	-585.27	-48.75	349.79	29.14	240.00	19.99	23.49	1.96	17.86	1.49	26.10	2.17
81	2,262.86	188.50	-604.00	-50.31	360.98	30.07	240.00	19.99	24.24	2.02	18.43	1.54	26.94	2.24
82	2,335.27	194.53	-623.33	-51.92	372.53	31.03	240.00	19.99	25.02	2.08	19.02	1.58	27.80	2.32
83	2,405.33	200.36	-642.03	-53.48	383.71	31.96	240.00	19.99	25.77	2.15	19.59	1.63	28.63	2.39
84	2,477.49	206.38	-661.29	-55.09	395.22	32.92	240.00	19.99	26.54	2.21	20.18	1.68	29.49	2.46
85	2,551.82	212.57	-681.13	-56.74	407.08	33.91	240.00	19.99	27.34	2.28	20.79	1.73	30.38	2.53
86	2,620.71	218.31	-699.52	-58.27	418.07	34.82	240.00	19.99	28.08	2.34	21.35	1.78	31.20	2.60
87	2,691.47	224.20	-718.41	-59.84	429.35	35.77	240.00	19.99	28.84	2.40	21.92	1.83	32.04	2.67
88	2,764.14	230.25	-737.80	-61.46	440.95	36.73	240.00	19.99	29.62	2.47	22.52	1.88	32.91	2.74
89	2,838.78	236.47	-757.72	-63.12	452.85	37.72	240.00	19.99	30.42	2.53	23.12	1.93	33.79	2.82
90	2,915.42	242.85	-778.18	-64.82	465.08	38.74	240.00	19.99	31.24	2.60	23.75	1.98	34.71	2.89
91	2,994.14	249.41	-799.19	-66.57	477.64	39.79	240.00	19.99	32.08	2.67	24.39	2.03	35.64	2.97
92	3,074.98	256.15	-820.77	-68.37	490.53	40.86	240.00	19.99	32.95	2.74	25.05	2.09	36.61	3.05
93	3,158.01	263.06	-842.93	-70.22	503.78	41.96	240.00	19.99	33.84	2.82	25.72	2.14	37.60	3.13
94	3,243.27	270.16	-865.69	-72.11	517.38	43.10	240.00	19.99	34.75	2.89	26.42	2.20	38.61	3.22
95	3,324.35	276.92	-887.33	-73.91	530.31	44.18	240.00	19.99	35.62	2.97	27.08	2.26	39.58	3.30
96	3,407.46	283.84	-909.52	-75.76	543.57	45.28	240.00	19.99	36.51	3.04	27.76	2.31	40.57	3.38
97	3,492.65	290.94	-932.26	-77.66	557.16	46.41	240.00	19.99	37.42	3.12	28.45	2.37	41.58	3.46
98	3,579.97	298.21	-955.56	-79.60	571.09	47.57	240.00	19.99	38.36	3.20	29.16	2.43	42.62	3.55
99	3,669.46	305.67	-979.45	-81.59	585.37	48.76	240.00	19.99	39.32	3.27	29.89	2.49	43.68	3.64

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

Area factors and household discount are not applicable to the Part B deductible rider
Applicants who live with someone 18 years or older apply a 6% household discount to the rates above (multiply rates above by 0.94)
If they also have a Medicare Supplement policy with Cigna then add an additional 14% discount (multiply rates above by 0.80)

Cigna National Health Insurance Company

MEDICARE SUPPLEMENT

WISCONSIN

Attained Age Rates -- Effective 7/1/2024 -- Area I (535-549)

STANDARD ANNUAL & MONTHLY BANK DRAFT RATES

FEMALE RATES

Attained Age	Base		Part B Copayment		Part A Deductible		Part B Deductible		Part B Excess		Foreign Travel		Home Health Care	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
Under 65	5,140.51	428.20	-1,372.10	-114.30	820.03	68.31	240.00	19.99	55.08	4.59	41.87	3.49	61.20	5.10
65	1,468.72	122.34	-392.03	-32.66	234.30	19.52	240.00	19.99	15.74	1.31	11.96	1.00	17.48	1.46
66	1,468.72	122.34	-392.03	-32.66	234.30	19.52	240.00	19.99	15.74	1.31	11.96	1.00	17.48	1.46
67	1,468.72	122.34	-392.03	-32.66	234.30	19.52	240.00	19.99	15.74	1.31	11.96	1.00	17.48	1.46
68	1,468.72	122.34	-392.03	-32.66	234.30	19.52	240.00	19.99	15.74	1.31	11.96	1.00	17.48	1.46
69	1,498.09	124.79	-399.87	-33.31	238.98	19.91	240.00	19.99	16.05	1.34	12.20	1.02	17.83	1.49
70	1,540.04	128.29	-411.07	-34.24	245.67	20.46	240.00	19.99	16.50	1.37	12.54	1.04	18.33	1.53
71	1,589.32	132.39	-424.22	-35.34	253.53	21.12	240.00	19.99	17.03	1.42	12.95	1.08	18.92	1.58
72	1,644.95	137.02	-439.07	-36.57	262.41	21.86	240.00	19.99	17.62	1.47	13.40	1.12	19.58	1.63
73	1,702.52	141.82	-454.44	-37.85	271.59	22.62	240.00	19.99	18.24	1.52	13.87	1.16	20.27	1.69
74	1,762.11	146.78	-470.34	-39.18	281.10	23.42	240.00	19.99	18.88	1.57	14.35	1.20	20.98	1.75
75	1,823.78	151.92	-486.80	-40.55	290.94	24.23	240.00	19.99	19.54	1.63	14.86	1.24	21.71	1.81
76	1,887.61	157.24	-503.84	-41.97	301.12	25.08	240.00	19.99	20.22	1.68	15.38	1.28	22.47	1.87
77	1,953.68	162.74	-521.47	-43.44	311.66	25.96	240.00	19.99	20.93	1.74	15.91	1.33	23.26	1.94
78	2,022.06	168.44	-539.73	-44.96	322.57	26.87	240.00	19.99	21.66	1.80	16.47	1.37	24.07	2.01
79	2,086.76	173.83	-557.00	-46.40	332.89	27.73	240.00	19.99	22.36	1.86	17.00	1.42	24.84	2.07
80	2,153.54	179.39	-574.82	-47.88	343.54	28.62	240.00	19.99	23.07	1.92	17.54	1.46	25.64	2.14
81	2,222.45	185.13	-593.22	-49.41	354.53	29.53	240.00	19.99	23.81	1.98	18.10	1.51	26.46	2.20
82	2,293.57	191.05	-612.20	-51.00	365.88	30.48	240.00	19.99	24.57	2.05	18.68	1.56	27.30	2.27
83	2,362.38	196.79	-630.56	-52.53	376.86	31.39	240.00	19.99	25.31	2.11	19.24	1.60	28.12	2.34
84	2,433.25	202.69	-649.48	-54.10	388.16	32.33	240.00	19.99	26.07	2.17	19.82	1.65	28.97	2.41
85	2,506.25	208.77	-668.97	-55.72	399.81	33.30	240.00	19.99	26.85	2.24	20.42	1.70	29.84	2.49
86	2,573.92	214.41	-687.03	-57.23	410.60	34.20	240.00	19.99	27.58	2.30	20.97	1.75	30.64	2.55
87	2,643.41	220.20	-705.58	-58.77	421.69	35.13	240.00	19.99	28.32	2.36	21.53	1.79	31.47	2.62
88	2,714.78	226.14	-724.63	-60.36	433.07	36.07	240.00	19.99	29.09	2.42	22.11	1.84	32.32	2.69
89	2,788.08	232.25	-744.19	-61.99	444.77	37.05	240.00	19.99	29.87	2.49	22.71	1.89	33.19	2.76
90	2,863.36	238.52	-764.29	-63.67	456.77	38.05	240.00	19.99	30.68	2.56	23.32	1.94	34.09	2.84
91	2,940.67	244.96	-784.92	-65.38	469.11	39.08	240.00	19.99	31.51	2.62	23.95	2.00	35.01	2.92
92	3,020.07	251.57	-806.12	-67.15	481.77	40.13	240.00	19.99	32.36	2.70	24.60	2.05	35.95	2.99
93	3,101.61	258.36	-827.88	-68.96	494.78	41.22	240.00	19.99	33.23	2.77	25.26	2.10	36.92	3.08
94	3,185.36	265.34	-850.23	-70.82	508.14	42.33	240.00	19.99	34.13	2.84	25.95	2.16	37.92	3.16
95	3,264.99	271.97	-871.49	-72.60	520.84	43.39	240.00	19.99	34.98	2.91	26.60	2.22	38.87	3.24
96	3,346.61	278.77	-893.28	-74.41	533.86	44.47	240.00	19.99	35.86	2.99	27.26	2.27	39.84	3.32
97	3,430.28	285.74	-915.61	-76.27	547.21	45.58	240.00	19.99	36.75	3.06	27.94	2.33	40.84	3.40
98	3,516.04	292.89	-938.50	-78.18	560.89	46.72	240.00	19.99	37.67	3.14	28.64	2.39	41.86	3.49
99	3,603.94	300.21	-961.96	-80.13	574.91	47.89	240.00	19.99	38.61	3.22	29.36	2.45	42.90	3.57

MALE RATES

Attained Age	Base		Part B Copayment		Part A Deductible		Part B Deductible		Part B Excess		Foreign Travel		Home Health Care	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
Under 65	5,757.37	479.59	-1,536.75	-128.01	918.44	76.51	240.00	19.99	61.69	5.14	46.90	3.91	68.54	5.71
65	1,644.96	137.03	-439.07	-36.57	262.41	21.86	240.00	19.99	17.62	1.47	13.40	1.12	19.58	1.63
66	1,644.96	137.03	-439.07	-36.57	262.41	21.86	240.00	19.99	17.62	1.47	13.40	1.12	19.58	1.63
67	1,644.96	137.03	-439.07	-36.57	262.41	21.86	240.00	19.99	17.62	1.47	13.40	1.12	19.58	1.63
68	1,644.96	137.03	-439.07	-36.57	262.41	21.86	240.00	19.99	17.62	1.47	13.40	1.12	19.58	1.63
69	1,677.86	139.77	-447.85	-37.31	267.66	22.30	240.00	19.99	17.98	1.50	13.67	1.14	19.97	1.66
70	1,724.84	143.68	-460.39	-38.35	275.15	22.92	240.00	19.99	18.48	1.54	14.05	1.17	20.53	1.71
71	1,780.04	148.28	-475.13	-39.58	283.96	23.65	240.00	19.99	19.07	1.59	14.50	1.21	21.19	1.77
72	1,842.34	153.47	-491.76	-40.96	293.90	24.48	240.00	19.99	19.74	1.64	15.01	1.25	21.93	1.83
73	1,906.82	158.84	-508.97	-42.40	304.18	25.34	240.00	19.99	20.43	1.70	15.53	1.29	22.70	1.89
74	1,973.56	164.40	-526.78	-43.88	314.83	26.23	240.00	19.99	21.15	1.76	16.08	1.34	23.49	1.96
75	2,042.63	170.15	-545.22	-45.42	325.85	27.14	240.00	19.99	21.89	1.82	16.64	1.39	24.32	2.03
76	2,114.13	176.11	-564.30	-47.01	337.25	28.09	240.00	19.99	22.65	1.89	17.22	1.43	25.17	2.10
77	2,188.12	182.27	-584.05	-48.65	349.06	29.08	240.00	19.99	23.44	1.95	17.82	1.48	26.05	2.17
78	2,264.70	188.65	-604.49	-50.35	361.27	30.09	240.00	19.99	24.26	2.02	18.45	1.54	26.96	2.25
79	2,337.18	194.69	-623.84	-51.97	372.84	31.06	240.00	19.99	25.04	2.09	19.04	1.59	27.82	2.32
80	2,411.96	200.92	-643.80	-53.63	384.77	32.05	240.00	19.99	25.84	2.15	19.65	1.64	28.71	2.39
81	2,489.15	207.35	-664.40	-55.34	397.08	33.08	240.00	19.99	26.67	2.22	20.28	1.69	29.63	2.47
82	2,568.80	213.98	-685.66	-57.12	409.78	34.14	240.00	19.99	27.52	2.29	20.92	1.74	30.58	2.55
83	2,645.86	220.40	-706.23	-58.83	422.08	35.16	240.00	19.99	28.35	2.36	21.55	1.80	31.50	2.62
84	2,725.24	227.01	-727.42	-60.59	434.74	36.21	240.00	19.99	29.20	2.43	22.20	1.85	32.44	2.70
85	2,807.00	233.82	-749.24	-62.41	447.78	37.30	240.00	19.99	30.07	2.51	22.87	1.90	33.42	2.78
86	2,882.79	240.14	-769.47	-64.10	459.87	38.31	240.00	19.99	30.89	2.57	23.48	1.96	34.32	2.86
87	2,960.62	246.62	-790.25	-65.83	472.29	39.34	240.00	19.99	31.72	2.64	24.12	2.01	35.25	2.94
88	3,040.56	253.28	-811.58	-67.60	485.04	40.40	240.00	19.99	32.58	2.71	24.77	2.06	36.20	3.02
89	3,122.65	260.12	-833.50	-69.43	498.14	41.49	240.00	19.99	33.46	2.79	25.44	2.12	37.17	3.10
90	3,206.97	267.14	-856.00	-71.30	511.59	42.62	240.00	19.99	34.36	2.86	26.12	2.18	38.18	3.18
91	3,293.55	274.35	-879.11	-73.23	525.40	43.77	240.00	19.99	35.29	2.94	26.83	2.23	39.21	3.27
92	3,382.48	281.76	-902.85	-75.21	539.59	44.95	240.00	19.99	36.24	3.02	27.55	2.30	40.27	3.35
93	3,473.81	289.37	-927.23	-77.24	554.15	46.16	240.00	19.99	37.22	3.10	28.30	2.36	41.35	3.44
94	3,567.60	297.18	-952.26	-79.32	569.12	47.41	240.00	19.99	38.22	3.18	29.06	2.42	42.47	3.54
95	3,656.79	304.61	-976.07	-81.31	583.34	48.59	240.00	19.99	39.18	3.26	29.79	2.48	43.53	3.63
96	3,748.21	312.23	-1,000.47	-83.34	597.93	49.81	240.00	19.99	40.16	3.35	30.53	2.54	44.62	3.72
97	3,841.91	320.03	-1,025.48	-85.42	612.88	51.05	240.00	19.99	41.16	3.43	31.30	2.61	45.74	3.81
98	3,937.96	328.03	-1,051.12	-87.56	628.20	52.33	240.00	19.99	42.19	3.51	32.08	2.67	46.88	3.91
99	4,036.41	336.23	-1,077.40	-89.75	643.90	53.64	240.00	19.99	43.25	3.60	32.88	2.74	48.05	4.00

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

Area factors and household discount are not applicable to the Part B deductible rider
Applicants who live with someone 18 years or older apply a 6% household discount to the rates above (multiply rates above by 0.94)
If they also have a Medicare Supplement policy with Cigna then add an additional 14% discount (multiply rates above by 0.80)

Cigna National Health Insurance Company

MEDICARE SUPPLEMENT

WISCONSIN

Attained Age Rates -- Effective 7/1/2024 -- Area I (535-549)

STANDARD II ANNUAL & MONTHLY BANK DRAFT RATES

FEMALE RATES

Attained Age	Base Annual	Base Monthly	Part B Copayment Annual	Part B Copayment Monthly	Part A Deductible Annual	Part A Deductible Monthly	Part B Deductible Annual	Part B Deductible Monthly	Part B Excess Annual	Part B Excess Monthly	Foreign Travel Annual	Foreign Travel Monthly	Home Health Care Annual	Home Health Care Monthly
Under 65	7,009.79	583.92	-1,871.05	-155.86	1,118.23	93.15	240.00	19.99	75.10	6.26	57.10	4.76	83.45	6.95
65	2,002.80	166.83	-534.59	-44.53	319.49	26.61	240.00	19.99	21.46	1.79	16.31	1.36	23.84	1.99
66	2,002.80	166.83	-534.59	-44.53	319.49	26.61	240.00	19.99	21.46	1.79	16.31	1.36	23.84	1.99
67	2,002.80	166.83	-534.59	-44.53	319.49	26.61	240.00	19.99	21.46	1.79	16.31	1.36	23.84	1.99
68	2,002.80	166.83	-534.59	-44.53	319.49	26.61	240.00	19.99	21.46	1.79	16.31	1.36	23.84	1.99
69	2,042.85	170.17	-545.28	-45.42	325.88	27.15	240.00	19.99	21.89	1.82	16.64	1.39	24.32	2.03
70	2,100.05	174.93	-560.54	-46.69	335.01	27.91	240.00	19.99	22.50	1.87	17.11	1.42	25.00	2.08
71	2,167.25	180.53	-578.48	-48.19	345.73	28.80	240.00	19.99	23.22	1.93	17.65	1.47	25.80	2.15
72	2,243.11	186.85	-598.73	-49.87	357.83	29.81	240.00	19.99	24.03	2.00	18.27	1.52	26.70	2.22
73	2,321.62	193.39	-619.68	-51.62	370.35	30.85	240.00	19.99	24.87	2.07	18.91	1.58	27.64	2.30
74	2,402.87	200.16	-641.37	-53.43	383.32	31.93	240.00	19.99	25.75	2.14	19.57	1.63	28.61	2.38
75	2,486.97	207.16	-663.82	-55.30	396.73	33.05	240.00	19.99	26.65	2.22	20.26	1.69	29.61	2.47
76	2,574.02	214.42	-687.06	-57.23	410.62	34.20	240.00	19.99	27.58	2.30	20.97	1.75	30.64	2.55
77	2,664.11	221.92	-711.10	-59.23	424.99	35.40	240.00	19.99	28.54	2.38	21.70	1.81	31.72	2.64
78	2,757.35	229.69	-735.99	-61.31	439.86	36.64	240.00	19.99	29.54	2.46	22.46	1.87	32.83	2.73
79	2,845.59	237.04	-759.54	-63.27	453.94	37.81	240.00	19.99	30.49	2.54	23.18	1.93	33.88	2.82
80	2,936.65	244.62	-783.85	-65.29	468.46	39.02	240.00	19.99	31.46	2.62	23.92	1.99	34.96	2.91
81	3,030.62	252.45	-808.93	-67.38	483.46	40.27	240.00	19.99	32.47	2.70	24.69	2.06	36.08	3.01
82	3,127.60	260.53	-834.82	-69.54	498.93	41.56	240.00	19.99	33.51	2.79	25.48	2.12	37.23	3.10
83	3,221.43	268.34	-859.86	-71.63	513.89	42.81	240.00	19.99	34.52	2.88	26.24	2.19	38.35	3.19
84	3,318.07	276.40	-885.66	-73.78	529.31	44.09	240.00	19.99	35.55	2.96	27.03	2.25	39.50	3.29
85	3,417.61	284.69	-912.23	-75.99	545.19	45.41	240.00	19.99	36.62	3.05	27.84	2.32	40.69	3.39
86	3,509.89	292.37	-936.86	-78.04	559.91	46.64	240.00	19.99	37.61	3.13	28.59	2.38	41.78	3.48
87	3,604.65	300.27	-962.15	-80.15	575.03	47.90	240.00	19.99	38.62	3.22	29.36	2.45	42.91	3.57
88	3,701.98	308.37	-988.13	-82.31	590.55	49.19	240.00	19.99	39.66	3.30	30.16	2.51	44.07	3.67
89	3,801.93	316.70	-1,014.81	-84.53	606.50	50.52	240.00	19.99	40.73	3.39	30.97	2.58	45.26	3.77
90	3,904.58	325.25	-1,042.21	-86.82	622.87	51.89	240.00	19.99	41.83	3.48	31.81	2.65	46.48	3.87
91	4,010.01	334.03	-1,070.35	-89.16	639.69	53.29	240.00	19.99	42.96	3.58	32.66	2.72	47.74	3.98
92	4,118.28	343.05	-1,099.25	-91.57	656.96	54.73	240.00	19.99	44.12	3.68	33.55	2.79	49.03	4.08
93	4,229.47	352.31	-1,128.93	-94.04	674.70	56.20	240.00	19.99	45.32	3.77	34.45	2.87	50.35	4.19
94	4,343.67	361.83	-1,159.41	-96.58	692.92	57.72	240.00	19.99	46.54	3.88	35.38	2.95	51.71	4.31
95	4,452.26	370.87	-1,188.39	-98.99	710.24	59.16	240.00	19.99	47.70	3.97	36.27	3.02	53.00	4.42
96	4,563.57	380.15	-1,218.10	-101.47	728.00	60.64	240.00	19.99	48.90	4.07	37.17	3.10	54.33	4.53
97	4,677.65	389.65	-1,248.56	-104.00	746.20	62.16	240.00	19.99	50.12	4.17	38.10	3.17	55.69	4.64
98	4,794.60	399.39	-1,279.77	-106.60	764.85	63.71	240.00	19.99	51.37	4.28	39.06	3.25	57.08	4.75
99	4,914.46	409.37	-1,311.76	-109.27	783.97	65.30	240.00	19.99	52.65	4.39	40.03	3.33	58.51	4.87

MALE RATES

Attained Age	Base Annual	Base Monthly	Part B Copayment Annual	Part B Copayment Monthly	Part A Deductible Annual	Part A Deductible Monthly	Part B Deductible Annual	Part B Deductible Monthly	Part B Excess Annual	Part B Excess Monthly	Foreign Travel Annual	Foreign Travel Monthly	Home Health Care Annual	Home Health Care Monthly
Under 65	7,850.96	653.98	-2,095.57	-174.56	1,252.41	104.33	240.00	19.99	84.12	7.01	63.95	5.33	93.46	7.79
65	2,243.13	186.85	-598.74	-49.87	357.83	29.81	240.00	19.99	24.03	2.00	18.27	1.52	26.70	2.22
66	2,243.13	186.85	-598.74	-49.87	357.83	29.81	240.00	19.99	24.03	2.00	18.27	1.52	26.70	2.22
67	2,243.13	186.85	-598.74	-49.87	357.83	29.81	240.00	19.99	24.03	2.00	18.27	1.52	26.70	2.22
68	2,243.13	186.85	-598.74	-49.87	357.83	29.81	240.00	19.99	24.03	2.00	18.27	1.52	26.70	2.22
69	2,287.99	190.59	-610.71	-50.87	364.99	30.40	240.00	19.99	24.51	2.04	18.64	1.55	27.24	2.27
70	2,352.06	195.93	-627.81	-52.30	375.21	31.25	240.00	19.99	25.20	2.10	19.16	1.60	28.00	2.33
71	2,427.32	202.20	-647.90	-53.97	387.22	32.26	240.00	19.99	26.01	2.17	19.77	1.65	28.90	2.41
72	2,512.28	209.27	-670.58	-55.86	400.77	33.38	240.00	19.99	26.92	2.24	20.46	1.70	29.91	2.49
73	2,600.21	216.60	-694.05	-57.81	414.80	34.55	240.00	19.99	27.86	2.32	21.18	1.76	30.95	2.58
74	2,691.22	224.18	-718.34	-59.84	429.31	35.76	240.00	19.99	28.83	2.40	21.92	1.83	32.04	2.67
75	2,785.41	232.02	-743.48	-61.93	444.34	37.01	240.00	19.99	29.84	2.49	22.69	1.89	33.16	2.76
76	2,882.90	240.15	-769.50	-64.10	459.89	38.31	240.00	19.99	30.89	2.57	23.48	1.96	34.32	2.86
77	2,983.80	248.55	-796.43	-66.34	475.99	39.65	240.00	19.99	31.97	2.66	24.31	2.02	35.52	2.96
78	3,088.23	257.25	-824.31	-68.66	492.65	41.04	240.00	19.99	33.09	2.76	25.16	2.10	36.76	3.06
79	3,187.06	265.48	-850.69	-70.86	508.41	42.35	240.00	19.99	34.15	2.84	25.96	2.16	37.94	3.16
80	3,289.04	273.98	-877.91	-73.13	524.68	43.71	240.00	19.99	35.24	2.94	26.79	2.23	39.16	3.26
81	3,394.29	282.74	-906.00	-75.47	541.47	45.10	240.00	19.99	36.37	3.03	27.65	2.30	40.41	3.37
82	3,502.91	291.79	-934.99	-77.89	558.80	46.55	240.00	19.99	37.53	3.13	28.53	2.38	41.70	3.47
83	3,608.00	300.55	-963.04	-80.22	575.56	47.94	240.00	19.99	38.66	3.22	29.39	2.45	42.95	3.58
84	3,716.24	309.56	-991.94	-82.63	592.83	49.38	240.00	19.99	39.82	3.32	30.27	2.52	44.24	3.69
85	3,827.72	318.85	-1,021.69	-85.11	610.61	50.86	240.00	19.99	41.01	3.42	31.18	2.60	45.57	3.80
86	3,931.07	327.46	-1,049.28	-87.40	627.10	52.24	240.00	19.99	42.12	3.51	32.02	2.67	46.80	3.90
87	4,037.21	336.30	-1,077.61	-89.76	644.03	53.65	240.00	19.99	43.26	3.60	32.89	2.74	48.06	4.00
88	4,146.22	345.38	-1,106.71	-92.19	661.42	55.10	240.00	19.99	44.42	3.70	33.77	2.81	49.36	4.11
89	4,258.16	354.71	-1,136.59	-94.68	679.28	56.58	240.00	19.99	45.62	3.80	34.69	2.89	50.69	4.22
90	4,373.13	364.28	-1,167.27	-97.23	697.62	58.11	240.00	19.99	46.86	3.90	35.62	2.97	52.06	4.34
91	4,491.21	374.12	-1,198.79	-99.86	716.45	59.68	240.00	19.99	48.12	4.01	36.58	3.05	53.47	4.45
92	4,612.47	384.22	-1,231.16	-102.56	735.80	61.29	240.00	19.99	49.42	4.12	37.57	3.13	54.91	4.57
93	4,737.01	394.59	-1,264.40	-105.32	755.67	62.95	240.00	19.99	50.75	4.23	38.59	3.21	56.39	4.70
94	4,864.91	405.25	-1,298.54	-108.17	776.07	64.65	240.00	19.99	52.12	4.34	39.63	3.30	57.92	4.82
95	4,986.53	415.38	-1,331.00	-110.87	795.47	66.26	240.00	19.99	53.43	4.45	40.62	3.38	59.36	4.94
96	5,111.19	425.76	-1,364.28	-113.64	815.36	67.92	240.00	19.99	54.76	4.56	41.63	3.47	60.85	5.07
97	5,238.97	436.41	-1,398.38	-116.49	835.74	69.62	240.00	19.99	56.13	4.68	42.68	3.55	62.37	5.20
98	5,369.95	447.32	-1,433.34	-119.40	856.63	71.36	240.00	19.99	57.54	4.79	43.74	3.64	63.93	5.33
99	5,504.20	458.50	-1,469.18	-122.38	878.05	73.14	240.00	19.99	58.97	4.91	44.84	3.73	65.53	5.46

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

Area factors and household discount are not applicable to the Part B deductible rider
Applicants who live with someone 18 years or older apply a 6% household discount to the rates above (multiply rates above by 0.94)
If they also have a Medicare Supplement policy with Cigna then add an additional 14% discount (multiply rates above by 0.80)

Cigna National Health Insurance Company

MEDICARE SUPPLEMENT

WISCONSIN

Attained Age Rates -- Effective 7/1/2024 -- Area I (535-549)

STANDARD III ANNUAL & 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	
Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly		Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
7,710.76	642.31	-2,058.15	-171.44	1,230.05	102.46	240.00	19.99	82.62	6.88	62.81	5.23	91.79	7.65	**Under 65**	8,636.06	719.38	-2,305.13	-192.02	1,377.66	114.76	240.00	19.99	92.53	7.71	70.35	5.86	102.81	8.56
2,203.08	183.52	-588.04	-48.98	351.44	29.28	240.00	19.99	23.60	1.97	17.95	1.49	26.23	2.18	**65**	2,467.44	205.54	-658.61	-54.86	393.62	32.79	240.00	19.99	26.44	2.20	20.10	1.67	29.37	2.45
2,203.08	183.52	-588.04	-48.98	351.44	29.28	240.00	19.99	23.60	1.97	17.95	1.49	26.23	2.18	**66**	2,467.44	205.54	-658.61	-54.86	393.62	32.79	240.00	19.99	26.44	2.20	20.10	1.67	29.37	2.45
2,203.08	183.52	-588.04	-48.98	351.44	29.28	240.00	19.99	23.60	1.97	17.95	1.49	26.23	2.18	**67**	2,467.44	205.54	-658.61	-54.86	393.62	32.79	240.00	19.99	26.44	2.20	20.10	1.67	29.37	2.45
2,203.08	183.52	-588.04	-48.98	351.44	29.28	240.00	19.99	23.60	1.97	17.95	1.49	26.23	2.18	**68**	2,467.44	205.54	-658.61	-54.86	393.62	32.79	240.00	19.99	26.44	2.20	20.10	1.67	29.37	2.45
2,247.14	187.19	-599.80	-49.96	358.47	29.86	240.00	19.99	24.08	2.01	18.30	1.52	26.75	2.23	**69**	2,516.79	209.65	-671.78	-55.96	401.49	33.44	240.00	19.99	26.97	2.25	20.50	1.71	29.96	2.50
2,310.06	192.43	-616.60	-51.36	368.51	30.70	240.00	19.99	24.75	2.06	18.82	1.57	27.50	2.29	**70**	2,587.26	215.52	-690.59	-57.53	412.73	34.38	240.00	19.99	27.72	2.31	21.08	1.76	30.80	2.57
2,383.98	198.59	-636.33	-53.01	380.30	31.68	240.00	19.99	25.54	2.13	19.42	1.62	28.38	2.36	**71**	2,670.06	222.42	-712.69	-59.37	425.94	35.48	240.00	19.99	28.61	2.38	21.75	1.81	31.79	2.65
2,467.42	205.54	-658.60	-54.86	393.61	32.79	240.00	19.99	26.44	2.20	20.10	1.67	29.37	2.45	**72**	2,763.51	230.20	-737.63	-61.44	440.85	36.72	240.00	19.99	29.61	2.47	22.51	1.88	32.90	2.74
2,553.78	212.73	-681.65	-56.78	407.39	33.94	240.00	19.99	27.36	2.28	20.80	1.73	30.40	2.53	**73**	2,860.23	238.26	-763.45	-63.60	456.27	38.01	240.00	19.99	30.65	2.55	23.30	1.94	34.05	2.84
2,643.16	220.18	-705.51	-58.77	421.65	35.12	240.00	19.99	28.32	2.36	21.53	1.79	31.47	2.62	**74**	2,960.34	246.60	-790.17	-65.82	472.24	39.34	240.00	19.99	31.72	2.64	24.11	2.01	35.24	2.94
2,735.67	227.88	-730.20	-60.83	436.40	36.35	240.00	19.99	29.31	2.44	22.28	1.86	32.57	2.71	**75**	3,063.95	255.23	-817.83	-68.13	488.77	40.71	240.00	19.99	32.83	2.73	24.96	2.08	36.48	3.04
2,831.42	235.86	-755.76	-62.95	451.68	37.62	240.00	19.99	30.34	2.53	23.06	1.92	33.71	2.81	**76**	3,171.19	264.16	-846.45	-70.51	505.88	42.14	240.00	19.99	33.98	2.83	25.83	2.15	37.75	3.14
2,930.52	244.11	-782.21	-65.16	467.49	38.94	240.00	19.99	31.40	2.62	23.87	1.99	34.89	2.91	**77**	3,282.18	273.41	-876.08	-72.98	523.59	43.61	240.00	19.99	35.17	2.93	26.74	2.23	39.07	3.25
3,033.09	252.66	-809.59	-67.44	483.85	40.30	240.00	19.99	32.50	2.71	24.71	2.06	36.11	3.01	**78**	3,397.06	282.97	-906.74	-75.53	541.91	45.14	240.00	19.99	36.40	3.03	27.67	2.31	40.44	3.37
3,130.15	260.74	-835.50	-69.60	499.33	41.59	240.00	19.99	33.54	2.79	25.50	2.12	37.26	3.10	**79**	3,505.76	292.03	-935.76	-77.95	559.25	46.59	240.00	19.99	37.56	3.13	28.56	2.38	41.74	3.48
3,230.31	269.08	-862.23	-71.82	515.31	42.93	240.00	19.99	34.61	2.88	26.31	2.19	38.46	3.20	**80**	3,617.95	301.37	-965.70	-80.44	577.15	48.08	240.00	19.99	38.76	3.23	29.47	2.45	43.07	3.59
3,333.68	277.70	-889.82	-74.12	531.80	44.30	240.00	19.99	35.72	2.98	27.16	2.26	39.69	3.31	**81**	3,733.72	311.02	-996.60	-83.02	595.62	49.61	240.00	19.99	40.00	3.33	30.41	2.53	44.45	3.70
3,440.36	286.58	-918.30	-76.49	548.82	45.72	240.00	19.99	36.86	3.07	28.02	2.33	40.96	3.41	**82**	3,853.20	320.97	-1,028.49	-85.67	614.68	51.20	240.00	19.99	41.28	3.44	31.39	2.61	45.87	3.82
3,543.57	295.18	-945.85	-78.79	565.28	47.09	240.00	19.99	37.97	3.16	28.86	2.40	42.19	3.51	**83**	3,968.80	330.60	-1,059.35	-88.24	633.12	52.74	240.00	19.99	42.52	3.54	32.33	2.69	47.25	3.94
3,649.88	304.03	-974.22	-81.15	582.24	48.50	240.00	19.99	39.11	3.26	29.73	2.48	43.45	3.62	**84**	4,087.86	340.52	-1,091.13	-90.89	652.11	54.32	240.00	19.99	43.80	3.65	33.30	2.77	48.67	4.05
3,759.37	313.16	-1,003.45	-83.59	599.71	49.96	240.00	19.99	40.28	3.36	30.62	2.55	44.75	3.73	**85**	4,210.50	350.73	-1,123.86	-93.62	671.67	55.95	240.00	19.99	45.11	3.76	34.30	2.86	50.12	4.18
3,860.87	321.61	-1,030.54	-85.84	615.90	51.30	240.00	19.99	41.37	3.45	31.45	2.62	45.96	3.83	**86**	4,324.18	360.20	-1,154.21	-96.15	689.81	57.46	240.00	19.99	46.33	3.86	35.22	2.93	51.48	4.29
3,965.12	330.29	-1,058.37	-88.16	632.53	52.69	240.00	19.99	42.48	3.54	32.30	2.69	47.20	3.93	**87**	4,440.93	369.93	-1,185.37	-98.74	708.43	59.01	240.00	19.99	47.58	3.96	36.17	3.01	52.87	4.40
4,072.18	339.21	-1,086.94	-90.54	649.61	54.11	240.00	19.99	43.63	3.63	33.17	2.76	48.48	4.04	**88**	4,560.84	379.92	-1,217.38	-101.41	727.56	60.61	240.00	19.99	48.87	4.07	37.15	3.09	54.30	4.52
4,182.13	348.37	-1,116.29	-92.99	667.15	55.57	240.00	19.99	44.81	3.73	34.07	2.84	49.79	4.15	**89**	4,683.98	390.18	-1,250.25	-104.15	747.21	62.24	240.00	19.99	50.19	4.18	38.15	3.18	55.76	4.64
4,295.04	357.78	-1,146.43	-95.50	685.16	57.07	240.00	19.99	46.02	3.83	34.99	2.91	51.13	4.26	**90**	4,810.45	400.71	-1,284.00	-106.96	767.38	63.92	240.00	19.99	51.54	4.29	39.18	3.26	57.27	4.77
4,411.01	367.44	-1,177.38	-98.08	703.66	58.61	240.00	19.99	47.26	3.94	35.93	2.99	52.51	4.37	**91**	4,940.33	411.53	-1,318.67	-109.85	788.10	65.65	240.00	19.99	52.93	4.41	40.24	3.35	58.81	4.90
4,530.11	377.36	-1,209.17	-100.72	722.66	60.20	240.00	19.99	48.54	4.04	36.90	3.07	53.93	4.49	**92**	5,073.72	422.64	-1,354.27	-112.81	809.38	67.42	240.00	19.99	54.36	4.53	41.33	3.44	60.40	5.03
4,652.42	387.55	-1,241.82	-103.44	742.17	61.82	240.00	19.99	49.85	4.15	37.90	3.16	55.39	4.61	**93**	5,210.71	434.05	-1,390.84	-115.86	831.23	69.24	240.00	19.99	55.83	4.65	42.45	3.54	62.03	5.17
4,778.03	398.01	-1,275.35	-106.24	762.21	63.49	240.00	19.99	51.19	4.26	38.92	3.24	56.88	4.74	**94**	5,351.40	445.77	-1,428.39	-118.99	853.68	71.11	240.00	19.99	57.34	4.78	43.59	3.63	63.71	5.31
4,897.48	407.96	-1,307.23	-108.89	781.27	65.08	240.00	19.99	52.47	4.37	39.89	3.32	58.30	4.86	**95**	5,485.18	456.92	-1,464.10	-121.96	875.02	72.89	240.00	19.99	58.77	4.90	44.68	3.72	65.30	5.44
5,019.92	418.16	-1,339.91	-111.61	800.80	66.71	240.00	19.99	53.78	4.48	40.89	3.41	59.76	4.98	**96**	5,622.31	468.34	-1,500.70	-125.01	896.89	74.71	240.00	19.99	60.24	5.02	45.80	3.81	66.93	5.58
5,145.42	428.61	-1,373.41	-114.41	820.82	68.37	240.00	19.99	55.13	4.59	41.91	3.49	61.26	5.10	**97**	5,762.87	480.05	-1,538.22	-128.13	919.32	76.58	240.00	19.99	61.75	5.14	46.94	3.91	68.61	5.71
5,274.06	439.33	-1,407.75	-117.27	841.34	70.08	240.00	19.99	56.51	4.71	42.96	3.58	62.79	5.23	**98**	5,906.94	492.05	-1,576.68	-131.34	942.30	78.49	240.00	19.99	63.29	5.27	48.12	4.01	70.32	5.86
5,405.91	450.31	-1,442.94	-120.20	862.37	71.84	240.00	19.99	57.92	4.82	44.04	3.67	64.36	5.36	**99**	6,054.62	504.35	-1,616.09	-134.62	965.86	80.46	240.00	19.99	64.87	5.40	49.32	4.11	72.08	6.00

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

Area factors and household discount are not applicable to the Part B deductible rider
Applicants who live with someone 18 years or older apply a 6% household discount to the rates above (multiply rates above by 0.94)
If they also have a Medicare Supplement policy with Cigna then add an additional 14% discount (multiply rates above by 0.80)

Cigna National Health Insurance Company

MEDICARE SUPPLEMENT

WISCONSIN

Attained Age Rates -- Effective 7/1/2024 -- Area II (530-534)

PREFERRED ANNUAL & MONTHLY BANK DRAFT RATES

FEMALE RATES

Attained Age	Base		Part B Copayment		Part A Deductible		Part B Deductible		Part B Excess		Foreign Travel		Home Health Care	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
Under 65	5,433.94	452.65	-1,450.42	-120.82	866.84	72.21	240.00	19.99	58.22	4.85	44.26	3.69	64.69	5.39
65	1,552.55	129.33	-414.41	-34.52	247.67	20.63	240.00	19.99	16.63	1.39	12.65	1.05	18.48	1.54
66	1,552.55	129.33	-414.41	-34.52	247.67	20.63	240.00	19.99	16.63	1.39	12.65	1.05	18.48	1.54
67	1,552.55	129.33	-414.41	-34.52	247.67	20.63	240.00	19.99	16.63	1.39	12.65	1.05	18.48	1.54
68	1,552.55	129.33	-414.41	-34.52	247.67	20.63	240.00	19.99	16.63	1.39	12.65	1.05	18.48	1.54
69	1,583.61	131.91	-422.70	-35.21	252.62	21.04	240.00	19.99	16.97	1.41	12.90	1.07	18.85	1.57
70	1,627.95	135.61	-434.53	-36.20	259.70	21.63	240.00	19.99	17.44	1.45	13.26	1.10	19.38	1.61
71	1,680.04	139.95	-448.44	-37.35	268.01	22.32	240.00	19.99	18.00	1.50	13.69	1.14	20.00	1.67
72	1,738.84	144.85	-464.13	-38.66	277.39	23.11	240.00	19.99	18.63	1.55	14.16	1.18	20.70	1.72
73	1,799.70	149.92	-480.38	-40.02	287.10	23.92	240.00	19.99	19.28	1.61	14.66	1.22	21.43	1.78
74	1,862.69	155.16	-497.19	-41.42	297.14	24.75	240.00	19.99	19.96	1.66	15.17	1.26	22.17	1.85
75	1,927.89	160.59	-514.59	-42.87	307.54	25.62	240.00	19.99	20.66	1.72	15.70	1.31	22.95	1.91
76	1,995.36	166.21	-532.60	-44.37	318.31	26.52	240.00	19.99	21.38	1.78	16.25	1.35	23.75	1.98
77	2,065.20	172.03	-551.24	-45.92	329.45	27.44	240.00	19.99	22.13	1.84	16.82	1.40	24.59	2.05
78	2,137.48	178.05	-570.54	-47.53	340.98	28.40	240.00	19.99	22.90	1.91	17.41	1.45	25.45	2.12
79	2,205.88	183.75	-588.79	-49.05	351.89	29.31	240.00	19.99	23.63	1.97	17.97	1.50	26.26	2.19
80	2,276.47	189.63	-607.63	-50.62	363.15	30.25	240.00	19.99	24.39	2.03	18.54	1.54	27.10	2.26
81	2,349.32	195.70	-627.08	-52.24	374.77	31.22	240.00	19.99	25.17	2.10	19.14	1.59	27.97	2.33
82	2,424.49	201.96	-647.14	-53.91	386.76	32.22	240.00	19.99	25.98	2.16	19.75	1.65	28.86	2.40
83	2,497.23	208.02	-666.56	-55.52	398.37	33.18	240.00	19.99	26.76	2.23	20.34	1.69	29.73	2.48
84	2,572.15	214.26	-686.56	-57.19	410.32	34.18	240.00	19.99	27.56	2.30	20.95	1.75	30.62	2.55
85	2,649.31	220.69	-707.15	-58.91	422.63	35.20	240.00	19.99	28.39	2.36	21.58	1.80	31.54	2.63
86	2,720.84	226.65	-726.25	-60.50	434.04	36.16	240.00	19.99	29.15	2.43	22.16	1.85	32.39	2.70
87	2,794.30	232.77	-745.85	-62.13	445.76	37.13	240.00	19.99	29.94	2.49	22.76	1.90	33.27	2.77
88	2,869.75	239.05	-765.99	-63.81	457.79	38.13	240.00	19.99	30.75	2.56	23.38	1.95	34.16	2.85
89	2,947.23	245.50	-786.67	-65.53	470.15	39.16	240.00	19.99	31.58	2.63	24.01	2.00	35.09	2.92
90	3,026.81	252.13	-807.91	-67.30	482.85	40.22	240.00	19.99	32.43	2.70	24.66	2.05	36.03	3.00
91	3,108.53	258.94	-829.73	-69.12	495.89	41.31	240.00	19.99	33.31	2.77	25.32	2.11	37.01	3.08
92	3,192.46	265.93	-852.13	-70.98	509.27	42.42	240.00	19.99	34.20	2.85	26.00	2.17	38.01	3.17
93	3,278.66	273.11	-875.14	-72.90	523.02	43.57	240.00	19.99	35.13	2.93	26.71	2.22	39.03	3.25
94	3,367.18	280.49	-898.77	-74.87	537.15	44.74	240.00	19.99	36.08	3.01	27.43	2.28	40.09	3.34
95	3,451.36	287.50	-921.24	-76.74	550.57	45.86	240.00	19.99	36.98	3.08	28.11	2.34	41.09	3.42
96	3,537.65	294.69	-944.27	-78.66	564.34	47.01	240.00	19.99	37.90	3.16	28.82	2.40	42.11	3.51
97	3,626.09	302.05	-967.87	-80.62	578.45	48.18	240.00	19.99	38.85	3.24	29.54	2.46	43.17	3.60
98	3,716.74	309.60	-992.07	-82.64	592.91	49.39	240.00	19.99	39.82	3.32	30.28	2.52	44.25	3.69
99	3,809.66	317.34	-1,016.87	-84.71	607.73	50.62	240.00	19.99	40.82	3.40	31.03	2.59	45.35	3.78

MALE RATES

Attained Age	Base		Part B Copayment		Part A Deductible		Part B Deductible		Part B Excess		Foreign Travel		Home Health Care	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
Under 65	6,086.02	506.97	-1,624.48	-135.32	970.86	80.87	240.00	19.99	65.21	5.43	49.58	4.13	72.45	6.04
65	1,738.86	144.85	-464.14	-38.66	277.39	23.11	240.00	19.99	18.63	1.55	14.16	1.18	20.70	1.72
66	1,738.86	144.85	-464.14	-38.66	277.39	23.11	240.00	19.99	18.63	1.55	14.16	1.18	20.70	1.72
67	1,738.86	144.85	-464.14	-38.66	277.39	23.11	240.00	19.99	18.63	1.55	14.16	1.18	20.70	1.72
68	1,738.86	144.85	-464.14	-38.66	277.39	23.11	240.00	19.99	18.63	1.55	14.16	1.18	20.70	1.72
69	1,773.64	147.74	-473.42	-39.44	282.94	23.57	240.00	19.99	19.00	1.58	14.45	1.20	21.11	1.76
70	1,823.30	151.88	-486.67	-40.54	290.86	24.23	240.00	19.99	19.54	1.63	14.85	1.24	21.71	1.81
71	1,881.65	156.74	-502.25	-41.84	300.17	25.00	240.00	19.99	20.16	1.68	15.33	1.28	22.40	1.87
72	1,947.50	162.23	-519.83	-43.30	310.67	25.88	240.00	19.99	20.87	1.74	15.86	1.32	23.18	1.93
73	2,015.67	167.91	-538.02	-44.82	321.55	26.78	240.00	19.99	21.60	1.80	16.42	1.37	24.00	2.00
74	2,086.21	173.78	-556.85	-46.39	332.80	27.72	240.00	19.99	22.35	1.86	16.99	1.42	24.84	2.07
75	2,159.23	179.86	-576.34	-48.01	344.45	28.69	240.00	19.99	23.13	1.93	17.59	1.47	25.71	2.14
76	2,234.81	186.16	-596.51	-49.69	356.50	29.70	240.00	19.99	23.94	1.99	18.20	1.52	26.60	2.22
77	2,313.02	192.67	-617.39	-51.43	368.98	30.74	240.00	19.99	24.78	2.06	18.84	1.57	27.54	2.29
78	2,393.98	199.42	-639.00	-53.23	381.90	31.81	240.00	19.99	25.65	2.14	19.50	1.62	28.50	2.37
79	2,470.59	205.80	-659.45	-54.93	394.12	32.83	240.00	19.99	26.47	2.20	20.12	1.68	29.41	2.45
80	2,549.65	212.39	-680.55	-56.69	406.73	33.88	240.00	19.99	27.32	2.28	20.77	1.73	30.35	2.53
81	2,631.23	219.18	-702.33	-58.50	419.74	34.96	240.00	19.99	28.19	2.35	21.43	1.79	31.32	2.61
82	2,715.43	226.20	-724.80	-60.38	433.18	36.08	240.00	19.99	29.09	2.42	22.12	1.84	32.33	2.69
83	2,796.90	232.98	-746.55	-62.19	446.17	37.17	240.00	19.99	29.97	2.50	22.78	1.90	33.30	2.77
84	2,880.80	239.97	-768.94	-64.05	459.56	38.28	240.00	19.99	30.87	2.57	23.47	1.95	34.30	2.86
85	2,967.23	247.17	-792.01	-65.97	473.34	39.43	240.00	19.99	31.79	2.65	24.17	2.01	35.32	2.94
86	3,047.34	253.84	-813.39	-67.76	486.12	40.49	240.00	19.99	32.65	2.72	24.82	2.07	36.28	3.02
87	3,129.62	260.70	-835.36	-69.59	499.25	41.59	240.00	19.99	33.53	2.79	25.49	2.12	37.26	3.10
88	3,214.12	267.74	-857.91	-71.46	512.73	42.71	240.00	19.99	34.44	2.87	26.18	2.18	38.26	3.19
89	3,300.90	274.97	-881.07	-73.39	526.57	43.86	240.00	19.99	35.37	2.95	26.89	2.24	39.30	3.27
90	3,390.03	282.39	-904.86	-75.38	540.79	45.05	240.00	19.99	36.32	3.03	27.61	2.30	40.36	3.36
91	3,481.56	290.01	-929.30	-77.41	555.39	46.26	240.00	19.99	37.30	3.11	28.36	2.36	41.45	3.45
92	3,575.56	297.84	-954.39	-79.50	570.39	47.51	240.00	19.99	38.31	3.19	29.13	2.43	42.57	3.55
93	3,672.10	305.89	-980.15	-81.65	585.79	48.80	240.00	19.99	39.34	3.28	29.91	2.49	43.72	3.64
94	3,771.25	314.14	-1,006.62	-83.85	601.60	50.11	240.00	19.99	40.41	3.37	30.72	2.56	44.90	3.74
95	3,865.53	322.00	-1,031.78	-85.95	616.64	51.37	240.00	19.99	41.42	3.45	31.49	2.62	46.02	3.83
96	3,962.17	330.05	-1,057.58	-88.10	632.06	52.65	240.00	19.99	42.45	3.54	32.27	2.69	47.17	3.93
97	4,061.22	338.30	-1,084.02	-90.30	647.86	53.97	240.00	19.99	43.51	3.62	33.08	2.76	48.35	4.03
98	4,162.75	346.76	-1,111.12	-92.56	664.06	55.32	240.00	19.99	44.60	3.72	33.91	2.82	49.56	4.13
99	4,266.82	355.43	-1,138.90	-94.87	680.66	56.70	240.00	19.99	45.72	3.81	34.76	2.90	50.80	4.23

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

Area factors and household discount are not applicable to the Part B deductible rider
Applicants who live with someone 18 years or older apply a 6% household discount to the rates above (multiply rates above by 0.94)
If they also have a Medicare Supplement policy with Cigna then add an additional 14% discount (multiply rates above by 0.80)

Cigna National Health Insurance Company

MEDICARE SUPPLEMENT

WISCONSIN

Attained Age Rates -- Effective 7/1/2024 -- Area II (530-534)

STANDARD ANNUAL & MONTHLY BANK DRAFT RATES

FEMALE RATES															MALE RATES													
Base		Part B Copayment		Part A Deductible		Part B Deductible		Part B Excess		Foreign Travel		Home Health Care		Attained	Base		Part B Copayment		Part A Deductible		Part B Deductible		Part B Excess		Foreign Travel		Home Health Care	
Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Age	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
5,977.34	497.91	-1,595.47	-132.90	953.53	79.43	240.00	19.99	64.04	5.33	48.69	4.06	71.16	5.93	**Under 65**	6,694.62	557.66	-1,786.92	-148.85	1,067.95	88.96	240.00	19.99	71.73	5.97	54.53	4.54	79.70	6.64
1,707.81	142.26	-455.85	-37.97	272.44	22.69	240.00	19.99	18.30	1.52	13.91	1.16	20.33	1.69	**65**	1,912.75	159.33	-510.55	-42.53	305.13	25.42	240.00	19.99	20.49	1.71	15.58	1.30	22.77	1.90
1,707.81	142.26	-455.85	-37.97	272.44	22.69	240.00	19.99	18.30	1.52	13.91	1.16	20.33	1.69	**66**	1,912.75	159.33	-510.55	-42.53	305.13	25.42	240.00	19.99	20.49	1.71	15.58	1.30	22.77	1.90
1,707.81	142.26	-455.85	-37.97	272.44	22.69	240.00	19.99	18.30	1.52	13.91	1.16	20.33	1.69	**67**	1,912.75	159.33	-510.55	-42.53	305.13	25.42	240.00	19.99	20.49	1.71	15.58	1.30	22.77	1.90
1,707.81	142.26	-455.85	-37.97	272.44	22.69	240.00	19.99	18.30	1.52	13.91	1.16	20.33	1.69	**68**	1,912.75	159.33	-510.55	-42.53	305.13	25.42	240.00	19.99	20.49	1.71	15.58	1.30	22.77	1.90
1,741.97	145.11	-464.96	-38.73	277.89	23.15	240.00	19.99	18.66	1.55	14.19	1.18	20.74	1.73	**69**	1,951.00	162.52	-520.76	-43.38	311.23	25.93	240.00	19.99	20.90	1.74	15.89	1.32	23.23	1.93
1,790.74	149.17	-477.98	-39.82	285.67	23.80	240.00	19.99	19.19	1.60	14.59	1.22	21.32	1.78	**70**	2,005.63	167.07	-535.34	-44.59	319.95	26.65	240.00	19.99	21.49	1.79	16.34	1.36	23.88	1.99
1,848.05	153.94	-493.28	-41.09	294.81	24.56	240.00	19.99	19.80	1.65	15.05	1.25	22.00	1.83	**71**	2,069.81	172.42	-552.47	-46.02	330.18	27.50	240.00	19.99	22.18	1.85	16.86	1.40	24.64	2.05
1,912.73	159.33	-510.54	-42.53	305.13	25.42	240.00	19.99	20.49	1.71	15.58	1.30	22.77	1.90	**72**	2,142.25	178.45	-571.81	-47.63	341.74	28.47	240.00	19.99	22.95	1.91	17.45	1.45	25.50	2.12
1,979.67	164.91	-528.41	-44.02	315.80	26.31	240.00	19.99	21.21	1.77	16.13	1.34	23.57	1.96	**73**	2,217.23	184.70	-591.82	-49.30	353.70	29.46	240.00	19.99	23.76	1.98	18.06	1.50	26.40	2.20
2,048.96	170.68	-546.91	-45.56	326.86	27.23	240.00	19.99	21.95	1.83	16.69	1.39	24.39	2.03	**74**	2,294.84	191.16	-612.54	-51.02	366.08	30.49	240.00	19.99	24.59	2.05	18.69	1.56	27.32	2.28
2,120.67	176.65	-566.05	-47.15	338.30	28.18	240.00	19.99	22.72	1.89	17.27	1.44	25.25	2.10	**75**	2,375.16	197.85	-633.98	-52.81	378.89	31.56	240.00	19.99	25.45	2.12	19.35	1.61	28.28	2.36
2,194.90	182.84	-585.86	-48.80	350.14	29.17	240.00	19.99	23.52	1.96	17.88	1.49	26.13	2.18	**76**	2,458.29	204.78	-656.16	-54.66	392.16	32.67	240.00	19.99	26.34	2.19	20.02	1.67	29.27	2.44
2,271.72	189.23	-606.37	-50.51	362.39	30.19	240.00	19.99	24.34	2.03	18.50	1.54	27.04	2.25	**77**	2,544.33	211.94	-679.13	-56.57	405.88	33.81	240.00	19.99	27.26	2.27	20.73	1.73	30.29	2.52
2,351.23	195.86	-627.59	-52.28	375.08	31.24	240.00	19.99	25.19	2.10	19.15	1.60	27.99	2.33	**78**	2,633.38	219.36	-702.90	-58.55	420.09	34.99	240.00	19.99	28.21	2.35	21.45	1.79	31.35	2.61
2,426.47	202.12	-647.67	-53.95	387.08	32.24	240.00	19.99	26.00	2.17	19.77	1.65	28.89	2.41	**79**	2,717.65	226.38	-725.39	-60.43	433.53	36.11	240.00	19.99	29.12	2.43	22.14	1.84	32.35	2.69
2,504.12	208.59	-668.40	-55.68	399.47	33.28	240.00	19.99	26.83	2.23	20.40	1.70	29.81	2.48	**80**	2,804.61	233.62	-748.60	-62.36	447.40	37.27	240.00	19.99	30.05	2.50	22.85	1.90	33.39	2.78
2,584.25	215.27	-689.79	-57.46	412.25	34.34	240.00	19.99	27.69	2.31	21.05	1.75	30.76	2.56	**81**	2,894.36	241.10	-772.56	-64.35	461.72	38.46	240.00	19.99	31.01	2.58	23.58	1.96	34.46	2.87
2,666.94	222.16	-711.86	-59.30	425.44	35.44	240.00	19.99	28.57	2.38	21.72	1.81	31.75	2.64	**82**	2,986.98	248.82	-797.28	-66.41	476.49	39.69	240.00	19.99	32.00	2.67	24.33	2.03	35.56	2.96
2,746.95	228.82	-733.21	-61.08	438.20	36.50	240.00	19.99	29.43	2.45	22.38	1.86	32.70	2.72	**83**	3,076.59	256.28	-821.20	-68.41	490.79	40.88	240.00	19.99	32.96	2.75	25.06	2.09	36.63	3.05
2,829.36	235.69	-755.21	-62.91	451.35	37.60	240.00	19.99	30.31	2.53	23.05	1.92	33.68	2.81	**84**	3,168.88	263.97	-845.84	-70.46	505.51	42.11	240.00	19.99	33.95	2.83	25.81	2.15	37.72	3.14
2,914.24	242.76	-777.87	-64.80	464.89	38.73	240.00	19.99	31.22	2.60	23.74	1.98	34.69	2.89	**85**	3,263.95	271.89	-871.21	-72.57	520.68	43.37	240.00	19.99	34.97	2.91	26.59	2.21	38.86	3.24
2,992.93	249.31	-798.87	-66.55	477.44	39.77	240.00	19.99	32.07	2.67	24.38	2.03	35.63	2.97	**86**	3,352.08	279.23	-894.73	-74.53	534.74	44.54	240.00	19.99	35.92	2.99	27.31	2.27	39.91	3.32
3,073.74	256.04	-820.44	-68.34	490.33	40.84	240.00	19.99	32.93	2.74	25.04	2.09	36.59	3.05	**87**	3,442.58	286.77	-918.89	-76.54	549.17	45.75	240.00	19.99	36.88	3.07	28.04	2.34	40.98	3.41
3,156.73	262.96	-842.59	-70.19	503.57	41.95	240.00	19.99	33.82	2.82	25.71	2.14	37.58	3.13	**88**	3,535.53	294.51	-943.70	-78.61	564.00	46.98	240.00	19.99	37.88	3.16	28.80	2.40	42.09	3.51
3,241.96	270.06	-865.34	-72.08	517.17	43.08	240.00	19.99	34.74	2.89	26.41	2.20	38.59	3.21	**89**	3,630.99	302.46	-969.18	-80.73	579.23	48.25	240.00	19.99	38.90	3.24	29.58	2.46	43.23	3.60
3,329.49	277.35	-888.71	-74.03	531.13	44.24	240.00	19.99	35.67	2.97	27.12	2.26	39.64	3.30	**90**	3,729.03	310.63	-995.35	-82.91	594.87	49.55	240.00	19.99	39.95	3.33	30.38	2.53	44.39	3.70
3,419.39	284.83	-912.70	-76.03	545.47	45.44	240.00	19.99	36.64	3.05	27.85	2.32	40.71	3.39	**91**	3,829.71	319.02	-1,022.22	-85.15	610.93	50.89	240.00	19.99	41.03	3.42	31.20	2.60	45.59	3.80
3,511.71	292.53	-937.34	-78.08	560.20	46.66	240.00	19.99	37.63	3.13	28.61	2.38	41.81	3.48	**92**	3,933.12	327.63	-1,049.82	-87.45	627.43	52.26	240.00	19.99	42.14	3.51	32.04	2.67	46.82	3.90
3,606.53	300.42	-962.65	-80.19	575.33	47.92	240.00	19.99	38.64	3.22	29.38	2.45	42.93	3.58	**93**	4,039.31	336.47	-1,078.17	-89.81	644.37	53.68	240.00	19.99	43.28	3.61	32.90	2.74	48.09	4.01
3,703.90	308.54	-988.64	-82.35	590.86	49.22	240.00	19.99	39.68	3.31	30.17	2.51	44.09	3.67	**94**	4,148.37	345.56	-1,107.28	-92.24	661.76	55.12	240.00	19.99	44.45	3.70	33.79	2.81	49.39	4.11
3,796.50	316.25	-1,013.36	-84.41	605.63	50.45	240.00	19.99	40.68	3.39	30.93	2.58	45.20	3.76	**95**	4,252.08	354.20	-1,134.96	-94.54	678.31	56.50	240.00	19.99	45.56	3.79	34.64	2.89	50.62	4.22
3,891.41	324.15	-1,038.69	-86.52	620.77	51.71	240.00	19.99	41.69	3.47	31.70	2.64	46.33	3.86	**96**	4,358.38	363.05	-1,163.34	-96.91	695.27	57.92	240.00	19.99	46.70	3.89	35.50	2.96	51.89	4.32
3,988.70	332.26	-1,064.66	-88.69	636.29	53.00	240.00	19.99	42.74	3.56	32.49	2.71	47.48	3.96	**97**	4,467.34	372.13	-1,192.42	-99.33	712.65	59.36	240.00	19.99	47.86	3.99	36.39	3.03	53.18	4.43
4,088.42	340.56	-1,091.28	-90.90	652.20	54.33	240.00	19.99	43.80	3.65	33.30	2.77	48.67	4.05	**98**	4,579.03	381.43	-1,222.23	-101.81	730.46	60.85	240.00	19.99	49.06	4.09	37.30	3.11	54.51	4.54
4,190.63	349.08	-1,118.56	-93.18	668.50	55.69	240.00	19.99	44.90	3.74	34.14	2.84	49.89	4.16	**99**	4,693.50	390.97	-1,252.79	-104.36	748.73	62.37	240.00	19.99	50.29	4.19	38.23	3.18	55.88	4.65

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

Area factors and household discount are not applicable to the Part B deductible rider
Applicants who live with someone 18 years or older apply a 6% household discount to the rates above (multiply rates above by 0.94)
If they also have a Medicare Supplement policy with Cigna then add an additional 14% discount (multiply rates above by 0.80)

Cigna National Health Insurance Company

MEDICARE SUPPLEMENT

WISCONSIN

Attained Age Rates -- Effective 7/1/2024 -- Area II (530-534)

STANDARD II ANNUAL & MONTHLY BANK DRAFT RATES

FEMALE RATES

Attained Age	Base Annual	Base Monthly	Part B Copayment Annual	Part B Copayment Monthly	Part A Deductible Annual	Part A Deductible Monthly	Part B Deductible Annual	Part B Deductible Monthly	Part B Excess Annual	Part B Excess Monthly	Foreign Travel Annual	Foreign Travel Monthly	Home Health Care Annual	Home Health Care Monthly
Under 65	8,150.91	678.97	-2,175.64	-181.23	1,300.26	108.31	240.00	19.99	87.33	7.27	66.40	5.53	97.03	8.08
65	2,328.83	193.99	-621.61	-51.78	371.50	30.95	240.00	19.99	24.95	2.08	18.97	1.58	27.72	2.31
66	2,328.83	193.99	-621.61	-51.78	371.50	30.95	240.00	19.99	24.95	2.08	18.97	1.58	27.72	2.31
67	2,328.83	193.99	-621.61	-51.78	371.50	30.95	240.00	19.99	24.95	2.08	18.97	1.58	27.72	2.31
68	2,328.83	193.99	-621.61	-51.78	371.50	30.95	240.00	19.99	24.95	2.08	18.97	1.58	27.72	2.31
69	2,375.41	197.87	-634.04	-52.82	378.93	31.57	240.00	19.99	25.45	2.12	19.35	1.61	28.28	2.36
70	2,441.92	203.41	-651.80	-54.29	389.54	32.45	240.00	19.99	26.16	2.18	19.89	1.66	29.07	2.42
71	2,520.06	209.92	-672.65	-56.03	402.01	33.49	240.00	19.99	27.00	2.25	20.53	1.71	30.00	2.50
72	2,608.26	217.27	-696.20	-57.99	416.08	34.66	240.00	19.99	27.95	2.33	21.25	1.77	31.05	2.59
73	2,699.55	224.87	-720.56	-60.02	430.64	35.87	240.00	19.99	28.92	2.41	21.99	1.83	32.14	2.68
74	2,794.04	232.74	-745.78	-62.12	445.72	37.13	240.00	19.99	29.94	2.49	22.76	1.90	33.26	2.77
75	2,891.83	240.89	-771.89	-64.30	461.32	38.43	240.00	19.99	30.98	2.58	23.56	1.96	34.43	2.87
76	2,993.04	249.32	-798.90	-66.55	477.46	39.77	240.00	19.99	32.07	2.67	24.38	2.03	35.63	2.97
77	3,097.80	258.05	-826.86	-68.88	494.17	41.16	240.00	19.99	33.19	2.76	25.23	2.10	36.88	3.07
78	3,206.22	267.08	-855.80	-71.29	511.47	42.61	240.00	19.99	34.35	2.86	26.12	2.18	38.17	3.18
79	3,308.82	275.62	-883.19	-73.57	527.84	43.97	240.00	19.99	35.45	2.95	26.95	2.25	39.39	3.28
80	3,414.70	284.44	-911.45	-75.92	544.73	45.38	240.00	19.99	36.59	3.05	27.82	2.32	40.65	3.39
81	3,523.97	293.55	-940.62	-78.35	562.16	46.83	240.00	19.99	37.76	3.15	28.71	2.39	41.95	3.49
82	3,636.74	302.94	-970.72	-80.86	580.15	48.33	240.00	19.99	38.97	3.25	29.62	2.47	43.29	3.61
83	3,745.84	312.03	-999.84	-83.29	597.55	49.78	240.00	19.99	40.13	3.34	30.51	2.54	44.59	3.71
84	3,858.22	321.39	-1,029.83	-85.79	615.48	51.27	240.00	19.99	41.34	3.44	31.43	2.62	45.93	3.83
85	3,973.97	331.03	-1,060.73	-88.36	633.94	52.81	240.00	19.99	42.58	3.55	32.37	2.70	47.31	3.94
86	4,081.26	339.97	-1,089.37	-90.74	651.06	54.23	240.00	19.99	43.73	3.64	33.24	2.77	48.59	4.05
87	4,191.46	349.15	-1,118.78	-93.19	668.64	55.70	240.00	19.99	44.91	3.74	34.14	2.84	49.90	4.16
88	4,304.63	358.58	-1,148.99	-95.71	686.69	57.20	240.00	19.99	46.12	3.84	35.06	2.92	51.25	4.27
89	4,420.85	368.26	-1,180.01	-98.29	705.23	58.75	240.00	19.99	47.37	3.95	36.01	3.00	52.63	4.38
90	4,540.21	378.20	-1,211.87	-100.95	724.27	60.33	240.00	19.99	48.65	4.05	36.98	3.08	54.05	4.50
91	4,662.80	388.41	-1,244.59	-103.67	743.83	61.96	240.00	19.99	49.96	4.16	37.98	3.16	55.51	4.62
92	4,788.70	398.90	-1,278.20	-106.47	763.91	63.63	240.00	19.99	51.31	4.27	39.01	3.25	57.01	4.75
93	4,917.99	409.67	-1,312.71	-109.35	784.54	65.35	240.00	19.99	52.69	4.39	40.06	3.34	58.55	4.88
94	5,050.78	420.73	-1,348.15	-112.30	805.72	67.12	240.00	19.99	54.12	4.51	41.14	3.43	60.13	5.01
95	5,177.05	431.25	-1,381.85	-115.11	825.86	68.79	240.00	19.99	55.47	4.62	42.17	3.51	61.63	5.13
96	5,306.47	442.03	-1,416.40	-117.99	846.51	70.51	240.00	19.99	56.86	4.74	43.23	3.60	63.17	5.26
97	5,439.13	453.08	-1,451.81	-120.94	867.67	72.28	240.00	19.99	58.28	4.85	44.31	3.69	64.75	5.39
98	5,575.11	464.41	-1,488.11	-123.96	889.36	74.08	240.00	19.99	59.73	4.98	45.41	3.78	66.37	5.53
99	5,714.49	476.02	-1,525.31	-127.06	911.60	75.94	240.00	19.99	61.23	5.10	46.55	3.88	68.03	5.67

MALE RATES

Attained Age	Base Annual	Base Monthly	Part B Copayment Annual	Part B Copayment Monthly	Part A Deductible Annual	Part A Deductible Monthly	Part B Deductible Annual	Part B Deductible Monthly	Part B Excess Annual	Part B Excess Monthly	Foreign Travel Annual	Foreign Travel Monthly	Home Health Care Annual	Home Health Care Monthly
Under 65	9,129.02	760.45	-2,436.71	-202.98	1,456.30	121.31	240.00	19.99	97.81	8.15	74.36	6.19	108.68	9.05
65	2,608.29	217.27	-696.20	-57.99	416.08	34.66	240.00	19.99	27.95	2.33	21.25	1.77	31.05	2.59
66	2,608.29	217.27	-696.20	-57.99	416.08	34.66	240.00	19.99	27.95	2.33	21.25	1.77	31.05	2.59
67	2,608.29	217.27	-696.20	-57.99	416.08	34.66	240.00	19.99	27.95	2.33	21.25	1.77	31.05	2.59
68	2,608.29	217.27	-696.20	-57.99	416.08	34.66	240.00	19.99	27.95	2.33	21.25	1.77	31.05	2.59
69	2,660.46	221.62	-710.13	-59.15	424.41	35.35	240.00	19.99	28.50	2.37	21.67	1.81	31.67	2.64
70	2,734.95	227.82	-730.01	-60.81	436.29	36.34	240.00	19.99	29.30	2.44	22.28	1.86	32.56	2.71
71	2,822.47	235.11	-753.37	-62.76	450.25	37.51	240.00	19.99	30.24	2.52	22.99	1.92	33.60	2.80
72	2,921.26	243.34	-779.74	-64.95	466.01	38.82	240.00	19.99	31.30	2.61	23.80	1.98	34.78	2.90
73	3,023.50	251.86	-807.03	-67.23	482.32	40.18	240.00	19.99	32.39	2.70	24.63	2.05	35.99	3.00
74	3,129.32	260.67	-835.28	-69.58	499.20	41.58	240.00	19.99	33.53	2.79	25.49	2.12	37.25	3.10
75	3,238.85	269.80	-864.51	-72.01	516.67	43.04	240.00	19.99	34.70	2.89	26.38	2.20	38.56	3.21
76	3,352.21	279.24	-894.77	-74.53	534.76	44.55	240.00	19.99	35.92	2.99	27.31	2.27	39.91	3.32
77	3,469.54	289.01	-926.09	-77.14	553.47	46.10	240.00	19.99	37.17	3.10	28.26	2.35	41.30	3.44
78	3,590.97	299.13	-958.50	-79.84	572.85	47.72	240.00	19.99	38.47	3.20	29.25	2.44	42.75	3.56
79	3,705.88	308.70	-989.17	-82.40	591.18	49.24	240.00	19.99	39.71	3.31	30.19	2.51	44.12	3.67
80	3,824.47	318.58	-1,020.82	-85.03	610.09	50.82	240.00	19.99	40.98	3.41	31.15	2.60	45.53	3.79
81	3,946.85	328.77	-1,053.49	-87.76	629.62	52.45	240.00	19.99	42.29	3.52	32.15	2.68	46.99	3.91
82	4,073.15	339.29	-1,087.20	-90.56	649.76	54.13	240.00	19.99	43.64	3.64	33.18	2.76	48.49	4.04
83	4,195.35	349.47	-1,119.82	-93.28	669.26	55.75	240.00	19.99	44.95	3.74	34.17	2.85	49.94	4.16
84	4,321.21	359.96	-1,153.41	-96.08	689.34	57.42	240.00	19.99	46.30	3.86	35.20	2.93	51.44	4.29
85	4,450.84	370.76	-1,188.02	-98.96	710.02	59.14	240.00	19.99	47.69	3.97	36.26	3.02	52.99	4.41
86	4,571.01	380.77	-1,220.09	-101.63	729.19	60.74	240.00	19.99	48.98	4.08	37.23	3.10	54.42	4.53
87	4,694.43	391.05	-1,253.03	-104.38	748.87	62.38	240.00	19.99	50.30	4.19	38.24	3.19	55.89	4.66
88	4,821.18	401.60	-1,286.87	-107.20	769.09	64.07	240.00	19.99	51.66	4.30	39.27	3.27	57.40	4.78
89	4,951.35	412.45	-1,321.61	-110.09	789.86	65.80	240.00	19.99	53.05	4.42	40.33	3.36	58.94	4.91
90	5,085.04	423.58	-1,357.30	-113.06	811.18	67.57	240.00	19.99	54.48	4.54	41.42	3.45	60.54	5.04
91	5,222.34	435.02	-1,393.94	-116.12	833.09	69.40	240.00	19.99	55.95	4.66	42.54	3.54	62.17	5.18
92	5,363.34	446.77	-1,431.58	-119.25	855.58	71.27	240.00	19.99	57.46	4.79	43.69	3.64	63.85	5.32
93	5,508.15	458.83	-1,470.23	-122.47	878.68	73.19	240.00	19.99	59.02	4.92	44.87	3.74	65.57	5.46
94	5,656.87	471.22	-1,509.93	-125.78	902.41	75.17	240.00	19.99	60.61	5.05	46.08	3.84	67.34	5.61
95	5,798.29	483.00	-1,547.68	-128.92	924.97	77.05	240.00	19.99	62.12	5.17	47.23	3.93	69.03	5.75
96	5,943.25	495.07	-1,586.37	-132.14	948.09	78.98	240.00	19.99	63.68	5.30	48.41	4.03	70.75	5.89
97	6,091.83	507.45	-1,626.03	-135.45	971.79	80.95	240.00	19.99	65.27	5.44	49.62	4.13	72.52	6.04
98	6,244.13	520.14	-1,666.68	-138.83	996.09	82.97	240.00	19.99	66.90	5.57	50.86	4.24	74.33	6.19
99	6,400.23	533.14	-1,708.34	-142.31	1,020.99	85.05	240.00	19.99	68.57	5.71	52.13	4.34	76.19	6.35

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

Area factors and household discount are not applicable to the Part B deductible rider
Applicants who live with someone 18 years or older apply a 6% household discount to the rates above (multiply rates above by 0.94)
If they also have a Medicare Supplement policy with Cigna then add an additional 14% discount (multiply rates above by 0.80)

Cigna National Health Insurance Company

MEDICARE SUPPLEMENT

WISCONSIN

Attained Age Rates -- Effective 7/1/2024 -- Area II (530-534)

STANDARD III ANNUAL & MONTHLY BANK DRAFT RATES

FEMALE RATES															MALE RATES													
Base		Part B Copayment		Part A Deductible		Part B Deductible		Part B Excess		Foreign Travel		Home Health Care		Attained	Base		Part B Copayment		Part A Deductible		Part B Deductible		Part B Excess		Foreign Travel		Home Health Care	
Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Age	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
8,966.00	746.87	-2,393.20	-199.35	1,430.29	119.14	240.00	19.99	96.06	8.00	73.03	6.08	106.74	8.89	**Under 65**	10,041.93	836.49	-2,680.38	-223.28	1,601.93	133.44	240.00	19.99	107.59	8.96	81.80	6.81	119.55	9.96
2,561.72	213.39	-683.77	-56.96	408.65	34.04	240.00	19.99	27.45	2.29	20.87	1.74	30.50	2.54	**65**	2,869.12	239.00	-765.82	-63.79	457.69	38.13	240.00	19.99	30.74	2.56	23.37	1.95	34.16	2.85
2,561.72	213.39	-683.77	-56.96	408.65	34.04	240.00	19.99	27.45	2.29	20.87	1.74	30.50	2.54	**66**	2,869.12	239.00	-765.82	-63.79	457.69	38.13	240.00	19.99	30.74	2.56	23.37	1.95	34.16	2.85
2,561.72	213.39	-683.77	-56.96	408.65	34.04	240.00	19.99	27.45	2.29	20.87	1.74	30.50	2.54	**67**	2,869.12	239.00	-765.82	-63.79	457.69	38.13	240.00	19.99	30.74	2.56	23.37	1.95	34.16	2.85
2,561.72	213.39	-683.77	-56.96	408.65	34.04	240.00	19.99	27.45	2.29	20.87	1.74	30.50	2.54	**68**	2,869.12	239.00	-765.82	-63.79	457.69	38.13	240.00	19.99	30.74	2.56	23.37	1.95	34.16	2.85
2,612.95	217.66	-697.45	-58.10	416.83	34.72	240.00	19.99	28.00	2.33	21.28	1.77	31.11	2.59	**69**	2,926.50	243.78	-781.14	-65.07	466.85	38.89	240.00	19.99	31.36	2.61	23.84	1.99	34.84	2.90
2,686.11	223.75	-716.98	-59.72	428.50	35.69	240.00	19.99	28.78	2.40	21.88	1.82	31.98	2.66	**70**	3,008.45	250.60	-803.01	-66.89	479.92	39.98	240.00	19.99	32.23	2.69	24.51	2.04	35.81	2.98
2,772.07	230.91	-739.92	-61.64	442.21	36.84	240.00	19.99	29.70	2.47	22.58	1.88	33.00	2.75	**71**	3,104.72	258.62	-828.71	-69.03	495.28	41.26	240.00	19.99	33.26	2.77	25.29	2.11	36.96	3.08
2,869.09	239.00	-765.82	-63.79	457.69	38.13	240.00	19.99	30.74	2.56	23.37	1.95	34.16	2.85	**72**	3,213.38	267.67	-857.71	-71.45	512.61	42.70	240.00	19.99	34.43	2.87	26.18	2.18	38.25	3.19
2,969.51	247.36	-792.62	-66.03	473.71	39.46	240.00	19.99	31.82	2.65	24.19	2.01	35.35	2.94	**73**	3,325.85	277.04	-887.73	-73.95	530.55	44.19	240.00	19.99	35.63	2.97	27.09	2.26	39.59	3.30
3,073.44	256.02	-820.36	-68.34	490.29	40.84	240.00	19.99	32.93	2.74	25.04	2.09	36.59	3.05	**74**	3,442.25	286.74	-918.80	-76.54	549.12	45.74	240.00	19.99	36.88	3.07	28.04	2.34	40.98	3.41
3,181.01	264.98	-849.07	-70.73	507.45	42.27	240.00	19.99	34.08	2.84	25.91	2.16	37.87	3.15	**75**	3,562.73	296.78	-950.96	-79.22	568.34	47.34	240.00	19.99	38.17	3.18	29.02	2.42	42.41	3.53
3,292.35	274.25	-878.79	-73.20	525.21	43.75	240.00	19.99	35.28	2.94	26.82	2.23	39.19	3.26	**76**	3,687.43	307.16	-984.25	-81.99	588.23	49.00	240.00	19.99	39.51	3.29	30.04	2.50	43.90	3.66
3,407.58	283.85	-909.55	-75.77	543.59	45.28	240.00	19.99	36.51	3.04	27.76	2.31	40.57	3.38	**77**	3,816.49	317.91	-1,018.69	-84.86	608.82	50.71	240.00	19.99	40.89	3.41	31.09	2.59	45.43	3.78
3,526.84	293.79	-941.38	-78.42	562.62	46.87	240.00	19.99	37.79	3.15	28.73	2.39	41.99	3.50	**78**	3,950.07	329.04	-1,054.35	-87.83	630.13	52.49	240.00	19.99	42.32	3.53	32.18	2.68	47.02	3.92
3,639.70	303.19	-971.51	-80.93	580.62	48.37	240.00	19.99	39.00	3.25	29.65	2.47	43.33	3.61	**79**	4,076.47	339.57	-1,088.09	-90.64	650.29	54.17	240.00	19.99	43.68	3.64	33.21	2.77	48.53	4.04
3,756.17	312.89	-1,002.60	-83.52	599.20	49.91	240.00	19.99	40.24	3.35	30.60	2.55	44.72	3.72	**80**	4,206.92	350.44	-1,122.91	-93.54	671.10	55.90	240.00	19.99	45.07	3.75	34.27	2.85	50.08	4.17
3,876.37	322.90	-1,034.68	-86.19	618.37	51.51	240.00	19.99	41.53	3.46	31.58	2.63	46.15	3.84	**81**	4,341.54	361.65	-1,158.84	-96.53	692.58	57.69	240.00	19.99	46.52	3.87	35.36	2.95	51.68	4.31
4,000.42	333.23	-1,067.79	-88.95	638.16	53.16	240.00	19.99	42.86	3.57	32.59	2.71	47.62	3.97	**82**	4,480.47	373.22	-1,195.92	-99.62	714.74	59.54	240.00	19.99	48.00	4.00	36.50	3.04	53.34	4.44
4,120.43	343.23	-1,099.82	-91.62	657.31	54.75	240.00	19.99	44.15	3.68	33.56	2.80	49.05	4.09	**83**	4,614.88	384.42	-1,231.80	-102.61	736.18	61.32	240.00	19.99	49.45	4.12	37.59	3.13	54.94	4.58
4,244.04	353.53	-1,132.82	-94.36	677.03	56.40	240.00	19.99	45.47	3.79	34.57	2.88	50.52	4.21	**84**	4,753.33	395.95	-1,268.75	-105.69	758.27	63.16	240.00	19.99	50.93	4.24	38.72	3.23	56.59	4.71
4,371.36	364.13	-1,166.80	-97.19	697.34	58.09	240.00	19.99	46.84	3.90	35.61	2.97	52.04	4.33	**85**	4,895.93	407.83	-1,306.82	-108.86	781.02	65.06	240.00	19.99	52.46	4.37	39.88	3.32	58.28	4.86
4,489.39	373.97	-1,198.30	-99.82	716.16	59.66	240.00	19.99	48.10	4.01	36.57	3.05	53.45	4.45	**86**	5,028.12	418.84	-1,342.10	-111.80	802.10	66.82	240.00	19.99	53.87	4.49	40.96	3.41	59.86	4.99
4,610.60	384.06	-1,230.66	-102.51	735.50	61.27	240.00	19.99	49.40	4.11	37.56	3.13	54.89	4.57	**87**	5,163.87	430.15	-1,378.34	-114.82	823.76	68.62	240.00	19.99	55.33	4.61	42.06	3.50	61.47	5.12
4,735.09	394.43	-1,263.89	-105.28	755.36	62.92	240.00	19.99	50.73	4.23	38.57	3.21	56.37	4.70	**88**	5,303.30	441.76	-1,415.55	-117.92	846.00	70.47	240.00	19.99	56.82	4.73	43.20	3.60	63.13	5.26
4,862.94	405.08	-1,298.01	-108.12	775.75	64.62	240.00	19.99	52.10	4.34	39.61	3.30	57.89	4.82	**89**	5,446.49	453.69	-1,453.77	-121.10	868.84	72.37	240.00	19.99	58.36	4.86	44.37	3.70	64.84	5.40
4,994.24	416.02	-1,333.06	-111.04	796.70	66.37	240.00	19.99	53.51	4.46	40.68	3.39	59.46	4.95	**90**	5,593.54	465.94	-1,493.03	-124.37	892.30	74.33	240.00	19.99	59.93	4.99	45.56	3.80	66.59	5.55
5,129.08	427.25	-1,369.05	-114.04	818.21	68.16	240.00	19.99	54.95	4.58	41.78	3.48	61.06	5.09	**91**	5,744.57	478.52	-1,533.34	-127.73	916.40	76.34	240.00	19.99	61.55	5.13	46.79	3.90	68.39	5.70
5,267.57	438.79	-1,406.02	-117.12	840.30	70.00	240.00	19.99	56.44	4.70	42.91	3.57	62.71	5.22	**92**	5,899.67	491.44	-1,574.74	-131.18	941.14	78.40	240.00	19.99	63.21	5.27	48.06	4.00	70.23	5.85
5,409.79	450.64	-1,443.98	-120.28	862.99	71.89	240.00	19.99	57.96	4.83	44.07	3.67	64.40	5.36	**93**	6,058.96	504.71	-1,617.25	-134.72	966.55	80.51	240.00	19.99	64.92	5.41	49.35	4.11	72.13	6.01
5,555.85	462.80	-1,482.97	-123.53	886.29	73.83	240.00	19.99	59.53	4.96	45.26	3.77	66.14	5.51	**94**	6,222.56	518.34	-1,660.92	-138.35	992.65	82.69	240.00	19.99	66.67	5.55	50.69	4.22	74.08	6.17
5,694.75	474.37	-1,520.04	-126.62	908.45	75.67	240.00	19.99	61.02	5.08	46.39	3.86	67.79	5.65	**95**	6,378.12	531.30	-1,702.44	-141.81	1,017.46	84.75	240.00	19.99	68.34	5.69	51.95	4.33	75.93	6.32
5,837.12	486.23	-1,558.04	-129.78	931.16	77.57	240.00	19.99	62.54	5.21	47.55	3.96	69.49	5.79	**96**	6,537.57	544.58	-1,745.00	-145.36	1,042.90	86.87	240.00	19.99	70.05	5.83	53.25	4.44	77.83	6.48
5,983.05	498.39	-1,596.99	-133.03	954.44	79.50	240.00	19.99	64.10	5.34	48.74	4.06	71.23	5.93	**97**	6,701.01	558.19	-1,788.63	-148.99	1,068.97	89.05	240.00	19.99	71.80	5.98	54.58	4.55	79.77	6.65
6,132.62	510.85	-1,636.92	-136.36	978.30	81.49	240.00	19.99	65.71	5.47	49.95	4.16	73.01	6.08	**98**	6,868.54	572.15	-1,833.35	-152.72	1,095.70	91.27	240.00	19.99	73.59	6.13	55.95	4.66	81.77	6.81
6,285.94	523.62	-1,677.84	-139.76	1,002.76	83.53	240.00	19.99	67.35	5.61	51.20	4.27	74.83	6.23	**99**	7,040.25	586.45	-1,879.18	-156.54	1,123.09	93.55	240.00	19.99	75.43	6.28	57.35	4.78	83.81	6.98

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

Area factors and household discount are not applicable to the Part B deductible rider
Applicants who live with someone 18 years or older apply a 6% household discount to the rates above (multiply rates above by 0.94)
If they also have a Medicare Supplement policy with Cigna then add an additional 14% discount (multiply rates above by 0.80)

PREMIUM INFORMATION

Your premium will increase each year because of the increase in your attained age. We, Cigna National Health Insurance Company, can also raise your premium if (a) we change the rates or discounts which apply to all policies of this form issued by us and in force in the state where your policy was issued; or (b) coverage under Medicare changes. We will send you a written notice at least thirty (30) days in advance when we change the premium rates or discounts for all policies of this form issued by us and in force in the state where your policy was issued. 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 Cigna National Health Insurance Company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to Cigna National Health Insurance Company, PO Box 5700, Scranton, PA 18505-5700. 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 of your premiums.

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

The policy may not fully cover all of your medical costs. Neither Cigna National Health Insurance Company nor its agents are connected with Medicare.

USUAL AND CUSTOMARY CHARGES

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

PREMIUM DISCOUNT

Affiliate means an insurance company that is under common ownership or control with Cigna National Health Insurance Company and that is a member of the same insurance holding company system.

Household is defined as a condominium unit, a single-family home, or an apartment unit within an apartment complex. Assisted Living facilities, Group Homes, Adult Day Care facilities and Nursing Homes, or any other health residential facility are not included in the definition of "Household."

You may be eligible for the following:

1. A discount when you reside in a Household with another adult who is age 18 or older, which includes your legal spouse, civil union partner, or domestic partner. We may request additional documentation to determine eligibility.

2. A discount when more than one member of your Household enrolls or is enrolled in a Medicare Supplement policy provided by or through an Affiliate of Cigna National Health Insurance Company.

The discount will be removed if the other adult or Medicare Supplement policyholder whose policy status entitles you to the discount no longer resides in the Household or no longer has a Medicare Supplement policy through Cigna National Health Insurance Company or an Affiliate of Cigna National Health Insurance Company. If the other adult or the other Medicare Supplement policyholder 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.

Neither Cigna National Health Insurance Company nor its agents are connected with Medicare.

Locate appropriate Area according to the Applicant's ZIP Code in the ZIP Code chart below.

WISCONSIN ZIP CODES:

Area	3-digit ZIP Codes
Area I	535-549, as reflected in rate chart
Area II	530-534, as reflected in rate chart

BASIC PLAN
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
HOSPITALIZATION* Semi-private room and board, general nursing, and miscellaneous services and supplies	First 60 days	All but $1,632	$0 OR $1,632 Optional Part A Deductible Rider***	$1,632 OR $0***
	61st through the 90th day	All but $408 per day	$408 per day	$0
	91st day to 150th days	All but $816 per day	$816 per day	$0
	Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
	Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE * 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
	21st through the 100th day	All but $204 per day	Up to $204 a day	$0
	101st day and after	$0	$0	All costs
INPATIENT PSYCHIATRIC CARE 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

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

MEDICARE SUPPLEMENT PART A – HOSPITAL SERVICES – PER BENEFIT PERIOD (continued)

BLOOD	First 3 pints Additional amounts	$0 100%	First 3 pints $0	$0 $0
HOSPICE CARE 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 SUPPLEMENTAL POLICIES - PART B BENEFITS

****Once You have been billed $240 of Medicare-approved amounts for covered services (which are noted with an asterisk), 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
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First $240 of Medicare-approved amounts****	$0	$0 OR $240****Optional Part B Deductible Rider OR Optional Medicare Part B Copayment or Coinsurance Rider ***	$240 (Part B Deductible) OR $0 OR 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***
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	Charges in Excess of Medicare Approved Amounts
PART B EXCESS CHARGES	Charges in Excess of Medicare Approved Amounts	$0	$0 OR Amount Covered under the Optional Medicare Part B Excess Charges Rider***	All costs OR $0 if the Optional Part B Excess Rider is purchased***

*** These are optional riders. You may purchase these benefits if You pay an additional premium.
The Part B Deductible Rider is only available if you were eligible to Medicare prior to January 1st, 2020.

MEDICARE SUPPLEMENTAL POLICIES - PART B BENEFITS (continued)

BLOOD	First 3 pints Next $240 of Medicare-approved amounts* Remainder of Medicare-approved amounts	$0 $0 80%	All costs $0 OR $240****Optional Part B Deducible Rider**** 20%	$0 $240 (Part B Deductible)**** OR $0*** $0
CLINICAL LABORATORY SERVICES Tests for diagnostic services		100%	$0	$0
HOME HEALTH CARE Medically-necessary skilled care services and medical supplies		100% of charges for visits considered medically necessary by Medicare	Up to 40 visits per year	All expenses beyond 40 visits per calendar year OR Optional Additional Home Health Care Rider ***
PREVENTIVE MEDICAL CARE BENEFIT – NOT COVERED BY MEDICARE Some annual physical and preventive tests and services administered or ordered by Your doctor when not covered by Medicare	First $120 each calendar year Additional charges	$0 $0	$120 $0	$0 All Costs

*** These are optional riders. You may purchase these benefits if You pay an additional premium.
The Part B Deductible is only available if you were eligible to Medicare prior to January 1st, 2020.

FOREIGN TRAVEL Medically necessary emergency care services beginning during the first 60 days of each trip outside of the USA	First $250 each calendar year	$0	$0 OR Optional Foreign Travel Rider***	$250
	Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

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

ADDITIONAL BENEFITS UNDER THE BASIC PLAN (POLICY FORM CNHIC-MS-BASIC-WI)

ADDITIONAL BENEFITS	PER BENEFIT PERIOD	MEDICARE PAYS	POLICY PAYS	YOU PAY
BREAST RECONSTRUCTION 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**
CHIROPRACTIC SERVICES 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**
HOSPITAL AND AMBULATORY SURGERY CENTER AND ANETHESIA FOR DENTAL CARE BENEFITS Eligible 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**
KIDNEY DISEASE TREATMENT Eligible expenses for hospital and outpatient services.*	Calendar Year	Medicare approved amounts	100% of the Usual and Customary Charges**	100% of the Usual and Customary Charges** Limited to $30,000 in a twelve (12) month period.

**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.

ADDITIONAL BENEFITS UNDER THE BASIC PLAN (POLICY FORM CNHIC-MS-BASIC-WI) - continued

ADDITIONAL BENEFITS	PER BENEFIT PERIOD	MEDICARE PAYS	POLICY PAYS	YOU PAY
ADDITIONAL SKILLED NURSING CARE	Calendar Year	Medicare approved amounts	100% of the Usual and Customary Charges**	100% of the Usual and Customary Charges** Limited to 30 days of medically necessary care per benefit period
EQUIPMENT/SUPPLIES FOR TREATMENT OF DIABETES	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 30-day skilled nursing benefit.
2. Home Health Care visits paid for by Medicare; not above the (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, Cigna National Health 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

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 Cigna National Health Insurance Company, Claims Department at P.O. Box 5700, Scranton, PA 18505-5700 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 Cigna National Health 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 Cigna National Health 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 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. 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. The insured member of the panel shall not be an employee of the plan, to the extent possible.
(3) Consultation with a licensed health care provider with expertise in the field relating to the grievance, if appropriate. 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 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 Cigna National Health 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 or 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 it 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 Act of 1996, U.S. PL 104-191, ss. 55.30, 146.82 to 146.84, and 610.70, Stats., 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 PROCESS

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 information 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 exclusion denial and rescission determinations that occur on or after January 1, 2010, but prior to the date stated 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 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: https://oci.wi.gov/Pages/Consumers/IndependentReviewOrganizations.aspx.

(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 rescission 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 if either of the following conditions are met:

a. Both Uus and the insured, or the insured's authorized representative, agree that the appeal should proceed directly to independent review.
b. 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:

(1) We, upon receipt of a request for independent review, shall provide written notice of the request to the independent review organization selected by the insured or the insured's authorized representative within two (2) business days of receipt.
(2) We shall provide the information required to the independent review organization without requiring a written release from the insured.
(3) Upon written request from the insured or the insured's authorized representative, a complete copy of the insured's policy will be provided.
(4) 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 request.
(5) Information submitted to the independent review organization at the request of the independent review organization by either us of the insured, or the insured's authorized representative, shall also be promptly provided to the other party to the review.

Subdivisions (1) to (5) 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 as expeditiously as the insured's health condition requires.

DISPUTES

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.

Disputes that are related to administrative matters, including enrollment eligibility, not related to treatment or services are not eligible for independent review determinations.