This document lists the rates for the Premier plans for all states, except for Delaware (different price structure). The Preferred ($46.95), Standard ($38.75) and Economy ($30.50) are the same in all states, except for Delaware.

Alabama

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$56.50	$169.50	$339.00	$678.00	$53.67	$161.01	$322.02	$644.04
	Ind/Spouse	$110.20	$330.60	$661.20	$1,322.40	$104.69	$314.07	$628.14	$1,256.28
	One-Parent	$113.00	$339.00	$678.00	$1,356.00	$107.35	$322.05	$644.10	$1,288.20
	All-Family	$177.95	$533.85	$1,067.70	$2,135.40	$169.05	$507.15	$1,014.30	$2,028.60

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$65.45	$196.35	$392.70	$785.40	$62.17	$186.51	$373.02	$746.04
	Ind/Spouse	$127.65	$382.95	$765.90	$1,531.80	$121.27	$363.81	$727.62	$1,455.24
	One-Parent	$130.90	$392.70	$785.40	$1,570.80	$124.35	$373.05	$746.10	$1,492.20
	All-Family	$206.15	$618.45	$1,236.90	$2,473.80	$195.84	$587.52	$1,175.04	$2,350.08

Arkansas

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$67.80	$203.40	$406.80	$813.60	$64.41	$193.23	$386.46	$772.92
	Ind/Spouse	$132.24	$396.72	$793.44	$1,586.88	$125.63	$376.89	$753.78	$1,507.56
	One-Parent	$135.60	$406.80	$813.60	$1,627.20	$128.82	$386.46	$772.92	$1,545.84
	All-Family	$213.54	$640.62	$1,281.24	$2,562.48	$202.86	$608.58	$1,217.16	$2,434.82

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$76.75	$230.25	$460.50	$921.00	$72.91	$218.73	$437.46	$874.92
	Ind/Spouse	$149.69	$449.07	$898.14	$1,796.28	$142.21	$426.63	$853.26	$1,706.52
	One-Parent	$153.50	$460.50	$921.00	$1,842.00	$145.82	$437.46	$874.92	$1,749.84
	All-Family	$241.74	$725.22	$1,450.44	$2,900.88	$229.65	$688.95	$1,377.90	$2,755.80

Arizona

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$67.80	$203.40	$406.80	$813.60	$64.41	$193.23	$386.46	$772.92
	Ind/Spouse	$132.24	$396.72	$793.44	$1,586.88	$125.63	$376.89	$753.78	$1,507.56
	One-Parent	$135.60	$406.80	$813.60	$1,627.20	$128.82	$386.46	$772.92	$1,545.84
	All-Family	$213.54	$640.62	$1,281.24	$2,562.48	$202.86	$608.58	$1,217.16	$2,434.32
Schedule	**Plan**	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	**Quarterly**	**Semi-Annual**	**Annual**	**ABW[1]**	**Quarterly**	**Semi-Annual**	**Annual**
Schedule 4 Premier	Individual	$76.75	$230.25	$460.50	$921.00	$72.91	$218.73	$437.46	$874.92
	Ind/Spouse	$149.69	$449.07	$898.14	$1,796.28	$142.21	$426.63	$853.26	$1,706.52
	One-Parent	$153.50	$460.50	$921.00	$1,842.00	$145.82	$437.46	$874.92	$1,749.84
	All-Family	$241.74	$725.22	$1,450.44	$2,900.88	$229.65	$688.95	$1,377.90	$2,755.80

California

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$56.50	$169.50	$339.00	$678.00	$53.67	$161.01	$322.02	$644.04
	Ind/Spouse	$110.20	$330.60	$661.20	$1,322.40	$104.69	$314.07	$628.14	$1,256.28
	One-Parent	$113.00	$339.00	$678.00	$1,356.00	$107.35	$322.05	$644.10	$1,288.20
	All-Family	$177.95	$533.85	$1,067.70	$2,135.40	$169.05	$507.15	$1,014.30	$2,028.60
Schedule	**Plan**	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	**Quarterly**	**Semi-Annual**	**Annual**	**ABW[1]**	**Quarterly**	**Semi-Annual**	**Annual**
Schedule 4 Premier	Individual	$65.45	$196.35	$392.70	$785.40	$62.17	$186.51	$373.02	$746.04
	Ind/Spouse	$127.65	$382.95	$765.90	$1,531.80	$121.27	$363.81	$727.62	$1,455.24
	One-Parent	$130.90	$392.70	$785.40	$1,570.80	$124.35	$373.05	$746.10	$1,492.20
	All-Family	$206.15	$618.45	$1,236.90	$2,473.80	$195.84	$587.52	$1,175.04	$2,350.08

Colorado

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$69.95	$209.85	$419.70	$839.40	$66.45	$199.35	$398.70	$797.40
	Ind/Spouse	$136.43	$409.29	$818.58	$1,637.16	$129.61	$388.83	$777.66	$1,555.32
	One-Parent	$139.89	$419.67	$839.34	$1,678.68	$132.90	$398.70	$797.40	$1,594.80
	All-Family	$220.30	$660.90	$1,321.80	$2,643.60	$209.28	$627.84	$1,255.68	$2,511.36

Colorado cont.

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$78.90	$236.70	$473.40	$946.80	$74.95	$224.85	$449.70	$899.40
	Ind/Spouse	$153.88	$461.64	$923.28	$1,846.56	$146.19	$438.57	$877.14	$1,754.28
	One-Parent	$157.79	$473.37	$946.74	$1,893.48	$149.90	$449.70	$899.40	$1,798.80
	All-Family	$248.50	$745.50	$1,491.00	$2,982.00	$236.07	$708.21	$1,416.42	$2,832.84

Connecticut

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$60.46	$181.38	$362.76	$725.52	$57.44	$172.32	$344.64	$689.28
	Ind/Spouse	$117.91	$353.73	$707.46	$1,414.92	$112.01	$336.03	$672.06	$1,344.12
	One-Parent	$120.91	$362.73	$725.46	$1,450.92	$114.86	$344.58	$689.16	$1,378.32
	All-Family	$190.41	$571.23	$1,142.46	$2,284.92	$180.89	$542.67	$1,085.34	$2,170.68

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$69.41	$208.23	$416.46	$832.92	$65.94	$197.82	$395.64	$791.28
	Ind/Spouse	$135.36	$406.08	$812.16	$1,624.32	$128.59	$385.77	$771.54	$1,543.08
	One-Parent	$138.81	$416.43	$832.86	$1,665.72	$131.86	$395.58	$791.16	$1,582.32
	All-Family	$218.61	$655.83	$1,311.66	$2,623.32	$207.68	$623.04	$1,246.08	$2,492.16

District of Columbia DC

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$62.15	$186.45	$372.90	$745.80	$59.04	$177.12	$354.24	$708.48
	Ind/Spouse	$121.22	$363.66	$727.32	$1,454.64	$115.16	$345.48	$690.96	$1,381.92
	One-Parent	$124.30	$372.90	$745.80	$1,491.60	$118.08	$354.24	$708.48	$1,416.96
	All-Family	$195.75	$587.25	$1,174.50	$2,349.00	$185.96	$557.88	$1,115.76	$2,231.52

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$71.10	$213.30	$426.60	$853.20	$67.54	$202.62	$405.24	$810.48
	Ind/Spouse	$138.67	$416.01	$832.02	$1,664.04	$131.74	$395.22	$790.44	$1,580.88
	One-Parent	$142.20	$426.60	$853.20	$1,706.40	$135.08	$405.24	$810.48	$1,620.96
	All-Family	$223.95	$671.85	$1,343.70	$2,687.40	$212.75	$638.25	$1,276.50	$2,553.00

Florida

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$67.80	$203.40	$406.80	$813.60	$64.41	$193.23	$386.46	$772.92
	Ind/Spouse	$132.24	$396.72	$793.44	$1,586.88	$125.63	$376.89	$753.78	$1,507.56
	One-Parent	$135.60	$406.80	$813.60	$1,627.20	$128.82	$386.46	$772.92	$1,545.84
	All-Family	$213.54	$640.62	$1,281.24	$2,562.48	$202.86	$608.58	$1,217.16	$2,434.32

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$76.75	$230.25	$460.50	$921.00	$72.91	$218.73	$437.46	$874.92
	Ind/Spouse	$149.69	$449.07	$898.14	$1,796.28	$142.21	$426.63	$853.26	$1,706.52
	One-Parent	$153.50	$460.50	$921.00	$1,842.00	$145.82	$437.46	$874.92	$1,749.84
	All-Family	$241.74	$725.22	$1,450.44	$2,900.88	$229.65	$688.95	$1,377.90	$2,755.80

Georga

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$62.15	$186.45	$372.90	$745.80	$59.04	$177.12	$354.24	$708.48
	Ind/Spouse	$121.22	$363.66	$727.32	$1,454.64	$115.16	$345.48	$690.96	$1,381.92
	One-Parent	$124.30	$372.90	$745.80	$1,491.60	$118.08	$354.24	$708.48	$1,416.96
	All-Family	$195.75	$587.25	$1,174.50	$2,349.00	$185.96	$557.88	$1,115.76	$2,231.52

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$71.10	$213.30	$426.60	$853.20	$67.54	$202.62	$405.24	$810.48
	Ind/Spouse	$138.67	$416.01	$832.02	$1,664.04	$131.74	$395.22	$790.44	$1,580.88
	One-Parent	$142.20	$426.60	$853.20	$1,706.40	$135.08	$405.24	$810.48	$1,620.96
	All-Family	$223.95	$671.85	$1,343.70	$2,687.40	$212.75	$638.25	$1,276.50	$2,553.00

Hawaii

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$67.80	$203.40	$406.80	$813.60	$64.41	$193.23	$386.46	$772.92
	Ind/Spouse	$132.24	$396.72	$793.44	$1,586.88	$125.63	$376.89	$753.78	$1,507.56
	One-Parent	$135.60	$406.80	$813.60	$1,627.20	$128.82	$386.46	$772.92	$1,545.84
	All-Family	$213.54	$640.62	$1,281.24	$2,562.48	$202.86	$608.58	$1,217.16	$2,434.32

Hawaii cont.

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$76.75	$230.25	$460.50	$921.00	$72.91	$218.73	$437.46	$874.92
	Ind/Spouse	$149.69	$449.07	$898.14	$1,796.28	$142.21	$426.63	$853.26	$1,706.52
	One-Parent	$153.50	$460.50	$921.00	$1,842.00	$145.82	$437.46	$874.92	$1,749.84
	All-Family	$241.74	$725.22	$1,450.44	$2,900.88	$229.65	$688.95	$1,377.90	$2,755.80

Iowa

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$64.98	$194.94	$389.88	$779.76	$61.73	$185.19	$370.38	$740.76
	Ind/Spouse	$126.73	$380.19	$760.38	$1,520.76	$120.39	$361.17	$722.34	$1,444.68
	One-Parent	$129.95	$389.85	$779.70	$1,559.40	$123.45	$370.35	$740.70	$1,481.40
	All-Family	$204.64	$613.92	$1,227.84	$2,455.68	$194.41	$583.23	$1,166.46	$2,332.92

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$73.93	$221.79	$443.58	$887.16	$70.23	$210.69	$421.38	$842.76
	Ind/Spouse	$144.18	$432.54	$865.08	$1,730.16	$136.97	$410.91	$821.82	$1,643.64
	One-Parent	$147.85	$443.55	$887.10	$1,774.20	$140.45	$421.35	$842.70	$1,685.40
	All-Family	$232.84	$698.52	$1,397.04	$2,794.08	$221.20	$663.60	$1,327.20	$2,654.40

Idaho

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$67.80	$203.40	$406.80	$813.60	$64.41	$193.23	$386.46	$772.92
	Ind/Spouse	$132.24	$396.72	$793.44	$1,586.88	$125.63	$376.89	$753.78	$1,507.56
	One-Parent	$135.60	$406.80	$813.60	$1,627.20	$128.82	$386.46	$772.92	$1,545.84
	All-Family	$213.54	$640.62	$1,281.24	$2,562.48	$202.86	$608.58	$1,217.16	$2,434.32

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$76.75	$230.25	$460.50	$921.00	$72.91	$218.73	$437.46	$874.92
	Ind/Spouse	$149.69	$449.07	$898.14	$1,796.28	$142.21	$426.63	$853.26	$1,706.52
	One-Parent	$153.50	$460.50	$921.00	$1,842.00	$145.82	$437.46	$874.92	$1,749.84
	All-Family	$241.74	$725.22	$1,450.44	$2,900.88	$229.65	$688.95	$1,377.90	$2,755.80

Illinois

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$64.98	$194.94	$389.88	$779.76	$61.73	$185.19	$370.38	$740.76
	Ind/Spouse	$126.73	$380.19	$760.38	$1,520.76	$120.39	$361.17	$722.34	$1,444.68
	One-Parent	$129.95	$389.85	$779.70	$1,559.40	$123.45	$370.35	$740.70	$1,481.40
	All-Family	$204.64	$613.92	$1,227.84	$2,445.68	$194.41	$583.23	$1,166.46	$2,332.92

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$73.93	$221.79	$443.58	$887.16	$70.23	$210.69	$421.38	$842.76
	Ind/Spouse	$144.18	$432.54	$865.08	$1,730.16	$136.97	$410.91	$821.82	$1,643.64
	One-Parent	$147.85	$443.55	$887.10	$1,774.20	$140.45	$421.35	$842.70	$1,685.40
	All-Family	$232.84	$698.52	$1,397.04	$2,794.08	$221.20	$663.60	$1,327.20	$2,654.40

Indiana

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$62.15	$186.45	$372.90	$745.80	$59.04	$177.12	$354.24	$708.48
	Ind/Spouse	$121.22	$363.66	$727.32	$1,454.64	$115.16	$345.48	$690.96	$1,381.92
	One-Parent	$124.30	$372.90	$745.80	$1,491.60	$118.08	$354.24	$708.48	$1,416.96
	All-Family	$195.75	$587.25	$1,174.50	$2,349.00	$185.96	$557.88	$1,115.76	$2,231.52

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$71.10	$213.30	$426.60	$853.20	$67.54	$202.62	$405.24	$810.48
	Ind/Spouse	$138.67	$416.01	$832.02	$1,664.04	$131.74	$395.22	$790.44	$1,580.88
	One-Parent	$142.20	$426.60	$853.20	$1,706.40	$135.08	$405.24	$810.48	$1,620.96
	All-Family	$223.95	$671.85	$1,343.70	$2,687.40	$212.75	$638.25	$1,276.50	$2,553.00

Kansas

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$67.80	$203.40	$406.80	$813.60	$64.41	$193.23	$386.46	$772.92
	Ind/Spouse	$132.24	$396.72	$793.44	$1,586.88	$125.63	$376.89	$753.78	$1,507.56
	One-Parent	$135.60	$406.80	$813.60	$1,627.20	$128.82	$386.46	$772.92	$1,545.84
	All-Family	$213.54	$640.62	$1,281.24	$2,562.48	$202.86	$608.58	$1,217.16	$2,434.32

Kansas cont.

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$76.75	$230.25	$460.50	$921.00	$72.91	$218.73	$437.46	$874.92
	Ind/Spouse	$149.69	$449.07	$898.14	$1,796.28	$142.21	$426.63	$853.26	$1,706.52
	One-Parent	$153.50	$460.50	$921.00	$1,842.00	$145.82	$437.46	$874.92	$1,749.84
	All-Family	$241.74	$725.22	$1,450.44	$2,900.88	$229.65	$688.95	$1,377.90	$2,755.80

Kentucky

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$62.15	$186.45	$372.90	$745.80	$59.04	$177.12	$354.24	$708.48
	Ind/Spouse	$121.22	$363.66	$727.32	$1,454.64	$115.16	$345.48	$690.96	$1,381.92
	One-Parent	$124.30	$372.90	$745.80	$1,491.60	$118.08	$354.24	$708.48	$1,416.96
	All-Family	$195.75	$587.25	$1,174.50	$2,349.00	$185.96	$557.88	$1,115.76	$2,231.52

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$71.10	$213.30	$426.60	$853.20	$67.54	$202.62	$405.24	$810.48
	Ind/Spouse	$138.67	$416.01	$832.02	$1,664.04	$131.74	$395.22	$790.44	$1,580.88
	One-Parent	$142.20	$426.60	$853.20	$1,706.40	$135.08	$405.24	$810.48	$1,620.96
	All-Family	$223.95	$671.85	$1,343.70	$2,687.40	$212.75	$638.25	$1,276.50	$2,553.00

Louisiana

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$56.50	$169.50	$339.00	$678.00	$53.67	$161.01	$322.02	$644.04
	Ind/Spouse	$110.20	$330.60	$661.20	$1,322.40	$104.69	$314.07	$628.14	$1,256.28
	One-Parent	$113.00	$339.00	$678.00	$1,356.00	$107.35	$322.05	$644.10	$1,288.20
	All-Family	$177.95	$533.85	$1,067.70	$2,135.40	$169.05	$507.15	$1,014.30	$2,028.60

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$65.45	$196.35	$392.70	$785.40	$62.17	$186.51	$373.02	$746.04
	Ind/Spouse	$127.65	$382.95	$765.90	$1,531.80	$121.27	$363.81	$727.62	$1,455.24
	One-Parent	$130.90	$392.70	$785.40	$1,570.80	$124.35	$373.05	$746.10	$1,492.20
	All-Family	$206.15	$618.45	$1,236.90	$2,473.80	$195.84	$587.52	$1,175.04	$2,350.08

Maryland

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$62.15	$186.45	$372.90	$745.80	$59.04	$177.12	$354.24	$708.48
	Ind/Spouse	$121.22	$363.66	$727.32	$1,454.64	$115.16	$345.48	$690.96	$1,381.92
	One-Parent	$124.30	$372.90	$745.80	$1,491.60	$118.08	$354.24	$708.48	$1,416.96
	All-Family	$195.75	$587.25	$1,174.50	$2,349.00	$185.96	$557.88	$1,115.76	$2,231.52

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$71.10	$213.30	$426.60	$853.20	$67.54	$202.62	$405.24	$810.48
	Ind/Spouse	$138.67	$416.01	$832.02	$1,664.04	$131.74	$395.22	$790.44	$1,580.88
	One-Parent	$145.10	$435.30	$870.60	$1,741.20	$137.84	$413.52	$827.04	$1,654.08
	All-Family	$227.45	$682.35	$1,364.70	$2,729.40	$216.07	$648.21	$1,296.42	$2,592.84

Michigan

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$69.95	$209.85	$419.70	$839.40	$66.45	$199.35	$398.70	$797.40
	Ind/Spouse	$136.43	$409.29	$818.58	$1,637.16	$129.61	$388.83	$777.66	$1,555.32
	One-Parent	$139.89	$419.67	$839.34	$1,678.68	$132.90	$398.70	$797.40	$1,594.80
	All-Family	$220.30	$660.90	$1,321.80	$2,643.60	$209.28	$627.84	$1,255.68	$2,511.36

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$78.90	$236.70	$473.40	$946.80	$74.95	$224.85	$449.70	$899.40
	Ind/Spouse	$153.88	$461.64	$923.28	$1,846.56	$146.19	$438.57	$877.14	$1,754.28
	One-Parent	$157.79	$473.37	$946.74	$1,893.48	$149.90	$449.70	$899.40	$1,798.80
	All-Family	$248.50	$745.50	$1,491.00	$2,982.00	$236.07	$708.21	$1,416.42	$2,832.84

Missouri

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$64.98	$194.94	$389.88	$779.76	$61.73	$185.19	$370.38	$740.76
	Ind/Spouse	$126.73	$380.19	$760.38	$1,520.76	$120.39	$361.17	$722.34	$1,444.68
	One-Parent	$129.95	$389.85	$779.70	$1,559.40	$123.45	$370.35	$740.70	$1,481.40
	All-Family	$204.64	$613.92	$1,227.84	$2,455.68	$194.41	$583.23	$1,166.46	$2,332.92

Missouri cont.

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$73.93	$221.79	$443.58	$887.16	$70.23	$210.69	$421.38	$842.76
	Ind/Spouse	$144.18	$432.54	$865.08	$1,730.16	$136.97	$410.91	$821.82	$1,643.64
	One-Parent	$147.85	$443.55	$887.10	$1,774.20	$140.45	$421.35	$842.70	$1,685.40
	All-Family	$232.84	$698.52	$1,397.04	$2,794.08	$221.20	$663.60	$1,327.20	$2,654.40

Mississippi

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$59.33	$177.99	$355.98	$711.96	$56.36	$169.08	$338.16	$676.32
	Ind/Spouse	$115.71	$347.13	$694.26	$1,388.52	$109.92	$329.76	$659.52	$1,319.04
	One-Parent	$118.65	$355.95	$711.90	$1,423.80	$112.72	$338.16	$676.32	$1,352.64
	All-Family	$186.85	$560.55	$1,121.10	$2,242.20	$177.51	$532.53	$1,065.06	$2,130.12

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$68.28	$204.84	$409.68	$819.36	$64.86	$194.58	$389.16	$778.32
	Ind/Spouse	$133.16	$399.48	$798.96	$1,597.92	$126.50	$379.50	$759.00	$1,518.00
	One-Parent	$136.55	$409.65	$819.30	$1,638.60	$129.72	$389.16	$778.32	$1,556.64
	All-Family	$215.05	$645.15	$1,290.30	$2,580.60	$204.30	$612.90	$1,225.80	$2,451.60

North Carolina

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$69.95	$209.85	$419.70	$839.40	$66.45	$199.35	$398.70	$797.40
	Ind/Spouse	$136.43	$409.29	$818.58	$1,637.16	$129.61	$388.83	$777.66	$1,555.32
	One-Parent	$139.89	$419.67	$839.34	$1,678.68	$132.90	$398.70	$797.40	$1,594.80
	All-Family	$220.30	$660.90	$1,321.80	$2,643.60	$209.28	$627.84	$1,255.68	$2,511.36

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$78.90	$236.70	$473.40	$946.80	$74.95	$224.85	$449.70	$899.40
	Ind/Spouse	$153.88	$461.64	$923.28	$1,846.56	$146.19	$438.57	$877.14	$1,754.28
	One-Parent	$157.79	$473.37	$946.74	$1,893.48	$149.90	$449.70	$899.40	$1,798.80
	All-Family	$248.50	$745.50	$1,491.00	$2,982.00	$236.07	$708.21	$1,416.42	$2,832.84

Nebraska

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$67.80	$203.40	$406.80	$813.60	$64.41	$193.23	$386.46	$772.92
	Ind/Spouse	$132.24	$396.72	$793.44	$1,586.88	$125.63	$376.89	$753.78	$1,507.56
	One-Parent	$135.60	$406.80	$813.60	$1,627.20	$128.82	$386.46	$772.92	$1,545.84
	All-Family	$213.54	$640.62	$1,281.24	$2,562.48	$202.86	$608.58	$1,217.16	$2,434.32

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$76.75	$230.25	$460.50	$921.00	$72.91	$218.73	$437.46	$874.92
	Ind/Spouse	$149.69	$449.07	$898.14	$1,796.28	$142.21	$426.63	$853.26	$1,706.52
	One-Parent	$153.50	$460.50	$921.00	$1,842.00	$145.82	$437.46	$874.92	$1,749.84
	All-Family	$241.74	$725.22	$1,450.44	$2,900.88	$229.65	$688.95	$1,377.90	$2,755.80

New Jersey

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$69.95	$209.85	$419.70	$839.40	$66.45	$199.35	$398.70	$797.40
	Ind/Spouse	$136.43	$409.29	$818.58	$1,637.16	$129.61	$388.83	$777.66	$1,555.32
	One-Parent	$139.89	$419.67	$839.34	$1,678.68	$132.90	$398.70	$797.40	$1,594.80
	All-Family	$220.30	$660.90	$1,321.80	$2,643.60	$209.28	$627.84	$1,255.68	$2,511.36

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$78.90	$236.70	$473.40	$946.80	$74.95	$224.85	$449.70	$899.40
	Ind/Spouse	$153.88	$461.64	$923.28	$1,846.56	$146.19	$438.57	$877.14	$1,754.28
	One-Parent	$157.79	$473.37	$946.74	$1,893.48	$149.90	$449.70	$899.40	$1,798.80
	All-Family	$248.50	$745.50	$1,491.00	$2,982.00	$236.07	$708.21	$1,416.42	$2,832.84

Ohio

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$59.33	$177.99	$355.98	$711.96	$56.36	$169.08	$338.16	$676.32
	Ind/Spouse	$115.71	$347.13	$694.26	$1,388.52	$109.92	$329.76	$659.52	$1,319.04
	One-Parent	$118.56	$355.95	$711.90	$1,423.80	$112.72	$338.16	$676.32	$1,352.64
	All-Family	$186.85	$560.55	$1,121.10	$2,242.20	$177.51	$532.53	$1,065.06	$2,130.12

Ohio cont.

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$68.28	$204.84	$409.68	$819.36	$64.86	$194.58	$389.16	$778.32
	Ind/Spouse	$133.16	$399.48	$798.96	$1,597.92	$126.50	$379.50	$759.00	$1,518.00
	One-Parent	$136.55	$409.65	$819.30	$1,638.60	$129.72	$389.16	$778.32	$1,556.64
	All-Family	$215.05	$645.15	$1,290.30	$2,580.60	$204.30	$612.90	$1,225.80	$2,451.60

Oklahoma

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$67.80	$203.40	$406.80	$813.60	$64.41	$193.23	$386.46	$772.92
	Ind/Spouse	$132.24	$396.72	$793.44	$1,586.88	$125.63	$376.89	$753.78	$1,507.56
	One-Parent	$135.60	$406.80	$813.60	$1,627.20	$128.82	$386.46	$772.92	$1,545.84
	All-Family	$213.54	$640.62	$1,281.24	$2,562.48	$202.86	$608.58	$1,217.16	$2,434.32

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$76.75	$230.25	$460.50	$921.00	$72.91	$218.73	$437.46	$874.92
	Ind/Spouse	$149.69	$449.07	$898.14	$1,796.28	$142.21	$426.63	$853.26	$1,706.52
	One-Parent	$153.50	$460.50	$921.00	$1,842.00	$145.82	$437.46	$874.92	$1,749.84
	All-Family	$241.74	$725.22	$1,450.44	$2,900.88	$229.65	$688.95	$1,377.90	$2,755.80

Oregon

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$69.95	$209.85	$419.70	$839.40	$66.45	$199.35	$398.70	$797.40
	Ind/Spouse	$136.43	$409.29	$818.58	$1,637.16	$129.61	$388.83	$777.66	$1,555.32
	One-Parent	$139.89	$419.67	$839.34	$1,678.68	$132.90	$398.70	$797.40	$1,594.80
	All-Family	$220.30	$660.90	$1,321.80	$2,643.60	$209.28	$627.84	$1,255.68	$2,511.36

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$78.90	$236.70	$473.40	$946.80	$74.95	$224.85	$449.70	$899.40
	Ind/Spouse	$153.88	$461.64	$923.28	$1,846.56	$146.19	$438.57	$877.14	$1,754.28
	One-Parent	$157.79	$473.37	$946.74	$1,893.48	$149.90	$449.70	$899.40	$1,798.80
	All-Family	$248.50	$745.50	$1,491.00	$2,982.00	$236.07	$708.21	$1,416.42	$2,832.84

Pennsylvania

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$62.15	$186.45	$372.90	$745.80	$59.04	$177.12	$354.24	$708.48
	Ind/Spouse	$121.22	$363.66	$727.32	$1,454.64	$115.16	$345.48	$690.96	$1,381.92
	One-Parent	$124.30	$372.90	$745.80	$1,491.60	$118.08	$354.24	$708.48	$1,416.96
	All-Family	$195.75	$587.25	$1,174.50	$2,349.00	$185.96	$557.88	$1,115.76	$2,231.52

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$71.10	$213.30	$426.60	$853.20	$67.54	$202.62	$405.24	$810.48
	Ind/Spouse	$138.67	$416.01	$832.02	$1,664.04	$131.74	$395.22	$790.44	$1,580.88
	One-Parent	$142.20	$426.60	$853.20	$1,706.40	$135.08	$405.24	$810.48	$1,620.96
	All-Family	$223.95	$671.85	$1,343.70	$2,687.40	$212.75	$638.25	$1,276.50	$2,553.00

South Carolina

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$67.80	$203.40	$406.80	$813.60	$64.41	$193.23	$386.46	$772.92
	Ind/Spouse	$132.24	$396.72	$793.44	$1,586.88	$125.63	$376.89	$753.78	$1,507.56
	One-Parent	$135.60	$406.80	$813.60	$1,627.20	$128.82	$386.46	$772.92	$1,545.84
	All-Family	$213.54	$640.62	$1,281.24	$2,562.48	$202.86	$608.58	$1,217.16	$2,434.32

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$76.75	$230.25	$460.50	$921.00	$72.91	$218.73	$437.46	$874.92
	Ind/Spouse	$149.69	$449.07	$898.14	$1,796.28	$142.21	$426.63	$853.26	$1,706.52
	One-Parent	$153.50	$460.50	$921.00	$1,842.00	$145.82	$437.46	$874.92	$1,749.84
	All-Family	$241.74	$725.22	$1,450.44	$2,900.88	$229.65	$688.95	$1,377.90	$2,755.80

South Dakoda

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$67.80	$203.40	$406.80	$813.60	$64.41	$193.23	$386.46	$772.92
	Ind/Spouse	$132.24	$396.72	$793.44	$1,586.88	$125.63	$376.89	$753.78	$1,507.56
	One-Parent	$135.60	$406.80	$813.60	$1,627.20	$128.82	$386.46	$772.92	$1,545.84
	All-Family	$213.54	$640.62	$1,281.24	$2,562.48	$202.86	$608.58	$1,217.16	$2,434.32

South Dakoda cont.

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$76.75	$230.25	$460.50	$921.00	$72.91	$218.73	$437.46	$874.92
	Ind/Spouse	$149.69	$449.07	$898.14	$1,796.28	$142.21	$426.63	$853.26	$1,706.52
	One-Parent	$153.50	$460.50	$921.00	$1,842.00	$145.82	$437.46	$874.92	$1,749.84
	All-Family	$241.74	$725.22	$1,450.44	$2,900.88	$229.65	$688.95	$1,377.90	$2,755.80

Tennessee

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$59.33	$177.99	$355.98	$711.96	$56.36	$169.08	$338.16	$676.32
	Ind/Spouse	$115.71	$347.13	$694.26	$1,388.52	$109.92	$329.76	$659.52	$1,319.04
	One-Parent	$118.65	$355.95	$711.90	$1,423.80	$112.72	$338.16	$676.32	$1,352.64
	All-Family	$186.85	$560.55	$1,121.10	$2,242.20	$177.51	$532.53	$1,065.06	$2,130.12

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$68.28	$204.84	$409.68	$819.36	$64.86	$194.58	$389.16	$778.32
	Ind/Spouse	$133.16	$399.48	$798.69	$1,597.92	$126.50	$379.50	$759.00	$1,518.00
	One-Parent	$136.55	$409.65	$819.30	$1,638.60	$129.72	$389.16	$778.32	$1,556.64
	All-Family	$215.05	$645.15	$1,290.30	$2,580.60	$204.30	$612.90	$1,225.80	$2,451.60

Texas

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$59.33	$177.99	$355.98	$711.96	$56.36	$169.08	$338.16	$676.32
	Ind/Spouse	$115.71	$347.13	$694.26	$1,388.52	$109.92	$329.76	$659.52	$1,319.04
	One-Parent	$118.65	$355.95	$711.90	$1,423.80	$112.72	$338.16	$676.32	$1,352.64
	All-Family	$186.85	$560.55	$1,121.10	$2,242.20	$177.51	$532.53	$1,065.06	$2,130.12

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$68.28	$204.84	$409.68	$819.36	$64.86	$194.58	$389.16	$778.32
	Ind/Spouse	$133.16	$399.48	$798.96	$1,597.92	$126.50	$379.50	$759.00	$1,518.00
	One-Parent	$136.55	$409.65	$819.30	$1,638.60	$129.72	$389.16	$778.32	$1,556.64
	All-Family	$215.05	$645.15	$1,290.30	$2,580.60	$204.30	$612.90	$1,225.80	$2,451.60

Utah

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$67.80	$203.40	$406.80	$813.60	$64.41	$193.23	$386.46	$772.92
	Ind/Spouse	$132.24	$396.72	$793.44	$1,586.88	$125.63	$376.89	$753.78	$1,507.56
	One-Parent	$135.60	$406.80	$813.60	$1,627.20	$128.82	$386.46	$772.92	$1,545.84
	All-Family	$213.54	$640.62	$1,281.24	$2,562.48	$202.86	$608.58	$1,217.16	$2,434.32

Schedule	Plan	Base + Vision & Hearing Rider				Base + Vision & Hearing Rider + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$76.75	$230.25	$460.50	$921.00	$72.91	$218.73	$473.46	$874.92
	Ind/Spouse	$149.69	$449.07	$898.14	$1,796.28	$142.21	$426.63	$853.26	$1,706.52
	One-Parent	$153.50	$460.50	$921.00	$1,842.00	$145.82	$437.46	$874.92	$1,749.84
	All-Family	$241.74	$725.22	$1,450.44	$2,900.88	$229.65	$688.95	$1,377.90	$2,755.80

Virginia

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$69.95	$209.85	$419.70	$839.40	$66.45	$199.35	$398.70	$797.40
	Ind/Spouse	$136.43	$409.29	$818.58	$1,637.16	$129.61	$388.83	$777.66	$1,555.32
	One-Parent	$139.89	$419.67	$839.34	$1,678.68	$132.90	$398.70	$797.40	$1,594.80
	All-Family	$220.30	$660.90	$1,321.80	$2,643.60	$209.28	$627.84	$1,255.68	$2,511.36

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$78.90	$236.70	$473.40	$946.80	$74.95	$224.85	$449.70	$899.40
	Ind/Spouse	$153.88	$461.24	$923.28	$1,846.56	$146.19	$438.57	$877.14	$1,754.28
	One-Parent	$157.79	$473.37	$946.74	$1,893.48	$149.90	$449.70	$899.40	$1,798.80
	All-Family	$248.50	$745.50	$1,491.00	$2,982.00	$236.07	$708.21	$1,416.42	$2,832.84

Wisconsin

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$69.95	$209.85	$419.70	$839.40	$66.45	$199.35	$398.70	$797.40
	Ind/Spouse	$136.43	$409.29	$818.58	$1,637.16	$129.61	$388.83	$777.66	$1,555.32
	One-Parent	$139.89	$419.67	$839.34	$1,678.68	$132.90	$398.70	$797.40	$1,594.80
	All-Family	$220.30	$660.90	$1,321.80	$2,643.60	$209.28	$627.84	$1,255.68	$2,511.36

Wisconsin cont.

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$78.90	$236.70	$473.40	$946.80	$74.95	$224.85	$449.70	$899.40
	Ind/Spouse	$153.88	$461.64	$923.28	$1,846.56	$146.19	$438.57	$877.14	$1,754.28
	One-Parent	$157.79	$473.37	$946.74	$1,893.48	$149.90	$449.70	$899.40	$1,798.80
	All-Family	$248.50	$745.50	$1,491.00	$2,982.00	$236.07	$708.21	$1,416.42	$2,832.84

West Virginia

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$56.50	$169.50	$339.00	$678.00	$53.67	$161.01	$322.02	$644.04
	Ind/Spouse	$110.20	$330.60	$661.20	$1,322.40	$104.69	$314.07	$628.14	$1,256.28
	One-Parent	$113.00	$339.00	$678.00	$1,356.00	$107.35	$322.05	$644.10	$1,288.20
	All-Family	$177.95	$533.85	$1,067.70	$2,135.40	$169.05	$507.15	$1,014.30	$2,028.60

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$65.45	$196.35	$392.70	$785.40	$62.17	$186.51	$373.02	$746.04
	Ind/Spouse	$127.65	$382.95	$765.90	$1,531.80	$121.27	$363.81	$727.62	$1,455.24
	One-Parent	$130.90	$392.70	$785.40	$1,570.80	$124.35	$373.05	$746.10	$1,492.20
	All-Family	$206.15	$618.45	$1,236.90	$2,473.80	$195.84	$587.52	$1,175.04	$2,350.08

Wyoming

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$67.80	$203.40	$406.80	$813.60	$64.41	$193.23	$386.46	$772.92
	Ind/Spouse	$132.24	$396.72	$793.44	$1,586.88	$125.63	$376.89	$753.78	$1,507.56
	One-Parent	$135.60	$406.80	$813.60	$1,627.20	$128.82	$386.46	$772.92	$1,545.84
	All-Family	$213.54	$640.62	$1,281.24	$2,562.48	$202.86	$608.58	$1,217.16	$2,434.32

Schedule	Plan	Base				Base + Med Supp Discount			
		ABW[1]	Quarterly	Semi-Annual	Annual	ABW[1]	Quarterly	Semi-Annual	Annual
Schedule 4 Premier	Individual	$76.75	$230.25	$460.50	$921.00	$72.91	$218.73	$437.46	$874.92
	Ind/Spouse	$149.69	$449.07	$898.14	$1,796.28	$142.21	$426.63	$853.26	$1,706.52
	One-Parent	$153.50	$460.50	$921.00	$1,842.00	$145.82	$437.46	$874.92	$1,749.84
	All-Family	$241.74	$725.22	$1,450.44	$2,900.88	$229.65	$688.95	$1,377.90	$2,755.80