



2020 / 2021

Medicare Supplement Premium Comparison Guide

CHICAGO AREA

Updated 10.9.20



Because the best choice is an educated choice

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NOTICE REGARDING THE AFFORDABLE CARE ACT (ACA) MARKETPLACE PLANS

If you have Medicare, you are already covered. You do not have to buy more health coverage, and a Marketplace Plan is not appropriate for you. **The Marketplace does not sell Medicare Advantage plans or Medicare Supplemental Coverage.**

Medicare supplement premiums for the Chicago area are applicable to the counties of Cook, DuPage, Kane, Lake, McHenry and Will.

Important Phone Numbers

IL Department on Aging Senior Health Insurance Program (SHIP)	1-800-252-8966 1-888-206-1327 (TTY)	Free Medicare counseling; Aging-related information and referral services
Social Security Administration	1-800-772-1213	Medicare eligibility and enrollment
Medicare	(1-800-MEDICARE) 1-800-633-4227	Medicare claims, appeals, drug plan information
Office of Consumer Health Insurance (OCHI)	1-877-527-9431	Consumer complaints, information and referral services
Healthcare & Family Services Health Benefits Hotline	1-800-226-0768	Medicaid questions

The rates in this Guide are provided by the insurance companies to the Illinois Department of Insurance, effective August 2020. Always check with the insurance company you choose to get an accurate price quote for your individual situation.

How to Use this Guide

This Guide has been prepared to assist you in making an informed decision about purchasing a Medicare supplement insurance policy, sometimes referred to as “Medigap.” A Medicare supplement policy is insurance coverage sold by a private insurance company designed to pay the major benefit gaps in Original Medicare, such as deductibles and copayments. A Medicare supplement is NOT managed care, such as an HMO, PPO, etc., or coverage provided by an employer. **By law, all Medicare supplement plans currently available must follow a standardized benefit structure, but may offer enhanced benefits if approved by the Illinois Department of Insurance (IDOI).** So, comparison for price is important! Not all insurance companies sell all plans.

Medigap law changed on June 1, 2010. Therefore, if you purchased a Medigap plan prior to June 1, 2010, your plan benefits may look different than the current benefits offered for sale today. **You do NOT have to replace an older Medigap policy.** You may keep your current Medigap policy and it will continue to pay benefits according to its policy guidelines. The charts on **pages 7, 8 and 9** list the plans available for sale now and the benefits offered under each plan. In addition to the regular Medicare Supplement Plans A through N, Plan F and Plan G are also available as High-Deductible plans (**see page 11**). Additionally, you may have the option of choosing a Medicare SELECT plan, which is explained on **page 10**.

Please note that Medigap policies must be clearly identified as “Medicare supplement insurance.” Each rate chart lists the insurance companies licensed to sell those specific insurance plans in Illinois, and the **approximate amount they charge by age when you purchase the policy. Rates are quoted based on a regional zip code.**

Medigap policies currently sold cannot contain prescription drug benefits because of Medicare’s prescription drug coverage, Medicare Part D, which began in 2006. However, if you had a Medigap policy with prescription drug coverage prior to 2006, you may **keep** that policy. Medicare Part D coverage is provided through private insurance companies and/or Medicare Advantage plans offering prescription drugs.

The premiums listed in this Guide were approved and are on file with the Illinois Department of Insurance. These premiums were effective as of August 2020 but may change during the year. You can contact the company for accurate premium information specific to your situation. Licensed insurance companies that sell only to groups and not individuals may not be included in this guide.

Please take time to read the valuable information printed in this shopping Guide.

If you have any questions about this Guide, Medicare supplement insurance in general or Medicare prescription drug plans, you may contact the Illinois Department on Aging, Senior Health Insurance Program (SHIP) at: 1-800-252-8966; 1-888-206-1327 (TTY); or email SHIP at: AGING.SHIP@illinois.gov

Definition of Terms and Special Provisions

Open Enrollment Period: A person of any age going onto Medicare Part B for the first time has six (6) months from the date their Part B coverage takes effect to shop for a Medicare supplement policy. **During this open enrollment period, you cannot be refused coverage** for any reason. Unless you have prior **creditable** and **continuous coverage** (see definition below), the company *may* impose a waiting period for coverage of pre-existing conditions for up to six (6) months, but it cannot refuse to sell you a policy if you apply within your open enrollment period.

30-Day Free Look: You have 30 days after you **receive** a Medicare supplement policy to review the policy, cancel if you choose, and get a full refund of premium (less any Policy Fee charged at the time of sale). If you wish to cancel, it is recommended that you return the policy directly to the company (not the insurance agent) by certified mail, return receipt requested.

Creditable Coverage: There are certain types of previous health insurance coverage that can be used to shorten or eliminate a pre-existing condition waiting period under a Medigap policy. However, to qualify as **Continuous Coverage**, you cannot have more than a 63-day break in coverage between the previous health insurance coverage and your Medicare coverage.

Guaranteed Renewability: All standardized Medicare supplement plans are guaranteed renewable for life. This means that the company cannot cancel your policy **unless** you do not pay the premiums, or you falsify information on your application.

Medical Underwriting: The process by which an insurance company determines insurability due to medical diagnosis of any pre-existing health conditions.

Pre-existing Waiting Period: Unless you have creditable and continuous coverage, a Medigap company may look back no more than six months of health records and impose a waiting period of up to six (6) months for any pre-existing health condition you may have. Each company's waiting period appears in the company information on the rate charts.

Policy Application Fee: Companies may charge a one-time fee when you first apply for a policy within the 30-day free look period. The company does *not* have to refund this fee if you choose to cancel your policy within this 30-day period.

Standardized Coverage: Medigap policies sold in Illinois after 1992 are identical in coverage from company to company. For example, a Plan G sold by ABC Insurance Company has the same benefits as a Plan G that is sold by XYZ Insurance Company, with the exception of any **innovative benefits** approved by the Illinois Department of Insurance. Examples of **innovative benefits** could include, but not limited to, vision benefits, dental benefits, or routine hearing exams. See the notes on the rate tables for any plans with enhancements.

INFO FOR MEDICARE SUPPLEMENTS EFFECTIVE ON OR AFTER 2020

As of January 1, 2020, Medicare Supplement Plans C and F will no longer be available to **newly eligible** Medicare beneficiaries. **Anyone who was eligible for Medicare prior to this date may still purchase a Plan C or F after this date.** Any person currently owning a Plan C or F can keep it – there is no need to change to a different plan.

Information for Disabled Individuals on Medicare:

In Illinois, people under the age of 65 on Medicare *due to a disability* have the same Open Enrollment rights as people 65 and older.

Additionally, when you turn 65 you will be eligible for another six (6) month Medicare supplement open enrollment period due to age. This will give you the opportunity to purchase a Medigap policy based on the age of 65, which may reduce your monthly premium.



PLEASE NOTE: *If you are under 65 and receive notification of your Medicare Part B eligibility retroactively, your six (6) month Open Enrollment Period starts on the date you receive that notification.*

Be aware if you are under 65, disabled and on Medicare and did not purchase a Medigap policy during your initial six (6) month open enrollment period, you should be able to purchase a Medigap policy from Blue Cross/Blue Shield from October 15 to December 7.

Guaranteed Issue Policies from a Guaranteed Issue Company

For persons age 65 or older NOT in their Open Enrollment Period (see page 4) or any Special Enrollment Periods (pages 13 & 14), a Medicare Supplement insurer offers policies to anyone over age 65 in any health condition, throughout the year at the same premium rate as anyone in the same policy class. That company is **Blue Cross Blue Shield**. See the listing in the rate table for contact and rate information.

ADDITIONAL OPTIONS FOR PEOPLE ON MEDICARE

Individuals on Medicare can apply for coverage under a Medicare Advantage (MA) plan, also known as Part C of Medicare, as an alternative to Original Medicare. These types of Medicare health plans **must** accept anyone who applies for coverage, with the exception of most people who have End Stage Renal Disease (kidney failure). As of January 1, 2021, Medicare Advantage Plans are required to cover people that have End Stage Renal Disease. Five (5) types of Medicare Advantage plans are available to some or all Illinois residents who have Medicare, depending on where they live. Please note that you do not lose or give up your Medicare coverage. Medicare Advantage Plans cover Parts A & B of Medicare and may offer Part D prescription drug coverage as well.

Persons who have their Medicare contracted through a Medicare Advantage plan do **not** need a Medicare Supplement Policy, as all their Medicare services must be obtained through their MA plan. The five (5) types of Medicare Advantage Plans are:

- **Health Maintenance Organizations (HMOs)** are only available in certain zip code areas and counties. HMOs utilize a network of providers, doctors, and hospitals, which have contracted with the HMO to provide services to their members. In order to utilize specialists, a referral must be arranged through a primary care physician. **Please note that if you use an out-of-network provider in a non-emergency situation, no payment will be made by the HMO or Medicare, which means that you will be responsible for the entire cost of those services.**

HMO Point of Service (POS) option is identical to HMOs defined above with the exception of allowing specified health care services outside the HMO network. Enrollees may face higher co-pays for these POS services.

- **Preferred Provider Organizations (PPOs)** are also only available in certain counties in Illinois. PPOs may allow members to seek services outside of the PPO network and may charge higher copayments for these benefits.
- **Private Fee-For-Service (PFFS)** plans are available in Illinois and differ from HMOs and PPOs in that they do not utilize a network of contracted providers. People in a PFFS may obtain services from any provider that accepts the plan's terms and conditions. Contact your providers before purchasing a PFFS plan to see if they will accept this type of insurance. If the provider does not agree to accept the plan, the insured person is responsible for all charges associated with the service.
- **Special Needs Plans (SNPs)** are plans which focus on individuals with special needs. Special Needs Plans may target enrollment to 1. people with Medicare and Medicaid; 2. those who are institutionalized; and/or 3. individuals with severe or disabling chronic conditions.
- **Medicare Savings Accounts** are a non-network high-deductible health plan combined with a savings account that receives an annual tax-free deposit from Medicare. The member can use this account for health expenses until the annual high deductible is met. Any money unused each year rolls over to the next year and can be used for any health-related expense.

To inquire whether Medicare Advantage plans are available in your area or to obtain additional information about these plans, call SHIP at 1-800-252-8966. A list of the plans available in Illinois can be found in the back of your current **Medicare & You Handbook**. You may also call Medicare at any time at 1-800-Medicare (1-800-633-4227), or use the online tools at www.Medicare.gov, Find Health and Drug Plans.

Medicare Supplement Benefits

This chart indicates the benefits included in each of the standardized Medicare Supplement plans.

Core Benefits for Plans A, B, C, D, F, G, M, and N include:

- All Part A coinsurance expenses for:
 - ◊ **\$352 per day for 61st through 90th day; (2020)**
 - ◊ **\$704 per day for 91st through 150th day; (2020)**
- Part A Hospice coinsurance
- Upon exhaustion of Part A hospitalization benefits, full coverage of an additional 365 days per lifetime;
- Part B coinsurance or copayment; – including Part B Preventive Services

Benefits Included	Plan A	Plan B	Plan C	Plan D	Plan F	Plan FHD	Plan G	Plan GHD	Plan K	Plan L	Plan M	Plan N
Core Benefits	√	√	√	√	√	√	√	√	√*	√*	√	√*
Skilled Nursing Facility			√	√	√	√	√	√	√* (50%)	√* (75%)	√	√
Part A Deductible		√	√	√	√	√	√	√	√* (50%)	√* (75%)	√* (50%)	√
Part B Deductible			√		√	√						
Part B Excess (100%)					√	√	√	√				
Foreign Travel			√ (80%)	√ (80%)	√ (80%)	√ (80%)	√ (80%)	√ (80%)			√	√

Note: Plan C, F, and FHD are only available to those eligible for Medicare before 1/1/20.

Out-of-pocket annual limit in 2020

\$5,880	\$2,940
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*Core Benefits for Plans K, L, M, and N are the same as listed above with some exceptions. The Plan F High-Deductible for 2020 is **\$2,340**. Please refer to the following pages.

Core Benefits for Plans K & L

Medigap Plan K	% plan pays	Medigap Plan L	% plan pays
Medicare Part A Coinsurance and Hospital Benefits: Days 61 – 150	(100%)	Medicare Part A Coinsurance and Hospital Benefits: Days 61 – 150	(100%)
Medicare Part A Deductible	(50%)	Medicare Part A Deductible	(75%)
Medicare Part B Coinsurance or Copayment	(50%)	Medicare Part B Coinsurance or Copayment	(75%)
Blood Deductible	(50%)	Blood Deductible	(75%)
Hospice Care Coinsurance or Copayment	(50%)	Hospice Care Coinsurance or Copayment	(75%)
Skilled Nursing Facility Coinsurance	(50%)	Skilled Nursing Facility Coinsurance	(75%)

Medigap Plans K and L provide different cost-sharing amounts for items and services than Medigap Plans A, B, C, D, F, G, M, and N. You will have to pay some out-of-pocket costs for some covered services until you meet the yearly out-of-pocket limit (Plan K is **\$5,880** and Plan L is **\$2,940** in 2020). After the annual out-of-pocket limit is reached, the Medigap policy will cover 100% of Medicare Part A and B coinsurance amounts for the remainder of the calendar year. Charges from your doctor that exceed Medicare-approved amounts, called “excess charges,” are not covered and do not count toward the out-of-pocket limit. You will have to pay these excess charges without reimbursement from your Medigap policy.

Core Benefits for Plans M and N

Medigap Plan M	% plan pays	Medigap Plan N	% plan pays
Medicare Part A Coinsurance and Hospital Benefits: Days 61 – 150	(100%)	Medicare Part A Coinsurance and Hospital Benefits: Days 61 – 150	(100%)
Medicare Part A Deductible	(50%)	Medicare Part A Deductible	(100%)
Medicare Part B Coinsurance or Copayment	(100%)	Medicare Part B Coinsurance or Copayment: For Part B services <i>except</i> “Office Visits,” Plan N will pay	(100%)
		You pay up to \$20 for each service defined as an “Office Visit” and \$50 per Emergency Room visit.	
Blood Deductible	(100%)	Blood Deductible	(100%)
Hospice Care Coinsurance or Copayment	(100%)	Hospice Care Coinsurance or Copayment	(100%)
Skilled Nursing Facility Coinsurance	(100%)	Skilled Nursing Facility Coinsurance	(100%)
Foreign Travel Emergency (80% after \$250 deductible within first 60 days of travel)		Foreign Travel Emergency (80% after \$250 deductible within first 60 days of travel)	

Medigap Plans M and N will be the same as Plan D with the following exceptions:

- Plan M will cover 50% of the Medicare Part A deductible; and
- Plan N pays 100% of the Medicare Part B Coinsurance or Copayment, except for a copayment up to \$20 per office visit and \$50 per Emergency Room visit. Emergency Room visit copayment will be waived if admitted into the hospital.

Medicare SELECT

Medicare SELECT is another type of Medicare supplement policy.

Medicare SELECT companies have the right to require you to use **specific** hospitals and doctors. This requirement does **not** apply in the case of an emergency. It is important to call the company to find out if they have a Medicare SELECT plan available in your area and that your preferred hospital is included before you decide to purchase this type of Medicare SELECT policy.

Medicare SELECT plans must be one of the standardized plans. If you do not follow the Medicare SELECT provisions, Medicare will pay its portion, but the Medicare SELECT company is **not** required to **pay** your inpatient hospital **deductible** or **copayments**.

Please review your plan for specific guidelines. Medicare SELECT premiums will be lower than that same company's standardized Medicare supplement premiums. If you have had a Medicare SELECT policy for at least six (6) months and then cancel it, you will have the right to buy a standardized Medicare supplement policy from the same company with comparable or lesser benefits regardless of your health status. Also, depending on your health status and the company's underwriting standards, you may be able to purchase a Medicare supplement plan with greater benefits.

Rates for Medicare SELECT plans are shown on separate rate tables. They are located directly behind those of the regular Medicare supplement rate charts on page 35.

NOTICE REGARDING THE AFFORDABLE CARE ACT (ACA) MARKETPLACE PLANS

If you have Medicare, you are already covered. You do not have to buy additional primary health coverage, and a Marketplace Plan is not appropriate for you. The Marketplace does not sell Medicare Advantage plans or Medicare Supplemental coverage.

Medicare Supplement High-Deductible Option

Another variation of a Medicare supplement policy available to you is a “high-deductible option” on Plan F or G. Generally, the premium for a high-deductible Plan G will be lower than that company’s same Medicare supplement plan without the higher deductible. The benefits for a high-deductible Plan G are identical to any other Plan F or G. The only difference is that the plan will **not** pay benefits until you have met the deductible (the amount you must pay out of your pocket) for that calendar year.

The deductible for 2020 is \$2,340. This deductible is adjusted each year to reflect the change in the Consumer Price Index.

In addition to the **\$2,340** deductible for Plan F or G, there is also a separate \$250 per year deductible for the foreign travel emergency benefit.

For those eligible for Medicare *prior* to January 1, 2020, Plan FHD is available. For those eligible for Medicare *on or after* January 1, 2020, Plan GHD will be the only high deductible plan available.

Rates for Medicare supplement high-deductible plans being sold in Illinois can be found immediately following the Standard Plan G rates as indicated by **FHD** or **GHD**.

Further Information Available

You may want to check the financial condition of any insurance company from which you would like to purchase a policy. The Illinois Department of Insurance does not rate the financial condition of insurance companies. There is a fact sheet on their website titled *Illinois Insurance Facts, Finding a Reputable Insurance Company – Using Financial Rating Agencies*, listing five (5) of the independent rating services, their phone numbers and website addresses. The IDOI website is:

<http://insurance.illinois.gov>.

Explanation of Medicare Supplement Benefits

Part A Deductible (Found in Plans B through N)

- Pays the **\$1,408** (2020) Medicare Part A inpatient hospital deductible in each benefit period.

Skilled Nursing Coinsurance (Found in Plans C through N)

- Pays the **\$176/day** (2020) coinsurance amount for days 21–100 in each benefit period.
- Must be in a Medicare-certified Skilled Nursing Facility.

Part B Deductible (Found in Plans C and F)

- Pays the **\$198** (2020) Medicare Part B deductible each calendar year.
- The Part B deductible only applies to Medicare-approved charges.

Foreign Travel Emergency (Found in Plans C, D, F, G, M and N)

- Pays 80% of actual charges for medically necessary emergency care received in a foreign country. The following restrictions apply:
 - ◇ Expenses must be incurred during the first 60 days of the trip;
 - ◇ \$250 calendar year deductible;
- Lifetime maximum of \$50,000.

Part B Excess (Found in Plans F and G)

- Pays for the difference between the Medicare-approved amount and the doctor's actual charge up to 15% over the Medicare-approved amount when you use providers who do not accept Medicare assignment.

Office Visit and Emergency Room Copayments (Found in Plan N)

- You pay up to \$20 for *each office visit* you incur;
- You pay \$50 for each Emergency Room visit you incur;
- The Emergency Room visit copay is waived if you are admitted into the hospital pursuant to your ER visit;
- The Medigap plan will not reimburse you for these copayment amounts. They are your responsibility to pay.

Prescription drugs are no longer available under Medigap plans unless you retained an H, I or J policy issued prior to January 1, 2006. Medicare Part D provides prescription drug coverage through private insurance companies via stand-alone prescription drug plans (PDPs) or through Medicare Advantage plans offering a prescription drug benefit (MAPDs). The **At Home Recovery** and the **Preventive Care** benefits are no longer offered in any Medigap plan sold after June 1, 2010.

MEDICARE SUPPLEMENT: GUARANTEED ISSUE RIGHTS

This chart describes the situations under federal and Illinois law that give you a right to buy a policy without any pre-existing condition exclusions, the kind of policy you can buy, and when you can or must apply for it.

You Have a Guaranteed Issue Right if....	You Have the Right to Buy....	You Can/Must Apply for a Medigap Policy....
<p>You're in a Medicare Advantage Plan (like an HMO or PPO), and your plan is leaving Medicare or stops giving care in your area, or you move out of the plan's service area.</p>	<p>Medigap Plan A, B, C, F, FHD, K, or L from any insurance company if you were eligible for Medicare prior to 1/1/20. For those newly eligible for Medicare after 1/1/20, the Medigap Guarantee Plans are A, B, D, G, GHD, K or L.</p> <p>You only have this right if you switch to Original Medicare rather than join another Medicare Advantage Plan.</p>	<p>As early as 60 calendar days before the date your health care coverage will end, but no later than 63 calendar days after your health care coverage ends.</p> <p>Medigap coverage can't start until your Medicare Advantage Plan coverage ends.</p>
<p>You have Original Medicare and an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays and that plan ceases to provide all such supplemental benefits.</p> <p>NOTE: If your employer-provided retiree plan is secondary to Medicare and you voluntarily elect to disenroll, you have no guaranteed issue rights.</p>	<p>Medigap Plan A, B, C, F, FHD, K, or L from any insurance company if you were eligible for Medicare prior to 1/1/20. For those newly eligible for Medicare after 1/1/20, the Medigap Guarantee Plans are A, B, D, G, GHD, K or L.</p> <p>If you have COBRA coverage, you can either buy a Medigap policy right away or wait until the COBRA coverage ends.</p>	<p>No later than 63 calendar days after the latest of these 3 dates:</p> <ol style="list-style-type: none"> 1. Date the coverage ends. 2. Date on the notice you get telling you that coverage is ending (if you get one). 3. Date on a claim denial, if this is the only way you know that your coverage ended.
<p>You have Original Medicare and a Medicare SELECT policy. You move out of the Medicare SELECT policy's service area.</p> <p>Call the Medicare SELECT insurer for more information about your options.</p>	<p>Medigap Plan A, B, C, F, FHD, K, or L from any insurance company if you were eligible for Medicare prior to 1/1/20. For those newly eligible for Medicare after 1/1/20, the Medigap Guarantee Plans are A, B, D, G, GHD, K or L.</p>	<p>As early as 60 calendar days before the date your Medicare SELECT coverage will end, but no later than 63 calendar days after your Medicare SELECT coverage ends.</p>
<p>(Trial right) You joined a Medicare Advantage Plan (like an HMO or PPO) when you were first eligible for Medicare Part A at or after age 65 and enroll in Part B, and you decide you want to switch to Original Medicare within the first year of joining.</p>	<p>Any Medigap policy that's sold in Illinois by any insurance company, dependent on the year you become eligible for Medicare.</p>	<p>As early as 60 calendar days before the date your coverage will end, but no later than 63 calendar days after your coverage ends.</p>

You Have a Guaranteed Issue Right if....	You Have the Right to Buy....	You Can/Must Apply for a Medigap Policy...
<p>(Trial right) You dropped a Medigap policy to join a Medicare Advantage Plan (or to switch to a Medicare SELECT policy) for the first time, you've been in the plan less than a year, and you want to switch back.</p>	<p>The Medigap policy you had before you joined the Medicare Advantage Plan or Medicare SELECT policy, if the same insurance company you had before still sells it.</p> <p>If your former Medigap policy isn't available, you can buy Medigap Plan A, B, C, F, FHD, K, or L from any insurance company if you were eligible for Medicare prior to 1/1/20. For those newly eligible for Medicare after 1/1/20, the Medigap Guarantee Plans are A, B, D, G, GHD, K or L.</p>	<p>As early as 60 calendar days before the date your coverage will end, but no later than 63 calendar days after your coverage ends.</p>
<p>Your Medigap insurance company goes bankrupt and you lose your coverage, or your Medigap policy coverage otherwise ends through no fault of your own.</p>	<p>Medigap Plan A, B, C, F, FHD, K, or L from any insurance company if you were eligible for Medicare prior to 1/1/20. For those newly eligible for Medicare after 1/1/20, the Medigap Guarantee Plans are A, B, D, G, GHD, K or L.</p>	<p>No later than 63 calendar days from the date your coverage ends.</p>
<p>You leave a Medicare Advantage Plan or drop a Medigap policy because the company hasn't followed the rules, or it misled you.</p>	<p>Medigap Plan A, B, C, F, FHD, K, or L from any insurance company if you were eligible for Medicare prior to 1/1/20. For those newly eligible for Medicare after 1/1/20, the Medigap Guarantee Plans are A, B, D, G, GHD, K or L.</p>	<p>No later than 63 calendar days from the date your coverage ends.</p>

Suspension of Coverage

If you become entitled to benefits under Medicaid, you have the right to suspend your Medicare supplement policy for up to 24 months; meaning that the policy cannot be cancelled, and you cannot be charged a premium during the suspension period. If you become ineligible for Medicaid benefits during this 24-month period and therefore need your Medicare supplement policy again, as long as you notify your insurer within 90 days of the date of your Medicaid ineligibility, your Medicare supplement policy must be reinstated without penalty and you will not have a pre-existing waiting period.

You can also suspend your Medicare supplement policy if you are under age 65 and have insurance coverage with an employer-sponsored group health plan due to your employment or that of your spouse (or parents in the case of a disabled person). There is no limit to the amount of time your Medicare supplement policy can be suspended.

Premium Calculation Methods

The rates quoted in this Guide are for *male non-smokers in specific regions of the state by zip code*. Rates may vary depending on gender and the city in which you live. Rates listed are those in effect with the Illinois Department of Insurance in August 2020.

For persons under 65 who become eligible to purchase a Medigap policy, companies may not charge a rate higher than the highest rate on the company's current rate schedule filed with the Illinois Department of Insurance. The rates contained in this guide are provided for general guidance. The actual rates for individuals under age 65 may vary from the highest rate in this guide. Please contact the company directly to get the actual rates.

Premium Calculation Methods: Insurance companies use three (3) different methods of pricing policies based on age.

- **Attained Age:** Your premium will increase as you grow older. Additional increases due to higher medical costs or higher than expected claim costs are also possible. For example, if you buy a policy at age 65, when you turn 70, you will pay whatever the company is charging for a person 70 years old. However, any rate increase that occurs must apply to the entire class of policyholders in which you are categorized, not just to you as an individual.
 - ◇ Most companies in this guide use the Attained Age Rating Method. Exceptions are listed below.
- **Issue Age:** Your premium will always be based on your age at the time you purchased the plan. Any increases will be due to higher medical costs or higher than expected claim costs for the entire class of policyholders you are in. Even though you will have increases in your policy premium, the premium will not increase just because you are growing older.
 - ◇ *Physicians Mutual* currently uses the issue age method as an option in addition to utilizing the attained age method.
- **No Age (Community) Rating:** The premium for a specific policy is the same for everyone over the age of 65, regardless of their age.
 - ◇ The only company using this rating methodology in Illinois is *AARP/United Healthcare (UHC)*. UHC utilizes a two-tiered community rating, which offers a lower premium for people who apply for a Medigap policy within the first 36 months of their enrollment in Part B of Medicare.

RATES: IF YOU APPLY FOR A MEDICARE SUPPLEMENT POLICY AFTER YOUR OPEN ENROLLMENT PERIOD HAS EXPIRED, SOME COMPANIES MAY CHARGE A HIGHER RATE FOR SMOKERS.

WHAT IS SHIP?

- The Senior Health Insurance Program (SHIP) is a **free** insurance counseling service for people with Medicare and their caregivers. The Illinois Department on Aging administers SHIP. This service, offered statewide, is available to people of all ages with Medicare.
- SHIP is **not** affiliated with any insurance company.
- SHIP counselors do **not** sell or solicit any type of insurance.
- SHIP counselors are trained by the Illinois Department on Aging to:
 - ◇ Assist in filing appeals regarding Medicare, Medicare Advantage plans, and Medicare supplement insurance claims;
 - ◇ Assist individuals with the medicare.gov plan finder to compare Medicare Advantage plans or Medicare Part D plans;
 - ◇ Educate and assist consumers with questions about Medicare, Medicare supplement plans, Medicare Advantage plans, Medicare Part D plans, Extra Help for Part D, Medicare Savings Programs, long-term care insurance, and other health insurance plans.

For further information, contact SHIP at:

Illinois Department on Aging
 Senior Health Insurance Program (SHIP)
 One Natural Resources Way, #100
 Springfield, IL 62702-1271

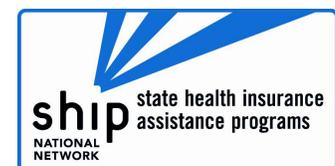


1-800-252-8966

1-888-206-1327 (TTY)

Website: www.illinois.gov/aging

E-mail: AGING.SHIP@illinois.gov



This guide was produced in collaboration with the Illinois Department of Insurance, without whose efforts the publication of this guide would be impossible.

Chicago Area - Zip Code 60639
Standardized Medicare Supplement Plans Available - Annual Premium

Plans highlighted in **BLUE** only available to those eligible for Medicare prior to 2020

AARP/UNITEDHEALTHCARE INSURANCE COMPANY

www.aarpmedicaresupplement.com/

(800) 523-5800

Pre-ex: 3

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$2,731	\$3,987	\$5,040		\$5,067		\$4,780		\$1,890	\$2,844		\$3,631
65	\$1,111	\$1,621	\$2,050		\$2,061		\$1,585		\$769	\$1,157		\$1,477
70	\$1,220	\$1,781	\$2,251		\$2,263		\$1,741		\$844	\$1,270		\$1,622
75	\$1,493	\$2,810	\$2,755		\$2,770		\$2,130		\$1,033	\$1,555		\$1,985
80	\$1,766	\$2,578	\$3,259		\$3,277		\$2,520		\$1,222	\$1,839		\$2,348
85	\$1,766	\$2,578	\$3,259		\$3,277		\$2,520		\$1,222	\$1,839		\$2,348

ACCENDO INSURANCE COMPANY

(800) 264-4000

Pre-ex: 0

App Fee: \$25

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,631				\$4,752		\$3,913					\$3,165
65	\$1,462				\$1,913		\$1,574					\$1,203
70	\$1,551				\$2,030		\$1,671					\$1,348
75	\$1,822				\$2,384		\$1,964					\$1,592
80	\$2,147				\$2,811		\$2,313					\$1,871
85	\$2,507				\$3,282		\$2,701					\$2,184

AETNA HEALTH INSURANCE COMPANY

www.aetnaseniorproducts.com

(800) 264-4000

Pre-ex: 0

App Fee: \$20

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,504	\$3,775			\$4,491		\$3,778	\$1,586				\$3,047
65	\$1,411	\$1,520			\$1,807		\$1,521	\$639				\$1,159
70	\$1,496	\$1,612			\$1,917		\$1,615	\$678				\$1,299
75	\$1,759	\$1,895			\$2,253		\$1,896	\$797				\$1,533
80	\$2,071	\$2,231			\$2,655		\$2,234	\$939				\$1,803
85	\$2,420	\$2,606			\$3,100		\$2,610	\$1,097				\$2,103

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

Chicago Area - Zip Code 60639
Standardized Medicare Supplement Plans Available - Annual Premium

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AMERICO FINANCIAL LIFE & ANNUITY INSURANCE COMPANY

www.americo.com

(800) 231-0801

Pre-ex: 0

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,261		\$5,325	\$4,292	\$4,730	\$1,208	\$3,926					\$3,283
65	\$1,817		\$2,110	\$1,620	\$2,310	\$562	\$1,828					\$1,472
70	\$2,056		\$2,222	\$1,721	\$2,583	\$609	\$2,070					\$1,661
75	\$2,409		\$2,626	\$2,066	\$3,007	\$727	\$2,444					\$1,966
80	\$2,638		\$3,092	\$2,455	\$3,398	\$842	\$2,783					\$2,256
85	\$2,840		\$3,743	\$2,993	\$3,821	\$966	\$3,150					\$2,586

ATLANTIC COAST LIFE INSURANCE COMPANY

www.aclico.com

(844) 422-3847

Pre-ex: 0

App Fee: \$25

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,850		\$5,727				\$4,557					\$3,887
65	\$1,761		\$2,243				\$1,703					\$1,404
70	\$1,843		\$2,339				\$1,791					\$1,473
75	\$2,188		\$2,805				\$2,182					\$1,798
80	\$2,500		\$3,303				\$2,592					\$2,150
85	\$2,935		\$4,048				\$3,198					\$2,683

BANKERS FIDELITY ASSURANCE COMPANY

www.bankersfidelity.com

(866) 458-7504

Pre-ex: 0

App Fee: \$25

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,950		\$5,466				\$4,911					
65	\$2,012		\$2,302				\$2,036					
70	\$2,264		\$2,598				\$2,305					
75	\$2,605		\$3,059				\$2,724					
80	\$2,904		\$3,538				\$3,159					
85	\$3,193		\$4,083				\$3,655					

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

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BANKERS FIDELITY LIFE INSURANCE COMPANY

www.bankersfidelity.com

(866) 458-7504

Pre-ex: 0

App Fee: \$25

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$2,970				\$3,992	\$878	\$3,935		\$1,919			\$3,009
65	\$1,976				\$2,262	\$472	\$2,155		\$1,039			\$1,428
70	\$2,220				\$2,530	\$550	\$2,558		\$1,226			\$1,611
75	\$2,495				\$2,946	\$649	\$3,045		\$1,478			\$1,907
80	\$2,697				\$3,389	\$757	\$3,416		\$1,666			\$2,228
85	\$2,811				\$3,892	\$881	\$3,724		\$1,798			\$2,608

BLUE CROSS BLUE SHIELD OF IL/HEALTH CARE SERVICE CORP.

www.bcbsil.com

(800) 646-3000

Pre-ex: 0

App Fee: 0

Guaranteed Issue Company: Yes

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,342	\$4,395	\$5,374		\$5,390	\$1,508	\$4,451	\$1,508	\$2,637	\$3,705		\$4,016
65	\$1,333	\$1,752	\$2,143		\$2,150	\$601	\$1,668	\$601	\$1,052	\$1,478		\$1,505
70	\$1,730	\$2,275	\$2,782		\$2,791	\$781	\$2,219	\$781	\$1,365	\$1,918		\$2,002
75	\$2,091	\$2,749	\$3,362		\$3,372	\$944	\$2,718	\$944	\$1,650	\$2,318		\$2,452
80	\$2,415	\$3,175	\$3,883		\$3,895	\$1,090	\$3,167	\$1,090	\$1,906	\$2,677		\$2,857
85	\$2,702	\$3,553	\$4,345		\$4,358	\$1,219	\$3,564	\$1,219	\$2,132	\$2,995		\$3,216

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA

www.cso.com

(866) 887-9323

Pre-ex: 0

App Fee: \$25

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$4,374		\$5,373		\$5,427		\$5,126					\$4,043
65	\$1,591		\$1,960		\$1,980		\$1,607					\$1,225
70	\$1,716		\$1,994		\$2,014		\$1,733					\$1,318
75	\$2,049		\$2,342		\$2,366		\$2,070					\$1,577
80	\$2,489		\$2,861		\$2,890		\$2,555					\$1,960
85	\$2,980		\$3,534		\$3,570		\$3,216					\$2,494

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Crossover: Yes = claims sent electronically; no paper filing

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CIGNA HEALTH AND LIFE INSURANCE COMPANY

www.cigna.com/medicare/supplemental

(866) 459-4272

Pre-ex: 6

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,772				\$4,914	\$1,189	\$3,615					\$3,180
65	\$1,947				\$2,409	\$583	\$1,779					\$1,511
70	\$2,106				\$2,606	\$631	\$1,943					\$1,624
75	\$2,454				\$3,037	\$735	\$2,270					\$1,889
80	\$2,811				\$3,557	\$861	\$2,624					\$2,253
85	\$3,035				\$3,953	\$957	\$2,874					\$2,495

COLONIAL PENN LIFE INSURANCE COMPANY

www.bankerslife.com/products/medicare-supplement-insurance/

(800) 800-2254

Pre-ex: 1

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$7,757	\$6,158	\$5,200	\$4,327	\$9,148	\$1,363	\$6,749	\$1,363	\$2,687	\$5,354	\$6,363	\$5,567
65	\$3,071	\$2,423	\$2,083	\$1,731	\$3,253	\$484	\$2,224	\$484	\$843	\$1,903	\$2,206	\$1,519
70	\$3,755	\$2,950	\$2,537	\$2,238	\$3,942	\$586	\$2,740	\$586	\$1,025	\$2,277	\$2,739	\$1,966
75	\$4,571	\$3,569	\$3,016	\$2,868	\$4,784	\$712	\$3,377	\$712	\$1,287	\$2,780	\$3,393	\$2,521
80	\$5,335	\$4,170	\$3,499	\$3,453	\$5,707	\$849	\$4,076	\$849	\$1,582	\$3,335	\$4,060	\$3,129
85	\$6,068	\$4,768	\$3,884	\$3,813	\$6,712	\$999	\$4,848	\$999	\$1,898	\$3,925	\$4,739	\$3,814

COUNTRY LIFE INSURANCE COMPANY

www.countryfinancial.com

(866) 856-4760

Pre-ex: 0

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$2,561			\$4,223			\$4,190	\$1,369				
65	\$1,159			\$1,740			\$1,704	\$512				
70	\$1,359			\$2,316			\$2,262	\$676				
75	\$1,592			\$2,816			\$2,988	\$856				
80	\$1,887			\$3,221			\$3,523	\$1,047				
85	\$2,219			\$3,627			\$3,889	\$1,223				

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

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ERIE FAMILY LIFE INSURANCE COMPANY

www.erieinsurance.com

(800) 458-0811

Pre-ex: 0

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,782				\$5,227		\$4,047					\$3,533
65	\$1,725				\$2,137		\$1,620					\$1,466
70	\$1,884				\$2,376		\$1,820					\$1,626
75	\$2,209				\$2,743		\$2,137					\$1,937
80	\$2,527				\$3,215		\$2,481					\$2,258
85	\$2,856				\$3,745		\$2,885					\$2,595

EVERENCE ASSOCIATION, INC.

www.everence.com

(800) 348-7468

Pre-ex: 0

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,028		\$5,304		\$4,359		\$3,276			\$2,058		\$2,350
65	\$2,413		\$3,481		\$3,249		\$2,545			\$1,058		\$1,474
70	\$2,605		\$4,120		\$3,521		\$2,753			\$1,652		\$1,770
75	\$2,737		\$4,631		\$3,734		\$2,936			\$1,761		\$2,008
80	\$2,898		\$4,996		\$4,040		\$3,138			\$1,911		\$2,194
85	\$3,028		\$5,304		\$4,359		\$3,276			\$2,058		\$2,350

EVEREST REINSURANCE COMPANY

www.everestre.com/medicaresupplement

(813) 638-8984

Pre-ex: 0

App Fee: \$25

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,828		\$5,834	\$4,988	\$6,005		\$4,843					\$3,326
65	\$1,947		\$2,538	\$2,061	\$2,615		\$2,004					\$1,424
70	\$2,148		\$2,781	\$2,288	\$2,865		\$2,225					\$1,576
75	\$2,471		\$3,237	\$2,704	\$3,335		\$2,629					\$1,866
80	\$2,761		\$3,732	\$3,145	\$3,845		\$3,057					\$2,131
85	\$3,039		\$4,292	\$3,643	\$4,421		\$3,539					\$2,442

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

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GARDEN STATE LIFE INSURANCE COMPANY

www.americannational.com

(855) 567-0493

Pre-ex: 0

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$4,036				\$7,551		\$4,712	\$1,608			\$4,003	\$3,814
65	\$1,652				\$3,071		\$1,918	\$665			\$1,619	\$1,552
70	\$1,818				\$3,404		\$2,129	\$721			\$1,796	\$1,719
75	\$2,151				\$4,025		\$2,506	\$854			\$2,129	\$2,029
80	\$2,517				\$4,712		\$2,927	\$998			\$2,495	\$2,373
85	\$2,927				\$5,478		\$3,404	\$1,164			\$2,905	\$2,772

GLOBE LIFE AND ACCIDENT INSURANCE CO.

www.globecaremedsupp.com

(800) 801-6831

Pre-ex: 2

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,295				\$5,126		\$3,810	\$1,232				\$3,221
65	\$1,753				\$2,158		\$1,559	\$518				\$1,316
70	\$2,103				\$2,417		\$1,746	\$581				\$1,473
75	\$2,279				\$2,774		\$2,105	\$667				\$1,777
80	\$2,454				\$3,248		\$2,417	\$780				\$2,038
85	\$2,628				\$3,782		\$2,776	\$908				\$2,327

GPM HEALTH AND LIFE INSURANCE

www.gpmhealthandlife.com

(877) 844-1036

Pre-ex: 0

App Fee: \$25

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,082				\$4,504		\$3,135					\$2,533
65	\$1,547				\$2,261		\$1,576					\$1,271
70	\$1,710				\$2,498		\$1,739					\$1,405
75	\$2,046				\$2,990		\$2,081					\$1,682
80	\$2,360				\$3,449		\$2,401					\$1,940
85	\$2,629				\$3,842		\$2,674					\$2,161

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

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GREAT SOUTHERN LIFE INSURANCE COMPANY

www.americo.com

(800) 231-0801

Pre-ex: 0

App Fee: \$25

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,909				\$5,070	\$1,212	\$4,379					\$3,633
65	\$1,809				\$2,011	\$564	\$1,759					\$1,327
70	\$1,913				\$2,118	\$611	\$1,759					\$1,407
75	\$2,236				\$2,502	\$729	\$2,111					\$1,692
80	\$2,555				\$2,947	\$845	\$2,508					\$2,023
85	\$2,963				\$3,566	\$969	\$3,056					\$2,494

HEALTH ALLIANCE MEDICAL PLANS, INC.

www.healthalliance.org

(888) 382-9771

Pre-ex: 6

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$2,796						\$4,068	\$1,452				\$3,504
65	\$1,080						\$1,572	\$564				\$1,344
70	\$1,512						\$2,208	\$792				\$1,896
75	\$1,896						\$2,760	\$984				\$2,364
80	\$2,220						\$3,240	\$1,152				\$2,772
85	\$2,532						\$3,684	\$1,320				\$3,156

HUMANA INSURANCE COMPANY

www.humana-medicare.com

(888) 310-8487

Pre-ex: 3

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$4,232				\$6,795	\$2,143			\$2,829			\$4,646
65	\$1,969				\$3,102	\$1,048			\$1,350			\$2,152
70	\$2,356				\$3,734	\$1,235			\$1,603			\$2,579
75	\$2,827				\$4,504	\$1,464			\$1,911			\$3,098
80	\$3,308				\$5,290	\$1,696			\$2,226			\$3,628
85	\$4,232				\$6,795	\$2,143			\$2,829			\$4,645

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

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INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT www.iaclife.com

(888) 524-3629

Pre-ex: 0

App Fee: \$25

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$4,468				\$6,162		\$4,520					\$3,907
65	\$2,277				\$2,685		\$1,879					\$1,564
70	\$2,562				\$3,003		\$2,127					\$1,764
75	\$2,947				\$3,498		\$2,512					\$2,089
80	\$3,285				\$4,023		\$2,912					\$2,441
85	\$3,613				\$4,621		\$3,367					\$2,857

A multi-policy discount is available to eligible applicants.

LUMICO LIFE INSURANCE COMPANY

www.lumico.com

(833) 866-9741

Pre-ex: 0

App Fee: \$25

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$4,164				\$5,442		\$4,187					\$3,596
65	\$1,490				\$1,946		\$1,497					\$1,286
70	\$1,651				\$2,157		\$1,660					\$1,426
75	\$1,961				\$2,563		\$1,971					\$1,694
80	\$2,329				\$3,044		\$2,343					\$2,011
85	\$2,754				\$3,597		\$2,767					\$2,377

MEDICO CORP LIFE INSURANCE COMPANY

www.gomedico.com

(800) 547-2401

Pre-ex: 0

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$4,140				\$5,944	\$1,474	\$4,657					\$3,596
65	\$2,494				\$3,580	\$888	\$2,344					\$2,166
70	\$2,509				\$3,601	\$893	\$2,351					\$2,179
75	\$2,568				\$3,687	\$914	\$2,517					\$2,231
80	\$2,985				\$4,284	\$1,063	\$3,041					\$2,592
85	\$3,291				\$4,724	\$1,172	\$3,461					\$2,858

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

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NASSAU LIFE INSURANCE COMPANY OF KANSAS

www.nsre.com

(877) 888-1511

Pre-ex: 6

App Fee: \$25

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$4,168				\$6,636		\$6,560					\$4,404
65	\$1,775				\$1,858		\$1,793					\$1,290
70	\$1,866				\$2,010		\$1,885					\$1,379
75	\$2,275				\$2,340		\$2,298					\$1,690
80	\$2,664				\$2,758		\$2,730					\$2,023
85	\$3,067				\$3,611		\$3,543					\$2,613

NATIONAL GUARDIAN LIFE INSURANCE COMPANY

www.nglic.com

(877) 888-1511

Pre-ex: 0

App Fee: \$25

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$4,378				\$6,088		\$5,067					\$4,473
65	\$1,832				\$2,324		\$1,834					\$1,550
70	\$1,937				\$2,435		\$1,939					\$1,635
75	\$2,344				\$2,898		\$2,347					\$1,983
80	\$2,802				\$3,432		\$2,805					\$2,388
85	\$3,221				\$4,028		\$3,317					\$2,857

HouseHold Discount is available to those who qualify.

NATIONAL HEALTH INSURANCE COMPANY

www.ngah-ngic.com

(866) 916-8816

Pre-ex: 0

App Fee: \$25

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$4,103				\$5,312	\$1,643	\$4,273					\$3,536
65	\$1,706				\$2,211	\$686	\$1,781					\$1,474
70	\$1,873				\$2,424	\$752	\$1,952					\$1,615
75	\$2,171				\$2,810	\$870	\$2,262					\$1,871
80	\$2,516				\$3,258	\$1,009	\$2,622					\$2,170
85	\$2,900				\$3,756	\$1,163	\$3,021					\$2,502

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

App Fee = one-time charge at the time you apply for a policy

Crossover: Yes = claims sent electronically; no paper filing

Chicago Area - Zip Code 60639
Standardized Medicare Supplement Plans Available - Annual Premium

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OXFORD LIFE INSURANCE COMPANY

www.oxfordlife.com

(800) 308-2318

Pre-ex: 0

App Fee: \$15

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$4,386				\$11,254		\$3,987					\$6,384
65	\$2,625				\$4,255		\$1,541					\$2,336
70	\$3,121				\$5,027		\$1,661					\$2,782
75	\$3,698				\$5,955		\$1,940					\$3,348
80	\$4,045				\$6,890		\$2,290					\$3,940
85	\$4,218				\$7,892		\$2,764					\$4,650

PAN-AMERICAN LIFE INSURANCE COMPANY

www.palig.com

(855) 777-0400

Pre-ex: 0

App Fee: \$25

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$4,060				\$5,748		\$4,691					\$3,882
65	\$1,713				\$2,079		\$1,617					\$1,293
70	\$1,839				\$2,223		\$1,744					\$1,391
75	\$2,129				\$2,600		\$2,073					\$1,657
80	\$2,478				\$3,120		\$2,509					\$2,019
85	\$2,910				\$3,823		\$3,096					\$2,520

PEKIN LIFE INSURANCE COMPANY

www.pekininsurance.com

(800) 322-0160

Pre-ex: 0

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,973				\$5,525		\$3,355					\$2,883
65	\$2,573				\$2,377		\$1,469					\$1,214
70	\$3,037				\$3,131		\$1,934					\$1,601
75	\$3,361				\$4,064		\$2,519					\$2,083
80	\$3,557				\$4,653		\$2,898					\$2,395
85	\$3,688				\$5,090		\$3,182					\$2,631

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Crossover: Yes = claims sent electronically; no paper filing

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PHYSICIANS LIFE INSURANCE COMPANY

www.physiciansmutual.com

(800) 228-9100

Pre-ex: 0

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$1,796				\$2,789	\$1,333	\$2,439	\$1,331				
65	\$1,796				\$1,989	\$631	\$1,740	\$630				
70	\$1,796				\$2,146	\$689	\$1,878	\$687				
75	\$1,796				\$2,488	\$858	\$2,177	\$857				
80	\$1,796				\$2,714	\$1,070	\$2,374	\$1,068				
85	\$1,796				\$2,789	\$1,333	\$2,439	\$1,331				

All Medicare Supplement plans from Physicians Life Insurance Company except Plan A provide additional innovative benefits for preventive care and hearing loss testing. A Discount is available on all plans if others in the household own Medicare Supplement plans with our family of companies. We also offer a Deductible Discount Rider on Plans F and G that applies the high deductible for only 2-3 years, with a premium discount off of the base plan that applies for the life of the policy. The above rates are attained age rates however, issue age rates are also available.

PURITAN LIFE INSURANCE COMPANY OF AMERICA

www.puritanlifeinsurance.com/medsupp

(888) 474-9519

Pre-ex: 0

App Fee: \$25

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,803				\$5,504		\$4,352					\$3,683
65	\$1,926				\$2,375		\$1,799					\$1,363
70	\$1,972				\$2,426		\$1,846					\$1,501
75	\$2,242				\$2,790		\$2,156					\$1,757
80	\$2,542				\$3,264		\$2,543					\$2,088
85	\$2,916				\$3,911		\$3,069					\$2,551

S. USA LIFE INSURANCE COMPANY, INC.

www.prosperitylife.com

(877) 990-7225

Pre-ex: 6

App Fee: \$25

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,308				\$4,674		\$4,337					
65	\$1,736				\$2,092		\$1,744					
70	\$1,762				\$2,116		\$1,761					
75	\$2,005				\$2,435		\$2,051					
80	\$2,430				\$3,045		\$2,541					
85	\$2,771				\$3,627		\$3,109					

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Chicago Area - Zip Code 60639
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SHENANDOAH LIFE INSURANCE COMPANY

www.prosperitylife.com/medicare-supplement-insurance

(800) 848-5433

Pre-ex: 0

App Fee: \$25

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,132				\$4,415		\$3,307					\$2,576
65	\$1,656				\$2,336		\$1,753					\$1,362
70	\$1,830				\$2,581		\$1,933					\$1,505
75	\$2,190				\$3,088		\$2,314					\$1,802
80	\$2,527				\$3,563		\$2,669					\$2,078
85	\$2,814				\$3,968		\$2,973					\$2,315

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

www.statefarm.com

Contact Local State Farm Agent

Pre-ex: 0

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$1,971		\$4,181	\$4,796	\$4,225		\$4,802					\$3,939
65	\$1,048		\$2,223	\$1,793	\$2,247		\$1,797					\$1,389
70	\$1,322		\$2,803	\$2,371	\$2,831		\$2,376					\$1,825
75	\$1,532		\$3,246	\$2,860	\$3,279		\$2,866					\$2,206
80	\$1,720		\$3,648	\$3,304	\$3,684		\$3,310					\$2,573
85	\$1,793		\$3,802	\$3,700	\$3,842		\$3,708					\$2,924

STATE MUTUAL INSURANCE COMPANY

www.statemutualinsurance.com

(877) 822-0582

Pre-ex: 0

App Fee: \$25

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,683	\$4,177	\$4,680	\$3,781	\$4,775	\$1,424	\$3,832				\$3,357	\$3,077
65	\$1,431	\$1,621	\$1,817	\$1,468	\$1,855	\$553	\$1,488				\$1,304	\$1,196
70	\$1,564	\$1,773	\$1,986	\$1,606	\$2,026	\$604	\$1,627				\$1,426	\$1,305
75	\$1,813	\$2,055	\$2,303	\$1,860	\$2,350	\$700	\$1,884				\$1,652	\$1,513
80	\$2,101	\$2,381	\$2,669	\$2,157	\$2,723	\$812	\$2,184				\$1,915	\$1,754
85	\$2,435	\$2,761	\$3,094	\$2,501	\$3,158	\$942	\$2,533				\$2,221	\$2,034

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

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Chicago Area - Zip Code 60639
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THE ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA www.uct.org

(800) 848-0123

Pre-ex: 0

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$5,239	\$6,778	\$7,185	\$6,598	\$7,095		\$5,907					\$4,875
65	\$2,736	\$3,545	\$3,962	\$3,450	\$4,004		\$3,090					\$2,752
70	\$3,425	\$4,431	\$4,935	\$4,314	\$4,876		\$3,863					\$3,351
75	\$4,000	\$5,178	\$5,674	\$5,039	\$5,603		\$4,516					\$3,850
80	\$4,406	\$5,706	\$6,138	\$5,553	\$6,065		\$4,972					\$4,167
85	\$4,700	\$6,087	\$6,517	\$5,923	\$6,435		\$5,302					\$4,422

THRIVENT FINANCIAL FOR LUTHERANS

www.thrivent.com

(800) 595-6589

Pre-ex: 0

App Fee: \$25

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,959				\$5,796		\$4,816					\$3,721
65	\$1,863				\$2,335		\$1,844					\$1,375
70	\$2,096				\$2,610		\$2,088					\$1,552
75	\$2,410				\$3,035		\$2,465					\$1,836
80	\$2,724				\$3,539		\$2,899					\$2,175
85	\$3,042				\$4,129		\$3,406					\$2,586

7% household premium discount may be available to individuals who reside with 1-3 other Medicare eligible adult(s), at least one of which owns or will be issued a Thrivent Medicare supplement insurance contract.

UNITED AMERICAN INSURANCE COMPANY

www.unitedamerican.com

(800) 755-2137

Pre-ex: 2

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$2,494	\$3,163	\$4,708	\$4,551	\$5,396	\$912	\$4,118	\$912	\$2,201	\$3,094		\$3,864
65	\$1,918	\$2,261	\$2,974	\$2,795	\$3,416	\$433	\$2,534	\$433	\$1,392	\$1,957		\$2,307
70	\$2,349	\$2,828	\$3,760	\$3,591	\$4,312	\$578	\$3,254	\$578	\$1,858	\$2,611		\$2,985
75	\$2,494	\$3,104	\$4,267	\$4,107	\$4,894	\$721	\$3,716	\$721	\$2,068	\$2,909		\$3,436
80	\$2,494	\$3,163	\$4,708	\$4,551	\$5,396	\$912	\$4,118	\$912	\$2,201	\$3,094		\$3,864
85	\$2,494	\$3,163	\$4,708	\$4,551	\$5,396	\$912	\$4,118	\$912	\$2,201	\$3,094		\$3,864

Pre-ex = # of months of waiting period for coverage of a pre-existing condition

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UNITED INSURANCE COMPANY OF AMERICA

www.kemper.com

(800) 654-9106

Pre-ex: 0

App Fee: \$15

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,488			\$3,603	\$4,721		\$3,639	\$1,464				\$3,128
65	\$1,524			\$1,575	\$2,063		\$1,590	\$640				\$1,368
70	\$1,665			\$1,720	\$2,255		\$1,738	\$699				\$1,494
75	\$1,925			\$1,989	\$2,606		\$2,009	\$808				\$1,727
80	\$2,182			\$2,253	\$2,952		\$2,276	\$915				\$1,957
85	\$2,468			\$2,549	\$3,341		\$2,575	\$1,036				\$2,214

UNITED WORLD LIFE INSURANCE CO. – MUTUAL OF OMAHA

www.mutualofomaha.com/states

(800) 667-2937

Pre-ex: 0

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,623				\$4,803	\$1,452	\$3,756	\$1,342				\$2,846
65	\$1,663				\$2,204	\$644	\$1,666	\$558				\$1,262
70	\$1,812				\$2,403	\$713	\$1,845	\$623				\$1,398
75	\$2,096				\$2,778	\$837	\$2,166	\$737				\$1,641
80	\$2,418				\$3,205	\$969	\$2,506	\$859				\$1,899
85	\$2,734				\$3,625	\$1,095	\$2,835	\$976				\$2,148

USAA LIFE INSURANCE COMPANY

www.usaa.com

(800) 531-8722

Pre-ex: 0

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$2,532				\$3,504		\$3,636					\$2,676
65	\$1,416				\$1,968		\$1,728					\$1,500
70	\$1,656				\$2,292		\$1,872					\$1,764
75	\$1,980				\$2,736		\$2,256					\$2,100
80	\$2,292				\$3,180		\$2,808					\$2,436
85	\$2,532				\$3,504		\$3,636					\$2,676

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WESTERN UNITED LIFE ASSURANCE COMPANY

www.wula.com

(800) 877-7703 ext. 6433

Pre-ex: 0

App Fee: \$25

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$3,570		\$5,664		\$5,715		\$4,402					\$3,978
65	\$1,666		\$2,267		\$2,290		\$1,667					\$1,453
70	\$1,840		\$2,484		\$2,510		\$1,855					\$1,612
75	\$2,112		\$2,880		\$2,910		\$2,185					\$1,903
80	\$2,398		\$3,373		\$3,407		\$2,583					\$2,267
85	\$2,719		\$3,995		\$4,033		\$3,081					\$2,735

WISCONSIN PHYSICIANS SERVICE INSURANCE CORP.

<https://wpshealth.com/medsupp/index.shtml>

(800) 236-1448

Pre-ex: 6

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$2,918		\$4,066		\$4,074		\$3,520		\$2,122	\$2,778		\$3,046
65	\$1,477		\$2,058		\$2,062		\$1,782		\$1,074	\$1,406		\$1,542
70	\$1,771		\$2,469		\$2,473		\$2,137		\$1,288	\$1,686		\$1,849
75	\$2,091		\$2,914		\$2,919		\$2,523		\$1,521	\$1,990		\$2,183
80	\$2,411		\$3,361		\$3,367		\$2,909		\$1,753	\$2,295		\$2,517
85	\$2,918		\$4,066		\$4,074		\$3,520		\$2,122	\$2,778		\$3,046

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Standardized Medicare SELECT Plans

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AARP/UNITEDHEALTHCARE INSURANCE COMPANY

www.aarpmedicaresupplement.com

(800) 523-5800

Pre-ex: 3

App Fee: \$0

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under			\$4,063		\$4,081		\$3,950					\$3,585
65			\$1,652		\$1,660		\$1,268					\$1,182
70			\$1,815		\$1,823		\$1,393					\$1,298
75			\$2,221		\$2,231		\$1,705					\$1,589
80			\$2,628		\$2,639		\$2,017					\$1,880
85			\$2,628		\$2,639		\$2,017					\$1,880

BLUE CROSS BLUE SHIELD OF ILLINOIS/HEALTH CARE

www.bcbsil

(800) 646-3000

Pre-ex: 0

App Fee: 0

Guaranteed Issue Company: Yes

Crossover: Yes

Age	A	B	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under		\$3,911	\$4,783		\$4,797		\$3,961		\$2,492	\$3,399		\$3,574
65		\$1,560	\$1,907		\$1,913		\$1,485		\$994	\$1,356		\$1,340
70		\$2,025	\$2,476		\$2,484		\$1,975		\$1,290	\$1,760		\$1,782
75		\$2,447	\$2,992		\$3,002		\$2,419		\$1,559	\$2,127		\$2,183
80		\$2,826	\$3,456		\$3,466		\$2,819		\$1,801	\$2,456		\$2,543
85		\$3,162	\$3,867		\$3,878		\$3,172		\$2,015	\$2,748		\$2,862

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State of Illinois
Department on Aging
One Resources Way, #100
Springfield, Illinois 62702-1271
www.illinois.gov/aging

CHICAGO AREA

Senior Health Insurance Program (SHIP)
1-800-252-8966
AGING.SHIP@illinois.gov

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with appropriate State and federal statutes. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging. For information, call the Senior HelpLine: 1-800-252-8966; 1-888-206-1327 (TTY).