

2018 – 2019 Medicare Supplement Premium Comparison Guide

Northern/Central Area

Updated 10.31.18



LOCAL HELP FOR PEOPLE WITH MEDICARE

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 Northern/Central area are applicable to the following counties:

| | | | | |
|------------|------------|------------|-------------|------------|
| Adams | DeWitt | Kendall | Menard | Schuyler |
| Boone | Douglas | Knox | Mercer | Scott |
| Brown | Edgar | LaSalle | Montgomery | Shelby |
| Bureau | Ford | Lee | Morgan | Stark |
| Carroll | Fulton | Livingston | Moultrie | Stephenson |
| Cass | Grundy | Logan | Ogle | Tazewell |
| Champaign | Hancock | Macon | Peoria | Vermilion |
| Christian | Henderson | Macoupin | Piatt | Warren |
| Clark | Henry | Marshall | Pike | Whiteside |
| Coles | Iroquois | Mason | Putnam | Winnebago |
| Cumberland | Jo Daviess | McDonough | Rock Island | Woodford |
| DeKalb | Kankakee | McLean | Sangamon | |



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 2018. 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 be identical from company to company**, 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 is also available as a High-Deductible plan (**see page 15**). Additionally, you may have the option of choosing a Medicare SELECT plan, which is explained on **page 14**.

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 2018 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, you cannot have more than a 63-day break in coverage between the previous health insurance coverage and your Medicare coverage, which is continuous.

Crossover: A formal agreement between Medicare Part B and the insurance company that allows your Medicare claim to be sent to your Medigap Company electronically. This eliminates the need to file paper claims with your Medigap carrier. This information appears next to the company information on the rate charts.

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 impose a waiting period of up to six (6) months for a 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 F sold by ABC Insurance Company has the same benefits as a Plan F that is sold by XYZ Insurance Company.

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 or from Health Alliance from October 15 to December 7. These two companies have agreed to guarantee issue their plans during this time frame only.

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). Four (4) 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 four (4) 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. Exception:** *HMOs with a Cost Contract may cover services of non-network providers at a higher cost to you. Most HMOs are NOT Cost Contracts.*

- **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 one (1) or more special needs identified as: 1) institutionalized; and/or 2) individuals with severe or disabling chronic condition(s).

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.

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NEW INFORMATION FOR MEDICARE SUPPLEMENTS IN 2020

Starting 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.

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:
 - ❖ **\$341 per day for 61st through 90th day; (2019)**
 - ❖ **\$682 per day for 91st through 150th day; (2019)**
- 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 G | 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 | | | √ | √ | √ | √ | | | √ | √ |
| | | | | | | | Out-of-pocket annual limit in 2019 | \$5,560 | \$2,780 | |

*Core Benefits for Plans K, L, M, and N are the same as listed above with some exceptions. The Plan F High-Deductible for 2019 is **\$2,300**. Please refer to the following pages.

Core Benefits for Plans K & L

| Medigap Plan K | Medigap Plan L |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 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 **\$5,560** and Plan L is **\$2,780** in 2019). 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 | Medigap Plan N |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 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 physician visit and \$50 per Emergency Room visit. Emergency Room visit copayment will be waived if admitted into the hospital.

Explanation of Medicare Supplement Benefits

Part A Deductible (Found in Plans B through N)

- Pays the **\$1,364** (2019) Medicare Part A inpatient hospital deductible in each benefit period.

Skilled Nursing Coinsurance (Found in Plans C through N)

- Pays the **\$170.50/day** (2019) 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 **\$185** (2019) 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, K, or L from any insurance company.</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, K, or L from any insurance company.</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, K, or L that's sold by any insurance company in your state or the state you're moving to.</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.</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.... |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| (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. | 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. If your former Medigap policy isn't available, you can buy Medigap Plan A, B, C, F, K, or L that's sold in Illinois by any insurance company. | As early as 60 calendar days before the date your coverage will end, but no later than 63 calendar days after your coverage ends. |
| Your Medigap insurance company goes bankrupt and you lose your coverage, or your Medigap policy coverage otherwise ends through no fault of your own. | Medigap Plan A, B, C, F, K, or L that's sold in Illinois by any insurance company. | No later than 63 calendar days from the date your coverage ends. |
| You leave a Medicare Advantage Plan or drop a Medigap policy because the company hasn't followed the rules, or it misled you. | Medigap Plan A, B, C, F, K, or L that's sold in Illinois by any insurance company. | No later than 63 calendar days from the date your coverage ends. |

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 2018.

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 with the exception of *AARP/United Healthcare Insurance Company*, which uses No Age Rating (see 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.
 - No companies in this guide currently use the issue 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.

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.

Medicare Supplement High-Deductible Option

Another variation of a Medicare supplement policy available to you is a “high-deductible option” on Plan F. Generally, the premium for a high-deductible Plan F will be lower than that company’s same Medicare supplement plan without the higher deductible. The benefits for a high-deductible Plan F are identical to any other Plan F. 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 2019 is \$2,300. This deductible is adjusted each year to reflect the change in the Consumer Price Index.

In addition to the **\$2,300** deductible for Plan F, there is also a separate \$250 per year deductible for the foreign travel emergency benefit.

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

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: www.insurance.illinois.gov.



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 and Medicare supplement 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, 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

Northern/Central Area – Zip Code 62702

Standardized Medicare Supplement Plans Available – Annual Premium Estimates

AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS

www.anico.com

(800) 899-6503

Pre-ex: 0 App Fee: \$0

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|---------|---------|---|---|---|---------|
| 64 & Under | \$2,850 | | | | \$3,941 | \$1,169 | \$3,125 | | | | \$2,594 |
| 65 | \$1,307 | | | | \$1,798 | \$531 | \$1,435 | | | | \$1,189 |
| 70 | \$1,435 | | | | \$1,975 | \$590 | \$1,572 | | | | \$1,307 |
| 75 | \$1,661 | | | | \$2,290 | \$678 | \$1,808 | | | | \$1,513 |
| 80 | \$1,887 | | | | \$2,624 | \$776 | \$2,074 | | | | \$1,739 |
| 85 | \$2,142 | | | | \$2,958 | \$875 | \$2,349 | | | | \$1,956 |

AMERICAN RETIREMENT LIFE INSURANCE COMPANY

www.cigna.com/Medicare/

(855) 849-2711

Pre-ex: 6 App Fee: \$20

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$4,494 | | | | \$6,306 | | \$5,451 | | | | \$4,161 |
| 65 | \$1,716 | | | | \$2,066 | | \$1,698 | | | | \$1,252 |
| 70 | \$2,017 | | | | \$2,412 | | \$2,016 | | | | \$1,478 |
| 75 | \$2,321 | | | | \$2,809 | | \$2,380 | | | | \$1,749 |
| 80 | \$2,607 | | | | \$3,256 | | \$2,780 | | | | \$2,058 |
| 85 | \$2,966 | | | | \$3,867 | | \$3,321 | | | | \$2,489 |

AMERICO FINANCIAL LIFE AND 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 | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$2,272 | | | | \$3,295 | | \$2,745 | | | | \$2,319 |
| 65 | \$1,297 | | | | \$1,609 | | \$1,278 | | | | \$1,040 |
| 70 | \$1,459 | | | | \$1,800 | | \$1,447 | | | | \$1,174 |
| 75 | \$1,678 | | | | \$2,095 | | \$1,709 | | | | \$1,389 |
| 80 | \$1,838 | | | | \$2,367 | | \$1,946 | | | | \$1,594 |
| 85 | \$1,979 | | | | \$2,662 | | \$2,203 | | | | \$1,827 |

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

Northern/Central Area – Zip Code 62702
Standardized Medicare Supplement Plans Available – Annual Premium Estimates

ASSURED LIFE ASSOCIATION

Pre-ex: 0

App Fee: \$25

www.assuredlife.org

(855) 394-1850

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---------|---------|---------|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$3,121 | \$3,953 | \$5,041 | \$3,636 | \$5,155 | | \$3,719 | | | | \$3,040 |
| 65 | \$2,015 | \$2,327 | \$2,826 | \$2,003 | \$2,892 | | \$2,050 | | | | \$1,640 |
| 70 | \$2,304 | \$2,662 | \$3,243 | \$2,299 | \$3,318 | | \$2,353 | | | | \$1,883 |
| 75 | \$2,556 | \$2,989 | \$3,659 | \$2,599 | \$3,744 | | \$2,660 | | | | \$2,135 |
| 80 | \$2,716 | \$3,226 | \$3,975 | \$2,830 | \$4,067 | | \$2,896 | | | | \$2,333 |
| 85 | \$2,833 | \$3,419 | \$4,247 | \$3,031 | \$4,345 | | \$3,101 | | | | \$2,507 |

BANKERS FIDELITY ASSURANCE COMPANY

Pre-ex: 0

App Fee: \$25

www.bankersfidelity.com

(866) 458-7504

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---|-----|---------|---|---|---|---|
| 64 & Under | \$2,807 | | | | | | \$3,491 | | | | |
| 65 | \$1,430 | | | | | | \$1,447 | | | | |
| 70 | \$1,609 | | | | | | \$1,638 | | | | |
| 75 | \$1,851 | | | | | | \$1,936 | | | | |
| 80 | \$2,064 | | | | | | \$2,245 | | | | |
| 85 | \$2,269 | | | | | | \$2,597 | | | | |

BANKERS FIDELITY LIFE INSURANCE COMPANY

Pre-ex: 0

App Fee: \$25

www.bankersfidelity.com

(866) 458-7504

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|-------|---------|---------|---|---|---------|
| 64 & Under | \$2,239 | | | | \$3,027 | \$745 | \$2,804 | \$1,552 | | | \$2,339 |
| 65 | \$1,514 | | | | \$1,710 | \$404 | \$1,629 | \$810 | | | \$1,110 |
| 70 | \$1,666 | | | | \$1,912 | \$471 | \$1,929 | \$955 | | | \$1,253 |
| 75 | \$1,883 | | | | \$2,227 | \$556 | \$2,300 | \$1,136 | | | \$1,483 |
| 80 | \$2,035 | | | | \$2,561 | \$649 | \$2,587 | \$1,293 | | | \$1,733 |
| 85 | \$2,162 | | | | \$2,942 | \$755 | \$2,786 | \$1,401 | | | \$2,028 |

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

Northern/Central Area – Zip Code 62702

Standardized Medicare Supplement Plans Available – Annual Premium Estimates

CIGNA HEALTH AND LIFE INSURANCE COMPANY

www.cigna.com/medicare/supplemental/

(855) 849-2711

Pre-ex: 6

App Fee: \$0

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|---------|---------|---|---|---|---------|
| 64 & Under | \$2,623 | | | | \$3,416 | \$1,014 | \$2,770 | | | | \$2,436 |
| 65 | \$1,353 | | | | \$1,675 | \$497 | \$1,364 | | | | \$1,158 |
| 70 | \$1,464 | | | | \$1,812 | \$538 | \$1,489 | | | | \$1,244 |
| 75 | \$1,706 | | | | \$2,112 | \$627 | \$1,740 | | | | \$1,448 |
| 80 | \$1,954 | | | | \$2,473 | \$734 | \$2,010 | | | | \$1,727 |
| 85 | \$2,110 | | | | \$2,748 | \$816 | \$2,203 | | | | \$1,912 |

COLONIAL PENN LIFE INSURANCE COMPANY

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

(800) 800-2254

Pre-ex: 0

App Fee: \$0

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---------|---|---|---------|---------|---------|---------|---------|---------|---------|
| 64 & Under | \$5,622 | \$5,006 | | | \$7,286 | \$1,192 | \$5,745 | \$2,185 | \$4,352 | \$5,173 | \$4,725 |
| 65 | \$2,226 | \$1,970 | | | \$2,591 | \$423 | \$1,893 | \$685 | \$1,548 | \$1,793 | \$1,289 |
| 70 | \$2,721 | \$2,398 | | | \$3,139 | \$513 | \$2,333 | \$833 | \$1,851 | \$2,227 | \$1,669 |
| 75 | \$3,313 | \$2,902 | | | \$3,810 | \$623 | \$2,875 | \$1,046 | \$2,259 | \$2,758 | \$2,139 |
| 80 | \$3,866 | \$3,390 | | | \$4,545 | \$743 | \$3,469 | \$1,286 | \$2,711 | \$3,300 | \$2,656 |
| 85 | \$4,398 | \$3,876 | | | \$5,346 | \$874 | \$4,126 | \$1,543 | \$3,191 | \$3,852 | \$3,238 |

COMBINED INSURANCE COMPANY OF AMERICA

www.combinedinsurance.com

(855) 278-9329

Pre-ex: 0

App Fee: \$25

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$2,448 | | | | \$3,753 | | \$2,904 | | | | \$2,951 |
| 65 | \$1,570 | | | | \$1,861 | | \$1,441 | | | | \$1,546 |
| 70 | \$1,855 | | | | \$2,196 | | \$1,700 | | | | \$1,833 |
| 75 | \$2,054 | | | | \$2,660 | | \$2,060 | | | | \$2,081 |
| 80 | \$2,177 | | | | \$3,017 | | \$2,335 | | | | \$2,276 |
| 85 | \$2,261 | | | | \$3,337 | | \$2,583 | | | | \$2,445 |

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

Northern/Central Area – Zip Code 62702
Standardized Medicare Supplement Plans Available – Annual Premium Estimates

CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TENNESSEE

www.aetnaseniorproducts.com

(800) 264-4000

Pre-ex: 0 App Fee: \$20

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---------|---|---|---------|---------|---------|---|---|---|---------|
| 64 & Under | \$3,103 | \$3,634 | | | \$4,608 | \$1,843 | \$3,636 | | | | \$3,063 |
| 65 | \$1,218 | \$1,425 | | | \$1,808 | \$724 | \$1,427 | | | | \$1,202 |
| 70 | \$1,292 | \$1,512 | | | \$1,919 | \$768 | \$1,514 | | | | \$1,275 |
| 75 | \$1,539 | \$1,801 | | | \$2,285 | \$914 | \$1,802 | | | | \$1,519 |
| 80 | \$1,832 | \$2,146 | | | \$2,721 | \$1,089 | \$2,147 | | | | \$1,809 |
| 85 | \$2,143 | \$2,510 | | | \$3,181 | \$1,273 | \$2,511 | | | | \$2,115 |

A 7% household discount is available to eligible applicants.

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 | K | L | M | N |
|------------|---------|---|---------|---------|---------|---------|---|---|---|---|---|
| 64 & Under | \$2,258 | | \$4,019 | \$3,724 | \$4,400 | \$1,225 | | | | | |
| 65 | \$1,022 | | \$1,668 | \$1,534 | \$1,801 | \$479 | | | | | |
| 70 | \$1,198 | | \$2,194 | \$2,042 | \$2,401 | \$588 | | | | | |
| 75 | \$1,404 | | \$2,676 | \$2,483 | \$2,940 | \$723 | | | | | |
| 80 | \$1,664 | | \$3,071 | \$2,840 | \$3,375 | \$881 | | | | | |
| 85 | \$1,957 | | \$3,454 | \$3,198 | \$3,791 | \$1,054 | | | | | |

CSI LIFE INSURANCE COMPANY

www.csimedsupp.com

(866) 644-3988

Pre-ex: 0 App Fee: \$25

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$3,081 | | | | \$4,929 | | \$3,615 | | | | \$2,808 |
| 65 | \$1,341 | | | | \$2,146 | | \$1,482 | | | | \$1,222 |
| 70 | \$1,375 | | | | \$2,200 | | \$1,519 | | | | \$1,253 |
| 75 | \$1,598 | | | | \$2,557 | | \$1,766 | | | | \$1,457 |
| 80 | \$1,854 | | | | \$2,965 | | \$2,047 | | | | \$1,690 |
| 85 | \$2,138 | | | | \$3,421 | | \$2,361 | | | | \$1,948 |

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

Northern/Central Area – Zip Code 62702
Standardized Medicare Supplement Plans Available – Annual Premium Estimates

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 | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$3,237 | | | | \$4,474 | | \$3,766 | | | | \$3,287 |
| 65 | \$1,477 | | | | \$1,829 | | \$1,507 | | | | \$1,364 |
| 70 | \$1,613 | | | | \$2,034 | | \$1,693 | | | | \$1,513 |
| 75 | \$1,891 | | | | \$2,348 | | \$1,989 | | | | \$1,802 |
| 80 | \$2,163 | | | | \$2,752 | | \$2,309 | | | | \$2,101 |
| 85 | \$2,445 | | | | \$3,206 | | \$2,684 | | | | \$2,415 |

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 | K | L | M | N |
|------------|---------|---|---------|---|---------|-----|---------|---|---------|---|---------|
| 64 & Under | \$2,197 | | \$3,984 | | \$3,634 | | \$2,786 | | \$1,803 | | \$1,970 |
| 65 | \$1,750 | | \$2,615 | | \$2,708 | | \$2,164 | | \$1,321 | | \$1,236 |
| 70 | \$1,890 | | \$3,094 | | \$2,935 | | \$2,342 | | \$1,448 | | \$1,483 |
| 75 | \$1,985 | | \$3,479 | | \$3,113 | | \$2,497 | | \$1,542 | | \$1,683 |
| 80 | \$2,102 | | \$3,753 | | \$3,368 | | \$2,669 | | \$1,674 | | \$1,839 |
| 85 | \$2,197 | | \$3,984 | | \$3,634 | | \$2,786 | | \$1,803 | | \$1,970 |

Rates lower for females. Rates higher for tobacco users.

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 | K | L | M | N |
|------------|---------|---|---------|---------|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$2,663 | | \$3,806 | \$3,130 | \$3,840 | | \$3,160 | | | | \$2,622 |
| 65 | \$1,355 | | \$1,656 | \$1,293 | \$1,673 | | \$1,308 | | | | \$1,123 |
| 70 | \$1,494 | | \$1,814 | \$1,435 | \$1,832 | | \$1,452 | | | | \$1,242 |
| 75 | \$1,719 | | \$2,111 | \$1,697 | \$2,133 | | \$1,716 | | | | \$1,471 |
| 80 | \$1,921 | | \$2,434 | \$1,973 | \$2,459 | | \$1,995 | | | | \$1,680 |
| 85 | \$2,115 | | \$2,800 | \$2,285 | \$2,827 | | \$2,309 | | | | \$1,925 |

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

Northern/Central Area – Zip Code 62702
Standardized Medicare Supplement Plans Available – Annual Premium Estimates

GCU www.gcuusa.com (877) 358-4741
 Pre-ex: 0 App Fee: \$25 Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$2,873 | | | | \$4,152 | | \$3,397 | | | | \$2,621 |
| 65 | \$1,470 | | | | \$1,817 | | \$1,417 | | | | \$1,053 |
| 70 | \$1,647 | | | | \$2,023 | | \$1,598 | | | | \$1,184 |
| 75 | \$1,895 | | | | \$2,357 | | \$1,888 | | | | \$1,401 |
| 80 | \$2,113 | | | | \$2,711 | | \$2,188 | | | | \$1,637 |
| 85 | \$2,323 | | | | \$3,113 | | \$2,530 | | | | \$1,916 |

GERBER LIFE INSURANCE COMPANY (No URL provided) (800) 531-1411
 Pre-ex: 0 App Fee: \$25 Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---|
| 64 & Under | \$3,483 | | | | \$5,745 | | \$4,951 | | | | |
| 65 | \$2,180 | | | | \$3,123 | | \$2,633 | | | | |
| 70 | \$2,579 | | | | \$3,702 | | \$3,121 | | | | |
| 75 | \$2,860 | | | | \$4,177 | | \$3,530 | | | | |
| 80 | \$3,038 | | | | \$4,536 | | \$3,846 | | | | |
| 85 | \$3,167 | | | | \$4,844 | | \$4,122 | | | | |

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY www.globecaremedsupp.com (800) 801-6831
 Pre-ex: 2 App Fee: \$0 Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---------|---------|---|---------|-------|---|---|---|---|---|
| 64 & Under | \$1,594 | \$2,542 | \$3,037 | | \$3,061 | \$811 | | | | | |
| 65 | \$1,088 | \$1,703 | \$1,936 | | \$1,950 | \$385 | | | | | |
| 70 | \$1,478 | \$2,183 | \$2,421 | | \$2,435 | \$513 | | | | | |
| 75 | \$1,572 | \$2,491 | \$2,855 | | \$2,873 | \$642 | | | | | |
| 80 | \$1,594 | \$2,542 | \$3,037 | | \$3,061 | \$811 | | | | | |
| 85 | \$1,594 | \$2,542 | \$3,037 | | \$3,061 | \$811 | | | | | |

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

Northern/Central Area – Zip Code 62702

Standardized Medicare Supplement Plans Available – Annual Premium Estimates

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

www.gpmlife.com

(877) 844-1036

Pre-ex: 0

App Fee: \$25

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---------|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$3,687 | | \$5,745 | | \$5,880 | | \$3,292 | | | | \$2,867 |
| 65 | \$2,304 | | \$3,123 | | \$3,198 | | \$1,758 | | | | \$1,494 |
| 70 | \$2,523 | | \$3,436 | | \$3,518 | | \$1,935 | | | | \$1,646 |
| 75 | \$2,826 | | \$3,914 | | \$4,008 | | \$2,209 | | | | \$1,885 |
| 80 | \$3,092 | | \$4,375 | | \$4,479 | | \$2,474 | | | | \$2,120 |
| 85 | \$3,287 | | \$4,760 | | \$4,874 | | \$2,699 | | | | \$2,322 |

GPM HEALTH AND LIFE INSURANCE COMPANY

www.gpmhealthandlife.com

(877) 844-1036

Pre-ex: 0

App Fee: \$25

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$2,573 | | | | \$3,691 | | \$2,617 | | | | \$2,156 |
| 65 | \$1,292 | | | | \$1,853 | | \$1,316 | | | | \$1,081 |
| 70 | \$1,427 | | | | \$2,047 | | \$1,452 | | | | \$1,196 |
| 75 | \$1,708 | | | | \$2,450 | | \$1,738 | | | | \$1,431 |
| 80 | \$1,971 | | | | \$2,826 | | \$2,004 | | | | \$1,651 |
| 85 | \$2,195 | | | | \$3,148 | | \$2,232 | | | | \$1,839 |

HEALTH ALLIANCE MEDICAL PLANS, INC.

healthalliance.org

(800) 965-4022

Pre-ex: 6

App Fee: \$0

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---------|---|---------|-----|---|---|---|---|---------|
| 64 & Under | \$2,532 | | \$4,992 | | \$5,112 | | | | | | \$3,336 |
| 65 | \$1,368 | | \$2,244 | | \$2,292 | | | | | | \$1,500 |
| 70 | \$1,752 | | \$2,856 | | \$2,928 | | | | | | \$1,908 |
| 75 | \$2,232 | | \$3,648 | | \$3,732 | | | | | | \$2,448 |
| 80 | \$2,484 | | \$4,500 | | \$4,596 | | | | | | \$3,012 |
| 85 | \$2,532 | | \$4,992 | | \$5,112 | | | | | | \$3,336 |

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

Northern/Central Area – Zip Code 62702

Standardized Medicare Supplement Plans Available – Annual Premium Estimates

HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY – BLUE CROSS BLUE SHIELD www.bcbsil.com (800) 646-3000

Pre-ex: 0 App Fee: \$0 Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---------|---------|---|---------|---------|---------|---------|---------|---|---------|
| 64 & Under | \$2,076 | \$3,576 | \$4,164 | | \$4,152 | \$1,260 | \$3,888 | \$2,112 | \$3,012 | | \$2,904 |
| 65 | \$960 | \$1,524 | \$1,908 | | \$1,872 | \$576 | \$1,764 | \$972 | \$1,368 | | \$1,320 |
| 70 | \$1,152 | \$1,932 | \$2,448 | | \$2,472 | \$744 | \$2,340 | \$1,272 | \$1,800 | | \$1,740 |
| 75 | \$1,428 | \$2,460 | \$3,060 | | \$3,108 | \$948 | \$2,952 | \$1,584 | \$2,256 | | \$2,160 |
| 80 | \$1,668 | \$2,916 | \$3,456 | | \$3,456 | \$1,032 | \$3,252 | \$1,764 | \$2,484 | | \$2,400 |
| 85 | \$1,884 | \$3,264 | \$3,804 | | \$3,780 | \$1,152 | \$3,528 | \$1,920 | \$2,736 | | \$2,640 |

HEARTLAND NATIONAL LIFE INSURANCE COMPANY www.heartlandnational.net

(866) 916-7971

Pre-ex: 0 App Fee: \$25 Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$2,545 | | | | \$3,714 | | \$3,338 | | | | \$2,754 |
| 65 | \$1,564 | | | | \$1,955 | | \$1,681 | | | | \$1,340 |
| 70 | \$1,756 | | | | \$2,184 | | \$1,900 | | | | \$1,508 |
| 75 | \$2,016 | | | | \$2,539 | | \$2,238 | | | | \$1,779 |
| 80 | \$2,181 | | | | \$2,834 | | \$2,516 | | | | \$2,015 |
| 85 | \$2,318 | | | | \$3,142 | | \$2,806 | | | | \$2,275 |

HUMANA BENEFIT PLAN OF ILLINOIS, INC. www.humana-medicare.com

(888) 310-8482

Pre-ex: 3 App Fee: \$0 Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---------|---------|---|---------|---------|---|---------|---------|---|---------|
| 64 & Under | \$3,191 | \$3,820 | \$4,937 | | \$5,038 | \$1,340 | | \$2,058 | \$2,926 | | \$3,320 |
| 65 | \$1,408 | \$1,686 | \$2,179 | | \$2,223 | \$592 | | \$908 | \$1,291 | | \$1,465 |
| 70 | \$1,715 | \$2,051 | \$2,651 | | \$2,705 | \$720 | | \$1,105 | \$1,571 | | \$1,782 |
| 75 | \$2,085 | \$2,496 | \$3,225 | | \$3,291 | \$876 | | \$1,345 | \$1,911 | | \$2,169 |
| 80 | \$2,464 | \$2,950 | \$3,812 | | \$3,890 | \$1,035 | | \$1,589 | \$2,259 | | \$2,563 |
| 85 | \$3,191 | \$3,820 | \$4,937 | | \$5,038 | \$1,340 | | \$2,058 | \$2,926 | | \$3,320 |

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

Northern/Central Area – Zip Code 62702

Standardized Medicare Supplement Plans Available – Annual Premium Estimates

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 | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$3,399 | | | | \$4,687 | | \$3,502 | | | | \$3,169 |
| 65 | \$1,732 | | | | \$2,043 | | \$1,456 | | | | \$1,269 |
| 70 | \$1,948 | | | | \$2,284 | | \$1,648 | | | | \$1,431 |
| 75 | \$2,242 | | | | \$2,660 | | \$1,947 | | | | \$1,694 |
| 80 | \$2,499 | | | | \$3,060 | | \$2,257 | | | | \$1,979 |
| 85 | \$2,748 | | | | \$3,515 | | \$2,609 | | | | \$2,317 |

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 | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$3,430 | | | | \$4,482 | | \$3,498 | | | | \$3,004 |
| 65 | \$1,227 | | | | \$1,603 | | \$1,251 | | | | \$1,074 |
| 70 | \$1,360 | | | | \$1,777 | | \$1,387 | | | | \$1,191 |
| 75 | \$1,615 | | | | \$2,111 | | \$1,647 | | | | \$1,415 |
| 80 | \$1,918 | | | | \$2,507 | | \$1,957 | | | | \$1,680 |
| 85 | \$2,268 | | | | \$2,963 | | \$2,312 | | | | \$1,986 |

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

www.massmutual.com

(844) 502-0019

Pre-ex: 0

App Fee: \$0

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$2,981 | | | | \$4,243 | | \$3,577 | | | | \$3,203 |
| 65 | \$1,404 | | | | \$1,708 | | \$1,367 | | | | \$1,180 |
| 70 | \$1,566 | | | | \$1,892 | | \$1,534 | | | | \$1,320 |
| 75 | \$1,780 | | | | \$2,176 | | \$1,792 | | | | \$1,546 |
| 80 | \$2,018 | | | | \$2,546 | | \$2,115 | | | | \$1,838 |
| 85 | \$2,286 | | | | \$3,013 | | \$2,521 | | | | \$2,218 |

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

Northern/Central Area – Zip Code 62702

Standardized Medicare Supplement Plans Available – Annual Premium Estimates

MEDICO CORP LIFE INSURANCE COMPANY

www.gomedico.com

(800) 547-2401 (Option 3)

Pre-ex: 0

App Fee: \$0

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|---------|---------|---|---|---|---------|
| 64 & Under | \$3,001 | | | | \$4,188 | \$1,122 | \$3,252 | | | | \$2,558 |
| 65 | \$1,808 | | | | \$2,523 | \$676 | \$1,637 | | | | \$1,541 |
| 70 | \$1,818 | | | | \$2,538 | \$680 | \$1,642 | | | | \$1,550 |
| 75 | \$1,862 | | | | \$2,598 | \$696 | \$1,758 | | | | \$1,587 |
| 80 | \$2,163 | | | | \$3,019 | \$809 | \$2,124 | | | | \$1,844 |
| 85 | \$2,385 | | | | \$2,973 | \$892 | \$2,417 | | | | \$2,033 |

NATIONAL GUARDIAN LIFE INSURANCE COMPANY

www.nglic.com/Work-with-NGL/Medicare-Supplement

(877) 888-1511

Pre-ex: 0

App Fee: \$25

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$3,291 | | | | \$4,707 | | \$3,774 | | | | \$3,458 |
| 65 | \$1,514 | | | | \$1,797 | | \$1,366 | | | | \$1,198 |
| 70 | \$1,593 | | | | \$1,882 | | \$1,444 | | | | \$1,264 |
| 75 | \$1,876 | | | | \$2,241 | | \$1,748 | | | | \$1,533 |
| 80 | \$2,155 | | | | \$2,654 | | \$2,089 | | | | \$1,846 |
| 85 | \$2,421 | | | | \$3,114 | | \$2,470 | | | | \$2,209 |

NATIONAL HEALTH INSURANCE COMPANY

www.nhic.com

(866) 916-8816

Pre-ex: 0

App Fee: \$25

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|---------|---------|---|---|---|---------|
| 64 & Under | \$3,166 | | | | \$4,176 | \$1,292 | \$3,297 | | | | \$2,780 |
| 65 | \$1,316 | | | | \$1,738 | \$539 | \$1,374 | | | | \$1,159 |
| 70 | \$1,445 | | | | \$1,906 | \$591 | \$1,506 | | | | \$1,270 |
| 75 | \$1,675 | | | | \$2,209 | \$684 | \$1,745 | | | | \$1,471 |
| 80 | \$1,941 | | | | \$2,561 | \$793 | \$2,023 | | | | \$1,706 |
| 85 | \$2,238 | | | | \$2,953 | \$914 | \$2,331 | | | | \$1,967 |

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

Northern/Central Area – Zip Code 62702

Standardized Medicare Supplement Plans Available – Annual Premium Estimates

NORTH AMERICAN INSURANCE COMPANY

www.oxfordlife.com

(602) 760-4991 (Ext. 670210)

Pre-ex: 0

App Fee: \$15

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---------|---------|---------|---------|-----|---|---|---|---|---|
| 64 & Under | \$3,422 | \$5,427 | \$6,450 | \$6,414 | \$6,913 | | | | | | |
| 65 | \$2,178 | \$3,456 | \$4,110 | \$3,545 | \$4,396 | | | | | | |
| 70 | \$2,424 | \$3,846 | \$4,567 | \$4,247 | \$4,899 | | | | | | |
| 75 | \$2,524 | \$4,007 | \$4,753 | \$4,848 | \$5,093 | | | | | | |
| 80 | \$2,837 | \$4,499 | \$5,332 | \$5,361 | \$5,709 | | | | | | |
| 85 | \$3,422 | \$5,427 | \$6,450 | \$5,772 | \$6,913 | | | | | | |

OXFORD LIFE INSURANCE COMPANY

www.oxfordlife.com

(602) 760-4991 (Ext. 670210)

Pre-ex: 0

App Fee: \$15

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$3,026 | | | | \$6,800 | | \$3,374 | | | | \$4,404 |
| 65 | \$1,811 | | | | \$2,571 | | \$1,304 | | | | \$1,612 |
| 70 | \$2,153 | | | | \$3,037 | | \$1,405 | | | | \$1,920 |
| 75 | \$2,551 | | | | \$3,598 | | \$1,642 | | | | \$2,310 |
| 80 | \$2,791 | | | | \$4,163 | | \$1,937 | | | | \$2,718 |
| 85 | \$2,910 | | | | \$4,768 | | \$2,339 | | | | \$3,208 |

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 | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$3,337 | | | | \$4,913 | | \$3,855 | | | | \$3,352 |
| 65 | \$1,408 | | | | \$1,777 | | \$1,329 | | | | \$1,116 |
| 70 | \$1,511 | | | | \$1,900 | | \$1,433 | | | | \$1,201 |
| 75 | \$1,750 | | | | \$2,222 | | \$1,703 | | | | \$1,430 |
| 80 | \$2,037 | | | | \$2,666 | | \$2,062 | | | | \$1,743 |
| 85 | \$2,392 | | | | \$3,268 | | \$2,545 | | | | \$2,175 |

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

Northern/Central Area – Zip Code 62702
Standardized Medicare Supplement Plans Available – Annual Premium Estimates

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 | K | L | M | N |
|------------|---------|---|---|---|---------|---------|---------|---|---|---|---|
| 64 & Under | \$2,966 | | | | \$4,184 | \$1,627 | \$3,149 | | | | |
| 65 | \$1,920 | | | | \$1,800 | \$813 | \$1,379 | | | | |
| 70 | \$2,267 | | | | \$2,371 | \$1,071 | \$1,815 | | | | |
| 75 | \$2,509 | | | | \$3,078 | \$1,388 | \$2,364 | | | | |
| 80 | \$2,655 | | | | \$3,523 | \$1,590 | \$2,721 | | | | |
| 85 | \$2,753 | | | | \$3,853 | \$1,740 | \$2,987 | | | | |

PHYSICIANS MUTUAL INSURANCE COMPANY

www.physiciansmutual.com

(800) 228-9100

Pre-ex: 0

App Fee: \$0

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---------|---------|---------|---------|---|---|---|---------|
| 64 & Under | \$3,262 | | | \$5,116 | \$6,551 | \$2,105 | \$5,927 | | | | \$4,427 |
| 65 | \$1,868 | | | \$2,237 | \$3,061 | \$587 | \$2,704 | | | | \$1,950 |
| 70 | \$2,202 | | | \$2,716 | \$3,574 | \$735 | \$3,154 | | | | \$2,367 |
| 75 | \$2,451 | | | \$3,325 | \$4,274 | \$919 | \$3,774 | | | | \$2,896 |
| 80 | \$2,672 | | | \$3,931 | \$4,948 | \$1,137 | \$4,367 | | | | \$3,423 |
| 85 | \$2,865 | | | \$4,462 | \$5,591 | \$1,392 | \$4,933 | | | | \$3,884 |

All policies include the Enhanced Preventive Benefit Rider. Discounts are available for ownership of annuities or if others in the household own Medicare Supplement plans with our family of companies. Physicians Mutual Insurance Company offers a High Deductible Rider on Plan F that applies the high deductible for only 3-4 years, with a premium discount off Plan F that applies for the life of the policy.

RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA

www.renaissancedental.com

(844) 202-4150

Pre-ex: 0

App Fee: \$25

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$3,441 | | | | \$4,384 | | \$3,607 | | | | \$2,959 |
| 65 | \$1,288 | | | | \$1,641 | | \$1,316 | | | | \$1,107 |
| 70 | \$1,462 | | | | \$1,863 | | \$1,495 | | | | \$1,257 |
| 75 | \$1,773 | | | | \$2,258 | | \$1,818 | | | | \$1,524 |
| 80 | \$2,014 | | | | \$2,566 | | \$2,078 | | | | \$1,732 |
| 85 | \$2,272 | | | | \$2,895 | | \$2,356 | | | | \$1,954 |

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

Northern/Central Area – Zip Code 62702
Standardized Medicare Supplement Plans Available – Annual Premium Estimates

RESERVE NATIONAL INSURANCE COMPANY

www.reservenational.com

(405) 848-7931

Pre-ex: 6

App Fee: \$15

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---------|---|---------|-------|---------|---|---|---|---------|
| 64 & Under | \$3,408 | | \$4,797 | | \$4,329 | \$815 | \$4,138 | | | | \$2,434 |
| 65 | \$1,777 | | \$2,501 | | \$2,258 | \$425 | \$2,159 | | | | \$1,269 |
| 70 | \$2,111 | | \$2,972 | | \$2,682 | \$505 | \$2,564 | | | | \$1,508 |
| 75 | \$2,483 | | \$3,495 | | \$3,154 | \$594 | \$3,015 | | | | \$1,773 |
| 80 | \$2,879 | | \$4,052 | | \$3,657 | \$688 | \$3,495 | | | | \$2,056 |
| 85 | \$3,178 | | \$4,474 | | \$4,037 | \$759 | \$3,860 | | | | \$2,269 |

S. USA LIFE INSURANCE COMPANY, INC.

www.prosperitylife.com

(866) 787-2123

Pre-ex: 6

App Fee: \$25

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---|
| 64 & Under | \$2,492 | | | | \$3,622 | | \$3,363 | | | | |
| 65 | \$1,308 | | | | \$1,621 | | \$1,353 | | | | |
| 70 | \$1,328 | | | | \$1,640 | | \$1,366 | | | | |
| 75 | \$1,510 | | | | \$1,887 | | \$1,591 | | | | |
| 80 | \$1,831 | | | | \$2,360 | | \$1,970 | | | | |
| 85 | \$2,087 | | | | \$2,811 | | \$2,411 | | | | |

SENTINEL SECURITY LIFE INSURANCE COMPANY

www.sslco.com

(800) 247-1423

Pre-ex: 0

App Fee: \$25

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---------|---------|---------|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$2,357 | \$2,630 | \$3,125 | \$2,453 | \$3,150 | | \$2,355 | | | | \$1,971 |
| 65 | \$1,334 | \$1,489 | \$1,769 | \$1,389 | \$1,783 | | \$1,333 | | | | \$1,116 |
| 70 | \$1,474 | \$1,645 | \$1,955 | \$1,534 | \$1,970 | | \$1,473 | | | | \$1,233 |
| 75 | \$1,764 | \$1,969 | \$2,340 | \$1,837 | \$2,358 | | \$1,763 | | | | \$1,475 |
| 80 | \$1,993 | \$2,224 | \$2,643 | \$2,074 | \$2,663 | | \$1,991 | | | | \$1,666 |
| 85 | \$2,158 | \$2,408 | \$2,862 | \$2,247 | \$2,885 | | \$2,156 | | | | \$1,805 |

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

Northern/Central Area – Zip Code 62702

Standardized Medicare Supplement Plans Available – Annual Premium Estimates

SHENANDOAH LIFE INSURANCE COMPANY

www.prosperitylife.com/medicare-supplement-insurance

(800) 848-5433

Pre-ex: 1

App Fee: \$25

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$2,340 | | | | \$3,175 | | \$2,408 | | | | \$1,924 |
| 65 | \$1,238 | | | | \$1,680 | | \$1,276 | | | | \$1,017 |
| 70 | \$1,367 | | | | \$1,856 | | \$1,407 | | | | \$1,125 |
| 75 | \$1,637 | | | | \$2,221 | | \$1,685 | | | | \$1,346 |
| 80 | \$1,888 | | | | \$2,562 | | \$1,943 | | | | \$1,553 |
| 85 | \$2,103 | | | | \$2,854 | | \$2,164 | | | | \$1,730 |

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 | K | L | M | N |
|------------|---------|---|---------|---------|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$1,827 | | \$3,629 | \$4,159 | \$3,665 | | \$4,164 | | | | \$3,416 |
| 65 | \$971 | | \$1,929 | \$1,555 | \$1,949 | | \$1,559 | | | | \$1,205 |
| 70 | \$1,224 | | \$2,432 | \$2,056 | \$2,455 | | \$2,061 | | | | \$1,582 |
| 75 | \$1,419 | | \$2,817 | \$2,480 | \$2,844 | | \$2,486 | | | | \$1,914 |
| 80 | \$1,594 | | \$3,164 | \$2,865 | \$3,195 | | \$2,871 | | | | \$2,232 |
| 85 | \$1,662 | | \$3,299 | \$3,210 | \$3,332 | | \$3,216 | | | | \$2,537 |

Plans D, G & N will become available effective 1/1/2019.

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 | K | L | M | N |
|------------|---------|---------|---------|---------|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$4,179 | \$5,407 | \$5,732 | \$5,263 | \$5,660 | | \$4,712 | | | | \$3,889 |
| 65 | \$2,183 | \$2,828 | \$3,160 | \$2,752 | \$3,194 | | \$2,465 | | | | \$2,195 |
| 70 | \$2,732 | \$3,535 | \$3,937 | \$3,442 | \$3,890 | | \$3,082 | | | | \$2,673 |
| 75 | \$3,191 | \$4,131 | \$4,526 | \$4,020 | \$4,470 | | \$3,602 | | | | \$3,071 |
| 80 | \$3,515 | \$4,552 | \$4,896 | \$4,430 | \$4,838 | | \$3,966 | | | | \$3,324 |
| 85 | \$3,750 | \$4,855 | \$5,199 | \$4,725 | \$5,134 | | \$4,229 | | | | \$3,528 |

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

Northern/Central Area – Zip Code 62702
Standardized Medicare Supplement Plans Available – Annual Premium Estimates

THRIVENT FINANCIAL FOR LUTHERANS

www.thrivent.com

(800) 595-6589

Pre-ex: 0

App Fee: \$0

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$2,867 | | | | \$4,196 | | \$3,487 | | | | \$3,051 |
| 65 | \$1,349 | | | | \$1,691 | | \$1,335 | | | | \$1,128 |
| 70 | \$1,518 | | | | \$1,889 | | \$1,512 | | | | \$1,273 |
| 75 | \$1,745 | | | | \$2,197 | | \$1,785 | | | | \$1,506 |
| 80 | \$1,972 | | | | \$2,562 | | \$2,099 | | | | \$1,784 |
| 85 | \$2,203 | | | | \$2,989 | | \$2,446 | | | | \$2,121 |

Individual must be eligible to become a member of Thrivent Financial for Lutherans, a fraternal benefit society.

TRANSAMERICA LIFE INSURANCE COMPANY

www.transamerica.com

(800) 797-2643

Pre-ex: 6

App Fee: \$0

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---------|---------|---------|---------|-----|---------|---------|---------|---------|---------|
| 64 & Under | \$2,764 | \$3,650 | \$4,318 | \$3,992 | \$4,343 | | \$3,990 | \$1,989 | \$2,952 | \$3,635 | \$3,419 |
| 65 | \$1,307 | \$1,725 | \$2,041 | \$1,887 | \$2,053 | | \$1,886 | \$940 | \$1,395 | \$1,718 | \$1,616 |
| 70 | \$1,671 | \$2,206 | \$2,610 | \$2,413 | \$2,625 | | \$2,412 | \$1,202 | \$1,784 | \$2,197 | \$2,066 |
| 75 | \$2,080 | \$2,746 | \$3,250 | \$3,004 | \$3,268 | | \$3,002 | \$1,497 | \$2,222 | \$2,736 | \$2,572 |
| 80 | \$2,466 | \$3,255 | \$3,852 | \$3,561 | \$3,874 | | \$3,559 | \$1,774 | \$2,633 | \$3,424 | \$3,049 |
| 85 | \$2,764 | \$3,650 | \$4,318 | \$3,992 | \$4,343 | | \$3,990 | \$1,989 | \$2,952 | \$3,635 | \$3,419 |

UNIFIED LIFE INSURANCE COMPANY

www.unifiedlife.com

(800) 237-4463

Pre-ex: 0

App Fee: \$25

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|---------|---------|---|---|---|---------|
| 64 & Under | \$2,659 | | | | \$3,910 | \$1,348 | \$3,236 | | | | \$2,821 |
| 65 | \$1,355 | | | | \$1,698 | \$526 | \$1,342 | | | | \$1,127 |
| 70 | \$1,524 | | | | \$1,900 | \$613 | \$1,519 | | | | \$1,272 |
| 75 | \$1,753 | | | | \$2,214 | \$724 | \$1,795 | | | | \$1,507 |
| 80 | \$1,955 | | | | \$2,548 | \$845 | \$2,082 | | | | \$1,761 |
| 85 | \$2,150 | | | | \$2,929 | \$984 | \$2,408 | | | | \$2,062 |

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

Northern/Central Area – Zip Code 62702

Standardized Medicare Supplement Plans Available – Annual Premium Estimates

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 | K | L | M | N |
|------------|---------|---------|---------|---------|---------|-------|---------|---------|---------|---|---------|
| 64 & Under | \$2,010 | \$2,862 | \$4,176 | \$3,998 | \$4,273 | \$825 | \$3,583 | \$1,879 | \$2,641 | | \$3,202 |
| 65 | \$1,545 | \$2,045 | \$2,638 | \$2,454 | \$2,706 | \$392 | \$2,205 | \$1,188 | \$1,670 | | \$1,912 |
| 70 | \$1,893 | \$2,559 | \$3,335 | \$3,154 | \$3,415 | \$523 | \$2,831 | \$1,586 | \$2,228 | | \$2,474 |
| 75 | \$2,010 | \$2,808 | \$3,784 | \$3,607 | \$3,876 | \$652 | \$3,234 | \$1,765 | \$2,483 | | \$2,848 |
| 80 | \$2,010 | \$2,862 | \$4,176 | \$3,998 | \$4,273 | \$825 | \$3,583 | \$1,879 | \$2,641 | | \$3,202 |
| 85 | \$2,010 | \$2,862 | \$4,176 | \$3,998 | \$4,273 | \$825 | \$3,583 | \$1,879 | \$2,641 | | \$3,202 |

UNITED WORLD LIFE INSURANCE COMPANY – MUTUAL OF OMAHA

www.mutualofomaha.com

(800) 667-2937

Pre-ex: 0

App Fee: \$0

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|---------|---------|---|---|---|---------|
| 64 & Under | \$2,969 | | | | \$3,666 | \$1,174 | \$2,936 | | | | \$2,437 |
| 65 | \$1,363 | | | | \$1,682 | \$521 | \$1,302 | | | | \$1,080 |
| 70 | \$1,485 | | | | \$1,834 | \$577 | \$1,442 | | | | \$1,197 |
| 75 | \$1,717 | | | | \$2,120 | \$677 | \$1,693 | | | | \$1,405 |
| 80 | \$1,981 | | | | \$2,446 | \$784 | \$1,959 | | | | \$1,626 |
| 85 | \$2,241 | | | | \$2,766 | \$886 | \$2,216 | | | | \$1,839 |

UNITEDHEALTHCARE INSURANCE COMPANY - AARP

www.aarpmedicaresupplement.com

(800) 523-5800

Pre-ex: 3

App Fee: \$0

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---------|---------|---|---------|-----|---------|---------|---------|---|---------|
| 64 & Under | \$2,196 | \$3,217 | \$4,068 | | \$4,086 | | \$3,968 | \$1,575 | \$2,340 | | \$2,983 |
| 65 | \$937 | \$1,373 | \$1,736 | | \$1,743 | | \$1,494 | \$672 | \$998 | | \$1,273 |
| 70 | \$1,157 | \$1,695 | \$2,142 | | \$2,152 | | \$1,844 | \$829 | \$1,232 | | \$1,571 |
| 75 | \$1,610 | \$2,359 | \$2,983 | | \$2,996 | | \$2,567 | \$1,155 | \$1,716 | | \$2,188 |
| 80 | \$1,610 | \$2,359 | \$2,983 | | \$2,996 | | \$2,567 | \$1,155 | \$1,716 | | \$2,188 |
| 85 | \$1,610 | \$2,359 | \$2,983 | | \$2,996 | | \$2,567 | \$1,155 | \$1,716 | | \$2,188 |

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

Northern/Central Area – Zip Code 62702
Standardized Medicare Supplement Plans Available – Annual Premium Estimates

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 | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$2,183 | | | | \$2,850 | | \$3,205 | | | | \$2,142 |
| 65 | \$1,222 | | | | \$1,593 | | \$1,524 | | | | \$1,200 |
| 70 | \$1,428 | | | | \$1,863 | | \$1,652 | | | | \$1,399 |
| 75 | \$1,707 | | | | \$2,228 | | \$1,989 | | | | \$1,675 |
| 80 | \$1,979 | | | | \$2,581 | | \$2,479 | | | | \$1,940 |
| 85 | \$2,183 | | | | \$2,850 | | \$3,205 | | | | \$2,142 |

WESTERN CATHOLIC UNION

www.wculife.org

(855) 406-9083

Pre-ex: 0

App Fee: \$25

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$2,766 | | | | \$3,748 | | \$2,862 | | | | \$2,079 |
| 65 | \$1,566 | | | | \$2,122 | | \$1,623 | | | | \$1,176 |
| 70 | \$1,730 | | | | \$2,344 | | \$1,790 | | | | \$1,300 |
| 75 | \$2,071 | | | | \$2,806 | | \$2,142 | | | | \$1,556 |
| 80 | \$2,339 | | | | \$3,169 | | \$2,420 | | | | \$1,758 |
| 85 | \$2,533 | | | | \$3,432 | | \$2,621 | | | | \$1,904 |

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 | K | L | M | N |
|------------|---------|---|---------|---|---------|-----|---------|---|---|---|---------|
| 64 & Under | \$2,905 | | \$4,227 | | \$4,265 | | \$3,411 | | | | \$3,083 |
| 65 | \$1,355 | | \$1,691 | | \$1,709 | | \$1,292 | | | | \$1,126 |
| 70 | \$1,497 | | \$1,854 | | \$1,874 | | \$1,437 | | | | \$1,249 |
| 75 | \$1,718 | | \$2,149 | | \$2,171 | | \$1,693 | | | | \$1,475 |
| 80 | \$1,951 | | \$2,518 | | \$2,543 | | \$2,002 | | | | \$1,756 |
| 85 | \$2,212 | | \$2,981 | | \$3,010 | | \$2,387 | | | | \$2,120 |

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

Northern/Central Area – Zip Code 62702

Standardized Medicare Supplement Plans Available – Annual Premium Estimates

WISCONSIN PHYSICIANS SERVICE INSURANCE CORPORATION

www.wpshealth.com/medsupp/gateway.shtml

(800) 236-8809

Pre-ex: 1

App Fee: \$0

Crossover:

Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---------|---|---------|---|---------|-----|---------|---------|---------|---|---------|
| 64 & Under | \$2,762 | | \$3,849 | | \$3,856 | | \$3,508 | \$2,114 | \$2,767 | | \$3,203 |
| 65 | \$1,398 | | \$1,948 | | \$1,952 | | \$1,775 | \$1,070 | \$1,401 | | \$1,621 |
| 70 | \$1,677 | | \$2,337 | | \$2,341 | | \$2,129 | \$1,283 | \$1,680 | | \$1,945 |
| 75 | \$1,979 | | \$2,759 | | \$2,763 | | \$2,514 | \$1,515 | \$1,983 | | \$2,296 |
| 80 | \$2,282 | | \$3,181 | | \$3,187 | | \$2,899 | \$1,747 | \$2,287 | | \$2,647 |
| 85 | \$2,762 | | \$3,849 | | \$3,856 | | \$3,508 | \$2,114 | \$2,767 | | \$3,203 |

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

Northern/Central Area – Zip Code 62702

Standardized Medicare SELECT Plans Available – Annual Premium Estimates

HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY – BLUE CROSS BLUE SHIELD www.bcbsil.com (800) 646-3000

Pre-ex: 0 App Fee: \$0 Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---|---------|---------|---|---------|-----|---------|---------|---------|---|---------|
| 64 & Under | | \$2,748 | \$3,132 | | \$3,288 | | \$2,976 | \$1,788 | \$2,448 | | \$2,304 |
| 65 | | \$1,248 | \$1,704 | | \$1,752 | | \$1,620 | \$960 | \$1,332 | | \$1,260 |
| 70 | | \$1,536 | \$2,100 | | \$2,256 | | \$2,064 | \$1,224 | \$1,704 | | \$1,572 |
| 75 | | \$1,872 | \$2,484 | | \$2,640 | | \$2,400 | \$1,428 | \$1,992 | | \$1,824 |
| 80 | | \$2,196 | \$2,676 | | \$2,760 | | \$2,532 | \$1,524 | \$2,100 | | \$1,932 |
| 85 | | \$2,484 | \$2,856 | | \$2,988 | | \$2,724 | \$1,632 | \$2,256 | | \$2,100 |

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 | K | L | M | N |
|------------|---|---|---|---|---------|-----|---|---|---|---|---|
| 64 & Under | | | | | \$3,479 | | | | | | |
| 65 | | | | | \$1,524 | | | | | | |
| 70 | | | | | \$2,007 | | | | | | |
| 75 | | | | | \$2,604 | | | | | | |
| 80 | | | | | \$2,982 | | | | | | |
| 85 | | | | | \$3,260 | | | | | | |

SENTINEL SECURITY LIFE INSURANCE COMPANY

www.sslco.com

(800) 247-1423

Pre-ex: 0 App Fee: \$25 Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---|---------|---------|---------|---------|-----|---------|---|---|---|---------|
| 64 & Under | | \$2,329 | \$2,768 | \$2,172 | \$2,789 | | \$2,085 | | | | \$1,745 |
| 65 | | \$1,318 | \$1,567 | \$1,230 | \$1,579 | | \$1,180 | | | | \$988 |
| 70 | | \$1,457 | \$1,731 | \$1,359 | \$1,745 | | \$1,304 | | | | \$1,092 |
| 75 | | \$1,743 | \$2,072 | \$1,626 | \$2,088 | | \$1,561 | | | | \$1,307 |
| 80 | | \$1,969 | \$2,340 | \$1,837 | \$2,358 | | \$1,763 | | | | \$1,476 |
| 85 | | \$2,133 | \$2,535 | \$1,989 | \$2,554 | | \$1,910 | | | | \$1,598 |

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

Northern/Central Area – Zip Code 62702

Standardized Medicare SELECT Plans Available – Annual Premium Estimates

UNITEDHEALTHCARE INSURANCE COMPANY - AARP

www.aarpmedicaresupplement.com

(800) 523-5800

Pre-ex: 3

App Fee: \$0

Crossover: Yes

| Age | A | B | C | D | F | FHD | G | K | L | M | N |
|------------|---|---|---------|---|---------|-----|---|---|---|---|---|
| 64 & Under | | | \$3,384 | | \$3,402 | | | | | | |
| 65 | | | \$1,444 | | \$1,452 | | | | | | |
| 70 | | | \$1,782 | | \$1,792 | | | | | | |
| 75 | | | \$2,482 | | \$2,495 | | | | | | |
| 80 | | | \$2,482 | | \$2,495 | | | | | | |
| 85 | | | \$2,482 | | \$2,495 | | | | | | |

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

Illinois Department
on **Aging**



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

Northern/Central Area

Senior Health Insurance Program (SHIP)

1-800-252-8966

AGING.SHIP@illinois.gov

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