



State of Illinois
Illinois Department on Aging

(Updated)

2016 – 2017 Medicare Supplement Premium Comparison Guide Northern/Central Area



LOCAL HELP FOR PEOPLE WITH MEDICARE

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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 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)	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

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 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” and that the company cannot include any additional benefits other than those outlined on **page 7**. 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 July 2016, but may change during the year. You can also 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 insurance 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.

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 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. The 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 traditional 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, 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 co-payments 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; 2) dual eligible – have both Medicare and Medicaid; and/or 3) 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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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:
 - ❖ **\$329 per day for 61st through 90th day; (2017)**
 - ❖ **\$658 per day for 91st through 150th day; (2017)**
- 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 2017							\$5,120	\$2,560		

*Core Benefits for Plans K, L, M, and N are the same as listed above with some exceptions. The Plan F High-Deductible for 2017 is \$2,200. 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 \$5,120 and Plan L is \$2,560 in 2017). 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 "Office Visits,"</i> Plan N will pay (100%)
	You pay up to \$20 for each service defined as an "Office 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 \$1,316 Medicare Part A inpatient hospital deductible in each benefit period.

Skilled Nursing Coinsurance (Found in Plans C through N)

- Pays the \$164.50/day 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 \$183 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 in to 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 <u>retiree</u> 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 ...
<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, K, or L 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>
<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, K, or L that's sold in Illinois by any insurance company.</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, K, or L that's sold in Illinois by any insurance company</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 2016.

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 31.

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 2017 is \$2,200.** This deductible is adjusted each year to reflect the change in the Consumer Price Index.

In addition to the \$2,200 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.

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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, 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

AARP/UNITED HEALTHCARE INSURANCE COMPANY

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	\$2,056	\$3,042	\$3,852		\$3,865			\$1,530	\$2,340		\$2,844
65	\$960	\$1,420	\$1,798		\$1,804			\$714	\$1,092		\$1,327
70	\$1,165	\$1,724	\$2,183		\$2,190			\$867	\$1,326		\$1,612
75	\$1,508	\$2,231	\$2,825		\$2,835			\$1,122	\$1,716		\$2,086
80	\$1,508	\$2,231	\$2,825		\$2,835			\$1,122	\$1,716		\$2,086
85	\$1,508	\$2,231	\$2,825		\$2,835			\$1,122	\$1,716		\$2,086

AETNA LIFE INSURANCE COMPANY

www.aetnaseniorproducts.com

(888) 624-6290

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,532	\$3,299			\$3,864		\$4,431				\$3,657
65	\$1,564	\$1,740			\$1,965		\$1,788				\$1,395
70	\$1,884	\$2,129			\$2,410		\$2,216				\$1,736
75	\$2,154	\$2,514			\$2,861		\$2,666				\$2,100
80	\$2,341	\$2,799			\$3,209		\$3,087				\$2,450
85	\$2,453	\$3,062			\$3,568		\$3,682				\$2,973

AETNA LIFE INSURANCE COMPANY (AGA Group Only)

www.aetnaseniorproducts.com

(888) 624-6290

Pre-ex: 0

App Fee: \$20

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$1,970	\$2,727			\$3,433		\$3,270				\$2,648
65	\$1,354	\$1,527			\$1,773		\$1,618				\$1,241
70	\$1,549	\$1,782			\$2,080		\$1,904				\$1,467
75	\$1,722	\$2,029			\$2,387		\$2,193				\$1,699
80	\$1,826	\$2,234			\$2,655		\$2,455				\$1,916
85	\$1,896	\$2,481			\$3,022		\$2,831				\$2,243

IMPORTANT NOTE: These group policies are available to only members of the American Grandparents Association (AGA).

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

AMERICAN REPUBLIC CORP INSURANCE COMPANY

www.americanenterprise.com

(888) 755-3065

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

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$3,420				\$4,122	\$1,461		\$2,044	\$2,783		
65	\$1,796				\$2,165	\$767		\$1,073	\$1,462		
70	\$2,013				\$2,426	\$860		\$1,203	\$1,639		
75	\$2,439				\$2,940	\$1,042		\$1,458	\$1,986		
80	\$2,810				\$3,387	\$1,201		\$1,680	\$2,287		
85	\$3,180				\$3,833	\$1,359		\$1,900	\$2,588		

AMERICAN REPUBLIC INSURANCE COMPANY

www.americanenterprise.com

(800) 247-2190

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

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,888				\$4,164	\$1,557					
65	\$1,375				\$1,983	\$741					
70	\$1,474				\$2,126	\$795					
75	\$1,890				\$2,725	\$1,019					
80	\$2,247				\$3,241	\$1,212					
85	\$2,597				\$3,745	\$1,400					

AMERICAN RETIREMENT LIFE INSURANCE COMPANY

www.cignasupplementalbenefits.com

(877) 229-0293

Pre-ex: 6 App Fee: \$20 Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$3,776				\$5,298		\$4,794				\$3,881
65	\$1,442				\$1,736		\$1,494				\$1,167
70	\$1,695				\$2,026		\$1,773				\$1,378
75	\$1,950				\$2,360		\$2,094				\$1,631
80	\$2,190				\$2,736		\$2,445				\$1,919
85	\$2,492				\$3,249		\$2,921				\$2,322

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

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	\$2,417				\$3,506		\$3,043				\$2,597
65	\$1,380				\$1,712		\$1,417				\$1,165
70	\$1,552				\$1,914		\$1,604				\$1,314
75	\$1,786				\$2,229		\$1,895				\$1,555
80	\$1,955				\$2,518		\$2,157				\$1,785
85	\$2,105				\$2,832		\$2,442				\$2,046

ASSURED LIFE ASSOCIATION

www.assuredlife.org

(877) 223-3666

Pre-ex: 0

App Fee: \$25

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,676	\$3,389	\$4,322	\$3,117	\$4,420		\$3,188				\$2,607
65	\$1,728	\$1,995	\$2,423	\$1,717	\$2,480		\$1,757				\$1,406
70	\$1,976	\$2,283	\$2,780	\$1,971	\$2,845		\$2,017				\$1,615
75	\$2,192	\$2,563	\$3,138	\$2,229	\$3,211		\$2,281				\$1,830
80	\$2,329	\$2,766	\$3,408	\$2,426	\$3,487		\$2,483				\$2,000
85	\$2,429	\$2,932	\$3,642	\$2,599	\$3,725		\$2,659				\$2,150

BANKERS FIDELITY ASSURANCE COMPANY

www.bflic.com

(866) 458-7504 (Ext. 876)

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,575						\$3,202				
65	\$1,312						\$1,328				
70	\$1,476						\$1,503				
75	\$1,698						\$1,776				
80	\$1,893						\$2,060				
85	\$2,082						\$2,383				

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

BANKERS FIDELITY LIFE INSURANCE COMPANY

www.bflif.com

(866) 458-7504 (Ext. 876)

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,112				\$2,855	\$900	\$2,596	\$1,464			\$2,807
65	\$1,428				\$1,613	\$488	\$1,423	\$804			\$1,110
70	\$1,572				\$1,804	\$569	\$1,685	\$948			\$1,253
75	\$1,776				\$2,101	\$672	\$2,009	\$1,128			\$1,483
80	\$1,920				\$2,416	\$783	\$2,259	\$1,284			\$1,733
85	\$2,040				\$2,776	\$912	\$2,434	\$1,392			\$2,028

BLUE CROSS/BLUE SHIELD OF ILLINOIS

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	\$1,956	\$3,264	\$3,804		\$3,924	\$1,272	\$3,552	\$1,992	\$2,844		\$2,736
65	\$900	\$1,392	\$1,740		\$1,764	\$576	\$1,608	\$912	\$1,296		\$1,248
70	\$1,092	\$1,764	\$2,232		\$2,340	\$756	\$2,136	\$1,200	\$1,704		\$1,644
75	\$1,356	\$2,244	\$2,796		\$2,940	\$960	\$2,688	\$1,488	\$2,124		\$2,040
80	\$1,572	\$2,664	\$3,156		\$3,264	\$1,056	\$2,976	\$1,668	\$2,352		\$2,268
85	\$1,776	\$2,988	\$3,468		\$3,576	\$1,164	\$3,228	\$1,812	\$2,580		\$2,484

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	\$4,482	\$4,476			\$6,389	\$1,125	\$4,792	\$2,032	\$3,768	\$4,625	\$4,071
65	\$1,774	\$1,761			\$2,272	\$399	\$1,579	\$638	\$1,340	\$1,604	\$1,111
70	\$2,169	\$2,145			\$2,753	\$484	\$1,946	\$775	\$1,603	\$1,991	\$1,437
75	\$2,641	\$2,595			\$3,341	\$587	\$2,398	\$973	\$1,956	\$2,466	\$1,843
80	\$3,082	\$3,031			\$3,985	\$701	\$2,894	\$1,197	\$2,347	\$2,951	\$2,288
85	\$3,506	\$3,466			\$4,687	\$825	\$3,441	\$1,436	\$2,762	\$3,445	\$2,789

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

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	\$2,332				\$3,475		\$2,765				\$2,810
65	\$1,495				\$1,723		\$1,373				\$1,472
70	\$1,767				\$2,034		\$1,619				\$1,746
75	\$1,957				\$2,463		\$1,962				\$1,982
80	\$2,073				\$2,793		\$2,224				\$2,167
85	\$2,154				\$2,460		\$2,460				\$2,329

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	\$2,113		\$4,019	\$3,469	\$4,099	\$1,141					
65	\$953		\$1,668	\$1,430	\$1,679	\$447					
70	\$1,107		\$2,194	\$1,904	\$2,239	\$548					
75	\$1,297		\$2,676	\$2,304	\$2,729	\$668					
80	\$1,544		\$3,071	\$2,636	\$3,132	\$821					
85	\$1,827		\$3,454	\$2,972	\$3,523	\$980					

CSI LIFE INSURANCE COMPANY

www.csi-omaha.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	\$2,758				\$4,075		\$3,237				\$2,526
65	\$1,201				\$1,774		\$1,327				\$1,100
70	\$1,231				\$1,819		\$1,360				\$1,127
75	\$1,431				\$2,114		\$1,581				\$1,311
80	\$1,660				\$2,451		\$1,833				\$1,520
85	\$1,915				\$2,828		\$2,114				\$1,752

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

EQUITABLE LIFE & CASUALTY

Pre-ex: 0

App Fee: \$20

www.EquiLife.com

(877) 358-4060

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,352				\$3,552		\$3,274				\$2,327
65	\$1,335				\$1,895		\$1,361				\$1,243
70	\$1,618				\$2,313		\$1,541				\$1,518
75	\$1,873				\$2,689		\$1,820				\$1,763
80	\$2,046				\$2,956		\$2,110				\$1,940
85	\$2,208				\$3,217		\$2,439				\$2,111

GERBER LIFE INSURANCE COMPANY

Pre-ex: 0

App Fee: \$25

(No URL provided)

(877) 778-0839

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,931				\$4,835		\$4,167				
65	\$1,835				\$2,629		\$2,216				
70	\$2,171				\$3,116		\$2,627				
75	\$2,407				\$3,516		\$2,971				
80	\$2,557				\$3,817		\$3,237				
85	\$2,665				\$4,077		\$3,469				

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

Pre-ex: 2

App Fee: \$0

www.globecaremedsupp.com

(800) 801-6831

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$1,518	\$2,421	\$2,892		\$2,915	\$772					
65	\$1,036	\$1,622	\$1,844		\$1,857	\$367					
70	\$1,408	\$2,079	\$2,306		\$2,319	\$489					
75	\$1,497	\$2,372	\$2,719		\$2,736	\$611					
80	\$1,518	\$2,421	\$2,892		\$2,915	\$772					
85	\$1,518	\$2,421	\$2,892		\$2,915	\$772					

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

(866) 242-7573

Pre-ex: 0

App Fee: \$25

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$3,063		\$4,774		\$4,886		\$2,736				\$2,383
65	\$1,915		\$2,595		\$2,658		\$1,461				\$1,241
70	\$2,096		\$2,855		\$2,924		\$1,608				\$1,368
75	\$2,349		\$3,252		\$3,331		\$1,835				\$1,566
80	\$2,569		\$3,635		\$3,722		\$2,056				\$1,761
85	\$2,731		\$3,955		\$4,050		\$2,243				\$1,929

HEALTH ALLIANCE MEDICAL PLANS

www.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	\$2,448		\$4,824		\$4,932						\$3,228
65	\$1,332		\$2,172		\$2,208						\$1,452
70	\$1,692		\$2,760		\$2,820						\$1,848
75	\$2,160		\$3,528		\$3,600						\$2,364
80	\$2,400		\$4,344		\$4,440						\$2,904
85	\$2,448		\$4,824		\$4,932						\$3,228

HUMANA INSURANCE COMPANY – HEALTHY LIVING

www.humana-medicare.com

(888) 310-8482

Important NOTE: This premium schedule is associated with Humana plans that include the Healthy Living Innovative Benefit as distinguished from the Humana plans that do not.

Pre-ex: 3

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$3,116				\$4,692	\$1,634		\$2,092			\$3,174
65	\$1,463				\$2,160	\$810		\$1,011			\$1,490
70	\$1,746				\$2,593	\$951		\$1,196			\$1,778
75	\$2,090				\$3,121	\$1,122		\$1,421			\$2,129
80	\$2,441				\$3,660	\$1,297		\$1,651			\$2,487
85	\$3,116				\$4,692	\$1,634		\$2,092			\$3,174

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

HUMANA INSURANCE COMPANY

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	\$3,008	\$3,601	\$4,609		\$4,703	\$1,340		\$1,940	\$2,758		\$2,927
65	\$1,327	\$1,589	\$2,034		\$2,075	\$592		\$856	\$1,217		\$1,292
70	\$1,615	\$1,934	\$2,475		\$2,525	\$720		\$1,042	\$1,481		\$1,571
75	\$1,965	\$2,352	\$3,011		\$3,072	\$876		\$1,268	\$1,802		\$1,912
80	\$2,322	\$2,780	\$3,558		\$3,631	\$1,035		\$1,498	\$2,129		\$2,260
85	\$3,008	\$3,601	\$4,609		\$4,703	\$1,340		\$1,940	\$2,758		\$2,927

INDIVIDUAL ASSURANCE COMPANY

IACLIFE.com

(844) 502-6780

Pre-ex: 0

App Fee: \$25

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,866				\$3,953		\$3,189				\$2,885
65	\$1,461				\$1,723		\$1,325				\$1,155
70	\$1,643				\$1,926		\$1,500				\$1,303
75	\$1,891				\$2,244		\$1,772				\$1,543
80	\$2,107				\$2,581		\$2,055				\$1,802
85	\$2,318				\$2,964		\$2,375				\$2,110

KSKJ LIFE, AMERICAN SLOVENIAN CATHOLIC UNION

www.kskjlife.com

(800) 321-0102

Pre-ex: 0

App Fee: \$25

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$3,233	\$3,933	\$4,501	\$3,047	\$4,529		\$2,590			\$2,743	\$2,008
65	\$1,674	\$2,037	\$2,314	\$1,578	\$2,411		\$1,341			\$1,420	\$1,069
70	\$1,992	\$2,424	\$2,761	\$1,877	\$2,832		\$1,596			\$1,689	\$1,255
75	\$2,365	\$2,876	\$3,322	\$2,228	\$3,391		\$1,894			\$2,005	\$1,502
80	\$2,687	\$3,269	\$3,776	\$2,532	\$3,829		\$2,154			\$2,279	\$1,698
85	\$2,922	\$3,553	\$4,114	\$2,753	\$4,147		\$2,341			\$2,478	\$1,838

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

LIBERTY NATIONAL LIFE INSURANCE COMPANY

www.libertynational.com

(800) 331-2512

Pre-ex: 2

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,349	\$3,538			\$4,512	\$1,111					\$3,665
65	\$1,802	\$2,514			\$2,831	\$485					\$2,174
70	\$2,210	\$3,148			\$3,582	\$645					\$2,816
75	\$2,349	\$3,463			\$4,075	\$873					\$3,250
80	\$2,349	\$3,538			\$4,512	\$1,111					\$3,665
85	\$2,349	\$3,538			\$4,512	\$1,111					\$3,665

MEDICO INSURANCE COMPANY

www.gomedico.com

(800) 228-6080

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,484				\$3,185		\$3,058				\$2,328
65	\$1,340				\$1,717		\$1,598				\$1,217
70	\$1,426				\$1,828		\$1,708				\$1,300
75	\$1,772				\$2,272		\$2,149				\$1,635
80	\$2,049				\$2,627		\$2,503				\$1,905
85	\$2,301				\$2,950		\$2,824				\$2,150

MUTUAL OF OMAHA INSURANCE COMPANY

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	\$2,111				\$3,059		\$2,393				
65	\$1,192				\$1,728		\$1,352				
70	\$1,353				\$1,962		\$1,535				
75	\$1,610				\$2,332		\$1,825				
80	\$1,894				\$2,745		\$2,147				
85	\$2,164				\$3,136		\$2,453				

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

OXFORD LIFE INSURANCE COMPANY

www.oxfordlife.com

(866) 641-9999

Pre-ex: 0

App Fee: \$15

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,594				\$4,730						\$3,401
65	\$1,553				\$1,788						\$1,245
70	\$1,846				\$2,113						\$1,482
75	\$2,187				\$2,503						\$1,784
80	\$2,393				\$2,896						\$2,099
85	\$2,495				\$3,317						\$2,478

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	\$2,508				\$3,766	\$1,490	\$3,149				
65	\$1,623				\$2,110	\$745	\$1,379				
70	\$1,916				\$2,499	\$981	\$1,815				
75	\$2,122				\$2,810	\$1,271	\$2,364				
80	\$2,245				\$3,035	\$1,456	\$2,721				
85	\$2,329				\$3,225	\$1,594	\$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	\$2,846			\$4,304	\$5,568	\$1,869	\$5,055				\$3,724
65	\$1,628			\$1,881	\$2,600	\$518	\$2,305				\$1,640
70	\$1,921			\$2,284	\$3,037	\$649	\$2,689				\$1,990
75	\$2,138			\$2,796	\$3,632	\$813	\$3,218				\$2,436
80	\$2,331			\$3,306	\$4,205	\$1,008	\$3,724				\$2,878
85	\$2,499			\$3,753	\$4,752	\$1,234	\$4,207				\$3,267

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

<https://www.reservenational.com/>

(800) 654-9106

Pre-ex: 6

App Fee: \$15

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,822		\$4,191		\$3,764	\$815	\$2,999				\$2,434
65	\$1,472		\$2,185		\$1,963	\$425	\$1,564				\$1,269
70	\$1,749		\$2,597		\$2,332	\$505	\$1,858				\$1,508
75	\$2,057		\$3,054		\$2,743	\$594	\$2,185				\$1,773
80	\$2,384		\$3,541		\$3,180	\$688	\$2,533				\$2,056
85	\$2,632		\$3,909		\$3,511	\$759	\$2,796				\$2,269

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	\$2,159	\$2,409	\$2,863	\$2,247	\$2,885		\$2,198				\$1,840
65	\$1,222	\$1,364	\$1,621	\$1,272	\$1,633		\$1,244				\$1,042
70	\$1,350	\$1,507	\$1,791	\$1,405	\$1,805		\$1,375				\$1,151
75	\$1,616	\$1,803	\$2,143	\$1,682	\$2,160		\$1,646				\$1,377
80	\$1,825	\$2,037	\$2,420	\$1,900	\$2,439		\$1,859				\$1,556
85	\$1,977	\$2,206	\$2,622	\$2,058	\$2,642		\$2,013				\$1,685

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

www.slaico.com

(888) 350-1488

Pre-ex: 0

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$6,321	\$7,197	\$8,183	\$4,931	\$6,729	\$978	\$4,968				\$3,245
65	\$3,147	\$3,583	\$4,073	\$2,454	\$3,350	\$487	\$2,473				\$1,615
70	\$3,640	\$4,145	\$4,712	\$2,839	\$4,306	\$563	\$2,861				\$1,869
75	\$4,184	\$4,764	\$5,416	\$3,264	\$4,454	\$648	\$3,288				\$2,148
80	\$5,025	\$5,721	\$6,504	\$3,919	\$5,349	\$778	\$3,949				\$2,580
85	\$6,321	\$7,197	\$8,183	\$4,931	\$6,729	\$978	\$4,968				\$3,245

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

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	\$2,348		\$3,542		\$3,577						
65	\$1,248		\$1,883		\$1,902						
70	\$1,573		\$2,373		\$2,396						
75	\$1,823		\$2,749		\$2,776						
80	\$2,047		\$3,088		\$3,119						
85	\$2,135		\$3,220		\$3,252						

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	\$3,617	\$4,680	\$4,870	\$4,555	\$4,808		\$4,078				\$3,366
65	\$1,889	\$2,447	\$2,685	\$2,382	\$2,714		\$2,133				\$1,900
70	\$2,365	\$3,059	\$3,345	\$2,979	\$3,305		\$2,667				\$2,313
75	\$2,762	\$3,575	\$3,846	\$3,479	\$3,798		\$3,118				\$2,658
80	\$3,042	\$3,940	\$4,160	\$3,834	\$4,110		\$3,432				\$2,877
85	\$3,245	\$4,202	\$4,417	\$4,089	\$4,362		\$3,660				\$3,053

THRIVENT FINANCIAL FOR LUTHERANS

www.thrivent.com

(800) 847-4836

Pre-ex: 0 App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$1,868	\$2,588	\$3,622	\$3,350	\$3,635	\$1,278	\$3,367		\$2,416	\$2,991	
65	\$1,218	\$1,364	\$1,613	\$1,388	\$1,621	\$483	\$1,397		\$995	\$1,312	
70	\$1,446	\$1,639	\$1,911	\$1,679	\$1,920	\$594	\$1,689		\$1,204	\$1,580	
75	\$1,663	\$1,933	\$2,269	\$2,030	\$2,281	\$734	\$2,040		\$1,456	\$1,899	
80	\$1,774	\$2,145	\$2,660	\$2,409	\$2,672	\$893	\$2,425		\$1,732	\$2,230	
85	\$1,813	\$2,281	\$3,036	\$2,776	\$3,047	\$1,059	\$2,791		\$1,998	\$2,535	

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

UNIFIED LIFE INSURANCE COMPANY OF AMERICA

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	\$2,610				\$3,803	\$1,324	\$3,177				\$2,770
65	\$1,330				\$1,652	\$516	\$1,317				\$1,107
70	\$1,496				\$1,848	\$602	\$1,491				\$1,249
75	\$1,721				\$2,153	\$711	\$1,762				\$1,479
80	\$1,919				\$2,479	\$830	\$2,044				\$1,729
85	\$2,110				\$2,849	\$966	\$2,364				\$2,024

UNITED AMERICAN INSURANCE COMPANY

www.unitedamerican.com

(800) 331-2512

Pre-ex: 2

App Fee: \$0

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$1,913	\$2,862	\$4,094	\$3,919	\$4,148	\$825	\$3,852	\$1,879	\$2,641		\$3,202
65	\$1,471	\$2,045	\$2,586	\$2,407	\$2,627	\$392	\$2,371	\$1,188	\$1,670		\$1,912
70	\$1,802	\$2,559	\$3,270	\$3,093	\$3,316	\$523	\$3,044	\$1,586	\$2,228		\$2,474
75	\$1,913	\$2,808	\$3,710	\$3,536	\$3,762	\$652	\$3,477	\$1,765	\$2,483		\$2,848
80	\$1,913	\$2,862	\$4,094	\$3,919	\$4,148	\$825	\$3,852	\$1,879	\$2,641		\$3,202
85	\$1,913	\$2,862	\$4,094	\$3,919	\$4,148	\$825	\$3,852	\$1,879	\$2,641		\$3,202

UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA

(No URL provided)

(800) 207-8050

Pre-ex: 0

App Fee: \$20

Crossover: yes

Age	A	B	C	D	F	FHD	G	K	L	M	N
64 & Under	\$2,349			\$2,977	\$4,147		\$3,228				\$2,713
65	\$1,505			\$1,706	\$2,456		\$1,848				\$1,479
70	\$1,679			\$1,927	\$2,745		\$2,086				\$1,668
75	\$1,933			\$2,277	\$3,208		\$2,465				\$1,960
80	\$2,074			\$2,534	\$3,545		\$2,741				\$2,220
85	\$2,166			\$2,751	\$3,829		\$2,974				\$2,452

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						\$2,099
65	\$1,222				\$1,593						\$1,175
70	\$1,428				\$1,863						\$1,373
75	\$1,707				\$2,228						\$1,642
80	\$1,979				\$2,581						\$1,901
85	\$2,183				\$2,850						\$2,099

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

AARP/UNITED HEALTHCARE INSURANCE COMPANY

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			\$3,280		\$3,298						
65			\$1,531		\$1,539						
70			\$1,859		\$1,869						
75			\$2,406		\$2,419						
80			\$2,406		\$2,419						
85			\$2,406		\$2,419						

BLUE CROSS/BLUE SHIELD OF ILLINOIS

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		\$2,592	\$2,856		\$3,096		\$2,772	\$1,692	\$2,316		\$2,172
65		\$1,176	\$1,560		\$1,656		\$1,500	\$900	\$1,260		\$1,188
70		\$1,440	\$1,920		\$2,124		\$1,920	\$1,152	\$1,608		\$1,476
75		\$1,764	\$2,268		\$2,484		\$2,232	\$1,356	\$1,884		\$1,728
80		\$2,064	\$2,436		\$2,604		\$2,364	\$1,428	\$1,980		\$1,824
85		\$2,352	\$2,616		\$2,820		\$2,532	\$1,536	\$2,124		\$1,980

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					\$3,186						
65					\$1,396						
70					\$1,838						
75					\$2,384						
80					\$2,730						
85					\$2,986						

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

Senior Health Insurance Program
(SHIP)
1-800-252-8966

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