





MEDICARE SUPPLEMENT PREMIUM *Comparison Guide*

Updated 10.4.22

CHICAGOAREA



Illinois Department on Aging



Because the best choice is an educated choice

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NOTICE REGARDING THE AFFORDABLE CARE ACT (ACA) MARKETPLACE PLANS

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

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

IL Department on Aging Senior Health Insurance Program (SHIP)	1-800-252-8966; 711 (TRS)	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

Important Phone Numbers

The rates in this Guide are provided by the insurance companies to the Illinois Department of Insurance, effective August 2022. Always check with the insurance company you choose to get an accurate price quote for your individual situation.

Part B

Part D

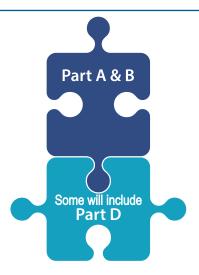
or

Secondary

THE PIECES OF MEDICARE



Medicare Advantage (also known as Part C)



Part A (Hospital Insurance) helps cover:

• Inpatient care in hospitals

MedSup or

Secondary

- Skilled nursing facility care following a hospital stay
- Hospice care
- Home health care

Part B (Medical Insurance) helps cover:

- · Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment)
- Many preventive services (like screenings, shots or vaccines, and yearly "Wellness" visits—you typically pay 20% of the Medicare approved amounts for most of these services.)

ADDITIONAL COVERAGE

Part D (Drug coverage): Helps cover the cost of prescription drugs (including many recommended shots or vaccines). Plans that offer Medicare drug coverage (Part D) are run by private insurance companies that follow rules set by Medicare.

Medicare Supplement Policy also known 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.

Medicare Advantage (also known as Part C): Medicare Advantage is a Medicareapproved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These "bundled" plans include Part A, Part B, and usually Part D and may include additional benefits such as vision, hearing and dental. In some cases, you'll need to use doctors who are in the plan's network. (Medicare Advantage plans will be discussed in more detail later in this guide.)

How to Use this Guide

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

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

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

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

The premiums listed in this Guide were approved and are on file with the Illinois Department of Insurance. These premiums were effective as of August 2022 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.

SHIP Counselors have access to real time quotes utilizing the Medigap Plan Finder within the SHIP Technical Assistance Center (SHIP TA Center). The tool is updated weekly with the latest plan information received directly from the plan via CSG Actuarial, and allows for customized searches based on gender, age, tobacco status and other criteria. It is made possible by grant funding from the U.S. Administration for Community Living (ACL) and is created and supported by CSG Actuarial in Omaha, Nebraska.

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, Medicare prescription drug plans, or want a real time quote, you may contact the Illinois Department on Aging, Senior Health Insurance Program (SHIP) at: 1-800-252-8966; 711 (TRS); or email SHIP at: <u>AGING.SHIP@illinois.gov</u>

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.

<u>30-Day Free Look</u>: 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.

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

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

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

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

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

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

NEW EFFECTIVE JANUARY 1, 2022

If an individual is at least 65 years of age, but no more than 75 years of age, and has an existing Medicare supplement policy the individual is entitled to a New Medicare Supplement Annual Open enrollment period. This New Medicare Supplement Annual Open Enrollment period begins on the individuals birthdate each year and lasts for 45 days. The individual may purchase any Medicare Supplement policy with the same company/issuer that offers benefits equal to or lesser than those provided by the previous coverage. During this open enrollment period, if an individual currently has a Medicare supplement policy then the policy cannot deny or place conditions on the individual holding the policy or effectiveness of Medicare supplemental coverage, nor discriminate in the pricing of coverage, because of health status, claims experience, receipt of health care, or a medical condition of the individual.

Info for Medicare Supplements effective on or after 2020

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

Information for Disabled Individuals on Medicare:

In Illinois, people under the age of 65 on Medicare *due to a disability* have the same Open Enrollment rights as people 65 and older. Additionally, when you turn 65 you will be eligible for another six (6) month Medicare supplement open enrollment period due to age. This will give you the



opportunity to purchase a Medigap policy based on the age of 65, which may reduce your monthly premium.

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

Please note 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 will be able to purchase a Medigap policy from Blue Cross/Blue Shield from October 15 to December 7.

Guaranteed Issue Policies from a Guaranteed Issue Company

For persons aged 65 or older and NOT in their Open Enrollment Period (see Page 5) or any Special Enrollment Periods (see pages 13 & 14) there is still an option to get a Supplemental plan. In Illinois, we have one Medicare Supplement insurer that offers policies to anyone over the age of 65 in ANY health condition, throughout the year at the same premium rate as anyone in the same policy class. That company is Blue Cross Blue Shield of Illinois. See the listing in the rate table for contact and rate information. Starting April 1, 2022, BC/BS released secure Medicare plans A, F, G, and N. These plans offer the same benefit as standard (Guaranteed Issue) plans but may lower rates if you can pass a series of health-related questions.

Medicare Supplement Benefits

This chart indicates the benefits included in each of the standardized Medicare Supplement plans. If a percentage appears, the Medigap plan covers that percentage of the benefit, and you're responsible for the rest.

2023 Me	dic	ar	e S	Sup	ppl	em	en	t P	Plan	S		
Benefits	Α	В	C	D	F	FHD	G	GHD	К	L	М	N
Medicare Part A coinsurance and inpatient hospital costs (up to an additional 365 days after Medicare benefits are used)		\checkmark	\checkmark	\checkmark	\checkmark	V	V		\checkmark	\checkmark		\checkmark
Medicare Part B coinsurance or copayment	\checkmark	**50%	**75%	\checkmark	√***							
Blood (first 3 pints, if charged)	\checkmark	**50%	**75%	\checkmark	\checkmark							
Part A hospice care coinsurance or copayment	\checkmark		\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	**50%	**75%	\checkmark	\checkmark
Skilled nursing facility care coinsurance			\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	**50%	**75%	\checkmark	\checkmark
Part A deductible		\checkmark	**50%	**75%	50%	\checkmark						
Part B deductible			\checkmark									
Part B excess charges					\checkmark	\checkmark	\checkmark					
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%	80%	80%			80%	80%
Plans C and F are only available to those eligible for Medicare prior to $01/01/20$.2023 Out-of-Pocket Limits\$6,94										\$3,470		

Plans F & G are also offered as a high-deductible plan by some insurance companies. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,700 in 2023 before your policy pays anything.

**For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible; the Medigap plan pays 100% of covered services for the rest of the calendar year.

*****Plan N** pays 100% of the Part B coinsurance, except for a **copayment** of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.

Reference for Plan F-HD and G-HD: <u>https://www.cms.gov/Medicare/Health-Plans/Medigap/FandJ.html</u> Reference for Plan K & L: <u>https://www.cms.gov/Medicare/Health-Plans/Medigap/KandL.html</u>



Your monthly premium will depend on plan selected, company purchased from, any discounts offered, etc.

Core Benefits for Plans K & L

Medigap Plan K %	6 plan pays	Medigap Plan L % plar	n pays
Medicare Part A Coinsurance Hospital Benefits: Days 61 –		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 Copayment	e or (50%)	Medicare Part B Coinsurance or Copayment	(75%)
Blood Deductible	(50%)	Blood Deductible	(75%)
Hospice Care Coinsurance o Copayment	r (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 **\$6,940** and Plan L is **\$3,470** in 2023). 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.

Core Benefits for Plans M and N

Medigap Plan M %	plan pays	Medigap Plan N %	olan pays
Medicare Part A Coinsurance an Hospital Benefits: Days 61 – 150		Medicare Part A Coinsurance and Benefits: Days 61 – 150	d Hospital (100%)
Medicare Part A Deductible	(50%)	Medicare Part A Deductible	(100%)
Medicare Part B Coinsurance or		Medicare Part B Coinsurance or Copayment: For Part B services <i>"Office Visits,"</i> Plan N will pay	
Copayment	(100%)	You pay up to \$20 for each servio defined as an "Office Visit" and \$ 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% \$250 deductible within first 60 days		Foreign Travel Emergency (80% \$250 deductible within first 60 days	

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

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

Medicare SELECT

Medicare SELECT is another type of Medicare supplement policy.

Medicare SELECT companies have the right to require you to use **specific** hospitals and doctors. This requirement does **not** apply in the case of an emergency. It is important to call the company to find out if they have a Medicare SELECT plan available in your area and that your preferred hospital is included <u>before</u> 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 33.

NOTICE REGARDING THE AFFORDABLE CARE ACT (ACA) MARKETPLACE PLANS

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

Medicare Supplement High-Deductible Option

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

The deductible for 2023 is \$2,700. This deductible is adjusted each year to reflect the change in the Consumer Price Index.

In addition to the **\$2,700** deductible for Plan F or G, there is also a separate \$250 per year deductible for the foreign travel emergency benefit.

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

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

Further Information Available

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

Explanation of Medicare Supplement Benefits

Part A Deductible (Found in Plans B through N)

• Pays the **\$1,600** (2023) Medicare Part A inpatient hospital deductible in each benefit period.

Skilled Nursing Coinsurance (Found in Plans C through N)

- Pays the **\$200**/day (2023) 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 **\$226** (2023) 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 <u>not</u> 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
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.	Medigap Plan A, B, C, F, FHD, K, or L from any insurance company if you were eligible for Medicare prior to 1/1/20. For those newly eligible for Medicare after 1/1/20, the Medigap Guarantee Plans are A, B, D, G, GHD, K or L. You only have this right if you switch to Original Medicare rather than join another Medicare Advantage Plan.	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. Medigap coverage can't start until your Medicare Advantage Plan coverage ends.
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. 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.	Medigap Plan A, B, C, F, FHD, K, or L from any insurance company if you were eligible for Medicare prior to 1/1/20. For those newly eligible for Medicare after 1/1/20, the Medigap Guarantee Plans are A, B, D, G, GHD, K or L. If you have COBRA coverage, you can either buy a Medigap policy right away or wait until the COBRA coverage ends.	 No later than 63 calendar days after the latest of these 3 dates: 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.
You have Original Medicare and a Medicare SELECT policy. You move out of the Medicare SELECT policy's service area. Call the Medicare SELECT insurer for more information about your options.	Medigap Plan A, B, C, F, FHD, K, or L from any insurance company if you were eligible for Medicare prior to 1/1/20. For those newly eligible for Medicare after 1/1/20, the Medigap Guarantee Plans are A, B, D, G, GHD, K or L.	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.
(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.	Any Medigap policy that's sold in Illinois by any insurance company, dependent on the year you become eligible for Medicare.	As early as 60 calendar days before the date your coverage will end, but no later than 63 calendar days after your coverage ends.

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, FHD, K, or L from any insurance company if you were eligible for Medicare prior to 1/1/20. For those newly eligible for Medicare after 1/1/20, the Medigap Guarantee Plans are A, B, D, G, GHD, K or L.	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, FHD, K, or L from any insurance company if you were eligible for Medicare prior to 1/1/20. For those newly eligible for Medicare after 1/1/20, the Medigap Guarantee Plans are A, B, D, G, GHD, K or L.	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, FHD, K, or L from any insurance company if you were eligible for Medicare prior to 1/1/20. For those newly eligible for Medicare after 1/1/20, the Medigap Guarantee Plans are A, B, D, G, GHD, K or L.	No later than 63 calendar days from the date your coverage ends.

Suspension of Coverage

Medicaid—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, your Medicare supplement policy must be reinstated without penalty and you will not have a pre-existing waiting period as long as you notify your insurer within 90 days of the date of your Medicaid ineligibility.

Under 65 with a EGHP (Employer Group Health Plan)—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 2022.

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.

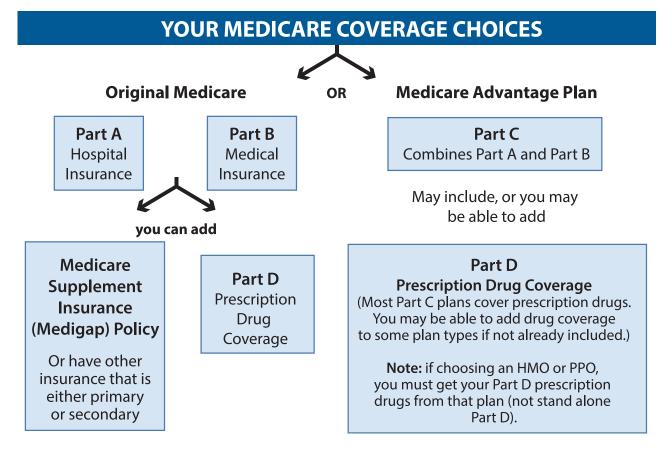
Premium Calculation Methods: Insurance companies use three (3) different methods of pricing policies based on age.

- <u>Attained Age</u>: 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.
- **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.
- <u>No Age (Community) Rating</u>: The premium for a specific policy is the same for everyone over the age of 65, regardless of their age.

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

ADDITIONAL OPTIONS FOR PEOPLE ON MEDICARE

CHICAGO AREA



Medicare Advantage (MA) plan, also known as **Part C of Medicare**, is an alternative to Original Medicare. These types of Medicare health plans must accept anyone who applies for coverage, As of January 1, 2021, Medicare Advantage Plans are required to cover people that have End Stage Renal Disease.

Five (5) types of Medicare Advantage plans are available to Illinois residents who have Medicare, depending on where they live. Medicare Advantage Plans cover Parts A & B of Medicare and may offer Part D prescription drug coverage as well. Please note that you do not lose or give up your Medicare coverage.

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

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

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

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

Medicare Cost Plan, is a type of Medicare health plan available in certain, limited areas of the country.

- In general, you can join even if you only have Part B.
- If you have Part A and Part B and go to a non-network provider, Original Medicare covers the services. You'll pay the Part A and Part B coinsurance and deductibles.
- You can join any time the Cost Plan is accepting new members.
- You can leave any time and return to Original Medicare.
- You can join a separate Medicare drug plan, or you can get drug coverage from the Cost Plan (if offered). Even if the Cost Plan offers drug coverage, you can choose to get drug coverage from a separate Medicare drug plan.

To inquire whether Medicare Advantage plans or Medicare Cost 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 wave average **Medicare 6** You Handback You may also call Medicare at any time at

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 <u>www.Medicare.gov</u>, Find Health and Drug Plans.

WHAT IS SHIP?

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



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



1-800-252-8966; 711 (TRS)

Website: <u>https://ilaging.illinois.gov/</u> E-mail: <u>AGING.SHIP@illinois.gov</u>

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

Standardized Medicare Supplement Plans Available - Annual Premium

AARP/UNITED	HEALTHCA	ANY		www.aarpmedicaresupplement.com/				(800) 523-5800					
Pre-ex: 3	App Fee	\$0	Innovat	tive Benefit	: No	Cross	Crossover: Yes Premiun			Calc Method: No Age (Community)			
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	Ν	
64 & Under	\$2,898	\$4,230	\$5,346		\$5,373		\$5 <i>,</i> 067		\$1,930	\$3,010		\$3,847	
65	\$1,179	\$1,720	\$2,174		\$2,185		\$1,680		\$785	\$1,224		\$1,565	
70	\$1,294	\$1 <i>,</i> 889	\$2,388		\$2,400		\$1 <i>,</i> 845		\$862	\$1,345		\$1,719	
75	\$1,584	\$2,312	\$2,922		\$2,937		\$2,258		\$1,055	\$1,646		\$2,103	
80	\$1,874	\$2,735	\$3,457		\$3,474		\$2,671		\$1,248	\$1,947		\$2,488	
85	\$1,932	\$2,820	\$3,564		\$3,582		\$2,754		\$1,287	\$2,007		\$2,565	

AARP/United Healthcare 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.

ACCENDO INS	URANCE CO	MPANY				aetnaseniorproducts.com					(800) 264-4000			
Pre-ex: 0	App Fee: \$25 Innovative Benefit: No					crossover: Yes			Premium Calc Method: Attained Age					
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	N		
64 & Under	\$4,156				\$5,439		\$4,437					\$3,323		
65	\$1,673				\$2,189		\$1,785					\$1,263		
70	\$1,775				\$2,323		\$1,894					\$1,415		
75	\$2 <i>,</i> 085				\$2,728		\$2,227					\$1,672		
80	\$2,458				\$3,217		\$2,623					\$1,965		
85	\$2,869				\$3,756		\$3,062					\$2,293		

AETNA HEALT	H INSURAN	CE COMPAI	NY			www.aetna	<u>aseniorprod</u>	rproducts.com (8)				00) 264-4000		
Pre-ex: 0	App Fee: \$20 Innovative Benefit: No					Crossover: Yes Pre			remium Calc Method: Attained Age					
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	N		
64 & Under	\$3,861	\$4 <i>,</i> 158			\$5,189		\$4,326	\$1,586				\$3,260		
65	\$1,554	\$1,675			\$2,088		\$1,742	\$639				\$1,240		
70	\$1,648	\$1 <i>,</i> 775			\$2,216		\$1,847	\$678				\$1,390		
75	\$1,938	\$2 <i>,</i> 088			\$2,604		\$2,171	\$797				\$1,641		
80	\$2,281	\$2 <i>,</i> 458			\$3,068		\$2,557	\$939				\$1,929		
85	\$2,665	\$2 <i>,</i> 872			\$3 <i>,</i> 582		\$2 <i>,</i> 987	\$1,097				\$2,251		

Contact a SHIP Counselor for a REAL TIME price comparison quote at aging.ship@illinois.gov or call 1-800-252-8966.

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

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

Standardized Medicare Supplement Plans Available - Annual Premium

AMERICAN B	ENEFIT LIFE	E INSURAI	NCE СОМР	ANY		www.lbig.o	<u>com/</u>	(800) 731-4300					
Pre-ex: 0	App Fee:	\$25	Innovat	ive Benefit	s: No	No Crossover: Yes			Premium Calc Method: Attained Age				
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	N	
64 & Under	\$3 <i>,</i> 449				\$6,573		\$5,930					\$4,961	
65	\$1,676				\$2,101		\$1,685					\$1,260	
70	\$1,724				\$2,191		\$1,733					\$1,376	
75	\$2,100				\$2,629		\$2,111					\$1,721	
80	\$2 <i>,</i> 556				\$3,173		\$2,569					\$2,148	
85	\$3,316				\$3,934		\$3,333					\$2,777	

AMERICO FIN	IANCIAL LII	FE & ANNU	JITY INSUR	ANCE CO	MPANY	www.amer	<u>ico.com</u>	(888) 220-7074					
Pre-ex: 0	App Fee:	\$0	Innovat	ive Benefit:	efit: No Crossover: Yes			Premium Calc Method: Attained Age					
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	N	
64 & Under	\$4,238		\$6,071	\$4,931	\$6,147	\$1,377	\$5 <i>,</i> 052					\$4,149	
65	\$2,361		\$2,406	\$1,861	\$3 <i>,</i> 002	\$641	\$2 <i>,</i> 353					\$1,861	
70	\$2,672		\$2,534	\$1,977	\$3 <i>,</i> 357	\$694	\$2,663					\$2,100	
75	\$3,131		\$2,993	\$2,374	\$3 <i>,</i> 909	\$829	\$3 <i>,</i> 145					\$2,485	
80	\$3,428		\$3,525	\$2,821	\$4,416	\$960	\$3 <i>,</i> 582					\$2,852	
85	\$3,691		\$4,267	\$3,439	\$4,966	\$1,101	\$4,054					\$3,268	

BANKERS FIDELITY ASSURANCE COMPANY

Pre-ex: 0	App Fee:	\$25	Innovative Benefit: No			Cross	Crossover: Yes			Premium Calc Method: Attained Age			
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	N	
64 & Under	\$5,350		\$7,404		\$5,010		\$6,653	\$1,389				\$3,300	
65	\$2,726		\$3,118		\$2,087		\$2,758	\$579				\$1,375	
70	\$3,067		\$3,519		\$2,275		\$3,123	\$630				\$1,499	
75	\$3,528		\$4,144		\$2,705		\$3,690	\$750				\$1,782	
80	\$3,933		\$4,793		\$3,223		\$4,280	\$893				\$2,123	
85	\$4,326		\$5,531		\$3,728		\$4,951	\$1,033				\$2,456	

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

(866) 458-7504

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

www.bankersfidelity.com

Standardized Medicare Supplement Plans Available - Annual Premium

BANKERS FID	ELITY LIFE	INSURAN	СЕ СОМРА	NY		www.bank	ersfidelity.c	<u>om</u>		(86	6) 458-750	4
Pre-ex: 0	App Fee:	\$25	Innova	tive Benefit	: No	Crosse	over: Yes	Pr	remium Cale	c Method: /	Attained Ag	ge
Age	А	В	С	D	F	FHD	G	GHD	K	L	М	N
64 & Under	\$4,202				\$5,648	\$878	\$5,568		\$1,919			\$4,114
65	\$2,795				\$3,200	\$472	\$3,049		\$1,039			\$1,953
70	\$3,141				\$3,579	\$550	\$3,619		\$1,226			\$2,203
75	\$3,530				\$4,168	\$649	\$4,309		\$1,478			\$2,608
80	\$3,816				\$4,794	\$757	\$4,833		\$1,666			\$3,047
85	\$3,977				\$5,507	\$881	\$5,270		\$1,798			\$3,566

BANKERS RES	SERVE LIFE	INSURAN	CE CO. OF	WISCONSI	Ν	wellcare.co	<u>om</u>			(83	3) 441-156	5
Pre-ex: 0	ex: 0 App Fee: \$25 Innovative Benefits: No					Cross	over: Yes	Pr	emium Cal	c Method:	Attained Ag	ge
Age	А	В	С	D	F	FHD	G	GHD	K	L	М	N
64 & Under	\$3,630				\$4,587		\$4,075					\$3,409
65	\$1,694				\$1,864		\$1,575					\$1,199
70	\$1,816				\$1,983		\$1,631					\$1,312
75	\$2,103				\$2,316		\$1,938					\$1,592
80	\$2,526				\$2,861		\$2,441					\$2,003
85	\$2,954				\$3,480		\$3,007					\$2,464

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

Pre-ex: 0 App Fee: \$0 Innovative Benefits: Yes Crossover: Yes Premium Calc Method: Attained Age А В С F FHD G GHD К Ν Age D L Μ \$3,684 \$5,925 \$5,788 \$2,908 \$4,085 \$4,216 64 & Under \$4,845 \$1,663 \$4,674 \$1,583 65 \$1,469 \$1,932 \$2,363 \$2,308 \$1,752 \$632 \$1,160 \$1,629 \$1,580 \$663 70 \$1,908 \$2,508 \$3,067 \$2,997 \$861 \$2,330 \$820 \$1,505 \$2,115 \$2,102 75 \$2,305 \$3,031 \$3,707 \$3,621 \$2,854 \$991 \$1,819 \$2,556 \$2,575 \$1,040 80 \$3,501 \$4,182 \$3,325 \$2,101 \$3,000 \$2,662 \$4,281 \$1,201 \$1,144 \$2,952 \$2,979 \$3,917 \$4,790 \$4,679 \$1,344 \$3,743 \$1,280 \$2,351 \$3,303 \$3,377 85

www.bcbsil.com

Plan G and Plan G HD have Innovative Benefit Options including vision, dental, fitness, and hearing.

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

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Plans highlighted in <u>BLUE</u> only available to those eligible for Medicare prior to 2020

(800) 646-3000

Standardized Medicare Supplement Plans Available - Annual Premium

CAPITOL LIFE	APITOL LIFE INSURANCE COMPANY					www.lbig.o	<u>com</u>			(80	0) 731-430	0
Pre-ex: 0	App Fee:	\$25	Innovat	ive Benefit	s: No	Cross	over: Yes	Pi	remium Cal	c Method: /	Attained Ag	ge
Age	A	В	С	D	F	FHD	G	GHD	К	L	М	Ν
64 & Under	\$4,210				\$7 <i>,</i> 640		\$6,705					\$4,944
65	\$1,756				\$2,297		\$1,774					\$1,299
70	\$1 <i>,</i> 847				\$2,395		\$1,865					\$1,481
75	\$2,251				\$2,876		\$2,274					\$1,863
80	\$2,743				\$3,475		\$2,771					\$2,353
85	\$3 <i>,</i> 460				\$4,313		\$3,600					\$3,014

CENTRAL STA	TES HEALT	H & LIFE C	O. OF OM/	AHA		www.cso.c	om			(86	6) 887-932	3
Pre-ex: 0	App Fee:	\$25	Innovat	ive Benefits	s: No	Cross	over: Yes	Pr	emium Cal	c Method:	Attained A	ge
Age	A B C D					FHD	G	GHD	К	L	М	N
64 & Under	\$5 <i>,</i> 055		\$6,209		\$5,259		\$5,923					\$4,415
65	\$1,838		\$2,265		\$1,918		\$1,857					\$1,337
70	\$1,983		\$2,304		\$1,952		\$2,003					\$1,439
75	\$2,368		\$2,707		\$2,292		\$2,392					\$1,722
80	\$2,876		\$3,306		\$2,800		\$2,953					\$2,140
85	\$3,444		\$4,084		\$3 <i>,</i> 459		\$3,716					\$2,724

CIGNA HEALT	H AND LIFE	INSURA	NCE COMP	ANY		www.cigna	.com/medic	care/suppl	<u>emental</u>	(86	6) 459-427	2
Pre-ex: 6	App Fee:	\$0	Innovat	ive Benefit	s: No	Cross	over: Yes	Р	remium Cal	c Method:	Attained A	ge
Age	А	В	С	D	F	FHD	G	GHD	К	L	Μ	Ν
64 & Under	\$4,817				\$6,275	\$1,289	\$4,535					\$3,722
65	\$2,486				\$3,076	\$632	\$2,232					\$1,769
70	\$2 <i>,</i> 689				\$3,327	\$684	\$2 <i>,</i> 437					\$1,901
75	\$3,134				\$3,878	\$797	\$2,848					\$2,211
80	\$3 <i>,</i> 589				\$4,542	\$933	\$3,291					\$2,637
85	\$3 <i>,</i> 875				\$5,048	\$1,037	\$3 <i>,</i> 605					\$2,921



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Standardized Medicare Supplement Plans Available - Annual Premium

COUNTRY LIF	E INSURAN	се сомі	PANY			www.cour	tryfinancial	.com		(86	6) 856-4760)
Pre-ex: 6	App Fee:	\$0	Innova	tive Benefits:	No	Cross	over: Yes	Pre	emium Cal	c Method:	Attained Ag	е
Age							G	GHD	K	L	Μ	N
64 & Under	\$2 <i>,</i> 795			\$4,349			\$4,531	\$1,452				
65	\$1,265			\$1,792			\$1,842	\$542				
70	\$1,482			\$2,385			\$2,444	\$716				
75	\$1,737			\$2,986			\$3,231	\$907				
80	\$2,058			\$3,514			\$3,808	\$1,110				
85	\$2,422			\$3,958			\$4,206	\$1,296				

ELIPS LIFE INS	SURANCE C	OMPANY				www.elips	ife.lumico.c	<u>om</u>		(85	5) 771-449	1
Pre-ex: 0	App Fee:	\$25	Innova	tive Benefit	: No	Cross	over: Yes	Pr	emium Cal	c Method:	Attained Ag	ge
Age	А	В	С	D	F	FHD	G	GHD	K	L	М	N
64 & Under	\$5,154				\$6,302		\$5,201	\$2,081				\$4,140
65	\$1,611				\$1,970		\$1,627	\$651				\$1,255
70	\$1,708				\$2,090		\$1,727	\$692				\$1,371
75	\$2,020				\$2,471		\$2,041	\$816				\$1,622
80	\$2,445				\$2,991		\$2,471	\$989				\$1,963
85	\$2,978				\$3,638		\$3 <i>,</i> 005	\$1,201				\$2,388

ERIE FAMILY I	IFE INSUR	ANCE CO	MPANY			www.eriei	nsurance.co	<u>m</u>		(80	0) 458-081	1
Pre-ex: 0					: No	Cross	over: Yes	Pi	remium Cal	c Method:	Attained A	ge
Age	А	В	C	D	F	FHD	G	GHD	К	L	М	N
64 & Under	\$4,743				\$6,555		\$4,419					\$3,858
65	\$2,163				\$2,680		\$1,897					\$1,703
70	\$2 <i>,</i> 362				\$2,979		\$1,987					\$1,775
75	\$2,770				\$3,440		\$2,334					\$2,115
80	\$3,169				\$4,032		\$2,709					\$2,465
85	\$3,581				\$4,696		\$3,150					\$2,834



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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

Chicago Area	- Zip Code	60639				Stand	lardized Me	edicare Sup	plement P	lans Availa	ble - Annu	al Premium
FEDERAL LIFE	INSURAN	СЕ СОМР	ANY			www.fede	rallife.com			(88	8) 747-376	0
Pre-ex: 0	App Fee:	\$25	Innovat	tive Benefit	: No	Cross	over: Yes	Pr	emium Cal	c Method: /	Attained Ag	ge
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	N
64 & Under	\$3,420				\$4,133		\$3,648	\$1,317				\$2,785
65	\$1,431				\$1,758		\$1,529	\$552				\$1,173
70	\$1,581				\$1,875		\$1,686	\$609				\$1,279
75	\$1,892				\$2,286		\$2,018	\$729				\$1,541
80	\$2,183				\$2,637		\$2,328	\$841				\$1,777
85	\$2,431				\$2,938		\$2,593	\$936				\$1,980
GLOBE LIFE A Pre-ex: 2	ND ACCID App Fee:			ive Benefit	:: No		ecaremedsu over: Yes		emium Cal	(80 c Method: /	0) 801-683 Attained A _{	
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	N
64 & Under	\$3,295				\$5,126		\$3,810	\$1,232				\$3,221
65	\$1,753				\$2,158		\$1,559	\$518				\$1,316
70	\$2,103				\$2,417		\$1,746	\$581				\$1,473
75	\$2,279				\$2,774		\$2,105	\$667				\$1,777
80	\$2,454				\$3,248		\$2,417	\$780				\$2,038
85	\$2,628				\$3,782		\$2,776	\$908				\$2,327
Rates quoted are	Male Preferred	during Open E	nrollment/Gua	ranteed Issue P	Periods. Other i	rates will apply	outside OE/GI d	and may be bas	ed on other fa	ctors.		
GPM HEALTH	AND LIFE	INSURAN	CE			www.gpm	<u>healthandlif</u>	e.com		(87	7) 844-103	6
Pre-ex: 0	App Fee:	\$25	Innovat	tive Benefit	: No	Cross	over: Yes	Pr	emium Cal	c Method: /	Attained A	ge
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	N
64 & Under	\$4,076				\$5,957		\$4,146					\$2,711
65	\$2,046				\$2,990		\$2,085					\$1,360
70	\$2,261				\$3,304		\$2,300					\$1,504
75	\$2,706				\$3,955		\$2,752					\$1,799
80	\$3,122				\$4,562		\$3,175					\$2,076
85	\$3,477				\$5,081		\$3,536					\$2,312



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

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

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Standardized Medicare Supplement Plans Available - Annual Premium

GREAT SOUTH	HERN LIFE I	INSURANC	CE COMPA	NY		www.amer	<u>ico.com</u>			(80	0) 220-707	4
Pre-ex: 0	App Fee:	\$25	Innova	tive Benefit	: No	Crosso	over: Yes	P	remium Cal	c Method:	Attained A	ge
Age	A B C D					FHD	G	GHD	К	L	М	N
64 & Under	\$4,683				\$5 <i>,</i> 867	\$1,193	\$5,145					\$4,230
65	\$2 <i>,</i> 049				\$2,240	\$525	\$1,954					\$1,461
70	\$2,167				\$2,359	\$568	\$1,954					\$1,548
75	\$2 <i>,</i> 533				\$2,787	\$678	\$2 <i>,</i> 345					\$1,862
80	\$3 <i>,</i> 038				\$3 <i>,</i> 383	\$825	\$2 <i>,</i> 923					\$2,337
85	\$3 <i>,</i> 549				\$4,126	\$953	\$3 <i>,</i> 590					\$2,903

GUARANTEE	TRUST LIFE	INSURAN	ICE COMP	ANY		www.gtlic.	<u>com</u>			(80	0) 338-745	2
Pre-ex: 0	App Fee:	\$25	Innovat	tive Benefit	: No	Cross	over: Yes	Pr	emium Cal	c Method: /	Attained A	ge
Age	А	В	C	D	F	FHD	G	GHD	К	L	М	N
64 & Under	\$3 <i>,</i> 745				\$5 <i>,</i> 587		\$4,493					\$3,505
65	\$2 <i>,</i> 343				\$2,970		\$2,389					\$1,863
70	\$2,581				\$3,269		\$2,629					\$2,050
75	\$2,929				\$3 <i>,</i> 885		\$3,125					\$2,437
80	\$3 <i>,</i> 398				\$4,860		\$3,909					\$3,049
85	\$3,678				\$5,471		\$4,400					\$3,432

HCSC INSURA	NCE SERVI	CES COM	PANY	www.bcbsil	.com/medic	<u>are/blue-c</u>	<u>ross-medica</u>	re-options	<u>/med-supp</u>	-options	(877) 213-	1821
Pre-ex: 0	App Fee:	\$0	Innova	tive Benefit	: No	Cross	over: Yes	Pi	remium Cal	c Method	Attained A	ge
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	N
64 & Under	\$3 <i>,</i> 339				\$4,559		\$4,193					\$3,529
65	\$1,465				\$2,004		\$1,730					\$1,437
70	\$1,715				\$2,288		\$2,028					\$1,691
75	\$2,095				\$2,838		\$2,545					\$2,133
80	\$2,374				\$3,294		\$2,984					\$2,511
85	\$2 <i>,</i> 671				\$3 <i>,</i> 686		\$3 <i>,</i> 358					\$2,826



Contact a SHIP Counselor for a REAL TIME price comparison quote at aging.ship@illinois.gov or call 1-800-252-8966.

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

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

Standardized Medicare Supplement Plans Available - Annual Premium

HEALTH ALLIA	ANCE MEDI	ICAL PLAN	S, INC.			www.healt	halliance.or	rg/supplem	<u>ent</u>	(88	8) 382-977	1; TTY: 711
Pre-ex: 6	App Fee:	\$0	Innovat	ive Benefit	: No	Cross	over: Yes	Pr	emium Cal	c Method:	Attained Ag	ge
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	N
64 & Under	\$3,060		\$5,064		\$5,112		\$4,464	\$1,596				\$3,852
65	\$1,188		\$1,968		\$1,980		\$1,716	\$624				\$1,464
70	\$1,656		\$2,748		\$2,772		\$2,424	\$876				\$2,076
75	\$2,076		\$3,432		\$3,468		\$3,024	\$1,080				\$2,592
80	\$2,436		\$4,008		\$4,056		\$3,552	\$1,272				\$3,036
85	\$2,772		\$4,584		\$4,620		\$4,044	\$1,440				\$3,468

HUMANA INS	URANCE CO	OMPANY				www.huma	ana-medica	<u>re.com</u>		(88)	8) 310-848	7
Pre-ex: 3	App Fee:	\$0	Innovat	tive Benefit	: Yes	Crosso	over: Yes	Pi	remium Calo	: Method: /	Attained A	ge
Age	A	В	С	D	F	FHD	G	GHD	К	L	М	N
64 & Under	\$4,232				\$7,158	\$2,143			\$2,829			\$4,957
65	\$1,969				\$3,262	\$1,048			\$1,350			\$2,290
70	\$2,356				\$3,929	\$1,235			\$1,603			\$2,746
75	\$2,827				\$4,741	\$1,464			\$1,911			\$3,302
80	\$3,308				\$5,571	\$1,696			\$2,226			\$3,869
85	\$4,232				\$7,158	\$2,143			\$2,829			\$4,957

Includes Dental and Vision Benefits

MEDICO COR	P LIFE INSU	JRANCE C	OMPANY			www.gome	<u>edico.com</u>			(80	0) 228-608	0
Pre-ex: 0	App Fee:	\$0	Innovat	tive Benefit	: No	Crosso	over: No	Pr	emium Cal	c Method: /	Attained A	ge
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	N
64 & Under	\$4,165				\$5,425	\$1,628	\$4,858	\$1,546				\$4,096
65	\$1,596				\$1,804	\$541	\$1,490	\$514				\$1,157
70	\$1,640				\$1,847	\$554	\$1,538	\$526				\$1,206
75	\$1,900				\$2,158	\$648	\$1,828	\$615				\$1,464
80	\$2,302				\$2,688	\$806	\$2 <i>,</i> 307	\$766				\$1,866
85	\$2,858				\$3,470	\$1,041	\$3,025	\$989				\$2,516

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Standardized Medicare Supplement Plans Available - Annual Premium

NASSAU LIFE	INSURANC	CE COMPA	NY OF KAN	ISAS		www.nfg.c	om			(80	0) 420-538	2
Pre-ex: 6	App Fee:	\$25	Innovat	tive Benefit	: No	Cross	over: Yes	Ρ	remium Cal	c Method: /	Attained Ag	ge
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	Ν
64 & Under	\$4,251				\$6 <i>,</i> 768		\$6 <i>,</i> 035					\$4,223
65	\$1,810				\$1,895		\$1,649					\$1,236
70	\$1,904				\$2 <i>,</i> 050		\$1,734					\$1,323
75	\$2,321				\$2,387		\$2,114					\$1,621
80	\$2,717				\$2,814		\$2,511					\$1,939
85	\$3,129				\$3 <i>,</i> 683		\$3,259					\$2,506

NATIONAL HE	EALTH INSU	RANCE CO	OMPANY			<u>natgenhea</u>	<u>lth.com</u>			(83	3) 976-262	8
Pre-ex: 0	App Fee: S	\$25	Innovat	tive Benefit	: No	Crosse	over: Yes	Pr	remium Cal	c Method: /	Attained Ag	ge
Age	А	В	С	D	F	FHD	G	GHD	K	L	М	N
64 & Under	\$4,352				\$5,428	\$1,727	\$4,533					\$3,717
65	\$1,868				\$2,330	\$743	\$1,948					\$1,598
70	\$1,986				\$2,477	\$790	\$2 <i>,</i> 070					\$1,698
75	\$2,303				\$2,871	\$914	\$2 <i>,</i> 399					\$1,967
80	\$2 <i>,</i> 668				\$3,329	\$1,060	\$2,781					\$2,281
85	\$3,077				\$3,838	\$1,222	\$3 <i>,</i> 205					\$2,630

OMAHA INSU	RANCE CO	MPANY				www.mutu	<u>ialofomaha.</u>	<u>com/states</u>		(80	0) 667-293	7
Pre-ex: 0	App Fee:	\$0	Innovat	tive Benefit	: No	Cross	over: Yes	Pre	emium Cal	c Method: /	Attained A	ge
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	N
64 & Under	\$4,098				\$5,110		\$4,244	\$1,484				\$3,269
65	\$1,632				\$2,035		\$1,672	\$618				\$1,193
70	\$1,723				\$2,148		\$1,767	\$689				\$1,340
75	\$2,014				\$2,512		\$2,079	\$815				\$1,602
80	\$2,417				\$3,014		\$2,512	\$950				\$1,945
85	\$2,792				\$3,482		\$2,910	\$1,079				\$2,239

Contact a SHIP Counselor for a REAL TIME price comparison quote at aging.ship@illinois.gov or call 1-800-252-8966.

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Chicago Area - Zip Code 60639 Standardized Medicare Supplement Plans Available - Annual Premium OXFORD LIFE INSURANCE COMPANY www.oxfordlife.com (866) 641-9999 Pre-ex: 0 App Fee: \$15 Innovative Benefit: No Crossover: Yes Premium Calc Method: Attained Age

_				_	_		-			-		
Age	A	В	C	D	F	FHD	G	GHD	K	L	M	N
64 & Under	\$4,627				\$11,873		\$4,438					\$7,105
65	\$2,769				\$4,489		\$1,716					\$2,601
70	\$3,293				\$5,304		\$1,849					\$3,097
75	\$3,902				\$6,283		\$2,160					\$3,726
80	\$4,267				\$7,269		\$2,548					\$4,385
85	\$4,450				\$8,327		\$3,076					\$5,176

PEKIN LIFE IN	SURANCE	COMPANY	,			www.pekir	<u>ninsurance.c</u>	<u>com</u>		(80	0) 322-016	0
Pre-ex: 0	App Fee:	\$0	Innovat	tive Benefit	: No	Cross	over: Yes	Р	remium Cal	c Method:	Attained A	ge
Age	Α	В	С	D	F	FHD	G	GHD	К	L	М	N
64 & Under	\$4,442				\$6,178		\$3,840					\$3,088
65	\$2 <i>,</i> 876				\$2,659		\$1,681					\$1,302
70	\$3 <i>,</i> 396				\$3,502		\$2,215					\$1,715
75	\$3 <i>,</i> 758				\$4,545		\$2,883					\$2,231
80	\$3 <i>,</i> 978				\$5,204		\$3,318					\$2,566
85	\$4,124				\$5 <i>,</i> 693		\$3,642					\$2,819

www.physiciansmutual.com (800) 228-9100 PHYSICIANS LIFE INSURANCE COMPANY Pre-ex: 0 App Fee: \$0 Innovative Benefit: Yes Crossover: Yes Premium Calc Method: Attained Age G А В С F FHD GHD К Age D L Μ Ν \$2,085 \$3,237 \$2,767 \$1,509 64 & Under \$1,547 65 \$2,085 \$2,309 \$732 \$1,974 \$714 \$780 70 \$2,085 \$2,491 \$800 \$2,130 75 \$2,085 \$2,888 \$996 \$2,469 \$972 80 \$2,085 \$1,241 \$2,692 \$1,211 \$3,150 85 \$2,085 \$3,237 \$1,547 \$2,767 \$1,509



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SBLI USA LIFE	INSURAN	СЕ СОМРА	ANY, INC.			www.pros	peritylife.co	<u>m</u>		(87	7) 990-722	5
Pre-ex: 0	App Fee:	\$25	Innovat	tive Benefit	:: No	Cross	over: Yes	Pr	emium Cal	c Method:	Attained Ag	ge
Age	A	В	С	D	F	FHD	G	GHD	K	L	М	N
64 & Under	\$3 <i>,</i> 510				\$5,066		\$4,958					\$3,700
65	\$1,501				\$1,683		\$1,516					\$1,116
70	\$1,505				\$1,865		\$1,520					\$1,230
75	\$1,683				\$2,148		\$1,700					\$1,441
80	\$2,216				\$2,740		\$2,238					\$1,839
85	\$2,860				\$3,367		\$2,889					\$2,319

STATE FARM	MUTUAL A	итомові	LE INSURA	NCE COM	PANY	www.state	<u>farm.com</u>			Contact L	ocal State F	arm Agent
Pre-ex: 0	App Fee:	\$0	Innovat	ive Benefit	: No	Cross	over: Yes	Pr	emium Cal	c Method:	Attained Ag	ge
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	N
64 & Under	\$2,278		\$4,831	\$4,536	\$4,882		\$4,541					\$3,725
65	\$1,212		\$2,569	\$1,696	\$2 <i>,</i> 597		\$1,699					\$1,314
70	\$1,528		\$3,240	\$2,243	\$3,272		\$2,247					\$1,727
75	\$1,771		\$3,751	\$2,705	\$3 <i>,</i> 789		\$2,711					\$2,086
80	\$1,988		\$4,215	\$3,126	\$4,257		\$3,131					\$2,434
85	\$2,072		\$4,394	\$3,500	\$4,439		\$3,507					\$2,766

https://pltnm.com/ (877) 822-0582 STATE MUTUAL INSURANCE COMPANY Crossover: Yes Premium Calc Method: Attained Age Pre-ex: 0 App Fee: \$25 Innovative Benefit: No F Age А В С D FHD G GHD К L Μ Ν 64 & Under \$4,023 \$4,561 \$5,013 \$4,129 \$5,116 \$1,481 \$4,184 \$3,492 \$3,200 65 \$1,563 \$1,770 \$1,947 \$1,603 \$1,987 \$575 \$1,625 \$1,357 \$1,244 70 \$1,709 \$1,936 \$2,127 \$1,753 \$2,169 \$628 \$1,776 \$1,483 \$1,358 75 \$1,980 \$2,245 \$2,467 \$2,033 \$2,517 \$2,058 \$1,718 \$1,573 \$728 80 \$2,600 \$2,858 \$2,355 \$2,917 \$844 \$2,385 \$1,992 \$1,825 \$2,294 \$979 \$2,766 85 \$2,660 \$3,015 \$3,314 \$2,731 \$3,382 \$2,310 \$2,115

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Standardized Medicare Supplement Plans Available - Annual Premium

THE AMERICA	AN HOME L	IFE INSUR	ANCE COI	MPANY		amhlifeco.	<u>com/</u>			(83	3) 504-033	4
Pre-ex: 0	App Fee:	\$25	Innova	tive Benefit	:: No	Cross	over: Yes	Pi	emium Cal	c Method: /	Attained Ag	ge
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	Ν
64 & Under	\$3,945				\$5 <i>,</i> 067		\$4,339					\$3,564
65	\$1,676				\$1,955		\$1,684					\$1,199
70	\$1,706				\$2,048		\$1,715					\$1,370
75	\$2,106				\$2,533		\$2,117					\$1,706
80	\$2,637				\$3,145		\$2,650					\$2,114
85	\$3,291				\$3,899		\$3,308					\$2,666

THE ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA www.uct.org

(800) 848-0123

Pre-ex: 0	App Fee: \$0		Innovat	ive Benefit	No	Cross	over: Yes	Р	remium Cal	c Method:	Attained A	ge
Age	А	В	С	D	F	FHD	G	GHD	K	L	М	N
64 & Under	\$5,776	\$7 <i>,</i> 473	\$7,922	\$7,274	\$7 <i>,</i> 822		\$6,513					\$5,375
65	\$3,017	\$3 <i>,</i> 908	\$4 <i>,</i> 368	\$3,804	\$4,415		\$3 <i>,</i> 407					\$3,034
70	\$3,776	\$4 <i>,</i> 885	\$5,441	\$4,756	\$5 <i>,</i> 376		\$4,259					\$3,694
75	\$4,410	\$5 <i>,</i> 709	\$6,256	\$5,556	\$6,178		\$4,978					\$4,245
80	\$4,858	\$6,291	\$6,767	\$6,122	\$6 <i>,</i> 686		\$5 <i>,</i> 481					\$4,594
85	\$5,182	\$6,711	\$7,185	\$6,530	\$7 <i>,</i> 095		\$5 <i>,</i> 845					\$4,875

UNION SECURITY INSURANCE COMPANY

		<u>www.usicc</u>	arcs.com/ ur	nonsecuri	<u>Ly</u>	(033) 332 0027						
Pre-ex: 0) App Fee: \$25		Innovative Benefit: No			Cross	over: Yes	Premium Calc Method: Attained Age				
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	N
64 & Under	\$4,333				\$6,174		\$5,061					\$3,914
65	\$1,986				\$2,423		\$1,890					\$1,354
70	\$2,096				\$2,546		\$2,004					\$1,514
75	\$2,457				\$3,017		\$2,414					\$1,891
80	\$2,864				\$3,624		\$2,926					\$2,213
85	\$3,267				\$4,317		\$3,511					\$2,686



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(833) 552-0827

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

www.usiccares.com/unionsecurity

Standardized Medicare Supplement Plans Available - Annual Premium

						0.00110			p				
	RICAN INSU	RANCE COI	MPANY			www.unite	damerican	.com		(80	0) 755-213	7	
Pre-ex: 2	App Fee	: \$0	Innovat	tive Benefit	: No	Crossover: Yes Pr			emium Calc Method: Attained Age				
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	N	
64 & Under	\$2,494	\$3,163	\$5,190	\$5 <i>,</i> 016	\$5,949	\$912	\$4,283	\$912	\$2,201	\$3 <i>,</i> 094		\$4,260	
65	\$1,918	\$2,261	\$3,278	\$3 <i>,</i> 082	\$3,766	\$433	\$2,635	\$433	\$1,392	\$1,957		\$2,542	
70	\$2,349	\$2,828	\$4,145	\$3,959	\$4,754	\$578	\$3,384	\$578	\$1,858	\$2,611		\$3,291	
75	\$2,494	\$3,104	\$4,703	\$4,527	\$5,395	\$721	\$3,865	\$721	\$2,068	\$2,909		\$3,788	
80	\$2,494	\$3,163	\$5,190	\$5,016	\$5,949	\$912	\$4,283	\$912	\$2,201	\$3,094		\$4,260	
85	\$2,494	\$3,163	\$5,190	\$5 <i>,</i> 016	\$5 <i>,</i> 949	\$912	\$4,283	\$912	\$2,201	\$3 <i>,</i> 094		\$4,260	
UNITED INSUF	RANCE COM	IPANY OF A	MERICA			www.kemp	<u>per.com</u>			(80	0) 654-910	6	
Pre-ex: 0	App Fee: \$15 Innovative Benef				: No	Cross	over: Yes	Pr	Premium Calc Method: Attained Age				
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	N	
64 & Under	\$3,732			\$3,855	\$4,862		\$3,894	\$1,508				\$3,222	
65	\$1,631			\$1,685	\$2,125		\$1,702	\$659				\$1,409	
70	\$1,782			\$1,841	\$2,322		\$1,860	\$720				\$1,539	
75	\$2,060			\$2,128	\$2,684		\$2,150	\$832				\$1,779	
80	\$2,334			\$2,411	\$3,041		\$2,435	\$942				\$2,015	
85	\$2,641			\$2,728	\$3,441		\$2,755	\$1,067				\$2,281	
JNITED STAT	ES FIRE INS	SURANCE O	OMPANY			www.mycfi	<u>medigap.co</u>	<u>m</u>		(86)	6) 926-323	7	
Pre-ex: 0	App Fee:	\$25	Innovat	tive Benefit	: No	Cross	over: Yes	Pr	emium Cal	c Method: /	Attained Ag	3e	
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	N	
64 & Under	\$3,880	\$4,751			\$5,715		\$3,863	\$1,476	\$1,914	\$2,411		\$3,067	
65	\$1,599	\$1,846			\$1,919		\$1,593	\$575	\$766	\$966		\$1,193	
70	\$1,649	\$2,020			\$2,108		\$1,640	\$627	\$813	\$1,024		\$1,303	
75	\$1,910	\$2,339			\$2,503		\$1,902	\$727	\$943	\$1,187		\$1,509	

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\$2,712

\$3,142

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\$1,376

\$1,595

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

\$2,215

\$2,566

80

85

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

\$2,205

\$2,555

\$842

\$977

\$1,092

\$1,265

Crossover: Yes = claims sent electronically; no paper filing

\$1,750

\$2,028

\$2,973

\$3,531

Standardized Medicare Supplement Plans Available - Annual Premium

UNITEDHEAT	HCARE INSU	URANCE C	OMPANY	OF AMERI	СА	www.aarp	medicaresur	oplement.	<u>com/</u>	(888) 708-3258			
Pre-ex: 6	ex: 6 App Fee: \$0 Innovative Benefit: No				: No	Crossover: Yes		Premium Calc Method: No Age (Community					
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	Ν	
64 & Under	\$4,326				\$5,627		\$5,350					\$5,085	
65	\$1,566				\$2,149		\$1,635					\$1,216	
70	\$1,736				\$2,384		\$1,813					\$1,349	
75	\$2,021				\$2,775		\$2,110					\$1,570	
80	\$2,334				\$3,204		\$2,437					\$1,813	
85	\$2,761				\$3,791		\$2,883					\$2,144	

USAA LIFE INS	SURANCE C	OMPANY			www.usaa.com					(800) 531-8722					
Pre-ex: 0	App Fee:	\$0	Innovat	tive Benefit	: No	Cross	over: Yes	Pr	Premium Calc Method: Attained Age						
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	N			
64 & Under	\$2,530				\$3 <i>,</i> 935		\$3,886					\$2,844			
65	\$1,418				\$2,205		\$1,846					\$1,595			
70	\$1,652				\$2,581		\$2,003					\$1,867			
75	\$1,975				\$3 <i>,</i> 078		\$2,413					\$2,224			
80	\$2,291				\$3,568		\$3 <i>,</i> 005					\$2,583			
85	\$2,530				\$3,935		\$3,886					\$2,844			

WASHINGTON		L INSURA		PANY		www.bank	erslife.com/	/products/	(800) 852-6285				
Pre-ex: 0	e-ex: 0 App Fee: \$0 Innovative Benefit: No					Crossover: Yes		Premium Calc Method: Attained Age					
Age	А	В	С	D	F	FHD	G	GHD	К	L	М	Ν	
64 & Under	\$6,942				\$7,113		\$6,456	\$1,375				\$4,628	
65	\$1,881				\$2,529		\$1,750	\$489				\$1,254	
70	\$2,432				\$3,065		\$2,262	\$592				\$1,622	
75	\$3,117				\$3,719		\$2,899	\$718				\$2,078	
80	\$3,902				\$4,437		\$3,629	\$857				\$2,601	
85	\$4,756				\$5,219		\$4,424	\$1,008				\$3,171	



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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

WISCONSIN F	WISCONSIN PHYSICIANS SERVICE INSURANCE CORP.							https://wpshealth.com/medsupp/index.shtml (800) 236-1448						
Pre-ex: 6	App Fee	: \$0	Innovat	tive Benefit	: No	Cross	over: Yes	Premium Calc Method: Attained Age						
Age	А	В	С	D	F	FHD	G	GHD	K	L	М	Ν		
64 & Under	\$2,699		\$3,761		\$3,768		\$3,256		\$1,963	\$2,569		\$2,817		
65	\$1,366		\$1,904		\$1,907		\$1,648		\$993	\$1,300		\$1,426		
70	\$1,638		\$2,283		\$2,287		\$1,977		\$1,191	\$1,560		\$1,710		
75	\$1,934		\$2,696		\$2,700		\$2,334		\$1,407	\$1,841		\$2,019		
80	\$2,230		\$3,109		\$3,114		\$2,691		\$1,622	\$2,123		\$2,328		
85	\$2,699		\$3,761		\$3,768		\$3,256		\$1,963	\$2,569		\$2,817		



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

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

AARP/UNITED	HEALTHC	ARE INSU	RANCE COM	PANY		www.aarpi	<u>medicaresup</u>	plement.c	om	(800) 523-5800				
Pre-ex: 3	App Fee: \$0		Innovative Benefit: No			Cross	over: Yes	Premium Calc Method: No Age (Community)						
Age	А	В	C	D	F	FHD	G	GHD	К	L	М	N		
64 & Under			\$4,311		\$4,329		\$4,189					\$3,802		
65			\$1,753		\$1,760		\$1,345					\$1,254		
70			\$1,926		\$1,934		\$1,477					\$1,377		
75			\$2,357		\$2,367		\$1,808					\$1,685		
80			\$2,788		\$2,799		\$2,139					\$1,993		
85			\$2,874		\$2,886		\$2,205					\$2,055		

AARP/United Healthcare 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.

BLUE CROSS BLUE SHIELD OF ILLINOIS/HEALTH CARE SERVICE CORP www.bcbsil

(877) 213-1821

Pre-ex: 0	App Fee: \$0		Innovat	Innovative Benefit: Yes			over: Yes	Premium Calc Method: Attained Age					
Age	А	В	С	D	F	FHD	G	GHD	K	L	Μ	N	
64 & Under		\$4,312	\$5,273		\$5,151		\$4,160		\$2,748	\$3,748		\$3,753	
65		\$1,719	\$2,103		\$2,054		\$1,559		\$1,096	\$1,495		\$1,407	
70		\$2,232	\$2,730		\$2,667		\$2,074		\$1,423	\$1,940		\$1,871	
75		\$2,698	\$3,299		\$3,223		\$2,540		\$1,719	\$2 <i>,</i> 345		\$2,292	
80		\$3,116	\$3,810		\$3,722		\$2,959		\$1,985	\$2,708		\$2,670	
85		\$3,486	\$4,263		\$4,165		\$3,331		\$2,222	\$3,030		\$3,005	

Plan G Select has an option with innovative benefits that include dental, vision, fitness, and hearing.

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

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



State of Illinois Department on Aging One Resources Way, #100 Springfield, Illinois 62702-1271 <u>ilaging.illinois.gov</u>

CHICAGO AREA

SENIOR HEALTH INSURANCE PROGRAM (SHIP) 1-800-252-8966

AGING.SHIP@illinois.gov

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