## **2015 MEDICARE SUPPLEMENT RENEWAL RATES**

ILLINOIS Metro (Cook, DuPage, Kane, Lake, McHenry, and Will County residents only)
FOR AGENT USE ONLY

These rates apply only to renewals, and are not available for policies with effective dates on or after 1/1/15. If you are unsure if this applies to you, contact Customer Service at 877-586-7756.

		Monthly	Premium
METRO	Age Band	Standard	Med-Select*
	U65	\$160.00	N/A
	65-66	\$73.00	N/A
	67-69	\$88.00	N/A
A	70-74	\$103.00	N/A
$\mathbf{\Lambda}$	75-79	\$124.00	N/A
	80-84	\$143.00	N/A
	85+	\$160.00	N/A
	U65	\$271.00	\$211.00
	65-66	\$120.00	\$102.00
	67-69	\$140.00	\$119.00
В	70-74	\$168.00	\$142.00
	75-79	\$209.00	\$164.00
	80-84	\$243.00	\$189.00
	85+	\$271.00	\$211.00
	U65	\$304.00	\$228.00
	65-66	\$150.00	\$128.00
	67-69	\$169.00	\$151.00
	70-74	\$209.00	\$174.00
	75-79	\$247.00	\$195.00
	80-84	\$273.00	\$204.00
	85+	\$304.00	\$228.00
	U65	\$292.00	\$234.00
	65-66	\$127.00	\$112.00
	67-69	\$148.00	\$129.00
	70-74	\$181.00	\$151.00
	75-79	\$222.00	\$183.00
	80-84	\$261.00	\$210.00
	85+	\$292.00	\$234.00
	U65	\$299.00	\$246.00
	65-66	\$130.00	\$116.00
	67-69	\$156.00	\$132.00
Ŀ	70-74	\$186.00	\$162.00
_	75-79	\$229.00	\$187.00
F	80-84	\$269.00	\$220.00
	85+	\$299.00	\$246.00
	U65	\$314.00	\$249.00
	65-66	\$151.00	\$135.00
	67-69	\$177.00	\$165.00
	70-74	\$221.00	\$192.00
	75-79	\$262.00	\$217.00
	80-84	\$282.00	\$223.00
	85+	\$314.00	\$249.00

		Monthly Premium	
METRO	Age Band	Standard	Med-Select*
high	U65	\$103.00	N/A
	65-66	\$49.00	N/A
	67-69	\$57.00	N/A
	70-74	\$70.00	N/A
F	75-79	\$85.00	N/A
-	80-84	\$91.00	N/A
	85+	\$103.00	N/A
	U65	\$283.00	\$223.00
	65-66	\$135.00	\$124.00
	67-69	\$159.00	\$150.00
G	70-74	\$200.00	\$172.00
U	75-79	\$237.00	\$194.00
	80-84	\$255.00	\$200.00
	85+	\$283.00	\$223.00
K	U65	\$160.00	\$141.00
	65-66	\$76.00	\$72.00
	67-69	\$90.00	\$91.00
	70-74	\$112.00	\$106.00
	75-79	\$134.00	\$120.00
	80-84	\$143.00	\$124.00
	85+	\$160.00	\$141.00
	U65	\$229.00	\$190.00
	65-66	\$109.00	\$104.00
L	67-69	\$127.00	\$126.00
	70-74	\$159.00	\$146.00
	75-79	\$188.00	\$164.00
	80-84	\$204.00	\$170.00
	85+	\$229.00	\$190.00
N	U65	\$220.00	\$176.00
	65-66	\$105.00	\$96.00
	67-69	\$124.00	\$117.00
	70-74	\$155.00	\$133.00
	75-79	\$183.00	\$152.00
	80-84	\$199.00	\$156.00
	85+	\$220.00	\$176.00

<sup>\*</sup>Med-Select plans require that your client use a Blue Cross and Blue Shield of Illinois participating Med-Select hospital to receive coverage for the Medicare Part A deductible, except in cases of emergency admission.

**Note:** Applicants under 65 eligible for Medicare Supplement by reason of disability receive the 85+ rate.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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## **2015 MEDICARE SUPPLEMENT RENEWAL RATES**

ILLINOIS State (For residents outside Cook, DuPage, Kane, Lake, McHenry, and Will County only)
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		Monthly	Premium
STATE	Age Band	Standard	Med-Select*
	U65	\$148.00	N/A
	65-66	\$72.00	N/A
_	67-69	\$80.00	N/A
A	70-74	\$95.00	N/A
	75-79	\$113.00	N/A
	80-84	\$132.00	N/A
	85+	\$148.00	N/A
	U65	\$244.00	\$194.00
	65-66	\$110.00	\$94.00
	67-69	\$124.00	\$104.00
B	70-74	\$154.00	\$126.00
	75-79	\$186.00	\$146.00
	80-84	\$219.00	\$175.00
	85+	\$244.00	\$194.00
	U65	\$286.00	\$215.00
	65-66	\$138.00	\$124.00
	67-69	\$161.00	\$142.00
	70-74	\$193.00	\$162.00
	75-79	\$233.00	\$185.00
	80-84	\$256.00	\$194.00
	85+	\$286.00	\$215.00
	U65	\$271.00	\$223.00
	65-66	\$119.00	\$104.00
	67-69	\$136.00	\$122.00
	70-74	\$170.00	\$146.00
	75-79	\$208.00	\$167.00
	80-84	\$243.00	\$199.00
	85+	\$271.00	\$223.00
	U65	\$281.00	\$230.00
	65-66	\$125.00	\$108.00
	67-69	\$144.00	\$126.00
E	70-74	\$176.00	\$152.00
	75-79	\$218.00	\$176.00
	80-84	\$250.00	\$207.00
	85+	\$281.00	\$230.00
F	U65	\$295.00	\$233.00
	65-66	\$140.00	\$132.00
	67-69	\$168.00	\$156.00
	70-74	\$205.00	\$180.00
	75-79	\$244.00	\$200.00
	80-84	\$264.00	\$209.00
	85+	\$295.00	\$233.00

		Monthly Premium	
STATE	Age Band	Standard	Med-Select*
	U65	\$96.00	N/A
1.21.	65-66	\$46.00	N/A
high	67-69	\$55.00	N/A
	70-74	\$67.00	N/A
F	75-79	\$80.00	N/A
•	80-84	\$86.00	N/A
	85+	\$96.00	N/A
	U65	\$265.00	\$210.00
	65-66	\$127.00	\$120.00
	67-69	\$152.00	\$139.00
G	70-74	\$183.00	\$164.00
•	75-79	\$221.00	\$180.00
	80-84	\$238.00	\$189.00
	85+	\$265.00	\$210.00
	U65	\$150.00	\$128.00
	65-66	\$73.00	\$72.00
1/	67-69	\$86.00	\$84.00
K	70-74	\$106.00	\$98.00
	75-79	\$124.00	\$111.00
	80-84	\$135.00	\$114.00
	85+	\$150.00	\$128.00
	U65	\$214.00	\$176.00
	65-66	\$104.00	\$101.00
	67-69	\$122.00	\$118.00
	70-74	\$149.00	\$137.00
	75-79	\$176.00	\$152.00
	80-84	\$190.00	\$158.00
	85+	\$214.00	\$176.00
	U65	\$207.00	\$164.00
	65-66	\$100.00	\$95.00
	67-69	\$118.00	\$107.00
N	70-74	\$143.00	\$127.00
• •	75-79	\$171.00	\$140.00
	80-84	\$184.00	\$146.00
	85+	\$207.00	\$164.00

<sup>\*</sup>Med-Select plans require that your client use a Blue Cross and Blue Shield of Illinois participating Med-Select hospital to receive coverage for the Medicare Part A deductible, except in cases of emergency admission.

**Note:** Applicants under 65 eligible for Medicare Supplement by reason of disability receive the 85+ rate.