



Blue Cross BlueShield of Illinois  
Experience. Wellness. Everywhere.™

## 2010 MEDICARE SUPPLEMENT RATES

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

Plan	Age Band	Monthly Premium	
		Standard	Med-Select*
<b>A</b>	65 – 66	\$69.00	—
	67 – 69	\$83.00	—
	70 – 74	\$97.00	—
	75 – 79	\$117.00	—
	80 – 84	\$135.00	—
	85+	\$139.00	—
<b>B</b>	65 – 66	\$113.00	\$93.00
	67 – 69	\$132.00	\$107.00
	70 – 74	\$160.00	\$129.00
	75 – 79	\$197.00	\$150.00
	80 – 84	\$230.00	\$172.00
	85+	\$236.00	\$177.00
<b>C</b>	65 – 66	\$142.00	\$117.00
	67 – 69	\$161.00	\$137.00
	70 – 74	\$197.00	\$159.00
	75 – 79	\$233.00	\$178.00
	80 – 84	\$258.00	\$186.00
	85+	\$266.00	\$191.00
<b>F</b>	65 – 66	\$143.00	\$124.00
	67 – 69	\$167.00	\$151.00
	70 – 74	\$209.00	\$175.00
	75 – 79	\$248.00	\$197.00
	80 – 84	\$267.00	\$203.00
	85+	\$275.00	\$209.00
High Deductible <b>F</b>	65 – 66	\$47.00	—
	67 – 69	\$54.00	—
	70 – 74	\$67.00	—
	75 – 79	\$79.00	—
	80 – 84	\$86.00	—
	85+	\$89.00	—

Plan	Age Band	Monthly Premium	
		Standard	Med-Select*
<b>G</b>	65 – 66	\$129.00	\$112.00
	67 – 69	\$150.00	\$136.00
	70 – 74	\$188.00	\$157.00
	75 – 79	\$223.00	\$177.00
	80 – 84	\$240.00	\$182.00
	85+	\$248.00	\$188.00
<b>K</b>	65 – 66	\$72.00	\$67.00
	67 – 69	\$85.00	\$83.00
	70 – 74	\$106.00	\$97.00
	75 – 79	\$127.00	\$108.00
	80 – 84	\$135.00	\$113.00
	85+	\$139.00	\$117.00
<b>L</b>	65 – 66	\$104.00	\$95.00
	67 – 69	\$121.00	\$115.00
	70 – 74	\$150.00	\$133.00
	75 – 79	\$179.00	\$150.00
	80 – 84	\$193.00	\$155.00
	85+	\$199.00	\$160.00
<b>N</b>	65 – 66	\$100.00	\$87.00
	67 – 69	\$117.00	\$106.00
	70 – 74	\$146.00	\$122.00
	75 – 79	\$174.00	\$138.00
	80 – 84	\$187.00	\$142.00
	85+	\$193.00	\$147.00

Rates are effective through 12/31/10. This rate table is also included in the Outline of Coverage which you are required to give to your client.

\*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

CONSUMER MARKETS



Blue Cross Blue Shield of Illinois

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## 2010 MEDICARE SUPPLEMENT RATES

ILLINOIS State (Residents outside Cook, DuPage, Kane, Lake, McHenry, and Will Counties)  
FOR AGENT USE ONLY

Plan	Age Band	Monthly Premium	
		Standard	Med-Select*
<b>A</b>	65 – 66	\$64.00	—
	67 – 69	\$71.00	—
	70 – 74	\$83.00	—
	75 – 79	\$101.00	—
	80 – 84	\$117.00	—
	85+	\$121.00	—
<b>B</b>	65 – 66	\$98.00	\$79.00
	67 – 69	\$110.00	\$89.00
	70 – 74	\$136.00	\$107.00
	75 – 79	\$165.00	\$125.00
	80 – 84	\$193.00	\$149.00
	85+	\$199.00	\$153.00
<b>C</b>	65 – 66	\$123.00	\$105.00
	67 – 69	\$142.00	\$121.00
	70 – 74	\$172.00	\$138.00
	75 – 79	\$206.00	\$158.00
	80 – 84	\$226.00	\$165.00
	85+	\$233.00	\$169.00
<b>F</b>	65 – 66	\$125.00	\$113.00
	67 – 69	\$149.00	\$132.00
	70 – 74	\$181.00	\$154.00
	75 – 79	\$216.00	\$171.00
	80 – 84	\$234.00	\$178.00
	85+	\$241.00	\$183.00
High Deductible <b>F</b>	65 – 66	\$42.00	—
	67 – 69	\$49.00	—
	70 – 74	\$59.00	—
	75 – 79	\$71.00	—
	80 – 84	\$75.00	—
	85+	\$78.00	—

Plan	Age Band	Monthly Premium	
		Standard	Med-Select*
<b>G</b>	65 – 66	\$113.00	\$102.00
	67 – 69	\$134.00	\$119.00
	70 – 74	\$163.00	\$139.00
	75 – 79	\$194.00	\$154.00
	80 – 84	\$211.00	\$161.00
	85+	\$217.00	\$165.00
<b>K</b>	65 – 66	\$65.00	\$62.00
	67 – 69	\$75.00	\$71.00
	70 – 74	\$93.00	\$83.00
	75 – 79	\$110.00	\$95.00
	80 – 84	\$120.00	\$98.00
	85+	\$123.00	\$100.00
<b>L</b>	65 – 66	\$91.00	\$86.00
	67 – 69	\$108.00	\$101.00
	70 – 74	\$131.00	\$117.00
	75 – 79	\$156.00	\$129.00
	80 – 84	\$169.00	\$134.00
	85+	\$174.00	\$138.00
<b>N</b>	65 – 66	\$88.00	\$80.00
	67 – 69	\$104.00	\$92.00
	70 – 74	\$127.00	\$108.00
	75 – 79	\$151.00	\$120.00
	80 – 84	\$164.00	\$125.00
	85+	\$169.00	\$128.00

Rates are effective through 12/31/10. This rate table is also included in the Outline of Coverage which you are required to give to your client.

\*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.

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