BlueCross BlueShield of Illinois

2008 MEDICARE SUPPLEMENT RATES

ILLINOIS

Plan	Age Band	Monthly Premium	
		Standard	Med-Select*
A	65 – 66	$72.00	—
	67 – 69	$83.00	—
	70 – 74	$93.00	—
	75 – 79	$112.00	—
	80+	$127.00	—
C	65 – 66	$147.00	$121.00
	67 – 69	$160.00	$136.00
	70 – 74	$188.00	$152.00
	75 – 79	$222.00	$170.00
	80+	$242.00	$174.00
D	65 – 66	$125.00	$105.00
	67 – 69	$139.00	$117.00
	70 – 74	$163.00	$131.00
	75 – 79	$201.00	$158.00
	80+	$232.00	$179.00
E	65 – 66	$129.00	$109.00
	67 – 69	$146.00	$120.00
	70 – 74	$169.00	$141.00
	75 – 79	$208.00	$162.00
	80+	$238.00	$189.00
F	65 – 66	$149.00	$128.00
	67 – 69	$166.00	$150.00
	70 – 74	$200.00	$167.00
	75 – 79	$237.00	$188.00
	80+	$251.00	$191.00
High Deductible F	65 – 66	$48.00	—
	67 – 69	$54.00	—
	70 – 74	$64.00	—
	75 – 79	$76.00	—
	80+	$81.00	—
K	65 – 66	$75.00	$70.00
	67 – 69	$85.00	$83.00
	70 – 74	$101.00	$93.00
	75 – 79	$121.00	$103.00
	80+	$127.00	$106.00
L	65 – 66	$107.00	$98.00
	67 – 69	$120.00	$114.00
	70 – 74	$144.00	$127.00
	75 – 79	$171.00	$144.00
	80+	$181.00	$146.00

Rates shown are for Illinois residents living in Cook, DuPage, Kane, Lake, McHenry or Will Counties only.

Eligibility — Applicant Only

- Age 65 – 80+
- Must have Medicare Parts A & B
- May not duplicate an inforce Medicare Supplement

Rates are effective through 12/31/08. 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.*

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

BlueCross BlueShield of Illinois

2008 MEDICARE SUPPLEMENT RATES

ILLINOIS

Plan	Age Band	Monthly Premium	
		Standard	Med-Select*
A	65 – 66	$66.00	—
	67 – 69	$71.00	—
	70 – 74	$80.00	—
	75 – 79	$96.00	—
	80+	$110.00	—
C	65 – 66	$127.00	$108.00
	67 – 69	$141.00	$120.00
	70 – 74	$164.00	$132.00
	75 – 79	$197.00	$151.00
	80+	$213.00	$155.00
D	65 – 66	$109.00	$93.00
	67 – 69	$120.00	$102.00
	70 – 74	$145.00	$119.00
	75 – 79	$176.00	$136.00
	80+	$202.00	$159.00
E	65 – 66	$115.00	$96.00
	67 – 69	$126.00	$106.00
	70 – 74	$150.00	$123.00
	75 – 79	$183.00	$144.00
	80+	$209.00	$165.00
F	65 – 66	$130.00	$117.00
	67 – 69	$148.00	$131.00
	70 – 74	$173.00	$147.00
	75 – 79	$207.00	$163.00
	80+	$219.00	$167.00
High Deductible F	65 – 66	$43.00	—
	67 – 69	$48.00	—
	70 – 74	$56.00	—
	75 – 79	$68.00	—
	80+	$71.00	—
K	65 – 66	$67.00	$64.00
	67 – 69	$75.00	$71.00
	70 – 74	$89.00	$80.00
	75 – 79	$105.00	$91.00
	80+	$112.00	$92.00
L	65 – 66	$94.00	$90.00
	67 – 69	$107.00	$100.00
	70 – 74	$125.00	$112.00
	75 – 79	$149.00	$123.00
	80+	$158.00	$126.00

Rates shown are for Illinois residents living <u>outside</u> of Cook, DuPage, Kane, Lake, McHenry and Will Counties.

Eligibility — Applicant Only

- Age 65 – 80+
- Must have Medicare Parts A & B
- May not duplicate an inforce Medicare Supplement

Rates are effective through 12/31/08. 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.*