

ILLINOIS – PLAN F – MEDICARE SUPPLEMENT RATES

Zip Codes: 609, 612-620, 622-629 – AREA 1 NON-TOBACCO

Attained Age	Annual		Semi-Annual		Quarterly		Monthly	
	Male	Female	Male	Female	Male	Female	Male	Female
Disabled<65	3771.87	3771.87	1923.90	1923.90	981.00	981.00	324.70	324.70
65	1426.03	1261.97	727.60	643.90	371.10	328.40	122.90	108.80
66	1466.15	1297.48	748.00	662.00	381.50	337.60	126.40	111.90
67	1507.43	1334.01	769.10	680.60	392.20	347.10	129.90	115.00
68	1566.59	1386.36	799.30	707.30	407.60	360.70	135.00	119.50
69	1625.74	1438.71	829.40	734.00	423.00	374.40	140.10	124.00
70	1684.90	1491.06	859.60	760.70	438.40	388.00	145.20	128.50
71	1744.05	1543.41	889.80	787.40	453.70	401.60	150.30	133.00
72	1803.20	1595.75	919.90	814.10	469.10	415.20	155.40	137.50
73	1867.43	1652.59	952.70	843.10	485.80	430.00	160.90	142.40
74	1931.64	1709.42	985.40	872.10	502.50	444.70	166.40	147.30
75	1995.87	1766.26	1018.20	901.10	519.20	459.50	171.90	152.20
76	2060.09	1823.09	1050.90	930.10	535.90	474.30	177.50	157.10
77	2124.32	1879.93	1083.70	959.10	552.60	489.10	183.00	162.00
78	2184.24	1932.96	1114.30	986.10	568.20	502.90	188.10	166.50
79	2245.83	1987.46	1145.70	1013.90	584.20	517.00	193.40	171.20
80	2309.17	2043.51	1178.00	1042.50	600.70	531.60	198.90	176.00
81	2368.02	2095.59	1208.00	1069.00	616.00	545.10	203.90	180.50
82	2426.87	2147.67	1238.00	1095.60	631.30	558.70	209.00	185.00
83	2499.62	2212.05	1275.10	1128.40	650.20	575.40	215.30	190.50
84	2572.34	2276.41	1312.20	1161.30	669.10	592.20	221.50	196.10
85	2645.10	2340.80	1349.30	1194.10	688.00	608.90	227.80	201.60
86	2717.85	2405.18	1386.40	1226.90	706.90	625.60	234.00	207.10
87	2790.58	2469.54	1423.50	1259.80	725.80	642.40	240.30	212.70
88	2820.69	2496.19	1438.80	1273.40	733.70	649.30	242.90	215.00
89	2850.81	2522.84	1454.20	1286.90	741.50	656.20	245.50	217.30
90	2911.13	2576.22	1485.00	1314.20	757.20	670.10	250.70	221.80
91	2993.01	2648.68	1526.70	1351.10	778.50	689.00	257.70	228.10
92	3077.42	2723.38	1569.80	1389.20	800.40	708.40	265.00	234.50
93	3164.02	2800.02	1613.90	1428.30	822.90	728.30	272.40	241.10
94	3253.19	2878.93	1659.40	1468.50	846.10	748.80	280.10	247.90
95	3344.71	2959.92	1706.10	1509.90	869.90	769.90	287.90	254.80
96	3438.88	3043.26	1754.10	1552.40	894.40	791.50	296.00	262.00
97	3535.77	3129.00	1803.50	1596.10	919.60	813.80	304.40	269.40
98	3635.40	3217.17	1854.30	1641.10	945.50	836.80	312.90	277.00
99	3737.80	3307.79	1906.60	1687.30	972.10	860.30	321.70	284.80
100 +	3771.87	3337.94	1923.90	1702.60	981.00	868.20	324.70	287.40



ILLINOIS – PLAN F – MEDICARE SUPPLEMENT RATES

Zip Codes: 609, 612-620, 622-629 – AREA 1 TOBACCO

Attained Age	Annual		Semi-Annual		Quarterly		Monthly	
	Male	Female	Male	Female	Male	Female	Male	Female
Disabled<65	4337.65	4337.65	2212.50	2212.50	1128.10	1128.10	373.30	373.30
65	1639.93	1451.27	836.70	740.40	426.70	377.60	141.30	125.10
66	1686.07	1492.10	860.20	761.30	438.70	388.20	145.30	128.60
67	1733.54	1534.11	884.40	782.70	451.00	399.20	149.40	132.20
68	1801.58	1594.31	919.10	813.40	468.70	414.80	155.20	137.40
69	1869.60	1654.52	953.80	844.10	486.40	430.50	161.10	142.60
70	1937.64	1714.72	988.50	874.80	504.10	446.10	166.90	147.80
71	2005.66	1774.92	1023.20	905.50	521.80	461.80	172.80	152.90
72	2073.68	1835.11	1057.90	936.20	539.50	477.40	178.60	158.10
73	2147.54	1900.48	1095.50	969.50	558.70	494.40	185.00	163.70
74	2221.39	1965.83	1133.20	1002.90	577.90	511.40	191.30	169.40
75	2295.25	2031.20	1170.90	1036.20	597.10	528.40	197.70	175.00
76	2369.10	2096.55	1208.50	1069.50	616.30	545.40	204.00	180.60
77	2442.97	2161.92	1246.20	1102.90	635.50	562.40	210.40	186.20
78	2511.88	2222.90	1281.40	1134.00	653.40	578.20	216.30	191.50
79	2582.70	2285.58	1317.50	1165.90	671.80	594.50	222.40	196.90
80	2655.55	2350.04	1354.60	1198.80	690.70	611.30	228.70	202.40
81	2723.22	2409.93	1389.10	1229.40	708.30	626.90	234.50	207.50
82	2790.90	2469.82	1423.70	1259.90	725.90	642.40	240.30	212.70
83	2874.56	2543.86	1466.30	1297.70	747.70	661.70	247.50	219.10
84	2958.19	2617.87	1509.00	1335.40	769.40	680.90	254.70	225.40
85	3041.87	2691.92	1551.60	1373.20	791.20	700.20	261.90	231.80
86	3125.53	2765.96	1594.30	1410.90	812.90	719.40	269.10	238.20
87	3209.17	2839.97	1637.00	1448.70	834.70	738.70	276.30	244.50
88	3243.79	2870.62	1654.60	1464.30	843.70	746.70	279.30	247.20
89	3278.43	2901.27	1672.30	1479.90	852.70	754.60	282.20	249.80
90	3347.80	2962.65	1707.70	1511.20	870.70	770.60	288.20	255.10
91	3441.96	3045.98	1755.70	1553.70	895.20	792.20	296.30	262.20
92	3539.03	3131.89	1805.20	1597.60	920.40	814.60	304.70	269.60
93	3638.62	3220.02	1856.00	1642.50	946.30	837.50	313.20	277.20
94	3741.17	3310.77	1908.30	1688.80	973.00	861.10	322.00	285.00
95	3846.42	3403.91	1962.00	1736.30	1000.40	885.30	331.10	293.00
96	3954.71	3499.75	2017.20	1785.20	1028.50	910.20	340.40	301.30
97	4066.14	3598.35	2074.00	1835.50	1057.50	935.90	350.00	309.80
98	4180.71	3699.75	2132.50	1887.20	1087.30	962.20	359.80	318.50
99	4298.47	3803.96	2192.50	1940.30	1117.90	989.30	370.00	327.40
100 +	4337.65	3838.63	2212.50	1958.00	1128.10	998.30	373.30	330.40

ILLINOIS – PLAN F – MEDICARE SUPPLEMENT RATES

Zip Codes: 600-605, 610-611 – AREA 2 NON-TOBACCO

Attained Age	Annual		Semi-Annual		Quarterly		Monthly	
	Male	Female	Male	Female	Male	Female	Male	Female
Disabled<65	4635.63	4635.63	2364.50	2364.50	1205.60	1205.60	399.00	399.00
65	1752.59	1550.96	894.10	791.30	456.00	403.50	151.00	133.70
66	1801.90	1594.60	919.30	813.50	468.80	414.90	155.30	137.40
67	1852.63	1639.50	945.10	836.40	482.00	426.60	159.60	141.30
68	1925.34	1703.84	982.20	869.30	500.90	443.30	165.90	146.80
69	1998.03	1768.17	1019.30	902.10	519.80	460.00	172.10	152.40
70	2070.74	1832.51	1056.40	934.90	538.70	476.70	178.40	157.90
71	2143.44	1896.85	1093.40	967.70	557.60	493.50	184.60	163.40
72	2216.13	1961.18	1130.50	1000.50	576.50	510.20	190.90	169.00
73	2295.07	2031.03	1170.80	1036.10	597.00	528.40	197.70	175.00
74	2373.99	2100.88	1211.00	1071.70	617.50	546.50	204.50	181.00
75	2452.92	2170.73	1251.30	1107.40	638.10	564.70	211.20	187.00
76	2531.85	2240.58	1291.50	1143.00	658.60	582.80	218.00	193.00
77	2610.79	2310.43	1331.80	1178.60	679.10	601.00	224.80	199.00
78	2684.43	2375.61	1369.40	1211.90	698.20	618.00	231.20	204.60
79	2760.13	2442.59	1408.00	1246.00	717.90	635.40	237.70	210.40
80	2837.97	2511.47	1447.70	1281.10	738.20	653.30	244.40	216.30
81	2910.30	2575.48	1484.50	1313.80	757.00	669.90	250.60	221.80
82	2982.62	2639.49	1521.40	1346.40	775.80	686.60	256.80	227.30
83	3072.03	2718.61	1567.00	1386.80	799.00	707.10	264.50	234.10
84	3161.41	2797.71	1612.60	1427.10	822.30	727.70	272.20	240.90
85	3250.83	2876.84	1658.20	1467.50	845.50	748.30	279.90	247.70
86	3340.24	2955.97	1703.80	1507.80	868.80	768.80	287.60	254.50
87	3429.62	3035.06	1749.40	1548.20	892.00	789.40	295.20	261.30
88	3466.63	3067.82	1768.30	1564.90	901.60	797.90	298.40	264.10
89	3503.65	3100.57	1787.20	1581.60	911.20	806.40	301.60	266.90
90	3577.78	3166.17	1825.00	1615.00	930.50	823.50	308.00	272.60
91	3678.41	3255.23	1876.30	1660.50	956.70	846.70	316.60	280.20
92	3782.15	3347.03	1929.20	1707.30	983.70	870.50	325.60	288.10
93	3888.58	3441.22	1983.50	1755.30	1011.30	895.00	334.70	296.20
94	3998.17	3538.20	2039.40	1804.80	1039.80	920.20	344.10	304.60
95	4110.65	3637.74	2096.70	1855.50	1069.10	946.10	353.80	313.10
96	4226.38	3740.17	2155.70	1907.80	1099.20	972.70	363.80	321.90
97	4345.46	3845.54	2216.50	1961.50	1130.10	1000.10	374.00	331.00
98	4467.91	3953.90	2278.90	2016.80	1162.00	1028.30	384.50	340.30
99	4593.76	4065.27	2343.10	2073.60	1194.70	1057.30	395.40	349.90
100 +	4635.63	4102.33	2364.50	2092.50	1205.60	1066.90	399.00	353.10



ILLINOIS — PLAN F — MEDICARE SUPPLEMENT RATES

Zip Codes: 600-605, 610-611 — AREA 2 TOBACCO

Attained Age	Annual		Semi-Annual		Quarterly		Monthly	
	Male	Female	Male	Female	Male	Female	Male	Female
Disabled<65	5330.97	5330.97	2719.10	2719.10	1386.30	1386.30	458.80	458.80
65	2015.47	1783.61	1028.20	909.90	524.30	464.00	173.60	153.70
66	2072.18	1833.79	1057.10	935.50	539.10	477.10	178.50	158.00
67	2130.52	1885.42	1086.90	961.90	554.20	490.50	183.50	162.40
68	2214.14	1959.41	1129.50	999.60	576.00	509.70	190.70	168.80
69	2297.74	2033.41	1172.10	1037.30	597.70	529.00	197.90	175.20
70	2381.36	2107.39	1214.80	1075.10	619.40	548.20	205.10	181.50
71	2464.96	2181.38	1257.40	1112.80	641.20	567.50	212.30	187.90
72	2548.55	2255.35	1300.10	1150.50	662.90	586.70	219.50	194.30
73	2639.33	2335.69	1346.40	1191.50	686.50	607.60	227.30	201.20
74	2730.09	2416.01	1392.60	1232.50	710.10	628.50	235.10	208.10
75	2820.86	2496.34	1438.90	1273.40	733.70	649.30	242.90	215.00
76	2911.62	2576.66	1485.20	1314.40	757.30	670.20	250.70	221.90
77	3002.41	2657.00	1531.50	1355.40	780.90	691.10	258.50	228.80
78	3087.10	2731.94	1574.70	1393.60	802.90	710.60	265.80	235.20
79	3174.14	2808.98	1619.10	1432.90	825.60	730.60	273.30	241.90
80	3263.67	2888.20	1664.80	1473.30	848.80	751.20	281.00	248.70
81	3346.84	2961.80	1707.20	1510.80	870.50	770.40	288.10	255.00
82	3430.02	3035.41	1749.60	1548.40	892.10	789.50	295.30	261.30
83	3532.83	3126.40	1802.00	1594.80	918.80	813.20	304.10	269.20
84	3635.62	3217.36	1854.50	1641.10	945.60	836.80	313.00	277.00
85	3738.46	3308.37	1906.90	1687.60	972.30	860.50	321.80	284.80
86	3841.28	3399.36	1959.30	1734.00	999.00	884.10	330.60	292.60
87	3944.07	3490.32	2011.80	1780.40	1025.80	907.80	339.50	300.50
88	3986.62	3527.99	2033.50	1799.60	1036.80	917.60	343.10	303.70
89	4029.19	3565.66	2055.20	1818.80	1047.90	927.40	346.80	306.90
90	4114.45	3641.10	2098.70	1857.30	1070.10	947.00	354.10	313.40
91	4230.17	3743.51	2157.70	1909.50	1100.10	973.60	364.10	322.20
92	4349.47	3849.09	2218.50	1963.30	1131.20	1001.10	374.30	331.30
93	4471.86	3957.40	2280.90	2018.60	1163.00	1029.20	384.90	340.60
94	4597.90	4068.94	2345.20	2075.50	1195.70	1058.20	395.70	350.20
95	4727.25	4183.41	2411.20	2133.80	1229.40	1088.00	406.80	360.10
96	4860.34	4301.19	2479.10	2193.90	1264.00	1118.60	418.30	370.20
97	4997.29	4422.37	2548.90	2255.70	1299.60	1150.10	430.10	380.60
98	5138.09	4546.99	2620.70	2319.30	1336.20	1182.50	442.20	391.30
99	5282.82	4675.07	2694.50	2384.60	1373.80	1215.80	454.60	402.40
100 +	5330.97	4717.68	2719.10	2406.30	1386.30	1226.90	458.80	406.00

ILLINOIS — PLAN F — MEDICARE SUPPLEMENT RATES

Zip Codes: 606-608 — AREA 3 NON-TOBACCO

Attained Age	Annual		Semi-Annual		Quarterly		Monthly	
	Male	Female	Male	Female	Male	Female	Male	Female
Disabled<65	4982.64	4982.64	2541.40	2541.40	1295.80	1295.80	428.80	428.80
65	1883.79	1667.06	961.00	850.50	490.10	433.70	162.30	143.70
66	1936.78	1713.97	988.10	874.40	503.90	445.90	166.90	147.70
67	1991.32	1762.23	1015.90	899.00	518.00	458.50	171.50	151.80
68	2069.47	1831.38	1055.70	934.30	538.40	476.50	178.30	157.80
69	2147.60	1900.54	1095.60	969.60	558.70	494.40	185.00	163.70
70	2225.75	1969.69	1135.40	1004.80	579.00	512.40	191.70	169.70
71	2303.89	2038.84	1175.30	1040.10	599.30	530.40	198.40	175.60
72	2382.03	2107.99	1215.10	1075.40	619.60	548.40	205.10	181.60
73	2466.88	2183.07	1258.40	1113.70	641.70	567.90	212.40	188.00
74	2551.70	2258.14	1301.70	1151.90	663.70	587.40	219.70	194.50
75	2636.54	2333.23	1344.90	1190.20	685.80	606.90	227.00	201.00
76	2721.38	2408.30	1388.20	1228.50	707.90	626.50	234.30	207.40
77	2806.23	2483.39	1431.50	1266.80	729.90	646.00	241.60	213.90
78	2885.38	2553.44	1471.80	1302.50	750.50	664.20	248.40	219.90
79	2966.74	2625.43	1513.30	1339.30	771.60	682.90	255.40	226.10
80	3050.41	2699.48	1556.00	1377.00	793.40	702.20	262.60	232.50
81	3128.15	2768.27	1595.70	1412.10	813.60	720.00	269.30	238.40
82	3205.90	2837.07	1635.30	1447.20	833.80	737.90	276.00	244.30
83	3302.00	2922.12	1684.30	1490.60	858.80	760.00	284.30	251.60
84	3398.06	3007.14	1733.30	1533.90	883.80	782.20	292.50	258.90
85	3494.18	3092.20	1782.30	1577.30	908.80	804.30	300.80	266.20
86	3590.28	3177.24	1831.30	1620.70	933.80	826.40	309.10	273.50
87	3686.36	3262.26	1880.30	1664.00	958.70	848.50	317.30	280.80
88	3726.13	3297.47	1900.60	1682.00	969.10	857.60	320.70	283.90
89	3765.92	3332.67	1920.90	1700.00	979.40	866.80	324.20	286.90
90	3845.60	3403.19	1961.60	1735.90	1000.20	885.10	331.00	293.00
91	3953.77	3498.91	2016.70	1784.70	1028.30	910.00	340.30	301.20
92	4065.27	3597.58	2073.60	1835.10	1057.30	935.70	349.90	309.70
93	4179.67	3698.83	2131.90	1886.70	1087.00	962.00	359.70	318.40
94	4297.46	3803.07	2192.00	1939.90	1117.60	989.10	369.90	327.40
95	4418.36	3910.05	2253.70	1994.40	1149.10	1016.90	380.30	336.60
96	4542.76	4020.15	2317.10	2050.60	1181.40	1045.50	391.00	346.00
97	4670.75	4133.41	2382.40	2108.30	1214.70	1075.00	402.00	355.80
98	4802.36	4249.88	2449.50	2167.70	1248.90	1105.30	413.30	365.80
99	4937.63	4369.59	2518.50	2228.80	1284.10	1136.40	424.90	376.10
100 +	4982.64	4409.42	2541.40	2249.10	1295.80	1146.70	428.80	379.50



ILLINOIS – PLAN F – MEDICARE SUPPLEMENT RATES

Zip Codes: 606-608 – AREA 3 TOBACCO

Attained Age	Annual		Semi-Annual		Quarterly		Monthly	
	Male	Female	Male	Female	Male	Female	Male	Female
Disabled<65	5730.04	5730.04	2922.60	2922.60	1490.10	1490.10	493.10	493.10
65	2166.35	1917.13	1105.10	978.00	563.50	498.70	186.60	165.20
66	2227.30	1971.06	1136.20	1005.50	579.40	512.80	191.80	169.80
67	2290.01	2026.56	1168.20	1033.80	595.70	527.20	197.20	174.60
68	2379.89	2106.08	1214.00	1074.40	619.10	547.90	205.00	181.40
69	2469.74	2185.62	1259.90	1115.00	642.40	568.60	212.70	188.30
70	2559.62	2265.15	1305.70	1155.50	665.80	589.20	220.40	195.10
71	2649.48	2344.67	1351.50	1196.10	689.20	609.90	228.20	201.90
72	2739.33	2424.18	1397.40	1236.60	712.50	630.60	235.90	208.80
73	2836.90	2510.53	1447.10	1280.70	737.90	653.00	244.30	216.20
74	2934.46	2596.86	1496.90	1324.70	763.30	675.50	252.70	223.60
75	3032.03	2683.22	1546.60	1368.70	788.60	697.90	261.00	231.10
76	3129.58	2769.54	1596.40	1412.80	814.00	720.40	269.40	238.50
77	3227.16	2855.90	1646.10	1456.80	839.40	742.80	277.80	245.90
78	3318.19	2936.45	1692.60	1497.90	863.00	763.80	285.70	252.80
79	3411.75	3019.25	1740.30	1540.10	887.40	785.30	293.70	260.00
80	3507.98	3104.40	1789.40	1583.50	912.40	807.40	302.00	267.30
81	3597.37	3183.52	1835.00	1623.90	935.60	828.00	309.70	274.10
82	3686.78	3262.63	1880.60	1664.20	958.90	848.60	317.40	280.90
83	3797.29	3360.44	1936.90	1714.10	987.60	874.00	326.90	289.30
84	3907.77	3458.21	1993.30	1764.00	1016.30	899.40	336.40	297.70
85	4018.31	3556.03	2049.60	1813.90	1045.10	924.90	345.90	306.10
86	4128.83	3653.83	2106.00	1863.70	1073.80	950.30	355.40	314.50
87	4239.31	3751.60	2162.30	1913.60	1102.50	975.70	364.90	322.90
88	4285.05	3792.09	2185.70	1934.30	1114.40	986.20	368.80	326.40
89	4330.81	3832.58	2209.00	1954.90	1126.30	996.80	372.70	329.90
90	4422.44	3913.66	2255.70	1996.30	1150.10	1017.80	380.60	336.90
91	4546.83	4023.74	2319.20	2052.40	1182.50	1046.50	391.30	346.30
92	4675.06	4137.23	2384.60	2110.30	1215.80	1076.00	402.40	356.10
93	4806.62	4253.65	2451.70	2169.70	1250.00	1106.20	413.70	366.10
94	4942.09	4373.53	2520.80	2230.80	1285.20	1137.40	425.30	376.40
95	5081.12	4496.57	2591.70	2293.50	1321.40	1169.40	437.30	387.00
96	5224.17	4623.17	2664.60	2358.10	1358.60	1202.30	449.60	397.90
97	5371.37	4753.42	2739.70	2424.50	1396.90	1236.20	462.20	409.10
98	5522.72	4887.37	2816.90	2492.90	1436.20	1271.00	475.20	420.60
99	5678.28	5025.03	2896.20	2563.10	1476.60	1306.80	488.60	432.40
100 +	5730.04	5070.83	2922.60	2586.40	1490.10	1318.70	493.10	436.40



ILLINOIS — PLAN N — MEDICARE SUPPLEMENT RATES

Zip Codes: 609, 612-620, 622-629 — AREA 1 NON-TOBACCO

Attained Age	Annual		Semi-Annual		Quarterly		Monthly	
	Male	Female	Male	Female	Male	Female	Male	Female
Disabled<65	2712.25	2712.25	1383.50	1383.50	705.50	705.50	233.50	233.50
65	992.69	878.49	506.60	448.30	258.40	228.70	85.70	75.80
66	1020.64	903.22	520.80	460.90	265.70	235.10	88.10	78.00
67	1049.28	928.57	535.40	473.90	273.10	241.70	90.50	80.20
68	1093.58	967.77	558.00	493.90	284.60	251.90	94.30	83.50
69	1137.87	1006.96	580.60	513.80	296.10	262.10	98.20	86.90
70	1182.15	1046.15	603.20	533.80	307.70	272.30	102.00	90.30
71	1226.44	1085.35	625.80	553.80	319.20	282.50	105.80	93.60
72	1270.73	1124.54	648.40	573.80	330.70	292.70	109.60	97.00
73	1321.26	1169.25	674.10	596.60	343.80	304.30	113.90	100.90
74	1371.79	1213.98	699.90	619.40	357.00	315.90	118.30	104.70
75	1422.32	1258.69	725.70	642.20	370.10	327.60	122.60	108.50
76	1472.85	1303.41	751.40	665.00	383.20	339.20	127.00	112.40
77	1523.38	1348.12	777.20	687.80	396.40	350.80	131.30	116.20
78	1573.54	1392.51	802.80	710.50	409.40	362.30	135.60	120.10
79	1623.69	1436.90	828.40	733.10	422.50	373.90	139.90	123.90
80	1673.84	1481.28	854.00	755.70	435.50	385.40	144.20	127.70
81	1724.01	1525.67	879.50	778.40	448.50	397.00	148.60	131.50
82	1774.16	1570.05	905.10	801.00	461.60	408.50	152.90	135.30
83	1841.35	1629.51	939.40	831.30	479.00	424.00	158.70	140.40
84	1908.55	1688.98	973.70	861.70	496.50	439.40	164.40	145.50
85	1975.75	1748.45	1007.90	892.00	514.00	454.90	170.20	150.70
86	2042.94	1807.91	1042.20	922.30	531.50	470.40	176.00	155.80
87	2110.15	1867.39	1076.50	952.70	548.90	485.80	181.80	160.90
88	2169.57	1919.97	1106.80	979.50	564.40	499.50	186.90	165.40
89	2210.37	1956.08	1127.60	997.90	575.00	508.90	190.40	168.50
90	2251.99	1992.91	1148.80	1016.70	585.80	518.50	194.00	171.70
91	2294.22	2030.28	1170.30	1035.70	596.80	528.20	197.60	174.90
92	2337.29	2068.40	1192.30	1055.20	608.00	538.10	201.30	178.20
93	2381.17	2107.23	1214.70	1075.00	619.40	548.20	205.10	181.50
94	2425.90	2146.81	1237.50	1095.20	631.00	558.50	208.90	184.90
95	2471.51	2187.18	1260.80	1115.80	642.90	569.00	212.80	188.40
96	2518.03	2228.34	1284.50	1136.70	655.00	579.70	216.80	191.90
97	2565.20	2270.09	1308.50	1158.00	667.20	590.50	220.90	195.50
98	2613.29	2312.64	1333.10	1179.70	679.80	601.60	225.00	199.20
99	2662.30	2356.02	1358.10	1201.90	692.50	612.90	229.30	202.90
100 +	2712.25	2400.22	1383.50	1224.40	705.50	624.40	233.50	206.70



ILLINOIS – PLAN N – MEDICARE SUPPLEMENT RATES

Zip Codes: 609, 612-620, 622-629 – AREA 1 TOBACCO

Attained Age	Annual		Semi-Annual		Quarterly		Monthly	
	Male	Female	Male	Female	Male	Female	Male	Female
Disabled<65	3119.09	3119.09	1591.00	1591.00	811.30	811.30	268.50	268.50
65	1141.59	1010.26	582.50	515.50	297.10	263.00	98.50	87.20
66	1173.74	1038.70	598.90	530.00	305.50	270.40	101.20	89.60
67	1206.67	1067.86	615.70	544.90	314.00	277.90	104.10	92.10
68	1257.62	1112.94	641.70	567.90	327.30	289.70	108.50	96.00
69	1308.55	1158.00	667.70	590.90	340.50	301.40	112.80	99.90
70	1359.47	1203.07	693.60	613.90	353.80	313.10	117.20	103.80
71	1410.41	1248.15	719.60	636.90	367.00	324.80	121.60	107.60
72	1461.34	1293.22	745.60	659.80	380.20	336.50	126.00	111.50
73	1519.45	1344.64	775.20	686.10	395.40	349.90	131.00	115.90
74	1577.56	1396.08	804.90	712.30	410.50	363.30	136.00	120.40
75	1635.67	1447.49	834.50	738.50	425.60	376.60	141.00	124.80
76	1693.78	1498.92	864.10	764.70	440.70	390.00	146.00	129.20
77	1751.89	1550.34	893.80	791.00	455.80	403.40	151.00	133.60
78	1809.57	1601.39	923.20	817.00	470.80	416.70	155.90	138.00
79	1867.24	1652.44	952.60	843.00	485.80	429.90	160.90	142.40
80	1924.92	1703.47	982.00	869.10	500.80	443.20	165.80	146.80
81	1982.61	1754.52	1011.40	895.10	515.80	456.50	170.80	151.20
82	2040.28	1805.56	1040.80	921.10	530.80	469.70	175.80	155.60
83	2117.55	1873.94	1080.20	956.00	550.90	487.50	182.40	161.50
84	2194.83	1942.33	1119.70	990.90	571.00	505.30	189.10	167.30
85	2272.11	2010.72	1159.10	1025.80	591.00	523.10	195.70	173.20
86	2349.38	2079.10	1198.50	1060.60	611.10	540.90	202.30	179.10
87	2426.67	2147.50	1237.90	1095.50	631.20	558.60	209.00	185.00
88	2495.01	2207.97	1272.80	1126.40	649.00	574.40	214.90	190.20
89	2541.93	2249.49	1296.70	1147.50	661.20	585.20	218.90	193.80
90	2589.79	2291.85	1321.10	1169.10	673.60	596.20	223.00	197.40
91	2638.35	2334.82	1345.90	1191.10	686.30	607.30	227.20	201.10
92	2687.88	2378.66	1371.10	1213.40	699.10	618.70	231.50	204.90
93	2738.35	2423.31	1396.90	1236.20	712.30	630.40	235.80	208.70
94	2789.79	2468.83	1423.10	1259.40	725.60	642.20	240.20	212.60
95	2842.24	2515.26	1449.80	1283.10	739.30	654.30	244.70	216.60
96	2895.73	2562.59	1477.10	1307.20	753.20	666.60	249.30	220.70
97	2949.98	2610.60	1504.80	1331.70	767.30	679.10	254.00	224.80
98	3005.28	2659.54	1533.00	1356.70	781.70	691.80	258.70	229.00
99	3061.65	2709.42	1561.70	1382.10	796.30	704.70	263.60	233.30
100 +	3119.09	2760.25	1591.00	1408.00	811.30	718.00	268.50	237.70



ILLINOIS — PLAN N — MEDICARE SUPPLEMENT RATES

Zip Codes: 600-605, 610-611 — AREA 2 NON-TOBACCO

Attained Age	Annual		Semi-Annual		Quarterly		Monthly	
	Male	Female	Male	Female	Male	Female	Male	Female
Disabled<65	3333.36	3333.36	1700.30	1700.30	867.00	867.00	287.00	287.00
65	1220.02	1079.66	622.50	550.90	317.50	281.00	105.20	93.10
66	1254.37	1110.06	640.00	566.40	326.40	288.90	108.20	95.80
67	1289.57	1141.21	658.00	582.30	335.60	297.00	111.20	98.40
68	1344.01	1189.39	685.70	606.90	349.70	309.50	115.90	102.60
69	1398.44	1237.55	713.50	631.40	363.90	322.10	120.60	106.70
70	1452.86	1285.72	741.30	656.00	378.00	334.60	125.20	110.90
71	1507.29	1333.90	769.00	680.60	392.20	347.10	129.90	115.00
72	1561.73	1382.06	796.80	705.10	406.30	359.60	134.60	119.20
73	1623.83	1437.01	828.40	733.20	422.50	373.90	139.90	123.90
74	1685.93	1491.98	860.10	761.20	438.60	388.20	145.30	128.60
75	1748.03	1546.93	891.80	789.20	454.80	402.50	150.60	133.30
76	1810.13	1601.89	923.50	817.30	470.90	416.80	156.00	138.10
77	1872.23	1656.84	955.10	845.30	487.10	431.10	161.30	142.80
78	1933.88	1711.39	986.60	873.10	503.10	445.30	166.60	147.50
79	1995.52	1765.95	1018.00	900.90	519.10	459.40	171.90	152.20
80	2057.15	1820.49	1049.40	928.70	535.20	473.60	177.20	156.90
81	2118.81	1875.05	1080.90	956.60	551.20	487.80	182.50	161.50
82	2180.44	1929.59	1112.30	984.40	567.20	502.00	187.80	166.20
83	2263.02	2002.67	1154.40	1021.70	588.70	521.00	194.90	172.50
84	2345.61	2075.76	1196.60	1058.90	610.20	540.00	202.00	178.80
85	2428.20	2148.85	1238.70	1096.20	631.60	559.00	209.10	185.10
86	2510.77	2221.92	1280.80	1133.50	653.10	578.00	216.20	191.40
87	2593.37	2295.02	1322.90	1170.80	674.60	597.00	223.30	197.70
88	2666.40	2359.64	1360.20	1203.70	693.60	613.80	229.60	203.20
89	2716.54	2404.02	1385.70	1226.30	706.60	625.30	233.90	207.00
90	2767.70	2449.29	1411.80	1249.40	719.90	637.10	238.30	210.90
91	2819.60	2495.21	1438.30	1272.90	733.40	649.00	242.80	214.90
92	2872.53	2542.06	1465.30	1296.70	747.20	661.20	247.30	218.90
93	2926.46	2589.79	1492.80	1321.10	761.20	673.60	252.00	223.00
94	2981.43	2638.43	1520.80	1345.90	775.50	686.30	256.70	227.20
95	3037.49	2688.04	1549.40	1371.20	790.00	699.20	261.50	231.50
96	3094.66	2738.63	1578.60	1397.00	804.90	712.30	266.40	235.80
97	3152.63	2789.94	1608.10	1423.20	820.00	725.70	271.40	240.20
98	3211.73	2842.23	1638.30	1449.80	835.30	739.30	276.50	244.70
99	3271.97	2895.55	1669.00	1477.00	851.00	753.10	281.70	249.30
100 +	3333.36	2949.87	1700.30	1504.70	867.00	767.30	287.00	254.00



ILLINOIS — PLAN N — MEDICARE SUPPLEMENT RATES

Zip Codes: 600-605, 610-611 — AREA 2 TOBACCO

Attained Age	Annual		Semi-Annual		Quarterly		Monthly	
	Male	Female	Male	Female	Male	Female	Male	Female
Disabled<65	3833.36	3833.36	1955.30	1955.30	997.00	997.00	330.00	330.00
65	1403.01	1241.61	715.80	633.50	365.10	323.10	121.00	107.10
66	1442.53	1276.56	736.00	651.30	375.40	332.20	124.40	110.10
67	1483.00	1312.40	756.60	669.60	385.90	341.50	127.80	113.20
68	1545.61	1367.80	788.60	697.90	402.20	355.90	133.20	117.90
69	1608.21	1423.18	820.50	726.10	418.40	370.30	138.60	122.70
70	1670.79	1478.57	852.40	754.40	434.70	384.70	144.00	127.50
71	1733.39	1533.98	884.30	782.60	451.00	399.10	149.40	132.20
72	1795.99	1589.37	916.20	810.90	467.30	413.50	154.80	137.00
73	1867.40	1652.56	952.70	843.10	485.80	430.00	160.90	142.40
74	1938.82	1715.78	989.10	875.30	504.40	446.40	167.00	147.90
75	2010.24	1778.97	1025.50	907.60	523.00	462.80	173.20	153.30
76	2081.66	1842.17	1061.90	939.80	541.50	479.30	179.30	158.70
77	2153.07	1905.37	1098.40	972.00	560.10	495.70	185.50	164.20
78	2223.96	1968.11	1134.50	1004.00	578.50	512.00	191.60	169.60
79	2294.84	2030.85	1170.70	1036.00	597.00	528.30	197.70	174.90
80	2365.73	2093.56	1206.80	1068.00	615.40	544.60	203.70	180.30
81	2436.63	2156.31	1243.00	1100.00	633.80	560.90	209.80	185.70
82	2507.50	2219.03	1279.10	1132.00	652.20	577.20	215.90	191.10
83	2602.47	2303.07	1327.60	1174.90	676.90	599.10	224.10	198.40
84	2697.45	2387.12	1376.00	1217.70	701.60	620.90	232.30	205.60
85	2792.42	2471.17	1424.40	1260.60	726.30	642.80	240.40	212.80
86	2887.39	2555.21	1472.90	1303.50	751.00	664.60	248.60	220.00
87	2982.38	2639.28	1521.30	1346.30	775.70	686.50	256.80	227.30
88	3066.37	2713.60	1564.10	1384.20	797.60	705.80	264.00	233.70
89	3124.03	2764.62	1593.60	1410.30	812.50	719.10	269.00	238.10
90	3182.85	2816.68	1623.50	1436.80	827.80	732.60	274.00	242.50
91	3242.53	2869.49	1654.00	1463.70	843.40	746.40	279.20	247.10
92	3303.40	2923.37	1685.00	1491.20	859.20	760.40	284.40	251.70
93	3365.43	2978.25	1716.70	1519.20	875.30	774.60	289.70	256.40
94	3428.65	3034.19	1748.90	1547.70	891.70	789.20	295.20	261.20
95	3493.11	3091.25	1781.80	1576.80	908.50	804.00	300.70	266.10
96	3558.85	3149.42	1815.30	1606.50	925.60	819.10	306.40	271.10
97	3625.53	3208.43	1849.30	1636.60	942.90	834.50	312.10	276.20
98	3693.49	3268.57	1884.00	1667.30	960.60	850.10	317.90	281.40
99	3762.77	3329.88	1919.30	1698.50	978.60	866.10	323.90	286.70
100 +	3833.36	3392.35	1955.30	1730.40	997.00	882.30	330.00	292.00



ILLINOIS — PLAN N — MEDICARE SUPPLEMENT RATES

Zip Codes: 606-608 — AREA 3 NON-TOBACCO

Attained Age	Annual		Semi-Annual		Quarterly		Monthly	
	Male	Female	Male	Female	Male	Female	Male	Female
Disabled<65	3582.88	3582.88	1827.60	1827.60	931.80	931.80	308.40	308.40
65	1311.34	1160.49	669.10	592.10	341.20	302.00	113.10	100.10
66	1348.27	1193.15	687.90	608.80	350.80	310.50	116.20	102.90
67	1386.10	1226.64	707.20	625.90	360.70	319.20	119.50	105.80
68	1444.62	1278.42	737.10	652.30	375.90	332.70	124.50	110.20
69	1503.13	1330.19	766.90	678.70	391.10	346.10	129.60	114.70
70	1561.62	1381.96	796.70	705.10	406.30	359.60	134.60	119.10
71	1620.13	1433.75	826.60	731.50	421.50	373.10	139.60	123.60
72	1678.63	1485.52	856.40	757.90	436.70	386.50	144.70	128.00
73	1745.38	1544.58	890.40	788.00	454.10	401.90	150.40	133.10
74	1812.13	1603.67	924.50	818.20	471.40	417.20	156.10	138.20
75	1878.88	1662.73	958.50	848.30	488.80	432.60	161.90	143.30
76	1945.63	1721.80	992.60	878.40	506.20	448.00	167.60	148.40
77	2012.38	1780.87	1026.60	908.50	523.50	463.30	173.40	153.40
78	2078.65	1839.51	1060.40	938.40	540.70	478.60	179.10	158.50
79	2144.89	1898.14	1094.20	968.30	558.00	493.80	184.80	163.50
80	2211.14	1956.77	1128.00	998.20	575.20	509.10	190.50	168.60
81	2277.42	2015.41	1161.80	1028.20	592.40	524.30	196.20	173.60
82	2343.67	2074.04	1195.60	1058.10	609.60	539.50	201.90	178.70
83	2432.42	2152.58	1240.80	1098.10	632.70	560.00	209.50	185.40
84	2521.19	2231.14	1286.10	1138.20	655.80	580.40	217.10	192.20
85	2609.97	2309.70	1331.40	1178.20	678.90	600.80	224.80	198.90
86	2698.72	2388.25	1376.60	1218.30	702.00	621.20	232.40	205.70
87	2787.51	2466.82	1421.90	1258.40	725.00	641.70	240.00	212.40
88	2866.00	2536.28	1462.00	1293.80	745.50	659.70	246.80	218.40
89	2919.90	2583.98	1489.40	1318.10	759.50	672.10	251.40	222.50
90	2974.88	2632.63	1517.50	1342.90	773.80	684.80	256.10	226.70
91	3030.66	2682.00	1545.90	1368.10	788.30	697.60	260.90	230.90
92	3087.56	2732.36	1575.00	1393.80	803.10	710.70	265.80	235.30
93	3145.53	2783.65	1604.50	1420.00	818.10	724.00	270.80	239.70
94	3204.61	2835.94	1634.60	1446.60	833.50	737.60	275.90	244.20
95	3264.86	2889.26	1665.40	1473.80	849.20	751.50	281.10	248.80
96	3326.32	2943.64	1696.70	1501.60	865.10	765.60	286.40	253.40
97	3388.63	2998.79	1728.50	1529.70	881.30	780.00	291.70	258.20
98	3452.16	3055.00	1760.90	1558.30	897.90	794.60	297.20	263.00
99	3516.90	3112.30	1793.90	1587.60	914.70	809.50	302.70	268.00
100 +	3582.88	3170.69	1827.60	1617.30	931.80	824.70	308.40	273.00



ILLINOIS — PLAN N — MEDICARE SUPPLEMENT RATES

Zip Codes: 606-608 — AREA 3 TOBACCO

Attained Age	Annual		Semi-Annual		Quarterly		Monthly	
	Male	Female	Male	Female	Male	Female	Male	Female
Disabled<65	4120.32	4120.32	2101.70	2101.70	1071.60	1071.60	354.60	354.60
65	1508.04	1334.55	769.40	680.90	392.40	347.30	130.00	115.10
66	1550.51	1372.12	791.10	700.10	403.40	357.00	133.60	118.30
67	1594.01	1410.64	813.20	719.70	414.70	367.10	137.40	121.60
68	1661.32	1470.19	847.60	750.10	432.20	382.50	143.20	126.70
69	1728.59	1529.72	881.90	780.50	449.70	398.00	149.00	131.90
70	1795.86	1589.26	916.20	810.80	467.20	413.50	154.70	137.00
71	1863.15	1648.81	950.50	841.20	484.70	429.00	160.50	142.10
72	1930.43	1708.34	984.80	871.50	502.20	444.50	166.30	147.20
73	2007.19	1776.27	1024.00	906.20	522.20	462.10	172.90	153.10
74	2083.96	1844.22	1063.10	940.80	542.10	479.80	179.50	158.90
75	2160.72	1912.13	1102.30	975.50	562.10	497.40	186.10	164.70
76	2237.48	1980.07	1141.40	1010.10	582.00	515.10	192.70	170.60
77	2314.25	2048.00	1180.60	1044.80	602.00	532.80	199.30	176.40
78	2390.44	2115.44	1219.40	1079.20	621.80	550.30	205.90	182.20
79	2466.62	2182.87	1258.30	1113.60	641.60	567.80	212.40	188.00
80	2542.82	2250.28	1297.10	1147.90	661.40	585.40	219.00	193.80
81	2619.03	2317.72	1336.00	1182.30	681.20	602.90	225.50	199.60
82	2695.21	2385.14	1374.90	1216.70	701.00	620.40	232.10	205.40
83	2797.28	2475.47	1426.90	1262.80	727.60	643.90	240.90	213.20
84	2899.37	2565.82	1479.00	1308.90	754.10	667.40	249.60	221.00
85	3001.46	2656.16	1531.00	1354.90	780.70	690.90	258.40	228.70
86	3103.53	2746.49	1583.10	1401.00	807.20	714.40	267.20	236.50
87	3205.63	2836.85	1635.20	1447.10	833.80	737.90	276.00	244.30
88	3295.91	2916.73	1681.20	1487.80	857.20	758.60	283.70	251.10
89	3357.89	2971.58	1712.80	1515.80	873.30	772.90	289.10	255.90
90	3421.11	3027.53	1745.10	1544.30	889.80	787.50	294.50	260.70
91	3485.26	3084.30	1777.80	1573.30	906.50	802.20	300.00	265.50
92	3550.69	3142.21	1811.10	1602.80	923.50	817.30	305.70	270.50
93	3617.36	3201.19	1845.10	1632.90	940.80	832.60	311.40	275.60
94	3685.31	3261.32	1879.80	1663.60	958.50	848.20	317.20	280.80
95	3754.60	3322.66	1915.10	1694.90	976.50	864.20	323.20	286.00
96	3825.26	3385.18	1951.20	1726.70	994.90	880.40	329.30	291.40
97	3896.92	3448.60	1987.70	1759.10	1013.50	896.90	335.40	296.90
98	3969.97	3513.25	2025.00	1792.10	1032.50	913.70	341.70	302.40
99	4044.44	3579.14	2063.00	1825.70	1051.80	930.90	348.10	308.10
100 +	4120.32	3646.29	2101.70	1859.90	1071.60	948.30	354.60	313.90

