In patients with type 1 diabetes, the effects of meals intake on blood glucose level are usually mitigated by administering a large amount of insulin (bolus) at mealtime or even slightly before. This strategy assumes, among other things, a prior knowledge of the meal size and the postprandial glucose dynamics. On the other hand, administering the meal bolus during or after mealt ime could benefit from the information provided by the postprandial meal dynamics at the expense of a delayed meal bolus. The present paper investigates different bolus administration strategies (at mealtime, 15 minutes after or 30 minutes after the beginning of the meal). We implement a continuous-discrete unscented Kalman filter to estimate the states and insulin sensitivity. These estimates are used in a bolus calculator. The numerical results demonstrate that administering the meal bolus 15 minutes after mealt ime both reduces the risk of hypoglycemia in case of an overestimated meal and the time spent in hyperglycemia if the meal size is underestimated. Faster insulin and the use of glucagon will have the potential to encourage postprandial meal bolus administration and hence will not require to accurately estimate the meal size.