2015 Policy Checklist

Applicant's Name____

Name of Existing Insurer_______________________ **Expiration Date of Existing Insurance**____/____/___

Medicare Supplement Plans: Important — You **must** indicate your choice of coverage. **Mark only one box, please**.

Plan A ☐ Standard
Plan B ☐ Standard ☐ Med-Select
Plan C ☐ Standard ☐ Med-Select
Plan F ☐ Standard ☐ Med-Select
Plan F *(High Deductible)*** ☐ Standard
Plan G ☐ Standard ☐ Med-Select
Plan N ☐ Standard ☐ Med-Select

SERVICE	BENEFIT	MEDICARE PAYS	EXISTING COVERAGE PAYS	SUPPLEMENT COVERS	YOU PAY
HOSPITAL INPATIENT SERVICES	Days 1-60	All but $1,260		☐ $1,260 Part A Deductible* **or** ☐ $0 Plan A Only	☐ $0 **or** ☐ $1,260 Part A Deductible
	Days 61-90	All but $315 a day		$315 a day	$0
	Days 91-150 (Lifetime Reserve)	All but $630 a day		$630 a day	$0
	Days 151 and beyond	$0		All Medicare-approved amounts for an additional 365 days	$0
SKILLED NURSING HOME CARE	Days 1-20 (All Plans)	All costs		$0	$0
	Days 21-100	All but $157.50 a day		☐ $157.50 a day **or** ☐ $0 Plans A, B	☐ $0 **or** ☐ $157.50 a day
	Days 101 and beyond (All Plans)	$0		$0	All costs
MEDICAL EXPENSES	Physician's Services in hospital, office, or home; inpatient and outpatient medical services and supplies at a hospital; physical and speech therapy; and ambulance	80% of the Medicare-determined allowable changes after a $147 deductible per calendar year		☐ After $147 Medicare Part B Deductible per calendar year, 20% of Medicare-approved amounts for Plans A,B,C,F,High F,G ☐ After $147 Medicare Part B Deductible per calendar year Plan N pays the balance, other than up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense ☐ $147 Part B deductible for Plans C, F, High F ☐ 100% Part B Excess Charges for Plans F, High F and G	Charges not covered by policy and Medicare ☐ $147 Part B deductible for Plans A, B, G, N ☐ Part B Excess Charges for Plans A, B, C, N
PRESCRIPTION DRUGS		Inpatient Prescription Drugs – 80% of allowable charges for immunosuppressive drugs during the first year following a covered transplant		No benefit	All costs; outpatient drugs

This policy does comply with the minimum standards set forth in Section 363 of the Illinois Insurance Code.

Date ____/____/____ **Signature of Applicant** X______________________________

Signature of Producer X______________________________

* Med-Select Plans require that you use Blue Cross and Blue Shield of Illinois participating Med-Select hospitals for non-emergency admissions to receive coverage for the Medicare Part A deductible.

****High Deductible Plan F** offers the same benefits as Plan F after you have paid a $2,180 calendar-year deductible.

WHITE: RETURN WITH APPLICATION • YELLOW: FOR CLIENT'S RECORDS