



Applicant's Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Existing Insurer \_\_\_\_\_ Expiration Date of Existing Insurance \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Service	Benefit	Medicare Pays	Existing Coverage Pays	Supplement Covers	You Pay
<b>Hospital Inpatient Services</b>	Days 1-60	All but \$1,632		<input type="checkbox"/> \$1,632 Part A Deductible* <b>or</b> <input type="checkbox"/> \$0 Plan A Only	<input type="checkbox"/> \$0 <b>or</b> <input type="checkbox"/> \$1,632 Part A Deductible
	Days 61-90	All but \$408 a day		\$408 a day	\$0
	Days 91-150 (Lifetime Reserve)	All but \$816 a day		\$816 a day	\$0
	After Day 150	\$0		All Medicare-approved amounts for an additional 365 days	\$0
<b>Skilled Nursing Home Care</b>	Days 1-20	All costs		\$0	\$0
	Days 21-100	All but \$204 a day		<input type="checkbox"/> \$204 a day <b>or</b> <input type="checkbox"/> \$0 Plan A only	<input type="checkbox"/> \$0 <b>or</b> <input type="checkbox"/> \$204 a day
	After Day 100	\$0		\$0	All costs
<b>Medical Expenses</b>	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 charges after a \$240 deductible per calendar year		<input type="checkbox"/> After \$240 Medicare Part B Deductible, 20% of Medicare-approved amounts for Plans A, F, High F, F Plus, G, G Plus, High G, and High G Plus <input type="checkbox"/> After \$240 Medicare Part B Deductible, Plans N and N Plus pays the balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. <input type="checkbox"/> \$240 Part B deductible for Plans F, High F and F Plus <input type="checkbox"/> 100% Part B Excess Charges for Plans F, High F, F Plus, G, G Plus, High G, and High G Plus	Charges not covered by policy and Medicare  <input type="checkbox"/> \$240 Part B deductible for Plans A, G, G Plus, High G, High G Plus, N, and N Plus. <input type="checkbox"/> Part B Excess Charges for Plans A, N, and N Plus

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 \_\_\_\_\_

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

Not connected with or endorsed by the U.S. Government or Federal Medicare Program.

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