

2019 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 F □ Standard □ Med-Select Plan G □ Standard □ Med-Select Plan B □ Standard □ Med-Select Plan F □ Standard (High Deductible)** Plan N □ Standard □ Med-Select Plan C □ 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 \$1,364	•	☐ \$1,364 Part A Deductible* or ☐ \$0 Plan A Only	□ \$0 or □ \$1,364 Part A Deductible
	Days 61-90 Days 91-150 (Lifetime Reserve)	All but \$341 a day All but \$682 a day		\$341 a day \$682 a day	\$0 \$0
	After Day 150	\$0		All Medicare-approved amounts for an additional 365 days	\$0
Skilled Nursing Home Care	Days 1-20	All costs		\$0	\$0
	Days 21-100	All but \$170.50		□ \$170.50 a day or	□ \$0 or
		a day		□ \$0 Plans A, B	□ \$170.50 a day
	After Day 100	\$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 \$185 deductible per calendar year		☐ After \$185 Medicare Part B Deductible, 20% of Medicare- approved amounts for Plans A, B, C, F, High F, G	Charges not covered by policy and Medicare
				☐ After \$185 Medicare Part B Deductible, Plan N pays the balance, other than up to \$20 per office visit and up to \$50 per emergency room visit.	□ \$185 Part B deductible for Plans A, B, G, N □ Part B Excess Charges for Plans A, B, C, N
				□ \$185 Part B deductible for Plans C, F, High F□ 100% Part B Excess Charges	
				for Plans F, High F and G	
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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APCKLIST-REV0617 31601.0119 IL

^{*} 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 \$2,300 calendar-year deductible.