BlueCross BlueShield of Illinois

2020 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 ☐ Standard *(High Deductible)***
Plan G ☐ Standard *(High Deductible)***
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 $1,408		☐ $1,408 Part A Deductible* **or** ☐ $0 Plan A Only	☐ $0 **or** ☐ $1,408 Part A Deductible
	Days 61-90	All but $352 a day		$352 a day	$0
	Days 91-150 (Lifetime Reserve)	All but $704 a day		$704 a day	$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 $176 a day		☐ $176 a day **or** ☐ $0 Plans A, B	☐ $0 **or** ☐ $176 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 $198 deductible per calendar year		☐ After $198 Medicare Part B Deductible, 20% of Medicare-approved amounts for Plans A, B, C, F, High F, G, High G ☐ After $198 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. ☐ $198 Part B deductible for Plans C, F, High F ☐ 100% Part B Excess Charges for Plans F, High F, G and High G	Charges not covered by policy and Medicare ☐ $198 Part B deductible for Plans A, B, G, N, and High G ☐ Part B Excess Charges for Plans A, B, C, N

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

* 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 Plans F and G** offer the same benefits as Plans F and G after you have paid a $2,340 calendar-year deductible.

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

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