BlueCross BlueShield of Illinois

2017 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 K ☐ Standard ☐ Med-Select
(Annual out-of-pocket limit of $5,120)

Plan L ☐ Standard ☐ Med-Select
(out-of-pocket limit of $2,560)

Service	Benefit	Medicare Pays	Existing Coverage Pays	Supplement Covers	You Pay
Hospital Inpatient Services	Days 1-60	All but $1,316		☐ Plan K: $658 Part A Deductible*	☐ Plan K: $658 Part A deductible
				☐ Plan L: $987 Part A Deductible*	☐ Plan L: $329 Part A deductible
	Days 61-90	All but $329 a day		$329 a day	$0
	Days 91-150 (Lifetime Reserve)	All but $658 a day		$658 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 costs		$0	$0
	Days 21-100	All but $164.50 a day		☐ Plan K: $82.25 a day	☐ Plan K: $82.25 a day
				☐ Plan L: $123.38 a day	☐ Plan L: $41.12 a day
	Days 101 and beyond	$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 $183 deductible per calendar year		☐ After $183 Medicare Calendar Year deductible, Plan K generally pays 10% and Plan L generally pays 15% of Medicare-approved amounts	Charges not covered by policy and Medicare
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.

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

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