



000613662

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 High Deductible**
- Plan G** Standard Med-Select High Deductible**
- Plan G Plus***** Standard Med-Select High Deductible**
- Plan N** Standard Med-Select

Service	Benefit	Medicare Pays	Existing Coverage Pays	Supplement Covers	You Pay
Hospital Inpatient Services	Days 1-60	All but \$1,556		<input type="checkbox"/> \$1,556 Part A Deductible* or <input type="checkbox"/> \$0 Plan A Only	<input type="checkbox"/> \$0 or <input type="checkbox"/> \$1,556 Part A Deductible
	Days 61-90	All but \$389 a day		\$389 a day	\$0
	Days 91-150 (Lifetime Reserve)	All but \$778 a day		\$778 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 \$194.50 a day		<input type="checkbox"/> \$194.50 a day or <input type="checkbox"/> \$0 Plan A only	<input type="checkbox"/> \$0 or <input type="checkbox"/> \$194.50 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 charges after a \$233 deductible per calendar year		<input type="checkbox"/> After \$233 Medicare Part B Deductible, 20% of Medicare-approved amounts for Plans A, F, High F, G, G Plus and High G <input type="checkbox"/> After \$233 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. <input type="checkbox"/> \$233 Part B deductible for Plans F and High F <input type="checkbox"/> 100% Part B Excess Charges for Plans F, High F, G, G Plus and High G	Charges not covered by policy and Medicare <input type="checkbox"/> \$233 Part B deductible for Plans A, G, G Plus, High G and N <input type="checkbox"/> Part B Excess Charges for Plans A and 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 \$2,490 calendar-year deductible.

*** **Plan G Plus** offers additional dental, hearing and vision benefits.

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

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