



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 |
|------------------------------------|---|---|------------------------|---|---|
| Hospital Inpatient Services | Days 1-60 | All but \$1,676 | | <input type="checkbox"/> \$1,676 Part A Deductible* or <input type="checkbox"/> \$0 Plan A Only | <input type="checkbox"/> \$0 or <input type="checkbox"/> \$1,676 Part A Deductible |
| | Days 61-90 | All but \$419 a day | | \$419 a day | \$0 |
| | Days 91-150 (Lifetime Reserve) | All but \$838 a day | | \$838 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 \$209.50 a day | | <input type="checkbox"/> \$209.50 a day or <input type="checkbox"/> \$0 Plan A only | <input type="checkbox"/> \$0 or <input type="checkbox"/> \$209.50 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 \$257 deductible per calendar year | | <input type="checkbox"/> After \$257 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 \$257 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"/> \$257 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"/> \$257 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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