



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 \$4,660)

Plan L Standard Med-Select
(Annual out-of-pocket limit of \$2,330)

SERVICE	BENEFIT	MEDICARE PAYS	EXISTING COVERAGE PAYS	SUPPLEMENT COVERS	YOU PAY
HOSPITAL INPATIENT SERVICES	Days 1-60	All but \$1,156		Plan K: \$578 Part A Deductible* Plan L: \$867 Part A Deductible*	<input type="checkbox"/> Plan K: \$578 Part A deductible <input type="checkbox"/> Plan L: \$289 Part A deductible
	Days 61-90	All but \$289 a day		\$289 a day	\$0
	Days 91-150 (Lifetime Reserve)	All but \$578 a day		\$578 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 \$144.50 a day		<input type="checkbox"/> Plan K: \$72.25 a day <input type="checkbox"/> Plan L: \$108.38 a day	<input type="checkbox"/> Plan K: \$72.25 a day <input type="checkbox"/> Plan L: \$36.12 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 charges after a \$140 deductible per calendar year		<input type="checkbox"/> After \$140 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.