

Plans K & L 2010 Policy Checklist

Applicant's Name _____

Policy Number _____

Name of Existing Insurer _____

Expiration Date of Existing Insurance ____ / ____ / ____



BlueCross BlueShield of Illinois

Experience. Wellness. Everywhere.™

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 \$4,620)**

**Plans K and L provide for different cost-sharing for items and services from Plans A-J. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges." You will be responsible for paying excess charges. The out-of-pocket annual limit will increase each year for inflation.

Plan L Standard Med-Select
(Annual out-of-pocket limit of \$2,310)**

SERVICE	BENEFIT	MEDICARE PAYS	EXISTING COVERAGE PAYS	SUPPLEMENT COVERS	YOU PAY
HOSPITAL INPATIENT SERVICES	Days 1-60	All but \$1,100		<input type="checkbox"/> Plan K: \$550 Part A Deductible* or <input type="checkbox"/> Plan L: \$825 Part A Deductible	<input type="checkbox"/> \$550 Part A Deductible or <input type="checkbox"/> \$275 Part A Deductible
	Days 61-90	All but \$275 a day		\$275 a day	\$0
	Days 91-150 (Lifetime Reserve)	All but \$550 a day		\$550 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	
	Days 21-100	All but \$137.50 a day		<input type="checkbox"/> Plan K: \$68.75 a day or <input type="checkbox"/> Plan L: \$103.12 a day	<input type="checkbox"/> \$68.75 a day or <input type="checkbox"/> \$34.38 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 \$155 deductible per calendar year		For charges covered under Part B Medicare: <input type="checkbox"/> After \$155 Medicare Calendar Year deductible, Plan K generally pays 10% and Plan L generally pays 15% of Medicare allowable charges	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.**