

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 A Standard

Plan F Standard Med-Select

Plan B Standard Med-Select

Plan F (High Deductible) Standard

Plan C Standard Med-Select

Plan D Standard Med-Select

High Deductible Plan F offers the same benefits as Plan F after you have paid a \$2,000 calendar-year deductible.

Plan E Standard Med-Select

SERVICE	BENEFIT	MEDICARE PAYS	EXISTING COVERAGE PAYS	SUPPLEMENT COVERS	YOU PAY
HOSPITAL INPATIENT SERVICES	Days 1-60	All but \$1,100		<input type="checkbox"/> \$1,100 Part A Deductible* or <input type="checkbox"/> \$0	<input type="checkbox"/> \$1,100 Part A Deductible or <input type="checkbox"/> \$0*
	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"/> \$137.50 a day or <input type="checkbox"/> \$0	<input type="checkbox"/> \$137.50 a day or <input type="checkbox"/> \$0
	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, 20% of Medicare allowable charges <input type="checkbox"/> Part B Deductible <input type="checkbox"/> 100% Part B Excess 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.**