



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 \$1,736		<input type="checkbox"/> \$1,736 Part A Deductible* or <input type="checkbox"/> \$0 Plan A Only	<input type="checkbox"/> \$0 or <input type="checkbox"/> \$1,736 Part A Deductible
	Days 61-90	All but \$434 a day		\$434 a day	\$0
	Days 91-150 (Lifetime Reserve)	All but \$868 a day		\$868 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 \$217 a day		<input type="checkbox"/> \$217 a day or <input type="checkbox"/> \$0 Plan A only	<input type="checkbox"/> \$0 or <input type="checkbox"/> \$217 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 \$283 deductible per calendar year		<input type="checkbox"/> After \$283 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 \$283 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"/> \$283 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"/> \$283 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.

Medicare Supplement plans provided by Blue Cross and Blue Shield of Illinois, which refers to Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), and refers to HCSC Insurance Services Company (HISC). HCSC and HISC are Independent licensees of the Blue Cross and Blue Shield Association.