



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 A**  Standard

**Plan G**  Standard  Med-Select

**Plan G Plus**\*\*\*  Standard

**Plan F**  Standard  Med-Select

High Deductible\*\*

Med-Select  High Deductible\*\*

High Deductible\*\*

**Plan N**  Standard  Med-Select

Service	Benefit	Medicare Pays	Existing Coverage Pays	Supplement Covers	You Pay
<b>Hospital Inpatient Services</b>	Days 1-60	All but \$1,484		<input type="checkbox"/> \$1,484 Part A Deductible* <b>or</b> <input type="checkbox"/> \$0 Plan A Only	<input type="checkbox"/> \$0 <b>or</b> <input type="checkbox"/> \$1,484 Part A Deductible
	Days 61-90	All but \$371 a day		\$371 a day	\$0
	Days 91-150 (Lifetime Reserve)	All but \$742 a day		\$742 a day	\$0
	After Day 150	\$0		All Medicare-approved amounts for an additional 365 days	\$0
<b>Skilled Nursing Home Care</b>	Days 1-20	All costs		\$0	\$0
	Days 21-100	All but \$185.50 a day		<input type="checkbox"/> \$185.50 a day <b>or</b> <input type="checkbox"/> \$0 Plan A only	<input type="checkbox"/> \$0 <b>or</b> <input type="checkbox"/> \$185.50 a day
	After Day 100	\$0		\$0	All costs
<b>Medical Expenses</b>	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 changes after a \$203 deductible per calendar year		<input type="checkbox"/> After \$203 Medicare Part B Deductible, 20% of Medicare-approved amounts for Plans A, F, High F, G, G Plus and High G <input type="checkbox"/> After \$203 Medicare Part B Deductible, Plan N pays the balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. <input type="checkbox"/> \$203 Part B deductible for Plans F and High F <input type="checkbox"/> 100% Part B Excess Charges for Plans F, High F, G, G Plus and High G	Charges not covered by policy and Medicare  <input type="checkbox"/> \$203 Part B deductible for Plans A, G, G Plus, High G and N <input type="checkbox"/> Part B Excess Charges for Plans A and N

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**

\* 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.

\*\* **High Deductible Plans F and G** offer the same benefits as Plans F and G after you have paid a \$2,370 calendar-year deductible.

\*\*\* **Plan G Plus** offers additional dental, hearing and vision benefits.

Not connected with or endorsed by the U.S. Government or Federal Medicare Program.

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