**Section 2008.APPENDIX A Policy Checklist**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant's Name | | |  | | | | | | | |
| Policy Number | |  | | | | | | | | |
| Name of Existing Insurer | | | |  | | | | | | | |
| Expiration Date of Existing Insurance | | | | |  | | | | | | |
|  | | | | | | | | | | | |
| SERVICE | BENEFIT | | | | | MEDICARE PAYS | EXISTING COVERAGE | | SUPPLEMENT PAYS | YOU PAY | |
|  | | | | | | | | | | | |
| Hospital  Inpatient | First 60 Days | | | | | All But  ($ ) |  | |  |  | |
|  | | | | | | | | | | | |
|  | 61st to 90th Day | | | | | All But  ($ )  a Day |  | |  |  | |
|  | | | | | | | | | | | |
|  | 91st to 150th Day (Lifetime Reserve) | | | | | ($ )  a Day |  | |  |  | |
|  | | | | | | | | | | | |
|  | Beyond 150 Days | | | | | Nothing |  | |  |  | |
|  | | | | | | | | | | | |
| Skilled  Nursing  Home Care | First 20 Days  Additional 80  Days | | | | | 100% of Cost  All But  ($ )  A Day |  | |  |  | |
|  | | | | | | | | | | | |
|  | Beyond 100  Days | | | | | Nothing |  | |  |  | |
|  | | | | | | | | | | | |
| Medical  Expense | Physician's Services in hospital, office or home, inpatient and out-patient medical services and supplies at a hospital, physical and speech therapy and ambulance | | | | | 80% of Medicare Determined allowable charges after  ($ ) Deductible |  | |  |  | |
|  | | | | | | | | | | | |
| Prescription Drugs |  | | | | | Inpatient Prescription Drugs. 80% of allowable charges for immunosuppressive drugs during the first year following a covered transplant. | |  | |  | |

This policy does/does not comply with the minimum standards set forth in Section 363 of the Illinois Insurance Code.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE |  | SIGNATURE OF APPLICANT |  | |
|  |  | SIGNATURE OF INSURANCE PRODUCER | |  |

(Source: Amended at 16 Ill. Reg. 2766, effective February 11, 1992; corrected at 16 Ill. Reg. 3590)