**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 |
|  |
| HospitalInpatient | 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 |  |  |  |
|  |
| SkilledNursingHome Care | First 20 DaysAdditional 80 Days | 100% of CostAll But($ )A Day |  |  |  |
|  |
|  | Beyond 100Days | Nothing |  |  |  |
|  |
| MedicalExpense | 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)