

**LUMICO LIFE INSURANCE COMPANY  
POLICY CHECKLIST – PLAN A**

**Applicant's Name:** \_\_\_\_\_  
**Policy Number:** \_\_\_\_\_  
**Name of Existing Insurer:** \_\_\_\_\_  
**Expiration Date of Existing Insurance:** \_\_\_\_\_

SERVICE	BENEFIT	MEDICARE PAYS	EXISTING COVERAGE	PLAN A SUPPLEMENT PAYS	YOU PAY
<b>Hospital Inpatient</b>	<b>First 60 Days</b>	<b>All But \$1484</b>		<b>\$0</b>	<b>\$1484</b>
	<b>61<sup>st</sup> to 90<sup>th</sup> Day</b>	<b>All But \$371 a Day</b>		<b>\$371 a Day</b>	<b>\$0</b>
	<b>91<sup>st</sup> to 150<sup>th</sup> Day (Lifetime Reserve)</b>	<b>All But \$742 a Day</b>		<b>\$742 a Day</b>	<b>\$0</b>
	<b>Beyond 150 Days</b>	<b>Nothing</b>		<b>100% of Medicare Eligible Expenses for an additional 365 days</b>	<b>\$0</b>
<b>Skilled Nursing</b>	<b>First 20 Days</b>	<b>100% of Cost</b>		<b>\$0</b>	<b>\$0</b>
<b>Home Care</b>	<b>Additional 80 Days</b>	<b>All But \$185.50 a Day</b>		<b>\$0</b>	<b>Up to \$185.50 a Day</b>
	<b>Beyond 100 Days</b>	<b>Nothing</b>		<b>\$0</b>	<b>All Costs</b>
<b>Medical Expense</b>	<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</b>	<b>80% of Medicare Determined allowable charges after \$203 Deductible</b>		<b>Generally 20% of Medicare Approved Amounts after \$203 Deductible</b>	<b>\$203 Deductible</b>
<b>Prescription Drugs</b>		<b>Inpatient prescription drugs. 80% of allowable charges for immunosuppressive drugs during the first year following a covered transplant</b>		<b>Generally 20% of Medicare Approved Amounts for inpatient prescription drugs</b>	<b>All Remaining Charges after Medicare and Medicare Supplement Pays</b>

This policy does comply with the minimum standards set forth in Section 363 of the Illinois Insurance Code.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Insurance Producer