

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

Applicant's Name: _____
 Policy Number: _____
 Name of Existing Insurer: _____
 Expiration Date of Existing Insurance: _____

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

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