

AMERICAN BENEFIT LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT ADMINISTRATIVE OFFICE

1021 Reams Fleming Boulevard, Franklin, TN 37064

Telephone: 1-833-504-0331

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 \$1,632			
	61st to 90th Day	All But \$408			
	91st to 150th Day (Lifetime Reserve)	All But \$816			
	Beyond 150 Days	Nothing			
Skilled Nursing Home Care	First 20 Days	100% of Cost			
	Additional 80 Days	All But \$204			
	Beyond 100 Days	Nothing			
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 \$240 Deductible			
Prescription Drugs		Inpatient Prescription Drugs. 80% of allowable charges for immunosuppressive drugs during the first year following a covered transplant.			

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

Date: _____

Applicant Signature: _____

Insurance Producer Signature: _____