

Aetna Health Insurance Company

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 \$1,632 | | | |
| | 61st to 90th day | All but \$408 a day | | | |
| | 91st to 150th day (Lifetime Reserve) | All but \$816 a day | | | |
| | Beyond 150 days | Nothing | | | |
| Skilled Nursing Facility Care | First 20 days | 100% of Cost | | | |
| | Additional 80 days | All but \$204 a day | | | |
| | 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 | | | |
| Home Health Care | Medically necessary skilled care service and medical supplies | 100% | | | |
| | Durable medical equipment | 80% of Medicare determined allowable charges after \$240 deductible | | | |

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

Date: _____ Signature of Applicant: _____

Signature of Insurance Producer: _____