

ManhattanLife Assurance Company of America MEDICARE SUPPLEMENT CHECKLIST – ILLINOIS

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 Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,632		Plan A - Nothing Plans F, G, N - \$1,632 (Part A Deductible)	Plan A - \$1,632 (Part A Deductible) Plans F, G, N - Nothing
	61 st to 90 th day	All but \$408 a day		Plans A, F, G, N - \$408 a day	Plans A, F, G, N - Nothing for covered expenses
	91 st to 150 th day (Lifetime Reserve)	All but \$816 a day		Plans A, F, G, N - \$816 a day	Plans A, F, G, N - Nothing for covered expenses
	Beyond 150 days	Nothing		Plans A, F, G, N - 100% of Medicare eligible expenses for an additional 365 days	Plans A, F, G, N - Nothing for covered expenses
Skilled Nursing You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital	First 20 days	100% of approved amounts		Plans A, F, G, N - Nothing	Plans A, F, G, N - Nothing
	Additional 80 days	All but \$204 a day		Plan A - Nothing Plans G, N - Up to \$204 a day	Plan A - Up to \$204 a day Plans F, G, N - Nothing
	Beyond 100 days	Nothing		Plans A, F, G, N - Nothing	Plans A, F, G, N - All costs
Medical Expense In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$240 of Medicare Approved Amounts	Nothing		Plans A, G, N - Nothing Plans F - \$240 (Part B Deductible)	Plans A, G, N - \$240 (Part B Deductible) Plan F - Nothing
	Remainder of Medicare approved amounts	Generally 80% of Medicare determined allowable charges after \$240 Part B deductible		Plans A, F, G, N - Generally 20%	Plans A, F, G - Nothing Plan N Up to \$20 per office visit and up to \$50 per emergency room visit
	Part B excess charges (above Medicare approved amounts)	Nothing		Plans A, N - Nothing Plans F, G - 100%	Plans A, N - 100% Plans F, G - Nothing

* Plan F is only available if you are eligible for Medicare before January 1, 2022

The 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