

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 \$1,676			
	61st to 90th day	All but \$419 a day			
	91st to 150th day (Lifetime Reserve)	All but \$838 a day			
	Beyond 150 days	Nothing			
Skilled Nursing Facility Care	First 20 days	100% of Cost			
	Additional 80 days	All but \$209.50 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 \$257 deductible			
Home Health Care	Medically necessary skilled care service and medical supplies	100%			
	Durable medical equipment	80% of Medicare determined allowable charges after \$257 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: _____