

P.O. Box 1587 Pekin, Illinois 61555-1587 Ph: 800-371-9622 Fax: 309-346-8265 www.pekininsurance.com

| MEDICARE SELECT PLAN C - H35 | |
|----------------------------------|--------------------------------------|
| DART A REPUICTIBLE REIMBURGEMENT | VEC. ONLY AT IN METIMODIC LIGODITAL* |
| PART A DEDUCTIBLE REIMBURSEMENT | YES, ONLY AT IN-NETWORK HOSPITAL* |
| PART B DEDUCTIBLE REIMBURSEMENT | YES |
| MEDICARE PART B COINSURANCE | YFS |
| REIMBURSEMENT | 123 |
| SKILLED NURSING COINSURANCE | COINSURANCE DAYS 21-100 |
| REMIBURSMENT | COINSUIVAINCE DATS 21-100 |

^{*}ID card indicates the In-Network/Select Hospital. Questions? Contact us at 800-371-9622

- Policy supplements any Medicare eligible expense
- Any charge denied by Medicare will not be covered by this supplement plan.
- The plan does not require precertification or predeterminations due to the plan paying based on Medicare's guidelines.
- Part A deductible is not reimbursed when services are not performed at the selected In-Network hospital.

PEKIN INSURANCE OBTAINS CLAIMS ELECTRONICALLY FROM MEDICARE

- Provider should not need to file paper claims
- Medicare Part A and Part B claims automatically cross over for all insureds who have provided us with their Medicare HIC #.
- CMS has indicated providers should not bill in advance of Medicare's payment release or bill within 15 days of Medicare's payment. WE DO NOT ACCEPT THESE TYPES OF PAPER CLAIMS.

PLEASE BE ADVISED THAT WE DO NOT GUARANTEE BENEFITS
PRIOR TO A CLAIM BEING SUBMITTED AND APPROVED.
ALL POLICY PROVISION, EXCLUSIONS AND LIMITATIONS WILL APPLY.