

Blue Medicare SupplementSM

Supplemental health care coverage for Medicare beneficiaries enrolled in Part B residing in North Carolina



Why Blue?

- 1 Covering the gaps left by Medicare*
- 2 Guaranteed acceptance for coverage (See page 4)
- 3 Avoid waiting periods for pre-existing conditions (See page 4)
- 4 Silver Sneakers^{®1} included at no additional cost**



Compare plans

We want to help you choose the Blue Medicare Supplement plan that includes the benefits that are most important to you.

All of our Blue Medicare Supplement plans are attained-age rated

Our rates increase due to age when you move from one age band to the next. Rates may also be adjusted for medical inflation or overall claims experience.

Any change in rate will be preceded by a 30-day notice and is guaranteed for 12 months. Rates are subject to change June 1 of each year, but members will not be singled out for premium increases based on their individual health.

Attained-age plans should be compared to entry-age plans (also known as issue-age plans). Premiums for entry-age plans do not increase due to age.



How Can We Help?

Contact your local authorized Blue Cross and Blue Shield of North Carolina (BCBSNC) agent.

Benefits covered by Blue Medicare Supplement (Original Medicare does not cover the following benefits ¹)	PLAN A PAYS BMS A 11/13	PLAN B PAYS BMS B 11/13	PLAN C PAYS BMS C 11/13	PLAN D PAYS BMS D 11/13	PLAN F PAYS BMS F 11/13	HIGH DED PLAN F ¹⁰ PAYS BMS HDF 11/13	PLAN G PAYS BMS G11/13	PLAN K PAYS BMS K 11/13	PLAN L PAYS BMS L 11/13	PLAN M PAYS BMS M 11/13	PLAN N PAYS BMS N 11/13
Part A (Hospitalization)											
\$1,216 Inpatient hospital deductible each benefit period		✓	✓	✓	✓	✓	✓	11, 12	13, 14	11	✓
\$304 a day copayment for days 61-90 in a hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
\$608 a day copayment for days 91-150 (lifetime reserve ²)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
100% of Medicare allowable expenses for additional 365 days after Medicare hospital benefits stop completely	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
First 3 pints of blood per calendar year ³	✓	✓	✓	✓	✓	✓	✓	11, 12	13, 14	✓	✓
\$152 per day for days 21-100 in a skilled nursing facility ⁴			✓	✓	✓	✓	✓	11, 12	13, 14	✓	✓
Hospice care copayment/coinsurance	✓	✓	✓	✓	✓	✓	✓	11, 12	13, 14	✓	✓
Part B (Physician and medical services)											
\$147 Part B deductible			✓		✓	✓		12	14		
Generally, 20% of Medicare-approved amount (Part B coinsurance) after Part B deductible is met	✓	✓	✓	✓	✓	✓	✓	11, 12	13, 14	✓	15
100% of Medicare Part B excess charges ⁵					✓	✓	✓				
Additional benefits not covered by Medicare											
Benefits for medically necessary emergency care received in a foreign country ⁶			✓	✓	✓	✓	✓			✓	✓
Blue Medicare Supplement monthly rates⁷											
Age Under 65	\$430.50 ⁸	\$504.75 ⁹	\$657.50 ⁸								
Age 65	\$113.50	\$126.50	\$144.25	\$129.00	\$132.00	\$31.00	\$129.00	\$64.50	\$90.25	\$104.25	\$122.50
66-69	\$121.50	\$141.50	\$165.25	\$149.50	\$159.25	\$37.50	\$149.50	\$74.75	\$104.50	\$120.50	\$142.00
70-74	\$141.00	\$166.75	\$191.25	\$176.25	\$182.25	\$43.00	\$176.25	\$88.25	\$123.50	\$142.25	\$167.50
75 and over	\$149.50	\$186.50	\$239.75	\$223.50	\$226.00	\$53.25	\$223.50	\$111.75	\$156.50	\$180.50	\$212.50

Footnotes:

1) This is only a summary of benefits describing the policies' most important features. The policy is the insurance contract. You must read the policy itself to understand all the rights and duties of both you and your insurance company. These policies may not fully cover all of your medical costs. Neither BCBSNC nor its agents are affiliated with Medicare. **2)** After 90 days of hospitalization, Medicare benefits are paid from a one-time, lifetime reserve of 60 additional days, which are not renewable each benefit period. **3)** If blood is donated to replace what you use, there is no charge. **4)** You must have been in a hospital for at least three days and enter a Medicare-approved facility generally within 30 days after hospital discharge, no benefits after 100 days.

5) On all plans offered except PLANS F, High Ded F and G, members may be responsible for charges higher than the amount approved by Medicare unless the provider agrees to accept Medicare's approved amount as full payment. Approved charges are covered at 100% under these plans. **6)** 80% of medically necessary emergency care services beginning during the first 60 days of trip outside of USA, after \$250 annual deductible, up to \$50,000 lifetime maximum. **7) Rates are effective through May 31, 2015 for Plans A-N.** **8)** Rate is for individuals who are on Medicare due to disability. **9)** Plan B under 65 rate is only available to current BCBSNC subscribers who qualify for Medicare due to disability. **10) High-Deductible**

Plan F: This high-deductible plan pays the same benefits as Plan F after one has paid a calendar-year \$2,140 deductible. Benefits for this plan will not begin until out-of-pocket expenses exceed \$2,140, where these are ordinarily paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible. **11)** Plan pays 50%; member pays 50%. **12)** Until annual out-of-pocket limit of \$4,940 is met. **13)** Plan pays 75%; member pays 25%. **14)** Until annual out-of-pocket limit of \$2,470 is met. **15)** Member pays up to \$20 per office visit and up to \$50 per emergency room visit; Plan pays the balance other than up to \$50 per emergency room visit. ✓ Benefit included in plan.

Limitations & Exclusions

Like most health plans, Blue Medicare Supplement plans have some limitations and exclusions. For example, BCBSNC does not provide benefits for services, supplies, or charges that are: not Medicare eligible expenses under the Medicare program unless otherwise noted; incurred prior to the effective date of coverage, including any expenses when a subscriber is an inpatient on the effective date of coverage; payable under Medicare.

This brochure contains a summary of benefits only describing our policies' most important features. It is not an insurance policy. The Blue Medicare Supplement policy is the insurance contract. If there is any difference between this brochure and the policy, the provisions of the policy will control. Neither Blue Cross and Blue Shield of North Carolina nor its agents are affiliated with Medicare or endorsed by the United States government.

Once members enroll in a plan, they will receive a policy and outline of coverage that will contain detailed information about plan benefits, exclusions and limitations. Members will be notified 30 days in advance of any change in coverage, which is guaranteed for 12 months.

CAUTION: POLICY BENEFITS ARE LIMITED TO THOSE APPROVED BY MEDICARE FOR PAYMENT.

Monthly premiums (rates) are effective through June 1, 2015 for Plans A-N.

This coverage is guaranteed renewable and may not be canceled or non-renewed for any reason other than failure to pay premiums or misstatements in or omissions of information from your application.

* The Blue Medicare Supplement policy is an insurance contract. These policies may not fully cover all of your medical costs. These policies contain provisions that limit benefits to those approved for payment by Medicare.

** The SilverSneakers®1 program is available to members covered under Blue Medicare Supplement plans. The program is a value-added program and not part of member policy or benefit. It may change or be discontinued at any time. BCBSNC is not liable in any way for the goods or services received. These programs are not part of a member's policy or benefits, but are value-added discounts available for their use. Results are not guaranteed. Decisions regarding medical care should be made with the advice of a doctor. Not connected with or endorsed by the U.S. government or the federal Medicare program.

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Blue Medicare SupplementSM

1 Covering the gaps left by Medicare

Medicare covers many health care services and certain prescription drugs, but it doesn't pay for all of your costs, such as copayments, coinsurance and deductibles. These "coverage gaps" could leave you paying up to 20 percent of your health related expenses. A Blue Medicare SupplementSM plan can give you additional coverage for Medicare deductibles and coinsurance for services like: hospital stays, skilled nursing facilities, physician services, diagnostic tests, and medical and surgical services and supplies. You'll also be covered for Medicare-eligible costs not covered by Medicare.*

2 Guaranteed acceptance for coverage

Enrollment is simple. And, you can't be denied for Blue Medicare Supplement coverage if you: A) Are age 65 or older and eligible for Medicare or under age 65 and are eligible for Medicare by reason of disability (Plans A, and C); B) enroll within six months of enrolling in Medicare Part B; C) are not covered by Medicaid; and D) are a North Carolina resident.

3 Avoid waiting periods for pre-existing conditions

If you enroll within 30 days following your 65th birthday, or if you have six months of continuous prior coverage, the 6-month waiting period for pre-existing conditions will be waived. Pre-existing conditions are conditions for which medical advice was given or treatment was recommended by or received from a physician within six months before the effective date of coverage. If you wait until after the deadline to enroll, you may have a waiting period for pre-existing conditions and may have to complete a medical questionnaire.

Learn more

Contact your local authorized BCBSNC agent
TODAY!

