

# Blue Shield Medicare Supplement plans

Summary of benefits and provisions

Benefit Plans A, C, D, F, High Deductible F, K, and N  
Effective January 1, 2013

# Blue Shield of California Medicare Supplement plans

Please take a few minutes to review the information in this booklet.

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# Benefit chart of Medicare Supplement plans sold on or after January 1, 2013

Medicare supplement contracts can be sold in only standard plans. This chart shows the benefits included in each plan. Every insurance company must offer Plan A. Some plans may not be available. Blue Shield offers Plans A, C, D, F, High Deductible F, K, and N, which are shaded in gray in the chart below.

## Basic benefits

### Hospitalization

- Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

### Blood

- First three pints of blood each year.

## Medical Expenses

- Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require the insured to pay a portion of Part B coinsurance or copayments.

## Hospice

- Part A coinsurance.

**Comparison Chart of the 10 Standard Medicare Supplement Plans**

A	B	C	D	F	F*	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*		Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER			
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible						
				Part B Excess (100%)		Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Calendar-year maximum copayment \$4,800; paid at 100% after maximum reached	Calendar-year maximum copayment \$2,400; paid at 100% after maximum reached		
SilverSneakers Fitness Program		SilverSneakers Fitness Program	SilverSneakers Fitness Program	SilverSneakers Fitness Program			SilverSneakers Fitness Program			SilverSneakers Fitness Program

\* Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,110 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,110. Out-of-pocket expenses for this deductible are expenses that would ordinarily be 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.

## INFORMATION ABOUT PREPAID OR PERIODIC CHARGES

Blue Shield can only raise your charges if it raises the charge for all contracts like yours in this state. Because plan dues are based on age, your dues will increase when you turn 67, 69, 71, 73, 75, 77, 79, 81, 83, and/or 85 years old.

If you're applying more than 60 days before your effective date, the rates listed in the following pages are subject to change.

### Opportunities for additional savings

#### **Welcome to Medicare Rate Savings**

New to Medicare? Then we want to welcome you! You can save \$15 each month for the first 12 months on your Medicare Supplement plan rates if you're new to Medicare Part B.<sup>1</sup>

To qualify, you must be age 65 or older, and Blue Shield must receive your application within six months of the date you first enrolled for benefits under Medicare Part B. The savings will be in effect for the first 12 months of your plan dues.

The Welcome to Medicare Rate Savings is available for all Medicare Supplement plans that Blue Shield offers. And, you can also take advantage of our two-party rates and Easy\$Pay<sup>SM</sup> method of payment for additional rate savings.

#### **Easy\$Pay**

Easy\$Pay is a simple, convenient way to pay your dues. Simply authorize Blue Shield to withdraw the monthly dues from your personal checking or savings account. By choosing this method, you will save \$3 per month on your plan dues.<sup>1</sup> That's up to \$36 every year.

#### **Two-party enrollment**

If you and your spouse or domestic partner are age 65 or older, apply together, and are accepted in the *same benefit plan type*, you may be able to save on your combined monthly dues if coverage is issued under one agreement.<sup>1</sup> Two-party rates are based on the age of the older party. For more information, please ask your Blue Shield representative for eligibility and details about our two-party enrollment feature.

**Please note:** If you are currently enrolled in a Medicare Supplement plan, you may transfer to a plan of equal or lesser value during an annual open enrollment period, which begins every year on your birthday and lasts for 30 days. However, if you currently have a two-party agreement and change to a benefit plan that is different from your spouse or domestic partner's, you will no longer be eligible for the two-party rate if your spouse does not change to the same plan.

## Region 1

Los Angeles County (except for ZIP codes 91711, 91759, 91765, 91766, 91767, 93535, 93544, 93563, and 93591)

### Monthly plan dues – billed and to be paid in advance

The amounts listed are **before** any applicable Welcome to Medicare Rate Savings or Easy\$Pay savings are applied.

#### Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$114	\$156	\$133	\$168	\$61	\$71	\$107
67 to 68	\$121	\$164	\$140	\$176	\$64	\$74	\$112
69 to 70	\$132	\$180	\$153	\$194	\$71	\$81	\$124
71 to 72	\$152	\$207	\$175	\$223	\$81	\$93	\$142
73 to 74	\$166	\$226	\$192	\$246	\$90	\$107	\$157
75 to 76	\$192	\$256	\$219	\$281	\$102	\$118	\$179
77 to 78	\$206	\$273	\$233	\$305	\$111	\$128	\$194
79 to 80	\$213	\$292	\$250	\$312	\$114	\$137	\$199
81 to 82	\$226	\$307	\$261	\$331	\$120	\$145	\$211
83 to 84	\$237	\$323	\$274	\$347	\$126	\$152	\$221
85 plus	\$248	\$338	\$288	\$365	\$133	\$160	\$232
64 or younger <sup>2</sup>	\$587	\$799	\$671	\$862	\$314	\$359	\$549

#### Two-party rates<sup>1</sup>

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$222	\$306	\$260	\$330	N/A	N/A	\$208
67 to 68	\$217	\$303	\$255	\$327	N/A	N/A	\$199
69 to 70	\$239	\$335	\$281	\$363	N/A	N/A	\$223
71 to 72	\$279	\$389	\$325	\$421	N/A	N/A	\$259
73 to 74	\$307	\$427	\$359	\$467	N/A	N/A	\$289
75 to 76	\$359	\$487	\$413	\$537	N/A	N/A	\$333
77 to 78	\$387	\$521	\$441	\$585	N/A	N/A	\$363
79 to 80	\$401	\$559	\$475	\$599	N/A	N/A	\$373
81 to 82	\$427	\$589	\$497	\$637	N/A	N/A	\$397
83 to 84	\$449	\$621	\$523	\$669	N/A	N/A	\$417
85 plus	\$471	\$651	\$551	\$705	N/A	N/A	\$439
64 or younger <sup>2</sup>	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Tobacco rates – only applies if you've used tobacco products in the past 24 months and you are not eligible for guaranteed acceptance.**

#### Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$136	\$186	\$159	\$200	\$73	\$85	\$128
67 to 68	\$144	\$196	\$167	\$210	\$76	\$88	\$134
69 to 70	\$157	\$215	\$183	\$231	\$85	\$97	\$148
71 to 72	\$181	\$247	\$209	\$266	\$97	\$111	\$169
73 to 74	\$198	\$270	\$229	\$293	\$107	\$128	\$187
75 to 76	\$229	\$305	\$261	\$335	\$122	\$141	\$214
77 to 78	\$246	\$326	\$278	\$364	\$132	\$153	\$231
79 to 80	\$254	\$348	\$298	\$372	\$136	\$163	\$237
81 to 82	\$270	\$366	\$311	\$395	\$143	\$173	\$252
83 to 84	\$283	\$385	\$327	\$414	\$150	\$181	\$264
85 plus	\$296	\$403	\$344	\$435	\$159	\$191	\$277
64 or younger <sup>2</sup>	\$700	\$953	\$801	\$1,028	\$375	\$428	\$655

Two-party rates<sup>1</sup> do not apply

## Region 2

### Orange County

#### Monthly plan dues – billed and to be paid in advance

The amounts listed are **before** any applicable Welcome to Medicare Rate Savings or Easy\$Pay savings are applied.

#### Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$114	\$156	\$133	\$168	\$61	\$71	\$107
67 to 68	\$121	\$164	\$140	\$176	\$64	\$74	\$112
69 to 70	\$132	\$180	\$153	\$194	\$71	\$81	\$124
71 to 72	\$152	\$207	\$175	\$223	\$81	\$93	\$142
73 to 74	\$166	\$226	\$192	\$246	\$90	\$107	\$157
75 to 76	\$192	\$256	\$219	\$281	\$102	\$118	\$179
77 to 78	\$206	\$273	\$233	\$305	\$111	\$128	\$194
79 to 80	\$213	\$292	\$250	\$312	\$114	\$137	\$199
81 to 82	\$226	\$307	\$261	\$331	\$120	\$145	\$211
83 to 84	\$237	\$323	\$274	\$347	\$126	\$152	\$221
85 plus	\$248	\$338	\$288	\$365	\$133	\$160	\$232
64 or younger <sup>2</sup>	\$587	\$799	\$671	\$862	\$314	\$359	\$549

#### Two-party rates<sup>1</sup>

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$222	\$306	\$260	\$330	N/A	N/A	\$208
67 to 68	\$217	\$303	\$255	\$327	N/A	N/A	\$199
69 to 70	\$239	\$335	\$281	\$363	N/A	N/A	\$223
71 to 72	\$279	\$389	\$325	\$421	N/A	N/A	\$259
73 to 74	\$307	\$427	\$359	\$467	N/A	N/A	\$289
75 to 76	\$359	\$487	\$413	\$537	N/A	N/A	\$333
77 to 78	\$387	\$521	\$441	\$585	N/A	N/A	\$363
79 to 80	\$401	\$559	\$475	\$599	N/A	N/A	\$373
81 to 82	\$427	\$589	\$497	\$637	N/A	N/A	\$397
83 to 84	\$449	\$621	\$523	\$669	N/A	N/A	\$417
85 plus	\$471	\$651	\$551	\$705	N/A	N/A	\$439
64 or younger <sup>2</sup>	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Tobacco rates – only applies if you've used tobacco products in the past 24 months and you are not eligible for guaranteed acceptance.**

#### Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$136	\$186	\$159	\$200	\$73	\$85	\$128
67 to 68	\$144	\$196	\$167	\$210	\$76	\$88	\$134
69 to 70	\$157	\$215	\$183	\$231	\$85	\$97	\$148
71 to 72	\$181	\$247	\$209	\$266	\$97	\$111	\$169
73 to 74	\$198	\$270	\$229	\$293	\$107	\$128	\$187
75 to 76	\$229	\$305	\$261	\$335	\$122	\$141	\$214
77 to 78	\$246	\$326	\$278	\$364	\$132	\$153	\$231
79 to 80	\$254	\$348	\$298	\$372	\$136	\$163	\$237
81 to 82	\$270	\$366	\$311	\$395	\$143	\$173	\$252
83 to 84	\$283	\$385	\$327	\$414	\$150	\$181	\$264
85 plus	\$296	\$403	\$344	\$435	\$159	\$191	\$277
64 or younger <sup>2</sup>	\$700	\$953	\$801	\$1,028	\$375	\$428	\$655

Two-party rates<sup>1</sup> do not apply

## Region 3

San Diego, Sonoma, San Bernardino, Kern counties, and Los Angeles ZIP codes 91711, 91759, 91765, 91766, 91767, 93535, 93544, 93563, and 93591

### Monthly plan dues – billed and to be paid in advance

The amounts listed are **before** any applicable Welcome to Medicare Rate Savings or Easy\$Pay savings are applied.

#### Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$91	\$123	\$105	\$133	\$48	\$56	\$85
67 to 68	\$99	\$134	\$114	\$144	\$52	\$61	\$92
69 to 70	\$114	\$155	\$132	\$168	\$61	\$71	\$107
71 to 72	\$131	\$178	\$151	\$193	\$70	\$81	\$123
73 to 74	\$144	\$196	\$167	\$212	\$77	\$93	\$135
75 to 76	\$166	\$221	\$189	\$244	\$89	\$102	\$155
77 to 78	\$178	\$236	\$202	\$264	\$96	\$111	\$168
79 to 80	\$184	\$253	\$216	\$270	\$98	\$119	\$172
81 to 82	\$195	\$266	\$226	\$286	\$104	\$126	\$182
83 to 84	\$205	\$280	\$237	\$300	\$109	\$132	\$191
85 plus	\$215	\$293	\$249	\$315	\$115	\$138	\$201
64 or younger <sup>2</sup>	\$507	\$691	\$580	\$746	\$272	\$311	\$475

#### Two-party rates<sup>1</sup>

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$176	\$240	\$204	\$260	N/A	N/A	\$164
67 to 68	\$173	\$243	\$203	\$263	N/A	N/A	\$159
69 to 70	\$203	\$285	\$239	\$311	N/A	N/A	\$189
71 to 72	\$237	\$331	\$277	\$361	N/A	N/A	\$221
73 to 74	\$263	\$367	\$309	\$399	N/A	N/A	\$245
75 to 76	\$307	\$417	\$353	\$463	N/A	N/A	\$285
77 to 78	\$331	\$447	\$379	\$503	N/A	N/A	\$311
79 to 80	\$343	\$481	\$407	\$515	N/A	N/A	\$319
81 to 82	\$365	\$507	\$427	\$547	N/A	N/A	\$339
83 to 84	\$385	\$535	\$449	\$575	N/A	N/A	\$357
85 plus	\$405	\$561	\$473	\$605	N/A	N/A	\$377
64 or younger <sup>2</sup>	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Tobacco rates – only applies if you've used tobacco products in the past 24 months and you are not eligible for guaranteed acceptance.**

#### Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$109	\$147	\$125	\$159	\$57	\$67	\$101
67 to 68	\$118	\$160	\$136	\$172	\$62	\$73	\$110
69 to 70	\$136	\$185	\$157	\$200	\$73	\$85	\$128
71 to 72	\$156	\$212	\$180	\$230	\$84	\$97	\$147
73 to 74	\$172	\$234	\$199	\$253	\$92	\$111	\$161
75 to 76	\$198	\$264	\$225	\$291	\$106	\$122	\$185
77 to 78	\$212	\$282	\$241	\$315	\$115	\$132	\$200
79 to 80	\$220	\$302	\$258	\$322	\$117	\$142	\$205
81 to 82	\$233	\$317	\$270	\$341	\$124	\$150	\$217
83 to 84	\$245	\$334	\$283	\$358	\$130	\$157	\$228
85 plus	\$256	\$350	\$297	\$376	\$137	\$165	\$240
64 or younger <sup>2</sup>	\$605	\$824	\$692	\$890	\$324	\$371	\$567

Two-party rates<sup>1</sup> do not apply

## Region 4

### Riverside and Ventura counties

#### Monthly plan dues – billed and to be paid in advance

The amounts listed are **before** any applicable Welcome to Medicare Rate Savings or Easy\$Pay savings are applied.

#### Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$101	\$138	\$118	\$148	\$54	\$62	\$94
67 to 68	\$109	\$148	\$126	\$160	\$58	\$67	\$102
69 to 70	\$127	\$172	\$147	\$186	\$68	\$78	\$118
71 to 72	\$146	\$197	\$167	\$213	\$78	\$89	\$136
73 to 74	\$159	\$216	\$184	\$235	\$86	\$103	\$150
75 to 76	\$184	\$245	\$208	\$269	\$98	\$113	\$171
77 to 78	\$197	\$261	\$224	\$291	\$106	\$123	\$185
79 to 80	\$204	\$279	\$239	\$299	\$109	\$131	\$190
81 to 82	\$216	\$294	\$250	\$317	\$115	\$139	\$202
83 to 84	\$226	\$309	\$262	\$332	\$121	\$146	\$211
85 plus	\$238	\$324	\$275	\$349	\$127	\$153	\$222
64 or younger <sup>2</sup>	\$562	\$764	\$641	\$824	\$300	\$343	\$525

#### Two-party rates<sup>1</sup>

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$196	\$270	\$230	\$290	N/A	N/A	\$182
67 to 68	\$193	\$271	\$227	\$295	N/A	N/A	\$179
69 to 70	\$229	\$319	\$269	\$347	N/A	N/A	\$211
71 to 72	\$267	\$369	\$309	\$401	N/A	N/A	\$247
73 to 74	\$293	\$407	\$343	\$445	N/A	N/A	\$275
75 to 76	\$343	\$465	\$391	\$513	N/A	N/A	\$317
77 to 78	\$369	\$497	\$423	\$557	N/A	N/A	\$345
79 to 80	\$383	\$533	\$453	\$573	N/A	N/A	\$355
81 to 82	\$407	\$563	\$475	\$609	N/A	N/A	\$379
83 to 84	\$427	\$593	\$499	\$639	N/A	N/A	\$397
85 plus	\$451	\$623	\$525	\$673	N/A	N/A	\$419
64 or younger <sup>2</sup>	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Tobacco rates – only applies if you've used tobacco products in the past 24 months and you are not eligible for guaranteed acceptance.**

#### Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$120	\$165	\$141	\$177	\$64	\$74	\$112
67 to 68	\$130	\$177	\$150	\$191	\$69	\$80	\$122
69 to 70	\$152	\$205	\$175	\$222	\$81	\$93	\$141
71 to 72	\$174	\$235	\$199	\$254	\$93	\$106	\$162
73 to 74	\$190	\$258	\$220	\$280	\$103	\$123	\$179
75 to 76	\$220	\$292	\$248	\$321	\$117	\$135	\$204
77 to 78	\$235	\$311	\$267	\$347	\$126	\$147	\$221
79 to 80	\$243	\$333	\$285	\$357	\$130	\$156	\$227
81 to 82	\$258	\$351	\$298	\$378	\$137	\$166	\$241
83 to 84	\$270	\$369	\$313	\$396	\$144	\$174	\$252
85 plus	\$284	\$387	\$328	\$416	\$152	\$183	\$265
64 or younger <sup>2</sup>	\$670	\$911	\$765	\$983	\$358	\$409	\$626

Two-party rates<sup>1</sup> do not apply

## Region 5

Santa Barbara, San Joaquin, and Stanislaus counties

### Monthly plan dues – billed and to be paid in advance

The amounts listed are **before** any applicable Welcome to Medicare Rate Savings or Easy\$Pay savings are applied.

#### Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$89	\$126	\$104	\$137	\$50	\$55	\$87
67 to 68	\$95	\$132	\$109	\$143	\$52	\$58	\$91
69 to 70	\$103	\$140	\$120	\$151	\$55	\$64	\$96
71 to 72	\$118	\$160	\$137	\$173	\$63	\$73	\$110
73 to 74	\$130	\$176	\$150	\$191	\$70	\$84	\$122
75 to 76	\$149	\$200	\$170	\$219	\$80	\$92	\$139
77 to 78	\$161	\$212	\$181	\$237	\$86	\$100	\$151
79 to 80	\$166	\$227	\$194	\$243	\$88	\$107	\$155
81 to 82	\$176	\$239	\$203	\$257	\$94	\$113	\$164
83 to 84	\$184	\$251	\$213	\$270	\$98	\$119	\$172
85 plus	\$193	\$263	\$224	\$284	\$103	\$125	\$181
64 or younger <sup>2</sup>	\$457	\$622	\$522	\$670	\$244	\$279	\$427

#### Two-party rates<sup>1</sup>

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$172	\$246	\$202	\$268	N/A	N/A	\$168
67 to 68	\$165	\$239	\$193	\$261	N/A	N/A	\$157
69 to 70	\$181	\$255	\$215	\$277	N/A	N/A	\$167
71 to 72	\$211	\$295	\$249	\$321	N/A	N/A	\$195
73 to 74	\$235	\$327	\$275	\$357	N/A	N/A	\$219
75 to 76	\$273	\$375	\$315	\$413	N/A	N/A	\$253
77 to 78	\$297	\$399	\$337	\$449	N/A	N/A	\$277
79 to 80	\$307	\$429	\$363	\$461	N/A	N/A	\$285
81 to 82	\$327	\$453	\$381	\$489	N/A	N/A	\$303
83 to 84	\$343	\$477	\$401	\$515	N/A	N/A	\$319
85 plus	\$361	\$501	\$423	\$543	N/A	N/A	\$337
64 or younger <sup>2</sup>	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Tobacco rates – only applies if you've used tobacco products in the past 24 months and you are not eligible for guaranteed acceptance.**

#### Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$106	\$150	\$124	\$163	\$60	\$66	\$104
67 to 68	\$113	\$157	\$130	\$171	\$62	\$69	\$109
69 to 70	\$123	\$167	\$143	\$180	\$66	\$76	\$115
71 to 72	\$141	\$191	\$163	\$206	\$75	\$87	\$131
73 to 74	\$155	\$210	\$179	\$228	\$84	\$100	\$146
75 to 76	\$178	\$239	\$203	\$261	\$95	\$110	\$166
77 to 78	\$192	\$253	\$216	\$283	\$103	\$119	\$180
79 to 80	\$198	\$271	\$231	\$290	\$105	\$128	\$185
81 to 82	\$210	\$285	\$242	\$307	\$112	\$135	\$196
83 to 84	\$220	\$299	\$254	\$322	\$117	\$142	\$205
85 plus	\$230	\$314	\$267	\$339	\$123	\$149	\$216
64 or younger <sup>2</sup>	\$545	\$742	\$623	\$799	\$291	\$333	\$509

Two-party rates<sup>1</sup> do not apply

## Region 6

### Lake, Lassen, Inyo, and Kings counties

#### Monthly plan dues – billed and to be paid in advance

The amounts listed are **before** any applicable Welcome to Medicare Rate Savings or Easy\$Pay savings are applied.

#### Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$145	\$197	\$168	\$212	\$77	\$89	\$135
67 to 68	\$152	\$207	\$176	\$223	\$81	\$93	\$142
69 to 70	\$167	\$227	\$193	\$245	\$89	\$103	\$156
71 to 72	\$192	\$261	\$221	\$281	\$102	\$118	\$179
73 to 74	\$210	\$286	\$243	\$310	\$113	\$135	\$197
75 to 76	\$243	\$323	\$275	\$356	\$130	\$149	\$227
77 to 78	\$260	\$344	\$295	\$385	\$140	\$162	\$245
79 to 80	\$269	\$369	\$316	\$395	\$144	\$173	\$252
81 to 82	\$285	\$388	\$330	\$418	\$152	\$183	\$266
83 to 84	\$299	\$408	\$347	\$439	\$160	\$192	\$280
85 plus	\$314	\$428	\$364	\$461	\$168	\$202	\$294
64 or younger <sup>2</sup>	\$742	\$1,011	\$848	\$1,091	\$397	\$454	\$695

#### Two-party rates<sup>1</sup>

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$284	\$388	\$330	\$418	N/A	N/A	\$264
67 to 68	\$279	\$389	\$327	\$421	N/A	N/A	\$259
69 to 70	\$309	\$429	\$361	\$465	N/A	N/A	\$287
71 to 72	\$359	\$497	\$417	\$537	N/A	N/A	\$333
73 to 74	\$395	\$547	\$461	\$595	N/A	N/A	\$369
75 to 76	\$461	\$621	\$525	\$687	N/A	N/A	\$429
77 to 78	\$495	\$663	\$565	\$745	N/A	N/A	\$465
79 to 80	\$513	\$713	\$607	\$765	N/A	N/A	\$479
81 to 82	\$545	\$751	\$635	\$811	N/A	N/A	\$507
83 to 84	\$573	\$791	\$669	\$853	N/A	N/A	\$535
85 plus	\$603	\$831	\$703	\$897	N/A	N/A	\$563
64 or younger <sup>2</sup>	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Tobacco rates – only applies if you've used tobacco products in the past 24 months and you are not eligible for guaranteed acceptance.**

#### Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$173	\$235	\$200	\$253	\$92	\$106	\$161
67 to 68	\$181	\$247	\$210	\$266	\$97	\$111	\$169
69 to 70	\$199	\$271	\$230	\$292	\$106	\$123	\$186
71 to 72	\$229	\$311	\$264	\$335	\$122	\$141	\$214
73 to 74	\$251	\$341	\$290	\$370	\$135	\$161	\$235
75 to 76	\$290	\$385	\$328	\$425	\$155	\$178	\$271
77 to 78	\$310	\$410	\$352	\$459	\$167	\$193	\$292
79 to 80	\$321	\$440	\$377	\$471	\$172	\$206	\$301
81 to 82	\$340	\$463	\$394	\$499	\$181	\$218	\$317
83 to 84	\$357	\$487	\$414	\$524	\$191	\$229	\$334
85 plus	\$375	\$511	\$434	\$550	\$200	\$241	\$351
64 or younger <sup>2</sup>	\$885	\$1,206	\$1,012	\$1,302	\$474	\$542	\$829

Two-party rates<sup>1</sup> do not apply

## Region 7

Napa, Alameda, Contra Costa, Siskiyou, and Yolo counties

### Monthly plan dues – billed and to be paid in advance

The amounts listed are **before** any applicable Welcome to Medicare Rate Savings or Easy\$Pay savings are applied.

#### Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$97	\$125	\$112	\$133	\$48	\$60	\$85
67 to 68	\$102	\$133	\$118	\$144	\$52	\$62	\$92
69 to 70	\$126	\$171	\$146	\$185	\$67	\$78	\$118
71 to 72	\$145	\$196	\$166	\$212	\$77	\$89	\$135
73 to 74	\$158	\$215	\$183	\$234	\$85	\$102	\$149
75 to 76	\$183	\$244	\$207	\$268	\$98	\$112	\$171
77 to 78	\$196	\$260	\$222	\$290	\$106	\$122	\$185
79 to 80	\$203	\$278	\$238	\$297	\$108	\$130	\$189
81 to 82	\$215	\$292	\$249	\$315	\$115	\$138	\$201
83 to 84	\$225	\$308	\$261	\$331	\$120	\$145	\$211
85 plus	\$236	\$322	\$274	\$347	\$126	\$152	\$221
64 or younger <sup>2</sup>	\$559	\$761	\$638	\$820	\$298	\$342	\$522

#### Two-party rates<sup>1</sup>

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$188	\$244	\$218	\$260	N/A	N/A	\$164
67 to 68	\$179	\$241	\$211	\$263	N/A	N/A	\$159
69 to 70	\$227	\$317	\$267	\$345	N/A	N/A	\$211
71 to 72	\$265	\$367	\$307	\$399	N/A	N/A	\$245
73 to 74	\$291	\$405	\$341	\$443	N/A	N/A	\$273
75 to 76	\$341	\$463	\$389	\$511	N/A	N/A	\$317
77 to 78	\$367	\$495	\$419	\$555	N/A	N/A	\$345
79 to 80	\$381	\$531	\$451	\$569	N/A	N/A	\$353
81 to 82	\$405	\$559	\$473	\$605	N/A	N/A	\$377
83 to 84	\$425	\$591	\$497	\$637	N/A	N/A	\$397
85 plus	\$447	\$619	\$523	\$669	N/A	N/A	\$417
64 or younger <sup>2</sup>	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Tobacco rates – only applies if you've used tobacco products in the past 24 months and you are not eligible for guaranteed acceptance.**

#### Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$116	\$149	\$134	\$159	\$57	\$72	\$101
67 to 68	\$122	\$159	\$141	\$172	\$62	\$74	\$110
69 to 70	\$150	\$204	\$174	\$221	\$80	\$93	\$141
71 to 72	\$173	\$234	\$198	\$253	\$92	\$106	\$161
73 to 74	\$188	\$256	\$218	\$279	\$101	\$122	\$178
75 to 76	\$218	\$291	\$247	\$320	\$117	\$134	\$204
77 to 78	\$234	\$310	\$265	\$346	\$126	\$146	\$221
79 to 80	\$242	\$332	\$284	\$354	\$129	\$155	\$225
81 to 82	\$256	\$348	\$297	\$376	\$137	\$165	\$240
83 to 84	\$268	\$367	\$311	\$395	\$143	\$173	\$252
85 plus	\$282	\$384	\$327	\$414	\$150	\$181	\$264
64 or younger <sup>2</sup>	\$667	\$908	\$761	\$978	\$356	\$408	\$623

Two-party rates<sup>1</sup> do not apply

## Region 8

All remaining California counties not listed in Regions 1-7 and 9 (includes San Francisco, San Mateo, Fresno, and Santa Clara counties, etc.)

### Monthly plan dues – billed and to be paid in advance

The amounts listed are **before** any applicable Welcome to Medicare Rate Savings or Easy\$Pay savings are applied.

#### Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$85	\$116	\$99	\$125	\$45	\$53	\$80
67 to 68	\$92	\$125	\$106	\$134	\$49	\$57	\$85
69 to 70	\$107	\$146	\$124	\$158	\$58	\$66	\$101
71 to 72	\$123	\$167	\$142	\$181	\$66	\$76	\$115
73 to 74	\$135	\$183	\$156	\$198	\$72	\$87	\$126
75 to 76	\$155	\$207	\$176	\$228	\$83	\$96	\$145
77 to 78	\$167	\$220	\$190	\$246	\$90	\$104	\$157
79 to 80	\$172	\$237	\$203	\$253	\$92	\$111	\$161
81 to 82	\$183	\$249	\$212	\$268	\$98	\$118	\$171
83 to 84	\$192	\$261	\$222	\$281	\$102	\$124	\$179
85 plus	\$201	\$274	\$233	\$295	\$107	\$130	\$188
64 or younger <sup>2</sup>	\$475	\$647	\$543	\$697	\$254	\$291	\$444

#### Two-party rates<sup>1</sup>

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$164	\$226	\$192	\$244	N/A	N/A	\$154
67 to 68	\$159	\$225	\$187	\$243	N/A	N/A	\$145
69 to 70	\$189	\$267	\$223	\$291	N/A	N/A	\$177
71 to 72	\$221	\$309	\$259	\$337	N/A	N/A	\$205
73 to 74	\$245	\$341	\$287	\$371	N/A	N/A	\$227
75 to 76	\$285	\$389	\$327	\$431	N/A	N/A	\$265
77 to 78	\$309	\$415	\$355	\$467	N/A	N/A	\$289
79 to 80	\$319	\$449	\$381	\$481	N/A	N/A	\$297
81 to 82	\$341	\$473	\$399	\$511	N/A	N/A	\$317
83 to 84	\$359	\$497	\$419	\$537	N/A	N/A	\$333
85 plus	\$377	\$523	\$441	\$565	N/A	N/A	\$351
64 or younger <sup>2</sup>	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Tobacco rates – only applies if you've used tobacco products in the past 24 months and you are not eligible for guaranteed acceptance.**

#### Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$101	\$138	\$118	\$149	\$54	\$63	\$95
67 to 68	\$110	\$149	\$126	\$160	\$58	\$68	\$101
69 to 70	\$128	\$174	\$148	\$188	\$69	\$79	\$120
71 to 72	\$147	\$199	\$169	\$216	\$79	\$91	\$137
73 to 74	\$161	\$218	\$186	\$236	\$86	\$104	\$150
75 to 76	\$185	\$247	\$210	\$272	\$99	\$115	\$173
77 to 78	\$199	\$262	\$227	\$293	\$107	\$124	\$187
79 to 80	\$205	\$283	\$242	\$302	\$110	\$132	\$192
81 to 82	\$218	\$297	\$253	\$320	\$117	\$141	\$204
83 to 84	\$229	\$311	\$265	\$335	\$122	\$148	\$214
85 plus	\$240	\$327	\$278	\$352	\$128	\$155	\$224
64 or younger <sup>2</sup>	\$567	\$772	\$648	\$832	\$303	\$347	\$530

Two-party rates<sup>1</sup> do not apply

## Region 9

Sacramento, Amador, Calaveras, Colusa, El Dorado, Tehama, and Marin counties

### Monthly plan dues – billed and to be paid in advance

The amounts listed are **before** any applicable Welcome to Medicare Rate Savings or Easy\$Pay savings are applied.

#### Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$83	\$118	\$97	\$127	\$46	\$51	\$81
67 to 68	\$87	\$123	\$101	\$134	\$49	\$54	\$85
69 to 70	\$96	\$130	\$111	\$141	\$51	\$59	\$90
71 to 72	\$110	\$149	\$126	\$161	\$59	\$68	\$103
73 to 74	\$120	\$164	\$139	\$177	\$64	\$78	\$113
75 to 76	\$139	\$185	\$158	\$204	\$74	\$85	\$130
77 to 78	\$149	\$197	\$169	\$220	\$80	\$93	\$140
79 to 80	\$154	\$211	\$180	\$226	\$82	\$99	\$144
81 to 82	\$163	\$222	\$189	\$239	\$87	\$105	\$152
83 to 84	\$171	\$233	\$198	\$251	\$91	\$110	\$160
85 plus	\$180	\$244	\$208	\$263	\$96	\$116	\$168
64 or younger <sup>2</sup>	\$424	\$578	\$485	\$623	\$227	\$259	\$397

#### Two-party rates<sup>1</sup>

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$160	\$230	\$188	\$248	N/A	N/A	\$156
67 to 68	\$149	\$221	\$177	\$243	N/A	N/A	\$145
69 to 70	\$167	\$235	\$197	\$257	N/A	N/A	\$155
71 to 72	\$195	\$273	\$227	\$297	N/A	N/A	\$181
73 to 74	\$215	\$303	\$253	\$329	N/A	N/A	\$201
75 to 76	\$253	\$345	\$291	\$383	N/A	N/A	\$235
77 to 78	\$273	\$369	\$313	\$415	N/A	N/A	\$255
79 to 80	\$283	\$397	\$335	\$427	N/A	N/A	\$263
81 to 82	\$301	\$419	\$353	\$453	N/A	N/A	\$279
83 to 84	\$317	\$441	\$371	\$477	N/A	N/A	\$295
85 plus	\$335	\$463	\$391	\$501	N/A	N/A	\$311
64 or younger <sup>2</sup>	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Tobacco rates – only applies if you've used tobacco products in the past 24 months and you are not eligible for guaranteed acceptance.**

#### Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$99	\$141	\$116	\$152	\$55	\$61	\$97
67 to 68	\$104	\$147	\$120	\$160	\$58	\$64	\$101
69 to 70	\$115	\$155	\$132	\$168	\$61	\$70	\$107
71 to 72	\$131	\$178	\$150	\$192	\$70	\$81	\$123
73 to 74	\$143	\$196	\$166	\$211	\$76	\$93	\$135
75 to 76	\$166	\$221	\$188	\$243	\$88	\$101	\$155
77 to 78	\$178	\$235	\$202	\$262	\$95	\$111	\$167
79 to 80	\$184	\$252	\$215	\$270	\$98	\$118	\$172
81 to 82	\$194	\$265	\$225	\$285	\$104	\$125	\$181
83 to 84	\$204	\$278	\$236	\$299	\$109	\$131	\$191
85 plus	\$215	\$291	\$248	\$314	\$115	\$138	\$200
64 or younger <sup>2</sup>	\$506	\$690	\$579	\$743	\$271	\$309	\$474

Two-party rates<sup>1</sup> do not apply

## DISCLOSURES

Use this outline to compare benefits and charges among policies.

### READ YOUR POLICY VERY CAREFULLY

This is only an outline describing the most important features of your Medicare Supplement plan contract. This is not the plan contract, and only the actual contract provisions will control. You must read the contract itself to understand all of the rights and duties of both you and Blue Shield of California.

### RIGHT TO RETURN POLICY

If you find that you are not satisfied with your contract, you may return it to **Blue Shield of California, P.O. Box 7168, San Francisco, CA 94120**. If you send the contract back to us within 30 days after you receive it, we will treat the contract as if it had never been issued, and will return all of your payments.

### POLICY REPLACEMENT

If you are replacing other health coverage, **do NOT** cancel it until you have actually received your new contract and are sure you want to keep it.

### NOTICE

This contract may not fully cover all of your medical costs. Neither Blue Shield of California nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "The Medicare Handbook" for further details and limitations applicable to Medicare.

### COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new contract, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your contract and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

# PLAN A

## MEDICARE (PART A)

### HOSPITAL SERVICES – PER BENEFIT PERIOD

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> – Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,184	\$0	\$1,184 (Part A deductible)
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$296 a day	\$296 a day	\$0
91 <sup>st</sup> day and after: while using 60 lifetime reserve days	All but \$592 a day	\$592 a day	\$0
Once lifetime reserve days are used			
• Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> – 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	All approved amounts	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$148 a day	\$0	Up to \$148 a day
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# PLAN A

## MEDICARE (PART B)

### MEDICAL SERVICES – PER CALENDAR YEAR

\* Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$147 of Medicare-approved amounts*	\$0	\$0	\$147 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next \$147 of Medicare-approved amounts*	\$0	\$0	\$147 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>			
	100%	\$0	\$0

# PLAN A

## PARTS A & B

\* Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>HOME HEALTH CARE MEDICARE-APPROVED SERVICES</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$147 of Medicare-approved amounts*	\$0	\$0	\$147 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

## OTHER BENEFITS – NOT COVERED BY MEDICARE

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>BASIC GYM MEMBERSHIP/FITNESS PROGRAM THROUGH SILVERSNEAKERS</b>			
	\$0	100%	\$0

# PLAN C

## MEDICARE (PART A)

### HOSPITAL SERVICES – PER BENEFIT PERIOD

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> – Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,184	\$1,184 (Part A deductible)	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$296 a day	\$296 a day	\$0
91 <sup>st</sup> day and after: While using 60 lifetime reserve days	All but \$592 a day	\$592 a day	\$0
Once lifetime reserve days are used			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> – 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	All approved amounts	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$148 a day	Up to \$148 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# PLAN C

## MEDICARE (PART B)

### MEDICAL SERVICES – PER CALENDAR YEAR

\* Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$147 of Medicare-approved amounts*	\$0	\$147 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next \$147 of Medicare-approved amounts*	\$0	\$147 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>			
	100%	\$0	\$0

# PLAN C

## PARTS A & B

\* Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE MEDICARE-APPROVED SERVICES</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$147 of Medicare-approved amounts*	\$0	\$147 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

## OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b>			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum
<b>BASIC GYM MEMBERSHIP/FITNESS PROGRAM THROUGH SILVERSNEAKERS</b>			
	\$0	100%	\$0

# PLAN D

## MEDICARE (PART A)

### HOSPITAL SERVICES – PER BENEFIT PERIOD

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> – Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,184	\$1,184 (Part A deductible)	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$296 a day	\$296 a day	\$0
91 <sup>st</sup> day and after: While using 60 lifetime reserve days	All but \$592 a day	\$592 a day	\$0
Once lifetime reserve days are used • Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> – 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	All approved amounts	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> days	All but \$148 a day	Up to \$148 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# PLAN D

## MEDICARE (PART B)

### MEDICAL SERVICES – PER CALENDAR YEAR

\* Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$147 of Medicare-approved amounts*	\$0	\$0	\$147 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next \$147 of Medicare-approved amounts*	\$0	\$0	\$147 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>			
	100%	\$0	\$0

# PLAN D

## PARTS A & B

\* Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE MEDICARE-APPROVED SERVICES</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$147 of Medicare-approved amounts*	\$0	\$0	\$147 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

## OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum
<b>BASIC GYM MEMBERSHIP/FITNESS PROGRAM THROUGH SILVERSNEAKERS</b>			
	\$0	100%	\$0

# PLAN F

## MEDICARE (PART A)

### HOSPITAL SERVICES – PER BENEFIT PERIOD

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> – Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,184	\$1,184 (Part A deductible)	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$296 a day	\$296 a day	\$0
91 <sup>st</sup> day and after: While using 60 lifetime reserve days	All but \$592 a day	\$592 a day	\$0
Once lifetime reserve days are used			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0***
• Beyond the additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> – 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	All approved amounts	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$148 a day	Up to \$148 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

\*\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# PLAN F

## MEDICARE (PART B)

### MEDICAL SERVICES – PER CALENDAR YEAR

\* Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$147 of Medicare-approved amounts*	\$0	\$147 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	100%	\$0
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next \$147 of Medicare-approved amounts*	\$0	\$147 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>			
	100%	\$0	\$0

# PLAN F

## PARTS A & B

\* Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE MEDICARE-APPROVED SERVICES</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$147 of Medicare-approved amounts*	\$0	\$147 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

## OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum
<b>BASIC GYM MEMBERSHIP/FITNESS PROGRAM THROUGH SILVERSNEAKERS</b>			
	\$0	100%	\$0

# HIGH DEDUCTIBLE PLAN F

## MEDICARE (PART A) HOSPITAL SERVICES – PER BENEFIT PERIOD

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\* This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,110 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2,110. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,110 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2,110 DEDUCTIBLE,** YOU PAY
<b>HOSPITALIZATION*</b> – Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,184	\$1,184 (Part A deductible)	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$296 a day	\$296 a day	\$0
91 <sup>st</sup> day and after: While using 60 lifetime reserve days	All but \$592 a day	\$592 a day	\$0
Once lifetime reserve days are used			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0***
• Beyond the additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> – 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	All approved amounts	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$148 a day	Up to \$148 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

\*\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# HIGH DEDUCTIBLE PLAN F

## MEDICARE (PART B) MEDICAL SERVICES – PER CALENDAR YEAR

\* Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

\*\* This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,110 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2,110. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,110 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2,110 DEDUCTIBLE,** YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$147 of Medicare-approved amounts*	\$0	\$147 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	100%	\$0
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next \$147 of Medicare-approved amounts*	\$0	\$147 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>			
	100%	\$0	\$0

# HIGH DEDUCTIBLE PLAN F

## PARTS A & B

\* Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

\*\* This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,110 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2,110. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,110 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2,110 DEDUCTIBLE,** YOU PAY
<b>HOME HEALTH CARE MEDICARE-APPROVED SERVICES</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$147 of Medicare-approved amounts*	\$0	\$147 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

## OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum
<b>BASIC GYM MEMBERSHIP/FITNESS PROGRAM THROUGH SILVERSNEAKERS</b>			
	\$0	100%	\$0

# PLAN K

\* You will pay half the cost-sharing of some covered services until you reach the calendar-year maximum copayment of \$4,800 each calendar year. The amounts that count toward your calendar-year maximum are noted with diamonds (◆) in the chart below. Once you reach the calendar-year maximum, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. However, this maximum does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”), and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

## MEDICARE (PART A) HOSPITAL SERVICES – PER BENEFIT PERIOD

\*\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>HOSPITALIZATION**</b> – Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,184	\$592 (50% of Part A deductible)	\$592 (50% of Part A deductible) ◆
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$296 a day	\$296 a day	\$0
91 <sup>st</sup> day and after: While using 60 lifetime reserve days	All but \$592 a day	\$592 a day	\$0
Once lifetime reserve days are used			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0***
• Beyond the additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE**</b> – You must meet Medicare's requirements, including having been in a hospital for at least 3 days and having entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$148 a day	Up to \$74 a day (50%)	Up to \$74 a day (50%) ◆
101 <sup>st</sup> day and after	\$0	\$0	All costs

\*\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's “Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# PLAN K

## MEDICARE (PART A)

### HOSPITAL SERVICES – PER BENEFIT PERIOD (CONTINUED)

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>BLOOD</b>			
First 3 pints	\$0	50%	50% ♦
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	50% of co-payment/coinsurance	50% of co-payment/coinsurance ♦

# PLAN K

## MEDICARE (PART B)

### MEDICAL SERVICES – PER CALENDAR YEAR

\*\*\*\* Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment			
First \$147 of Medicare-approved amounts****	\$0	\$0	\$147 (Part B deductible) **** ◆
Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10% ◆
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All costs (and they do not count toward calendar-year maximum copayment of \$4,800)*
<b>BLOOD</b>			
First 3 pints	\$0	50%	50% ◆
Next \$147 of Medicare-approved amounts****	\$0	\$0	\$147 (Part B deductible) **** ◆
Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10% ◆
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>			
	100%	\$0	\$0

\* This plan limits your calendar-year copayments for Medicare-approved amounts to \$4,800 per year. However, this maximum does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

# PLAN K

## PARTS A & B

\*\*\*\* Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>HOME HEALTH CARE MEDICARE-APPROVED SERVICES</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$147 of Medicare-approved amounts****	\$0	\$0	\$147 (Part B deductible) ◆
Remainder of Medicare-approved amounts	80%	10%	10% ◆

## OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>BASIC GYM MEMBERSHIP/FITNESS PROGRAM THROUGH SILVERSNEAKERS</b>			
	\$0	100%	\$0

\* Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for people with Medicare.

# PLAN N

## MEDICARE (PART A)

### HOSPITAL SERVICES – PER BENEFIT PERIOD

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>HOSPITALIZATION*</b> – Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,184	\$1,184 (Part A deductible)	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$296 a day	\$296 a day	\$0
91 <sup>st</sup> day and after: While using 60 lifetime reserve days	All but \$592 a day	\$592 a day	\$0
Once lifetime reserve days are used			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b> – 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	All approved amounts	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$148 a day	Up to \$148 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# PLAN N

## MEDICARE (PART B)

### MEDICAL SERVICES – PER CALENDAR YEAR

\* Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment			
First \$147 of Medicare-approved amounts*	\$0	\$0	\$147 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next \$147 of Medicare-approved amounts*	\$0	\$0	\$147 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</b>			
	100%	\$0	\$0

# PLAN N

## PARTS A & B

\* Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE MEDICARE-APPROVED SERVICES</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$147 of Medicare-approved amounts*	\$0	\$0	\$147 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

## OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum
<b>BASIC GYM MEMBERSHIP/FITNESS PROGRAM THROUGH SILVERSNEAKERS</b>			
	\$0	100%	\$0

**NOTE:** The preceding pages are only an outline describing the most important features of our Medicare Supplement plans. Complete information about the plans' benefits, limitations, and exclusions can be found in our Medicare Supplement plan *Evidence of Coverage and Health Service Agreement* (Service Agreement). The Service Agreement will be your plan contract if you become a Blue Shield member.

Please read the Service Agreement completely. You have the right to receive a copy of the Service Agreement before you enroll, and we will be happy to provide you with a copy upon request. To request a copy, or if you have questions or need additional information, please call Blue Shield Customer Service at **(800) 248-2341** [TTY for hearing impaired: **(800) 241-1823**]. If you have special healthcare needs, be sure to carefully read the sections of both this summary and the Service Agreement that are relevant to you before you apply for coverage.

## Enrolling in our plans

Please reference the enrollment form section of this book including the “Applying is easy” introduction.

Be sure to check the information on the application carefully, keep the yellow copy of each page of the application for your files, then mail the original application with your first payment in the enclosed envelope.

Our cashing your check or charging your credit card does not mean your application is approved. Blue Shield will refund your payment if your application is not approved. We will notify you of your effective date of coverage and send you a bill indicating the date your next payment is due if your application is approved.

### Who may apply?

#### **If you are 65 or older**

You may apply to enroll in any of Blue Shield’s Medicare Supplement plans (A, C, D, F, High Deductible F, K, or N) if:

- You are a resident of the state of California.
- You are enrolled in Medicare Parts A and B, Title 18, Public Law 89-97, at the time you apply.

#### **If you are 64 or younger**

You may be able to enroll in a Blue Shield Medicare Supplement plan (A, C, D, F, High Deductible F, K, or N) under the following conditions:

- You are a resident of the state of California.
- You are enrolled in Medicare Parts A and B, Title 18, Public Law 89-97, at the time you apply.
- You qualify for guaranteed acceptance in a Blue Shield of California Medicare Supplement plan according to Blue Shield’s guidelines.
- You do not have end-stage renal disease.

### Qualifying for guaranteed acceptance

If you qualify for guaranteed acceptance into a Blue Shield Medicare Supplement plan, you will not be required to complete a health statement. If you do *not* qualify for guaranteed acceptance, you will need to complete a health statement and be subject to underwriting.

To qualify for guaranteed acceptance, you must meet certain, specific criteria as outlined in Blue Shield’s *Guaranteed Acceptance Guide*, included in the Blue Shield Medicare Supplement plan enrollment kit.

For additional information about qualifying for guaranteed acceptance in a Blue Shield Medicare Supplement plan, please call your agent, or call Blue Shield at **(888) 713-0000**. You may also contact the California Health Insurance Counseling and Advocacy Program (HICAP) for guidance. HICAP provides insurance counseling for California senior citizens. Call HICAP toll-free at **(800) 434-0222** for a referral to your local HICAP office. HICAP is a service provided free of charge by the state of California.

### Effective date of coverage

You can expect to receive notice of approval or declination within approximately two weeks after Blue Shield receives your application. Your coverage will be effective at 12:01 a.m. PST on your effective date.

### Switching from another plan to a Blue Shield Medicare Supplement plan

#### **If you have a Medicare Advantage or Medicare Advantage Prescription Drug Plan**

Most Medicare Supplement plans duplicate the coverage provided by Medicare Advantage plans. Federal law prohibits Medicare Supplement plans from enrolling anyone who is still enrolled in a Medicare Advantage plan if the

Medicare Supplement coverage would duplicate the coverage provided by the Medicare Advantage plan.

It works like this: Members of Medicare Advantage plans agree to access services under the terms of that plan and from the providers who contract with that plan, rather than accessing services under the Original Medicare program. Medicare Advantage plans contract with the government and receive funds under that contract to provide this coverage to their members. Consequently, enrollees of Medicare Advantage plans do not have access to coverage under Original Medicare.

Medicare Supplement plans generally provide coverage only for the portion of a claim that is left over after Original Medicare has paid its share. Since Original Medicare generally does not pay for services provided to a Medicare Advantage enrollee, Medicare Supplement plans won't pay toward the claim either. And, since Original Medicare generally won't pay if a Medicare Advantage plan member receives services outside their Medicare Advantage plan's network, the member is usually financially responsible for the full cost of those services.

If you are currently a member of a Medicare Advantage plan, and would like to enroll in a Medicare Prescription Drug Plan and Blue Shield Medicare

Supplement plan, or if you decide to enroll only in a Blue Shield Medicare Supplement plan, it is in your best interest to choose one of the options listed below to disenroll from the Medicare Advantage plan.

**Important Note:** If you are also planning to enroll in a Medicare Prescription Drug Plan, make sure you enroll in a Medicare Prescription Drug Plan *before* you disenroll from your Medicare Advantage plan. During the annual election period, disenrolling from your Medicare Advantage plan will count as your election, and you may have to wait until the next annual election period to be able to enroll in a Medicare Prescription Drug Plan. Enrolling in a Medicare Prescription Drug Plan will automatically disenroll you from your Medicare Advantage plan.

If you are only interested in applying for a Medicare Supplement plan without a Medicare Prescription Drug Plan, you may choose one of the options below to disenroll from your Medicare Advantage plan.

### **Option 1**

Go directly to your Social Security office and disenroll there. If you choose this option, ask for a copy of the disenrollment form, and please fax or mail it to Blue Shield (see below).

### **Option 2**

Call the Centers for Medicare and Medicaid Services (CMS), the federal agency that administers Medicare, and ask to be disenrolled from your current Medicare Advantage plan. You can reach the agency at **1-800-MEDICARE**. CMS will either mail or fax you a confirmation of termination from your Medicare Advantage plan. Please forward that termination confirmation to Blue Shield via mail or fax (see below).

### **Option 3**

Submit a written request to your current Medicare Advantage plan and ask to be disenrolled. You can do this one of two ways:

- Call your Medicare Advantage plan and ask for a disenrollment form to be sent to you, then complete and return the form to your Medicare Advantage plan. Keep a copy for your records.
- Send your Medicare Advantage plan a letter, which includes your name and member ID number, requesting disenrollment. Keep a copy of your letter for your records.

Your disenrollment request will be processed the same month it's received, with an effective date the first of the following month. We will be happy to accept a verbal confirmation from your health plan that you have disenrolled from their plan – just have them call us.

Phone: **(800) 248-2341**

TTY: **(800) 241-1823**

Fax: **(209) 367-6391**

Mailing address:

**Blue Shield of California**  
**P.O. Box 3008**  
**Lodi, CA 95241-1912**

This will help ensure that your current Medicare Advantage coverage is terminated and that your Original Medicare coverage, which works in conjunction with Medicare Supplement coverage, is in place. For that reason, we will work with you to coordinate the effective date of any Medicare Supplement coverage we approve with the date you disenroll from your current Medicare Advantage plan.

If you are a member of a Medicare Advantage plan, your disenrollment date from the Medicare Advantage plan must be confirmed prior to final acceptance. Once your application has been accepted, Blue Shield will establish a coverage effective date for your Medicare Supplement plan.

### **If you have other health coverage**

State laws prevent Blue Shield from enrolling you in a Medicare Supplement plan if you already have coverage, such as an existing Medicare Supplement or employer group plan that the new plan would duplicate.

To help ensure that this doesn't happen, we will coordinate your effective date of coverage under your new Blue Shield Medicare Supplement plan to coincide with disenrollment from your previous health plan.

First, we will notify you that you have been accepted in a Blue Shield Medicare Supplement plan pending verification that your other health coverage has been terminated. Once you have terminated your previous coverage, please submit proof of termination so that we can finalize your acceptance. Please refer to the Notice Regarding Replacement form, which is included with this Summary of Benefits.

## Billing options

Once you have enrolled in a Blue Shield Medicare Supplement plan, you have several options for plan dues payment.

1. **Easy\$Pay** – Pay your plan dues with Blue Shield’s quick and convenient Easy\$Pay<sup>SM</sup> program, an automatic electronic transfer on the 1<sup>st</sup> or 15<sup>th</sup> of the month from your checking or savings account. There’s no check to write and no postage to pay. A record of your payment is included on your bank statement. **Remember, if you choose this option, you can save \$3 off your dues each month. Up to \$36 for the year!**

An Easy\$Pay authorization form, which includes more information, is included with this Summary of Benefits for your consideration.

2. **Quarterly billing** – Blue Shield will bill you once every three months.
3. **Monthly billing** – Blue Shield will send you a bill each month.

With Options 2 and 3, the bill will tell you the date your payment is due.

The dues you pay or the benefits you receive may change during the year. In either case, Blue Shield will always let you know at least 60 days in advance.

## Conditions of coverage

### Termination of benefits

Your Service Agreement will not be terminated by Blue Shield for any cause except those outlined in your Service Agreement. These include:

1. You are no longer enrolled in Parts A and B of Medicare
2. Non-payment of dues

Blue Shield may cancel your Agreement for failure to pay the required dues. If the Agreement is being cancelled because you failed to pay the required dues when owed, then coverage will end 30 days after the date for which the dues are due. You will be liable for all dues accrued while the Agreement continues in force including those accrued during this 30-day grace period.

If you wish to terminate the Service Agreement, you are required to give Blue Shield 30 days’ written notice. Should Blue Shield have plan dues for any period after the date of termination, such dues will be returned to you within 30 days. Coverage terminates at 11:59 p.m. PST on the 30<sup>th</sup> day following your request for termination.

The plan is not responsible for any services received after termination unless the subscriber is totally disabled at the time of termination. See your Service Agreement for a description of extension of benefits for disability.

## Cancellation

Your coverage cannot be canceled for any reason other than those conditions specified above under "Termination of Benefits."

## Reinstatement of benefits

If you receive a "Notice Confirming Termination of Coverage," Blue Shield will allow you two coverage reinstatements per rolling 12-month period, if the amounts owed are paid within 15 days of the date the "Notice Confirming Termination of Coverage" is mailed to you.

If your request for reinstatement and payment of all outstanding amounts is not received within the required 15 days, you must fill out an application and re-apply for coverage. Members who re-apply for coverage following termination may be subject to medical underwriting. Call your broker or Blue Shield Customer Service representative at **(800) 248-2341** to request an application. Your coverage will begin on the day the application is approved by Blue Shield.

## Renewal provision

Your Blue Shield health coverage is "guaranteed renewable" (it may not be canceled by Blue Shield) and will remain in effect as long as your dues are paid in advance, except under the conditions listed above under "Termination of Benefits" and as outlined in your Service Agreement. Blue Shield may modify or amend the Service Agreement by giving you at least 60 days' prior written notice.

## Appeal of an underwriting decision

If you would like to appeal an underwriting decision, contact Customer Service at **(800) 248-2341**.

If you have questions about a service, a provider, your benefits, how to use your plan, or any matter other than underwriting decisions, you should use the following grievance procedure:

## Grievance process

Blue Shield has established a grievance procedure for receiving, resolving, and tracking subscribers' grievances with us.

If you, as a subscriber, have a question about services, providers, benefits, how to use this plan, or concerns regarding the quality of care or access to care that you have experienced, you may call Blue Shield Customer Service at **(800) 248-2341**. If you are hearing

impaired, call Blue Shield's toll-free TTY number, **(800) 241-1823**. A Customer Service representative can answer many of your questions over the telephone.

### **Expedited decision process**

Blue Shield has established a procedure for our subscribers to request an expedited decision.

You, your physician, or your representative may request an expedited decision when the routine decision-making process might seriously jeopardize your life or health, or when you are experiencing severe pain. Blue Shield shall make a decision and notify you and your physician within 72 hours following receipt of the request. An expedited decision may involve admissions, continued stay, or other healthcare services. If you would like additional information regarding the expedited decision process, or if you believe your particular situation qualifies for an expedited decision, please contact Customer Service.

Blue Shield may refer inquiries or grievances to a local medical society, hospital utilization review committee, peer review committee of the California Medical Association or a medical specialty society, or other appropriate peer review committee for an opinion to assist in the resolution of these matters.

You, your designated representative, or your provider on your behalf may contact Customer Service by telephone, letter, or online to request review of an initial determination concerning a claim or service. You may contact Blue Shield at **(800) 248-2341**. If the telephone inquiry to Customer Service does not resolve the question or issue to your satisfaction, you may request a grievance at that time, which the Customer Service representative will initiate on your behalf.

You, your designated representative, or a provider may also initiate a grievance by submitting a letter or a completed "grievance form." You may request this form from Customer Service. The completed form should be submitted to the address noted below. You may also submit the grievance online by visiting our website, **blueshieldca.com**.

Blue Shield of California  
Customer Service Appeals and Grievance  
P.O. Box 5588  
El Dorado Hills, CA 95762-0011

Blue Shield will acknowledge receipt of a grievance within five (5) calendar days.

The grievance system allows you to file grievances for at least 180 days following any incident or action that is the subject of your dissatisfaction. Grievances are resolved within 30 days. Refer to the "Expedited Decision Process" above for more information on this process.

## External independent medical review

The following Independent Medical Review process does not apply to services that are not covered by Blue Shield because of a coverage determination made by Medicare.

If your grievance involves a claim or services for which coverage was denied by Blue Shield in whole or in part on the grounds that the service is not medically necessary or is experimental/investigational (including the external review available under the Friedman-Kowles Experimental Treatment Act for 1996), you may choose to make a request to the Department of Managed Health Care to have the matter submitted to an independent agency for external review in accordance with California law. You normally must first submit a grievance to Blue Shield and wait for at least 30 days before you request external review; however, if your matter would qualify for an expedited decision as described above or involves a determination that the requested service is experimental/investigational, you may immediately request an external review following receipt of a notice of denial. You may initiate this review by completing an application for external review, a copy of which can be obtained by contacting Customer Service. The Department of Managed Health Care will review the application and, if the request qualifies

for external review, will select an external review agency and have your records submitted to a qualified specialist for an independent determination of whether the care is medically necessary. You may choose to submit additional records to the external review agency for review. There is no cost to you for this external review. You and your physician will receive copies of the opinions of the external review agency. The decision of the external review agency is binding on Blue Shield; if the external reviewer determines that the service is medically necessary, Blue Shield will promptly arrange for the service to be provided or the claim in dispute to be paid. This external review process is in addition to any other procedures or remedies available to you and is completely voluntary on your part; you are not obligated to request external review. However, failure to participate in external review may cause you to give up any statutory right to pursue legal action against Blue Shield regarding the disputed service. For more information regarding the external review process, or to request an application form, please contact Customer Service.

## California Department of Managed Health Care review

The California Department of Managed Health Care is responsible for regulating healthcare service plans. If you have a grievance against your health plan, you

should first telephone your health plan at **(800) 248-2341** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an independent medical review (IMR). If you are eligible for an IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-HMO-2219)** and a TTY line **(1-888-877-5378)** for the hearing- and speech-impaired. The department's website (**[www.hmohelp.ca.gov](http://www.hmohelp.ca.gov)**) has complaint forms, IMR application forms, and instructions online. In the event that Blue Shield should cancel or refuse to renew your enrollment and you feel that such action was due to reasons of health or utilization of benefits, you may request a review by the Department of Managed Health Care director.

## Acts of third parties

If a subscriber is injured or becomes ill due to the act or omission of another person (a "third party"), Blue Shield shall, with respect to services required as a result of that injury, provide the benefits of the plan, and have an equitable right to restitution, reimbursement, or other available remedy to recover the amounts Blue Shield paid for services provided to the subscriber on a fee-for-service basis from any recovery (defined below) obtained by or on behalf of the member, from or on behalf of the third party responsible for the injury or illness, or from uninsured/underinsured motorist coverage.

Blue Shield's right to restitution, reimbursement, or other available remedy is against any recovery the member receives as a result of the injury or illness, including any amount awarded to or received by way of court judgment, arbitration award, settlement or any other judgment, from any third party or third party insurer, or from uninsured or underinsured motorist coverage, related to the illness or injury (the "Recovery"), without regard to whether the member has been "made whole" by the Recovery. Blue Shield's right to restitution, reimbursement, or other available remedy is with respect to that portion of the total Recovery that is due Blue Shield for the benefits it paid in connection with such injury or illness, calculated in accordance with California Civil Code section 3040.

The subscriber is required to:

- 1) Notify Blue Shield in writing of any actual or potential claim or legal action which such subscriber expects to bring or has brought against the third party arising from the alleged acts or omissions causing the injury or illness, not later than 30 days after submitting or filing a claim or legal action against the third party; and
- 2) Agree to fully cooperate with Blue Shield to execute any forms or documents needed to enable Blue Shield to enforce its right to restitution, reimbursement, or other available remedies; and
- 3) Agree in writing to reimburse Blue Shield for benefits paid by Blue Shield from any Recovery when the Recovery is obtained from or on behalf of the third party or the insurer of the third party, or from uninsured or underinsured motorist coverage; and
- 4) Provide Blue Shield with a lien, in the amount of benefits actually paid. The lien may be filed with the third party, the third party's agent or attorney, or the court, unless otherwise prohibited by law; and
- 5) Periodically respond to information requests regarding the claim against the third party, and notify Blue Shield, in writing, within ten (10) days after any Recovery has been obtained.

A subscriber's failure to comply with 1 through 5, above, shall not in any way act as a waiver, release, or relinquishment of the rights of Blue Shield.

## Utilization review process

The utilization review process does not apply to services that are not covered by Blue Shield because of a coverage determination made by Medicare.

State law requires that health plans disclose to subscribers and health plan providers the process used to authorize or deny healthcare services under the plan. Blue Shield has completed documentation of this process ("Utilization Review"), as required under Section 1363.5 of the California Health and Safety Code. To request a copy of the document describing the Utilization Review process, call Customer Service at **(800) 248-2341**.

## Plan interpretation

Blue Shield shall have the power and discretionary authority to construe and interpret the provisions of the Service Agreement, to determine the benefits of the Service Agreement, and to determine eligibility to receive benefits under the Service Agreement. Blue Shield shall exercise this authority for the benefit of all subscribers entitled to receive benefits under the Service Agreement.

## Value of health services

In 2012, the ratio of the value of health services provided to the amount Blue Shield collected in plan dues was 67.1%.

## Confidentiality of personal and health information

Blue Shield of California protects the confidentiality/privacy of your personal and health information. Personal and health information includes both medical information and individually identifiable information, such as your name, address, telephone number, or Social Security number. Blue Shield will not disclose this information without your authorization, except as permitted by law.

A statement describing Blue Shield's policies and procedures for preserving the confidentiality of medical records is available and will be furnished to you upon request.

Blue Shield's policies and procedures regarding our confidentiality/privacy practices are contained in the "Notice of Privacy Practices," which you may obtain either by calling Customer Service at **(800) 248-2341**, or by accessing Blue Shield of California's Internet site at **blueshieldca.com** and printing a copy.

If you are concerned that Blue Shield may have violated your confidentiality/privacy rights, or you disagree with a decision we made about access to your personal and health information, you may contact us at:

**Correspondence address:**

Blue Shield of California Privacy Official  
P.O. Box 272540  
Chico, CA 95927-2540

**Toll-free telephone:**

**(888) 266-8080**

**Email address:**

**privacy@blueshieldca.com**

## Principal exclusions and limitations on benefits

Please note:

Blue Shield Medicare Supplement plans do not cover custodial care in any institution, including a skilled nursing facility. Custodial care includes such services as help with walking, getting in and out of bed, eating, dressing, bathing, and taking medicine.

Unless exceptions to the following exclusions are specifically made in the *Evidence of Coverage and Health Service Agreement* (Service Agreement) for your plan, no benefits are provided for:

1. Services incident to hospitalization or confinement in a health facility primarily for Custodial, Maintenance, or Domiciliary Care; rest; or to control or change a patient's environment.
2. Dental care and treatment, dental surgery, and dental appliances.
3. Examinations for and the cost of eyeglasses and hearing aids.
4. Services for cosmetic purposes.
5. Services for or incident to vocational, educational, recreational, art, dance or music therapy; and unless (and then only to the extent) medically necessary as an adjunct to medical treatment of an underlying medical condition, prescribed by the attending physician, and recognized by Medicare; weight control programs; or exercise programs (with the exception of the SilverSneakers Fitness Program).
6. Services for transgender or gender dysphoria conditions, including, but not limited to, intersex surgery (transsexual operations), or any related services, or any resulting medical complications, except for treatment of medical complications that is medically necessary.
7. Blood and plasma, except that this exclusion shall not apply to the first three (3) pints of blood the Subscriber receives in a Calendar Year.
8. Acupuncture.
9. Physical examinations, except for a one-time "Welcome to Medicare" physical examination if received within the first 12 months of your initial coverage under Medicare Part B, and a yearly "Wellness" exam thereafter; or routine foot care.
10. Routine immunizations except those covered under Medicare Part B preventive services.
11. Services not specifically listed as benefits.
12. Services for which you are not legally obligated to pay, or services for which no charge is made to you.
13. Services for which you are not receiving benefits from Medicare unless otherwise noted in the Service Agreement as a covered service.

See the grievance process for information on filing a grievance, your right to seek assistance from the Department of Managed Health Care, and your right to independent medical review.

## Endnotes

1. Savings due to increased efficiencies from administering Medicare Supplement plans under this program/service are passed on to the subscriber. Two-party rates do not apply to High Deductible Plan F and Plan K. Two-party rates do not apply to tobacco users. Welcome to Medicare Rate Savings applies to all plans Blue Shield offers.
2. If you are 64 or younger and do not have end-stage renal disease, you may apply for Blue Shield of California Medicare Supplement coverage as described in Blue Shield's *Guaranteed Acceptance Guide*. Blue Shield of California does not offer coverage if you are 64 or younger unless you qualify for guaranteed acceptance. Two-party rates are not available to those 64 or younger.

### HICAP

**(800) 434-0222**

For additional information concerning covered benefits, contact the Health Insurance Counseling and Advocacy Program (HICAP) or your agent. HICAP provides health insurance counseling for California senior citizens.

**Blue Shield of California  
Medicare Plans  
Regional Sales Office  
6300 Canoga Ave.  
Woodland Hills, CA 91367-2555**