

# MedicareBlue Supplement<sup>SM</sup>



Plans A, D, F, High Deductible F, and N

## 2010 Outlines of Coverage

### Benefit Chart of Medicare Supplement Plans Sold for Effective Dates on or after June 1, 2010

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan “A” available. Some plans may not be available in your state. Plans E, H, I, and J are no longer available for sale.

#### Basic Benefits

**Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

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

**Blood:** First three pints of blood each year.

**Hospice:** Part A coinsurance.

#### Standardized Medicare Supplement Plans

A	B	C	D	F	F <sup>HD</sup>	G
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance <sup>HD</sup>		Basic, including 100% Part B coinsurance
		Skilled Nursing Facility Coinsurance	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	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

Plans shaded in gray are offered by Wellmark Blue Cross and Blue Shield of Iowa. Plans offered by Wellmark also include an annual physical as a new or innovative benefit.

<sup>HD</sup> 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 \$2,000 deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses exceed \$2,000. 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.

**Standardized Medicare Supplement Plans continued...**

	<b>K</b>	<b>L</b>	<b>M</b>	<b>N</b>
<b>Basic Benefits</b>	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
<b>Skilled Nursing Facility Coinsurance</b>	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
<b>Part A Deductible</b>	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
<b>Part B Deductible</b>				
<b>Part B Excess (100%)</b>				
<b>Foreign Travel Emergency</b>			Foreign Travel Emergency	Foreign Travel Emergency
	Out-of-pocket limit \$4,620; plan pays at 100% after limit is reached	Out-of-pocket limit \$2,310; plan pays at 100% after limit is reached		

Plans shaded in gray are offered by Wellmark Blue Cross and Blue Shield of Iowa. Plans offered by Wellmark also include an annual physical as a new or innovative benefit.

**See Outlines of Coverage for details and explanations of the plans offered by Wellmark Blue Cross and Blue Shield.**

# MedicareBlue Supplement Non-Tobacco Rates

Rates effective June 1, 2010

Age	Plan A		Plan D		Plan F		Plan F High Deductible		Plan N	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Age 64 & Under	\$224.30	\$198.70	\$205.70	\$182.20	\$231.40	\$204.90	\$115.80	\$102.60	\$164.10	\$145.30
Age 65	\$96.90	\$86.00	\$115.70	\$102.60	\$130.00	\$115.20	\$65.10	\$57.70	\$92.10	\$81.70
Age 66	\$99.90	\$88.60	\$119.20	\$105.70	\$134.00	\$118.80	\$67.10	\$59.50	\$95.00	\$84.20
Age 67	\$102.90	\$91.30	\$122.90	\$109.00	\$138.10	\$122.50	\$69.20	\$61.40	\$97.90	\$86.80
Age 68	\$106.00	\$94.00	\$126.60	\$112.20	\$142.30	\$126.10	\$71.30	\$63.20	\$100.90	\$89.40
Age 69	\$109.30	\$97.00	\$130.50	\$115.70	\$146.70	\$130.00	\$73.50	\$65.20	\$104.00	\$92.20
Age 70	\$112.20	\$99.50	\$134.00	\$118.80	\$150.60	\$133.50	\$75.40	\$66.90	\$106.80	\$94.60
Age 71	\$121.50	\$107.80	\$145.20	\$128.70	\$163.20	\$144.70	\$81.70	\$72.50	\$115.80	\$102.60
Age 72	\$125.10	\$110.90	\$149.40	\$132.40	\$168.00	\$148.90	\$84.10	\$74.60	\$119.20	\$105.60
Age 73	\$128.70	\$114.10	\$153.80	\$136.30	\$172.90	\$153.20	\$86.60	\$76.70	\$122.60	\$108.60
Age 74	\$132.50	\$117.50	\$158.40	\$140.40	\$178.10	\$157.80	\$89.20	\$79.00	\$126.30	\$111.90
Age 75	\$136.40	\$120.90	\$163.00	\$144.50	\$183.40	\$162.40	\$91.80	\$81.30	\$130.00	\$115.20
Age 76	\$142.80	\$126.60	\$170.80	\$151.30	\$192.10	\$170.10	\$96.20	\$85.20	\$136.20	\$120.60
Age 77	\$149.80	\$132.80	\$179.20	\$158.70	\$201.50	\$178.50	\$100.90	\$89.40	\$142.90	\$126.60
Age 78	\$157.60	\$139.60	\$188.40	\$166.90	\$211.90	\$187.70	\$106.10	\$94.00	\$150.30	\$133.10
Age 79	\$165.20	\$146.40	\$197.60	\$175.00	\$222.30	\$196.90	\$111.30	\$98.60	\$157.70	\$139.60
Age 80	\$173.40	\$153.60	\$207.40	\$183.70	\$233.40	\$206.70	\$116.80	\$103.50	\$165.50	\$146.60
Age 81 & Over	\$191.30	\$169.40	\$228.80	\$202.70	\$257.50	\$228.00	\$128.90	\$114.10	\$182.70	\$161.70

You do not have to answer health questions if you apply for Plan A.

If you apply for non-guaranteed-issue Plans D, F, High Deductible F, or N within six months following the first day of the first month in which you are both age 65 or older and enrolled in Medicare Part B, you do not have to answer health questions on the application. If you apply for these plans after this period, you must answer health questions.

Wellmark Blue Cross and Blue Shield MedicareBlue Supplement plans include an annual physical as a new or innovative benefit. The premiums reflect the inclusion of this benefit. While all MedicareBlue Supplement plans include this additional benefit, plans are available elsewhere in the marketplace without the additional benefit.

# MedicareBlue Supplement Tobacco Rates

Rates effective June 1, 2010

Age	Plan A		Plan D		Plan F		Plan F High Deductible		Plan N	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Age 64 & Under	\$246.70	\$218.60	\$226.30	\$200.40	\$254.50	\$225.40	\$127.40	\$112.90	\$180.50	\$159.80
Age 65	\$106.60	\$94.60	\$127.30	\$112.90	\$143.00	\$126.70	\$71.60	\$63.50	\$101.30	\$89.90
Age 66	\$109.90	\$97.50	\$131.10	\$116.30	\$147.40	\$130.70	\$73.80	\$65.50	\$104.50	\$92.60
Age 67	\$113.20	\$100.40	\$135.20	\$119.90	\$151.90	\$134.80	\$76.10	\$67.50	\$107.70	\$95.50
Age 68	\$116.60	\$103.40	\$139.30	\$123.40	\$156.50	\$138.70	\$78.40	\$69.50	\$111.00	\$98.30
Age 69	\$120.20	\$106.70	\$143.60	\$127.30	\$161.40	\$143.00	\$80.90	\$71.70	\$114.40	\$101.40
Age 70	\$123.40	\$109.50	\$147.40	\$130.70	\$165.70	\$146.90	\$82.90	\$73.60	\$117.50	\$104.10
Age 71	\$133.70	\$118.60	\$159.70	\$141.60	\$179.50	\$159.20	\$89.90	\$79.80	\$127.40	\$112.90
Age 72	\$137.60	\$122.00	\$164.30	\$145.60	\$184.80	\$163.80	\$92.50	\$82.10	\$131.10	\$116.20
Age 73	\$141.60	\$125.50	\$169.20	\$149.90	\$190.20	\$168.50	\$95.30	\$84.40	\$134.90	\$119.50
Age 74	\$145.80	\$129.30	\$174.20	\$154.40	\$195.90	\$173.60	\$98.10	\$86.90	\$138.90	\$123.10
Age 75	\$150.00	\$133.00	\$179.30	\$159.00	\$201.70	\$178.60	\$101.00	\$89.40	\$143.00	\$126.70
Age 76	\$157.10	\$139.30	\$187.90	\$166.40	\$211.30	\$187.10	\$105.80	\$93.70	\$149.80	\$132.70
Age 77	\$164.80	\$146.10	\$197.10	\$174.60	\$221.70	\$196.40	\$111.00	\$98.30	\$157.20	\$139.30
Age 78	\$173.40	\$153.60	\$207.20	\$183.60	\$233.10	\$206.50	\$116.70	\$103.40	\$165.30	\$146.40
Age 79	\$181.70	\$161.00	\$217.40	\$192.50	\$244.50	\$216.60	\$122.40	\$108.50	\$173.50	\$153.60
Age 80	\$190.70	\$169.00	\$228.10	\$202.10	\$256.70	\$227.40	\$128.50	\$113.90	\$182.10	\$161.30
Age 81 & Over	\$210.40	\$186.30	\$251.70	\$223.00	\$283.30	\$250.80	\$141.80	\$125.50	\$201.00	\$177.90

You do not have to answer health questions if you apply for Plan A.

If you apply for non-guaranteed-issue Plans D, F, High Deductible F, or N within six months following the first day of the first month in which you are both age 65 or older and enrolled in Medicare Part B, you do not have to answer health questions on the application. If you apply for these plans after this period, you must answer health questions.

Wellmark Blue Cross and Blue Shield MedicareBlue Supplement plans include an annual physical as a new or innovative benefit. The premiums reflect the inclusion of this benefit. While all MedicareBlue Supplement plans include this additional benefit, plans are available elsewhere in the marketplace without the additional benefit.

## **Premium Information**

Wellmark Blue Cross and Blue Shield can only raise your premium if we raise the premium for all policies like yours in this state. When we change the premium upon our implementation of a new table of rates or a change in Medicare's benefit structure, your new premium will be based upon your age at the effective date of the premium change. If we do change your premium, we will notify you at least 30 days in advance.

## **Disclosures**

Use this outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010.

Policies sold for effective dates prior to June 1, 2010, have different benefits and premiums. Plans E, H, I, and J are no longer available for sale.

## **Read Your Policy Very Carefully**

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

## **Right to Return Policy**

If you find that you are not satisfied with your policy, you may return it to:

**Wellmark Blue Cross and Blue Shield of Iowa**  
**P.O. Box 9232, Station 300**  
**Des Moines, IA 50306-9232**

If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

## **Policy Replacement**

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

## **Notice**

This policy may not fully cover all of your medical costs.

Neither Wellmark Blue Cross and Blue Shield of Iowa 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 *Medicare and You* for more details.

## **Complete Answers Are Very Important**

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. Wellmark Blue Cross and Blue Shield may cancel your policy 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.

# MedicareBlue Supplement Plan A

<b>Medicare (Part A) Hospital Services Per Benefit Period</b>			
<b>Services</b>	<b>Medicare Pays</b>	<b>Plan A Pays</b>	<b>You Pay</b>
<b>Hospitalization <sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1,100	\$0	\$1,100 (Part A deductible)
61st thru 90th day	All but \$275 a day	\$275 a day	\$0
91st day and after: — While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0
— Once lifetime reserve days are used: • Additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
• Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care <sup>1</sup></b> You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$137.50 a day	\$0	Up to \$137.50 a day
101st 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 doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

<sup>1</sup> 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.

<sup>2</sup> 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 "Basic 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.

## Medicare (Part B) Medical Services Per Calendar Year

Services	Medicare Pays	Plan A Pays	You Pay
<b>Medical Expenses</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First \$155 of Medicare approved amounts <sup>3</sup>	\$0	\$0	\$155 (Part B deductible)
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare approved amounts)	\$0	\$0	All costs
<b>Blood</b> First 3 pints	\$0	All costs	\$0
Next \$155 of Medicare approved amounts <sup>3</sup>	\$0	\$0	\$155 (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

<sup>3</sup> Once you have been billed \$155 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

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

## MedicareBlue Supplement Plan A (continued)

<b>Medicare Parts A &amp; B</b>			
<b>Services</b>	<b>Medicare Pays</b>	<b>Plan A Pays</b>	<b>You Pay</b>
<b>Home Health Care</b> MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment: — First \$155 of Medicare approved amounts <sup>3</sup>	\$0	\$0	\$155 (Part B deductible)
— Remainder of Medicare approved amounts	80%	20%	\$0

<b>Other Benefits Not Covered By Medicare</b>			
<b>Services</b>	<b>Medicare Pays</b>	<b>Plan A Pays</b>	<b>You Pay</b>
<b>Preventive Physical Exam</b> Includes one exam per calendar year, in subsequent years after your initial "Welcome to Medicare" physical.	\$0	100%	\$0

<sup>3</sup> Once you have been billed \$155 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

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

# MedicareBlue Supplement Plan D

<b>Medicare (Part A) Hospital Services Per Benefit Period</b>			
<b>Services</b>	<b>Medicare Pays</b>	<b>Plan D Pays</b>	<b>You Pay</b>
<b>Hospitalization <sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1,100	\$1,100 (Part A deductible)	\$0
61st thru 90th day	All but \$275 a day	\$275 a day	\$0
91st day and after: — While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0
— Once lifetime reserve days are used: • Additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
• Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care <sup>1</sup></b> You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$137.50 a day	Up to \$137.50 a day	\$0
101st 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 doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

<sup>1</sup> 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.

<sup>2</sup> 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 "Basic 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.

## MedicareBlue Supplement Plan D (continued)

<b>Medicare (Part B) Medical Services Per Calendar Year</b>			
<b>Services</b>	<b>Medicare Pays</b>	<b>Plan D Pays</b>	<b>You Pay</b>
<b>Medical Expenses</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$155 of Medicare approved amounts <sup>3</sup>	\$0	\$0	\$155 (Part B deductible)
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare approved amounts)	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$155 of Medicare approved amounts <sup>3</sup>	\$0	\$0	\$155 (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

<sup>3</sup> Once you have been billed \$155 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

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

<b>Medicare Parts A &amp; B</b>			
<b>Services</b>	<b>Medicare Pays</b>	<b>Plan D Pays</b>	<b>You Pay</b>
<b>Home Health Care</b> MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment: — First \$155 of Medicare approved amounts <sup>3</sup>	\$0	\$0	\$155 (Part B deductible)
— Remainder of Medicare approved amounts	80%	20%	\$0

<b>Other Benefits Not Covered by Medicare</b>			
<b>Services</b>	<b>Medicare Pays</b>	<b>Plan D Pays</b>	<b>You Pay</b>
<b>Foreign Travel</b> NOT COVERED BY MEDICARE			
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>Preventive Physical Exam</b> Includes one exam per calendar year, in subsequent years after your initial "Welcome to Medicare" physical.	\$0	100%	\$0

<sup>3</sup> Once you have been billed \$155 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

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

# MedicareBlue Supplement Plan F

<b>Medicare (Part A) Hospital Services Per Benefit Period</b>			
<b>Services</b>	<b>Medicare Pays</b>	<b>Plan F Pays</b>	<b>You Pay</b>
<b>Hospitalization <sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1,100	\$1,100 (Part A deductible)	\$0
61st thru 90th day	All but \$275 a day	\$275 a day	\$0
91st day and after: — While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0
— Once lifetime reserve days are used: • Additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
• Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care <sup>1</sup></b> You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$137.50 a day	Up to \$137.50 a day	\$0
101st 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 doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

<sup>1</sup> 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.

<sup>2</sup> 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 "Basic 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.

## Medicare (Part B) Medical Services Per Calendar Year

Services	Medicare Pays	Plan F Pays	You Pay
<b>Medical Expenses</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$155 of Medicare approved amounts <sup>3</sup>	\$0	\$155 (Part B deductible)	\$0
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare approved amounts)	\$0	100%	\$0
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$155 of Medicare approved amounts <sup>3</sup>	\$0	\$155 (Part B deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

<sup>3</sup> Once you have been billed \$155 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

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

## MedicareBlue Supplement Plan F (continued)

<b>Medicare Parts A &amp; B</b>			
<b>Services</b>	<b>Medicare Pays</b>	<b>Plan F Pays</b>	<b>You Pay</b>
<b>Home Health Care</b> MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment: — First \$155 of Medicare approved amounts <sup>3</sup>	\$0	\$155 (Part B deductible)	\$0
— Remainder of Medicare approved amounts	80%	20%	\$0

<b>Other Benefits Not Covered by Medicare</b>			
<b>Services</b>	<b>Medicare Pays</b>	<b>Plan F Pays</b>	<b>You Pay</b>
<b>Foreign Travel</b> NOT COVERED BY MEDICARE			
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>Preventive Physical Exam</b> Includes one exam per calendar year, in subsequent years after your initial "Welcome to Medicare" physical.	\$0	100%	\$0

<sup>3</sup> Once you have been billed \$155 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

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

# MedicareBlue Supplement High Deductible Plan F

<b>Medicare (Part A) Hospital Services Per Benefit Period</b>			
<b>Services</b>	<b>Medicare Pays</b>	<b>After you pay \$2,000 deductible<sup>HD</sup> Plan F Pays</b>	<b>You Pay</b>
<b>Hospitalization <sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,100	\$1,100 (Part A deductible)	\$0
61st thru 90th day	All but \$275 a day	\$275 a day	\$0
91st day and after: — While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0
— Once lifetime reserve days are used: • Additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
• Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care <sup>1</sup></b> You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$137.50 a day	Up to \$137.50 a day	\$0
101st 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 doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

<sup>HD</sup> This high deductible plan pays the same benefits as Plan F after you have paid a calendar year \$2,000 deductible. Benefits from the High Deductible Plan F will not begin until out-of-pocket expenses are \$2,000. 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.

<sup>1</sup> 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.

<sup>2</sup> 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 "Basic 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.

# MedicareBlue Supplement High Deductible Plan F (continued)

<b>Medicare (Part B) Medical Services Per Calendar Year</b>			
<b>Services</b>	<b>Medicare Pays</b>	<b>After you pay \$2,000 deductible<sup>HD</sup> Plan F Pays</b>	<b>You Pay</b>
<b>Medical Expenses</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$155 of Medicare approved amounts <sup>3</sup>	\$0	\$155 (Part B deductible)	\$0
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare approved amounts)	\$0	100%	\$0
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$155 of Medicare approved amounts <sup>3</sup>	\$0	\$155 (Part B deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

<sup>HD</sup> This high deductible plan pays the same benefits as Plan F after you have paid a calendar year \$2,000 deductible. Benefits from the High Deductible Plan F will not begin until out-of-pocket expenses are \$2,000. 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.

<sup>3</sup> Once you have been billed \$155 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

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

<b>Medicare Parts A &amp; B</b>			
<b>Services</b>	<b>Medicare Pays</b>	<b>After you pay \$2,000 deductible<sup>HD</sup> Plan F Pays</b>	<b>You Pay</b>
<b>Home Health Care</b> MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment: — First \$155 of Medicare approved amounts <sup>3</sup>	\$0	\$155 (Part B deductible)	\$0
— Remainder of Medicare approved amounts	80%	20%	\$0

<b>Other Benefits Not Covered by Medicare</b>			
<b>Services</b>	<b>Medicare Pays</b>	<b>After you pay \$2,000 deductible<sup>HD</sup> Plan F Pays</b>	<b>You Pay</b>
<b>Foreign Travel</b> NOT COVERED BY MEDICARE			
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>Preventive Physical Exam <sup>4</sup></b> Includes one exam per calendar year, in subsequent years after your initial "Welcome to Medicare" physical.	\$0	100%	\$0

<sup>HD</sup>This high deductible plan pays the same benefits as Plan F after you have paid a calendar year \$2,000 deductible. Benefits from the High Deductible Plan F will not begin until out-of-pocket expenses are \$2,000. 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.

<sup>3</sup> Once you have been billed \$155 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

<sup>4</sup> High Deductible Plan F deductible waived for Preventive Physical Exam benefit.

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

# MedicareBlue Supplement Plan N

<b>Medicare (Part A) Hospital Services Per Benefit Period</b>			
<b>Services</b>	<b>Medicare Pays</b>	<b>Plan N Pays</b>	<b>You Pay</b>
<b>Hospitalization <sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1,100	\$1,100 (Part A deductible)	\$0
61st thru 90th day	All but \$275 a day	\$275 a day	\$0
91st day and after: — While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0
— Once lifetime reserve days are used: • Additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
• Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care <sup>1</sup></b> You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$137.50 a day	Up to \$137.50 a day	\$0
101st 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 doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

<sup>1</sup> 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.

<sup>2</sup> 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 "Basic 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.

### Medicare (Part B) Medical Services Per Calendar Year

Services	Medicare Pays	Plan N Pays	You Pay
<b>Medical Expenses</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First \$155 of Medicare approved amounts <sup>3</sup>	\$0	\$0	\$155 (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 member 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 member is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>Part B Excess Charges</b> (Above Medicare approved amounts)	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$155 of Medicare approved amounts <sup>3</sup>	\$0	\$0	\$155 (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

<sup>3</sup> Once you have been billed \$155 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

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

## MedicareBlue Supplement Plan N (continued)

<b>Medicare Parts A &amp; B</b>			
<b>Services</b>	<b>Medicare Pays</b>	<b>Plan N Pays</b>	<b>You Pay</b>
<b>Home Health Care</b> MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment: — First \$155 of Medicare approved amounts <sup>3</sup>	\$0	\$0	\$155 (Part B deductible)
— Remainder of Medicare approved amounts	80%	20%	\$0

<b>Other Benefits Not Covered by Medicare</b>			
<b>Services</b>	<b>Medicare Pays</b>	<b>Plan N Pays</b>	<b>You Pay</b>
<b>Foreign Travel</b> NOT COVERED BY MEDICARE			
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>Preventive Physical Exam</b> Includes one exam per calendar year, in subsequent years after your initial "Welcome to Medicare" physical.	\$0	All but up to \$20 copayment for office visit	Up to \$20 copayment for office visit

<sup>3</sup> Once you have been billed \$155 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

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

Premium payments may be made on a calendar month, calendar quarter, semi-annual calendar year, or calendar year basis. For example, a monthly premium would be for the first day of a month through the last day of such month. A quarterly payment would be for any calendar quarterly period, such as January 1 through March 31. A semi-annual payment would be for the period of either January 1 through June 30 or July 1 through December 31. An annual premium would be for January 1 through December 31 of the applicable year.

The amount of your periodic premium payment will change as provided in the policy and from time to time based on changes in your coverage, including but not limited to, changes in benefits, payment obligations (such as deductible, coinsurance and copayments), your age, or other factors that require adjustments to the total premium. These changes may occur at times other than an annual or other policy renewal.

If you elected to authorize automatic premium withdrawals from a deposit account, the automatic withdrawal will change periodically to correspond with the applicable premium. Your authorization for automatic premium withdrawals shall include authorization for automatic withdrawal of any changed amount unless you call or provide your bank with written notice not less than three (3) business days before a scheduled withdrawal to stop the payment. If you call your bank to stop payment, you may be required to provide a written request within fourteen (14) days after your call. You will be responsible for any fee assessed by your bank for stop-payment orders that you make.

MedicareBlue Supplement is a Medicare Supplement insurance plan. MedicareBlue Supplement is not connected with or endorsed by the U.S. government or the federal Medicare program.





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