

# Blue Medicare Supplement<sup>SM</sup>

Supplemental health care coverage for  
Medicare beneficiaries enrolled in Part B



WHO  
IT'S  
FOR

## MEDICARE BENEFICIARIES WHO WANT ...

- + A wide selection of plans
- + Locked in entry-age rates<sup>1</sup>
- + No waiting periods for pre-existing conditions<sup>2</sup>
- + Guaranteed acceptance with early enrollment<sup>†</sup>
- + Choice of doctors with virtually no claims to file



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## Quality supplemental coverage offers freedom and peace of mind

	Blue Medicare Supplement
<b>1 Wide selection of plans</b>	We offer ten Blue Medicare Supplement plans to fit individual health care needs and budgets. Blue Medicare Supplement may help take care of costs that Original Medicare doesn't cover, so members won't have to worry about their health-related expenses.
<b>2 Locked in entry-age<sup>1</sup> forever</b>	When members enroll in a Blue Medicare Supplement plan within the first six months of enrolling in Medicare Part B, they lock in their entry-age rate forever. <sup>1</sup> Rate adjustments will be made only due to medical inflation or overall claims experience.
<b>3 No waiting periods for pre-existing conditions<sup>2</sup></b>	Members who enroll early may be eligible for a Blue Medicare Supplement plan without medical underwriting and waiting periods for pre-existing conditions. <sup>2</sup>
<b>4 Guaranteed acceptance with early enrollment<sup>†</sup></b>	Members can't be turned down for Blue Medicare Supplement coverage when they enroll early and meet certain requirements. <sup>†</sup> (See back page for more details.)
<b>5 Choice of doctors with virtually no claims to file</b>	Members have the freedom to choose their own doctor without a referral and can visit any Medicare-participating hospital. And in most cases, we handle Part A and Part B Medicare claims and supplemental claims automatically.

### How it works

When members need to see a provider, they just follow these simple steps:

- 1. Call to schedule an appointment with their provider.**
- 2. Present their member ID card.**

Members are covered in case of emergencies, and they should seek care from the closest emergency room. They don't need to contact us first.

### Why Blue?

- + The largest market share of Medicare Supplement policyholders in North Carolina<sup>3</sup>
- + We're a local company you can trust, serving North Carolina for over 75 years
- + We provide coverage to more than 125,000 North Carolina Medicare beneficiaries<sup>4</sup>
- + Members get value-added programs and discounts on eyeglasses, hearing aids and much more<sup>5</sup>



# Compare Blue Medicare Supplement plans

Determine which benefits listed in the first column are most important. Then see which plans include those benefits by looking at the columns for Plans A through J. Premiums for each plan are listed at the bottom of the chart.

Benefits covered by Blue Medicare Supplement (Your cost-share under Medicare <sup>6</sup> )	PLAN A PAYS BMS A, 07/08	PLAN B PAYS BMS B, 07/08	PLAN C PAYS BMS C, 07/08	PLAN D PAYS BMS D, 07/08	PLAN E PAYS BMS E, 07/08	PLAN F PAYS BMS F, 07/08	HIGH DED PLAN F* PAYS BMS HDF 4/09	PLAN H PAYS BMS H, 07/08 & BMS Hrx, 07/08	PLAN I PAYS BMS I, 07/08 & BMS Irx, 07/08	PLAN J PAYS BMS J, 07/08 & BMS Jrxe, 07/08
<b>Part A (Hospitalization)</b>										
\$1,068 Inpatient hospital deductible each benefit period		•	•	•	•	•	•	•	•	•
\$267 a day copayment for days 61-90 in a hospital	•	•	•	•	•	•	•	•	•	•
\$534 a day copayment for days 91-150 (lifetime reserve <sup>7</sup> )	•	•	•	•	•	•	•	•	•	•
100% of Medicare allowable expenses for additional 365 days after Medicare hospital benefits stop completely	•	•	•	•	•	•	•	•	•	•
First 3 pints of blood per calendar year <sup>8</sup>	•	•	•	•	•	•	•	•	•	•
\$133.50 per day for days 21-100 in a skilled nursing facility <sup>9</sup>			•	•	•	•	•	•	•	•
<b>Part B (Physician and medical services)</b>										
\$135 Part B deductible			•			•	•			•
Generally, 20% of Medicare-approved amount (Part B coinsurance) after Part B deductible is met <sup>10</sup>	•	•	•	•	•	•	•	•	•	•
100% of Medicare Part B excess charges						•	•		•	•
<b>Additional benefits not covered by Medicare</b>										
At-home recovery benefits <sup>11</sup> (up to \$1,600 per calendar year)				•					•	•
Benefits for medically necessary emergency care received in a foreign country <sup>12</sup>			•	•	•	•	•	•	•	•
Preventive care benefits <sup>13</sup>					•					•
<b>Blue Medicare Supplement monthly rates<sup>14</sup></b>										
Age Under 65	\$266.25 <sup>15</sup>	\$310.00 <sup>16</sup>	\$375.25 <sup>15</sup>							\$437.25 <sup>15</sup>
Age 65	\$121.75	\$145.25	\$185.00	\$152.00	\$153.25	\$147.50	\$44.25	\$165.75	\$166.50	\$201.75
66-69	\$122.25	\$150.75	\$207.50	\$165.50	\$166.75	\$189.00	\$63.00	\$196.00	\$197.00	\$212.50
70-74	\$122.50	\$155.25	\$218.00	\$178.75	\$180.00	\$217.50	\$78.00	\$205.00	\$206.50	\$227.00
75 and over	\$123.50	\$169.50	\$251.50	\$222.75	\$223.75	\$253.25	\$93.50	\$241.25	\$243.00	\$269.50

\* This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,000 deductible. Benefits for this plan 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.



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† Early enrollment means **guaranteed acceptance**

Enrollees cannot be turned down for Blue Medicare Supplement coverage with BCBSNC if they meet all of the following requirements:

- + They are age 65 or older and eligible for Medicare or under age 65 and are eligible for Medicare by reason of disability (Plans A, C, and J)
- + They enroll within 6 months of enrolling in Medicare Part B
- + They are not covered by certain Medicaid programs
- + They are a resident of North Carolina

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

## Limitations & Exclusions

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

This brochure contains a summary of benefits only describing our policies' most important features. It is not an insurance policy. The Blue Medicare Supplement policy is the insurance contract. If there is any difference between this brochure and the policy, the provisions of the policy will control. These Blue Medicare Supplement policies may not fully cover all of your medical costs. These Blue Medicare Supplement policies contain provisions that limit benefits to those approved for payment by Medicare. Neither Blue Cross and Blue Shield of North Carolina nor its agents are affiliated with Medicare.

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

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

Monthly premiums (rates) are effective until April 1, 2010 for Plans A-J.

An independent licensee of the Blue Cross and Blue Shield Association.



- 1 When members enroll, they will lock in their entry age forever as long as they stay in the Medicare supplement plan that they initially chose. Any rate adjustments will only be due to medical inflation or overall claims experience. Rates are subject to change April 1st of each year and are guaranteed for 12 months, but you alone will not be singled for a premium increase based on health or age. Any change in your rate will be preceded by a 30-day notice.
- 2 Pre-existing conditions are conditions for which medical advice was given or treatment was recommended by or received from a physician within six months before the effective date of coverage. If enrollees wait until after the deadline to enroll, they may have a waiting period for pre-existing conditions and may have to complete a medical questionnaire.
- 3 "Medicare Supplement Loss Ratios in 2007;" National Association of Insurance Commissioners (NAIC), 2008.
- 4 Based on BCBSNC enrollment data, 2008.
- 5 These value-added programs may change or be discontinued at any time. BCBSNC does not profit from this program. BCBSNC provides these programs for member convenience and is not liable in any way for the goods and services received. These programs are not part of a member's policy or benefits, but are value-added discounts available for their use.
- 6 This is only a summary of benefits describing the policies' most important features. The Blue Medicare Supplement policy is the insurance contract. Members must read the policy itself to understand all the rights and duties of both the member and their insurance company. These policies may not fully cover all of their medical costs. Neither Blue Cross and Blue Shield of North Carolina nor its agents are affiliated with Medicare.
- 7 After 90 days of hospitalization, Medicare benefits are paid from a one-time, lifetime reserve of 60 additional days, which are not renewable each benefit period.
- 8 If blood is donated to replace what the member uses, there is no charge.
- 9 Members must have been in a hospital for at least three days and enter a Medicare-approved facility generally within 30 days after hospital discharge, no benefits after 100 days.
- 10 On all plans offered except PLANS F, HIGH DED Plan F, I and J, members may be responsible for charges higher than the amount approved by Medicare unless the provider agrees to accept Medicare's approved amount as full payment. Plans F, I and J are covered at 100% for these charges.
- 11 Pays up to \$40 a visit for home care certified by a physician as necessary for personal care during recovery from an injury or sickness for which Medicare approved a treatment plan for home health care. Treatment must be received within 8 weeks of the last Medicare approved home health care visit and is limited to 7 visits a week up to \$1,600 annually.
- 12 80% of medically necessary emergency care services beginning during the first sixty days of trip outside of USA, after \$250 annual deductible, up to \$50,000 lifetime maximum.
- 13 Preventive care benefits are limited to \$120 per year.
- 14 Rates are effective until April 1, 2010 for Plans A-J.
- 15 Medicare supplement rates are for individuals who are on Medicare due to disability.
- 16 Plan B under 65 rate is only available to current Blue Cross and Blue Shield of North Carolina subscribers who qualify for Medicare due to disability.

## Contact your local **BCBSNC** agent today!

Whether you have a specific question or you're just looking for a better health care solution, we're here to help. Call your local agent today!

