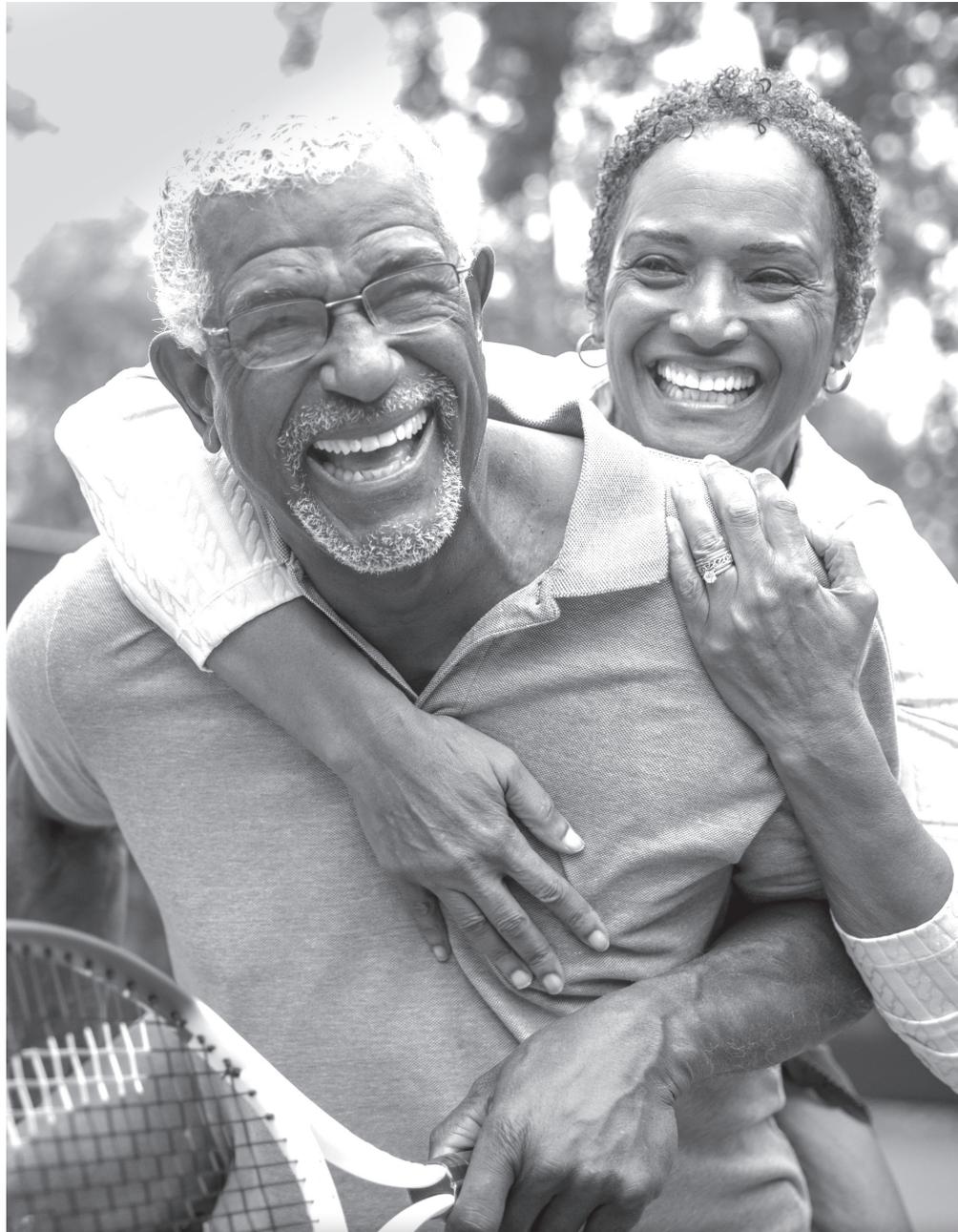


Blue Medicare SupplementSM

June 2019 - May 2020

Outline of coverage



BlueMedicare SupplementSM

Benefits

Benefit chart of Medicare supplement plans effective on or after June 1, 2019

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.

| Attained-Age Plans ¹ | | | | |
|--|--|--|--|---|
| Plan A ² | Plan G | High Deductible Plan G ³ | Plan K | Plan 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% | 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 | 50% Skilled Nursing Facility coinsurance | Skilled Nursing Facility coinsurance |
| | Part A Deductible | Part A Deductible | 50% Part A Deductible | Part A Deductible |
| | Part B Excess (100%) | Part B Excess (100%) | | |
| | Foreign Travel Emergency | Foreign Travel Emergency | | Foreign Travel Emergency |
| | | | Out-of-pocket limit \$5,560; paid at 100% after limit reached | |

Basic Benefits

- **Blood** - First three pints of blood each year.
- **Hospice** - Part A coinsurance.
- **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 and N require insured to pay a portion of Part B coinsurance or copayments.

Rates are effective through May 31, 2020.

Notes:

- 1 When you enroll in an attained-age plan, your rates will increase as you age, due to your age. Your rates will only increase due to age when you move from one age band to the next. In addition, rate adjustments will also be due to medical inflation or overall claims experience. Rates are subject to change June 1 of each year and are guaranteed for 12 months from that date. Any change in your rate will be preceded by a 30-day notice.
- 2 Plan A Medicare Supplement is for individuals who are on Medicare due to disability.
- 3 Plan G also has an option called a high-deductible Plan G. This high-deductible plan pays the same benefits as Plan G after one has paid a calendar year \$2,300 deductible. Benefits from high-deductible Plan G will not begin until out-of-pocket expenses exceed \$2,300. 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.

BMS A, 12/18, BMS G, 12/18, HDG, 12/18, BMS K, 12/18, BMS N, 12/18

Non-Tobacco User Monthly Premium

| Age | Plan A | | Plan G | | High Deductible Plan G ³ | | Plan K | | Plan N | |
|-------|----------|------------|----------|----------|-------------------------------------|---------|----------|----------|----------|----------|
| | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male |
| <65 | \$920.00 | \$1,007.75 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 65 | \$112.25 | \$121.00 | \$99.75 | \$107.50 | \$38.00 | \$41.00 | \$66.50 | \$71.75 | \$121.00 | \$130.50 |
| 66 | \$115.75 | \$124.75 | \$127.75 | \$137.75 | \$38.00 | \$41.00 | \$69.75 | \$75.00 | \$126.50 | \$136.25 |
| 67 | \$122.00 | \$131.50 | \$134.75 | \$145.25 | \$38.00 | \$41.00 | \$73.50 | \$79.25 | \$133.50 | \$144.00 |
| 68 | \$128.50 | \$138.50 | \$141.75 | \$153.00 | \$38.00 | \$41.00 | \$77.25 | \$83.25 | \$140.50 | \$151.50 |
| 69 | \$134.75 | \$145.25 | \$149.00 | \$160.50 | \$38.00 | \$41.00 | \$81.00 | \$87.50 | \$147.50 | \$159.00 |
| 70-74 | \$148.75 | \$160.25 | \$176.00 | \$189.75 | \$39.25 | \$42.25 | \$91.75 | \$99.00 | \$167.00 | \$180.00 |
| 75-79 | \$182.75 | \$197.25 | \$227.25 | \$245.00 | \$43.50 | \$47.00 | \$118.50 | \$127.75 | \$215.50 | \$232.50 |
| 80+ | \$185.25 | \$200.00 | \$269.50 | \$290.75 | \$43.50 | \$47.00 | \$140.50 | \$151.50 | \$255.75 | \$275.75 |

Tobacco User Monthly Premium

| Age | Plan A | | Plan G | | High Deductible Plan G ³ | | Plan K | | Plan N | |
|-------|----------|------------|----------|----------|-------------------------------------|---------|----------|----------|----------|----------|
| | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male |
| <65 | \$945.00 | \$1,032.75 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 65 | \$137.25 | \$146.00 | \$124.75 | \$132.50 | \$50.50 | \$53.50 | \$91.50 | \$96.75 | \$146.00 | \$155.50 |
| 66 | \$140.75 | \$149.75 | \$152.75 | \$162.75 | \$50.50 | \$53.50 | \$94.75 | \$100.00 | \$151.50 | \$161.25 |
| 67 | \$147.00 | \$156.50 | \$159.75 | \$170.25 | \$50.50 | \$53.50 | \$98.50 | \$104.25 | \$158.50 | \$169.00 |
| 68 | \$153.50 | \$163.50 | \$166.75 | \$178.00 | \$50.50 | \$53.50 | \$102.25 | \$108.25 | \$165.50 | \$176.50 |
| 69 | \$159.75 | \$170.25 | \$174.00 | \$185.50 | \$50.50 | \$53.50 | \$106.00 | \$112.50 | \$172.50 | \$184.00 |
| 70-74 | \$173.75 | \$185.25 | \$201.00 | \$214.75 | \$51.75 | \$54.75 | \$116.75 | \$124.00 | \$192.00 | \$205.00 |
| 75-79 | \$207.75 | \$222.25 | \$252.25 | \$270.00 | \$56.00 | \$59.50 | \$143.50 | \$152.75 | \$240.50 | \$257.50 |
| 80+ | \$210.25 | \$225.00 | \$294.50 | \$315.75 | \$56.00 | \$59.50 | \$165.50 | \$176.50 | \$280.75 | \$300.75 |

Notes:

Smoker rates do not apply during Guaranteed Issue period.

Continued ►



Blue Medicare Supplement™ Attained-Age Plans

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) offers Medicare supplement plans with attained-age rates.

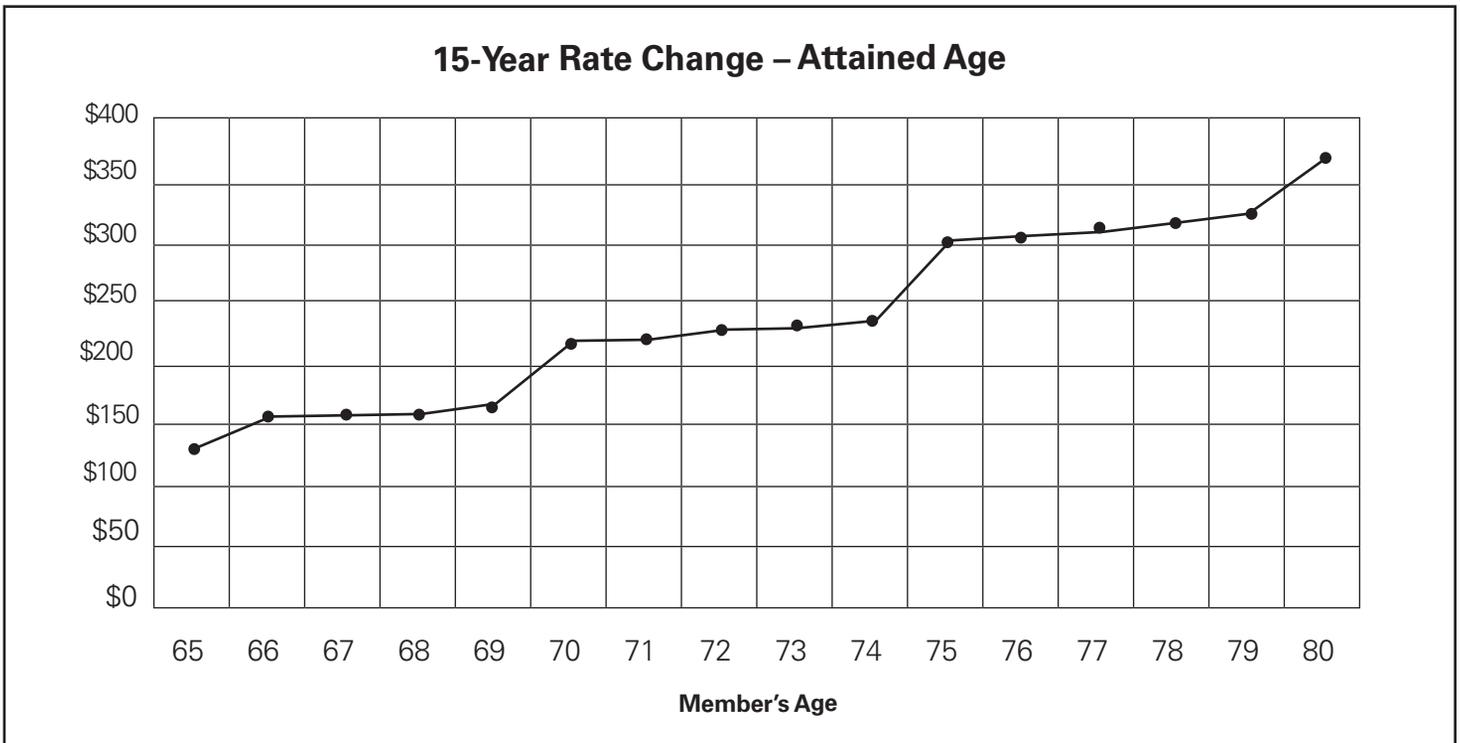
When you enroll in an attained-age plan, your rates will increase as you age, due to your age. Our rates will only increase due to age when you move from one age band to the next. In addition, rate adjustments will also be due to medical inflation or overall claims experience. **Note:** Rates are subject to change June 1 of each year and are guaranteed to remain the same for 12 months from that date. Any change in your rate will be preceded by a 30-day notice. Medicare policies that are attained-age rated should be compared to entry-age rated policies (also known as issue-age rated policies). Premiums for entry-age policies do not increase due to age as the insured ages.

Example of individual rate changes in Attained-Age Plans

The chart below illustrates attained-age rate changes due to age and claims trend over a 15-year period.



The **federal government** has asked us to provide this outline of coverage **to help you decide** which plan best fits your needs and meets your budget.



Note:

- Source: Internal Blue Cross NC data, 2018.
- **The chart illustrates Plan G’s cost over a 15-year period. Attained-Age plans will adjust on medical trends, however the premium will increase due to age. For illustrative purposes only.**



About Medicare Supplement Plans

Premium information

Blue Cross NC can only raise your premium if we raise the premium for all policies like yours in this State. For Attained Age policies, your premium may change on June 1 each year.

Disclosures

Use this outline to compare benefits and premiums among policies.

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 Blue Cross NC, Attention: Blue Medicare SupplementSM Enrollment, PO Box 17168, Winston-Salem, NC 27116.

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 Blue Cross NC 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 & 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. The company 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.



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

Medicare deductibles and copayments are effective through December 31, 2019.

Plan A

Medicare (Part A) — Hospital services — per benefit period

| | | Medicare pays | Plan pays | You pay |
|---|--|--|------------------------------------|-----------------------------|
| Hospitalization: ¹ Semi-private room and board, general nursing and miscellaneous services and supplies | First 60 days: | All but \$1,364 | \$0 | \$1,364 (Part A Deductible) |
| | 61st through 90th day: | All but \$341 a day | \$341 a day | \$0 |
| | 91st day and after: While using 60 lifetime reserve days | All but \$682 a day | \$682 a day | \$0 |
| | Once lifetime reserve days are used — Additional 365 days: | \$0 | 100% of Medicare-eligible expenses | \$0 ² |
| | Beyond the additional 365 days: | \$0 | \$0 | All costs |
| Skilled nursing facility care: ¹ 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 |
| | 21st through 100th day: | All but \$170.50 a day | \$0 | Up to \$170.50 per day |
| | 101st day and after: | \$0 | \$0 | All costs |
| Blood: | First three pints: | \$0 | 3 pints | \$0 |
| | Additional amounts: | 100% | \$0 | \$0 |
| Hospice care: | You must meet Medicare's requirements, including a doctor's certification of terminal illness: | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

Footnotes:

- 1 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.
- 2 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

| | | Medicare pays | Plan pays | You pay |
|---|--|---------------|---------------|---------------------------|
| Medical expenses — 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 \$185 of Medicare-approved amounts: ³ | \$0 | \$0 | \$185 (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 |
| Blood: | First three pints: | \$0 | All costs | \$0 |
| | Next \$185 of Medicare-approved amounts: ³ | \$0 | \$0 | \$185 (Part B Deductible) |
| | Remainder of Medicare-approved amounts: | 80% | 20% | \$0 |
| Clinical laboratory services: | Tests for Diagnostic Services: | 100% | \$0 | \$0 |

Medicare Parts A and B

| | | | | |
|---|--|------|-----|---------------------------|
| Home health care Medicare-approved services: Medically necessary skilled care services and medical supplies | Durable medical equipment: | 100% | \$0 | \$0 |
| | First \$185 of Medicare-approved amounts: ³ | \$0 | \$0 | \$185 (Part B Deductible) |
| | Remainder of Medicare-approved amounts: | 80% | 20% | \$0 |

Footnotes:

³ Once you have been billed \$185 of Medicare-approved amounts for covered services, your Part B Deductible will have been met for the calendar year.

Plan G

Medicare (Part A) — Hospital services — per benefit period

| | | Medicare pays | Plan pays | You pay |
|---|--|--|------------------------------------|------------------|
| Hospitalization: ¹ Semi-private room and board, general nursing and miscellaneous services and supplies | First 60 days: | All but \$1,364 | \$1,364 (Part A Deductible) | \$0 |
| | 61st through 90th day: | All but \$341 a day | \$341 a day | \$0 |
| | 91st day and after: While using 60 lifetime reserve days | All but \$682 a day | \$682 a day | \$0 |
| | Once lifetime reserve days are used — Additional 365 days: | \$0 | 100% of Medicare-eligible expenses | \$0 ² |
| | Beyond the additional 365 days: | \$0 | \$0 | All costs |
| Skilled nursing facility care: ¹ 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 |
| | 21st through 100th day: | All but \$170.50 a day | Up to \$170.50 per day | \$0 |
| | 101st day and after: | \$0 | \$0 | All costs |
| Blood: | First three pints: | \$0 | 3 pints | \$0 |
| | Additional amounts: | 100% | \$0 | \$0 |
| Hospice care: | You must meet Medicare's requirements, including a doctor's certification of terminal illness: | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

Footnotes:

1 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.

2 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 G

Medicare (Part B) — Medical services — per calendar year

| | | Medicare pays | Plan pays | You pay |
|---|--|---------------|---------------|---------------------------|
| Medical expenses — 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 \$185 of Medicare-approved amounts: ³ | \$0 | \$0 | \$185 (Part B Deductible) |
| | Remainder of Medicare-approved amounts: | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges: | Above Medicare-approved amounts: | \$0 | 100% | \$0 |
| Blood: | First three pints: | \$0 | All costs | \$0 |
| | Next \$185 of Medicare-approved amounts: ³ | \$0 | \$0 | \$185 (Part B Deductible) |
| | Remainder of Medicare-approved amounts: | 80% | 20% | \$0 |
| Clinical laboratory services: | Tests for Diagnostic Services: | 100% | \$0 | \$0 |

Medicare Parts A and B

| | | | | |
|---|--|------|-----|---------------------------|
| Home health care Medicare-approved services: Medically necessary skilled care services and medical supplies | Durable medical equipment: | 100% | \$0 | \$0 |
| | First \$185 of Medicare-approved amounts: ³ | \$0 | \$0 | \$185 (Part B Deductible) |
| | Remainder of Medicare-approved amounts: | 80% | 20% | \$0 |

Other Benefits Not Covered By Medicare

| | | | | |
|---|---------------------------------|-----|---|--|
| Foreign travel — 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 |

Footnotes:

3 Once you have been billed \$185 of Medicare-approved amounts for covered services, your Part B Deductible will have been met for the calendar year.

High-Deductible Plan G

Medicare (Part A) — Hospital services — per benefit period

| | | Medicare pays | After you pay \$2,300 deductible ¹ Plan pays | In addition to \$2,300 deductible ¹ You pay |
|---|--|--|--|---|
| Hospitalization: ² Semi-private room and board, general nursing and miscellaneous services and supplies | First 60 days: | All but \$1,364 | \$1,364 (Part A Deductible) | \$0 |
| | 61st through 90th day: | All but \$341 a day | \$341 a day | \$0 |
| | 91st day and after: While using 60 lifetime reserve days | All but \$682 a day | \$682 a day | \$0 |
| | Once lifetime reserve days are used — Additional 365 days: | \$0 | 100% of Medicare-eligible expenses | \$0 ² |
| | Beyond the additional 365 days: | \$0 | \$0 | All costs |
| Skilled nursing facility care: ² 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 |
| | 21st through 100th day: | All but \$170.50 a day | Up to \$170.50 per day | \$0 |
| | 101st day and after: | \$0 | \$0 | All costs |
| Blood: | First three pints: | \$0 | 3 pints | \$0 |
| | Additional amounts: | 100% | \$0 | \$0 |
| Hospice care: | You must meet Medicare's requirements, including a doctor's certification of terminal illness: | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

Footnotes:

1 This high-deductible plan pays the same benefits as Plan G after one has paid a calendar year \$2,300 deductible. Benefits from the high-deductible Plan G will not begin until out-of-pocket expenses are \$2,300. 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.

2 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.

3 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 G

Medicare (Part B) — Medical services — per calendar year

| | | Medicare pays | After you pay \$2,300 deductible ¹ Plan pays | In addition to \$2,300 deductible ¹ You pay |
|---|--|---------------|---|--|
| Medical expenses — 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 \$185 of Medicare-approved Amounts: ² | \$0 | \$0 | \$185 (Part B Deductible) |
| | Remainder of Medicare-Approved Amounts: | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges: | Above Medicare-Approved Amounts: | \$0 | 100% | \$0 |
| Blood: | First three pints: | \$0 | All costs | \$0 |
| | Next \$185 of Medicare-Approved Amounts: ² | \$0 | \$0 | \$185 (Part B Deductible) |
| | Remainder of Medicare-Approved Amounts: | 80% | 20% | \$0 |
| Clinical laboratory services: | Tests for Diagnostic Services: | 100% | \$0 | \$0 |

Medicare Parts A and B

| | | | | |
|---|--|------|-----|---------------------------|
| Home health care Medicare-Approved services: Medically necessary skilled care services and medical supplies | Durable medical equipment: | 100% | \$0 | \$0 |
| | First \$185 of Medicare-Approved Amounts: ³ | \$0 | \$0 | \$185 (Part B Deductible) |
| | Remainder of Medicare-Approved Amounts: | 80% | 20% | \$0 |

Other Benefits Not Covered By Medicare

| | | | | |
|---|---------------------------------|-----|---|--|
| Foreign travel — 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 |

Footnotes:

1 This high-deductible plan pays the same benefits as Plan G after one has paid a calendar year \$2,300 deductible. Benefits from the high-deductible Plan G will not begin until out-of-pocket expenses are \$2,300. 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.

2 Once you have been billed \$185 of Medicare-Approved amounts for covered services, your Part B Deductible will have been met for the calendar year.

Plan K

Medicare (Part A) — Hospital services — per benefit period

| | | Medicare pays | Plan pays | You pay ² |
|---|--|--|-------------------------------------|--|
| Hospitalization: ¹ Semi-private room and board, general nursing and miscellaneous services and supplies | First 60 days: | All but \$1,364 | \$682 (50% of Part A Deductible) | \$682 (50% of Part A Deductible) ³ |
| | 61st through 90th day: | All but \$341 a day | \$341 a day | \$0 |
| | 91st day and after: While using 60 lifetime reserve days | All but \$682 a day | \$682 a day | \$0 |
| | Once lifetime reserve days are used — Additional 365 days: | \$0 | 100% of Medicare-eligible expenses | \$0 ⁴ |
| | Beyond the additional 365 days: | \$0 | \$0 | All costs |
| Skilled nursing facility care: ¹ 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 |
| | 21st through 100th day: | All but \$170.50 a day | Up to \$85.25 a day | Up to \$85.25 a day ³ |
| | 101st day and after: | \$0 | \$0 | All costs |
| Blood: | First three pints: | \$0 | 50% | 50% ³ |
| | Additional amounts: | 100% | \$0 | \$0 |
| Hospice care: | You must meet Medicare's requirements, including a doctor's certification of terminal illness: | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | 50% of copayment/coinsurance | 50% of Medicare copayment/coinsurance ³ |

Footnotes:

- 1 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.
- 2 You will pay one-half of the cost sharing of some covered services until you reach the annual out-of-pocket limit of \$5,560 each calendar year. However, this limit 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.
- 3 The amount you pay counts towards your annual out-of-pocket limit. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.
- 4 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 B) — Medical services — per calendar year

| | | Medicare pays | Plan pays | You pay ² |
|---|--|--|--|---|
| Medical expenses — 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 \$185 of Medicare-approved amounts: ⁵ | \$0 | \$0 | \$185 (Part B Deductible) ^{3,5} |
| | 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% | 10% ³ |
| Part B Excess Charges: | Above Medicare-approved amounts: | \$0 | \$0 | All costs; and they do not count toward out-of-pocket limit of \$5,560 ² |
| Blood: | First three pints: | \$0 | 50% | 50% ³ |
| | Next \$185 of Medicare-approved amounts: ⁵ | \$0 | \$0 | \$185 (Part B Deductible) ^{3,5} |
| | Remainder of Medicare-approved amounts: | Generally 80% | Generally 10% | Generally 10% ³ |
| Clinical laboratory services: | Tests for Diagnostic Services: | 100% | \$0 | \$0 |

Medicare Parts A and B

| | | | | |
|---|---|------|-----|---------------------------|
| Home health care Medicare-approved services: Medically necessary skilled care services and medical supplies | Durable medical equipment: | 100% | \$0 | \$0 |
| | First \$185 of Medicare-approved amounts: | \$0 | \$0 | \$185 (Part B Deductible) |
| | Remainder of Medicare-approved amounts: | 80% | 10% | 10% ³ |

Footnotes:

- 2 You will pay one-half of the cost sharing of some covered services until you reach the annual out-of-pocket limit of \$5,560 each calendar year. However, this limit 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.
- 3 The amount you pay counts towards your annual out-of-pocket limit. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.
- 5 Once you have been billed \$185 of Medicare-approved amounts for covered services, your Part B Deductible will have been met for the calendar year.

Plan N

Medicare (Part A) — Hospital services — per benefit period

| | | Medicare pays | Plan pays | You pay |
|---|--|--|------------------------------------|------------------|
| Hospitalization: ¹ Semi-private room and board, general nursing and miscellaneous services and supplies | First 60 days: | All but \$1,364 | \$1,364 (Part A Deductible) | \$0 |
| | 61st through 90th day: | All but \$341 a day | \$341 a day | \$0 |
| | 91st day and after: While using 60 lifetime reserve days | All but \$682 a day | \$682 a day | \$0 |
| | Once lifetime reserve days are used — Additional 365 days: | \$0 | 100% of Medicare-eligible expenses | \$0 ² |
| | Beyond the additional 365 days: | \$0 | \$0 | All costs |
| Skilled nursing facility care: ¹ 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 |
| | 21st through 100th day: | All but \$170.50 a day | Up to \$170.50 per day | \$0 |
| | 101st day and after: | \$0 | \$0 | All costs |
| Blood: | First three pints: | \$0 | 3 pints | \$0 |
| | Additional amounts: | 100% | \$0 | \$0 |
| Hospice care: | You must meet Medicare's requirements, including a doctor's certification of terminal illness: | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 |

Footnotes:

- 1 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.
- 2 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

| | | Medicare pays | Plan pays | You pay |
|---|--|---------------|--|--|
| Medical expenses — 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 \$185 of Medicare-approved amounts: ³ | \$0 | \$0 | \$185 (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 |
| Blood: | First three pints: | \$0 | All costs | \$0 |
| | Next \$185 of Medicare-approved amounts: ³ | \$0 | \$0 | \$185 (Part B Deductible) |
| | Remainder of Medicare-approved amounts: | 80% | 20% | \$0 |
| Clinical laboratory services: | Tests for Diagnostic Services: | 100% | \$0 | \$0 |

Medicare Parts A and B

| | | | | |
|---|--|------|-----|---------------------------|
| Home health care Medicare-approved services: Medically necessary skilled care services and medical supplies | Durable medical equipment: | 100% | \$0 | \$0 |
| | First \$185 of Medicare-approved amounts: ³ | \$0 | \$0 | \$185 (Part B Deductible) |
| | Remainder of Medicare-approved amounts: | 80% | 20% | \$0 |

Other Benefits Not Covered By Medicare

| | | | | |
|---|---------------------------------|-----|---|--|
| Foreign travel — 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 |

Footnotes:

3 Once you have been billed \$185 of Medicare-approved amounts for covered services, your Part B Deductible will have been met for the calendar year.



Limitations and exclusions

Blue Cross NC does not provide benefits for services, supplies or charges that are:

- Not a Medicare-eligible expense under the Medicare program, unless otherwise noted;
- For treatment of a pre-existing condition before a required waiting period ends; or
- Payable under Medicare.

Please note regarding waiting periods for pre-existing conditions:

Pre-existing conditions are conditions for which medical advice was given or treatment was recommended by or received from a doctor within six months of the effective date of coverage. Coverage for such conditions may be subject to a six-month waiting period after the effective date of coverage.

The six-month waiting period will be reduced by the amount of time you have been enrolled under other health insurance coverage so long as the coverage terminated no more than 63 days prior to your date of application. The six-month waiting period will not apply and your policy is guaranteed issue regardless of health status if you fit into one of the following categories and you applied for this policy within 63 days of terminating your old coverage (if applicable):

- If you have six months of prior health coverage.
- If, after becoming eligible for Medicare Part A at age 65, you first choose to enroll in a Medicare Advantage plan and disenroll within 12 months you may choose any Medicare supplement plan in your state;
- If, within 12 months of enrolling in your first Medicare Advantage plan, you may switch back to the same policy if the same insurance company still sells it. If your same plan isn't available, you may switch to Medicare Supplement Plan A, B, D, G, K or L that is sold in your state;
(**Note: If you first enroll in a Medicare Advantage Plan at 65 and disenroll within 12 months, you may choose any Medicare supplement plan.**)

Additionally, waiting periods will not apply (and our policy is guaranteed issue) if:

- Your employer's Medicare supplement plan ended;
- You disenroll from a Medicare Advantage Plan or other similar state or federal Medicare program because: your plan lost its federal certification; you moved outside the plan's service area; or, you terminated the coverage because your previous issuer materially misrepresented the provisions of the plan when marketing it to you;
- Your previous Medicare supplement plan's issuer went bankrupt; or
- Your previous Medicare supplement plan's issuer materially misrepresented or substantially violated provisions of your coverage.

Your policy is guaranteed renewable

This policy is guaranteed renewable and may not be canceled or non-renewed for any reason other than your failure to pay premiums or misstatements in or omissions of information from your application. Any change in your rate will be preceded by a 30-day notice and is guaranteed for 12 months.



Caution: Policy benefits are limited to those approved by Medicare for payment.

Non-Discrimination and Accessibility Notice

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified interpreters and/or written information in other formats (large print, accessible electronic formats, etc.)
- Free language services to people whose primary language is not English, such as: qualified interpreters and/or information written in other languages

If you need these services, contact:

Customer Service

Call: 1-800-478-0583, 1-800-922-3140 (TTY)

Hours: Monday – Friday, 8 a.m. to 5 p.m.

If you believe that Blue Cross NC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Blue Cross NC, P.O. Box 2291, Durham, NC 27702

Attention: Civil Rights Coordinator-Privacy,
Ethics & Corporate Policy Office

Call: 919-765-1663, 1-888-291-1783 (TTY)

Fax: 919-287-5613

E-mail: civilrightscordinator@bcbsnc.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Coordinator-Privacy, Ethics & Corporate Policy Office is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

Online: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Mail: U.S. Department of Health & Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201

Call: 1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available online at:

<http://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

This notice and/or attachments may have important information about your application or coverage through Blue Cross NC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Contact:

Customer Service

Call: 1-800-478-0583, 1-800-922-3140 (TTY)

Hours: Monday – Friday, 8 a.m. to 5 p.m.

Discrimination is Against the Law

Blue Cross NC complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Blue Cross NC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Neither Blue Cross and Blue Shield of North Carolina nor its agents are endorsed by or affiliated with the United States government or the federal Medicare program.

BLUE CROSS®, BLUE SHIELD®, the Cross and Shield Symbols and service marks are marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association.

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Blue Medicare Supplement™

Multi-language Interpreter Services

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-478-0583 (TTY: 1-800-922-3140).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-478-0583 (TTY: 1-800-922-3140).

注意: 如果您講廣東話或普通話，您可以免費獲得語言援助服務。請致電 1-800-478-0583 (TTY: 1-800-922-3140)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-478-0583 (TTY: 1-800-922-3140).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-478-0583 (TTY: 1-800-922-3140) 번으로 전화해 주십시오.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-478-0583 (ATS: 1-800-922-3140).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-478-0583. المبرقة الكاتبة: 1-800-922-3140.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-478-0583 (TTY: 1-800-922-3140).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-478-0583 (телетайп: 1-800-922-3140).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-478-0583 (TTY: 1-800-922-3140).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:સુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-478-0583 (TTY: 1-800-922-3140).

ចំណាំ: ប្រសិនបើលោកអ្នកនិយាយជាភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនសម្រាប់លោកអ្នកដោយមិនគិតថ្លៃ។ សូមទំនាក់ទំនងតាមរយៈលេខ៖ 1-800-478-0583 (TTY: 1-800-922-3140)។

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-478-0583 (TTY: 1-800-922-3140).

ध्यान दें: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-478-0583 (TTY: 1-800-922-3140) पर कॉल करें।

ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-478-0583 (TTY: 1-800-922-3140).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-478-0583 (TTY: 1-800-922-3140)まで、お電話にてご連絡ください。

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**BlueCross BlueShield
of North Carolina**

Medicare plans to fit your needs