

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

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



## WHY BLUE?

- + A wide selection of plans
- + Largest market share\*
- + Local company you've trusted for over 75 years
- + Value-added programs<sup>¥</sup>

# Compare plans

We want to help you choose the Blue Medicare Supplement plan that's right for you. First, take a look at the benefits listed in the chart and determine which ones are most important to you. Then, select the plan that includes those benefits. Premiums for each plan are listed at the bottom of the chart.

## Entry-age and attained-age plans

We offer Blue Medicare Supplement plans with entry-age rates or attained-age rates. When you enroll in an **entry-age plan**, you lock in your entry-age. Your plan's rates won't increase due to age.<sup>1</sup> So, if you purchase an entry-age plan at age 65, you'll always pay the rate of a 65-year old, even as you age, provided you remain in the entry-age plan.

We also offer **attained-age plans** that feature lower initial rates than the initial rate of entry-age plans, but these rates increase due to age. You can compare entry-age and attained-age plans to see which one best meets your needs.

## Benefits covered by Blue Medicare Supplement

(Original Medicare does *not* cover the following benefits<sup>3</sup>)

### Part A (Hospitalization)

\$1,100 Inpatient hospital deductible each benefit period

\$275 a day copayment for days 61-90 in a hospital

\$550 a day copayment for days 91-150 (lifetime reserve<sup>4</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>5</sup>

\$137.50 per day for days 21-100 in a skilled nursing facility<sup>6</sup>

Hospice care copayment/coinsurance

### Part B (Physician and medical services)

\$155 Part B deductible

Generally, 20% of Medicare-approved amount (Part B coinsurance) after Part B deductible is met

100% of Medicare Part B excess charges<sup>7</sup>

### Additional benefits not covered by Medicare

Benefits for medically necessary emergency care received in a foreign country<sup>8</sup>

### Blue Medicare Supplement monthly rates<sup>9</sup>

Age Under 65

Age 65

66-69

70-74

75 and over

**1)** With our entry-age plan, members enroll and 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. Any change in their rate will be preceded by a 30-day notice and is guaranteed for 12 months. Rates are subject to change June 1 of each year, but members alone will not be singled out for premium increases based on their health or age. **2)** When you enroll in an attained-age plan, your initial rate may be lower than the rate of an entry-age rated plan, and your rates will increase as you age, due to your age. Compare entry-age and attained-age plans to see which plans offer the best cost for you. **3)** This is only a summary of benefits describing the policies' most important features. The policy is the insurance contract. You must read the policy itself to understand all the rights and duties of both you and your insurance company. These policies may not fully cover all of your medical costs. Neither BCBSNC nor its agents are affiliated with Medicare. **4)** After 90 days of hospitalization, Medicare benefits are paid from a one-



Entry-Age Plans <sup>1</sup>								Attained-Age Plans <sup>2</sup>		
PLAN A PAYS BMS A 12/09	PLAN B PAYS BMS B 12/09	PLAN C PAYS BMS C 12/09	PLAN D PAYS BMS D 12/09	PLAN F PAYS BMS F 12/09	HIGH DED PLAN F <sup>12</sup> PAYS BMS HDF 12/09	PLAN L PAYS BMS L 12/09	PLAN N PAYS BMS N 12/09	PLAN G PAYS BMS G 12/09	PLAN K PAYS BMS K 12/09	PLAN M PAYS BMS M 12/09
	✓	✓	✓	✓	✓	13, 14	✓	✓	16, 17	16
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	13, 14	✓	✓	16, 17	✓
		✓	✓	✓	✓	13, 14	✓	✓	16, 17	✓
✓	✓	✓	✓	✓	✓	13, 14	✓	✓	16, 17	✓
		✓		✓	✓	14			17	
✓	✓	✓	✓	✓	✓	13, 14	15	✓	16, 17	✓
				✓	✓			✓		
		✓	✓	✓	✓		✓	✓		✓
\$323.50 <sup>10</sup>	\$370.00 <sup>11</sup>	\$462.25 <sup>10</sup>								
\$106.50	\$127.50	\$172.00	\$134.25	\$137.25	\$48.50	\$98.50	\$123.00	\$99.25	\$63.25	\$92.50
\$107.50	\$130.00	\$176.50	\$144.00	\$158.25	\$66.75	\$105.00	\$128.50	\$108.50	\$69.00	\$101.25
\$114.75	\$142.75	\$212.75	\$179.50	\$208.25	\$86.00	\$143.25	\$176.00	\$129.00	\$82.00	\$120.25
\$133.25	\$176.50	\$254.75	\$219.75	\$251.00	\$103.25	\$168.75	\$205.50	\$161.25	\$102.50	\$150.25

time, lifetime reserve of 60 additional days, which are not renewable each benefit period. **5)** If blood is donated to replace what you use, there is no charge. **6)** You must have been in a hospital for at least three days and enter a Medicare-approved facility generally within 30 days after hospital discharge, no benefits after 100 days. **7)** On all plans offered except PLANS F, High Ded F and G, members may be responsible for charges higher than the amount approved by Medicare unless the provider agrees to accept Medicare's approved amount as full payment. These plans are covered at 100% for these charges. **8)** 80% of medically necessary emergency care services beginning during the first 60 days of trip outside of USA, after \$250 annual deductible, up to \$50,000 lifetime maximum. **9) Rates are effective through May 31, 2011 for Plans A-N.** **10)** Rate is for individuals who are on Medicare due to disability. **11)** Plan B under 65 rate is only available to

current BCBSNC subscribers who qualify for Medicare due to disability. **12) 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 for this plan will not begin until out-of-pocket expenses exceed \$2,000, where these are ordinarily paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible. **13)** Plan pays 75%; member pays 25%. **14)** Until annual out-of-pocket limit of \$2,310 is met. **15)** Member pays up to \$20 per office visit and up to \$50 per emergency room visit; Plan pays the balance other than up to \$50 per emergency room visit. **16)** Plan pays 50%; member pays 50%. **17)** Until annual out-of-pocket limit of \$4,620 is met. ✓ Benefit included in plan.

# Blue Medicare Supplement<sup>SM</sup> Quality supplemental coverage

<b>1</b> Wide selection of plans	We offer eleven 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</b> Locked in entry-age <sup>1</sup> forever	For our entry-age plans, 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 forever. <sup>1</sup> Rate adjustments will be made only due to medical inflation or overall claims experience.
<b>3</b> No waiting periods for pre-existing conditions <sup>18</sup>	Members who enroll early may be eligible for a Blue Medicare Supplement plan without medical underwriting and waiting periods for pre-existing conditions. <sup>18</sup>
<b>4</b> Choice of doctors with virtually no claims to file	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.

## 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 through June 1, 2011 for Plans A-N.

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

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

HOW CAN WE HELP?

## 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, and C)
- + 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.

\* Based on "2008 Medicare Supplement Insurance Experience Exhibits", published in 2009 by the National Association of Insurance Commissioners (NAIC), as supplied by Mark Farrah.

¥ 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.

<sup>18</sup> 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.

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

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

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