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# Blue Cross<sup>®</sup> Medicare Supplement

Blue Cross  
Blue Shield  
Blue Care Network  
of Michigan

Confidence comes with every card.<sup>®</sup>

Outline of Medicare supplement coverage —  
Plans A, C, D, F, High-Deductible F,  
G, High-Deductible G and N

Medicare supplement coverage offered by  
Blue Cross Blue Shield of Michigan

[www.bcbsm.com/medicare-supplement](http://www.bcbsm.com/medicare-supplement)



# Blue Cross Medicare Supplement made easy



Now that you're eligible for Medicare, you have new [options for health care](#) coverage. Blue Cross Medicare Supplement offers coverage that's convenient and helps protect you from the high cost of health care.

## Getting to know Medicare supplement coverage

Medicare supplement coverage, also called Medigap coverage, is a health policy that [works together with Original Medicare](#) Part A (hospital) and Part B (medical) to help cover certain costs Original Medicare doesn't. It offers great benefits and lowers your out-of-pocket costs. As your primary health care coverage, Original Medicare provides hospital and medical coverage, but it doesn't cover all health care costs and has deductibles and coinsurance that must be paid before Medicare pays benefits. Medicare also limits coverage for certain services.

Medicare supplement works with Original Medicare coverage and, depending on the plan you're eligible for, may cover all or a portion of your Medicare deductibles and coinsurances. Blue Cross Blue Shield of Michigan offers Blue Cross Medicare Supplement options for Plans A, C, D, F, High-Deductible F, G, High-Deductible G and N only. Other Michigan insurance carriers may offer other or additional plans, but supplement plans can be sold in only 10 standard plan options plus two high-deductible plans: Plans A, B, C, D, F, G, K, L, M and N.\*

Every supplement insurer must make Plan A available. **Plan A** covers basic benefits:

- **Hospitalization:** Medicare Part A coinsurance plus coverage for 365 additional days after Medicare benefits end
- **Medical expenses:** Medicare Part B coinsurance (generally 20% of Medicare-approved expenses) or copays for hospital outpatient services
- **Blood:** First three pints of blood each calendar year

*\*Plans E, H, I and J are no longer available for sale.*



# Medicare Supplement Well-Being program Real support for real life

Included  
in your membership...

Our Well-Being program\* helps you live your best life. As a member, you have benefits that will let you experience life's adventures with Blue Cross confidence. You choose the Medicare supplement plan you want, and we'll supply the well-being support you need to fulfill your personal health goals.

So, plan that party or take that vacation — knowing that your Blue Cross Medicare Supplement plan has prepared you for all life's journeys.

You get great benefits to help you  
**live a healthier, happier life**

## ■ Welvie<sup>SM</sup> Surgery Decision-Support Program

We have an online surgery support program that helps you decide on, prepare for and recover from surgery. It can help you talk with your doctor about surgery and other treatment options. If you need surgery, the program can show you how to avoid common problems that may occur after surgery.

## ■ 24-Hour Nurse Line

Talk to a registered nurse when you have questions about an illness or injury. The nurse line can help you, day or night, determine how you can treat minor things at home.

## ■ Blue Cross<sup>®</sup> Virtual Well-Being

You'll get guidance and support on your journey to personal well-being. Short, high energy, virtual webinars are available to watch on your computer, tablet or mobile phone each week. They focus on different topics, such as mindfulness, emotional health, financial security, physical wellness, preventive health care and more. The program also offers informational materials you can download to save and share with your family and caregivers.

## ■ Blue365<sup>®</sup> discounts

When you show your member ID card, you get nationwide savings for health magazines, cooking classes, weight-loss programs and retail stores. You can even get discounts on hearing aids and eyewear, as well as exams. Get a list of current savings at [www.blue365deals.com](http://www.blue365deals.com).

\*The Well-Being program is available to Blue Cross Medicare Supplement members beginning April 1, 2020.

## In response to a new law, Blue Cross offers Plan G

As you consider your options with Medicare supplement, Blue Cross wants to make you aware of some federal law changes that could affect your health plan decision. The Medicare Access and CHIP Reauthorization Act of 2015, or MACRA, affects Medicare supplement plans nationwide that cover the Medicare Part B deductible. Medicare supplement plans that cover the Part B deductible (Plans C, F, and High-Deductible F) are no longer available for individuals who turned 65 or became eligible for Medicare on or after Jan. 1, 2020. **Blue Cross offers Plan G, which is very comparable in benefits and available at a less expensive price than Plan F.**

Individuals who turned 65 or became eligible for Medicare prior to Jan. 1, 2020 aren't affected by this change. This means:

If you were Medicare-eligible <b>before</b> Jan. 1, 2020	If you're Medicare-eligible on or <b>after</b> Jan. 1, 2020
<ul style="list-style-type: none"> <li>■ Your plan options covering the Part B deductible haven't changed.</li> <li>■ If you already have Medicare supplement Plan C, Plan F or High-Deductible Plan F, you can keep it. Your policy will continue if your premiums are paid on time.</li> <li>■ You still have the option to purchase Medicare supplement Plan C, Plan F or High-Deductible Plan F in 2020 and beyond, where offered.</li> <li>■ If you delayed enrolling in Part B because you were still working or had other coverage, you may still have the option of purchasing Medicare supplement Plan C, Plan F or High-Deductible Plan F, where offered, even if it's after Jan. 1, 2020.</li> </ul>	<ul style="list-style-type: none"> <li>■ You can still enroll in a Medicare supplement plan. Available plan options may differ by carrier.</li> <li>■ You can choose from other Medicare supplement plan options, except for those that cover the Medicare Part B deductible (\$198 in 2020).</li> <li>■ Plan D and Plan G have replaced Plan C and Plan F. The difference between Plans C and D, and Plans F and G, is the coverage of the Part B deductible.</li> <li>■ In response to this new law, Blue Cross is offering Plan G, which is less expensive than Plan F. Please call <b>1-888-563-3307</b> for additional details on how you can enroll in Plan G. TTY users, call <b>711</b>.</li> </ul>





## Frequently Asked Questions

### **Why are some Medicare supplement plans no longer being offered?**

The new MACRA law doesn't allow Medicare supplement plans to cover the Part B deductible for people who are eligible for Medicare on or after Jan. 1, 2020. Because Plans C, F and High-Deductible F cover the Part B deductible, they're no longer available for beneficiaries who became eligible for Medicare on or after Jan. 1, 2020.

For those people who were eligible for Medicare on or after Jan. 1, 2020, Plans D or G may be available. Plan D and Plan G have replaced Plan C and Plan F. The difference between Plans C and D, and Plans F and G, is the coverage of the Part B deductible. Blue Cross offers Plan D to all applicants and Plan G to applicants over the age of 65 years of age and not applying as a conversion member\*.

### **What should I do if I already have Plans C, F or High-Deductible F?**

If you already have one of these plans and are happy with it, you can keep it. As long as you pay your premium on time, your enrollment will continue.

### **What should I do if I want to buy Plans C, F or High-Deductible F?**

Individuals who were eligible for Medicare prior to Jan. 1, 2020, may purchase and keep Plans C, F or High-Deductible F if they continue to pay their premiums. These plans aren't available to you if you weren't eligible for Medicare prior to Jan. 1, 2020.

### **What if my birthday falls on Jan. 1, 2020?**

If your birthday falls on Jan. 1, 2020, you're eligible to enroll in a plan with an effective date of Dec. 1, 2019; however, you aren't eligible to enroll in a plan that covers the Part B deductible (such as, Plan C, F or High-Deductible F).

### **What changes might occur moving forward?**

It's hard to predict what changes might occur. As health care costs continue to rise, Blue Cross will continue to work to make health care more affordable. We're committed to delivering high value products to our members.

Blue Cross continuously monitors the latest changes to laws. We work with state and federal agencies to understand how new laws affect Medicare beneficiaries.

If you want to learn more about MACRA legislation, visit the Network for Regional Healthcare Improvement's website at: [www.nrhi.org/work/what-is-macra](http://www.nrhi.org/work/what-is-macra).

### **How do I sign up for a Blue Cross Medicare Supplement plan?**

- See your Blue Cross independent agent.
- Enroll online at [www.bcbsm.com/medicare-supplement](http://www.bcbsm.com/medicare-supplement).
- Call **1-888-563-3307** (TTY: **711**) 8 a.m. to 9 p.m. Eastern time, Monday through Friday, with weekend hours from Oct. 1 through March 31.

*\*Please see Page 10 for information on what being a conversion member means.*

## Blue Cross Medicare Supplement premiums

For Blue Cross Medicare Supplement plans, certain factors may affect your monthly premium. We base your premium on the area you live in and your age, gender and in certain situations, whether you use tobacco. The charts in this booklet show the monthly cost for Plans A, C, D, F, High-Deductible F, G, High-Deductible G and N based on these factors. The deductible, coinsurance and copay amounts listed in this brochure are based on the 2020 CMS-approved\* values and are subject to change in 2021.

Your premium **won't** be affected by your tobacco use, health status (including body mass index value), claims experience, receipt of health care or medical condition, if you:

- Are applying for supplement coverage **after turning 65** years of age and **within six months of first enrolling** in Medicare Part B.
- Have a different situation that **qualifies as a Special Enrollment Period** (see Page 11 for additional details)

\*CMS stands for Centers for Medicare & Medicaid Services

## More members means more savings

**We're happy to offer a household discount to Blue Cross Medicare Supplement members.** If you're a Blue Cross Medicare Supplement member, you may be eligible to save 5% on your monthly premium. Here's what you need to do to become eligible for this discount and start saving:

### If you're a **New** member

Apply at the same time as another Medicare-eligible individual who lives in the same household and is applying for a Blue Cross Medicare Supplement plan. You can also apply for this discount if a household member is currently covered by a Blue Cross Medicare Supplement or Legacy Medigap plan.

### If you're an **Existing** member

You and any other household members who are currently enrolled in a Blue Cross Medicare Supplement or Legacy Medigap plan can apply. Two or more existing Blue Cross Medicare Supplement or Legacy Medigap members in the same household must complete an *Application for Medicare Supplement Household Discount*. You can get the form online at [www.bcbsm.com/medicare/help/understanding-plans/supplement/household-discounts.html](http://www.bcbsm.com/medicare/help/understanding-plans/supplement/household-discounts.html).

You can also call Customer Service at **1-888-216-4858** from 8 a.m. to 5 p.m. Eastern time, Monday through Friday (TTY users, call **711**).

*Please note: There does not need to be a spousal or familial relationship between the policy holders to make them eligible for the discount; however, you must reside in the same household. A household is defined as a single-family home, a condominium, or an apartment. Assisted living facilities, group homes, adult day care facilities, nursing homes or any other health residential facilities are not included in the definition of household.*

## Important information regarding Plans A, C and D

If any of the below information applies to you, we consider you eligible as a conversion member. This means that if you apply for one of these Medicare supplement plans for which you are eligible within 180 days after you lost coverage under a group policy, you are entitled to the plan without restriction.

	Becoming eligible for Medicare or turning 65 before Jan. 1, 2020	Becoming eligible for Medicare or turning 65 on or after Jan. 1, 2020
Plan A	Available	Available
Plan C	Available	
Plan D	Available	Available

### If you're interested in enrolling in Plan A, you're eligible if...

1. You are eligible for Medicare, and
2. You've lost coverage under a group policy after becoming eligible for Medicare, or
3. You were enrolled in Plan A, subsequently enrolled in a Medicare Advantage plan and now would like to return to Plan A (but only if you're returning within the first 12 months of enrolling in the Medicare Advantage plan).

### If you're interested in enrolling in Plan C, you're eligible if...

1. You turned 65 years old, or became eligible for Medicare due to disability or end stage renal disease, before Jan. 1, 2020, and
2. You've lost coverage under a group policy after becoming eligible for Medicare, or
3. You were enrolled in Plan C, subsequently enrolled in a Medicare Advantage plan and now would like to return to Plan C (but only if you're returning within the first 12 months of enrolling in the Medicare Advantage plan).

### If you're interested in enrolling in Plan D, you're eligible if...

1. You turned 65 years old, or became eligible for Medicare due to disability or end stage renal disease, on or after Jan. 1, 2020; and
2. You've lost coverage under a group policy after becoming eligible for Medicare

## Eligibility for coverage

**Anyone who has Medicare Part A and Part B, and lives in Michigan at least six months of the year is eligible to apply for a Blue Cross Medicare Supplement plan.** Blue Cross offers Plan G in response to The Medicare Access and CHIP Reauthorization Act of 2015, or MACRA legislation, which affects Medicare supplement plans nationwide that cover the Part B deductible. Medicare supplement plans that cover the Part B deductible (Plans C, F and High-Deductible F) will no longer be available for individuals who turned 65 or become eligible for Medicare on or after Jan. 1, 2020. Those who turned 65 or became eligible for Medicare prior to Jan. 1, 2020, aren't affected by this change. In addition, those who are applying and under the age of 65 are only eligible for Plans A and D.

*Please note: If you're submitting your application during a Special Enrollment Period, your eligibility for coverage under Blue Cross Medicare Supplement will not be subject to medical underwriting. See Page 11 for further details on Special Enrollment Periods.*

## Do you qualify for a Special Enrollment Period?

Insurance companies are required by law to offer a supplement policy without conditions or constraints on coverage to individuals who meet certain requirements. **The following scenarios qualify you for Special Enrollment rates:**

- You're applying during your **Medigap Open Enrollment Period**, which lasts for six months and begins on the first day of the month in which you're both 65 or older and enrolled in Medicare Part B (for example, you elect Part B upon retirement at age 70).
- You were enrolled in an employer group health care plan (including retiree or COBRA coverage) and your employer group terminated that coverage within the past 63 days.
- You were enrolled in a Medicare Advantage, Program of All Inclusive Care for the Elderly, Health Care Pre-Payment Plan, other Medicare demonstration project or Medicare Select plan, and within the past 63 days:
  - The certification of the organization or plan was terminated.
  - The plan terminated or discontinued providing coverage in the area in which you reside.
  - You moved out of the plan's service area and are no longer eligible to participate in the plan.
  - You voluntarily disenrolled because the plan substantially violated a material provision of the organization's contract with you. This includes:
    - Failing to provide an enrollee, on a timely basis, medically necessary care for which benefits are available under the plan
    - Failing to provide covered care in accordance with applicable standards
    - The organization, agent or other entity acting on the organization's behalf, materially misrepresented the plan's provisions in marketing the plan to you
- You voluntarily disenrolled from a Medicare Advantage plan within 12 months after the effective date of enrollment, upon first becoming eligible for benefits under Medicare Part A at age 65.
- You were enrolled in a supplement policy within the past 63 days and:
  - You involuntarily lost coverage due to insolvency of the insurer or bankruptcy of the organization offering the coverage. Or...
  - You voluntarily disenrolled because the plan violated a material provision of the policy or the insurer materially misrepresented the policy's provisions in marketing the policy to you.
- You terminated enrollment and subsequently enrolled, for the first time, in a Medicare Advantage plan, Medicare Select Plan, Medicare Cost Plan or Program of All Inclusive Care for the Elderly, and the subsequent enrollment was terminated by you within the first 12 months.

## Instructions

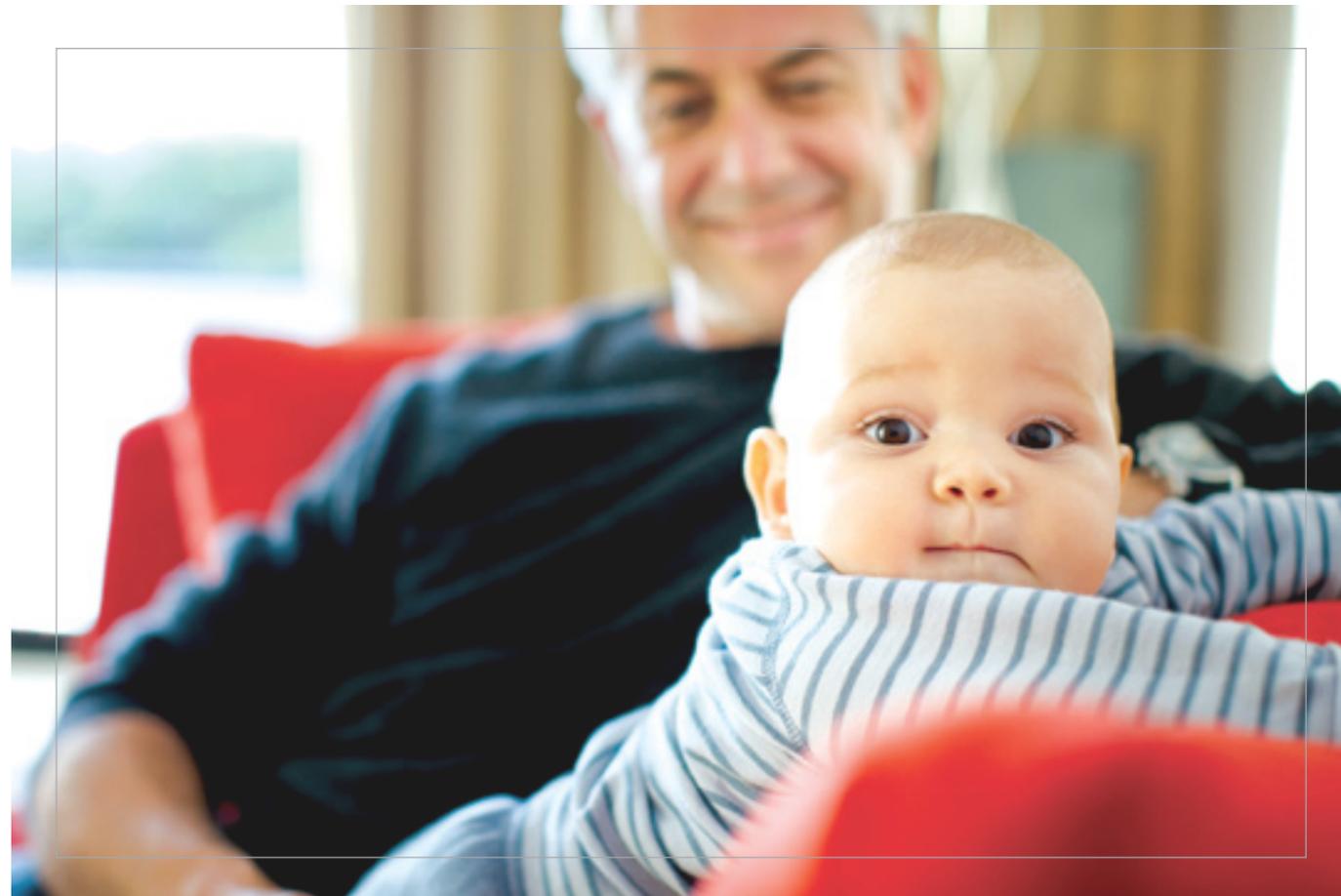
To find your estimated monthly premium cost, follow these steps:

1. Select a plan option: Plan A, C, D, F, High-Deductible F, G, High-Deductible G or N.
2. Using the following tables:  
 If you're in a Special Enrollment Period, use the tables on Pages 13 through 16 to find your monthly premium.  
 If you aren't within a Special Enrollment Period, use the tables on Pages 17 through 23.  
 If you qualify for Conversion Plans A, C or D, use the table on Pages 26 and 27.  
 If you are under the age of 65, use the tables on Pages 24 and 25.
3. Please note that if you're turning 65 or becoming eligible for Medicare after Dec. 31, 2019, you're not eligible to enroll in a plan that covers the Part B deductible (Plans C, F or High-Deductible F).

### Find the plan option that's right for you.

1. If you live in a ZIP code that begins with **480 through 485**, you're in **Area 1**.
2. If you live in **any other ZIP code** in Michigan, you're in **Area 2**.

Once you find the correct table, scroll down the first column to find your age. Your premium will be shown at the right, based on whether you're male or female, and whether you use tobacco if you're applying outside of a Special Enrollment Period.



## Monthly premiums for individuals applying within a Special Enrollment Period (Effective April 1, 2020)

Blue Cross Medicare Supplement Plan A, Special Enrollment rates				
AGE	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
65	\$115.75	\$110.23	\$111.81	\$106.48
66	\$122.64	\$116.25	\$118.47	\$112.29
67	\$129.60	\$122.26	\$125.19	\$118.10
68	\$135.54	\$127.27	\$130.93	\$122.94
69	\$141.54	\$132.28	\$136.72	\$127.78
70	\$147.19	\$136.29	\$142.18	\$131.65
71	\$152.93	\$140.30	\$147.72	\$135.52
72	\$158.74	\$144.31	\$153.34	\$139.40
73	\$164.63	\$148.32	\$159.03	\$143.27
74	\$170.60	\$152.32	\$164.80	\$147.14
75	\$174.39	\$154.33	\$168.46	\$149.08
76	\$178.22	\$156.33	\$172.15	\$151.01
77	\$182.09	\$158.34	\$175.89	\$152.95
78	\$186.00	\$160.34	\$179.67	\$154.88
79	\$189.94	\$162.35	\$183.48	\$156.82
80 and Over	\$193.93	\$164.35	\$187.33	\$158.76

Monthly premiums for individuals applying within a Special Enrollment Period (Continued)

Blue Cross Medicare Supplement Plan G, Special Enrollment rates				
AGE	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
65	\$130.06	\$123.86	\$125.63	\$119.65
66	\$140.38	\$133.06	\$135.60	\$128.53
67	\$150.79	\$142.26	\$145.66	\$137.42
68	\$159.67	\$149.92	\$154.23	\$144.82
69	\$168.62	\$157.59	\$162.88	\$152.22
70	\$176.82	\$163.72	\$170.80	\$158.15
71	\$185.14	\$169.85	\$178.84	\$164.07
72	\$193.58	\$175.98	\$186.99	\$169.99
73	\$202.15	\$182.11	\$195.27	\$175.92
74	\$210.83	\$188.24	\$203.66	\$181.84
75	\$216.18	\$191.31	\$208.82	\$184.80
76	\$221.59	\$194.38	\$214.05	\$187.76
77	\$227.06	\$197.44	\$219.33	\$190.72
78	\$232.59	\$200.51	\$224.67	\$193.68
79	\$238.18	\$203.57	\$230.08	\$196.65
80 and Over	\$243.83	\$206.64	\$235.54	\$199.61

Blue Cross Medicare Supplement Plan HD-G*, Special Enrollment rates				
AGE	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
65	\$63.54	\$60.52	\$61.38	\$58.46
66	\$68.59	\$65.01	\$66.25	\$62.80
67	\$73.67	\$69.50	\$71.17	\$67.14
68	\$78.01	\$73.25	\$75.35	\$70.76
69	\$82.38	\$76.99	\$79.58	\$74.37
70	\$86.39	\$79.99	\$83.45	\$77.27
71	\$90.45	\$82.98	\$87.37	\$80.16
72	\$94.58	\$85.98	\$91.36	\$83.05
73	\$98.76	\$88.97	\$95.40	\$85.95
74	\$103.01	\$91.97	\$99.50	\$88.84
75	\$105.62	\$93.47	\$102.03	\$90.29
76	\$108.26	\$94.97	\$104.58	\$91.73
77	\$110.93	\$96.46	\$107.16	\$93.18
78	\$113.64	\$97.96	\$109.77	\$94.63
79	\$116.37	\$99.46	\$112.41	\$96.08
80 and Over	\$119.13	\$100.96	\$115.08	\$97.52

Blue Cross Medicare Supplement Plan N, Special Enrollment rates				
AGE	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
65	\$120.80	\$115.05	\$116.69	\$111.13
66	\$130.39	\$123.59	\$125.95	\$119.38
67	\$140.06	\$132.13	\$135.29	\$127.63
68	\$148.30	\$139.25	\$143.25	\$134.51
69	\$156.61	\$146.37	\$151.28	\$141.39
70	\$164.23	\$152.06	\$158.64	\$146.89
71	\$171.96	\$157.76	\$166.10	\$152.39
72	\$179.80	\$163.45	\$173.68	\$157.89
73	\$187.75	\$169.15	\$181.36	\$163.39
74	\$195.82	\$174.84	\$189.16	\$168.89
75	\$200.79	\$177.69	\$193.96	\$171.64
76	\$205.81	\$180.54	\$198.81	\$174.39
77	\$210.89	\$183.38	\$203.72	\$177.14
78	\$216.03	\$186.23	\$208.68	\$179.90
79	\$221.22	\$189.08	\$213.70	\$182.65
80 and Over	\$226.47	\$191.93	\$218.77	\$185.40

Blue Cross Medicare Supplement Plan D, Special Enrollment rates				
AGE	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
65	\$140.60	\$133.90	\$135.82	\$129.35
66	\$151.76	\$143.85	\$146.60	\$138.95
67	\$163.02	\$153.79	\$157.47	\$148.56
68	\$172.61	\$162.08	\$166.74	\$156.56
69	\$182.29	\$170.36	\$176.08	\$164.56
70	\$191.15	\$176.99	\$184.64	\$170.97
71	\$200.14	\$183.62	\$193.33	\$177.37
72	\$209.27	\$190.25	\$202.15	\$183.77
73	\$218.53	\$196.88	\$211.10	\$190.18
74	\$227.92	\$203.50	\$220.17	\$196.58
75	\$233.70	\$206.82	\$225.75	\$199.78
76	\$239.55	\$210.13	\$231.40	\$202.98
77	\$245.46	\$213.45	\$237.11	\$206.18
78	\$251.44	\$216.76	\$242.89	\$209.39
79	\$257.49	\$220.07	\$248.73	\$212.59
80 and Over	\$263.60	\$223.39	\$254.63	\$215.79

Monthly premiums for individuals applying within a Special Enrollment Period (Continued)

Blue Cross Medicare Supplement Plan F, Special Enrollment rates				
AGE	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
65	\$165.03	\$157.17	\$159.41	\$151.82
66	\$178.13	\$168.84	\$172.07	\$163.10
67	\$191.34	\$180.51	\$184.83	\$174.37
68	\$202.60	\$190.24	\$195.71	\$183.76
69	\$213.96	\$199.96	\$206.68	\$193.16
70	\$224.36	\$207.74	\$216.73	\$200.67
71	\$234.92	\$215.52	\$226.93	\$208.19
72	\$245.63	\$223.30	\$237.27	\$215.70
73	\$256.50	\$231.08	\$247.77	\$223.22
74	\$267.53	\$238.86	\$258.42	\$230.74
75	\$274.31	\$242.75	\$264.98	\$234.49
76	\$281.17	\$246.64	\$271.61	\$238.25
77	\$288.11	\$250.53	\$278.31	\$242.01
78	\$295.13	\$254.42	\$285.09	\$245.77
79	\$302.23	\$258.31	\$291.94	\$249.52
80 and Over	\$309.40	\$262.20	\$298.87	\$253.28

Blue Cross Medicare Supplement Plan HD-F*, Special Enrollment rates				
AGE	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
65	\$65.69	\$62.57	\$63.46	\$60.44
66	\$70.91	\$67.21	\$68.49	\$64.92
67	\$76.17	\$71.86	\$73.58	\$69.41
68	\$80.65	\$75.73	\$77.91	\$73.15
69	\$85.17	\$79.60	\$82.27	\$76.89
70	\$89.31	\$82.70	\$86.27	\$79.88
71	\$93.52	\$85.79	\$90.33	\$82.87
72	\$97.78	\$88.89	\$94.45	\$85.87
73	\$102.11	\$91.99	\$98.63	\$88.86
74	\$106.50	\$95.08	\$102.87	\$91.85
75	\$109.20	\$96.63	\$105.48	\$93.35
76	\$111.93	\$98.18	\$108.12	\$94.84
77	\$114.69	\$99.73	\$110.79	\$96.34
78	\$117.48	\$101.28	\$113.49	\$97.83
79	\$120.31	\$102.83	\$116.21	\$99.33
80 and Over	\$123.16	\$104.38	\$118.97	\$100.82

Monthly premiums for individuals applying outside of a Special Enrollment Period (Effective April 1, 2020)

Blue Cross Medicare Supplement Plan A, Non-Special Enrollment rates								
AGE	Area 1 (Southeast Michigan)				Area 2 (Rest of Michigan)			
	Non-tobacco user		Tobacco user		Non-tobacco user		Tobacco user	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$115.75	\$110.23	\$127.32	\$121.26	\$111.81	\$106.48	\$122.99	\$117.13
66	\$122.64	\$116.25	\$134.90	\$127.87	\$118.47	\$112.29	\$130.31	\$123.52
67	\$129.60	\$122.26	\$142.56	\$134.49	\$125.19	\$118.10	\$137.70	\$129.91
68	\$135.54	\$127.27	\$149.10	\$140.00	\$130.93	\$122.94	\$144.02	\$135.23
69	\$141.54	\$132.28	\$155.69	\$145.51	\$136.72	\$127.78	\$150.40	\$140.56
70	\$147.19	\$136.29	\$161.91	\$149.92	\$142.18	\$131.65	\$156.40	\$144.82
71	\$152.93	\$140.30	\$168.22	\$154.33	\$147.72	\$135.52	\$162.49	\$149.08
72	\$158.74	\$144.31	\$174.61	\$158.74	\$153.34	\$139.40	\$168.67	\$153.34
73	\$164.63	\$148.32	\$181.09	\$163.15	\$159.03	\$143.27	\$174.93	\$157.60
74	\$170.60	\$152.32	\$187.66	\$167.56	\$164.80	\$147.14	\$181.28	\$161.85
75	\$174.39	\$154.33	\$191.83	\$169.76	\$168.46	\$149.08	\$185.30	\$163.98
76	\$178.22	\$156.33	\$196.04	\$171.97	\$172.15	\$151.01	\$189.37	\$166.11
77	\$182.09	\$158.34	\$200.30	\$174.17	\$175.89	\$152.95	\$193.48	\$168.24
78	\$186.00	\$160.34	\$204.59	\$176.37	\$179.67	\$154.88	\$197.63	\$170.37
79	\$189.94	\$162.35	\$208.94	\$178.58	\$183.48	\$156.82	\$201.83	\$172.50
80 and Over	\$193.93	\$164.35	\$213.33	\$180.78	\$187.33	\$158.76	\$206.07	\$174.63

Please note: The rates shown are the preferred rates and members applying outside of their Special Enrollment Period could be subject to higher rates due to claims experience or health status.

Blue Cross Medicare Supplement Plan G, Non-Special Enrollment rates								
AGE	Area 1 (Southeast Michigan)				Area 2 (Rest of Michigan)			
	Non-tobacco user		Tobacco user		Non-tobacco user		Tobacco user	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$130.06	\$123.86	\$143.06	\$136.25	\$125.63	\$119.65	\$138.19	\$131.61
66	\$140.38	\$133.06	\$154.42	\$146.37	\$135.60	\$128.53	\$149.16	\$141.39
67	\$150.79	\$142.26	\$165.87	\$156.48	\$145.66	\$137.42	\$160.23	\$151.16
68	\$159.67	\$149.92	\$175.63	\$164.91	\$154.23	\$144.82	\$169.66	\$159.30
69	\$168.62	\$157.59	\$185.48	\$173.35	\$162.88	\$152.22	\$179.17	\$167.45
70	\$176.82	\$163.72	\$194.50	\$180.09	\$170.80	\$158.15	\$187.88	\$173.96
71	\$185.14	\$169.85	\$203.65	\$186.83	\$178.84	\$164.07	\$196.72	\$180.48
72	\$193.58	\$175.98	\$212.94	\$193.58	\$186.99	\$169.99	\$205.69	\$186.99
73	\$202.15	\$182.11	\$222.36	\$200.32	\$195.27	\$175.92	\$214.79	\$193.51
74	\$210.83	\$188.24	\$231.92	\$207.07	\$203.66	\$181.84	\$224.03	\$200.02
75	\$216.18	\$191.31	\$237.80	\$210.44	\$208.82	\$184.80	\$229.71	\$203.28
76	\$221.59	\$194.38	\$243.75	\$213.81	\$214.05	\$187.76	\$235.45	\$206.54
77	\$227.06	\$197.44	\$249.76	\$217.19	\$219.33	\$190.72	\$241.26	\$209.80
78	\$232.59	\$200.51	\$255.85	\$220.56	\$224.67	\$193.68	\$247.14	\$213.05
79	\$238.18	\$203.57	\$262.00	\$223.93	\$230.08	\$196.65	\$253.08	\$216.31
80 and Over	\$243.83	\$206.64	\$268.22	\$227.30	\$235.54	\$199.61	\$259.09	\$219.57

Blue Cross Medicare Supplement Plan HD-G, Non-Special Enrollment rates								
AGE	Area 1 (Southeast Michigan)				Area 2 (Rest of Michigan)			
	Non-tobacco user		Tobacco user		Non-tobacco user		Tobacco user	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$63.54	\$60.52	\$69.90	\$66.57	\$61.38	\$58.46	\$67.52	\$64.30
66	\$68.59	\$65.01	\$75.44	\$71.51	\$66.25	\$62.80	\$72.88	\$69.08
67	\$73.67	\$69.50	\$81.04	\$76.45	\$71.17	\$67.14	\$78.28	\$73.85
68	\$78.01	\$73.25	\$85.81	\$80.57	\$75.35	\$70.76	\$82.89	\$77.83
69	\$82.38	\$76.99	\$90.62	\$84.69	\$79.58	\$74.37	\$87.54	\$81.81
70	\$86.39	\$79.99	\$95.03	\$87.99	\$83.45	\$77.27	\$91.79	\$84.99
71	\$90.45	\$82.98	\$99.50	\$91.28	\$87.37	\$80.16	\$96.11	\$88.18
72	\$94.58	\$85.98	\$104.03	\$94.58	\$91.36	\$83.05	\$100.49	\$91.36
73	\$98.76	\$88.97	\$108.64	\$97.87	\$95.40	\$85.95	\$104.94	\$94.54
74	\$103.01	\$91.97	\$113.31	\$101.17	\$99.50	\$88.84	\$109.45	\$97.73
75	\$105.62	\$93.47	\$116.18	\$102.82	\$102.03	\$90.29	\$112.23	\$99.32
76	\$108.26	\$94.97	\$119.09	\$104.46	\$104.58	\$91.73	\$115.04	\$100.91
77	\$110.93	\$96.46	\$122.03	\$106.11	\$107.16	\$93.18	\$117.87	\$102.50
78	\$113.64	\$97.96	\$125.00	\$107.76	\$109.77	\$94.63	\$120.75	\$104.09
79	\$116.37	\$99.46	\$128.00	\$109.41	\$112.41	\$96.08	\$123.65	\$105.68
80 and Over	\$119.13	\$100.96	\$131.04	\$111.05	\$115.08	\$97.52	\$126.58	\$107.27

Please note: The rates shown are the preferred rates and members applying outside of their Special Enrollment Period could be subject to higher rates due to claims experience or health status.

Blue Cross Medicare Supplement Plan N, Non-Special Enrollment rates								
AGE	Area 1 (Southeast Michigan)				Area 2 (Rest of Michigan)			
	Non-tobacco user		Tobacco user		Non-tobacco user		Tobacco user	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$120.80	\$115.05	\$132.88	\$126.55	\$116.69	\$111.13	\$128.36	\$122.24
66	\$130.39	\$123.59	\$143.42	\$135.95	\$125.95	\$119.38	\$138.54	\$131.32
67	\$140.06	\$132.13	\$154.06	\$145.34	\$135.29	\$127.63	\$148.82	\$140.40
68	\$148.30	\$139.25	\$163.13	\$153.17	\$143.25	\$134.51	\$157.58	\$147.96
69	\$156.61	\$146.37	\$172.27	\$161.00	\$151.28	\$141.39	\$166.41	\$155.53
70	\$164.23	\$152.06	\$180.65	\$167.27	\$158.64	\$146.89	\$174.50	\$161.58
71	\$171.96	\$157.76	\$189.15	\$173.53	\$166.10	\$152.39	\$182.71	\$167.63
72	\$179.80	\$163.45	\$197.78	\$179.80	\$173.68	\$157.89	\$191.05	\$173.68
73	\$187.75	\$169.15	\$206.53	\$186.06	\$181.36	\$163.39	\$199.50	\$179.73
74	\$195.82	\$174.84	\$215.41	\$192.33	\$189.16	\$168.89	\$208.08	\$185.78
75	\$200.79	\$177.69	\$220.87	\$195.46	\$193.96	\$171.64	\$213.35	\$188.81
76	\$205.81	\$180.54	\$226.39	\$198.59	\$198.81	\$174.39	\$218.69	\$191.83
77	\$210.89	\$183.38	\$231.98	\$201.72	\$203.72	\$177.14	\$224.09	\$194.86
78	\$216.03	\$186.23	\$237.63	\$204.86	\$208.68	\$179.90	\$229.55	\$197.88
79	\$221.22	\$189.08	\$243.35	\$207.99	\$213.70	\$182.65	\$235.07	\$200.91
80 and Over	\$226.47	\$191.93	\$249.12	\$211.12	\$218.77	\$185.40	\$240.64	\$203.94

Blue Cross Medicare Supplement Plan D, Non-Special Enrollment rates								
AGE	Area 1 (Southeast Michigan)				Area 2 (Rest of Michigan)			
	Non-tobacco user		Tobacco user		Non-tobacco user		Tobacco user	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$140.60	\$133.90	\$154.66	\$147.29	\$135.82	\$129.35	\$149.40	\$142.28
66	\$151.76	\$143.85	\$166.93	\$158.23	\$146.60	\$138.95	\$161.25	\$152.85
67	\$163.02	\$153.79	\$179.32	\$169.17	\$157.47	\$148.56	\$173.22	\$163.41
68	\$172.61	\$162.08	\$189.87	\$178.28	\$166.74	\$156.56	\$183.41	\$172.22
69	\$182.29	\$170.36	\$200.52	\$187.40	\$176.08	\$164.56	\$193.69	\$181.02
70	\$191.15	\$176.99	\$210.26	\$194.69	\$184.64	\$170.97	\$203.11	\$188.06
71	\$200.14	\$183.62	\$220.16	\$201.98	\$193.33	\$177.37	\$212.67	\$195.11
72	\$209.27	\$190.25	\$230.20	\$209.27	\$202.15	\$183.77	\$222.37	\$202.15
73	\$218.53	\$196.88	\$240.38	\$216.56	\$211.10	\$190.18	\$232.21	\$209.19
74	\$227.92	\$203.50	\$250.72	\$223.85	\$220.17	\$196.58	\$242.19	\$216.24
75	\$233.70	\$206.82	\$257.07	\$227.50	\$225.75	\$199.78	\$248.33	\$219.76
76	\$239.55	\$210.13	\$263.51	\$231.15	\$231.40	\$202.98	\$254.54	\$223.28
77	\$245.46	\$213.45	\$270.01	\$234.79	\$237.11	\$206.18	\$260.82	\$226.80
78	\$251.44	\$216.76	\$276.59	\$238.44	\$242.89	\$209.39	\$267.18	\$230.32
79	\$257.49	\$220.07	\$283.24	\$242.08	\$248.73	\$212.59	\$273.60	\$233.85
80 and Over	\$263.60	\$223.39	\$289.96	\$245.73	\$254.63	\$215.79	\$280.09	\$237.37

Please note: The rates shown are the preferred rates and members applying outside of their Special Enrollment Period could be subject to higher rates due to claims experience or health status.

Blue Cross Medicare Supplement Plan F, Non-Special Enrollment rates								
AGE	Area 1 (Southeast Michigan)				Area 2 (Rest of Michigan)			
	Non-tobacco user		Tobacco user		Non-tobacco user		Tobacco user	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$165.03	\$157.17	\$181.53	\$172.89	\$159.41	\$151.82	\$175.36	\$167.01
66	\$178.13	\$168.84	\$195.94	\$185.73	\$172.07	\$163.10	\$189.27	\$179.41
67	\$191.34	\$180.51	\$210.48	\$198.56	\$184.83	\$174.37	\$203.31	\$191.81
68	\$202.60	\$190.24	\$222.86	\$209.26	\$195.71	\$183.76	\$215.28	\$202.14
69	\$213.96	\$199.96	\$235.36	\$219.96	\$206.68	\$193.16	\$227.35	\$212.47
70	\$224.36	\$207.74	\$246.80	\$228.52	\$216.73	\$200.67	\$238.40	\$220.74
71	\$234.92	\$215.52	\$258.41	\$237.07	\$226.93	\$208.19	\$249.62	\$229.01
72	\$245.63	\$223.30	\$270.20	\$245.63	\$237.27	\$215.70	\$261.00	\$237.27
73	\$256.50	\$231.08	\$282.15	\$254.19	\$247.77	\$223.22	\$272.55	\$245.54
74	\$267.53	\$238.86	\$294.28	\$262.75	\$258.42	\$230.74	\$284.27	\$253.81
75	\$274.31	\$242.75	\$301.74	\$267.03	\$264.98	\$234.49	\$291.47	\$257.94
76	\$281.17	\$246.64	\$309.29	\$271.31	\$271.61	\$238.25	\$298.77	\$262.08
77	\$288.11	\$250.53	\$316.92	\$275.59	\$278.31	\$242.01	\$306.14	\$266.21
78	\$295.13	\$254.42	\$324.64	\$279.87	\$285.09	\$245.77	\$313.60	\$270.34
79	\$302.23	\$258.31	\$332.45	\$284.14	\$291.94	\$249.52	\$321.14	\$274.48
80 and Over	\$309.40	\$262.20	\$340.34	\$288.42	\$298.87	\$253.28	\$328.76	\$278.61

Blue Cross Medicare Supplement Plan HD-F*, Non-Special Enrollment rates								
AGE	Area 1 (Southeast Michigan)				Area 2 (Rest of Michigan)			
	Non-tobacco user		Tobacco user		Non-tobacco user		Tobacco user	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$65.69	\$62.57	\$72.26	\$68.82	\$63.46	\$60.44	\$69.80	\$66.48
66	\$70.91	\$67.21	\$78.00	\$73.93	\$68.49	\$64.92	\$75.34	\$71.42
67	\$76.17	\$71.86	\$83.78	\$79.04	\$73.58	\$69.41	\$80.93	\$76.35
68	\$80.65	\$75.73	\$88.72	\$83.30	\$77.91	\$73.15	\$85.70	\$80.47
69	\$85.17	\$79.60	\$93.69	\$87.56	\$82.27	\$76.89	\$90.50	\$84.58
70	\$89.31	\$82.70	\$98.24	\$90.97	\$86.27	\$79.88	\$94.90	\$87.87
71	\$93.52	\$85.79	\$102.87	\$94.37	\$90.33	\$82.87	\$99.37	\$91.16
72	\$97.78	\$88.89	\$107.56	\$97.78	\$94.45	\$85.87	\$103.90	\$94.45
73	\$102.11	\$91.99	\$112.32	\$101.19	\$98.63	\$88.86	\$108.50	\$97.74
74	\$106.50	\$95.08	\$117.14	\$104.59	\$102.87	\$91.85	\$113.16	\$101.03
75	\$109.20	\$96.63	\$120.12	\$106.30	\$105.48	\$93.35	\$116.03	\$102.68
76	\$111.93	\$98.18	\$123.12	\$108.00	\$108.12	\$94.84	\$118.93	\$104.33
77	\$114.69	\$99.73	\$126.16	\$109.70	\$110.79	\$96.34	\$121.87	\$105.97
78	\$117.48	\$101.28	\$129.23	\$111.41	\$113.49	\$97.83	\$124.83	\$107.62
79	\$120.31	\$102.83	\$132.34	\$113.11	\$116.21	\$99.33	\$127.84	\$109.26
80 and Over	\$123.16	\$104.38	\$135.48	\$114.81	\$118.97	\$100.82	\$130.87	\$110.91

Please note: The rates shown are the **preferred rates** and members applying outside of their Special Enrollment Period could be subject to higher rates due to claims experience or health status.

\*HD means high-deductible

Monthly premiums for individuals applying  
under the age of 65  
(Effective April 1, 2020)

Blue Cross Medicare Supplement Plan A, Non-special Enrollment rates								
AGE	Area 1 (Southeast Michigan)				Area 2 (Rest of Michigan)			
	Non-tobacco user		Tobacco user		Non-tobacco user		Tobacco user	
	Male	Female	Male	Female	Male	Female	Male	Female
Under age 65	\$252.72	\$252.72	\$252.72	\$252.72	\$252.72	\$252.72	\$252.72	\$252.72

Blue Cross Medicare Supplement Plan D, Non-special Enrollment rates								
AGE	Area 1 (Southeast Michigan)				Area 2 (Rest of Michigan)			
	Non-tobacco user		Tobacco user		Non-tobacco user		Tobacco user	
	Male	Female	Male	Female	Male	Female	Male	Female
Under age 65	\$482.91	\$482.91	\$482.91	\$482.91	\$482.91	\$482.91	\$482.91	\$482.91



Monthly premiums for individuals who qualify for conversion applying for Plans A, D and C (Effective April 1, 2020)

If you were eligible for Medicare on or after January 1, 2020, you are not eligible for Plan C

Blue Cross Medicare Supplement Plan A, Conversion rates				
AGE	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
65	\$115.75	\$110.23	\$111.81	\$106.48
66	\$122.64	\$116.25	\$118.47	\$112.29
67	\$129.60	\$122.26	\$125.19	\$118.10
68	\$135.54	\$127.27	\$130.93	\$122.94
69	\$141.54	\$132.28	\$136.72	\$127.78
70	\$147.19	\$136.29	\$142.18	\$131.65
71	\$152.93	\$140.30	\$147.72	\$135.52
72	\$158.74	\$144.31	\$153.34	\$139.40
73	\$164.63	\$148.32	\$159.03	\$143.27
74	\$170.60	\$152.32	\$164.80	\$147.14
75	\$174.39	\$154.33	\$168.46	\$149.08
76	\$178.22	\$156.33	\$172.15	\$151.01
77	\$182.09	\$158.34	\$175.89	\$152.95
78	\$186.00	\$160.34	\$179.67	\$154.88
79	\$189.94	\$162.35	\$183.48	\$156.82
80 and Over	\$193.93	\$164.35	\$187.33	\$158.76

Blue Cross Medicare Supplement Plan D, Conversion rates				
AGE	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
65	\$140.60	\$133.90	\$135.82	\$129.35
66	\$151.76	\$143.85	\$146.60	\$138.95
67	\$163.02	\$153.79	\$157.47	\$148.56
68	\$172.61	\$162.08	\$166.74	\$156.56
69	\$182.29	\$170.36	\$176.08	\$164.56
70	\$191.15	\$176.99	\$184.64	\$170.97
71	\$200.14	\$183.62	\$193.33	\$177.37
72	\$209.27	\$190.25	\$202.15	\$183.77
73	\$218.53	\$196.88	\$211.10	\$190.18
74	\$227.92	\$203.50	\$220.17	\$196.58
75	\$233.70	\$206.82	\$225.75	\$199.78
76	\$239.55	\$210.13	\$231.40	\$202.98
77	\$245.46	\$213.45	\$237.11	\$206.18
78	\$251.44	\$216.76	\$242.89	\$209.39
79	\$257.49	\$220.07	\$248.73	\$212.59
80 and Over	\$263.60	\$223.39	\$254.63	\$215.79

Blue Cross Medicare Supplement Plan C, Conversion rates				
AGE	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
65	\$198.48	\$189.03	\$191.73	\$182.60
66	\$210.30	\$199.34	\$203.15	\$192.56
67	\$222.23	\$209.65	\$214.67	\$202.52
68	\$232.43	\$218.24	\$224.52	\$210.82
69	\$242.71	\$226.83	\$234.45	\$219.11
70	\$252.40	\$233.71	\$243.82	\$225.75
71	\$262.23	\$240.58	\$253.31	\$232.39
72	\$272.20	\$247.45	\$262.94	\$239.03
73	\$282.30	\$254.33	\$272.70	\$245.67
74	\$292.55	\$261.20	\$282.59	\$252.31
75	\$299.04	\$264.64	\$288.87	\$255.63
76	\$305.61	\$268.08	\$295.21	\$258.95
77	\$312.24	\$271.51	\$301.61	\$262.27
78	\$318.94	\$274.95	\$308.09	\$265.59
79	\$325.71	\$278.39	\$314.63	\$268.91
80 and Over	\$332.55	\$281.82	\$321.24	\$272.23



## Medicare Supplement plans across the country

### How to read the chart:

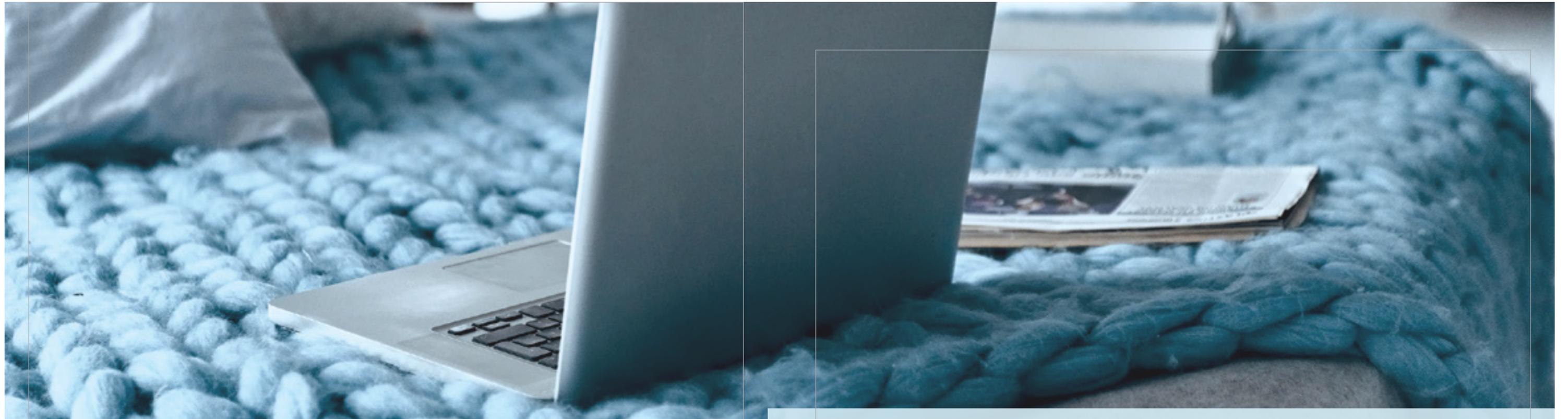
If a check mark appears in a column of this chart, the supplement policy covers 100% of the described benefit. If a row lists a percentage, the policy covers that percentage of the described benefit. If row is blank, the policy doesn't cover that benefit. Note: The supplement policy covers coinsurance only after you've paid the deductible unless the supplement policy also covers the deductible.

Benefits	All Nationwide Plans										
	A	B	C	D	F*	G*	K	L	M	N	
Medicare Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copay	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓***	
Blood (first three pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓	
Part A hospice care coinsurance or copay	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓	
Skilled nursing facility care coinsurance			✓	✓	✓	✓	50%	75%	✓	✓	
Medicare Part A deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓	
Medicare Part B deductible			✓			✓					
Medicare Part B excess charges						✓					
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%	
							Out-of-pocket limit**				
							\$5,880 in 2020	\$2,940 in 2020			

\*There are also two high-deductible plans, HD-F and HD-G. If you are eligible for either plan and decide to enroll, this means you must pay for Medicare-covered costs up to the deductible amount of \$2,340 for 2020 before your supplement plan pays anything.

\*\*After you meet your out-of-pocket yearly limit and your yearly Part B deductible, the supplement plan pays 100% of covered services for the rest of the calendar year.

\*\*\*Plan N pays 100% of the Part B coinsurance, except for a copay of up to \$20 for some office visits and up to a \$50 copay for emergency room visits that don't result in an inpatient admission.



## Premium information

For Blue Cross Medicare Supplement plans, certain factors may affect your monthly premium cost. We base your premium on the area you live in and your age, gender, health status and whether you use tobacco.

**Please note:** *If you're submitting your application during a Special Enrollment Period, your rate won't be affected by your tobacco use, health status, claims experience, receipt of health care or medical condition.*

Your premium may change if you move into a different rating area. Other than premium adjustments due to age or relocation, we can only raise your premium if we raise the premium for all policies like yours. Premiums may change on April 1, 2021.

**Disenrollment may occur if premium payments aren't received by the due date. In such cases, there will be a six-month waiting period before you're eligible to reapply.**

## Your payment options

You may make payments through authorized automatic deductions from your bank account or by personal check, money order or cashier's check. See the enrollment application for details on payment methods. Premium payments are due the 25th of each month.

## Choose a plan option that meets your needs.

The chart on Pages 32 through 35 outlines the coverage options offered by Blue Cross Plans A, C, D, F, High-Deductible F, G, High-Deductible G and N. This *Outline of Coverage* doesn't give all the details of Medicare coverage. For information about your Medicare Part A and Part B coverage, contact your local Social Security office or consult *Medicare & You* (online at [www.medicare.gov](http://www.medicare.gov)). Medicare benefits are subject to change. Please consult the latest *Choosing a Medigap Policy: Guide to Health Insurance for People with Medicare*, which can be found online at [www.medicare.gov](http://www.medicare.gov).

The Blue Cross Medicare Supplement plan may not fully cover all of your medical costs. When you receive covered services from a provider who doesn't accept Medicare assignment, you're responsible for the difference between the provider's charge and the Medicare-approved amount, plus any deductible or coinsurance amounts required by the Blue Cross Medicare Supplement plan you select.

**Once enrolled in Blue Cross Medicare Supplement**, we'll send you a member ID card and plan handbook that provides comprehensive details about your coverage. We'll also give you a Certificate of Coverage. It's your legal contract with Blue Cross. You must read the certificate to understand all of the rights and duties of both you and Blue Cross. For more information about Blue Cross Medicare Supplement coverage, call **1-888-563-3307** or contact an insurance agent authorized to sell Blue Cross policies. TTY users should call **711**.

## Outline of coverage

The Medicare deductibles, coinsurance and copay amounts listed are based upon the 2020 CMS-approved values and could change for 2021.

Covered service	Plan option	Plan A <sup>1</sup>	
	Medicare pays	Plan pays	You pay
<b>Medicare Part A hospital coverage —</b> Semi-private room, general nursing care, miscellaneous services and supplies <sup>2</sup>			
<b>Deductible</b>	\$0	\$0	\$1,408
First 60 days of care	100%	\$0	\$0
Days 61 — 90	All but the \$352 daily copay	\$352 daily copay	\$0
Days 91 — 150 (Lifetime Reserve Days)	All but the \$704 daily copay	\$704 daily copay	\$0
Day 151 and beyond (additional 365 days after Lifetime Reserve Days used)	\$0	100% of Medicare-eligible expenses	\$0
<b>Blood benefit</b>	All but the first three pints	Your first three pints	\$0
<b>Skilled nursing facility care —</b> including having been in a hospital for at least three days			
First 20 days of care	100%	\$0 (Medicare covers in full)	
Days 21 — 100	All but \$176 daily skilled nursing facility copay	\$0	\$176 daily copay
<b>Hospice care</b>			
	All but very limited copay/coinsurance for outpatient drugs and inpatient respite care	Medicare copay/coinsurance	\$0
<b>Emergency care outside the U.S.</b>			
	No benefits for care outside U.S.	No benefits for care outside U.S.	All costs <sup>2</sup> for services
<b>Medicare Part B physician and outpatient services —</b> In- or out-of-the-hospital and outpatient hospital physician's services (such as tests), and durable medical equipment, per calendar year			
<b>Deductible (annual)<sup>3</sup></b>	\$0	\$0	\$198
<b>Coinsurance</b>	80% of the approved amount after \$198 deductible is met	20% coinsurance after the \$198 deductible is met	\$0
<b>Blood benefit</b>	All but the first three pints	Your first three pints	\$0
<b>Clinical laboratory services — tests for diagnostic services</b>	All charges	\$0 (Medicare covers in full)	
<b>Home health care services —</b> Medicare-approved services			
Medically necessary skilled care services and medical supplies	All charges	\$0 (Medicare covers in full)	
Durable medical equipment	80% of the approved amount after the \$198 deductible is met	20% coinsurance after the \$198 deductible is met	\$0
<b>Excess charges</b>	\$0	\$0	All costs <sup>2</sup>

Plan C <sup>1</sup>		Plan D <sup>1</sup>	
Plan pays	You pay	Plan pays	You pay
\$1,408	\$0	\$1,408	\$0
\$0	\$0	\$0	\$0
\$352 daily copay	\$0	\$352 daily copay	\$0
\$704 daily copay	\$0	\$704 daily copay	\$0
100% of Medicare-eligible expenses	\$0	100% of Medicare-eligible expenses	\$0
Your first three pints	\$0	Your first three pints	\$0
\$0 (Medicare covers in full)		\$0 (Medicare covers in full)	
\$176 daily copay	\$0	\$176 daily copay	\$0
Medicare copay/coinsurance	\$0	Medicare copay/coinsurance	\$0
80% of approved amount for covered services after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance	80% of approved amount for covered services after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance
\$198	\$0	\$0	\$198
20% coinsurance after the \$198 deductible is met	\$0	20% coinsurance after the \$198 deductible is met	\$0
Your first three pints	\$0	Your first three pints	\$0
\$0 (Medicare covers in full)		\$0 (Medicare covers in full)	
\$0 (Medicare covers in full)		\$0 (Medicare covers in full)	
20% coinsurance after the \$198 deductible is met	\$0	20% coinsurance after the \$198 deductible is met	\$0
\$0	All costs <sup>2</sup>	\$0	All costs <sup>2</sup>

<sup>1</sup>See Important Information about Plans A, C and D on Pages 26 and 27.

<sup>2</sup>Per benefit period. A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you've been out of the hospital and haven't received skilled nursing care in any other facility for 60 consecutive days.

<sup>3</sup>The Part B deductible needs to be met only once each calendar year (Jan. 1 through Dec. 31). After, Medicare makes payments up to the Limiting Charge established by law and shown on your Medicare Explanation of Benefits.

Outline of coverage (continued)

Covered service	Plan option	Plans F and HD-F		Plans G and HD-G		Plan N	
	Medicare pays	Plan pays	You pay	Plan pays	You pay	Plan pays	You pay
<b>Medicare Part A hospital coverage —</b> Semi-private room, general nursing care, miscellaneous services and supplies <sup>2</sup>							
<b>Deductible</b>	\$0	\$1,408	\$0	\$1,408	\$0	\$1,408	\$0
First 60 days of care	100%	\$0	\$0	\$0	\$0	\$0	\$0
Days 61 — 90	All but the \$352 daily copay	\$352 daily copay	\$0	\$352 daily copay	\$0	\$352 daily copay	\$0
Days 91 — 150 (Lifetime Reserve Days)	All but the \$704 daily copay	\$704 daily copay	\$0	\$704 daily copay	\$0	\$704 daily copay	\$0
Day 151 and beyond (additional 365 days after Lifetime Reserve Days used)	\$0	100% of Medicare-eligible expenses	\$0	100% of Medicare-eligible expenses	\$0	100% of Medicare-eligible expenses	\$0
<b>Blood benefit</b>	All but the first three pints	Your first three pints	\$0	Your first three pints	\$0	Your first three pints	\$0
<b>Skilled nursing facility care —</b> You must meet Medicare's requirements, including having been in a hospital for at least three days							
First 20 days of care	100%	\$0 (Medicare covers in full)		\$0 (Medicare covers in full)		\$0 (Medicare covers in full)	
Days 21 — 100	All but \$176 daily skilled nursing facility copay	\$176 daily copay	\$0	\$176 daily copay	\$0	\$176 daily copay	\$0
<b>Hospice care</b>							
	All but very limited copay/coinsurance for outpatient drugs and inpatient respite care	Medicare copay/coinsurance	\$0	Medicare copay/coinsurance	\$0	Medicare copay/coinsurance	\$0
<b>Emergency care outside the U.S.</b>							
	No benefits for care outside U.S.	80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance	80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance	80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance
<b>Medicare Part B physician and outpatient services —</b> In- or out-of-the-hospital and outpatient hospital physician's services, (such as tests) and durable medical equipment, per calendar year							
<b>Deductible (annual)<sup>3</sup></b>	\$0	\$198	\$0	\$0	\$198	\$0	\$198
<b>Coinsurance</b>	80% of the approved amount after \$198 deductible is met	20% coinsurance after the \$198 deductible is met	\$0	20% coinsurance after the \$198 deductible is met	\$0	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit, after the \$198 deductible is met	Up to \$20 per office visit and up to \$50 per emergency room visit
<b>Blood benefit</b>	All but the first three pints	Your first three pints	\$0	Your first three pints	\$0	Your first three pints	\$0
<b>Clinical laboratory services — tests for diagnostic services</b>	All charges	\$0 (Medicare covers in full)		\$0 (Medicare covers in full)		\$0 (Medicare covers in full)	
<b>Home health care services —</b> Medicare-approved services							
Medically necessary skilled care services and medical supplies	All charges	\$0 (Medicare covers in full)		\$0 (Medicare covers in full)		\$0 (Medicare covers in full)	
Durable medical equipment (DME)	80% of the approved amount after the \$198 deductible is met	20% coinsurance after the \$198 deductible is met	\$0	20% coinsurance after the \$198 deductible is met	\$0	20% coinsurance after the \$198 deductible is met	\$0
<b>Excess charges</b>	\$0	All remaining charges <sup>2</sup>	\$0	All remaining charges <sup>2</sup>	\$0	\$0	All costs

<sup>1</sup>See Important Information about Plans A, C and D on Pages 26 and 27.

<sup>2</sup>Per benefit period. A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you've been out of the hospital and haven't received skilled nursing care in any other facility for 60 consecutive days.

<sup>3</sup>The Part B deductible needs to be met only once each calendar year (Jan. 1 through Dec. 31). After, Medicare makes payments up to the Limiting Charge established by law and shown on your Medicare Explanation of Benefits.

## Enrolling is easy

You can apply for coverage for a Blue Cross Medicare Supplement plan online at [www.bcbsm.com/medicare-supplement](http://www.bcbsm.com/medicare-supplement), by contacting a Blue Cross Blue Shield of Michigan agent, or by calling **1-888-563-3307**. TTY users, call **711**.

You can also complete a paper application and send it to one of the following:

**Mail: Blue Cross Blue Shield of Michigan**  
P.O. Box 44407  
Detroit, MI 48244-0407

**Fax: 1-866-392-7528**



**Use one application for each person.** Be sure to answer truthfully and completely all questions about your medical and health history (if outside a Special Enrollment Period). Blue Cross may increase your rates, cancel your policy, or refuse to pay any claims if you leave out or falsify important medical information or information about your permanent residence, date of birth, health status and tobacco use. If applicable, indicate that you're switching to a supplement plan from your current coverage. We'll help you enroll and ensure that you have no lapse in coverage.

If you're covered under a health policy from any other insurer, don't cancel that coverage until you receive your Blue Cross Medicare Supplement *Quick Start Guide* and are sure you want to keep your plan. We'll mail a booklet when we enroll you in the plan. If you have questions, please call the number on the back of your ID card or contact your agent. TTY users, call **711**.

Whether you're applying for coverage online or through an authorized insurance agent, it's important to know that neither Blue Cross nor its authorized agents are connected with Medicare.



## Changing your coverage

You may switch to a different Blue Cross Medicare Supplement policy at any time, but you may be subject to medical underwriting. If you're switching to a Medicare Advantage plan, you can enroll only during certain times of the year.

**Important:** If you're currently enrolled in a Medicare Advantage plan and wish to enroll in Medicare supplement, you must separately disenroll in writing from Medicare Advantage. Submitting this application doesn't automatically disenroll you from your current Medicare Advantage insurance carrier. Call your Medicare Advantage Customer Service department for information on how to disenroll from that plan and prevent duplication of coverage or a lapse in coverage. Medicare Advantage plans only allow disenrollment at certain times of the year.

## Do you also need prescription drug coverage?

You may purchase Medicare Part D drug coverage with Blue Cross Blue Shield of Michigan's Prescription Blue<sup>SM</sup> PDP plan. Call **1-888-563-3307**. (TTY users, call **711**).

## You may cancel this coverage if it's not right for you

If you find that you aren't satisfied with Blue Cross Medicare Supplement coverage, notify us by phone, fax or write to us at the address below within the first 30 days of your coverage. We'll treat the coverage as if it had never been issued and return all of your payments, less the reasonable cost of any health services paid by Blue Cross during that time. You'll be responsible for any deductibles or coinsurance for Medicare Part A and Part B claims, or any services not covered by Original Medicare incurred during that 30-day period.

If you choose to cancel your Blue Cross Medicare Supplement coverage after the first 30 days, the signature of the policy holder or legal representative is required.

Do one of the following:

Call the Customer Service number on the back of your ID card. TTY users, call **711**.

**Mail:**  
**Blue Cross Blue Shield of Michigan**  
P.O. Box 44407  
Detroit, MI 48244-0407

**Fax: 1-866-392-7528**

## To enroll in a Blue Cross Medicare Supplement plan:

- Contact your Blue Cross Blue Shield of Michigan agent.
- Enroll online at [www.bcbsm.com/medicare-supplement](http://www.bcbsm.com/medicare-supplement).
- Call **1-888-563-3307** (TTY: **711**)  
8 a.m. to 9 p.m. Eastern time, Monday through Friday,  
with weekend hours from Oct. 1 through March 31.

This document is the Blue Cross Medicare Supplement Outline of Coverage, and the details and exceptions of Blue Cross Medicare Supplement follow. The deductible, coinsurance and copay amounts listed in this brochure are based on the 2020 CMS-approved values and could change for 2021. Like Medicare, Blue Cross Medicare Supplement coverage is accepted nationwide and the plan is easy to use. There are no provider networks or referrals — just use any health care provider who accepts Medicare. Simply present your Blue Cross Medicare Supplement ID card along with your red, white and blue Medicare health insurance card whenever you receive health care services. We'll coordinate payment with Medicare and your health care providers. In most cases, you'll never have to bother with claim filing or paperwork.

*This Outline of Medicare Supplement Coverage is a summary only. Specific provisions for coverage, limitations and exclusions are contained in certificates and, if applicable, riders to those certificates. Although every effort has been made to accurately describe the benefits, if there is a discrepancy between this outline and applicable certificates and riders, the certificates and riders will govern.*

*This request for information is insurance related and if you respond you may be contacted in an attempt to sell you insurance. Blue Cross Medicare Supplement is not connected with or endorsed by the U.S. government or the Federal Medicare Program.*

*Blue Cross does not control the third-party websites referred to in this publication and is not responsible for their content.*



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[www.bcbsm.com/medicare-supplement](http://www.bcbsm.com/medicare-supplement)