Blue Medicare Supplement June 2022 – May 2023 Supplemental Health Care Coverage for Medicare Beneficiaries



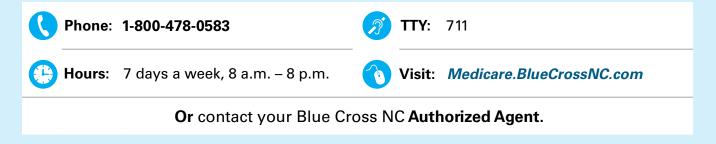
BlueCross BlueShield MEDICARE

Visit Medicare.BlueCrossNC.com

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Have Medicare Supplement Questions? We've Got Answers. Contact Blue Cross NC:





Welcome to Blue Medicare Supplement

We're Here to Help

Thank you for your interest in **Blue Medicare Supplement** from Blue Cross and Blue Shield of North Carolina (Blue Cross NC).

We're proud to be one of North Carolina's leading health insurance companies. Today, more than 4.2 million customers rely on us for health care solutions – more than any other insurer based in North Carolina. In fact, one of every three North Carolinians is among our customers.* At Blue Cross NC, we've been helping North Carolinians for more than 88 years.

Blue Medicare Supplement Important Information

Covering Costs Left by Original Medicare

Medicare covers many health care services, but it doesn't pay for all of your costs, such as copayments, coinsurance and deductibles. These gaps could leave you paying up to 20 percent of your health-related expenses. A Blue Medicare Supplement plan can give you additional coverage for Medicare deductibles and coinsurance for services like: Hospital stays, skilled nursing facilities, physician services, diagnostic tests, and medical and surgical services and supplies. You'll also be covered for Medicare-eligible costs not covered by Medicare.

Guaranteed Acceptance for Coverage

Enrollment is simple. You're eligible for Blue Medicare Supplement coverage if you:

- Are age 65 or older and eligible for Medicare (or under age 65 and eligible for Medicare by reason of disability – Plan A and Plan G available)
- Enroll within six months of enrolling in Medicare Part B
- Are not covered by certain Medicaid programs
- Are a North Carolina resident

Avoid Waiting Periods for Pre-Existing Conditions

If you enroll within 30 days following your 65th birthday, or if you have six months of continuous prior coverage, the six month waiting period for pre-existing conditions will be waived. 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 you wait until after the deadline to enroll, you may have a waiting period for pre-existing conditions and may have to complete a medical questionnaire. **Note:** Policy benefits are limited to those approved by Medicare for payment.

Notes:

- Blue Medicare Supplement rates are effective through May 31, 2023.
- 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.
- These policies may not fully cover all your medical costs. These policies contain provisions that list benefits to those approved for payment by Medicare.



Medicare Basics

Original Medicare Parts A and B



Part A

Provided by the federal government.

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care



Part B

Provided by the federal government.

- Physician services
- Ambulance services
- Mental health
- Durable medical equipment
- Some preventive services

Add-On Options

Provided by private insurance companies.

Medicare Supplement plan

- Helps cover the costs Medicare Parts A and B leave you to pay
- Also known as Medigap

Part D (Prescription Drug Plan)

• Helps cover your prescription drug costs

Medicare Advantage Part C



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Part C Provided by Medicare-approved private

insurance companies.

Medicare Parts A and B

Covers the same types of care as Medicare Parts A and B, but lowers your share of the costs when you use doctors and hospitals that are part of the plan's network.



Part D (Prescription Drug Plan)

Most Medicare Advantage plans include Part D prescription drug coverage.

Medicare Advantage plans may offer other additional benefits as well.



Our Plans

We Want to Help You Choose the Blue Medicare Supplement Plan That Includes the Benefits Most Important to You

Attained-age plans should be compared to entry-age plans (also known as issue-age plans). Premiums for entry-age plans do not increase due to age.

Our rates increase due to age when you move from one age band to the next. Rates may also be adjusted for medical inflation or overall claims experience.

Any change in rates 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 will not be singled out for premium increases based on their individual health. This is only a summary of benefits. Please see the Outline of Coverage for more details.

All of our Blue Medicare Supplement plans are attained-age rated.



	Plan A pays	Plan G pays	High Deductible Plan G ¹ pays	Plan K pays	Plan N pays				
Benefits Part A (Hospitalization)	BMS A, 12/18	BMS G,12/18	BMS HDG, 12/18	BMS K, 12/18	BMS N, 12/18				
\$1,556 inpatient hospital deductible each benefit period		1	✓	Covers 50% ⁴	✓				
\$389 a day copayment for days 61–90 in a hospital	1	1	1	1	1				
\$778 a day copayment for days 91–150 (lifetime reserve²)	1	1	1	1	1				
100% of Medicare- allowable expenses for additional 365 days after Medicare hospital benefits are exhausted	1	1	1	1	1				
\$194.50 a day for days 21–100 in a skilled nursing facility³		1	1	Covers 50% ⁴	1				
Part B (Physician and Medical Services)									
Generally, 80% of Medicare-approved amount (Part B coinsurance) after Part B deductible is met	✓	✓	✓	✓	Up to \$20 per office visit Up to \$50 per ER visit				
100% of Medicare Part B excess charges		1	1						
Silver&Fit [®] offered	1	1		1	1				
TruHearing [®] offered	1	1	1	1	1				

- ✓ Benefit included in plan.
- 1 Benefits for this plan will not begin until your \$2,490 deductible is met.
- 2 After 90 days of hospitalization, Medicare benefits are paid from a one-time, lifetime reserve of 60 additional days, which are not renewable each benefit period.
- 3 You must have been in a hospital for at least three days and enter a Medicare-approved facility within 30 days after hospital discharge.
- 4 Until annual out-of-pocket limit of \$6,620 is met.

Attained-Age Monthly Premiums

Non-Tobacco User										
	Plan A		Plan G		High Deductible Plan G		Plan K		Plan N	
Age	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
<65	\$1,184.00	\$1,387.00	\$1,265.00	\$1,485.50	N/A	N/A	N/A	N/A	N/A	N/A
65	\$109.50	\$127.50	\$95.75	\$111.50	\$36.50	\$42.50	\$65.00	\$75.75	\$85.75	\$100.00
66	\$113.25	\$131.75	\$100.00	\$116.50	\$36.50	\$42.50	\$68.75	\$80.00	\$90.00	\$104.75
67	\$118.50	\$138.00	\$104.25	\$121.50	\$36.50	\$42.50	\$72.75	\$84.75	\$93.75	\$109.00
68	\$122.75	\$143.00	\$108.50	\$126.25	\$36.50	\$42.50	\$77.25	\$89.75	\$97.50	\$113.50
69	\$127.00	\$148.00	\$113.25	\$131.75	\$36.50	\$42.50	\$81.25	\$94.75	\$101.75	\$118.25
70	\$132.75	\$154.50	\$127.25	\$148.25	\$37.75	\$44.00	\$86.75	\$100.75	\$115.00	\$133.75
71	\$137.50	\$160.25	\$141.00	\$164.25	\$37.75	\$44.00	\$92.00	\$107.25	\$128.00	\$148.75
72	\$143.00	\$167.00	\$154.75	\$180.25	\$37.75	\$44.00	\$97.25	\$113.25	\$141.00	\$164.00
73	\$148.50	\$172.75	\$168.50	\$196.25	\$37.75	\$44.00	\$102.50	\$119.50	\$154.00	\$179.25
74	\$154.00	\$179.25	\$182.25	\$212.00	\$37.75	\$44.00	\$108.00	\$125.50	\$167.00	\$194.50
75	\$159.50	\$185.75	\$196.00	\$228.25	\$41.75	\$48.50	\$113.25	\$131.75	\$180.00	\$209.75
76	\$165.00	\$192.00	\$209.75	\$244.25	\$41.75	\$48.50	\$118.50	\$138.00	\$193.00	\$224.75
77	\$170.50	\$198.50	\$223.50	\$260.00	\$41.75	\$48.50	\$123.75	\$144.00	\$206.00	\$240.00
78	\$176.00	\$205.00	\$237.25	\$276.25	\$41.75	\$48.50	\$129.00	\$150.00	\$219.00	\$256.25
79	\$181.50	\$211.25	\$251.00	\$292.25	\$41.75	\$48.50	\$134.50	\$156.50	\$231.75	\$272.25
80+	\$187.25	\$217.75	\$264.75	\$308.25	\$41.75	\$48.50	\$140.00	\$162.75	\$244.75	\$288.25

NC

Attained-Age Monthly Premiums

Tobacco User										
	Plan A		Plan G		High Deductible Plan G		Plan K		Plan N	
Age	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
<65	\$1,209.00	\$1,412.00	\$1,290.00	\$1,510.50	N/A	N/A	N/A	N/A	N/A	N/A
65	\$134.50	\$152.50	\$120.75	\$136.50	\$49.00	\$55.00	\$90.00	\$100.75	\$110.75	\$125.00
66	\$138.25	\$156.75	\$125.00	\$141.50	\$49.00	\$55.00	\$93.75	\$105.00	\$115.00	\$129.75
67	\$143.50	\$163.00	\$129.25	\$146.50	\$49.00	\$55.00	\$97.75	\$109.75	\$118.75	\$134.00
68	\$147.75	\$168.00	\$133.50	\$151.25	\$49.00	\$55.00	\$102.25	\$114.75	\$122.50	\$138.50
69	\$152.00	\$173.00	\$138.25	\$156.75	\$49.00	\$55.00	\$106.25	\$119.75	\$126.75	\$143.25
70	\$157.75	\$179.50	\$152.25	\$173.25	\$50.25	\$56.50	\$111.75	\$125.75	\$140.00	\$158.75
71	\$162.50	\$185.25	\$166.00	\$189.25	\$50.25	\$56.50	\$117.00	\$132.25	\$153.00	\$173.75
72	\$168.00	\$192.00	\$179.75	\$205.25	\$50.25	\$56.50	\$122.25	\$138.25	\$166.00	\$189.00
73	\$173.50	\$197.75	\$193.50	\$221.25	\$50.25	\$56.50	\$127.50	\$144.50	\$179.00	\$204.25
74	\$179.00	\$204.25	\$207.25	\$237.00	\$50.25	\$56.50	\$133.00	\$150.50	\$192.00	\$219.50
75	\$184.50	\$210.75	\$221.00	\$253.25	\$54.25	\$61.00	\$138.25	\$156.75	\$205.00	\$234.75
76	\$190.00	\$217.00	\$234.75	\$269.25	\$54.25	\$61.00	\$143.50	\$163.00	\$218.00	\$249.75
77	\$195.50	\$223.50	\$248.50	\$285.00	\$54.25	\$61.00	\$148.75	\$169.00	\$231.00	\$265.00
78	\$201.00	\$230.00	\$262.25	\$301.25	\$54.25	\$61.00	\$154.00	\$175.00	\$244.00	\$281.25
79	\$206.50	\$236.25	\$276.00	\$317.25	\$54.25	\$61.00	\$159.50	\$181.50	\$256.75	\$297.25
80+	\$212.25	\$242.75	\$289.75	\$333.25	\$54.25	\$61.00	\$165.00	\$187.75	\$269.75	\$313.25

Notes:

• Rates are effective through May 31, 2023.

• Tobacco user rates do not apply during Guaranteed Issue period.

Take a Look at One of Our Most Popular Plans: **Plan G**

Blue Medicare Supplement plans help cover the costs that Original Medicare doesn't. Here's how Plan G covers costs that Original Medicare doesn't.

Part A (Hospitalization):

- \$1,556 inpatient hospital deductible each benefit period
- \$389 a day copayment for days 61–90 in a hospital
- \$778 a day copayment for days 91–150 (lifetime reserve)
- 100% of Medicare-allowable expenses for an additional 365 days after your Medicare hospital benefits are exhausted
- \$194.50 a day for days 21–100 in a skilled nursing facility

Part B (Physician and Medical Services):

- Generally, 80% of the Medicare-approved amount (Part B coinsurance) after your Part B deductible is met
- 100% of Medicare Part B excess charges

Be sure to take a look at the chart of all plans and select the one that works best for you.

IMPORTANT: Remember Your Prescription Drug Coverage

As you consider your Blue Medicare Supplement options, remember to consider your prescription drug needs, too. Medicare prescription drug coverage (also called Medicare Part D) plans are offered by private companies like Blue Cross NC.

To learn more, visit *Medicare.gov*.



Attractive Extras

Coverage That Comes With Added Value

In addition to the valuable coverage that Blue Medicare Supplement plans offer you, there are a number of available programs that bring you even more value.

You'll find a wide variety of discounts on health and fitness-related services and products through the Blue365[®] program. In addition to Blue365, there's Silver&Fit[®], a program that offers you a low-cost gym membership along with at-home fitness options. There's also the TruHearing[®] program for hearing aids at very attractive prices and hearing exams at a low cost. You'll see details on these programs on the following pages. You'll find a wide **variety of discounts** on health and fitnessrelated services and products.

Attractive Extras

Blue-to-Blue

Flexibility to Change

With some insurers, you can get locked into a plan that may not be right for you. But thanks to our **exclusive Blue-to-Blue program**, if your needs change over time, Blue Cross NC gives you the flexibility to switch plans:*

- Without additional medical exams
- Without underwriting or additional health questions
- Without any hassle!

For more information, call: **1-800-478-0583** (TTY:711). Or contact your Blue Cross NC Authorized Agent. You can always be sure to have the plan that best suits your needs and budget.

Notes: *Blue-to-Blue is only available when you switch from one Blue Cross NC Medicare plan to another Blue Cross NC Medicare plan. You may only switch during designated times of the year. Certain other limits apply.

Blue365

Health and Wellness Deals

Blue365 brings you great discounts on a wide variety of products and services at no additional cost. You'll find savings on just about every aspect of a healthy, active life, including:

- Gym discounts
- Vision services

Medical bracelets

Activity trackers

• Hearing aids

- Healthy eating
- Laser eye surgery
- And more!

What's more, all the Blue365 deals are delivered right to you. When you sign up, you'll get deal alerts via email – so you'll find it easy to take advantage of all the offers you'd like. And because you'll receive just one email with new deals each week, your email inbox stays clutter-free.

For more information, call: **1-855-511-BLUE(2583)**. Or visit: *BlueCrossNC.com/Blue365Medicare*.

Notes: Blue365 offers access to savings on items that members may purchase directly from independent vendors, which are different from items that are covered under the policies with Blue Cross NC. Any disputes regarding these products and services may be subject to the Blue Cross NC grievance process. Blue Cross Blue Shield Association (BCBSA) may receive payments from Blue365 vendors. Neither Blue Cross NC nor BCBSA recommends, endorses, warrants or guarantees any specific Blue365 vendor or item. This program may be modified or discontinued at any time without prior notice.

Attractive Extras

Silver&Fit.

Healthy Aging and Exercise Program

This fitness program, available on all Blue Medicare Supplement plans except High Deductible Plan G, offers you a low-cost membership at a fitness facility or exercise center near you. For just a \$50 annual fee, you can have a membership in a participating Silver&Fit facility. And if the gym's not for you, you can enroll in the Silver&Fit Home Fitness Program. For a \$10 annual fee you can choose one home fitness kit a year from the variety of kits available, such as the Fitbit[®] fitness tracker kit.



Program Includes:

- More than 16,000 participating fitness centers and select YMCAs
- Online videos for Pilates, yoga and a variety of other fitness topics
- Weekly live one-on-one sessions with a trained health coach
- Home Fitness kits include Wearable Fitness Tracker, Pilates, Strength, Swim and Yoga Kit options

Notes: The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Annual membership fees renew June 1. The program is not part of a member's policy or benefits, and is not available on our Plan G-HD. All programs and services are not available in all areas. Please make sure to talk to a doctor before starting or changing an exercise routine. Silver&Fit, Fit at Home and the Silver&Fit logo are trademarks of ASH. Other names or logos may be trademarks of their respective owners. Home kits are subject to change. Not all YMCAs participate in the network. ASH does not offer Blue Cross or Blue Shield products or services. Not connected with or endorsed by the U.S. government or the federal Medicare program. Fitbit is a registered trademark of its respective owner. Fitbit is an independent company and does not offer Blue Cross or Blue Shield products or services. Kits are subject to change at any time.

TruHearing[®]

Hearing Aid Program

TruHearing covers one hearing aid per ear per year for a low copay of \$699 per TruHearing Advanced hearing aid, or \$999 per TruHearing Premium hearing aid. Also, as part of the program, a TruHearing provider will consult with you to determine the best type and style of hearing aid to address your lifestyle and unique hearing needs. If you are experiencing hearing loss, we hope you'll take advantage of this program. Notes: TruHearing is a registered trademark of TruHearing, Inc. TruHearing is an independent company and does not offer Blue Cross or Blue Shield products or services. This program may change or be discontinued at any time.



Limitations and Exclusions

Blue Medicare Supplement

Like most health plans, Blue Medicare Supplement plans have some limitations and exclusions. For example, Blue Cross NC 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; and payable under Medicare.

This brochure contains a summary of benefits only describing our policy's most important features. You must read the policy itself to understand all the rights and duties of both you and your insurance company. 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. Neither Blue Cross NC nor its agents are affiliated with Medicare or endorsed by the U.S. government.

Once members enroll in a plan, they will receive a policy and outline of coverage that will contain detailed information about plan benefits, exclusions and limitations. Members will be notified 30 days in advance of any change in rates. The new rate will be guaranteed for 12 months. Once members enroll in a plan, they will receive a policy and outline of coverage that will contain detailed information about plan benefits, exclusions and limitations.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact 1-800-478-0583 (TTY: 711) for assistance.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Llame al 1-800-478-0583 (TTY: 711) para obtener ayuda.

Neither Blue Cross and Blue Shield of North Carolina or its agents are endorsed by or affiliated with the United States government or the federal Medicare program.

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Contact Blue Cross NC

 Phone:
 1-800-478-0583 (TTY: 711)

 Hours:
 7 days a week, 8 a.m. – 8 p.m.

 Online:
 Medicare.BlueCrossNC.com

Centers: BlueCrossNC.com/Centers

Or contact your Blue Cross NC Authorized Agent.



BlueCross BlueShield MEDICARE

Visit Medicare.BlueCrossNC.com