



2017

Blue Cross[®] Medicare Supplement



Outline of Medicare supplement coverage — Plans A, C, F, HD-F and N

Medicare supplement coverage offered by Blue Cross Blue Shield of Michigan.
bcbsm.com/medicare



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.

What is supplement coverage?

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 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.

Supplement works with Original Medicare coverage and, depending on the plan you select, covers 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, F, HD-F or N only. Other Michigan insurance carriers may offer other or additional plans, but Supplement plans can be sold in only 10 standard plans plus one high-deductible plan. (Plans A, B, C, D, F, G, K, L, M and N; plans E, H, I, and J are no longer available for sale.) Every Supplement insurer must make Plan A available. Plan A covers basic benefits:

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

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, health status and whether you use tobacco. The charts in this booklet show the monthly cost for Plans A, C, F, HD-F and N based on these factors. The deductible, coinsurance and copay amounts listed in this brochure are based on the 2016 CMS-approved values and are subject to change in 2017.

Please note: If you are 65 years of age or older and are submitting your application within six months after you first enrolled for benefits under Medicare Part B or if you are within a guaranteed issue period, your premium will not be affected by your tobacco use, health status (including body mass index value), claims experience, receipt of health care or medical condition. (In the outline of coverage, we refer to either status as your "Special Enrollment" period.)

IMPORTANT INFORMATION REGARDING PLAN A AND PLAN C

For plans with coverage starting on or after Jan. 1, 2017, you can only get Plan C if you'll no longer be insured because you've become eligible for Medicare or you've lost your coverage under a group policy after becoming eligible for Medicare. If you're under age 65, you can only get Plan A if you'll no longer be insured because you've become eligible for Medicare or you've lost your coverage under a group policy after becoming eligible for Medicare. You'll need to meet these requirements and apply for these plans.

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.



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 are applying within six months of first enrolling in Part B and are age 65 years or older, regardless of when you first became eligible for Medicare (in other words, you elect part B upon retirement at age 70 years).
- You were enrolled in an employer group health plan (including retiree or COBRA coverage) plan and your employer group terminated that coverage within the past 63 days.
- You were enrolled in a Medicare Advantage plan, Program of All Inclusive Care for the Elderly (PACE), 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 and/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 organizations behalf, materially misrepresenting 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:
 - 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 (PACE), and the subsequent enrollment is terminated by you within the first 12 months.

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 in this brochure for details on payment methods. Premium payments are due the 25th of each month.

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

1 Select a plan option: Plan A, C, F, HD-F or N.

2 Using the following tables:

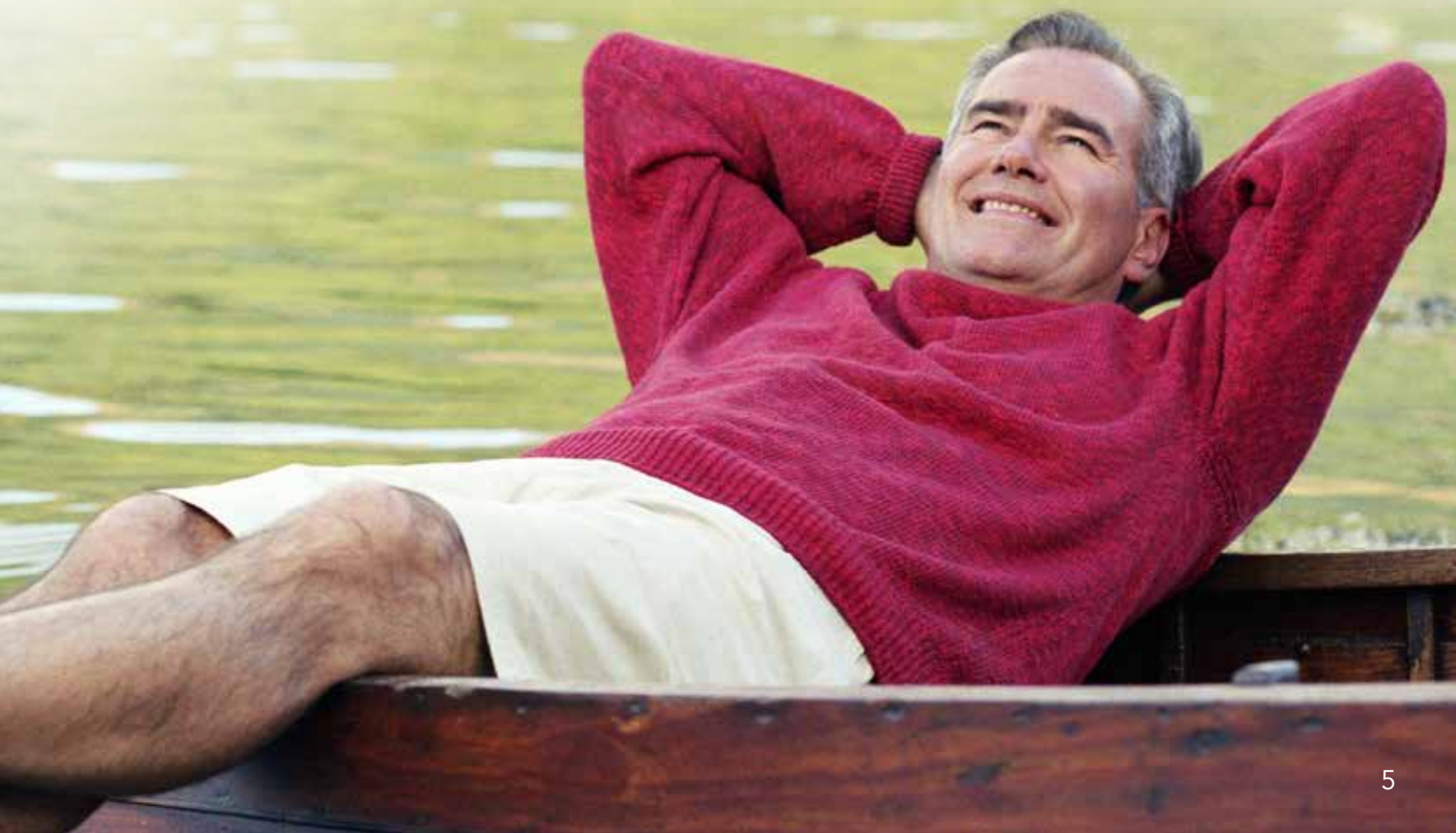
If you are within one of the Special Enrollment Periods, use the tables on Pages 6 and 7 to find your monthly premium.

If you are not within a Special Enrollment Period, use the tables on Pages 8 through 11.

If you qualify for Conversion Plans A or C, use the table on Page 12.

Instructions

- Find the plan option that's right for you.
 - If you live in a ZIP code that begins with 480 through 485, you are in Area 1.
 - If you live in any other ZIP code in Michigan, you are 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 are applying outside of a Special Enrollment Period.



Monthly premiums for individuals applying *within* a Special Enrollment Period

Blue Cross Medicare Supplement Plan A , Guaranteed Issue Tier rates				
AGE	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
Under age 65*	N/A	N/A	N/A	N/A
65	\$104.30	\$99.34	\$97.03	\$92.41
66	\$110.52	\$104.75	\$102.81	\$97.45
67	\$116.78	\$110.17	\$108.64	\$102.49
68	\$122.14	\$114.69	\$113.62	\$106.69
69	\$127.55	\$119.20	\$118.65	\$110.89
70	\$132.64	\$122.82	\$123.39	\$114.25
71	\$137.81	\$126.43	\$128.19	\$117.61
72	\$143.04	\$130.04	\$133.06	\$120.97
73	\$148.35	\$133.65	\$138.00	\$124.33
74	\$153.74	\$137.26	\$143.01	\$127.69
75	\$157.15	\$139.07	\$146.19	\$129.37
76	\$160.60	\$140.88	\$149.40	\$131.05
77	\$164.09	\$142.68	\$152.64	\$132.73
78	\$167.61	\$144.49	\$155.91	\$134.41
79	\$171.17	\$146.30	\$159.22	\$136.09
80 and Over	\$174.76	\$148.10	\$162.57	\$137.77

Blue Cross Medicare Supplement Plan F , Guaranteed Issue Tier rates				
AGE	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
Under age 65*	\$394.54	\$394.54	\$394.54	\$394.54
65	\$161.01	\$153.34	\$149.78	\$142.65
66	\$170.60	\$161.71	\$158.70	\$150.43
67	\$180.28	\$170.07	\$167.70	\$158.21
68	\$188.55	\$177.04	\$175.40	\$164.69
69	\$196.89	\$184.01	\$183.16	\$171.18
70	\$204.76	\$189.59	\$190.47	\$176.36
71	\$212.73	\$195.17	\$197.89	\$181.55
72	\$220.82	\$200.74	\$205.41	\$186.74
73	\$229.01	\$206.32	\$213.04	\$191.92
74	\$237.32	\$211.89	\$220.76	\$197.11
75	\$242.59	\$214.68	\$225.67	\$199.71
76	\$247.92	\$217.47	\$230.62	\$202.30
77	\$253.30	\$220.26	\$235.63	\$204.89
78	\$258.73	\$223.05	\$240.68	\$207.49
79	\$264.23	\$225.84	\$245.79	\$210.08
80 and Over	\$269.78	\$228.62	\$250.95	\$212.67

* Members who enroll prior to age 65 will remain in the <65 community rated pool for the duration of the policy.

Monthly premiums for individuals applying *within* a Special Enrollment Period *continued*

Blue Cross Medicare Supplement Plan HD-F , Guaranteed Issue Tier rates				
AGE	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
Under age 65*	\$160.77	\$160.77	\$160.77	\$160.77
65	\$72.33	\$68.88	\$67.28	\$64.08
66	\$76.63	\$72.64	\$71.29	\$67.57
67	\$80.98	\$76.40	\$75.33	\$71.07
68	\$84.70	\$79.53	\$78.79	\$73.98
69	\$88.44	\$82.66	\$82.27	\$76.89
70	\$91.98	\$85.16	\$85.56	\$79.22
71	\$95.56	\$87.67	\$88.89	\$81.55
72	\$99.19	\$90.17	\$92.27	\$83.88
73	\$102.87	\$92.68	\$95.70	\$86.21
74	\$106.60	\$95.18	\$99.17	\$88.54
75	\$108.97	\$96.44	\$101.37	\$89.71
76	\$111.36	\$97.69	\$103.59	\$90.87
77	\$113.78	\$98.94	\$105.84	\$92.04
78	\$116.22	\$100.19	\$108.11	\$93.20
79	\$118.69	\$101.44	\$110.41	\$94.37
80 and Over	\$121.18	\$102.70	\$112.73	\$95.53

Blue Cross Medicare Supplement Plan N , Guaranteed Issue Tier rates				
AGE	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
Under age 65*	\$320.68	\$320.68	\$320.68	\$320.68
65	\$133.00	\$126.66	\$123.72	\$117.83
66	\$140.92	\$133.57	\$131.09	\$124.25
67	\$148.91	\$140.48	\$138.52	\$130.68
68	\$155.74	\$146.24	\$144.88	\$136.04
69	\$162.64	\$152.00	\$151.29	\$141.39
70	\$169.13	\$156.60	\$157.33	\$145.68
71	\$175.72	\$161.21	\$163.46	\$149.96
72	\$182.40	\$165.81	\$169.67	\$154.25
73	\$189.17	\$170.42	\$175.97	\$158.53
74	\$196.03	\$175.03	\$182.35	\$162.81
75	\$200.38	\$177.33	\$186.40	\$164.96
76	\$204.78	\$179.63	\$190.49	\$167.10
77	\$209.22	\$181.93	\$194.63	\$169.24
78	\$213.72	\$184.24	\$198.81	\$171.38
79	\$218.25	\$186.54	\$203.03	\$173.53
80 and Over	\$222.84	\$188.84	\$207.29	\$175.67

* Members who enroll prior to age 65 will remain in the <65 community rated pool for the duration of the policy.

Monthly premiums for individuals not applying within a Special Enrollment Period

Blue Cross Medicare Supplement Plan A, Non-Guaranteed Issue Tier rates								
AGE	Area 1 (Southeast Michigan)				Area 2 (Rest of Michigan)			
	Tobacco user		Non-tobacco user		Tobacco user		Non-tobacco user	
	Male	Female	Male	Female	Male	Female	Male	Female
Under age 65*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65	\$114.73	\$109.27	\$104.30	\$99.34	\$106.73	\$101.65	\$97.03	\$92.41
66	\$121.57	\$115.23	\$110.52	\$104.75	\$113.09	\$107.19	\$102.81	\$97.45
67	\$128.46	\$121.19	\$116.78	\$110.17	\$119.50	\$112.74	\$108.64	\$102.49
68	\$134.36	\$126.16	\$122.14	\$114.69	\$124.98	\$117.36	\$113.62	\$106.69
69	\$140.30	\$131.12	\$127.55	\$119.20	\$130.51	\$121.98	\$118.65	\$110.89
70	\$145.91	\$135.10	\$132.64	\$122.82	\$135.73	\$125.67	\$123.39	\$114.25
71	\$151.59	\$139.07	\$137.81	\$126.43	\$141.01	\$129.37	\$128.19	\$117.61
72	\$157.35	\$143.04	\$143.04	\$130.04	\$146.37	\$133.06	\$133.06	\$120.97
73	\$163.19	\$147.02	\$148.35	\$133.65	\$151.80	\$136.76	\$138.00	\$124.33
74	\$169.11	\$150.99	\$153.74	\$137.26	\$157.31	\$140.46	\$143.01	\$127.69
75	\$172.86	\$152.98	\$157.15	\$139.07	\$160.80	\$142.30	\$146.19	\$129.37
76	\$176.66	\$154.96	\$160.60	\$140.88	\$164.33	\$144.15	\$149.40	\$131.05
77	\$180.49	\$156.95	\$164.09	\$142.68	\$167.90	\$146.00	\$152.64	\$132.73
78	\$184.37	\$158.94	\$167.61	\$144.49	\$171.51	\$147.85	\$155.91	\$134.41
79	\$188.28	\$160.92	\$171.17	\$146.30	\$175.15	\$149.70	\$159.22	\$136.09
80 and Over	\$192.24	\$162.91	\$174.76	\$148.10	\$178.82	\$151.55	\$162.57	\$137.77

* Members who enroll prior to age 65 will remain in the <65 community rated pool for the duration of the policy. 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.

Monthly premiums for individuals not applying within a Special Enrollment Period *continued*

Blue Cross Medicare Supplement Plan F, Non-Guaranteed Issue Tier rates								
AGE	Area 1 (Southeast Michigan)				Area 2 (Rest of Michigan)			
	Tobacco user		Non-tobacco user		Tobacco user		Non-tobacco user	
	Male	Female	Male	Female	Male	Female	Male	Female
Under age 65*	\$394.54	\$394.54	\$394.54	\$394.54	\$394.54	\$394.54	\$394.54	\$394.54
65	\$177.11	\$168.68	\$161.01	\$153.34	\$164.76	\$156.91	\$149.78	\$142.65
66	\$187.66	\$177.88	\$170.60	\$161.71	\$174.57	\$165.47	\$158.70	\$150.43
67	\$198.31	\$187.08	\$180.28	\$170.07	\$184.47	\$174.03	\$167.70	\$158.21
68	\$207.41	\$194.75	\$188.55	\$177.04	\$192.94	\$181.16	\$175.40	\$164.69
69	\$216.58	\$202.42	\$196.89	\$184.01	\$201.47	\$188.29	\$183.16	\$171.18
70	\$225.23	\$208.55	\$204.76	\$189.59	\$209.52	\$194.00	\$190.47	\$176.36
71	\$234.00	\$214.68	\$212.73	\$195.17	\$217.68	\$199.71	\$197.89	\$181.55
72	\$242.90	\$220.82	\$220.82	\$200.74	\$225.95	\$205.41	\$205.41	\$186.74
73	\$251.92	\$226.95	\$229.01	\$206.32	\$234.34	\$211.12	\$213.04	\$191.92
74	\$261.05	\$233.08	\$237.32	\$211.89	\$242.84	\$216.82	\$220.76	\$197.11
75	\$266.85	\$236.15	\$242.59	\$214.68	\$248.23	\$219.68	\$225.67	\$199.71
76	\$272.71	\$239.22	\$247.92	\$217.47	\$253.68	\$222.53	\$230.62	\$202.30
77	\$278.63	\$242.29	\$253.30	\$220.26	\$259.19	\$225.38	\$235.63	\$204.89
78	\$284.61	\$245.35	\$258.73	\$223.05	\$264.75	\$228.23	\$240.68	\$207.49
79	\$290.65	\$248.42	\$264.23	\$225.84	\$270.37	\$231.09	\$245.79	\$210.08
80 and Over	\$296.75	\$251.49	\$269.78	\$228.62	\$276.05	\$233.94	\$250.95	\$212.67

* Members who enroll prior to age 65 will remain in the <65 community rated pool for the duration of the policy. 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.

Monthly premiums for individuals not applying within a Special Enrollment Period *continued*

Blue Cross Medicare Supplement Plan HD-F , Non-Guaranteed Issue Tier rates								
AGE	Area 1 (Southeast Michigan)				Area 2 (Rest of Michigan)			
	Tobacco user		Non-tobacco user		Tobacco user		Non-tobacco user	
	Male	Female	Male	Female	Male	Female	Male	Female
Under age 65*	\$160.77	\$160.77	\$160.77	\$160.77	\$160.77	\$160.77	\$160.77	\$160.77
65	\$79.56	\$75.77	\$72.33	\$68.88	\$74.01	\$70.48	\$67.28	\$64.08
66	\$84.30	\$79.90	\$76.63	\$72.64	\$78.42	\$74.33	\$71.29	\$67.57
67	\$89.08	\$84.04	\$80.98	\$76.40	\$82.86	\$78.17	\$75.33	\$71.07
68	\$93.17	\$87.48	\$84.70	\$79.53	\$86.67	\$81.38	\$78.79	\$73.98
69	\$97.29	\$90.92	\$88.44	\$82.66	\$90.50	\$84.58	\$82.27	\$76.89
70	\$101.17	\$93.68	\$91.98	\$85.16	\$94.12	\$87.14	\$85.56	\$79.22
71	\$105.11	\$96.44	\$95.56	\$87.67	\$97.78	\$89.71	\$88.89	\$81.55
72	\$109.11	\$99.19	\$99.19	\$90.17	\$101.50	\$92.27	\$92.27	\$83.88
73	\$113.16	\$101.95	\$102.87	\$92.68	\$105.27	\$94.83	\$95.70	\$86.21
74	\$117.27	\$104.70	\$106.60	\$95.18	\$109.08	\$97.40	\$99.17	\$88.54
75	\$119.87	\$106.08	\$108.97	\$96.44	\$111.51	\$98.68	\$101.37	\$89.71
76	\$122.50	\$107.46	\$111.36	\$97.69	\$113.95	\$99.96	\$103.59	\$90.87
77	\$125.16	\$108.83	\$113.78	\$98.94	\$116.43	\$101.24	\$105.84	\$92.04
78	\$127.85	\$110.21	\$116.22	\$100.19	\$118.93	\$102.52	\$108.11	\$93.20
79	\$130.56	\$111.59	\$118.69	\$101.44	\$121.45	\$103.80	\$110.41	\$94.37
80 and Over	\$133.30	\$112.97	\$121.18	\$102.70	\$124.00	\$105.09	\$112.73	\$95.53

* Members who enroll prior to age 65 will remain in the <65 community rated pool for the duration of the policy. 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.

Monthly premiums for individuals not applying within a Special Enrollment Period *continued*

Blue Cross Medicare Supplement Plan N, Non-Guaranteed Issue Tier rates								
AGE	Area 1 (Southeast Michigan)				Area 2 (Rest of Michigan)			
	Tobacco user		Non-tobacco user		Tobacco user		Non-tobacco user	
	Male	Female	Male	Female	Male	Female	Male	Female
Under age 65*	\$320.68	\$320.68	\$320.68	\$320.68	\$320.68	\$320.68	\$320.68	\$320.68
65	\$146.30	\$139.33	\$133.00	\$126.66	\$136.09	\$129.61	\$123.72	\$117.83
66	\$155.01	\$146.93	\$140.92	\$133.57	\$144.20	\$136.68	\$131.09	\$124.25
67	\$163.80	\$154.53	\$148.91	\$140.48	\$152.37	\$143.75	\$138.52	\$130.68
68	\$171.32	\$160.86	\$155.74	\$146.24	\$159.37	\$149.64	\$144.88	\$136.04
69	\$178.90	\$167.20	\$162.64	\$152.00	\$166.42	\$155.53	\$151.29	\$141.39
70	\$186.04	\$172.26	\$169.13	\$156.60	\$173.06	\$160.24	\$157.33	\$145.68
71	\$193.29	\$177.33	\$175.72	\$161.21	\$179.80	\$164.96	\$163.46	\$149.96
72	\$200.63	\$182.40	\$182.40	\$165.81	\$186.64	\$169.67	\$169.67	\$154.25
73	\$208.08	\$187.46	\$189.17	\$170.42	\$193.57	\$174.38	\$175.97	\$158.53
74	\$215.63	\$192.53	\$196.03	\$175.03	\$200.59	\$179.10	\$182.35	\$162.81
75	\$220.42	\$195.06	\$200.38	\$177.33	\$205.04	\$181.45	\$186.40	\$164.96
76	\$225.26	\$197.59	\$204.78	\$179.63	\$209.54	\$183.81	\$190.49	\$167.10
77	\$230.15	\$200.13	\$209.22	\$181.93	\$214.09	\$186.17	\$194.63	\$169.24
78	\$235.09	\$202.66	\$213.72	\$184.24	\$218.69	\$188.52	\$198.81	\$171.38
79	\$240.08	\$205.19	\$218.25	\$186.54	\$223.33	\$190.88	\$203.03	\$173.53
80 and Over	\$245.12	\$207.73	\$222.84	\$188.84	\$228.02	\$193.24	\$207.29	\$175.67

* Members who enroll prior to age 65 will remain in the <65 community rated pool for the duration of the policy. 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.

Monthly premiums for individuals who qualify for conversion applying for Plan C or Plan A

Blue Cross Medicare Supplement Plan A, Conversion rates				
AGE	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
Under age 65	\$197.91	\$197.91	\$197.91	\$197.91
65	\$104.30	\$99.34	\$97.03	\$92.41
66	\$110.52	\$104.75	\$102.81	\$97.45
67	\$116.78	\$110.17	\$108.64	\$102.49
68	\$122.14	\$114.69	\$113.62	\$106.69
69	\$127.55	\$119.20	\$118.65	\$110.89
70	\$132.64	\$122.82	\$123.39	\$114.25
71	\$137.81	\$126.43	\$128.19	\$117.61
72	\$143.04	\$130.04	\$133.06	\$120.97
73	\$148.35	\$133.65	\$138.00	\$124.33
74	\$153.74	\$137.26	\$143.01	\$127.69
75	\$157.15	\$139.07	\$146.19	\$129.37
76	\$160.60	\$140.88	\$149.40	\$131.05
77	\$164.09	\$142.68	\$152.64	\$132.73
78	\$167.61	\$144.49	\$155.91	\$134.41
79	\$171.17	\$146.30	\$159.22	\$136.09
80 and Over	\$174.76	\$148.10	\$162.57	\$137.77

Blue Cross Medicare Supplement Plan C, Conversion rates				
AGE	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
Under age 65*	\$314.87	\$314.87	\$314.87	\$314.87
65	\$178.85	\$170.33	\$166.37	\$158.45
66	\$189.50	\$179.62	\$176.28	\$167.09
67	\$200.25	\$188.92	\$186.28	\$175.74
68	\$209.44	\$196.66	\$194.83	\$182.94
69	\$218.71	\$204.40	\$203.45	\$190.14
70	\$227.44	\$210.59	\$211.57	\$195.90
71	\$236.30	\$216.79	\$219.81	\$201.66
72	\$245.28	\$222.98	\$228.17	\$207.43
73	\$254.39	\$229.18	\$236.64	\$213.19
74	\$263.61	\$235.37	\$245.22	\$218.95
75	\$269.47	\$238.47	\$250.67	\$221.83
76	\$275.38	\$241.56	\$256.17	\$224.71
77	\$281.36	\$244.66	\$261.73	\$227.59
78	\$287.40	\$247.76	\$267.35	\$230.47
79	\$293.50	\$250.85	\$273.02	\$233.35
80 and Over	\$299.66	\$253.95	\$278.76	\$236.23

If you are under 65 years of age and have Medicare due to disability or ESRD, Plan A is available only if you would no longer be insured because you have become eligible for Medicare or if you lose coverage under a group policy after becoming eligible for Medicare.

For plans with coverage starting on or after Jan. 1, 2017, you can only get Plan C if you'll no longer be insured because you've become eligible for Medicare or you've lost your coverage under a group policy after becoming eligible for Medicare. If you're under age 65, you can only get Plan A if you'll no longer be insured because you've become eligible for Medicare or you've lost your coverage under a group policy after becoming eligible for Medicare. You'll need to meet these requirements and apply for these plans.



Supplement plans

How to read the chart:

If a check mark appears in a column of this chart, the supplement policy covers 100 percent 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 have paid the deductible unless the supplement policy also covers the deductible.

Supplement benefits	Supplement 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 copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓***
Blood (first 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	✓	✓	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%

* There is also a high-deductible plan, HD-F. If you choose this option, this means you must pay for Medicare-covered costs up to the deductible amount of \$2,180 in 2016 before your supplement plan pays anything.

Out-of-pocket limit**	
\$4,960	\$2,480

** After you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$166 in 2016), 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 copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.

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 2016 CMS-approved values and could change for 2017.

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.

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 are submitting your application during a Special Enrollment Period, your rate will not be affected by your smoking status, health status, claims experience, receipt of health care or medical condition.

We will also change your premium 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.

Disenrollment may occur if premium payments are not received. In such cases, there will be a six-month waiting period before you are eligible to re apply.

Coverage replacement

Because Blue Cross Medicare Supplement expands Original Medicare benefits, you need only one supplement plan. If you have other coverage, such as coverage through an employer-sponsored health plan or another supplement plan, you should not cancel that coverage until you have actually received your new ID card and are sure you want to keep Blue Cross Medicare Supplement coverage.

If you are currently enrolled in a Medicare Advantage plan and wish to enroll in supplement, you must disenroll in writing from Medicare Advantage before enrolling in supplement. You can disenroll from Medicare Advantage only at certain times of the year. Call your Medicare Advantage customer service department for information on how to disenroll from that plan and prevent a lapse in coverage.

Choose a plan option that meets your needs.

The chart on Pages 16 and 17 outlines the four coverage options offered by Blue Cross Blue Shield of Michigan (BCBSM) Plans A, C, F, HD-F and N. The outline of coverage does not 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/Publications). 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 on the Web* at www.medicare.gov/medigap.

Note: The Blue Cross Medicare Supplement plan may not fully cover all of your medical costs. When you receive covered services from a provider who does not accept Medicare assignment, you are 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 will also give you a Certificate of Coverage. It is your legal contract with BCBSM. You must read the certificate to understand all of the rights and duties of both you and BCBSM. For more information about Blue Cross Medicare Supplement coverage, call **1-888-563-3307** or contact an insurance agent authorized to sell BCBSM policies. TTY users should call **711**.

**Please note: BCBSM does not control the third-party Web sites referred to in this publication and is not responsible for their content.*

Outline of coverage

The Medicare deductibles, coinsurance and copay amounts listed are based upon the 2016 CMS-approved numbers and could change for 2017.

Covered service	Plan option	Plan A	
	Medicare pays	Plan pays	You pay
Medicare Part A hospital coverage – includes semi-private room and board, general nursing care, miscellaneous services and			
Deductible	Nothing	Nothing	\$1,288
First 60 days of care	100%	Nothing	Nothing
Days 61 – 90	All but the \$322 daily copayment	\$322 daily copay	Nothing
Days 91 – 150 (Lifetime Reserve Days)	All but the \$644 daily copayment	\$644 daily copay	Nothing
Day 151 and beyond (additional 365 days after Lifetime Reserve Days used)	Nothing	100% of Medicare-eligible expenses	Nothing
Blood benefit	All but the first three pints	Your first three pints	Nothing
Skilled nursing facility care – You must meet Medicare’s requirements, including having been in a hospital for at least 3 days			
First 20 days of care	100%	Nothing (Medicare covers in full)	
Days 21 – 100	All but \$161 daily skilled nursing facility copayment	Nothing	\$161 daily copay
Hospice care			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copay/coinsurance	Nothing
Emergency care outside the U.S.			
	No benefits for care outside U.S.	No benefits for care outside U.S.	All costs for services
Medicare Part B physician and outpatient services – In- or out-of-the-hospital and outpatient hospital physician’s services, tests) and durable medical equipment, per calendar year			
Deductible (annual)	Nothing	Nothing	\$166
Coinsurance	80% of the approved amount after \$166 deductible is met	20% coinsurance after the \$166 deductible is met	Nothing
Blood benefit	All but the first three pints	Your first three pints	Nothing
Clinical laboratory services – tests for diagnostic services	All charges	Nothing (Medicare covers in full)	
Home health care services – Medicare-approved services			
Medically necessary skilled care services and medical supplies	All charges	Nothing (Medicare covers in full)	
Durable medical equipment	80% of the approved amount after the \$166 deductible is met	20% coinsurance after the \$166 deductible is met	Nothing
Excess charges	Nothing	Nothing	All costs

* Per benefit period. A benefit period begins on the first day you are hospitalized and ends after you have been out of the hospital and have not received skilled nursing care in any other facility for 60 consecutive days.

Plan C***		Plans F and HD-F*		Plan N	
Plan pays	You pay	Plan pays	You pay	Plan pays	You pay
supplies*					
\$1,288	Nothing	\$1,288	Nothing	\$1,288	Nothing
Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
\$322 daily copay	Nothing	\$322 daily copay	Nothing	\$322 daily copay	Nothing
\$644 daily copay	Nothing	\$644 daily copay	Nothing	\$644 daily copay	Nothing
100% of Medicare-eligible expenses	Nothing	100% of Medicare-eligible expenses	Nothing	100% of Medicare-eligible expenses	Nothing
Your first three pints	Nothing	Your first three pints	Nothing	Your first three pints	Nothing
and entered a Medicare-approved facility within 30 days after leaving the hospital					
Nothing (Medicare covers in full)		Nothing (Medicare covers in full)		Nothing (Medicare covers in full)	
\$161 daily copay	Nothing	\$161 daily copay	Nothing	\$161 daily copay	Nothing
Medicare copay/coinsurance	Nothing	Medicare copay/coinsurance	Nothing	Medicare copay/coinsurance	Nothing
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
inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic treatment (such as					
\$166	Nothing	\$166	Nothing	Nothing	\$166
20% coinsurance after the \$166 deductible is met	Nothing	20% coinsurance after the \$166 deductible is met	Nothing	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit, after the \$166 deductible is met	Up to \$20 per office visit and up to \$50 per emergency room visit
Your first three pints	Nothing	Your first three pints	Nothing	Your first three pints	Nothing
Nothing (Medicare covers in full)		Nothing (Medicare covers in full)		Nothing (Medicare covers in full)	
Nothing (Medicare covers in full)		Nothing (Medicare covers in full)		Nothing (Medicare covers in full)	
20% coinsurance after the \$166 deductible is met	Nothing	20% coinsurance after the \$166 deductible is met	Nothing	20% coinsurance after the \$166 deductible is met	Nothing
Nothing	All costs	All remaining charges**	Nothing	Nothing	All costs

* The high-deductible plan pays the same benefits as Plan F after the annual \$2,180 deductible is paid. Benefits from High-Deductible Plan F will not begin until out-of-pocket expenses exceed \$2,180. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the contract. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

**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. Note: Based on 2016 premiums, deductibles, coinsurance and copays, which are subject to change in 2017.

*** Plan C is an available plan option only if you would no longer be insured because you have become eligible for Medicare or if you lose coverage under a group policy after becoming eligible for Medicare. We call this conversion coverage. If you are under the age of 65 and you have Medicare based on disability or ESRD, Plan A is an available plan option only if you are eligible for conversion coverage.

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 most plans under Blue Cross Medicare Supplement.

Please note: If you are 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 4 for further details on Special Enrollment Periods.

Enrolling in Blue Cross Medicare Supplement is easy

You can apply for coverage on the Web at bcbsm.com/medicare, by contacting an agent, or by calling 1-888-563-3307 from 8 a.m. to 8 p.m., seven days a week (TTY users, call 711).

You can also complete the application in this brochure 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. BCBSM may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Providing fraudulent information about your permanent residence, date of birth, health status and tobacco use may also result in possible legal action by BCBSM for fraud.

Please note: Whether you are applying for coverage on the Web or through an authorized insurance agent, it is important to know that neither Blue Cross Blue Shield of Michigan nor its authorized agents are connected with Medicare.

The image shows a sample of the 2017 Blue Cross Medicare Supplement Application form, specifically Section 1: Information about you. The form includes fields for personal information such as name, address, phone number, and Social Security number. It also includes a section for Medicare information, including the Medicare claim number and effective date. The form is titled "2017 Blue Cross Medicare Supplement Plans A, C, F, High Deductible-F and N Application" and includes the Blue Cross Blue Shield of Michigan logo. A "Continued" button is visible at the bottom right of the form.

Complete answers are very important

When you fill out the application for Blue Cross Medicare Supplement coverage, be sure to answer truthfully and completely all questions about your medical and health history. BCBSM 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.

Please call 1-888-563-3307 from 8 a.m. to 8 p.m., seven days a week. (TTY users should call 711) or contact your agent for information on how to enroll in the Blue Cross Medicare Supplement plan. 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, do not cancel that coverage until you receive your Blue Cross Medicare Supplement certificate and are sure you want to keep it. We will mail a booklet to you that includes your certificate when we enroll you in the plan. If you have questions, please call 1-888-563-3307 or contact your agent. TTY users should call 711.

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 are currently enrolled in a Medicare Advantage plan and wish to enroll in supplement, you must separately disenroll in writing from Medicare Advantage. Submitting this application does not 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?

There are no supplement plans sold today that offer Part D prescription drug benefits. You may purchase Medicare Part D drug coverage with Blue Cross Blue Shield of Michigan's Prescription BlueSM PDP plan. Call 1-888-563-3307 from 8 a.m. to 8 p.m., seven days a week (TTY users, call 711).

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

If you find that you are not satisfied with Blue Cross Medicare Supplement coverage, notify us by phone or write to us at the address below. We will 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 BCBSM during that time. You will 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 Blue Cross Medicare Supplement coverage after the first 30 days, BCBSM requires a 30-day advance notice to terminate coverage. The signature of the policy holder is required for cancellation/termination of coverage.

Send your request 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



Notes ...

Blue Cross Medicare Supplement

To enroll:

- See your Blue Cross Blue Shield of Michigan agent
- Enroll online at **www.bcbsm.com/medicare**
- Call 888-563-3307 (TTY: 711)
8 a.m. to 8 p.m., seven days a week



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

www.bcbsm.com/medicare