



BlueCross BlueShield  
of Kansas City

## Medicare Supplement Insurance Rates for **KANSAS** Residents

Medicare supplement insurance is sold in ten standard plans plus one high-deductible plan. The information in this brochure shows the benefits included in each plan. Every company must make available Plan A.



MSUPPKS1211

**800-867-9014**

What's your plan?®

2012 1/12



# Benefits

**Blue Cross and Blue Shield of Kansas City (Blue KC) offers the plans highlighted in blue.**

## Basic Benefits

**Hospitalization** – Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

**Medical Expenses** – Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.

**Blood** – First three pints of blood each year.

**Hospice** – Part A coinsurance.

Benefits	A	B	C	D	F	F*	G	K	L	M	N
Basic Benefits, Including 100% Part B Coinsurance	•	•	•	•	•	•	•			•	†
Hospitalization and Preventive Care / Other Basic Benefits								100 / 50%	100 / 75%		
Skilled Nursing Facility Coinsurance			•	•	•	•	•	50%	75%	•	•
Part A Deductible		•	•	•	•	•	•	50%	75%	50%	•
Part B Deductible			•		•	•					
Part B Excess (100%)					•	•					
Foreign Travel Emergency			•	•	•	•	•			•	•
Out-of-pocket Limit; Paid at 100% after Limit is Reached								\$4620	\$2310		

\*Plan F also has an option called a high-deductible Plan F. This high-deductible plan pays the same benefits as Plan F after one has paid a calendar year **\$1,860** deductible. Benefits from the high-deductible Plan F will not begin until out-of-pocket expenses are \$1,860. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

†Basic benefits, including Part B coinsurance, EXCEPT up to \$20 copayment for office visit and up to \$50 copayment for emergency room visit.

Blue KC offers the following plans.

## IN SIMPLE TERMS, WHAT DO THE PLANS COVER?

<b>Plan A</b> For basic coverage at the lowest premium, choose Plan A. You'll be responsible for paying your Part A deductible and Part B deductible. The plan will pay the coinsurance thereafter, including hospitalization for <b>365</b> days after Medicare coverage ceases. It also pays for <b>20%</b> of Part B coinsurance.	<b>Plan B</b> Plan B offers the basic coverage of Plan A, but also pays your Part A deductible.	<b>Plan C</b> Plan C gives you the best blend of coverage and affordability. It offers the basic coverage of Plan A, but also pays your Part A deductible and your Part B deductible. It also pays for your coinsurance for skilled nursing coverage and emergency care if you travel abroad.	<b>Plan F</b> You'll be entitled to all the coverage of Plan C, plus: <b>100%</b> of Medicare Part B excess charges.	<b>Plan N</b> You'll be entitled to all the coverage of Plan D, except you will be subject to up to a \$20 copayment for office visits and up to a \$50 copayment for emergency services, plus benefits for at-home recovery and preventive care.
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## MEDICARE SUPPLEMENT BENEFITS FOR KANSAS RESIDENTS

### DISCLOSURES

This outline shows benefits and premiums of policies sold for effective dates on or after January 1, 2012. Policies sold for effective dates prior to January 1, 2012 have different benefits and premiums. Plans E, H, I, and J are no longer available for sale.

### READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

### RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to Blue KC, P.O. Box **419071**, Kansas City, Missouri **64141-6071**. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

### POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

### RENEWAL CONDITIONS

You may renew this policy as long as you live by paying the premium on time. We cannot cancel or refuse to renew your policy, or place any restrictions on it, other than for non-payment or for fraudulent misstatements made by you in your application for the policy.

### CANCELLATION BY INSURED (FOR INDIVIDUAL POLICIES ONLY)

You may cancel this policy at any time by written notice delivered or mailed to the insurer, effective upon receipt of such notice or on such late date as may be specified in such notice. In the event of cancellation or death of the insured, the insurer will promptly return the unearned portion of any premium paid. The earned premium shall

be computed by the use of the short-rate table as filed with the state official having supervision of the insurance in the state where the insured resided when the policy was issued pro-rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

### RIGHT TO CHANGE PREMIUM

Your benefits are designed to cover cost sharing amounts under Medicare. These benefits will be changed automatically to coincide with any changes in the applicable Medicare deductible and coinsurance amounts. In addition, premiums may be modified to correspond with such changes at any time by providing you with at least 30 days notice. The notice may be provided via contract rider or some other appropriate means and will be mailed to you at the address which appears on our records. If you continue payment of premium after notice has been provided, it is agreed that such change is acceptable to you.

### NOTICE

This policy may not fully cover all of your medical costs.

### BLUE KC IS NOT CONNECTED WITH MEDICARE

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office at **1-800-772-1213** or consult **The Medicare Handbook**, available online at [www.medicare.gov/publications/pubs/pdf/10050.pdf](http://www.medicare.gov/publications/pubs/pdf/10050.pdf), for more details.

### COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and complete all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.



# Plan A Benefits

**PLAN A**

<b>MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD</b>			
<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<p><b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies.</p> <ul style="list-style-type: none"> <li>– First 60 days</li> <li>– 61<sup>st</sup> thru 90<sup>th</sup> day</li> <li>– 91<sup>st</sup> day and after:               <ul style="list-style-type: none"> <li>• While using 60 lifetime reserve days</li> <li>• Once lifetime reserve days are used:                   <ul style="list-style-type: none"> <li>– Additional 365 days</li> </ul> </li> </ul> </li> <li>– Beyond the additional 365 days</li> </ul>	<p>All but \$1,156</p> <p>All but \$289 a day</p> <p>All but \$578 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>\$289 a day</p> <p>\$578 a day</p> <p>100% of Medicare-eligible expenses</p> <p>\$0</p>	<p>\$1,156 (Part A deductible)</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p><b>Skilled Nursing Facility Care*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.</p> <ul style="list-style-type: none"> <li>– First 20 days</li> <li>– 21<sup>st</sup> thru 100<sup>th</sup> day</li> <li>– 101<sup>st</sup> day and after</li> </ul>	<p>All approved amounts</p> <p>All but \$144.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$144.50 a day</p> <p>All costs</p>
<p><b>Blood</b></p> <ul style="list-style-type: none"> <li>– First 3 pints</li> <li>– Additional amounts</li> </ul>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p><b>Hospice Care</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

\*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# Plan A Benefits

## PLAN A

<b>MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR</b>			
SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>Medical Expenses</b> In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
– First \$140 of Medicare-approved amounts <sup>†</sup>	\$0	\$0	\$140 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Part B Excess Charges</b> (Above Medicare-approved amounts)	\$0	\$0	All costs
<b>Blood</b> – First 3 pints – Next \$140 of Medicare-approved amounts <sup>†</sup> – Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$140 (Part B deductible) \$0
<b>Clinical Laboratory Services</b> – Tests for diagnostic services	100%	\$0	\$0

<b>PARTS A&amp;B</b>			
SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>Home Healthcare</b> Medicare-approved services			
– Medically necessary skilled-care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
• First \$140 of Medicare-approved amounts <sup>†</sup>	\$0	\$0	\$140 (Part B deductible)
• Remainder of Medicare-approved amounts	80%	20%	\$0

<sup>†</sup>Once you have been billed \$140 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



# Plan B Benefits

**PLAN B**

<b>MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD</b>			
<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<p><b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies.</p> <ul style="list-style-type: none"> <li>– First 60 days</li> <li>– 61<sup>st</sup> thru 90<sup>th</sup> day</li> <li>– 91<sup>st</sup> day and after:               <ul style="list-style-type: none"> <li>• While using 60 lifetime reserve days</li> <li>• Once lifetime reserve days are used:                   <ul style="list-style-type: none"> <li>– Additional 365 days</li> </ul> </li> </ul> </li> <li>– Beyond the additional 365 days</li> </ul>	<p>All but \$1,156</p> <p>All but \$289 a day</p> <p>All but \$578 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$1,156 (Part A deductible)</p> <p>\$289 a day</p> <p>\$578 a day</p> <p>100% of Medicare-eligible expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p><b>Skilled Nursing Facility Care*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.</p> <ul style="list-style-type: none"> <li>– First 20 days</li> <li>– 21<sup>st</sup> thru 100<sup>th</sup> day</li> <li>– 101<sup>st</sup> day and after</li> </ul>	<p>All approved amounts</p> <p>All but \$144.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$144.50 a day</p> <p>All costs</p>
<p><b>Blood</b></p> <ul style="list-style-type: none"> <li>– First 3 pints</li> <li>– Additional amounts</li> </ul>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p><b>Hospice Care</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

\*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# Plan B Benefits

**PLAN B**

<b>MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR</b>			
<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>Medical Expenses</b> In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
– First \$140 of Medicare-approved amounts <sup>†</sup>	\$0	\$0	\$140 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Part B Excess Charges</b> (Above Medicare-approved amounts)	\$0	\$0	All costs
<b>Blood</b> – First 3 pints – Next \$140 of Medicare-approved amounts <sup>†</sup> – Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$140 (Part B deductible) \$0
<b>Clinical Laboratory Services</b> – Tests for diagnostic services	100%	\$0	\$0

<b>PARTS A&amp;B</b>			
<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>Home Healthcare</b> Medicare-approved services			
– Medically necessary skilled-care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
• First \$140 of Medicare-approved amounts <sup>†</sup>	\$0	\$0	\$140 (Part B deductible)
• Remainder of Medicare-approved amounts	80%	20%	\$0

<sup>†</sup>Once you have been billed \$140 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



# Plan C Benefits

**PLAN C**

<b>MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD</b>			
<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<p><b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies.</p> <ul style="list-style-type: none"> <li>– First 60 days</li> <li>– 61<sup>st</sup> thru 90<sup>th</sup> day</li> <li>– 91<sup>st</sup> day and after:               <ul style="list-style-type: none"> <li>• While using 60 lifetime reserve days</li> <li>• Once lifetime reserve days are used:                   <ul style="list-style-type: none"> <li>– Additional 365 days</li> </ul> </li> </ul> </li> <li>– Beyond the additional 365 days</li> </ul>	<p>All but \$1,156</p> <p>All but \$289 a day</p> <p>All but \$578 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$1,156 (Part A deductible)</p> <p>\$289 a day</p> <p>\$578 a day</p> <p>100% of Medicare-eligible expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p><b>Skilled Nursing Facility Care*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.</p> <ul style="list-style-type: none"> <li>– First 20 days</li> <li>– 21<sup>st</sup> thru 100<sup>th</sup> day</li> <li>– 101<sup>st</sup> day and after</li> </ul>	<p>All approved amounts</p> <p>All but \$144.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$144.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p><b>Blood</b></p> <ul style="list-style-type: none"> <li>– First 3 pints</li> <li>– Additional amounts</li> </ul>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p><b>Hospice Care</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

\*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# Plan C Benefits

<b>MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR</b>			
<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>Medical Expenses</b> In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
– First \$140 of Medicare-approved amounts <sup>†</sup>	\$0	\$140 (Part B deductible)	\$0
– Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Part B Excess Charges</b> (Above Medicare-approved amounts)	\$0	\$0	All costs
<b>Blood</b> – First 3 pints – Next \$140 of Medicare-approved amounts <sup>†</sup> – Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$140 (Part B deductible) 20%	\$0 \$0 \$0
<b>Clinical Laboratory Services</b> – Tests for diagnostic services	100%	\$0	\$0
<b>PARTS A&amp;B</b>			
<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>Home Healthcare</b> Medicare-approved services			
– Medically necessary skilled-care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
• First \$140 of Medicare-approved amounts <sup>†</sup>	\$0	\$140 (Part B deductible)	\$0
• Remainder of Medicare-approved amounts	80%	20%	\$0
<b>OTHER BENEFITS - NOT COVERED BY MEDICARE</b>			
<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>Foreign Travel</b> Not covered by Medicare - medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.			
– First \$250 each calendar year	\$0	\$0	\$250
– Remainder of charges	\$0	80% to a lifetime max benefit of \$50,000	20% and amounts over the \$50,000 lifetime max

<sup>†</sup>Once you have been billed \$140 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



# Plan F Benefits

**PLAN F**

<b>MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD</b>			
<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<p><b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies.</p> <ul style="list-style-type: none"> <li>– First 60 days</li> <li>– 61<sup>st</sup> thru 90<sup>th</sup> day</li> <li>– 91<sup>st</sup> day and after:               <ul style="list-style-type: none"> <li>• While using 60 lifetime reserve days</li> <li>• Once lifetime reserve days are used:                   <ul style="list-style-type: none"> <li>– Additional 365 days</li> </ul> </li> </ul> </li> <li>– Beyond the additional 365 days</li> </ul>	<p>All but \$1,156</p> <p>All but \$289 a day</p> <p>All but \$578 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$1,156 (Part A deductible)</p> <p>\$289 a day</p> <p>\$578 a day</p> <p>100% of Medicare-eligible expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p><b>Skilled Nursing Facility Care*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.</p> <ul style="list-style-type: none"> <li>– First 20 days</li> <li>– 21<sup>st</sup> thru 100<sup>th</sup> day</li> <li>– 101<sup>st</sup> day and after</li> </ul>	<p>All approved amounts</p> <p>All but \$144.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$144.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p><b>Blood</b></p> <ul style="list-style-type: none"> <li>– First 3 pints</li> <li>– Additional amounts</li> </ul>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p><b>Hospice Care</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

\*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# Plan F Benefits

<b>MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR</b>			
<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>Medical Expenses</b> In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
– First \$140 of Medicare-approved amounts <sup>†</sup>	\$0	\$140 (Part B deductible)	\$0
– Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Part B Excess Charges</b> (Above Medicare-approved amounts)	\$0	100%	\$0
<b>Blood</b> – First 3 pints – Next \$140 of Medicare-approved amounts <sup>†</sup> – Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$140 (Part B deductible) 20%	\$0 \$0 \$0
<b>Clinical Laboratory Services</b> – Tests for diagnostic services	100%	\$0	\$0
<b>PARTS A&amp;B</b>			
<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>Home Healthcare</b> Medicare-approved services			
– Medically necessary skilled-care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
• First \$140 of Medicare-approved amounts <sup>†</sup>	\$0	\$140 (Part B deductible)	\$0
• Remainder of Medicare-approved amounts	80%	20%	\$0
<b>OTHER BENEFITS - NOT COVERED BY MEDICARE</b>			
<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>Foreign Travel</b> Not covered by Medicare - medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.			
– First \$250 each calendar year	\$0	\$0	\$250
– Remainder of charges	\$0	80% to a lifetime max benefit of \$50,000	20% and amounts over the \$50,000 lifetime max

<sup>†</sup>Once you have been billed \$140 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



# Plan N Benefits

**PLAN N**

<b>MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD</b>			
<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<p><b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies.</p> <ul style="list-style-type: none"> <li>– First 60 days</li> <li>– 61<sup>st</sup> thru 90<sup>th</sup> day</li> <li>– 91<sup>st</sup> day and after:               <ul style="list-style-type: none"> <li>• While using 60 lifetime reserve days</li> <li>• Once lifetime reserve days are used:                   <ul style="list-style-type: none"> <li>– Additional 365 days</li> </ul> </li> </ul> </li> <li>– Beyond the additional 365 days</li> </ul>	<p>All but \$1,156</p> <p>All but \$289 a day</p> <p>All but \$578 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$1,156 (Part A deductible)</p> <p>\$289 a day</p> <p>\$578 a day</p> <p>100% of Medicare-eligible expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p><b>Skilled Nursing Facility Care*</b> You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.</p> <ul style="list-style-type: none"> <li>– First 20 days</li> <li>– 21<sup>st</sup> thru 100<sup>th</sup> day</li> <li>– 101<sup>st</sup> day and after</li> </ul>	<p>All approved amounts</p> <p>All but \$144.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$144.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p><b>Blood</b></p> <ul style="list-style-type: none"> <li>– First 3 pints</li> <li>– Additional amounts</li> </ul>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p><b>Hospice Care</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

\*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# Plan N Benefits

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR			
SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p><b>Medical Expenses</b> In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.</p> <p>– First \$140 of Medicare-approved amounts<sup>†</sup></p> <p>– Remainder of Medicare-approved amounts</p>	<p>Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</p> <p>\$0</p> <p>80%</p>	<p>Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</p> <p>\$0</p> <p>● ←</p>	<p>\$140 (Part B deductible)</p> <p>● ←</p>
<p><b>Part B Excess Charges</b> (Above Medicare-approved amounts)</p>	\$0	\$0	All costs
<p><b>Blood</b></p> <p>– First 3 pints</p> <p>– Next \$140 of Medicare-approved amounts<sup>†</sup></p> <p>– Remainder of Medicare-approved amounts</p>	<p>\$0</p> <p>\$0</p> <p>80%</p>	<p>All costs</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$140 (Part B deductible)</p> <p>\$0</p>
<p><b>Clinical Laboratory Services</b></p> <p>– Tests for diagnostic services</p>	100%	\$0	\$0
PARTS A&B			
SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p><b>Home Healthcare</b> Medicare-approved services</p> <p>– Medically necessary skilled-care services and medical supplies</p> <p>– Durable medical equipment</p> <p>• First \$140 of Medicare-approved amounts<sup>†</sup></p> <p>• Remainder of Medicare-approved amounts</p>	<p>100%</p> <p>\$0</p> <p>80%</p>	<p>\$0</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$140 (Part B deductible)</p> <p>\$0</p>
OTHER BENEFITS - NOT COVERED BY MEDICARE			
SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p><b>Foreign Travel</b> Not covered by Medicare - medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.</p> <p>– First \$250 each calendar year</p> <p>– Remainder of charges</p>	<p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>80% to a lifetime max benefit of \$50,000</p>	<p>\$250</p> <p>20% and amounts over the \$50,000 lifetime max</p>

<sup>†</sup>Once you have been billed \$140 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

# INSURANCE PREMIUM RATES FOR PLANS A, C, F & N: KANSAS RESIDENTS

## HEALTH ONLY

	<b>PLAN A</b> Underwritten/ First Eligible	<b>PLAN C</b> Underwritten/ First Eligible	<b>PLAN F</b> Underwritten/ First Eligible	<b>PLAN N</b> Underwritten/ First Eligible	<b>PLAN A</b> Guarantee Issue****	<b>PLAN C</b> Guarantee Issue****
<b>Issue Age**</b>	<b>Monthly Premium</b>	<b>Monthly Premium</b>	<b>Monthly Premium</b>	<b>Monthly Premium</b>	<b>Monthly Premium</b>	<b>Monthly Premium</b>
Disabled	\$81	\$196	\$196	\$157	\$193	\$342
65	\$81	\$196	\$196	\$157	\$193	\$342
66	\$84	\$200	\$200	\$160	\$196	\$351
67	\$87	\$207	\$208	\$168	\$199	\$358
68	\$91	\$216	\$217	\$176	\$206	\$368
69	\$97	\$222	\$225	\$184	\$211	\$376
70	\$100	\$234	\$235	\$193	\$220	\$389
71	\$104	\$245	\$250	\$207	\$227	\$403
72	\$108	\$254	\$255	\$212	\$234	\$415
73	\$115	\$265	\$266	\$222	\$239	\$427
74	\$119	\$281	\$281	\$236	\$252	\$447
75	\$129	\$299	\$300	\$253	\$262	\$467
76	\$130	\$304	\$305	\$259	\$265	\$476
77	\$136	\$314	\$315	\$267	\$273	\$487
78	\$138	\$327	\$327	\$279	\$281	\$501
79	\$145	\$341	\$342	\$293	\$290	\$519
80+	\$155	\$361	\$365	\$314	\$303	\$542

\*\*Issue Age is your age as of the effective date of the Medicare supplement policy that you are applying for with Blue KC.

\*\*\*\*Guarantee Issue means offering Medicare supplement plans to individuals after their Medicare open enrollment periods have ended even though the individuals did not pass Blue KC underwriting.

# INSURANCE PREMIUM RATES FOR PLANS A, C, F & N: KANSAS RESIDENTS

## HEALTH & DENTAL

	<b>PLAN A</b> Underwritten/ First Eligible	<b>PLAN C</b> Underwritten/ First Eligible	<b>PLAN F</b> Underwritten/ First Eligible	<b>PLAN N</b> Underwritten/ First Eligible	<b>PLAN A</b> Guarantee Issue****	<b>PLAN C</b> Guarantee Issue****
<b>Issue Age**</b>	<b>Monthly Premium</b>	<b>Monthly Premium</b>	<b>Monthly Premium</b>	<b>Monthly Premium</b>	<b>Monthly Premium</b>	<b>Monthly Premium</b>
Disabled	\$103	\$218	\$218	\$179	\$215	\$364
65	\$103	\$218	\$218	\$179	\$215	\$364
66	\$106	\$222	\$222	\$182	\$218	\$373
67	\$109	\$229	\$230	\$190	\$221	\$380
68	\$113	\$238	\$239	\$198	\$228	\$390
69	\$119	\$244	\$247	\$206	\$233	\$398
70	\$122	\$256	\$257	\$215	\$242	\$411
71	\$126	\$267	\$272	\$229	\$249	\$425
72	\$130	\$276	\$277	\$234	\$256	\$437
73	\$137	\$287	\$288	\$244	\$261	\$449
74	\$141	\$303	\$303	\$258	\$274	\$469
75	\$151	\$321	\$322	\$275	\$284	\$489
76	\$152	\$326	\$327	\$281	\$287	\$498
77	\$158	\$336	\$337	\$289	\$295	\$509
78	\$160	\$349	\$349	\$301	\$303	\$523
79	\$167	\$363	\$364	\$315	\$312	\$541
80+	\$177	\$383	\$387	\$336	\$325	\$564

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# INSURANCE PREMIUM RATES FOR PLANS B, C, F & N: KANSAS RESIDENTS

## HEALTH ONLY

	PLAN B Underwritten/ First Eligible	PLAN C Underwritten/ First Eligible	PLAN F Underwritten/ First Eligible	PLAN N Underwritten/ First Eligible	PLAN B Guarantee Issue****	PLAN C Guarantee Issue****
Issue Age**	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
Disabled	\$68	\$169	\$177	\$139	\$165	\$219
65	\$68	\$169	\$177	\$139	\$165	\$219
66	\$70	\$177	\$183	\$144	\$167	\$225
67	\$72	\$183	\$189	\$150	\$168	\$232
68	\$76	\$189	\$196	\$157	\$174	\$235
69	\$77	\$198	\$206	\$166	\$178	\$243
70	\$83	\$208	\$218	\$177	\$187	\$253
71	\$86	\$212	\$222	\$181	\$189	\$258
72	\$87	\$220	\$232	\$190	\$196	\$265
73	\$91	\$227	\$239	\$197	\$199	\$273
74	\$97	\$240	\$251	\$208	\$208	\$284
75	\$105	\$254	\$265	\$221	\$219	\$298
76	\$104	\$260	\$272	\$227	\$219	\$302
77	\$108	\$266	\$277	\$233	\$222	\$309
78	\$115	\$277	\$288	\$243	\$232	\$318
79	\$118	\$286	\$300	\$253	\$238	\$328
80	\$124	\$303	\$315	\$267	\$250	\$339
81	\$125	\$307	\$320	\$273	\$251	\$346
82	\$125	\$314	\$325	\$277	\$254	\$349
83	\$130	\$320	\$332	\$284	\$258	\$353
84	\$136	\$331	\$346	\$297	\$265	\$367
85+	\$141	\$348	\$359	\$309	\$274	\$380

2012 MEDICARE SELECT | HEALTH ONLY

### Medicare Select Participating Hospitals

- ♦ Cass Medical Center, Harrisonville, MO
- ♦ Centerpoint Medical Center, Independence, MO
- ♦ Excelsior Springs Medical Center, Excelsior Springs, MO
- ♦ Lafayette Regional Health Center, Lexington, MO
- ♦ Lee's Summit Medical Center, Lee's Summit, MO
- ♦ Menorah Medical Center, Overland Park, KS
- ♦ North Kansas City Hospital, North Kansas City, MO
- ♦ Overland Park Regional Medical Center, Overland Park, KS
- ♦ Research Belton Hospital, Belton, MO
- ♦ Research Medical Center, Kansas City, MO
- ♦ University of Kansas Medical Center, Kansas City, KS

Medicare Select is a Medicare supplement policy that requires you to use hospitals within its network to be eligible for the hospital benefits available under your contract. This restriction is required only for inpatient hospital stays.

While there are no network restrictions on physicians (i.e., you are able to see your doctor of choice), you may want to check whether your physician has privileges at a Medicare Select participating hospital. This will ensure you are eligible for the available hospital benefits under your contract (in the case of an inpatient hospital admission).

\*\*Issue Age is your age as of the effective date of the Medicare supplement policy that you are applying for with Blue KC.

\*\*\*\*Guarantee Issue means offering Medicare supplement plans to individuals after their Medicare open enrollment periods have ended even though the individuals did not pass Blue KC underwriting.

# INSURANCE PREMIUM RATES FOR PLANS B, C, F & N: KANSAS RESIDENTS

## HEALTH & DENTAL

	PLAN B Underwritten/ First Eligible	PLAN C Underwritten/ First Eligible	PLAN F Underwritten/ First Eligible	PLAN N Underwritten/ First Eligible	PLAN B Guarantee Issue****	PLAN C Guarantee Issue****
Issue Age**	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
Disabled	\$90	\$191	\$199	\$161	\$187	\$241
65	\$90	\$191	\$199	\$161	\$187	\$241
66	\$92	\$199	\$205	\$166	\$189	\$247
67	\$94	\$205	\$211	\$172	\$190	\$254
68	\$98	\$211	\$218	\$179	\$196	\$257
69	\$99	\$220	\$228	\$188	\$200	\$265
70	\$105	\$230	\$240	\$199	\$209	\$275
71	\$108	\$234	\$244	\$203	\$211	\$280
72	\$109	\$242	\$254	\$212	\$218	\$287
73	\$113	\$249	\$261	\$219	\$221	\$295
74	\$119	\$262	\$273	\$230	\$230	\$306
75	\$127	\$276	\$287	\$243	\$241	\$320
76	\$126	\$282	\$294	\$249	\$241	\$324
77	\$130	\$288	\$299	\$255	\$244	\$331
78	\$137	\$299	\$310	\$265	\$254	\$340
79	\$140	\$308	\$322	\$275	\$260	\$350
80	\$146	\$325	\$337	\$289	\$272	\$361
81	\$147	\$329	\$342	\$295	\$273	\$368
82	\$147	\$336	\$347	\$299	\$276	\$371
83	\$152	\$342	\$354	\$306	\$280	\$375
84	\$158	\$353	\$368	\$319	\$287	\$389
85+	\$163	\$370	\$381	\$331	\$296	\$402

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