

# 2018 MEDICARE SUPPLEMENT Outline of Coverage



Senior Security  
Senior Preferred



BlueCross  
BlueShield  
of Arizona

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## Benefit Chart of Medicare Supplement Plans sold on or after June 1, 2010

This chart shows the benefits included in each of the standard Medicare Supplement Plans. All benefits listed are covered at 100% after the deductible is met unless the chart indicates otherwise. Every company must make Plan "A" available. Some plans may not be available in Arizona.

Plans A, C, D, F, G & N are options offered by Blue Cross Blue Shield of Arizona.

Benefits	A	B	C	D	F I F*	G	K	L	M	N
<b>Inpatient Hospitalization</b> Medicare Part A coinsurance, plus up to an additional 365 days after Medicare benefits end	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Hospice Care</b> Part A coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
<b>Medical Expenses</b> Part B coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓***
<b>Blood</b> First 3 pints under Medicare Parts A and B	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
<b>Skilled Nursing Facility Care</b> coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
<b>Part A Deductible</b>		✓	✓	✓	✓	✓	50%	75%	50%	✓
<b>Part B Deductible</b>			✓		✓					
<b>Part B Excess Charges</b>					✓	✓				
<b>Foreign Travel</b> Emergency services			80%	80%	80%	80%			80%	80%
<b>Annual Out-Of-Pocket-Limit**</b>							\$5,240	\$2,620		

\* Plan F is also offered as a high-deductible plan in some states. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,240 in 2018 before your policy pays anything. BCBSAZ does not offer high-deductible Plan F.

\*\* Plans K and L, after you meet your out of pocket yearly limit and your yearly Part B deductible (\$183 in 2018), the Medigap plan pays 100% of covered services for the rest of the calendar year. The annual out-of-pocket limit is set by Medicare and will increase each year for inflation. BCBSAZ does not offer Plans K and L.

\*\*\* 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

## Blue Cross Blue Shield of Arizona Premium Rate Information –

**Non-Tobacco Use** and **Tobacco Use** Rates are effective January 1, 2018 through March 31, 2019

Blue Cross Blue Shield of Arizona can only raise your premium if we raise the premium for all policies like yours in Arizona. Should this occur, you will receive a 30-day notice.

### Early-enrollment Discount

If you enroll in a Senior Security or Senior Preferred plan at age 65 through 72, you receive an early-enrollment discount\* on your rate. When you are Medicare eligible at age 65 to 65½, you are **automatically eligible** for the lower BlueValue rate and an early-enrollment discount. Even if you are past age 65½, you may still qualify for the lower premium BlueValue rate. The BCBSAZ Medicare supplement application contains questions about your medical history and tobacco use, which helps determine your rate.

### Non-Tobacco Use

#### BlueValue Monthly Rate

	Age 65	Age 66	Age 67	Age 68	Age 69	Age 70	Age 71	Age 72	Age 73 <sup>f</sup>
<b>Senior Security</b>									
Plan A	\$99.86	\$104.93	\$111.70	\$116.78	\$123.55	\$128.63	\$133.71	\$140.48	\$169.25
Plan C	\$134.07	\$140.89	\$149.98	\$156.80	\$165.89	\$172.70	\$179.52	\$188.61	\$227.24
Plan D	\$120.80	\$126.95	\$135.14	\$141.28	\$149.47	\$155.61	\$161.76	\$169.95	\$204.75
Plan F	\$139.66	\$146.76	\$156.23	\$163.33	\$172.80	\$179.90	\$187.00	\$196.47	\$236.71
Plan G	\$122.20	\$128.42	\$136.70	\$142.91	\$151.20	\$157.41	\$163.63	\$171.91	\$207.12
Plan N	\$96.36	\$101.26	\$107.80	\$112.70	\$119.23	\$124.13	\$129.03	\$135.56	\$163.33
<b>Senior Preferred</b>									
Plan C	\$122.90	\$129.15	\$137.48	\$143.73	\$152.06	\$158.31	\$164.56	\$172.89	\$208.30
Plan D	\$107.54	\$113.01	\$120.30	\$125.76	\$133.05	\$138.52	\$143.99	\$151.28	\$182.27
Plan G	\$113.12	\$118.88	\$126.55	\$132.30	\$139.97	\$145.72	\$151.47	\$159.14	\$191.74
Plan N	\$83.80	\$88.06	\$93.74	\$98.00	\$103.68	\$107.94	\$112.20	\$117.88	\$142.03

### Non-Tobacco Use

#### Standard Monthly Rate

	Age 65	Age 66	Age 67	Age 68	Age 69	Age 70	Age 71	Age 72	Age 73 <sup>f</sup>
<b>Senior Security</b>									
Plan A	\$161.27	\$169.46	\$180.40	\$188.60	\$199.53	\$207.74	\$215.94	\$226.88	\$273.34
Plan C	\$216.52	\$227.54	\$242.22	\$253.23	\$267.91	\$278.91	\$289.92	\$304.61	\$366.99
Plan D	\$195.09	\$205.02	\$218.25	\$228.17	\$241.39	\$251.31	\$261.24	\$274.47	\$330.67
Plan F	\$225.55	\$237.02	\$252.31	\$263.78	\$279.07	\$290.54	\$302.01	\$317.30	\$382.29
Plan G	\$197.35	\$207.40	\$220.77	\$230.80	\$244.19	\$254.22	\$264.26	\$277.63	\$334.50
Plan N	\$155.62	\$163.53	\$174.10	\$182.01	\$192.56	\$200.47	\$208.38	\$218.93	\$263.78
<b>Senior Preferred</b>									
Plan C	\$198.48	\$208.58	\$222.03	\$232.12	\$245.58	\$255.67	\$265.76	\$279.22	\$336.40
Plan D	\$173.68	\$182.51	\$194.28	\$203.10	\$214.88	\$223.71	\$232.54	\$244.32	\$294.37
Plan G	\$182.69	\$191.99	\$204.38	\$213.66	\$226.05	\$235.34	\$244.62	\$257.01	\$309.66
Plan N	\$135.34	\$142.22	\$151.39	\$158.27	\$167.44	\$174.32	\$181.20	\$190.38	\$229.38

\* The early-enrollment discount is reduced annually through the age of 76. The change in discount occurs in the next month's bill after your birthday. When your discount no longer applies, you will be charged the BlueValue or Standard rate assigned to your Senior Security or Senior Preferred plan.

*f* (Ages 73 and older) You may be eligible to receive a lower premium BlueValue rate. In certain situations, you may be automatically eligible to receive the BlueValue rate, regardless of your medical history. If you don't qualify for the BlueValue rate, you will receive a standard rate.

## Tobacco Use

BlueValue Monthly Rate									
	Age 65	Age 66	Age 67	Age 68	Age 69	Age 70	Age 71	Age 72	Age 73 <sup>f</sup>
<b>Senior Security</b>									
Plan A	\$109.85	\$115.42	\$122.87	\$128.46	\$135.91	\$141.49	\$147.08	\$154.53	\$186.18
Plan C	\$147.48	\$154.98	\$164.98	\$172.48	\$182.48	\$189.97	\$197.47	\$207.47	\$249.96
Plan D	\$132.88	\$139.65	\$148.65	\$155.41	\$164.42	\$171.17	\$177.94	\$186.95	\$225.23
Plan F	\$153.63	\$161.44	\$171.85	\$179.66	\$190.08	\$197.89	\$205.70	\$216.12	\$260.38
Plan G	\$134.42	\$141.26	\$150.37	\$157.20	\$166.32	\$173.15	\$179.99	\$189.10	\$227.83
Plan N	\$106.00	\$111.39	\$118.58	\$123.97	\$131.15	\$136.54	\$141.93	\$149.12	\$179.66
<b>Senior Preferred</b>									
Plan C	\$135.19	\$142.07	\$151.23	\$158.10	\$167.27	\$174.14	\$181.02	\$190.18	\$229.13
Plan D	\$118.29	\$124.31	\$132.33	\$138.34	\$146.36	\$152.37	\$158.39	\$166.41	\$200.50
Plan G	\$124.43	\$130.77	\$139.21	\$145.53	\$153.97	\$160.29	\$166.62	\$175.05	\$210.91
Plan N	\$92.18	\$96.87	\$103.11	\$107.80	\$114.05	\$118.73	\$123.42	\$129.67	\$156.23

## Tobacco Use

Standard Monthly Rate									
	Age 65	Age 66	Age 67	Age 68	Age 69	Age 70	Age 71	Age 72	Age 73 <sup>f</sup>
<b>Senior Security</b>									
Plan A	\$177.40	\$186.41	\$198.44	\$207.46	\$219.48	\$228.51	\$237.53	\$249.57	\$300.67
Plan C	\$238.17	\$250.29	\$266.44	\$278.55	\$294.70	\$306.80	\$318.91	\$335.07	\$403.69
Plan D	\$214.60	\$225.52	\$240.08	\$250.99	\$265.53	\$276.44	\$287.36	\$301.92	\$363.74
Plan F	\$248.11	\$260.72	\$277.54	\$290.16	\$306.98	\$319.59	\$332.21	\$349.03	\$420.52
Plan G	\$217.09	\$228.14	\$242.85	\$253.88	\$268.61	\$279.64	\$290.69	\$305.39	\$367.95
Plan N	\$171.18	\$179.88	\$191.51	\$200.21	\$211.82	\$220.52	\$229.22	\$240.82	\$290.16
<b>Senior Preferred</b>									
Plan C	\$218.33	\$229.44	\$244.23	\$255.33	\$270.14	\$281.24	\$292.34	\$307.14	\$370.04
Plan D	\$191.05	\$200.76	\$213.71	\$223.41	\$236.37	\$246.08	\$255.79	\$268.75	\$323.81
Plan G	\$200.96	\$211.19	\$224.82	\$235.03	\$248.66	\$258.87	\$269.08	\$282.71	\$340.63
Plan N	\$148.87	\$156.44	\$166.53	\$174.10	\$184.18	\$191.75	\$199.32	\$209.42	\$252.32

## Disclosures

Use this outline to compare benefits and premiums among policies.

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### Read your policy very carefully

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

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### Right to return policy

If you find that you are not satisfied with your policy, you may return it to:

Blue Cross Blue Shield of Arizona  
Enrollment Services Department  
P.O. Box 13466  
Phoenix, Arizona 85002-3466

If you send the policy back to BCBSAZ within 30 days after you receive it, BCBSAZ will treat the policy as if it had never been issued and return all of your payments.

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### 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.

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### Notice

- This policy may not fully cover all of your medical costs.
  - Neither Blue Cross Blue Shield of Arizona nor its contracted brokers are connected with Medicare.
  - This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.
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### Complete answers are very important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. Blue Cross Blue Shield of Arizona 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.



# Senior Security

## Medicare (Part A) Hospital Services – Per Benefit Period

\*The benefit period, as it applies to Medicare Part A services described below, 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.

Services	Medicare Pays	Plan A		Plan C	
		Plan Pays	You Pay	Plan Pays	You Pay
<b>Hospitalization*</b> Semi-private room and board, general nursing and miscellaneous services and supplies					
First 60 days (Part A Deductible is \$1,340)	All but \$1,340	\$0	\$1,340	\$1,340	\$0
61st thru 90th day	All but \$335 a day	\$335 a day	\$0	\$335 a day	\$0
91st day and after While using 60 lifetime reserve days Once lifetime reserve days are used:	All but \$670 a day	\$670 a day	\$0	\$670 a day	\$0
– Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**	100% of Medicare-eligible expenses	\$0**
– Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
<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					
First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21st thru 100th day	All but \$167.50 a day	\$0	Up to \$167.50 a day	Up to \$167.50 a day	\$0
101st day and after	\$0	\$0	All costs	\$0	All costs
<b>Blood</b>					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
<b>Hospice Care</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0



**\*\*Notice:** When your Medicare Part A hospital benefits are exhausted, Blue Cross Blue Shield of Arizona stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days. 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 D		Plan F	
Plan Pays	You Pay	Plan Pays	You Pay
\$1,340	\$0	\$1,340	\$0
\$335 a day	\$0	\$335 a day	\$0
\$670 a day	\$0	\$670 a day	\$0
100% of Medicare-eligible expenses	\$0**	100% of Medicare-eligible expenses	\$0**
\$0	All costs	\$0	All costs
\$0	\$0	\$0	\$0
Up to \$167.50 a day	\$0	Up to \$167.50 a day	\$0
\$0	All costs	\$0	All costs
3 pints	\$0	3 pints	\$0
\$0	\$0	\$0	\$0
Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

# Senior Security

## Medicare (Part A) Hospital Services – Per Benefit Period

\*The benefit period, as it applies to Medicare Part A services described below, 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.

Services	Plan G		Plan N	
	Plan Pays	You Pay	Plan Pays	You Pay
<b>Hospitalization*</b> Semi-private room and board, general nursing and miscellaneous services and supplies				
First 60 days (Part A Deductible is \$1,340)	\$1,340	\$0	\$1,340	\$0
61st thru 90th day	\$335 a day	\$0	\$335 a day	\$0
91st day and after While using 60 lifetime reserve days Once lifetime reserve days are used:	\$670 a day	\$0	\$670 a day	\$0
– Additional 365 days	100% of Medicare-eligible expenses	\$0**	100% of Medicare-eligible expenses	\$0**
– Beyond the additional 365 days	\$0	All costs	\$0	All costs
<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				
First 20 days	\$0	\$0	\$0	\$0
21st thru 100th day	Up to \$167.50 a day	\$0	Up to \$167.50 a day	\$0
101st day and after	\$0	All costs	\$0	All costs
<b>Blood</b>				
First 3 pints	3 pints	\$0	3 pints	\$0
Additional amounts	\$0	\$0	\$0	\$0
<b>Hospice Care</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

**\*\*Notice:** When your Medicare Part A hospital benefits are exhausted, Blue Cross Blue Shield of Arizona stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days. 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.

Please consult the latest "Choosing a Medigap Policy."



# Senior Security

## Medicare (Part B) Medical Services – Per Calendar Year

\*Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an \*), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan A		Plan C	
		Plan Pays	You Pay	Plan Pays	You Pay
<b>Medical Expenses</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.					
First \$183 of Medicare-approved amounts* (Part B Deductible is \$183)	\$0	\$0	\$183	\$183	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
<b>Part B excess charges</b> (above Medicare-approved amounts)	\$0	\$0	All costs	\$0	All costs
<b>Blood</b>					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Next \$183 of Medicare-approved amounts* (Part B Deductible is \$183)	\$0	\$0	\$183	\$183	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0	20%	\$0
<b>Clinical Laboratory Services</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

Please consult the latest "Choosing a Medigap Policy."

Plan D		Plan F	
Plan Pays	You Pay	Plan Pays	You Pay
\$0	\$183	\$183	\$0
Generally 20%	\$0	Generally 20%	\$0
\$0	All costs	100%	\$0
3 pints	\$0	3 pints	\$0
\$0	\$183	\$183	\$0
20%	\$0	20%	\$0
\$0	\$0	\$0	\$0

Please consult the latest "Choosing a Medigap Policy."

# Senior Security

## Medicare (Part B) Medical Services – Per Calendar Year

\*Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an \*), your Part B Deductible will have been met for the calendar year.

Services	Plan G		Plan N	
	Plan Pays	You Pay	Plan Pays	You Pay
<b>Medical Expenses</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.				
First \$183 of Medicare-approved amounts* (Part B Deductible is \$183)	\$0	\$183	\$0	\$183
Remainder of Medicare-approved amounts	Generally 20%	\$0	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.	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.
<b>Part B excess charges</b> (above Medicare-approved amounts)	100%	\$0	\$0	All costs
<b>Blood</b>				
First 3 pints	3 pints	\$0	3 pints	\$0
Next \$183 of Medicare-approved amounts* (Part B Deductible is \$183)	\$0	\$183	\$0	\$183
Remainder of Medicare-approved amounts	20%	\$0	20%	\$0
<b>Clinical Laboratory Services</b> TESTS FOR DIAGNOSTIC SERVICES	\$0	\$0	\$0	\$0

Please consult the latest “Choosing a Medigap Policy.”



# Senior Security

## Medicare Parts A & B

\*Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an \*), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan A		Plan C	
		Plan Pays	You Pay	Plan Pays	You Pay
<b>Home Health Care</b> MEDICARE-APPROVED SERVICES					
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
• Durable medical equipment – First \$183 of Medicare-approved amounts* (Part B Deductible is \$183)	\$0	\$0	\$183	\$183	\$0
– Remainder of Medicare-approved amounts	80%	20%	\$0	20%	\$0

## Other Benefits not Covered by Medicare

Services	Medicare Pays	Plan A		Plan C	
		Plan Pays	You Pay	Plan Pays	You Pay
<b>Foreign Travel</b> – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States					
First \$250 each calendar year	\$0	\$0	All costs	\$0	\$250
Remainder of charges	\$0	\$0	All costs	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum benefit

Medicare benefits are subject to change. The Medicare deductible and copayment amounts in this outline are effective through December 31, 2018.

Please consult the latest "Choosing a Medigap Policy."



Plan D		Plan F	
Plan Pays	You Pay	Plan Pays	You Pay
\$0	\$0	\$0	\$0
\$0	\$183	\$183	\$0
20%	\$0	20%	\$0

Plan D		Plan F	
Plan Pays	You Pay	Plan Pays	You Pay
\$0	\$250	\$0	\$250
80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum benefit	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum benefit

Please consult the latest "Choosing a Medigap Policy."

# Senior Security

## Medicare Parts A & B

\*Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an \*), your Part B Deductible will have been met for the calendar year.

Services	Plan G		Plan N	
	Plan Pays	You Pay	Plan Pays	You Pay
<b>Home Health Care</b> MEDICARE-APPROVED SERVICES				
• Medically necessary skilled care services and medical supplies	\$0	\$0	\$0	\$0
• Durable medical equipment – First \$183 of Medicare-approved amounts* (Part B Deductible is \$183)	\$0	\$183	\$0	\$183
– Remainder of Medicare-approved amounts	20%	\$0	20%	\$0

## Other Benefits not Covered by Medicare

Services	Plan G		Plan N	
	Plan Pays	You Pay	Plan Pays	You Pay
<b>Foreign Travel</b> – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States				
First \$250 each calendar year	\$0	\$250	\$0	\$250
Remainder of charges	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum benefit	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum benefit

Medicare benefits are subject to change. The Medicare deductible and copayment amounts in this outline are effective through December 31, 2018.

Please consult the latest "Choosing a Medigap Policy."



# Senior Preferred

(Available in Maricopa, Pima, Apache, Cochise, Coconino, Mohave, Pinal and Santa Cruz counties only.)

**Important:** Generally, you must use doctors and hospitals in the Senior Preferred provider network except for emergencies. Benefits will be provided at the Senior Preferred level for Medicare eligible expenses for treatment of a medical emergency regardless of whether or not a Senior Preferred hospital or physician is used.

## Medicare (Part A) Hospital Services – Per Benefit Period

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

Services	Medicare Pays	Plan C	
		Plan Pays	You Pay
<b>Hospitalization*</b> Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days (Part A Deductible is \$1,340)	All but \$1,340	\$1,340	\$0
61st thru 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after While using 60 lifetime reserve days Once lifetime reserve days are used:	All but \$670 a day	\$670 a day	\$0
– Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**
– Beyond the additional 365 days	\$0	\$0	All costs
<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			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$167.50 a day	Up to \$167.50 a day	\$0
101st day and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>Hospice Care</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

Please consult the latest “Choosing a Medigap Policy.”

**\*\*Notice:** When your Medicare Part A hospital benefits are exhausted, Blue Cross Blue Shield of Arizona stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days. 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 D		Plan G		Plan N	
Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
\$1,340	\$0	\$1,340	\$0	\$1,340	\$0
\$335 a day	\$0	\$335 a day	\$0	\$335 a day	\$0
\$670 a day	\$0	\$670 a day	\$0	\$670 a day	\$0
100% of Medicare-eligible expenses	\$0**	100% of Medicare-eligible expenses	\$0**	100% of Medicare-eligible expenses	\$0**
\$0	All costs	\$0	All costs	\$0	All costs
\$0	\$0	\$0	\$0	\$0	\$0
Up to \$167.50 a day	\$0	Up to \$167.50 a day	\$0	Up to \$167.50 a day	\$0
\$0	All costs	\$0	All costs	\$0	All costs
3 pints	\$0	3 pints	\$0	3 pints	\$0
\$0	\$0	\$0	\$0	\$0	\$0
Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

Please consult the latest "Choosing a Medigap Policy."

# Senior Preferred

(Available in Maricopa, Pima, Apache, Cochise, Coconino, Mohave, Pinal and Santa Cruz counties only.)

**Important:** Generally, you must use doctors and hospitals in the Senior Preferred provider network except for emergencies. Benefits will be provided at the Senior Preferred level for Medicare eligible expenses for treatment of a medical emergency regardless of whether or not a Senior Preferred hospital or physician is used.

## Medicare (Part B) Medical Services – Per Calendar Year

\*Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an \*), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan C	
		Plan Pays	You Pay
<b>Medical Expenses</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$183 of Medicare-approved amounts* (Part B Deductible is \$183)	\$0	\$183	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B excess charges</b> (above Medicare-approved amounts)	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	3 pints	\$0
Next \$183 of Medicare-approved amounts* (Part B Deductible is \$183)	\$0	\$183	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

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Plan D		Plan G		Plan N	
Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
\$0	\$183	\$0	\$183	\$0	\$183
Generally 20%	\$0	Generally 20%	\$0	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.	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.
\$0	All costs	100%	\$0	\$0	All costs
3 pints	\$0	3 pints	\$0	3 pints	\$0
\$0	\$183	\$0	\$183	\$0	\$183
20%	\$0	20%	\$0	20%	\$0
\$0	\$0	\$0	\$0	\$0	\$0

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# Senior Preferred

(Available in Maricopa, Pima, Apache, Cochise, Coconino, Mohave, Pinal and Santa Cruz counties only.)

**Important:** Generally, you must use doctors and hospitals in the Senior Preferred provider network except for emergencies. Benefits will be provided at the Senior Preferred level for Medicare eligible expenses for treatment of a medical emergency regardless of whether or not a Senior Preferred hospital or physician is used.

## Medicare Parts A & B

\*Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an \*), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan C	
		Plan Pays	You Pay
<b>Home Health Care</b> MEDICARE-APPROVED SERVICES			
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0
• Durable medical equipment – First \$183 of Medicare-approved amounts* (Part B Deductible is \$183)	\$0	\$183	\$0
– Remainder of Medicare-approved amounts	80%	20%	\$0

## Other Benefits Not Covered By Medicare

Services	Medicare Pays	Plan C	
		Plan Pays	You Pay
<b>Foreign Travel</b> – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum

Medicare benefits are subject to change. The Medicare deductible and copayment amounts in this outline are effective through December 31, 2018.

Please consult the latest "Choosing a Medigap Policy."



Plan D		Plan G		Plan N	
Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$183	\$0	\$183	\$0	\$183
20%	\$0	20%	\$0	20%	\$0

**Other Benefits Not Covered By Medicare**

Plan D		Plan G		Plan N	
Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
\$0	\$250	\$0	\$250	\$0	\$250
80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum

**You have the right to purchase a Senior Security plan which has comparable or lesser benefits and does not contain a network restriction. Your new coverage will be effective the first day of the month after we receive your written request.**

Please consult the latest "Choosing a Medigap Policy."

## **QUALITY ASSURANCE PROGRAM**

BCBSAZ uses various processes and tools to monitor the quality of service and care, including

- Credentialing and recredentialing of physicians and institutional providers in accordance with nationally recognized credentialing requirements and standards
- Annual member, broker and provider surveys to determine levels of satisfaction
- Medical coverage guidelines available to providers
- Focused provider reviews
- Complaint investigation, tracking, trending and resolution. Care and service issues are addressed according to severity of the issue, with corrective action as deemed necessary. Provider-related complaints (practitioner or institutional) are linked to the recredentialing process
- Grievance tracking and trending

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## **GRIEVANCE PROCEDURE/REQUEST FOR RECONSIDERATION**

If you cannot resolve an issue or you disagree with an action or decision made by BCBSAZ\*, you may submit a written grievance to BCBSAZ. You must send BCBSAZ your grievance request within one (1) year of the notice of the adverse benefit determination or date of occurrence if not related to a benefit determination.

**First Level Review:** After receiving your grievance, BCBSAZ will review the situation, including any new information brought to BCBSAZ's attention. BCBSAZ will notify you of its decision within sixty (60) days of receiving your grievance.

**Second Level Review:** If you disagree with BCBSAZ's first-level decision, you may send BCBSAZ a request for a second-level review. You must file your request for second-level review within sixty (60) days of receiving BCBSAZ's first-level decision. BCBSAZ will notify you of its second-level decision within sixty (60) days of the date BCBSAZ receives your second-level grievance. See the Senior Preferred Policy for additional information on the BCBSAZ grievance procedures.

\*If your claim has been denied by Medicare, please contact the Center for Medicare and Medicaid Services at (800) MEDICARE or [www.Medicare.gov](http://www.Medicare.gov).

## EXCLUSIONS AND LIMITATIONS

Benefits are provided only for services that are eligible for Medicare reimbursement, except for those additional benefits specifically listed in the policy. A copy of the policy will be sent to you when you enroll, or upon request prior to enrollment. Additionally, no benefits will be paid under the policy for expenses associated with:

- Charges incurred before the policy becomes effective or after the policy terminates
- Cosmetic surgery
- Dental care and dentures
- Intermediate and custodial nursing facility care
- Personal comfort items such as guest trays, television, phone, etc.
- Prescription drugs not administered in a hospital or skilled nursing facility
- Private duty nursing
- Routine foot care
- Services covered by Workers' Compensation
- Services covered by any other governmental health program or provided by a governmental facility unless required by law
- Services delivered for which you are eligible as a member of a Medicare Advantage plan.
- Services which are free or for which you have no legal obligation to pay
- Skilled nursing facility care beyond what is covered by Medicare

### ADDITIONAL EXCLUSION FOR SENIOR PREFERRED MEDICARE SELECT

Except for a Medicare-eligible hospital stay as the result of a medical emergency or accident, or as specifically listed in the policy, services delivered by non-Senior Preferred Providers are not covered.

**Note:** This is only a brief summary of benefits and exclusions. Please refer to the specific provisions found within the policy for detailed information about benefits, limitations and exclusions. If the benefits listed in this summary differ from those stated in the policy, the terms of the policy apply.

## FOR MORE INFORMATION

Call your health insurance broker or Blue Cross Blue Shield of Arizona  
**Toll-free 1-888-264-1733, TTY hearing impaired users, call 711.**

You can also learn more by visiting our website at:  
**[azblue.com/seniors](http://azblue.com/seniors)**

This is only a brief summary of benefits and exclusions. Detailed information about benefits, limitations and exclusions is in the policy, and is available prior to enrollment upon request.

Blue Cross Blue Shield of Arizona (BCBSAZ) does not discriminate on the basis of race, color, national origin, age, disability, or sex. We provide free aids and services to people with disabilities to communicate effectively with us, such as qualified interpreters and written information in other formats such as large print and accessible electronic formats. We also provide free language services to people whose primary language is not English, such as qualified interpreters and written information in other languages. If you need these services call 877-853-7693. If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the BCBSAZ Civil Rights Coordinator at Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, or [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance by phone or by mail, fax, or email. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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