



BlueCross65®

Medicare Supplement Plans



Medicare Supplement Coverage

Filling the Gaps of Your Medicare Coverage

With Medicare Part A and Part B alone, you are required to pay deductibles and coinsurance for your Medicare-covered services. Medicare Supplement plans are designed to pay for these costs that you would ordinarily pay out of your own pocket. The costs and services that are covered by your Medicare Supplement plan depend on which plan you choose.

Medicare Supplement plans are offered by private insurance companies like BlueCross BlueShield of Tennessee. BlueCross BlueShield of Tennessee offers 9 plans, Plans A through G, K and L.

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Is **BlueCross65** Right for You?

If you want to pay very little out of your own pocket for your medical care.

BlueCross65 plans pay the portion of Medicare-covered services you are usually required to pay. Depending on the plan you choose, you may pay virtually nothing out of your own pocket for your medical care. You pay a monthly premium that will increase each year as you get older and you will continue to pay for your Medicare Part B premiums each month.

If you want coverage when you travel outside of the country.

Most BlueCross65 plans cover emergency care worldwide so you can travel with confidence. As a member, if you are hospitalized 150 miles or more away from home in the United States or abroad, you can receive transportation to a hospital close to home at no charge to you through AirMed International. Medicare does not cover these services.



What Does Medicare Cover?

Medicare Part A (hospital insurance) helps pay for:

- Inpatient hospital care
- Skilled nursing facility care
- Hospice care
- Certain home health care services

Medicare Part B (optional medical insurance) helps pay for:

- Doctor's fees
- Outpatient hospital services
- Some other medical services that Medicare Part A does not cover, for example certain home health care

What Basic Benefits Do All Medicare Supplement Plans Provide?

- Medicare Part A coinsurance
- The cost of 365 extra days of coverage during your lifetime after Medicare hospital benefits end
- Medicare Part B coinsurance based on Medicare-allowed charges *
- The first three pints of blood each year *

* Plan K pays 50% and Plan L pays 75% of these amounts

What is not covered by Medicare Part A, Part B or Medicare Supplement Plans?

Prescription drugs. You must purchase Medicare Part D prescription drug coverage from a private insurance company.

BlueCross offers a Medicare Part D prescription drug plan with two options. Both options include drugs from all Medicare Part D approved drug classes. One option covers more drugs from these classes than the other option.

Overview of Plans

Overview of Plans A-G, K and L

Here's an overview of the services covered by each plan we offer. For details, please see the enclosed Outline of Coverage.

A	B	C	D	E	F	G	K	L
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits 50%	Basic Benefits 75%
		Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance 50%	Skilled Nursing Coinsurance 75%
	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible 50%	Medicare Part A Deductible 75%
		Medicare Part B Deductible			Medicare Part B Deductible			
					Medicare ¹ Part B Excess Charge (100%)	Medicare ¹ Part B Excess Charge (80%)		
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		
			At-Home Recovery			At-Home Recovery		
				Preventive Care				
							\$4,000 Annual Out-of-Pocket Limit	\$2,000 Annual Out-of-Pocket Limit

¹ Medicare Part B Excess Charge is the difference between your doctor's charge and Medicare's approved amount.

If you are just looking for basic catastrophic coverage, consider Plans A, K or L. These plans do not offer any coverage for Medicare Part B services, but do provide coverage for Part A hospitalization.

Plans K and L have a safety net feature with the annual out-of-pocket maximums. These plans begin to pay 100 percent of your costs for the covered Medicare Part A services after you have met these out-of-pocket maximum limits for the calendar year.

Overview of Plans

Comparison of Top Three BlueCross65 Plans

If you are looking for more than just basic coverage, consider one of our three most popular plans.

Medicare Part A does not pay these hospital expenses: ¹	Plan C pays	Plan D pays	Plan F pays
Initial hospital deductible each benefit period	X	X	X
Daily copayment for days 61-90 in a hospital	X	X	X
Daily copayment for days 91-150 (Lifetime Reserve) ²	X	X	X
100% of Medicare-allowable expenses for additional 365 days after Medicare hospital benefits stop completely	X	X	X
Calendar year blood deductible (first 3 pints of blood) if the deductible is not met by the replacement of blood	X	X	X
Daily payment for days 21-100 in a Skilled Nursing Facility	X	X	X
Medicare Part B does not pay these services:			
Part B deductible	X		X
20% Medicare-approved amount (Part B coinsurance) and 20% of Medicare-approved charges for durable medical equipment (after Part B deductible is met)	X	X	X
100% of Medicare Part B excess charges			X
Additional benefits not covered by Medicare:			
At-home recovery benefits ³		X	
Benefits for medically necessary emergency care received in a foreign country ⁴	X	X	X

¹ Hospital benefits must be provided by facilities participating with Medicare. Payments are limited to the reasonable charge as determined by Medicare.

² After 90 days of hospitalization, Medicare benefits are paid from a one-time lifetime reserve of 60 days (days 91-150) which are not renewable each benefit period. See your Outline of Coverage for details and limitations of these benefits.

³ At-home recovery benefits covered up to \$40/visit; \$1,600/year maximum.

⁴ Foreign Travel Emergency covered at 80 percent after \$250 deductible is met up to \$50,000 lifetime maximum.

Why Choose BlueCross65?



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BlueCross BlueShield of Tennessee has over 60 years of experience serving Tennesseans just like you. Our familiar cross and shield symbols are recognized and accepted around the state and the world. And our financial stability means we'll be here when you need us.

Here are few other reasons you should choose BlueCross65:

Choose your own doctors. With BlueCross65, you can choose to see any doctor or hospital you wish. There are no provider networks.

Coverage is guaranteed. If you are enrolling in your first 6 months of Medicare Part B eligibility, you cannot be denied coverage. Your coverage is also guaranteed to renew each year. (Your monthly premiums will increase with your age each year.)

Automatic claims filing. Just show your BlueCross65 member ID card and your Medicare-participating physician will file your claims for you.

Benefit and claim information available online. Just visit our Web site at www.bcbst-medicare.com and check your benefits and the status of your claims at your convenience.

Additional Features



BlueCross65 Membership Offers Additional Features You May Not Find Anywhere Else

AirMed International Membership (An annual \$250 value)

If you are traveling more than 150 miles from home and become hospitalized, you can receive the following assistance at no charge:

- Air ambulance transportation to a hospital close to your home.
- Transportation for your traveling companion.
- In the event of your death, transportation of remains to a funeral facility near your home.

These services are provided by AirMed Int. LLC. BlueCross BlueShield of Tennessee is not responsible for AirMed's acts or omissions. These benefits may be changed or canceled with 30 days notice to you. If you cancel your BlueCross65, you will not have this benefit any longer.

BluePerks® Discount Program for Non-Covered Services

Through our BluePerks discount program, you can enjoy up to 50 percent discounts on certain health and wellness products and services not covered by Medicare or your BlueCross65 plan.

Simply show your BlueCross BlueShield of Tennessee member ID card at participating BluePerks practitioners and facilities. You'll enjoy discounts on weight loss programs, LASIK vision surgery, vitamins, wellness programs, health and fitness clubs, yoga classes, cosmetic services and more.

Glossary of Insurance Terms

BlueCross BlueShield of Tennessee wants to make sure you understand the insurance terms used in this brochure and the enclosed Outline of Coverage. This glossary will help you have a clear understanding of how the plans work so that you can make an informed decision about your health plan choice.

- Benefit:** A financial payment made by the health plan for your medical services covered under the plan.
- Coinsurance:** The amount of your medical expenses that you are required to pay. For example: under Medicare, you pay 20 percent of the cost of a doctor's office visit. If the Medicare-approved amount is \$200, your coinsurance would be \$40.
- Cost Sharing:** A term for how you and Medicare or your insurance company work together to pay your medical expenses. Coinsurance and copays are examples of cost sharing. You pay a copay and your plan covers the rest of the expense.
- Coverage:** The costs that your insurance company or Medicare pays for your medical services on your behalf.
- Creditable Health Coverage:** In order to have your pre-existing condition waiting period waived, you must have had other health coverage. That coverage can include a workplace health plan, COBRA, a federal government plan (including TRICARE, CHAMPUS or CHAMPVA), church plan coverage or an individual health or Medicare Supplement plan. Your previous health coverage must not have been canceled for fraud or nonpayment of premiums. You must not have had more than a 63-day gap between the date the other coverage(s) ended and the date you apply for a Medicare Supplement plan.
- Deductible:** The amount of your medical expenses that you must pay for yourself each year before Medicare or your plan starts to pay. For example, Medicare Part A has a \$1,068 deductible for inpatient hospital care. You would pay the first \$1,068 of the cost of a hospital stay before Medicare would pay any benefits unless your Medicare Supplement plan pays this cost for you.
- Medicare Part B Excess Charges:** The difference between your doctor's charge for a service and Medicare's approved amount, if your doctor is not a Medicare participating provider. Plans F and G provide some coverage for these excess charges. With all other plans you are responsible for paying the excess charges.
- Out-of-Pocket Costs:** The amount you must pay out of your own pocket for your medical expenses. These costs include things like deductibles or coinsurance.
- Out-of-Pocket Maximum:** Plans K and L set a maximum limit on your out-of-pocket costs for covered medical expenses. This amount is the maximum you will have to pay in that calendar year for your medical expenses. Once you reach the out-of-pocket maximum, your plan pays 100 percent of your covered expenses.
- Premium:** The monthly fee you pay for your Medicare Supplement policy. You also have a monthly premium for Medicare Part B coverage.

How to Enroll

Who is Eligible for BlueCross65?

You must be:

- A resident of Tennessee
- 65 years of age or older
- Enrolled in Medicare Part A and Part B

You cannot be enrolled in BlueCross65 while enrolled in a Medicare Advantage plan. Medicare Supplement coverage is not necessary with that type of plan.

6-Month Pre-Existing Condition Waiting Period Applies to All Applicants

This policy will not pay benefits for stays beginning or medical expenses incurred during the first six months of coverage if they are considered a pre-existing condition. A condition is considered pre-existing if medical advice was given or treatment recommended by or received from a physician within six months prior to the insurance effective date. Some or all of this waiting period can be waived if you have creditable coverage (see page 7 for more information).

How to Enroll (Have your Medicare ID card available):

1. Find the BlueCross65 application located in the pocket of this brochure. An extra application has been included for your spouse if he or she is also eligible and wishes to enroll.
2. Complete the Personal Information section. Please print clearly.
3. Select the plan you wish to purchase by checking the box to the left of the plan name.
4. Enter the date you would like your coverage to become effective.
5. Select your method of payment.
6. If you are not applying within the six months of your Medicare Part B effective date, answer the questions in the Health Questions section.
7. Carefully read the disclosure information, sign and date the application.
8. If you are switching insurance companies for your Medicare Supplement coverage, you must also complete the Medicare Supplement Replacement Form and return it with your application.
9. Please attach proof of creditable coverage if you have any.
10. Return your application in the envelope provided or give it to your agent.

You are not required to send any money with your application.

Effective Date for Your Coverage

If you have just become eligible for Medicare Part A and B and we receive your BlueCross65 application by the 15th of the month, your coverage will be effective the first day of that month. If we receive it after the 15th, your policy will be effective the first day of the following month.

You can also request a specific effective date to match the termination date of existing group or individual coverage. We must receive your application within two weeks of the termination of your previous coverage and the requested date must be after we receive your application.

30-Day Risk-Free Trial

If you are not completely satisfied with your BlueCross65 policy within the first 30 days of coverage, we'll refund your premium, less any benefits paid on your behalf. Just return your member ID card and your policy. So don't delay, enroll today!





of Tennessee
plans for better health. plans for a better life.™

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