

Coverage That Protects Beyond Medicare



Choices For Your Consideration For 2009



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BLUE CROSS AND BLUE SHIELD OF MONTANA

Outline of Medicare Supplement Coverage - page 1 of 2

These charts shows the Benefits included in each of the standard Medicare Supplement plans. Every company must make available Plan “A.” Some plans may not be available in your state.

See Outline of Coverage sections for details about ALL Plans

Basic Benefits for Plans A-J:

1. Hospitalization: Part A Coinsurance plus coverage for 365 additional days after Medicare benefits end.
2. Medical Expenses: Part B Coinsurance (generally 20% of Medicare-approved expenses), co-payments for hospital outpatient services.
- 3) Blood: first three pints of blood each year.

A	B	C	D	E
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible		
	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery	
				Preventive Care NOT Covered by Medicare

F	F*	G	H	I	J J*
Basic Benefits		Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
Part A Deductible		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
Part B Deductible					Part B Deductible
Part B Excess (100%)		Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)
Foreign Travel Emergency		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
		At-Home Recovery		At-Home Recovery	At-Home Recovery
					Preventive Care NOT Covered by Medicare

*Plans F and J also have an option called a high deductible plan F and a high deductible plan J. These high deductible plans pay the same benefits as plans F and J after one has paid a calendar year of \$1,900 deductible. Benefits from high deductible plans F and J will not begin until out-of-pocket expenses exceed \$1,900. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan’s separate foreign travel emergency deductible.

BLUE CROSS AND BLUE SHIELD OF MONTANA

Outline of Medicare Supplement Coverage - page 2 of 2

Basic Benefits for Plans K and L include: similar services as Plans A - J, but cost-sharing for the basic benefits is at different levels.

K**	L**
100% of Part A hospitalization Coinsurance plus coverage for 365 days after Medicare benefits end, 50% hospice cost-sharing, 50% of Medicare-eligible expenses for the first three pints of blood, 50% Part B Coinsurance except 100% Coinsurance for Part B preventive services	100% of Part A hospitalization Coinsurance plus coverage for 365 days after Medicare benefits end, 75% hospice cost-sharing, 75% of Medicare-eligible expenses for the first three pints of blood, 75% Part B Coinsurance except 100% Coinsurance for Part B preventive services
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance
50% Part A Deductible	75% Part A Deductible
\$4,620 out-of-pocket Annual Limit***	\$2,310 out-of-pocket Annual Limit***

**Plans K and L provide for different cost-sharing for items and services than Plans A - J. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called “Excess Charges.” You will be responsible for paying excess charges.

***The out-of-pocket annual limit will increase each year for inflation.

See Outlines of Coverage for details and exceptions.

Important Facts To Consider Before Choosing Your Benefit Plan

BCBSMT offers the **Senior Plans A, C, and F**. These plans are **entry-age** rated. This means that once you enroll in a plan, your premium will remain at the age level you had when you first enrolled. There is no preexisting condition exclusion period for the Senior Plans.

BCBSMT also offers the **Senior Blue Plans A, B, C, F, and G**. These plans are **attained-age** rated. This means that the premium is based on your current age and increases automatically as you grow older. There is no pre-existing condition exclusion period for the Senior Blue Plans.

BCBSMT Offerings

Plan A

This is the basic plan all insurers must offer.
Please refer to pages 8 through 18 for Benefit details.

Plan B

This plan covers:

- Basic Benefits • Part A Deductible

Plan C

This plan covers:

- Basic Benefits • Part A Deductible and Part B Deductible
- Foreign Travel Emergency Care • Skilled Nursing Facility Coinsurance

Plan F

This plan covers:

- Basic Benefits • Part A Deductible and Part B Deductible
- Foreign Travel Emergency Care • Skilled Nursing Facility Coinsurance
- Pays 100% of Part B Excess charges

Plan G

This plan covers:

- Basic Benefits • Skilled Nursing Facility Coinsurance
- Part A Deductible • Pays 80% of Part B Excess charges
- Foreign Travel Emergency Care • At-home recovery

Senior Plan Premiums

Entry Age Rating

Blue Cross and Blue Shield of Montana can only raise your premium if we raise the premium for all policies like yours in the state. After you enroll in a plan, your premium will remain at that entry level. Your rate will not increase as you grow older.

Monthly Premiums For Entry Age Plans

	Plan A	Plan C	Plan F
Age 65-66 (1st level)	\$86.48	\$138.79	\$172.11
Age 67-69 (2nd level)	\$96.10	\$154.20	\$191.22
Age 70-74 (3rd level)	\$108.59	\$174.25	\$216.10
Age 75-79 (4th level)	\$123.96	\$198.93	\$246.69
Age 80 and up (5th level)	\$144.13	\$231.32	\$286.83

Senior Blue Plan Premiums

Attained Age

The premium is based on your current age and increases automatically as you grow older.

Senior Blue Monthly Premiums For Attained Age Plans

Age	Plan A	Plan B	Plan C	Plan F	Plan G
65	\$77.27	\$95.78	\$111.39	\$122.13	\$103.68
66	\$79.37	\$98.92	\$115.04	\$126.79	\$108.02
67	\$81.53	\$102.15	\$118.80	\$131.62	\$112.53
68	\$83.74	\$105.49	\$122.68	\$136.63	\$117.24
69	\$86.01	\$108.95	\$126.70	\$141.84	\$122.15
70	\$88.49	\$113.44	\$131.93	\$147.99	\$127.77
71	\$90.96	\$117.64	\$136.81	\$154.02	\$133.38
72	\$93.51	\$121.99	\$141.87	\$160.30	\$139.23
73	\$96.12	\$126.51	\$147.12	\$166.83	\$145.35
74	\$98.81	\$131.19	\$152.56	\$173.63	\$151.73
75	\$103.23	\$137.46	\$160.10	\$180.81	\$158.42
76	\$106.68	\$143.04	\$166.69	\$188.22	\$165.38
77	\$110.26	\$148.84	\$173.54	\$195.93	\$172.66
78	\$113.95	\$154.88	\$180.68	\$203.95	\$180.25
79	\$117.77	\$161.17	\$188.11	\$212.30	\$188.17
80+	\$121.73	\$166.87	\$196.30	\$220.81	\$197.14

DISCLOSURES

Read Your Policy Very Carefully

This brochure is only an outline of your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all 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 Cross and Blue Shield of Montana, 560 North Park Avenue, Helena, MT 59604. 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 will 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.

Notice

- This policy may not fully cover all of your medical costs.
- Neither Blue Cross and Blue Shield of Montana nor its agents are connected with Medicare.
- This outline of coverage does not give all of the details of Medicare coverage. Contact your local Social Security Office or consult "The Medicare Handbook" for more details.

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. 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.

Benefit Comparison

Supplement Insurance Plans

Medicare (Part A) - Hospital Services - Per Benefit Period

*A benefit period begins on the first day you receive service 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.

PLAN A

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,068	\$0	\$1,068 (Part A Deductible)
61st thru 90th day	All but \$267 a day	\$267 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$534 a day	\$534 a day	\$0
• Once lifetime reserve days are used Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care* 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 \$133.50 a day	\$0	Up to \$133.50 a day
101st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
Hospice Care			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

** 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.

Supplement Insurance Plans

Medicare (Part B) - Medical Services - Per Calendar Year

*Once you have been billed \$135 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN A

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses - 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 \$135 of Medicare-approved amounts*	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$135 of Medicare-approved amounts	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
PARTS A & B			
Home Health Care Medicare Approved Services			
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0
• Durable medical equipment First \$135 of Medicare - approved amounts*	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare - approved amounts	80%	20%	\$0

Supplement Insurance Plans

Medicare (Part A) - Hospital Services - Per Benefit Period

*A benefit period begins on the first day you receive service 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.

PLAN B

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,068	\$1,068 (Part A Deductible)	\$0
61st thru 90th day	All but \$267 a day	\$267 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$534 a day	\$534 a day	\$0
• Once lifetime reserve days are used Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care* 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 \$133.50 a day	\$0	Up to \$133.50 a day
101st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
Hospice Care			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

** 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.

Supplement Insurance Plans

Medicare (Part B) - Medical Services - Per Calendar Year

*Once you have been billed \$135 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN B

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses - 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 \$135 of Medicare-approved amounts*	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$135 of Medicare-approved amounts	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare - approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
PARTS A & B			
Home Health Care Medicare-Approved Services			
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0
• Durable medical equipment First \$135 of Medicare-approved amounts*	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

Supplement Insurance Plans

Medicare (Part A) - Hospital Services - Per Benefit Period

*A benefit period begins on the first day you receive service 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.

PLAN C

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,068	\$1,068 (Part A Deductible)	\$0
61st thru 90th day	All but \$267 a day	\$267 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$534 a day	\$534 a day	\$0
• Once lifetime reserve days are used Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care* 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 \$133.50 a day	Up to \$133.50 a day	\$0
101st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
Hospice Care			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

** 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.

Supplement Insurance Plans

Medicare (Part B) - Medical Services - Per Calendar Year

*Once you have been billed \$135 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN C

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses - 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 \$135 of Medicare-approved amounts*	\$0	\$135 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$135 of Medicare-approved amounts	\$0	\$135 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
PARTS A & B			
Home Health Care Medicare-Approved Services			
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0
• Durable medical equipment First \$135 of Medicare-approved amounts*	\$0	\$135 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
OTHER BENEFITS - NOT COVERED BY MEDICARE			
Foreign Travel - 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 maximum benefit of \$50,000	20% and amount over the \$50,000 lifetime maximum

Supplement Insurance Plans

Medicare (Part A) - Hospital Services - Per Benefit Period

*A benefit period begins on the first day you receive service 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.

PLAN F

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,068	\$1,068 (Part A Deductible)	\$0
61st thru 90th day	All but \$267 a day	\$267 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$534 a day	\$534 a day	\$0
• Once lifetime reserve days are used Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care* 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 \$133.50 a day	Up to \$133.50 a day	\$0
101st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
Hospice Care			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

**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.

Supplement Insurance Plans

Medicare (Part B) - Medical Services - Per Calendar Year

*Once you have been billed \$135 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN F

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses - 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 \$135 of Medicare-approved amounts*	\$0	\$135 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	All Costs	\$0
Blood			
First 3 pints	\$0	All costs	\$0
Next \$135 of Medicare-approved amounts	\$0	\$135 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
PARTS A & B			
Home Health Care Medicare-Approved Services			
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0
• Durable medical equipment First \$135 of Medicare-approved amounts*	\$0	\$135 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
OTHER BENEFITS - NOT COVERED BY MEDICARE			
Foreign Travel - 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 maximum benefit of \$50,000	20% and amount over the \$50,000 lifetime maximum

Supplement Insurance Plans

Medicare (Part A) - Hospital Services - Per Benefit Period

*A benefit period begins on the first day you receive service 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.

PLAN G

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,068	\$1,068 (Part A Deductible)	\$0
61st thru 90th day	All but \$267 a day	\$267 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$534 a day	\$534 a day	\$0
• Once lifetime reserve days are used Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care* 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 \$133.50 a day	Up to \$133.50 a day	\$0
101st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
Hospice Care			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

** 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 Medicare would have paid.

Supplement Insurance Plans

Medicare (Part B) - Medical Services - Per Calendar Year

*Once you have been billed \$135 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN G

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses - 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 \$135 of Medicare-approved amounts*	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	80%	20%
Blood			
First 3 pints	\$0	All costs	\$0
Next \$135 of Medicare-approved amounts	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare-approved amounts	\$0	80%	20%
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
PARTS A & B			
Home Health Care Medicare-Approved Services			
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0
• Durable medical equipment			
First \$135 of Medicare-approved amounts*	\$0	\$0	\$135 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
At-Home Recovery Services Not Covered By Medicare - Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan			
• Benefit for each visit	\$0	Actual charges to \$40/visit	Balance
• Number of visits covered (must be received within 8 weeks of last Medicare-approved visit)	\$0	Up to the number of Medicare approved visits, not to exceed 7 each week	
• Calendar year maximum	\$0	\$1,600	
OTHER BENEFITS - NOT COVERED BY MEDICARE			
Foreign Travel - Not Covered by Medicare - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 per calendar year	\$0	\$0	\$250
Remainder of charges	\$0	\$80% to a lifetime maximum benefit of \$50,000	20% and amount over the \$50,000 lifetime maximum

FREQUENTLY ASKED QUESTIONS...

For additional information or question about these Blue Cross and Blue Shield of Montana Medicare Supplement Policies, call the Marketing Department at 1-800-338-6950 or visit our website at www.bcbsmt.com.

Why Should I Choose Blue Cross and Blue Shield of Montana?

Blue Cross and Blue Shield of Montana is a leading provider of quality insurance at affordable rates. Your claims are filed automatically, so you don't need to submit forms.

Am I Eligible For A Medicare Supplement Plan?

You are eligible for a Medicare Supplement Plan if you are 65 or older, a resident of Montana, and have Medicare Parts A & B.

How and When Will I Be Accepted After I Choose Either A Senior Plan/Entry Age Plan or a Senior Blue/Attained Age Plan?

1. If you enroll during the open-enrollment period (within six months of enrolling in Medicare Part B), you will be accepted with no medical questions asked.
2. If you have had continuous coverage through a qualified Employer Group Health Plan, and have been issued a Certificate of Creditable Coverage with the last 63 days, you will be accepted with no medical questions asked.
3. If you are beyond your open-enrollment period, all Senior Plans and Senior Blue Plans listed below require Blue Cross and Blue Shield of Montana acceptance of a health statement for enrollment:
 - a. **Senior Plans/Entry Age Plans** (A, C, and F)
 - b. **Senior Blue Plans/Attained Age Plans** (A, B, C, F, and G)

What Are the Disability Benefits?

All Senior Plans provide an extra measure of protection if you terminate your coverage while totally disabled. Benefits for an illness or injury which began while your plan was in force will continue until the end of the plan Benefit period or payment of the maximum Benefits, whichever comes first.

What If I Want To Transfer To Another BCBSMT Medicare Supplement Plan?

- If you are currently on a Senior Plan/Entry Age Plan and wish to transfer to another Senior Plan/Entry Age Plan, you may do so by submitting an application. Premiums are determined by your entry age on your current Senior Plan.
- If you are currently on a Senior Plan/Entry Age Plan and wish to transfer to any of the Senior Blue/Attained Age Plans you may do so by submitting an application and a health statement for acceptance by Blue Cross and Blue Shield of Montana.
- If you are currently on a Senior Blue Plan/Attained Age Plan and wish to transfer to a Senior Blue/Attained Age Plan with a higher level of Benefits, you may do so by submitting an application and a health statement for acceptance by Blue Cross and Blue Shield of Montana.

Can I Select My Own Physicians, Hospitals?

You can choose any licensed physician, provider, or medical facility approved by Medicare, no matter where you are, whenever you need care for illness or injury. Also, you may want to ask your physician to accept your Medicare and Blue Cross and Blue Shield of Montana payment as payment in full.

Is There A Preexisting Condition Exclusion Period?

There is no preexisting condition exclusion period on Senior Blue Plans or Senior Plans.

When Must I Submit A Claim?

You must submit a claim within 12 months of the date of service if your doctor does not do so. Include an Medicare Summary Notice (MSN) form (available from your Medicare Office) and the doctor's itemized bill. For **out-of-state** physician services and Medicare Benefits paid through another insurance carrier, you must submit a Medicare Summary Notice form from Medicare and the itemized bill to the Blue Cross and Blue Shield Office in that state. Be sure to include your Senior Plan certificate number.

How Is My Medical Service Paid?

Ordinarily, you do not have to file claims. Your Montana doctor or hospital files a claim with Medicare or with Blue Cross and Blue Shield of Montana. After care is received, 87% of services are processed and paid automatically:

- If the physician who performs the services is a Blue Cross and Blue Shield of Montana Member Physician, payment is sent to the physician.
- If the physician who performs the services is not a Blue Cross and Blue Shield of Montana Member Physician, payment will be sent to you.
- In-state hospital claims are paid directly to the hospital.

How Do I Enroll?

Just fill out the application and send it to:

**Senior Plans
Blue Cross and Blue Shield of Montana
560 North Park Avenue
Box 4309
Helena, MT 59604**

You may request that coverage begins the first of the month in which your 65th birthday falls. Simply submit the application within the three months before your 65th birthday. You will receive an identification card and contract shortly after we approve your application.

How Do I Pay My Dues?

You choose between two methods and several options:

Direct Billing Method.

Depending on what is most convenient for you, Blue Cross and Blue Shield will bill you by mail, on a monthly, quarterly, semiannual or annual basis.

Automatic Deduction Method.

Your dues can be automatically withdrawn from your local bank checking account. The bank records the withdrawal on your account statement. It's an easy and convenient method of payment for you. Complete the bank authorization form attached to your application.

When Will My Coverage Begin?

1. If you are transferring to a Senior plan from other Blue Cross and Blue Shield of Montana coverage, your Senior plan coverage will begin the day your other Blue Cross and Blue Shield of Montana coverage ends. If you are transferring from an out-of-state Blue Cross and Blue Shield Plan, continue to pay dues for that Plan until you hear from us to assure there is no break in coverage.
2. If you enroll prior to your 65th birthday, or during the month of your 65th birthday, your coverage will begin when your Medicare coverage begins.

Can My Contract Be Renewed?

Your contract is guaranteed renewable.

How Are Benefits Terminated?

Your contract will be terminated only if one of the following occurs:

- (a) You request it.
- (b) Non-payment of dues when payable.
- (c) False representation or concealment of material facts when applying for coverage or after enrollment.
- (d) Fraud or deception in use of plan services or knowingly permitting such fraud or deception by another.
- (e) failure to maintain enrollment in Medicare Parts A & B

Can I Request A Review Of Claims?

If a person covered or claiming coverage or Benefits from Blue Cross and Blue Shield has a dispute or disagreement of any nature with us, please contact our Customer Service Office at 444-8295 (in Helena) or 1-800-447-7828, Extension 8295.

How Can Coverage Be Canceled?

Your coverage cannot be canceled for any reason other than those conditions specified under “How Are Benefits Terminated.”



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