

Simply BLUE

MEDICARE SUPPLEMENT PLANS

JUNE 2010





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Outline of Medicare Supplement Coverage— Benefit Plans A, B, C, F, G, K, L, M and N [page 1 of 2]

This chart shows the benefits included in each of the 2010 standardized Medicare Supplement plans. Every company must make Plan “A” available. Some plans may not be available in your state. Plans E, H, I, and J are no longer available for sale. See Outline of Coverage sections for details about ALL Plans.

Basic Benefits for Plans A-N:

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), or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.
3. Blood: first three pints of blood each year.
4. Hospice: Part A coinsurance

Plans in Blue are offered by Blue Cross and Blue Shield of Montana.

A	B	C	D
Basic including 100% Part B Coinsurance	Basic including 100% Part B Coinsurance	Basic including 100% Part B Coinsurance	Basic including 100% Part B Coinsurance
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible	
		Foreign Travel Emergency	Foreign Travel Emergency

F F*	G	K	L
Basic including 100% Part B Coinsurance	Basic including 100% Part B Coinsurance	Hospitalization and preventative care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventative care paid at 100%; other basic benefits paid at 75%
Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance
Part A Deductible	Part A Deductible	50% Part A Deductible	50% Part A Deductible
Part B Deductible			
Part B Excess (100%)	Part B Excess (100%)		
Foreign Travel Emergency	Foreign Travel Emergency		
		Out-of-Pocket limit \$4,620; paid at 100% after limit reached	Out-of-Pocket limit \$2,310; paid at 100% after limit reached

*Plan F also has an option called a High Deductible Plan F. This high deductible plans pay the same benefits as Plan F after one has paid a calendar year of \$2,000 deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses exceed \$2,000. 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.

BCBSMT Outline of Medicare Supplement Coverage

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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.

M	N
Basic including 100% Part B Coinsurance	Basic including 100% Part B Coinsurance, except up to a \$20 copayment for office visit, and up to a \$50 copayment for ER
Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
50% Part A Deductible	50% Part A Deductible
Foreign Travel Emergency	Foreign Travel Emergency

See Outlines of Coverage for details and exceptions.

IMPORTANT FACTS TO CONSIDER Before Choosing Your Benefit Plan

BCBSMT offers the Entry Age Plans A, C, F, High Deductible F, M and N. These plans are entry-age rated. This means that once you enroll in a plan, your premium is based on the age you were when you first enrolled, regardless of how old you become. There is no preexisting condition waiting period for the Entry Age Plan..

BCBSMT also offers the Attained Age Plans A, C, F, High Deductible F, M and N. 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 Attained Age Plans.

BCBSMT SUPPLEMENTAL PLAN OFFERINGS

Please refer to pages 6 through 16
for Benefit details.

Plan A

This is the basic plan all insurers must offer.

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
- Offers High Deductible option.

Plan M

This plan covers:

- Basic Benefits
- Skilled Nursing Facility Coinsurance
- 50% Part A Deductible
- Foreign Travel Emergency Care

Plan N

This plan covers:

- Basic Benefits
- 100% Part B coinsurance, except up to a \$20 copayment office visits and up to a \$50 copayment per ER visit
- Skilled Nursing Facility Coinsurance
- 50% of Part A Deductible
- Foreign Travel Emergency Care

ENTRY AGE 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 always be based on the age you were when you first enrolled. Your rate will not increase due to your age. You will always be in the same age band.

Monthly Premiums For Entry Age Plans						
Age	Plan A	Plan C	Plan F	Plan High F	Plan M	Plan N
Age 65-66 (1st level)	\$100.90	\$139.70	\$140.30	\$64.50	\$118.80	\$102.40
Age 67-69 (2nd level)	\$112.20	\$155.40	\$156.00	\$71.70	\$132.20	\$113.90
Age 70-74 (3rd level)	\$127.30	\$176.30	\$177.00	\$81.40	\$149.90	\$129.90
Age 75-79 (4th level)	\$145.30	\$201.20	\$202.00	\$92.90	\$171.10	\$147.40
Age 80+ (5th level)	\$169.30	\$234.50	\$235.40	\$108.30	\$199.40	\$171.80

ATTAINED AGE Plan Premiums

Attained Age: 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 C	Plan F	Plan High F	Plan M	Plan N
65	\$74.30	\$102.90	\$103.30	\$47.50	\$87.80	\$75.40
66	\$76.70	\$106.30	\$106.70	\$49.00	\$90.40	\$77.80
67	\$79.20	\$109.70	\$110.10	\$50.60	\$93.20	\$80.30
68	\$81.70	\$113.20	\$113.60	\$52.10	\$96.20	\$82.90
69	\$84.30	\$116.80	\$117.20	\$53.80	\$99.30	\$85.50
70	\$87.70	\$121.50	\$122.00	\$56.00	\$103.30	\$89.00
71	\$90.80	\$125.90	\$126.40	\$57.90	\$107.00	\$92.20
72	\$94.00	\$130.30	\$130.80	\$59.90	\$110.70	\$95.30
73	\$97.20	\$134.70	\$135.30	\$61.90	\$114.50	\$98.60
74	\$100.50	\$139.40	\$139.90	\$64.00	\$118.50	\$102.00
75	\$105.20	\$146.00	\$146.50	\$67.00	\$124.10	\$106.80
76	\$109.00	\$151.20	\$151.80	\$69.40	\$128.50	\$110.60
77	\$112.90	\$156.60	\$157.20	\$71.80	\$133.10	\$114.50
78	\$116.90	\$162.30	\$162.90	\$74.30	\$137.90	\$118.60
79	\$121.10	\$168.10	\$168.70	\$76.90	\$142.80	\$122.80
80+	\$125.50	\$174.30	\$174.90	\$79.70	\$148.00	\$127.30

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 \$1,100	\$0	\$1,100 (Part A Deductible)
61st thru 90th day	All but \$275 a day	\$275 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 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 \$137.50 a day	\$0	Up to \$137.50 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			
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

** 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.

Medicare (Part B) - MEDICAL SERVICES [Per Calendar Year]

*Once you have been billed \$155 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 \$155 of Medicare approved amounts*	\$0	\$0	\$155 (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 \$155 of Medicare approved amounts*	\$0	\$0	\$155 (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 \$155 of Medicare approved amounts*	\$0	\$0	\$155 (Part B Deductible)
- Remainder of Medicare approved amounts	80%	20%	\$0

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 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 \$1,100	\$1,100 (Part A Deductible)	\$0
61st thru 90th day	All but \$275 a day	\$275 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 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 \$137.50 a day	Up to \$137.50 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			
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

** 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.

Medicare (Part B) - MEDICAL SERVICES [Per Calendar Year]

*Once you have been billed \$155 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 \$155 of Medicare approved amounts*	\$0	\$155 (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 \$155 of Medicare approved amounts*	\$0	\$155 (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 \$155 of Medicare approved amounts*	\$0	\$155 (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 amounts over the \$50,000 lifetime maximum

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 F F**			
Services	Medicare Pays	After you pay \$2,000 deductible, Plan Pays	In addition to \$2,000 deductible, You Pay
Hospitalization*			
Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1,100	\$1,100 (Part A Deductible)	\$0
61st thru 90th day	All but \$275 a day	\$275 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 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 \$137.50 a day	Up to \$137.50 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			
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	Balance

** This high deductible plan pays the same benefits as Plan F after on has paid a calendar year \$2,000 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2,000. 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 included the plan's separate foreign travel emergency deductible.

*** 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.

Medicare (Part B) - MEDICAL SERVICES [Per Calendar Year]

*Once you have been billed \$155 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 F**			
Services	Medicare Pays	After you pay \$2,000 deductible, Plan Pays	In addition to \$2,000 deductible, 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 \$155 of Medicare approved amounts*	\$0	\$155 (Part B Deductible)	\$0
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare approved amounts)	\$0	100%	\$0
Blood			
First 3 pints	\$0	All costs	\$0
Next \$155 of Medicare approved amounts*	\$0	\$155 (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 \$155 of Medicare approved amounts*	\$0	\$155 (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 amounts over the \$50,000 lifetime maximum

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 M			
Services	Medicare Pays	Plan Pays	You Pay
Hospitalization*			
Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1,100	\$550 50% of Part A deductible	\$550 50% of Part A deductible
61st thru 90th day	All but \$275 a day	\$275 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 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 \$137.50 a day	Up to \$137.50 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			
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

** 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.

Medicare (Part B) - MEDICAL SERVICES [Per Calendar Year]

*Once you have been billed \$155 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 M			
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 \$155 of Medicare approved amounts*	\$0	\$0	\$155 (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 \$155 of Medicare approved amounts*	\$0	\$0	\$155 (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 \$155 of Medicare approved amounts*	\$0	\$0	\$155 (Part B Deductible)
- 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 amounts over the \$50,000 lifetime maximum

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 N			
Services	Medicare Pays	Plan Pays	You Pay
Hospitalization*			
Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1,100	\$550 50% of Part A deductible	\$550 50% of Part A deductible
61st thru 90th day	All but \$275 a day	\$275 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 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 \$137.50 a day	Up to \$137.50 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			
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

** 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.

Medicare (Part B) - MEDICAL SERVICES [Per Calendar Year]

*Once you have been billed \$155 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 N			
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 \$155 of Medicare approved amounts*	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare approved amounts	Generally 80%	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.
Part B Excess Charges (Above Medicare approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$155 of Medicare approved amounts*	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0

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Medicare (Part B) - MEDICAL SERVICES [Per Calendar Year]

*Once you have been billed \$155 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 N			
Parts A & B			
Home Health Care Medicare Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
- First \$155 of Medicare approved amounts*	\$0	\$0	\$155 (Part B Deductible)
- 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 amounts over the \$50,000 lifetime maximum. 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.

DISCLOSURES

Read Your Medicare Supplement 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 the rights and duties of both you and your insurance company.

Right To Return Your Medicare Supplement 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 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 Medicare Supplement 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 Medicare Supplement 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.

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 800-447-7828 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 an Entry Age Plan or an 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 Medicare Parts A & B and an employer group health plan (including retiree or COBRA coverage) or union coverage, and apply within 63 days after the date the coverage ends, or the date you get the notice that your coverage is ending or a date on a claim denial, you will be accepted with no medical questions asked.
3. If you are beyond your open-enrollment period, all Plans listed below require Blue Cross and Blue Shield of Montana acceptance of a health statement for enrollment:
 - a. Entry Age Plans (A, C, F, High Deductible F, M and N)
 - b. Attained Age Plans (A, C, F, High Deductible F, M and N)

What Are the Disability Benefits?

All Simply Blue 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 Care, Senior Care Plus, Senior Care Golden Plan or a 1990 Standardized Plan and wish to transfer to a 2010 Standardized Plan, you may do so by submitting an application/health statement for acceptance to Blue Cross and Blue Shield of Montana.
- If you are currently on a Simply Blue Plan and wish to transfer to a different Simply Blue Plan with a higher level of Benefits, you may do so by submitting an application/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 Exclusion Period?

There is no preexisting condition exclusion period on the Simply Blue 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 Simply Blue Plan ID 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:

Attn: Marketing/Medicare Supplements
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.\

FREQUENTLY ASKED QUESTIONS

How do I Pay My dues?

You choose between two methods and several options:

1. 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.

2. 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 Simply Blue Plan from other Blue Cross and Blue Shield of Montana coverage, your Simply Blue 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:

1. You request it.
2. Non-payment of dues when payable.
3. False representation or concealment of material facts when applying for coverage or after enrollment.
4. Fraud or deception in use of plan services or knowingly permitting such fraud or deception by another.
5. Failure to maintain enrollment in Medicare Parts A & B

How Can Coverage Be Canceled?

Your coverage cannot be canceled for any reason other than those conditions specified under "How Are Benefits Terminated" located above.

Can I Request A Review Of Claims?

If a person covered or claiming coverage or Benefits from Blue Cross and Blue Shield of Montana has a dispute or disagreement of any nature with us, please contact our Customer Service Office at 800-447-7828.



800.447.7828
www.bcbsmt.com