



BlueCross BlueShield of Illinois

The right coverage makes all the difference



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Blue lifeSM



This information is a solicitation for insurance.

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How Does Medicare Work?

There are four parts to Medicare, each providing different types of health care services. Medicare Supplement Insurance is often added on top of Parts A, B, and D to form more complete medical coverage.



Hospital Insurance

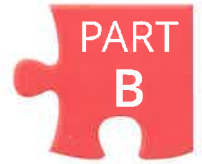
Helps pay for inpatient hospital care, skilled nursing facility care, home health care and hospice care. While most Americans are

enrolled automatically in Medicare Part A, it may not cover all of your health care costs. Parts B, C and D are voluntary programs that provide additional coverage.

Medical Insurance

Helps pay for covered doctor's services and many other medical services and supplies. If you don't

enroll in Part B when you are first eligible for Medicare, you may have to pay a penalty later.



Medicare Advantage Plans

Offers medical coverage through a network of providers, such as an HMO or PPO, that is an alternative to Original Medicare (Parts A & B). These plans may or may not cover prescription drugs.

Prescription Drug Coverage

Helps pay for covered prescription medications. As with Part B, if you do not enroll when first eligible, you may have to pay a penalty later.



Medicare Supplement Insurance

Optional coverage helps to pay for expenses beyond what is covered by Medicare. There are several Medicare Supplement insurance plans, each with different benefits and premiums, so you can choose the plan that works best for your specific needs. Medicare Supplement insurance plans are identified by the separate letters A through N. The basic benefits of each plan are exactly alike for all insurance companies.

If you are already a member of a Medicare Advantage plan, you cannot purchase a Medicare Supplement Insurance plan.



Learn more about your Medicare Supplement Insurance options at www.getblueil.com/medsupp

What Are My Plan Options and Coverage?

Medicare Supplement Insurance Plans offered by Blue Cross and Blue Shield of Illinois are outlined in the table below. Each plan offers a different set of benefits.

Plans F and High Deductible F are also available but only if you were eligible for Medicare before January 1, 2020.

	Basic Benefit Option	Comprehensive Plan Option	Innovative Plan Options		Budget-Conscious Plan Options			
	Plan A	Plan G	Plan G Plus	High Deductible Plan G Plus ⁶	High Deductible Plan G ⁶	Plan K ⁷	Plan L ⁷	Plan N
Reduced Premium Medicare Select Option Available ^{1,2} (eligibility based on ZIP code)		✓	✓			✓	✓	✓
Basic Benefits	✓	✓	✓	✓	✓	100% / 50%	100% / 75%	✓ copay applies ⁸
Skilled Nursing Coinsurance		✓	✓	✓	✓	50%	75%	✓
Part A Deductible		✓	✓	✓	✓	50%	75%	✓
Part B Excess ³		✓	✓	✓	✓			
Foreign Travel Emergency Care ⁴		✓	✓	✓	✓			✓
Annual Out-of-Pocket Limit ⁵						\$6,220	\$3,110	
SilverSneakers [®]			✓	✓				
24/7 Nurseline	✓	✓	✓	✓	✓	✓	✓	✓
Dental Benefits ⁹			✓	✓				
Hearing Benefits ⁹	✓	✓	✓	✓	✓	✓	✓	✓
Vision Benefits ⁹			✓	✓				

What Does a Medicare Supplement Insurance Plan Cover?

Medicare Supplement Insurance Plans cover the costs that Original Medicare does not on deductibles, coinsurance and copayments. With your Medicare Supplement Insurance Plan, you can choose any doctor or specialist who accepts Medicare. At the time of your doctor's visit, there is no cost upfront. Just show your ID and your claim will be sent to Medicare and then sent electronically to us.

Innovative Plan Options include coverage of dental benefits of cleanings, exams and X-ray, hearing benefits of \$0 annual exam with hearing aid discounts, free SilverSneakers Fitness Program and access to 24/7 Nurseline. Medicare Supplement Insurance Plans do not cover prescription drugs, but they can be paired with a prescription drug plan.

Deductibles

The amount you must pay for health care before Original Medicare begins to pay.

Coinsurance

An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Copayments

An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital or outpatient visit. A copayment is usually a set amount, rather than a percentage.

- ¹ Network restrictions apply. Only certain hospitals are network providers under this policy. Check with your physician to determine if he or she has admitting privileges at the network hospital. If he or she does not, you may be required to pay for all expenses.
- ² You must live within 30 miles of a participating Medicare Select hospital to be eligible.
- ³ Not to exceed any charge limitation established by the Medicare program or state law.
- ⁴ Plans cover medically necessary emergency care services needed immediately because of an injury or illness of sudden and unexpected onset, beginning during the first 60 days of each trip outside the USA. There is a deductible of \$250 and a lifetime maximum benefit of \$50,000.
- ⁵ The out-of-pocket annual limit may increase each year for inflation (2021 limits shown).
- ⁶ High deductible plans pay the same benefits as Plans F and G after one has paid a calendar-year \$2,370 deductible. Benefits from High Deductible Plans F and G will not begin until out-of-pocket expenses are \$2,370. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the separate foreign travel emergency deductible.
- ⁷ Plans K and L provide for different cost-sharing for items and services than the other plans we offer. 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.
- ⁸ Plan N requires a copayment of up to \$20 for office visits and a copayment of up to \$50 for ER.
- ⁹ For a detailed explanation of dental, hearing and vision benefits for Plan G Plus options, refer to the Outline of Coverage.
- ¹⁰ Source: Continuous Tracking Program 2019; SPH Analytics, BCBSIL

Why Choose Blue Cross and Blue Shield of Illinois?

Blue Cross and Blue Shield of Illinois is a name you can trust, and has been serving the people of Illinois for more than 80 years. Our Medicare Supplement insurance plans offer in-depth coverage to help protect your health while also offering our high-level customer service and additional benefits.

Here Are 10 Great Reasons to Choose Blue Cross and Blue Shield of Illinois (BCBSIL):

1. A choice of 10 BCBSIL Medicare Supplement insurance plans to help you cover Medicare gaps.
2. Virtually hassle-free claims processing.
3. A name recognized by doctors and specialists everywhere.
4. Reliable coverage from a respected industry leader.
5. Helpful individual service from Medicare Supplement insurance agents.
6. 100 percent of our subscribers say they are satisfied.¹⁰
7. Medicare Select is a money-saving option for members who live within 30 miles of a contracting hospital. It has all the same benefits as a standard option, but it costs less as long as a member uses Medicare Select hospitals for non-emergency admissions.
8. Over 80 years of experience, know-how, and service to Illinois residents.
9. Medicare Supplement also has Value Added Benefits that include an annual hearing exam, hearing aid discounts, and access to the 24/7 Nurseline.
10. Easy, online application is available.



Household Discount

You may be eligible for a household discount if at least two members reside in the same household and are enrolled in Blue Cross and Blue Shield of Illinois Medicare Supplement Insurance Plans effective on or after May 1, 2019.

The best time to buy a Medicare Supplement insurance policy is around the time you turn 65. You have guaranteed acceptance on the first day of the month in which you turn 65 and are enrolled in Medicare Part B. If you are under age 65, have Medicare Part A and are enrolled in Medicare Part B, your acceptance is guaranteed within six months of your Part B effective date or another qualifying event. In any scenario, you must have Medicare Part B to be eligible for a Medicare Supplement insurance policy.



BlueCross BlueShield of Illinois

Make the Right Choice for Your Peace of Mind.



Call

Toll Free: **1-877-566-1277 • TTY 711**

8:00 a.m. – 8:00 p.m., local time, Monday through Friday.



Web

www.getblueil.com/medsupp

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Medicare Supplement Insurance Plan Notice:

Medicare Supplement insurance plans are offered by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.