Here Are Ten Great Reasons to Choose BCBSIL.

1. A choice of nine 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. 97 percent of our subscribers say they are satisfied. 1
7. Blue Access for MembersSM (BAM) is a secure member website where you can find more about your policy, see if claims have been completed, sign up for alerts about claim activity, print a temporary ID card, view up to 18 months of claim history, and more.
8. Over 75 years of experience, know-how, and service to Illinois residents.
9. Blue365® member discount program offers you discounts on things like dental, vision and hearing products and services, fitness gear, weight loss programs, healthy eating options and much more.
10. Easy, online application is available.

The best time to buy a Medicare Supplement insurance policy is around the time you turn 65. You have guaranteed acceptance during the 6-month Open Enrollment Period that begins 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 for a Plan A Medicare Supplement insurance policy. If you are under age 65 and on Medicare, you will also have a six-month Open Enrollment Period when you reach age 65, beginning on the first day of the month in which you turn 65. In any scenario, you must have Medicare Part B to be eligible for a Medicare Supplement insurance policy.

Medicare Part D Plan Notice:
Medicare Part D plans are offered through CVS Health Corporation and its affiliates. Medicare and Part D Plan Notice: The cheapest Medicare Advantage plan is not necessarily the best plan for you. To find the plan that is best for you we recommend you compare all Medicare Advantage plans available in your area by visiting Medicare.gov or calling Medicare at 1-800-MEDICARE. If you are enrolled in Medicare Advantage, you must enroll in Medicare Part B to be eligible for Medicare Supplement insurance policy.

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 75 years. Our Blue Medicare Supplement insurance plans offer in-depth coverage to help protect your health while also offering our high-level customer service and additional benefits.
Insurance is often added on top of Parts A, B, and D to form a more complete medical coverage. There are four parts to Medicare, each providing different types of health care services. Medicare Supplement insurance plans are identified by the separate letters “A” through “N”.1 The basic benefits of each plan are exactly alike for all levels available.

### Medicare Advantage Plans

Medicare Advantage plans offer prescription drug coverage. These plans may or may not cover prescription drugs.

### Medicare Supplement Insurance

Medicare Supplement insurance plans are identified by the separate letters A, B, C, D, F, F-HD, G, K, L, M and N, with each letter representing a different level of benefit. The chart below shows an overview of the different plan levels available.

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Plan F</th>
<th>High Deductible Plan F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Benefit</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Options</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Skilled Nursing Care</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Part A Deductible</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Part B Deductible</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Part B Excess</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Foreign Travel Emergency Care</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Annual Out-Of-Pocket Limit</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Amount</td>
<td>$5,120</td>
<td>$2,560</td>
</tr>
</tbody>
</table>

1. Not all of these plans are offered by Blue Cross and Blue Shield of Illinois.
2. Network restrictions apply. Only certain hospitals are network providers under this policy. Check with your provider 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 expenses.
3. You must live within 30 miles of a participating Medicare Select hospital to be eligible.
4. Not to exceed any charge limitation established by the Medicare program or state law.
5. 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 $25,000.
6. The out-of-pocket annual limit may increase each year for inflation (2017 limits shown).
7. Plan F also has an option called a high-deductible Plan F. This high-deductible plan pays the same or offers the same benefits as Plan F after one has paid a calendar year $2,200 deductible. Benefits from high-deductible Plan F will not begin until out of pocket expenses are $2,200. Out of pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. Those expenses include the Medicare deductibles for Parts A and B. Part D is not included in this plan's separate foreign travel emergency deductible.
8. Plans K and L provide for different cost-sharing for items and services than the other plans we offer. If you reach the annual limit, the plan pays 75% of the Medicare copayments, coinsurance and deductibles for the rest of the calendar year. The out-of-pocket limit does NOT include charges from your provider that exceed Medicare approved amounts, called balance charges. You will also be responsible for paying balance charges.
9. Plans N require a copayment of up to $20 for office visits and a copayment of up to $50 for ER.
10. 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 outpatient visit, or prescription. A copayment is usually a set amount, rather than a percentage. For example, you might pay $10 or $20 for a doctor’s visit or prescription.

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

All Medicare Supplement insurance plans help provide coverage for some of the costs that Medicare doesn’t pay, including:

**Co-payments:**

- 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 outpatient visit, or prescription. A copayment is usually a set amount, rather than a percentage. For example, you might pay $10 or $20 for a doctor’s visit or prescription.

**Deductibles:**

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

1. Source: Over 65, BCBSIL, member loyalty survey 2015, 12-month rolling average.
2. Blue365 is a discount program only for BCBSIL members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Please check your benefit booklet or call the customer service number on the back of your ID card for more information. Use of Blue365 does not change your monthly payment, nor do costs of services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors who take part in this program. Blue365 does not guarantee or make any claims or recommendations about the program’s services or products. You may want to talk to your doctor before using these services and products. BCBSIL reserves the right to stop or change this program at any time with notice.
Insurance is often added on top of Parts A, B, and D to form a more complete medical coverage. There are four parts to Medicare, each providing different types of health care services. 

Medicare Supplement insurance plans are identified by the separate letters A, B, C, D, F, HMO, G, K, L, M and N1 with each letter representing a different level of benefits. The chart below shows an overview of the different plan levels available.

<table>
<thead>
<tr>
<th>Basic Benefit Options</th>
<th>Comprehensive Plan Options</th>
<th>Budget-Conscious Plan Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan A</td>
<td>Plan B</td>
<td>Plan C</td>
</tr>
</tbody>
</table>

**Reduced Premium Medicare Select Option Available1**

Inability based on zip code:

- 100%/50%
- 100%/75%
- copay expired

**Basic Benefits**

- 100%/50%
- 100%/75%
- copay expired

**Skilled Nursing Coverage**

50% 75%

**Part A Deductible**

50% 75%

**Part B Deductible**

50% 75%

**Part B Excess**

50% 75%

**Foreign Travel Emergency Care**

50% 75%

**Annual Out-of-Pocket Limit**

$5,120 $2,560

**What Are My Plan Options and Coverage?**

Medicare Supplement insurance plans help provide coverage for some of the costs that Medicare doesn't pay, including:

**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 outpatient visit, or prescription. A copayment is usually a set amount, rather than a percentage. For example, you might pay $10 or $20 for a doctor's visit or prescription.

**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%).

**Deductibles:**

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

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1 Not all of these plans are offered by Blue Cross and Blue Shield of Illinois.

2 Network restrictions apply. Only certain hospitals are network providers under this plan. Check with your provider 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.

3 You must live within 30 miles of a participating Medicare Select hospital to be eligible.

4 Not to exceed any charge limitation established by the Medicare program or state law.

5 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.

6 The out-of-pocket annual limit may increase each year for inflation (2017 limits shown).

7 Plan F also has an option called a high-deductible Plan F. This high-deductible plan pays the same or offers the same benefits as Plan F after one has paid a calendar year $2,200 deductible. Benefits from high-deductible Plan F will not begin until all out-of-pocket expenses are $2,200. 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.

8 Plans C and K provide for different cost-sharing for items and services that are not the other plans we offer. Once you reach the annual limit, the plan pays 80% of the Medicare copayments, coinsurance and deductibles for the rest of the calendar year.

9 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.

10 Plan H requires a copayment of up to $50 for office visits and a copayment of up to $50 for ER.

11 Source: Over 65, BCBSIL, member loyalty survey 2015, 12-month rolling average.

12 Blue365 is a discount program only for BCBSIL members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Please check your benefit booklet or call the customer service number on the back of your ID card for more information. Use of Blue365 does not change your monthly payment, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors who take part in this program. BCBSIL does not guarantee or make any claims or recommendations about the program’s services or products. You may want to talk to your doctor before using these services and products. BCBSIL reserves the right to stop or change this program at any time without notice.

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If you already are 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
Insurance is often added on top of Parts A, B, and D to form a more complete medical coverage. There are four parts to Medicare, each providing different types of health care services. Medicare Supplement Insurance is provided by insurance companies. If you already are a member of a Medicare Advantage plan, you cannot purchase a Medicare Supplement Insurance plan.

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 select the plan that best meets 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.

Basic Benefits

Plan A

Plan B

Plan C

Plan D

Plan F

Plan G

Plan L

Plan N

100% / 50% / 75%
100% / 50% / 75%
100% / 50%
100% / 50%
100% / 50%
100% / 50%
100% / 50%
100% / 50%

Coinsurance:

Skilled Nursing Care1

Part A Deductible

Part B Deductible

Part B Excess2

Foreign Travel Emergency Care3

Annual Out-of-Pocket Limit4

$5,120

$2,560

Medicare Advantage Plans

Medicare Advantage plans are different from Original Medicare. They may cover some, all, or none of the following:

- Inpatient and outpatient hospital care
- Skilled nursing facility care
- Home health care
- Prescription drug coverage
- Hospice care
- Private doctor visits
- Lab services
- Vision and hearing aids

Medicare Advantage plans may also offer extra benefits not included in Original Medicare, such as:

- Transportation services to and from doctor visits
- Health and wellness programs

Medicare Advantage plans offer a variety of options. If you have a Medicare Advantage plan, you may have to pay a monthly premium in addition to the Part B premium. You may also have to pay a deductible and coinsurance for certain services. You may need to get some services first from a Medicare Advantage plan and a Medicare Primary Care Provider (PCP) to get other Medicare services.

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Medicare Supplement Plan F

Plan F offers the most comprehensive coverage. It provides full coverage for all Medicare-covered services and supplies. It also does not impose a lifetime maximum benefit limit for items like hospital stays and doctor visits.

- The plan pays 100% of all covered medical expenses after meeting the $2,200 annual deductible.
- The plan pays the full amount for covered medical expenses after the deductible is met.
- If you have a Medicare Advantage plan, you must sign a Waiver of Rights form to get Medicare Part B.
- You can sign up for Plan F at any time after you are eligible for Medicare.

What Does a Medicare Supplement Insurance Plan Cover?

Copays:
An amount you may be required to pay on your share of the cost for a medical service or supply, like a doctor’s visit, hospital outpatient visit, or prescription. A copayment is usually a set amount, rather than a percentage. For example, you might pay $10 or $20 for a doctor’s visit or prescription.

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

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

What Are My Plan Options and Coverage?

What Does a Medicare Supplement Insurance Plan Cover?

All Medicare Supplement insurance plans help provide coverage for some of the costs that Medicare doesn’t pay, including:

- Catastrophic Care: Coverage for some or all of the costs that Medicare doesn’t pay after the policyholder has paid a $5,120 annual out-of-pocket limit.
- Waiver of Pre-existing Conditions: Coverage for any medical costs related to an illness or injury that was present when you enrolled in the plan.
- Out-of-Pocket Maximum: Limit on the total amount that a policyholder pays for covered expenses, including deductibles, copayments, and coinsurance. Once the out-of-pocket maximum is reached, the policy no longer covers any additional costs for those services.

Blue Cross and Blue Shield of Illinois (BCBSIL) is an independent licensee of the Blue Cross and Blue Shield Association. As such, it does not have an employment or other relationship with Blue Cross and Blue Shield of Illinois. BCBSIL is an independent licensee of the Blue Cross and Blue Shield Association.

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7. Blue Access for MembersSM (BAM) is a secure member website where you can find more about your policy, see if claims have been completed, sign up for alerts about claim activity, print a temporary ID card, view up to 18 months of claim history, and more.
8. Over 75 years of experience, know-how, and service to Illinois residents.
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Make the Right Choice for Your Peace of Mind.

Call
Toll Free: 1-877-666-1277
We are open 7:00 a.m. – 6:00 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays. TTY/TDD: 711

Web
www.getbluelink.com/medsupp

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