

# Benefit Chart of Medicare Supplement Plans sold on or after June 1, 2010

Authorized Broker



An Independent Licensee of the Blue Cross and Blue Shield Association

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan "A" available. Some plans may not be available in Arizona. Plans E, H, I and J are no longer available for sale.

## Basic Benefits

- **Hospitalization** – Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses** – Part B coinsurance (generally 20 percent of Medicare-approved expenses) or copays for hospital outpatient services.
- **Blood** – First three pints of blood each year.
- **Hospice** – Part A coinsurance.

Shaded Plans A, C, F & N are options offered by Blue Cross Blue Shield of Arizona.

A	B	C	D	F/F*	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% 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	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			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 plan pays the same benefits as Plans F after one has paid a calendar-year \$2,000 deductible. Benefits from high-deductible Plan F will not begin until your 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 B, but do not include the plan's separate foreign travel emergency deductible. **Note:** BCBSAZ does not offer high-deductible Plan F.

## Blue Cross Blue Shield of Arizona Premium Rate Information Rates are effective June 1, 2010

Blue Cross Blue Shield of Arizona can only raise your premium if we raise the premium for all policies like yours in Arizona. Should this occur, you will receive a 30-day notice.

### Early-enrollment Discount

If you enroll in a Senior Security or Senior Preferred plan at age 65, 66, or 67, you receive an early-enrollment discount\* on your rate. When you are Medicare eligible at age 65 to 65½, you are **automatically eligible** for the lower BlueValue rate and a 32% early-enrollment discount. Even if you are past age 65½, you may still qualify for the lower premium BlueValue rate. The BCBSAZ Medicare supplement application contains questions about your medical history, which helps determine your rate.

#### BlueValue rate with 32% early-enrollment discount at age 65

	Monthly	Quarterly	Semi-Annual	Annually
Senior Security Plan A	\$109	\$327	\$654	\$1,308
Senior Security Plan C	113	339	678	1,356
Senior Security Plan F	120	360	720	1,440
Senior Security Plan N	88	264	528	1,056
Senior Preferred Plan C	93	279	558	1,116
Senior Preferred Plan N	73	219	438	876

#### Standard rate with 32% early-enrollment discount at age 65

	Monthly	Quarterly	Semi-Annual	Annually
Senior Security Plan A	\$177	\$531	\$1,062	\$2,124
Senior Security Plan C	184	552	1,104	2,208
Senior Security Plan F	193	579	1,158	2,316
Senior Security Plan N	141	423	846	1,692
Senior Preferred Plan C	150	450	900	1,800
Senior Preferred Plan N	118	354	708	1,416

#### BlueValue rate with 28.8% early-enrollment discount at age 66

	Monthly	Quarterly	Semi-Annual	Annually
Senior Security Plan A	\$115	\$345	\$690	\$1,380
Senior Security Plan C	118	354	708	1,416
Senior Security Plan F	125	375	750	1,500
Senior Security Plan N	92	276	552	1,104
Senior Preferred Plan C	98	294	588	1,176
Senior Preferred Plan N	77	231	462	924

#### Standard rate with 28.8% early-enrollment discount at age 66

	Monthly	Quarterly	Semi-Annual	Annually
Senior Security Plan A	\$186	\$558	\$1,116	\$2,232
Senior Security Plan C	192	576	1,152	2,304
Senior Security Plan F	202	606	1,212	2,424
Senior Security Plan N	148	444	888	1,776
Senior Preferred Plan C	157	471	942	1,884
Senior Preferred Plan N	124	372	744	1,488

#### BlueValue rate with 25.6% early-enrollment discount at age 67

	Monthly	Quarterly	Semi-Annual	Annually
Senior Security Plan A	\$120	\$360	\$720	\$1,440
Senior Security Plan C	124	372	744	1,488
Senior Security Plan F	131	393	786	1,572
Senior Security Plan N	96	288	576	1,152
Senior Preferred Plan C	102	306	612	1,224
Senior Preferred Plan N	80	240	480	960

#### Standard rate with 25.6% early-enrollment discount at age 67

	Monthly	Quarterly	Semi-Annual	Annually
Senior Security Plan A	\$194	\$582	\$1,164	\$2,328
Senior Security Plan C	201	603	1,206	2,412
Senior Security Plan F	211	633	1,266	2,532
Senior Security Plan N	155	465	930	1,860
Senior Preferred Plan C	164	492	984	1,968
Senior Preferred Plan N	129	387	774	1,548

\*The early-enrollment discount is reduced annually by 3.2 percent over the next ten to eight years of continuous enrollment, depending on when you enroll. The change in discount occurs in the next month's bill after your birthday occurs. When your discount no longer applies, you will be charged the BlueValue or Standard rate assigned to your Senior Security or Senior Preferred plan.

## Blue Cross Blue Shield of Arizona Premium Rate Information

Rates are effective June 1, 2010

### BlueValue Rate

You may be eligible to receive a lower premium BlueValue rate. In certain situations, you may be automatically eligible to receive the BlueValue rate, regardless of your medical history.

BlueValue rate	Monthly	Quarterly	Semi-Annual	Annually
Senior Security Plan A	\$161	\$483	\$966	\$1,932
Senior Security Plan C	166	498	996	1,992
Senior Security Plan F	176	528	1,056	2,112
Senior Security Plan N	129	387	774	1,548
Senior Preferred Plan C	137	411	822	1,644
Senior Preferred Plan N	108	324	648	1,296

### Standard Rate

If you don't qualify for the BlueValue rate, you will receive a standard rate.

Standard rate	Monthly	Quarterly	Semi-Annual	Annually
Senior Security Plan A	\$261	\$783	\$1,566	\$3,132
Senior Security Plan C	270	810	1,620	3,240
Senior Security Plan F	284	852	1,704	3,408
Senior Security Plan N	208	624	1,248	2,496
Senior Preferred Plan C	220	660	1,320	2,640
Senior Preferred Plan N	174	522	1,044	2,088

## **Disclosures**

Use this outline to compare benefits and premiums among policies. This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010 have different benefits and premiums. Plans E, H, I, and J are no longer available for sale.

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## **Read your policy very carefully**

This is only an outline describing your policy's most important features. The policy is your Medicare supplement insurance contract. You must read the policy itself to understand all of the rights and duties of both you and Blue Cross Blue Shield of Arizona.

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## **Right to return policy**

If you find that you are not satisfied with your policy, you may return it to:

Blue Cross Blue Shield of Arizona  
Enrollment Services Department  
P.O. Box 13466  
Phoenix, Arizona 85002-3466

If you send the policy back to BCBSAZ within 30 days after you receive it, BCBSAZ will treat the policy as if it had never been issued and return all of your payments.

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## **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.

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## **Notice**

- This policy may not fully cover all of your medical costs.
  - Neither Blue Cross Blue Shield of Arizona nor its contracted brokers are connected with Medicare.
  - This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.
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## **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. Blue Cross Blue Shield of Arizona 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.

# Outline of Medicare Supplement Coverage

## Senior Security

### Medicare (Part A) Hospital Services – Per Benefit Period

\*The benefit period, as it applies to Medicare Part A services described below, begins on the first day you receive services 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.

Services	Medicare Pays	Plan A		Plan C	
		Plan Pays	You Pay	Plan Pays	You Pay
<b>Hospitalization*</b> Semi-private room and board, general nursing and miscellaneous services and supplies					
First 60 days	All but \$1,100 (Part A Deductible)	\$0	\$1,100 (Part A Deductible)	\$1,100 (Part A Deductible)	\$0
61st thru 90th day	All but \$275 a day	\$275 a day	\$0	\$275 a day	\$0
91st day and after	All but \$550 a day	\$550 a day	\$0	\$550 a Day	\$0
While using 60 lifetime reserve days					
Once lifetime reserve days are used:					
– Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**	100% of Medicare-eligible expenses	\$0**
– Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
<b>Skilled Nursing Facility Care*</b>					
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	\$0	\$0
21st thru 100th day	All but \$137.50 a day	\$0	Up to \$137.50 a day	Up to \$137.50 a day	\$0
101st day and after	\$0	\$0	All costs	\$0	All costs
<b>Blood</b>					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
<b>Hospice Care</b>					
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	Medicare copayment/coinsurance	\$0

**\*\*Notice:** When your Medicare Part A hospital benefits are exhausted, Blue Cross Blue Shield of Arizona stands in 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.

# Outline of Medicare Supplement Coverage

## Senior Security

### 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 \*), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan A		Plan C	
		Plan Pays	You Pay	Plan Pays	You Pay
<b>Medical Expenses</b> IN OR OUT OF THE HOSPITAL AND OUT-PATIENT 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)	\$155 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
<b>Part B excess charges</b> (above Medicare-approved amounts)	\$0	\$0	All costs	\$0	All costs
<b>Blood</b>					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$155 of Medicare-approved amounts*	\$0	\$0	\$155 (Part B Deductible)	\$155 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0	20%	\$0
<b>Clinical Laboratory Services</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

# Outline of Medicare Supplement Coverage

## Senior Security

### Medicare Parts A & B

\*Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an \*), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan A		Plan C	
		Plan Pays	You Pay	Plan Pays	You Pay
<b>Home Health Care</b> MEDICARE-APPROVED SERVICES					
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
• Durable medical equipment – First \$155 of Medicare-approved amounts*	\$0	\$0	\$155 (Part B Deductible)	\$155 (Part B Deductible)	\$0
– Remainder of Medicare-approved amounts	80%	20%	\$0	20%	\$0

### Other Benefits not Covered by Medicare

Services	Medicare Pays	Plan A		Plan C	
		Plan Pays	You Pay	Plan Pays	You Pay
<b>Foreign Travel</b> – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States					
First \$250 each calendar year	\$0	\$0	All costs	\$0	\$250
Remainder of charges	\$0	\$0	All costs	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum benefit

Medicare benefits are subject to change. The Medicare deductible and copayment amounts in this outline are effective through December 31, 2010. Please consult the latest "Guide to Health Insurance for People with Medicare."

# Outline of Medicare Supplement Coverage

## Senior Security

### Medicare (Part A) Hospital Services – Per Benefit Period

\*The benefit period, as it applies to Medicare Part A services described below, begins on the first day you receive services 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.

Services	Medicare Pays	Plan F		Plan N	
		Plan Pays	You Pay	Plan Pays	You Pay
<b>Hospitalization*</b> Semi-private room and board, general nursing and miscellaneous services and supplies					
First 60 days	All but \$1,100 (Part A Deductible)	\$1,100 (Part A Deductible)	\$0	\$1,100 (Part A Deductible)	\$0
61st thru 90th day	All but \$275 a day	\$275 a day	\$0	\$275 a day	\$0
91st day and after	All but \$550 a day	\$550 a Day	\$0	\$550 a Day	\$0
While using 60 lifetime reserve days					
Once lifetime reserve days are used:					
– Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**	100% of Medicare-eligible expenses	\$0**
– Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
<b>Skilled Nursing Facility Care*</b>					
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	\$0	\$0
21st thru 100th day	All but \$137.50 a day	Up to \$137.50 a day	\$0	Up to \$137.50 a day	\$0
101st day and after	\$0	\$0	All costs	\$0	All costs
<b>Blood</b>					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0	\$0	\$0
<b>Hospice Care</b>					
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	Medicare copayment/coinsurance	\$0

\*\*Notice: When your Medicare Part A hospital benefits are exhausted, Blue Cross Blue Shield of Arizona stands in 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.

# Outline of Medicare Supplement Coverage

## Senior Security

### Medicare (Part B) Hospital Services – Per Calendar Year

\*Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an \*), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan F		Plan N	
		Plan Pays	You Pay	Plan Pays	You Pay
<b>Medical Expenses</b> 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	\$0	\$155 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0	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 admit- ted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>Part B excess charges</b> (above Medicare- approved amounts)	\$0	100%	\$0	\$0	All costs
<b>Blood</b>					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$155 of Medicare-approved amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0	20%	\$0
<b>Clinical Laboratory Services</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

# Outline of Medicare Supplement Coverage

## Senior Security

### Medicare Parts A & B

\*Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an \*), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan F		Plan N	
		Plan Pays	You Pay	Plan Pays	You Pay
<b>Home Health Care</b> MEDICARE-APPROVED SERVICES					
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
• Durable medical equipment – First \$155 of Medicare-approved amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0	20%	\$0

### Other Benefits not Covered by Medicare

Services	Medicare Pays	Plan F		Plan N	
		Plan Pays	You Pay	Plan Pays	You Pay
<b>Foreign Travel</b> – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States					
First \$250 each calendar year	\$0	\$0	\$250	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum

Medicare benefits are subject to change. The Medicare deductible and copayment amounts in this outline are effective through December 31, 2010. Please consult the latest "Guide to Health Insurance for People with Medicare."

## Outline of Medicare Supplement Coverage

Senior Preferred *(Available in Maricopa, Pima, Apache, Cochise, Coconino, Mohave, Pinal and Santa Cruz counties only.)*

**Important:** Generally, you must use doctors and hospitals in the Senior Preferred provider network except for emergencies. Benefits will be provided at the Senior Preferred level for Medicare eligible expenses for treatment of a medical emergency regardless of whether or not a Senior Preferred hospital or physician is used.

### Medicare (Part A) Hospital Services – Per Benefit Period

\*The benefit period, as it applies to Medicare Part A services described below, begins on the first day you receive services as an inpatient and ends after you have been out of hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan C		Plan N	
		Plan Pays	You Pay	Plan Pays	You Pay
<b>Hospitalization*</b> Semi-private room and board, general nursing and miscellaneous services and supplies					
First 60 days	All but \$1,100 (Part A Deductible)	\$1,100 (Part A Deductible)	\$0	\$1,100 (Part A Deductible)	\$0
61st thru 90th day	All but \$275 a day	\$275 a day	\$0	\$275 a day	\$0
91st day and after	All but \$550 a day	\$550 a day	\$0	\$550 a day	\$0
• While using 60 lifetime reserve days					
• Once lifetime reserve days are used:					
– Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**	100% of Medicare-eligible expenses	\$0**
– Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
<b>Skilled Nursing Facility Care*</b>					
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	\$0	\$0
21st thru 100th day	All but \$137.50 a day	Up to \$137.50 a day	\$0	Up to \$137.50 a day	\$0
101st day and after	\$0	\$0	All costs	\$0	All costs
<b>Blood</b>					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
<b>Hospice Care</b>					
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	Medicare copayment/coinsurance	\$0

**\*\*Notice:** When your Medicare Part A hospital benefits are exhausted, Blue Cross Blue Shield of Arizona 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.

## Outline of Medicare Supplement Coverage

Senior Preferred *(Available in Maricopa, Pima, Apache, Cochise, Coconino, Mohave, Pinal and Santa Cruz counties only.)*

**Important:** Generally, you must use doctors and hospitals in the Senior Preferred provider network except for emergencies. Benefits will be provided at the Senior Preferred level for Medicare eligible expenses for treatment of a medical emergency regardless of whether or not a Senior Preferred hospital or physician is used.

### 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 \*), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan C		Plan N	
		Plan Pays	You Pay	Plan Pays	You Pay
<b>Medical Expenses</b> IN OR OUT OF THE HOSPITAL AND OUT-PATIENT 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	\$0	\$155 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0	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	\$0	All costs
<b>Blood</b>					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$155 of Medicare-approved amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0	20%	\$0
<b>Clinical Laboratory Services</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

## Outline of Medicare Supplement Coverage

Senior Preferred *(Available in Maricopa, Pima, Apache, Cochise, Coconino, Mohave, Pinal and Santa Cruz counties only.)*

**Important:** Generally, you must use doctors and hospitals in the Senior Preferred provider network except for emergencies. Benefits will be provided at the Senior Preferred level for Medicare eligible expenses for treatment of a medical emergency regardless of whether or not a Senior Preferred hospital or physician is used.

### Medicare Parts A & B

\*Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an \*), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan C		Plan N	
		Plan Pays	You Pay	Plan Pays	You Pay
<b>Home Health care</b> MEDICARE-APPROVED SERVICES					
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
• Durable medical equipment – First \$155 of Medicare- approved amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0	20%	\$0

### Other Benefits not Covered by Medicare

Services	Medicare Pays	Plan C		Plan N	
		Plan Pays	You Pay	Plan Pays	You Pay
<b>Foreign Travel Not Covered by Medicare</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States					
First \$250 each calendar year	\$0	\$0	\$250	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum

**You have the right to purchase a Senior Security plan. If you are enrolled in Senior Preferred Plan C, you can send BCBSAZ a written request to transfer to Senior Security Plan A, C or N. If you are enrolled in Senior Preferred Plan N, you can send BCBSAZ a written request to transfer to Senior Security Plan A or N. Your new coverage will be effective the first day of the month after we receive your request. To switch to other Senior Security Plan options, you will need to complete a new application for Medicare supplement coverage.**

Medicare benefits are subject to change. The Medicare deductible and copayment amounts in this outline are effective through December 31, 2010. Please consult the latest "Guide to Health Insurance for People with Medicare."

## QUALITY ASSURANCE PROGRAM

BCBSAZ uses various processes and tools to monitor the quality of service and care, including:

- Credentialing and recredentialing of physicians and institutional providers in accordance with nationally recognized credentialing requirements and standards
- Annual member, broker and provider surveys to determine levels of satisfaction
- Medical coverage guidelines available to providers
- Focused provider reviews
- Complaint investigation, tracking, trending and resolution. Care and service issues are addressed according to severity of the issue, with corrective action as deemed necessary. Provider-related complaints (practitioner or institutional) are linked to the recredentialing process
- Grievance tracking and trending

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## GRIEVANCE PROCEDURE/REQUEST FOR RECONSIDERATION

If you cannot resolve an issue or you disagree with an action or decision made by BCBSAZ\*, you may submit a written grievance to BCBSAZ. You must send BCBSAZ your grievance request within one (1) year of the notice of the adverse benefit determination or date of occurrence if not related to a benefit determination. **First Level Review:** After receiving your grievance, BCBSAZ will review the situation, including any new information brought to BCBSAZ's attention. BCBSAZ will notify you of its decision within sixty (60) days of receiving your grievance. **Second Level Review:** If you disagree with BCBSAZ's first-level decision, you may send BCBSAZ a request for a second-level review. You must file your request for second-level review within sixty (60) days of receiving BCBSAZ's first-level decision. BCBSAZ will notify you of its second-level decision within sixty (60) days of the date BCBSAZ receives your second-level grievance. See the Senior Preferred Policy for additional information on the BCBSAZ grievance procedures.

\* If your claim has been denied by Medicare, please contact the Center for Medicare and Medicaid Services at (800) MEDICARE or [www.Medicare.gov](http://www.Medicare.gov).

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## EXCLUSIONS AND LIMITATIONS

Benefits are provided only for services that are eligible for Medicare reimbursement, except for those additional benefits specifically listed in the policy. A copy of the policy will be sent to you when you enroll, or upon request prior to enrollment. Additionally, no benefits will be paid under the policy for expenses associated with:

- Charges incurred before the policy becomes effective or after the policy terminates
- Cosmetic surgery
- Dental care and dentures
- Intermediate and custodial nursing facility care
- Personal comfort items such as guest trays, television, phone, etc.
- Prescription drugs not administered in a hospital or skilled nursing facility
- Private duty nursing
- Routine foot care
- Services covered by Workers' Compensation
- Services covered by any other governmental health program or provided by a governmental facility unless required by law
- Services delivered for which you are eligible as a member of a Medicare Advantage plan.
- Services which are free or for which you have no legal obligation to pay
- Skilled nursing facility care beyond what is covered by Medicare

### ADDITIONAL EXCLUSION FOR SENIOR PREFERRED MEDICARE SELECT

Except for a Medicare-eligible hospital stay as the result of a medical emergency or accident, or as specifically listed in the policy, services delivered by non-Senior Preferred Providers are not covered.

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**Note:** This is only a brief summary of benefits and exclusions. Please refer to the specific provisions found within the policy for detailed information about benefits, limitations and exclusions. If the benefits listed in this summary differ from those stated in the policy, the terms of the policy apply.

# For More Information

This is only a brief summary of benefits and exclusions. Detailed information about benefits, limitations and exclusions is in the policy, and is available prior to enrollment upon request.

## Authorized Broker



An Independent Licensee of the Blue Cross and Blue Shield Association