

BlueMedicare SupplementSM

June 2024 – May 2025

Outline of Coverage (Plans A, G, High Deductible G, K and N)



**BlueCross BlueShield
of North Carolina**

MEDICARE

Visit [Medicare.BlueCrossNC.com](https://www.Medicare.BlueCrossNC.com)

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About Medicare Supplement Plans

Premium Information

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) can only raise your premium if we raise the premium for all policies like yours in this state. For attained-age policies, your premium may change on June 1 each year.

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

Right to Return Policy

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

Blue Cross NC
 Attention: Blue Medicare Supplement Enrollment
 P.O. Box 2291
 Durham, NC 27702-2291

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 policy and are sure you want to keep it.

Notice

This policy may not fully cover all of your medical costs. Neither Blue Cross NC nor its agents 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*, which you can view and download at Medicare.gov, for more details.

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Please refer to ***Choosing a Medigap Policy: Guide to Health Insurance for People with Medicare*** located online at Medicare.gov.

("Medigap" is another term used for Medicare Supplement plans.)

Notes:

- Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.
- Medicare deductibles and copayments are effective through December 31, 2024.

BlueMedicare Supplement™

- Blue Cross NC offers Plans A, G, HDG, K and N
- Blue Cross NC doesn't offer Plans B, D, L, M, C and F
- ✓ 100% of the benefit is paid

Plans Only for Those First Eligible for Medicare Before 2020

| Benefits | Plans Available to All Applicants | | | | | | | | Plans Only for Those First Eligible for Medicare Before 2020 | |
|--|-----------------------------------|---|---|----------------|----------------------|----------------------|-----|--------------------------------|--|----------------|
| | A | B | D | G ¹ | K | L | M | N | C | F ¹ |
| Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Medicare Part B coinsurance or copayment | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ Copays apply ³ | ✓ | ✓ |
| Blood (first three pints) | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ |
| Part A hospice care coinsurance or copayment | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ |
| Skilled nursing facility coinsurance | | | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ |
| Medicare Part A deductible | | ✓ | ✓ | ✓ | 50% | 75% | 50% | ✓ | ✓ | ✓ |
| Medicare Part B deductible | | | | | | | | | ✓ | ✓ |
| Medicare Part B excess charges | | | | ✓ | | | | | | ✓ |
| Foreign travel emergency (up to plan limits) | | | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ |
| Out-of-pocket limit in 2024 ² | | | | | \$7,060 ² | \$3,530 ² | | | | |

- 1 Plans F and G also have a high deductible option which requires first paying a plan deductible of \$2,800 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High Deductible Plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.
- 2 Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.
- 3 Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

BlueMedicare Supplement™

Attained-Age Plans

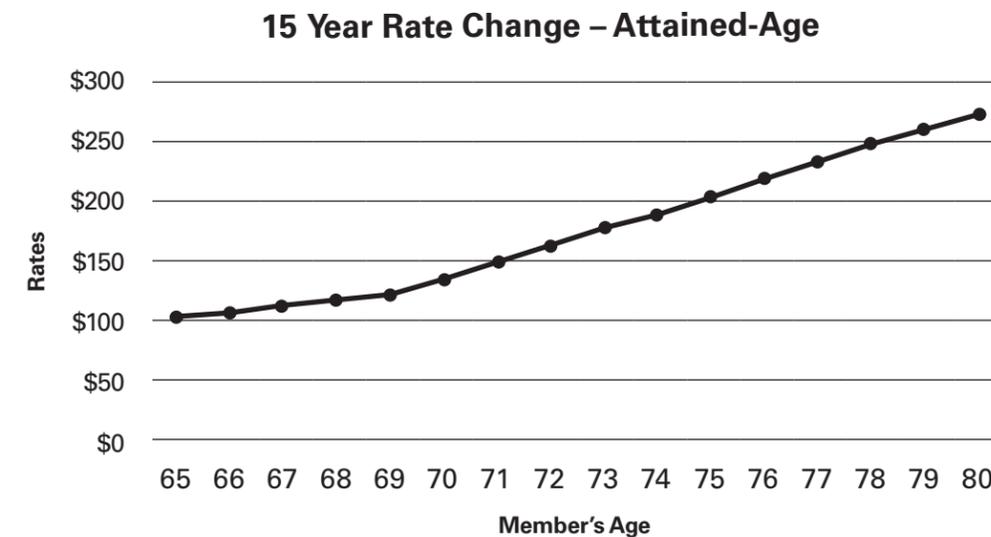
Blue Cross NC offers Medicare Supplement plans with attained-age rates.

When you enroll in an attained-age plan, your rates will increase as you age, due to your age. Our rates will only increase due to age when you move from one age band to the next. In addition, rate adjustments will also be due to medical inflation or overall claims experience. Note: Rates are subject to change June 1 of each year and are guaranteed to remain the same for 12 months from that date. Any change in your rate will be preceded by a 30 day notice. Medicare policies that are attained-age rated should be compared to entry-age rated policies (also known as issue-age rated policies). Premiums for entry-age policies do not increase due to age as the insured ages.

The **federal government** has asked us to provide this outline of coverage to help you decide which plan best fits your needs and meets your budget.

Example of Individual Rate Changes on Attained-Age Plans

The chart below illustrates attained-age rate changes due to age and claims trend over a 15 year period.



- Notes:
- Source: Internal Blue Cross NC data, 2023.
 - The chart illustrates Plan G's cost over a 15 year period. Attained-age plans will adjust on medical trends, however the premium will increase due to age. For illustrative purposes only.

Attained-Age Monthly Premiums

Non-Tobacco User

| Age | Plan A | | Plan G | | High Deductible Plan G | | Plan K | | Plan N | |
|-----|------------|------------|------------|------------|------------------------|---------|----------|----------|----------|----------|
| | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male |
| <65 | \$1,210.25 | \$1,380.75 | \$1,299.00 | \$1,481.75 | N/A | N/A | N/A | N/A | N/A | N/A |
| 65 | \$127.75 | \$145.75 | \$116.25 | \$132.75 | \$36.50 | \$42.50 | \$79.50 | \$90.75 | \$102.00 | \$116.50 |
| 66 | \$134.50 | \$153.50 | \$121.00 | \$138.25 | \$36.50 | \$42.50 | \$83.00 | \$94.75 | \$106.00 | \$121.00 |
| 67 | \$141.25 | \$161.25 | \$125.75 | \$143.50 | \$36.50 | \$42.50 | \$86.50 | \$99.00 | \$110.25 | \$125.75 |
| 68 | \$148.25 | \$169.25 | \$130.25 | \$149.00 | \$36.50 | \$42.50 | \$90.25 | \$103.00 | \$114.25 | \$130.50 |
| 69 | \$154.75 | \$176.75 | \$135.00 | \$154.25 | \$36.50 | \$42.50 | \$93.75 | \$107.25 | \$118.25 | \$135.25 |
| 70 | \$160.00 | \$182.75 | \$149.25 | \$170.25 | \$37.75 | \$44.00 | \$98.50 | \$112.50 | \$130.50 | \$149.00 |
| 71 | \$165.00 | \$188.25 | \$163.25 | \$186.25 | \$37.75 | \$44.00 | \$103.25 | \$118.00 | \$142.75 | \$163.00 |
| 72 | \$170.25 | \$194.50 | \$177.25 | \$202.25 | \$37.75 | \$44.00 | \$108.00 | \$123.25 | \$155.00 | \$177.00 |
| 73 | \$175.25 | \$200.00 | \$191.25 | \$218.50 | \$37.75 | \$44.00 | \$112.50 | \$128.50 | \$167.25 | \$191.00 |
| 74 | \$180.50 | \$206.00 | \$205.50 | \$234.50 | \$37.75 | \$44.00 | \$117.25 | \$134.00 | \$179.75 | \$205.00 |
| 75 | \$185.75 | \$212.00 | \$219.50 | \$250.50 | \$41.75 | \$48.50 | \$122.00 | \$139.25 | \$192.75 | \$220.00 |
| 76 | \$190.50 | \$217.50 | \$233.50 | \$266.50 | \$41.75 | \$48.50 | \$126.50 | \$144.50 | \$205.00 | \$234.00 |
| 77 | \$195.75 | \$223.25 | \$247.50 | \$282.50 | \$41.75 | \$48.50 | \$131.25 | \$150.00 | \$217.50 | \$248.75 |
| 78 | \$201.00 | \$229.50 | \$261.75 | \$298.50 | \$41.75 | \$48.50 | \$136.00 | \$155.25 | \$229.75 | \$262.25 |
| 79 | \$205.75 | \$235.00 | \$275.75 | \$314.75 | \$41.75 | \$48.50 | \$140.75 | \$160.75 | \$242.25 | \$276.25 |
| 80+ | \$211.25 | \$241.00 | \$289.75 | \$330.75 | \$41.75 | \$48.50 | \$145.50 | \$166.00 | \$255.00 | \$290.25 |

Attained-Age Monthly Premiums

Tobacco User

| Age | Plan A | | Plan G | | High Deductible Plan G | | Plan K | | Plan N | |
|-----|------------|------------|------------|------------|------------------------|---------|----------|----------|----------|----------|
| | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male |
| <65 | \$1,235.25 | \$1,405.75 | \$1,324.00 | \$1,506.75 | N/A | N/A | N/A | N/A | N/A | N/A |
| 65 | \$152.75 | \$170.75 | \$141.25 | \$157.75 | \$49.00 | \$55.00 | \$104.50 | \$115.75 | \$127.00 | \$141.50 |
| 66 | \$159.50 | \$178.50 | \$146.00 | \$163.25 | \$49.00 | \$55.00 | \$108.00 | \$119.75 | \$131.00 | \$146.00 |
| 67 | \$166.25 | \$186.25 | \$150.75 | \$168.50 | \$49.00 | \$55.00 | \$111.50 | \$124.00 | \$135.25 | \$150.75 |
| 68 | \$173.25 | \$194.25 | \$155.25 | \$174.00 | \$49.00 | \$55.00 | \$115.25 | \$128.00 | \$139.25 | \$155.50 |
| 69 | \$179.75 | \$201.75 | \$160.00 | \$179.25 | \$49.00 | \$55.00 | \$118.75 | \$132.25 | \$143.25 | \$160.25 |
| 70 | \$185.00 | \$207.75 | \$174.25 | \$195.25 | \$50.25 | \$56.50 | \$123.50 | \$137.50 | \$155.50 | \$174.00 |
| 71 | \$190.00 | \$213.25 | \$188.25 | \$211.25 | \$50.25 | \$56.50 | \$128.25 | \$143.00 | \$167.75 | \$188.00 |
| 72 | \$195.25 | \$219.50 | \$202.25 | \$227.25 | \$50.25 | \$56.50 | \$133.00 | \$148.25 | \$180.00 | \$202.00 |
| 73 | \$200.25 | \$225.00 | \$216.25 | \$243.50 | \$50.25 | \$56.50 | \$137.50 | \$153.50 | \$192.25 | \$216.00 |
| 74 | \$205.50 | \$231.00 | \$230.50 | \$259.50 | \$50.25 | \$56.50 | \$142.25 | \$159.00 | \$204.75 | \$230.00 |
| 75 | \$210.75 | \$237.00 | \$244.50 | \$275.50 | \$54.25 | \$61.00 | \$147.00 | \$164.25 | \$217.75 | \$245.00 |
| 76 | \$215.50 | \$242.50 | \$258.50 | \$291.50 | \$54.25 | \$61.00 | \$151.50 | \$169.50 | \$230.00 | \$259.00 |
| 77 | \$220.75 | \$248.25 | \$272.50 | \$307.50 | \$54.25 | \$61.00 | \$156.25 | \$175.00 | \$242.50 | \$273.75 |
| 78 | \$226.00 | \$254.50 | \$286.75 | \$323.50 | \$54.25 | \$61.00 | \$161.00 | \$180.25 | \$254.75 | \$287.25 |
| 79 | \$230.75 | \$260.00 | \$300.75 | \$339.75 | \$54.25 | \$61.00 | \$165.75 | \$185.75 | \$267.25 | \$301.25 |
| 80+ | \$236.25 | \$266.00 | \$314.75 | \$355.75 | \$54.25 | \$61.00 | \$170.50 | \$191.00 | \$280.00 | \$315.25 |

Rates are effective through May 31, 2025.

Rates are effective through May 31, 2025. Tobacco user rates do not apply during Guaranteed Issue period.

Plan A

Medicare (Part A) – Hospital Services (per benefit period)

| | | Medicare pays | Plan pays | You pay |
|--|---|--|------------------------------------|-----------------------------|
| Hospitalization: ¹ Semi-private room and board, general nursing and miscellaneous services and supplies. | First 60 days: | All but \$1,632 | \$0 | \$1,632 (Part A deductible) |
| | 61st through 90th day: | All but \$408 a day | \$408 a day | \$0 |
| | 91st day and after: While using 60 lifetime reserve days | All but \$816 a day | \$816 a day | \$0 |
| | Once lifetime reserve days are used — additional 365 days: | \$0 | 100% of Medicare-eligible expenses | \$0 ² |
| | Beyond the additional 365 days: | \$0 | \$0 | All costs |
| Skilled nursing facility care: ¹ 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 through 100th day: | All but \$204 a day | \$0 | Up to \$204 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 |

¹ 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.

² 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.

Plan A

Medicare (Part B) – Medical Services (per calendar year)

| | | 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 \$240 of Medicare-approved amounts: ¹ | \$0 | \$0 | \$240 (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 \$240 of Medicare-approved amounts: ¹ | \$0 | \$0 | \$240 (Part B deductible) |
| | Remainder of Medicare-approved amounts: | 80% | 20% | \$0 |
| Clinical laboratory services: | Tests for diagnostic services: | 100% | \$0 | \$0 |

Parts A and B

| | | | | | |
|---|---|--|-----|-----|---------------------------|
| Home health care Medicare-approved services: | Medically necessary skilled care services and medical supplies: | 100% | \$0 | \$0 | |
| | Durable medical equipment: | First \$240 of Medicare-approved amounts: ¹ | \$0 | \$0 | \$240 (Part B deductible) |
| | | Remainder of Medicare-approved amounts: | 80% | 20% | \$0 |

¹ Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan G

Medicare (Part A) — Hospital Services (per benefit period)

| | | Medicare pays | Plan pays | You pay |
|--|---|--|------------------------------------|------------------|
| Hospitalization: ¹ Semi-private room and board, general nursing and miscellaneous services and supplies. | First 60 days: | All but \$1,632 | \$1,632 (Part A deductible) | \$0 |
| | 61st through 90th day: | All but \$408 a day | \$408 a day | \$0 |
| | 91st day and after: While using 60 lifetime reserve days | All but \$816 a day | \$816 a day | \$0 |
| | Once lifetime reserve days are used — additional 365 days: | \$0 | 100% of Medicare-eligible expenses | \$0 ² |
| | Beyond the additional 365 days: | \$0 | \$0 | All costs |
| Skilled nursing facility care: ¹ 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 through 100th day: | All but \$204 a day | Up to \$204 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 |

¹ 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.

² 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.

Plan G

Medicare (Part B) — Medical Services (per calendar year)

| | | 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 \$240 of Medicare-approved amounts: ¹ | \$0 | \$0 | \$240 (Unless Part B deductible has been met) |
| | 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 \$240 of Medicare-approved amounts: ¹ | \$0 | \$0 | \$240 (Unless Part B deductible has been met) |
| | Remainder of Medicare-approved amounts: | 80% | 20% | \$0 |
| Clinical laboratory services: | Tests for diagnostic services: | 100% | \$0 | \$0 |

Parts A and B

| | | | | |
|---|---|--|-----|-----|
| Home health care Medicare-approved services: | Medically necessary skilled care services and medical supplies: | 100% | \$0 | \$0 |
| | Durable medical equipment: | First \$240 of Medicare-approved amounts: ¹ | \$0 | \$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 U.S.A. | 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 |

¹ Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

High Deductible Plan G

Medicare (Part A) — **Hospital Services** (per benefit period)

| | | Medicare pays | After you pay \$2,800 deductible ¹ plan pays | In addition to \$2,800 deductible ¹ you pay |
|--|---|--|---|--|
| Hospitalization: ² Semi-private room and board, general nursing and miscellaneous services and supplies. | First 60 days: | All but \$1,632 | \$1,632 (Part A deductible) | \$0 |
| | 61st through 90th day: | All but \$408 a day | \$408 a day | \$0 |
| | 91st day and after: While using 60 lifetime reserve days | All but \$816 a day | \$816 a day | \$0 |
| | Once lifetime reserve days are used — additional 365 days: | \$0 | 100% of Medicare-eligible expenses | \$0 ³ |
| | Beyond the additional 365 days: | \$0 | \$0 | All costs |
| Skilled nursing facility care: ² 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 through 100th day: | All but \$204 a day | Up to \$204 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 |

¹ This high deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2,800 deductible. Benefits from the High Deductible Plan G will not begin until out-of-pocket expenses are \$2,800. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy.

This does not include the plan's separate foreign travel emergency deductible.

² 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.

³ 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.

High Deductible Plan G

Medicare (Part B) — **Medical Services** (per calendar year)

| | | Medicare pays | After you pay \$2,800 deductible ¹ plan pays | In addition to \$2,800 deductible ¹ 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 \$240 of Medicare-approved amounts: ² | \$0 | \$0 | \$240 (Unless Part B deductible has been met) |
| | 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 \$240 of Medicare-approved amounts: ² | \$0 | \$0 | \$240 (Unless Part B deductible has been met) |
| | Remainder of Medicare-approved amounts: | 80% | 20% | \$0 |
| Clinical laboratory services: | Tests for diagnostic services: | 100% | \$0 | \$0 |

Parts A and B

| | | | | | |
|---|---|--|-----|-----|---|
| Home health care Medicare-approved services: | Medically necessary skilled care services and medical supplies: | 100% | \$0 | \$0 | |
| | Durable medical equipment: | First \$240 of Medicare-approved amounts: ² | \$0 | \$0 | \$240 (Unless Part B deductible has been met) |
| | | 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 U.S.A. | 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 |

¹ This high deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2,800 deductible. Benefits from the High Deductible Plan G will not begin until out-of-pocket expenses are \$2,800. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

² Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan K

Medicare (Part A) — Hospital Services (per benefit period)

| | | Medicare pays | Plan pays | You pay ¹ |
|--|--|--|---|--|
| Hospitalization: ² Semi-private room and board, general nursing and miscellaneous services and supplies. | First 60 days: | All but \$1,632 | \$816 (50% of Part A deductible) | \$816 (50% of Part A deductible) ³ |
| | 61st through 90th day: | All but \$408 a day | \$408 a day | \$0 |
| | 91st day and after: While using 60 lifetime reserve days | All but \$816 a day | \$816 a day | \$0 |
| | Once lifetime reserve days are used — additional 365 days: | \$0 | 100% of Medicare-eligible expenses | \$0 ⁴ |
| | Beyond the additional 365 days: | \$0 | \$0 | All costs |
| Skilled nursing facility care: ² 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 through 100th day: | All but \$204 a day | Up to \$102 a day (50% of Part A coinsurance) | Up to \$102 a day ³ (50% of Part A coinsurance) |
| | 101st day and after: | \$0 | \$0 | All costs |
| Blood: | First 3 pints: | \$0 | 50% | 50% ³ |
| | 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 | 50% of Medicare copayment/coinsurance | 50% of Medicare copayment/coinsurance ³ |

- 1 You will pay half the cost sharing of some covered services until you reach the annual out-of-pocket limit of \$7,060 each calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "excess charges"), and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.
- 2 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.
- 3 The amount you pay counts toward your annual out-of-pocket limit. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.
- 4 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.

Plan K

Medicare (Part B) — Medical Services (per calendar year)

| | | Medicare pays | Plan pays | You pay ¹ |
|--|--|--|--|---|
| 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 \$240 of Medicare-approved amounts: ² | \$0 | \$0 | \$240 (Part B deductible) ^{2,3} |
| | Preventive benefits for Medicare covered services: | Generally 80% or more of Medicare-approved amounts | Remainder of Medicare-approved amounts | All costs above Medicare-approved amounts |
| | Remainder of Medicare-approved amounts: | Generally 80% | Generally 10% | Generally 10% ³ |
| Part B excess charges: | Above Medicare-approved amounts: | \$0 | \$0 | All costs, and they do not count toward out-of-pocket limit of \$7,060 ⁴ |
| Blood: | First 3 pints: | \$0 | 50% | 50% ³ |
| | Next \$240 of Medicare-approved amounts: ² | \$0 | \$0 | \$240 (Part B deductible) ^{2,3} |
| | Remainder of Medicare-approved amounts: | Generally 80% | Generally 10% | Generally 10% ³ |
| Clinical laboratory services: | Tests for diagnostic services: | 100% | \$0 | \$0 |

Parts A and B

| | | | | | |
|---|---|---|-----|-----|--|
| Home health care Medicare-approved services: | Medically necessary skilled care services and medical supplies: | 100% | \$0 | \$0 | |
| | Durable medical equipment: | First \$240 of Medicare-approved amounts: | \$0 | \$0 | \$240 (Part B deductible) ³ |
| | | Remainder of Medicare-approved amounts: | 80% | 10% | 10% ³ |

- 1 You will pay half the cost sharing of some covered services until you reach the annual out-of-pocket limit of \$7,060 each calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "excess charges"), and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.
- 2 Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.
- 3 The amount you pay counts toward your annual out-of-pocket limit. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year.
- 4 This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$7,060 per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "excess charges"), and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

Plan N

Medicare (Part A) — **Hospital Services** (per benefit period)

| | | Medicare pays | Plan pays | You pay |
|--|---|--|------------------------------------|------------------|
| Hospitalization: ¹ Semi-private room and board, general nursing and miscellaneous services and supplies. | First 60 days: | All but \$1,632 | \$1,632 (Part A deductible) | \$0 |
| | 61st through 90th day: | All but \$408 a day | \$408 a day | \$0 |
| | 91st day and after: While using 60 lifetime reserve days | All but \$816 a day | \$816 a day | \$0 |
| | Once lifetime reserve days are used — additional 365 days: | \$0 | 100% of Medicare-eligible expenses | \$0 ² |
| | Beyond the additional 365 days: | \$0 | \$0 | All costs |
| Skilled nursing facility care: ¹ 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 through 100th day: | All but \$204 a day | Up to \$204 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 |

¹ 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.

² 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.

Plan N

Medicare (Part B) — **Medical Services** (per calendar year)

| | | 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 \$240 of Medicare-approved amounts: ¹ | \$0 | \$0 | \$240 (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 \$240 of Medicare-approved amounts: ¹ | \$0 | \$0 | \$240 (Part B deductible) |
| | Remainder of Medicare-approved amounts: | 80% | 20% | \$0 |
| Clinical laboratory services: | Tests for diagnostic services: | 100% | \$0 | \$0 |

Parts A and B

| | | | | |
|---|---|--|-----|-----|
| Home health care Medicare-approved services: | Medically necessary skilled care services and medical supplies: | 100% | \$0 | \$0 |
| | Durable medical equipment: | First \$240 of Medicare-approved amounts: ¹ | \$0 | \$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 U.S.A. | 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 |

¹ Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Limitations and Exclusions

Blue Cross NC does not provide benefits for services, supplies or charges that are:

- Not a Medicare-eligible expense under the Medicare program, unless otherwise noted;
- For treatment of a pre-existing condition before a required waiting period ends; or
- Payable under Medicare.

Note regarding waiting periods for pre-existing conditions:

Pre-existing conditions are conditions for which medical advice was given or treatment was recommended by or received from a doctor within six months of the effective date of coverage. Coverage for such conditions may be subject to a six month waiting period after the effective date of coverage.

The six month waiting period will be reduced by the amount of time you have been enrolled under other health insurance coverage so long as the coverage terminated no more than 63 days prior to your date of application. The six month waiting period will not apply and your policy is guaranteed issue regardless of health status if you fit into one of the following categories and you applied for this policy within 63 days of terminating your old coverage (if applicable):

- If you have six months of prior health coverage;
- If, after becoming eligible for Medicare Part A at age 65, you first choose to enroll in a Medicare Advantage plan and disenroll within 12 months, you may choose any Medicare supplement plan in your state;
- If, within 12 months of enrolling in your first Medicare Advantage plan, you may switch back to the same policy if the same insurance company still sells it. If your same plan isn't available, you may switch to Medicare Supplement Plan A, B, D, G, K or L that is sold in your state. (Note: If you first enroll in a Medicare Advantage plan at 65 and disenroll within 12 months, you may choose any Medicare Supplement plan.)

Additionally, waiting periods will not apply (and our policy is guaranteed issue) if:

- Your employer's Medicare Supplement plan ended;
- You disenroll from a Medicare Advantage plan or other similar state or federal Medicare program because: Your plan lost its federal certification; you moved outside the plan's service area; or you terminated the coverage because your previous issuer materially misrepresented the provisions of the plan when marketing it to you;
- Your previous Medicare Supplement plan's issuer went bankrupt; or
- Your previous Medicare Supplement plan's issuer materially misrepresented or substantially violated provisions of your coverage.

Your policy is guaranteed renewable

This policy is guaranteed renewable and may not be canceled or non-renewed for any reason other than your failure to pay premiums or misstatements in or omissions of information from your application. Any change in your rate will be preceded by a 30 day notice and is guaranteed for 12 months.

Caution: Policy benefits are limited to those approved by Medicare for payment.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact 1-800-478-0583 (TTY: 711) for assistance.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Llame al 1-800-478-0583 (TTY: 711) para obtener ayuda.

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BlueMedicare Supplement™

Contact **Blue Cross NC**

Phone: 1-800-478-0583 (TTY: 711)

Hours: 7 days a week, 8 a.m. – 8 p.m.

Online: Medicare.BlueCrossNC.com

Locations: BlueCrossNC.com/Contact-Us/Locations

Or contact your local Blue Cross NC Authorized Independent Agent.



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