

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan "A" available. Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

Blue Cross and Blue Shield of Illinois does not offer those plans shaded in gray below.

BASIC BENEFITS:

- Hospitalization – Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- Medical Expenses – Part B coinsurance (generally 20% of Medicare-approved expenses), or copayments for hospital outpatient services. Plans K³, L³ and N require insureds to pay a portion of Part B coinsurance or copayments.
- Blood – First 3 pints of blood each year.
- Hospice – Part A coinsurance.

A	Basic Benefits, including 100% Part B Coinsurance						
B	Basic Benefits, including 100% Part B Coinsurance		Part A Deductible				
D	Basic Benefits, including 100% Part B Coinsurance	Skilled Nursing Facility Coinsurance	Part A Deductible			Foreign Travel Emergency	
G G¹	Basic Benefits, including 100% Part B Coinsurance	Skilled Nursing Facility Coinsurance	Part A Deductible		Part B Excess (100%)	Foreign Travel Emergency	
K³	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	50% Skilled Nursing Facility Coinsurance	50% Part A Deductible				Out-of-pocket limit ⁴ \$6,940; paid at 100% after limit reached
L³	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	75% Skilled Nursing Facility Coinsurance	75% Part A Deductible				Out-of-pocket limit ⁴ \$3,470; paid at 100% after limit reached
M	Basic Benefits, including 100% Part B Coinsurance	Skilled Nursing Facility Coinsurance	50% Part A Deductible			Foreign Travel Emergency	
N	Basic Benefits, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER	Skilled Nursing Facility Coinsurance	Part A Deductible			Foreign Travel Emergency	

Only available if Medicare-eligible before 2020

C	Basic Benefits, including 100% Part B Coinsurance	Skilled Nursing Facility Coinsurance	Part A Deductible	Part B Deductible		Foreign Travel Emergency	
F F¹	Basic Benefits, including 100% Part B Coinsurance ¹	Skilled Nursing Facility Coinsurance	Part A Deductible	Part B Deductible	Part B Excess (100%)	Foreign Travel Emergency	

- ¹ These high deductible plans pay the same benefits as Plans F and G after one has paid a calendar-year \$2,700 deductible. Benefits from High Deductible Plans F and G will not begin until out-of-pocket expenses are \$2,700. 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 plan's separate foreign travel emergency deductible.
- ² Medicare Select Plans require that you use Blue Cross and Blue Shield of Illinois contracting Medicare Select hospitals for non-emergency admissions to receive coverage for the Medicare Part A deductible. In an emergency, the \$1,600 deductible is covered at any hospital from which you receive care. 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 use another physician at time of hospitalization or you will be required to pay for all expenses. If an insured moves out of the service area, there will be a reduction of benefit coverage and they will have the opportunity to purchase any Medicare Supplement policy with comparable or lesser benefits offered by the insurer, or Medicare Supplement/Select plans A, B, C, F, K, or L from any insurer within 63 days of termination.
- ³ Plans K and L provide for different cost-sharing for items and services than the other plans we offer. Amounts that count towards the annual limit are noted with an asterisk (*). Once you reach the annual limit, the plan pays 100% of the Medicare copayments and coinsurance 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.
- ⁴ The out-of-pocket annual limit will increase each year for inflation.

Monthly Premium Rates effective April 1, 2022

Rates shown are for Illinois residents living outside Cook, DuPage, Kane, Lake, McHenry or Will Counties.

If you're an Illinois resident living in Cook, DuPage, Kane, Lake, McHenry or Will County, please call the toll-free number that appears on the application and throughout the information packet.

Age 65

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$118.17	\$107.43	N/A	N/A	\$134.68	\$122.43	N/A	N/A
F	\$185.65	\$168.77	\$165.23	\$150.21	\$211.58	\$192.35	\$188.31	\$171.19
High F¹	\$53.33	\$48.48	N/A	N/A	\$60.78	\$55.26	N/A	N/A
G	\$138.80	\$126.19	\$123.53	\$112.31	\$160.58	\$145.98	\$142.92	\$129.93
High G¹	\$50.79	\$46.17	N/A	N/A	\$57.89	\$52.63	N/A	N/A
G Plus	\$161.00	\$148.39	\$145.73	\$134.51	\$182.78	\$168.18	\$165.12	\$152.13
High G Plus¹	\$72.99	\$68.37	N/A	N/A	\$80.09	\$74.83	N/A	N/A
N	\$125.22	\$113.84	\$111.45	\$101.31	\$144.87	\$131.70	\$128.93	\$117.21

Age 66

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$125.49	\$114.07	N/A	N/A	\$143.02	\$130.01	N/A	N/A
F	\$197.13	\$179.22	\$175.45	\$159.50	\$224.67	\$204.24	\$199.97	\$181.78
High F¹	\$56.63	\$51.47	N/A	N/A	\$64.54	\$58.67	N/A	N/A
G	\$148.45	\$134.96	\$132.12	\$120.11	\$171.57	\$155.98	\$152.70	\$138.82
High G¹	\$53.93	\$49.02	N/A	N/A	\$61.47	\$55.88	N/A	N/A
G Plus	\$170.65	\$157.16	\$154.32	\$142.31	\$193.77	\$178.18	\$174.90	\$161.02
High G Plus¹	\$76.13	\$71.22	N/A	N/A	\$83.67	\$78.08	N/A	N/A
N	\$133.92	\$121.75	\$119.19	\$108.36	\$154.78	\$140.71	\$137.76	\$125.23

Age 67

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$132.67	\$120.60	N/A	N/A	\$151.20	\$137.45	N/A	N/A
F	\$208.41	\$189.47	\$185.49	\$168.63	\$237.54	\$215.93	\$211.40	\$192.19
High F¹	\$59.87	\$54.43	N/A	N/A	\$68.23	\$62.02	N/A	N/A
G	\$157.92	\$143.57	\$140.54	\$127.77	\$182.36	\$165.78	\$162.31	\$147.55
High G¹	\$57.02	\$51.84	N/A	N/A	\$64.98	\$59.07	N/A	N/A
G Plus	\$180.12	\$165.77	\$162.74	\$149.97	\$204.56	\$187.98	\$184.51	\$169.75
High G Plus¹	\$79.22	\$74.04	N/A	N/A	\$87.18	\$81.27	N/A	N/A
N	\$142.46	\$129.52	\$126.80	\$115.27	\$164.52	\$149.56	\$146.42	\$133.11

Age 68

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$139.71	\$127.01	N/A	N/A	\$159.23	\$144.76	N/A	N/A
F	\$219.48	\$199.53	\$195.34	\$177.58	\$250.15	\$227.41	\$222.63	\$202.40
High F¹	\$63.05	\$57.32	N/A	N/A	\$71.86	\$65.32	N/A	N/A
G	\$167.21	\$152.02	\$148.83	\$135.29	\$192.96	\$175.42	\$171.74	\$156.12
High G¹	\$60.05	\$54.59	N/A	N/A	\$68.44	\$62.21	N/A	N/A
G Plus	\$189.41	\$174.22	\$171.03	\$157.49	\$215.16	\$197.62	\$193.94	\$178.32
High G Plus¹	\$82.25	\$76.79	N/A	N/A	\$90.64	\$84.41	N/A	N/A
N	\$150.85	\$137.14	\$134.26	\$122.05	\$174.08	\$158.26	\$154.93	\$140.85

Age 69

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$146.63	\$133.31	N/A	N/A	\$167.12	\$151.92	N/A	N/A
F	\$230.36	\$209.41	\$205.01	\$186.38	\$262.54	\$238.67	\$233.65	\$212.42
High F¹	\$66.17	\$60.15	N/A	N/A	\$75.42	\$68.57	N/A	N/A
G	\$176.35	\$160.31	\$156.94	\$142.67	\$203.36	\$184.87	\$180.99	\$164.54
High G¹	\$63.02	\$57.29	N/A	N/A	\$71.83	\$65.30	N/A	N/A
G Plus	\$198.55	\$182.51	\$179.14	\$164.87	\$225.56	\$207.07	\$203.19	\$186.74
High G Plus¹	\$85.22	\$79.49	N/A	N/A	\$94.03	\$87.50	N/A	N/A
N	\$159.09	\$144.63	\$141.59	\$128.72	\$183.47	\$166.78	\$163.29	\$148.44

Age 70

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$153.42	\$139.47	N/A	N/A	\$174.85	\$158.96	N/A	N/A
F	\$241.02	\$219.11	\$214.51	\$195.01	\$274.70	\$249.73	\$244.48	\$222.25
High F¹	\$69.24	\$62.94	N/A	N/A	\$78.91	\$71.74	N/A	N/A
G	\$185.29	\$168.45	\$164.91	\$149.92	\$213.57	\$194.16	\$190.07	\$172.80
High G¹	\$65.94	\$59.94	N/A	N/A	\$75.15	\$68.32	N/A	N/A
G Plus	\$207.49	\$190.65	\$187.11	\$172.12	\$235.77	\$216.36	\$212.27	\$195.00
High G Plus¹	\$88.14	\$82.14	N/A	N/A	\$97.35	\$90.52	N/A	N/A
N	\$167.17	\$151.97	\$148.77	\$135.25	\$192.68	\$175.16	\$171.48	\$155.89

Age 71

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$160.07	\$145.52	N/A	N/A	\$182.44	\$165.85	N/A	N/A
F	\$251.48	\$228.62	\$223.83	\$203.47	\$286.62	\$260.55	\$255.09	\$231.89
High F¹	\$72.24	\$65.68	N/A	N/A	\$82.33	\$74.84	N/A	N/A
G	\$194.08	\$176.43	\$172.73	\$157.03	\$223.58	\$203.25	\$198.99	\$180.89
High G¹	\$68.80	\$62.55	N/A	N/A	\$78.41	\$71.28	N/A	N/A
G Plus	\$216.28	\$198.63	\$194.93	\$179.23	\$245.78	\$225.45	\$221.19	\$203.09
High G Plus¹	\$91.00	\$84.75	N/A	N/A	\$100.61	\$93.48	N/A	N/A
N	\$175.09	\$159.17	\$155.83	\$141.67	\$201.71	\$183.36	\$179.52	\$163.19

Age 72

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$166.60	\$151.46	N/A	N/A	\$189.87	\$172.62	N/A	N/A
F	\$261.74	\$237.94	\$232.94	\$211.76	\$298.30	\$271.19	\$265.49	\$241.36
High F¹	\$75.19	\$68.36	N/A	N/A	\$85.69	\$77.90	N/A	N/A
G	\$202.69	\$184.26	\$180.39	\$163.99	\$233.39	\$212.17	\$207.72	\$188.83
High G¹	\$71.61	\$65.10	N/A	N/A	\$81.61	\$74.19	N/A	N/A
G Plus	\$224.89	\$206.46	\$202.59	\$186.19	\$255.59	\$234.37	\$229.92	\$211.03
High G Plus¹	\$93.81	\$87.30	N/A	N/A	\$103.81	\$96.39	N/A	N/A
N	\$182.86	\$166.24	\$162.74	\$147.95	\$210.56	\$191.42	\$187.39	\$170.35

Age 73

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$173.01	\$157.27	N/A	N/A	\$197.17	\$179.25	N/A	N/A
F	\$271.78	\$247.08	\$241.89	\$219.90	\$309.76	\$281.59	\$275.68	\$250.61
High F¹	\$78.07	\$70.98	N/A	N/A	\$88.99	\$80.89	N/A	N/A
G	\$211.12	\$191.93	\$187.90	\$170.82	\$243.00	\$220.91	\$216.28	\$196.61
High G¹	\$74.35	\$67.60	N/A	N/A	\$84.75	\$77.04	N/A	N/A
G Plus	\$233.32	\$214.13	\$210.10	\$193.02	\$265.20	\$243.11	\$238.48	\$218.81
High G Plus¹	\$96.55	\$89.80	N/A	N/A	\$106.95	\$99.24	N/A	N/A
N	\$190.47	\$173.16	\$169.51	\$154.11	\$219.23	\$199.30	\$195.11	\$177.38

Age 74

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$179.27	\$162.97	N/A	N/A	\$204.31	\$185.73	N/A	N/A
F	\$281.62	\$256.02	\$250.64	\$227.85	\$320.97	\$291.79	\$285.66	\$259.70
High F¹	\$80.90	\$73.55	N/A	N/A	\$92.20	\$83.82	N/A	N/A
G	\$219.39	\$199.45	\$195.26	\$177.50	\$252.42	\$229.48	\$224.66	\$204.24
High G¹	\$77.05	\$70.05	N/A	N/A	\$87.81	\$79.83	N/A	N/A
G Plus	\$241.59	\$221.65	\$217.46	\$199.70	\$274.62	\$251.68	\$246.86	\$226.44
High G Plus¹	\$99.25	\$92.25	N/A	N/A	\$110.01	\$102.03	N/A	N/A
N	\$197.93	\$179.93	\$176.15	\$160.14	\$227.72	\$207.03	\$202.67	\$184.25

Age 75

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$185.40	\$168.55	N/A	N/A	\$211.30	\$192.09	N/A	N/A
F	\$291.26	\$264.79	\$259.22	\$235.66	\$331.95	\$301.78	\$295.45	\$268.59
High F¹	\$83.66	\$76.06	N/A	N/A	\$95.35	\$86.69	N/A	N/A
G	\$227.48	\$206.80	\$202.46	\$184.05	\$261.65	\$237.86	\$232.87	\$211.70
High G¹	\$79.68	\$72.44	N/A	N/A	\$90.81	\$82.56	N/A	N/A
G Plus	\$249.68	\$229.00	\$224.66	\$206.25	\$283.85	\$260.06	\$255.07	\$233.90
High G Plus¹	\$101.88	\$94.64	N/A	N/A	\$113.01	\$104.76	N/A	N/A
N	\$205.22	\$186.56	\$182.65	\$166.05	\$236.05	\$214.59	\$210.08	\$190.98

Age 76

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$191.40	\$174.01	N/A	N/A	\$218.14	\$198.31	N/A	N/A
F	\$300.69	\$273.37	\$267.62	\$243.29	\$342.71	\$311.55	\$305.01	\$277.28
High F¹	\$86.38	\$78.53	N/A	N/A	\$98.44	\$89.50	N/A	N/A
G	\$235.40	\$214.00	\$209.51	\$190.46	\$270.68	\$246.07	\$240.90	\$219.00
High G¹	\$82.27	\$74.79	N/A	N/A	\$93.75	\$85.24	N/A	N/A
G Plus	\$257.60	\$236.20	\$231.71	\$212.66	\$292.88	\$268.27	\$263.10	\$241.20
High G Plus¹	\$104.47	\$96.99	N/A	N/A	\$115.95	\$107.44	N/A	N/A
N	\$212.37	\$193.06	\$189.01	\$171.82	\$244.19	\$221.99	\$217.33	\$197.57

Age 77

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$197.28	\$179.34	N/A	N/A	\$224.84	\$204.40	N/A	N/A
F	\$309.93	\$281.76	\$275.83	\$250.77	\$353.22	\$321.12	\$314.37	\$285.79
High F¹	\$89.03	\$80.93	N/A	N/A	\$101.46	\$92.24	N/A	N/A
G	\$243.15	\$221.05	\$216.41	\$196.73	\$279.51	\$254.10	\$248.76	\$226.15
High G¹	\$84.79	\$77.08	N/A	N/A	\$96.63	\$87.85	N/A	N/A
G Plus	\$265.35	\$243.25	\$238.61	\$218.93	\$301.71	\$276.30	\$270.96	\$248.35
High G Plus¹	\$106.99	\$99.28	N/A	N/A	\$118.83	\$110.05	N/A	N/A
N	\$219.36	\$199.42	\$195.23	\$177.48	\$252.16	\$229.24	\$224.42	\$204.02

Age 78

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$203.03	\$184.57	N/A	N/A	\$231.38	\$210.35	N/A	N/A
F	\$318.95	\$289.96	\$283.87	\$258.05	\$363.51	\$330.46	\$323.52	\$294.11
High F¹	\$91.62	\$83.30	N/A	N/A	\$104.42	\$94.93	N/A	N/A
G	\$250.73	\$227.93	\$223.15	\$202.86	\$288.14	\$261.94	\$256.44	\$233.13
High G¹	\$87.26	\$79.33	N/A	N/A	\$99.45	\$90.41	N/A	N/A
G Plus	\$272.93	\$250.13	\$245.35	\$225.06	\$310.34	\$284.14	\$278.64	\$255.33
High G Plus¹	\$109.46	\$101.53	N/A	N/A	\$121.65	\$112.61	N/A	N/A
N	\$226.19	\$205.63	\$201.32	\$183.02	\$259.95	\$236.31	\$231.36	\$210.32

Age 79

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$208.64	\$189.66	N/A	N/A	\$237.77	\$216.16	N/A	N/A
F	\$327.77	\$297.97	\$291.72	\$265.19	\$373.56	\$339.60	\$332.46	\$302.24
High F¹	\$94.15	\$85.60	N/A	N/A	\$107.31	\$97.55	N/A	N/A
G	\$258.13	\$234.66	\$229.74	\$208.86	\$296.57	\$269.62	\$263.95	\$239.96
High G¹	\$89.67	\$81.52	N/A	N/A	\$102.20	\$92.90	N/A	N/A
G Plus	\$280.33	\$256.86	\$251.94	\$231.06	\$318.77	\$291.82	\$286.15	\$262.16
High G Plus¹	\$111.87	\$103.72	N/A	N/A	\$124.40	\$115.10	N/A	N/A
N	\$232.87	\$211.70	\$207.26	\$188.41	\$267.56	\$243.23	\$238.13	\$216.48

Age 80

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$214.12	\$194.65	N/A	N/A	\$244.03	\$221.84	N/A	N/A
F	\$336.38	\$305.79	\$299.37	\$272.16	\$383.38	\$348.52	\$341.20	\$310.19
High F¹	\$96.62	\$87.84	N/A	N/A	\$110.12	\$100.12	N/A	N/A
G	\$265.37	\$241.24	\$236.18	\$214.70	\$304.82	\$277.11	\$271.29	\$246.62
High G¹	\$92.02	\$83.66	N/A	N/A	\$104.88	\$95.35	N/A	N/A
G Plus	\$287.57	\$263.44	\$258.38	\$236.90	\$327.02	\$299.31	\$293.49	\$268.82
High G Plus¹	\$114.22	\$105.86	N/A	N/A	\$127.08	\$117.55	N/A	N/A
N	\$239.40	\$217.63	\$213.07	\$193.69	\$275.00	\$249.99	\$244.74	\$222.50

Age 81

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$219.46	\$199.52	N/A	N/A	\$250.12	\$227.39	N/A	N/A
F	\$344.78	\$313.43	\$306.86	\$278.96	\$392.96	\$357.23	\$349.73	\$317.94
High F¹	\$99.04	\$90.04	N/A	N/A	\$112.88	\$102.62	N/A	N/A
G	\$272.42	\$247.65	\$242.46	\$220.42	\$312.87	\$284.42	\$278.45	\$253.13
High G¹	\$94.32	\$85.75	N/A	N/A	\$107.50	\$97.73	N/A	N/A
G Plus	\$294.62	\$269.85	\$264.66	\$242.62	\$335.07	\$306.62	\$300.65	\$275.33
High G Plus¹	\$116.52	\$107.95	N/A	N/A	\$129.70	\$119.93	N/A	N/A
N	\$245.76	\$223.42	\$218.74	\$198.85	\$282.25	\$256.59	\$251.20	\$228.36

Age 82

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$224.69	\$204.26	N/A	N/A	\$256.07	\$232.80	N/A	N/A
F	\$352.98	\$320.90	\$314.16	\$285.60	\$402.30	\$365.73	\$358.04	\$325.50
High F¹	\$101.40	\$92.18	N/A	N/A	\$115.56	\$105.05	N/A	N/A
G	\$279.31	\$253.91	\$248.59	\$225.98	\$320.71	\$291.55	\$285.43	\$259.49
High G¹	\$96.57	\$87.79	N/A	N/A	\$110.06	\$100.05	N/A	N/A
G Plus	\$301.51	\$276.11	\$270.79	\$248.18	\$342.91	\$313.75	\$307.63	\$281.69
High G Plus¹	\$118.77	\$109.99	N/A	N/A	\$132.26	\$122.25	N/A	N/A
N	\$251.98	\$229.07	\$224.26	\$203.88	\$289.33	\$263.03	\$257.50	\$234.10

Age 83

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$229.78	\$208.89	N/A	N/A	\$261.88	\$238.08	N/A	N/A
F	\$360.99	\$328.18	\$321.27	\$292.07	\$411.41	\$374.01	\$366.16	\$332.88
High F¹	\$103.70	\$94.27	N/A	N/A	\$118.19	\$107.44	N/A	N/A
G	\$286.02	\$260.02	\$254.56	\$231.42	\$328.37	\$298.52	\$292.25	\$265.68
High G¹	\$98.76	\$89.78	N/A	N/A	\$112.56	\$102.32	N/A	N/A
G Plus	\$308.22	\$282.22	\$276.76	\$253.62	\$350.57	\$320.72	\$314.45	\$287.88
High G Plus¹	\$120.96	\$111.98	N/A	N/A	\$134.76	\$124.52	N/A	N/A
N	\$258.04	\$234.58	\$229.66	\$208.77	\$296.24	\$269.30	\$263.64	\$239.68

Age 84

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$234.74	\$213.40	N/A	N/A	\$267.53	\$243.21	N/A	N/A
F	\$368.77	\$335.24	\$328.22	\$298.37	\$420.29	\$382.09	\$374.06	\$340.06
High F¹	\$105.93	\$96.31	N/A	N/A	\$120.74	\$109.76	N/A	N/A
G	\$292.56	\$265.97	\$260.38	\$236.71	\$335.82	\$305.29	\$298.88	\$271.71
High G¹	\$100.89	\$91.72	N/A	N/A	\$114.99	\$104.53	N/A	N/A
G Plus	\$314.76	\$288.17	\$282.58	\$258.91	\$358.02	\$327.49	\$321.08	\$293.91
High G Plus¹	\$123.09	\$113.92	N/A	N/A	\$137.19	\$126.73	N/A	N/A
N	\$263.94	\$239.95	\$234.91	\$213.55	\$302.97	\$275.42	\$269.64	\$245.12

Age 85

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$239.56	\$217.79	N/A	N/A	\$273.03	\$248.22	N/A	N/A
F	\$376.36	\$342.16	\$334.96	\$304.51	\$428.93	\$389.95	\$381.76	\$347.05
High F¹	\$108.11	\$98.29	N/A	N/A	\$123.22	\$112.01	N/A	N/A
G	\$298.94	\$271.76	\$266.05	\$241.87	\$343.08	\$311.89	\$305.34	\$277.58
High G¹	\$102.96	\$93.61	N/A	N/A	\$117.35	\$106.68	N/A	N/A
G Plus	\$321.14	\$293.96	\$288.25	\$264.07	\$365.28	\$334.09	\$327.54	\$299.78
High G Plus¹	\$125.16	\$115.81	N/A	N/A	\$139.55	\$128.88	N/A	N/A
N	\$269.68	\$245.16	\$240.02	\$218.20	\$309.51	\$281.38	\$275.47	\$250.43

Age 86

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$244.27	\$222.05	N/A	N/A	\$278.40	\$253.08	N/A	N/A
F	\$383.74	\$348.85	\$341.53	\$310.49	\$437.36	\$397.59	\$389.25	\$353.86
High F¹	\$110.24	\$100.22	N/A	N/A	\$125.63	\$114.21	N/A	N/A
G	\$305.13	\$277.39	\$271.56	\$246.88	\$350.14	\$318.31	\$311.63	\$283.30
High G¹	\$104.99	\$95.45	N/A	N/A	\$119.65	\$108.77	N/A	N/A
G Plus	\$327.33	\$299.59	\$293.76	\$269.08	\$372.34	\$340.51	\$333.83	\$305.50
High G Plus¹	\$127.19	\$117.65	N/A	N/A	\$141.85	\$130.97	N/A	N/A
N	\$275.28	\$250.25	\$245.00	\$222.73	\$315.88	\$287.16	\$281.14	\$255.58

Age 87

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$248.84	\$226.21	N/A	N/A	\$283.59	\$257.82	N/A	N/A
F	\$390.93	\$355.39	\$347.92	\$316.29	\$445.54	\$405.03	\$396.52	\$360.47
High F¹	\$112.30	\$102.09	N/A	N/A	\$127.97	\$116.35	N/A	N/A
G	\$311.16	\$282.87	\$276.93	\$251.76	\$357.01	\$324.56	\$317.74	\$288.86
High G¹	\$106.95	\$97.23	N/A	N/A	\$121.88	\$110.81	N/A	N/A
G Plus	\$333.36	\$305.07	\$299.13	\$273.96	\$379.21	\$346.76	\$339.94	\$311.06
High G Plus¹	\$129.15	\$119.43	N/A	N/A	\$144.08	\$133.01	N/A	N/A
N	\$280.71	\$255.19	\$249.84	\$227.13	\$322.08	\$292.80	\$286.65	\$260.59

Age 88

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$253.27	\$230.24	N/A	N/A	\$288.66	\$262.42	N/A	N/A
F	\$397.89	\$361.72	\$354.13	\$321.93	\$453.47	\$412.25	\$403.60	\$366.90
High F¹	\$114.29	\$103.91	N/A	N/A	\$130.26	\$118.42	N/A	N/A
G	\$317.01	\$288.19	\$282.14	\$256.49	\$363.68	\$330.62	\$323.67	\$294.25
High G¹	\$108.85	\$98.96	N/A	N/A	\$124.06	\$112.78	N/A	N/A
G Plus	\$339.21	\$310.39	\$304.34	\$278.69	\$385.88	\$352.82	\$345.87	\$316.45
High G Plus¹	\$131.05	\$121.16	N/A	N/A	\$146.26	\$134.98	N/A	N/A
N	\$285.99	\$259.99	\$254.53	\$231.39	\$328.09	\$298.27	\$292.01	\$265.46

Age 89

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$257.58	\$234.16	N/A	N/A	\$293.56	\$266.87	N/A	N/A
F	\$404.66	\$367.87	\$360.15	\$327.39	\$461.19	\$419.26	\$410.46	\$373.15
High F¹	\$116.24	\$105.67	N/A	N/A	\$132.48	\$120.44	N/A	N/A
G	\$322.69	\$293.36	\$287.20	\$261.08	\$370.16	\$336.50	\$329.44	\$299.49
High G¹	\$110.70	\$100.64	N/A	N/A	\$126.17	\$114.70	N/A	N/A
G Plus	\$344.89	\$315.56	\$309.40	\$283.28	\$392.36	\$358.70	\$351.64	\$321.69
High G Plus¹	\$132.90	\$122.84	N/A	N/A	\$148.37	\$136.90	N/A	N/A
N	\$291.11	\$264.65	\$259.10	\$235.54	\$333.94	\$303.58	\$297.20	\$270.19

Age 90

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$261.75	\$237.95	N/A	N/A	\$298.33	\$271.20	N/A	N/A
F	\$411.22	\$373.83	\$365.98	\$332.71	\$468.67	\$426.06	\$417.12	\$379.18
High F¹	\$118.13	\$107.38	N/A	N/A	\$134.63	\$122.39	N/A	N/A
G	\$328.20	\$298.36	\$292.10	\$265.55	\$376.44	\$342.22	\$335.02	\$304.57
High G¹	\$112.50	\$102.27	N/A	N/A	\$128.22	\$116.56	N/A	N/A
G Plus	\$350.40	\$320.56	\$314.30	\$287.75	\$398.64	\$364.42	\$357.22	\$326.77
High G Plus¹	\$134.70	\$124.47	N/A	N/A	\$150.42	\$138.76	N/A	N/A
N	\$296.09	\$269.17	\$263.52	\$239.56	\$339.60	\$308.73	\$302.24	\$274.76

Age 91

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$265.80	\$241.64	N/A	N/A	\$302.94	\$275.39	N/A	N/A
F	\$417.58	\$379.61	\$371.64	\$337.86	\$475.90	\$432.64	\$423.56	\$385.06
High F¹	\$119.95	\$109.05	N/A	N/A	\$136.71	\$124.29	N/A	N/A
G	\$333.53	\$303.21	\$296.85	\$269.86	\$382.52	\$347.74	\$340.44	\$309.49
High G¹	\$114.24	\$103.86	N/A	N/A	\$130.20	\$118.37	N/A	N/A
G Plus	\$355.73	\$325.41	\$319.05	\$292.06	\$404.72	\$369.94	\$362.64	\$331.69
High G Plus¹	\$136.44	\$126.06	N/A	N/A	\$152.40	\$140.57	N/A	N/A
N	\$300.90	\$273.55	\$267.80	\$243.45	\$345.08	\$313.72	\$307.13	\$279.21

Age 92

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$269.71	\$245.20	N/A	N/A	\$307.39	\$279.45	N/A	N/A
F	\$423.72	\$385.20	\$377.11	\$342.83	\$482.92	\$439.02	\$429.80	\$390.72
High F¹	\$121.72	\$110.66	N/A	N/A	\$138.73	\$126.12	N/A	N/A
G	\$338.70	\$307.91	\$301.44	\$274.04	\$388.40	\$353.09	\$345.68	\$314.25
High G¹	\$115.92	\$105.39	N/A	N/A	\$132.12	\$120.11	N/A	N/A
G Plus	\$360.90	\$330.11	\$323.64	\$296.24	\$410.60	\$375.29	\$367.88	\$336.45
High G Plus¹	\$138.12	\$127.59	N/A	N/A	\$154.32	\$142.31	N/A	N/A
N	\$305.56	\$277.78	\$271.95	\$247.22	\$350.40	\$318.54	\$311.85	\$283.50

Age 93

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$273.49	\$248.64	N/A	N/A	\$311.71	\$283.36	N/A	N/A
F	\$429.66	\$390.60	\$382.41	\$347.64	\$489.70	\$445.17	\$435.84	\$396.20
High F¹	\$123.43	\$112.20	N/A	N/A	\$140.67	\$127.88	N/A	N/A
G	\$343.69	\$312.45	\$305.89	\$278.07	\$394.09	\$358.26	\$350.74	\$318.85
High G¹	\$117.55	\$106.86	N/A	N/A	\$133.97	\$121.79	N/A	N/A
G Plus	\$365.89	\$334.65	\$328.09	\$300.27	\$416.29	\$380.46	\$372.94	\$341.05
High G Plus¹	\$139.75	\$129.06	N/A	N/A	\$156.17	\$143.99	N/A	N/A
N	\$310.07	\$281.87	\$275.95	\$250.87	\$355.53	\$323.21	\$316.42	\$287.66

Age 94

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$277.15	\$251.96	N/A	N/A	\$315.87	\$287.15	N/A	N/A
F	\$435.41	\$395.82	\$387.51	\$352.28	\$496.23	\$451.12	\$441.65	\$401.50
High F¹	\$125.08	\$113.70	N/A	N/A	\$142.56	\$129.59	N/A	N/A
G	\$348.51	\$316.83	\$310.17	\$281.98	\$399.58	\$363.26	\$355.62	\$323.30
High G¹	\$119.12	\$108.29	N/A	N/A	\$135.77	\$123.42	N/A	N/A
G Plus	\$370.71	\$339.03	\$332.37	\$304.18	\$421.78	\$385.46	\$377.82	\$345.50
High G Plus¹	\$141.32	\$130.49	N/A	N/A	\$157.97	\$145.62	N/A	N/A
N	\$314.41	\$285.83	\$279.83	\$254.38	\$360.49	\$327.72	\$320.83	\$291.67

Age 95

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$280.68	\$255.16	N/A	N/A	\$319.88	\$290.81	N/A	N/A
F	\$440.95	\$400.86	\$392.44	\$356.77	\$502.54	\$456.85	\$447.27	\$406.60
High F¹	\$126.66	\$115.14	N/A	N/A	\$144.36	\$131.24	N/A	N/A
G	\$353.16	\$321.05	\$314.31	\$285.74	\$404.88	\$368.07	\$360.34	\$327.58
High G¹	\$120.63	\$109.66	N/A	N/A	\$137.49	\$124.99	N/A	N/A
G Plus	\$375.36	\$343.25	\$336.51	\$307.94	\$427.08	\$390.27	\$382.54	\$349.78
High G Plus¹	\$142.83	\$131.86	N/A	N/A	\$159.69	\$147.19	N/A	N/A
N	\$318.60	\$289.64	\$283.55	\$257.78	\$365.26	\$332.05	\$325.08	\$295.53

Age 96

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$284.07	\$258.24	N/A	N/A	\$323.75	\$294.33	N/A	N/A
F	\$446.27	\$405.70	\$397.18	\$361.07	\$508.61	\$462.37	\$452.67	\$411.52
High F¹	\$128.19	\$116.55	N/A	N/A	\$146.11	\$132.81	N/A	N/A
G	\$357.63	\$325.12	\$318.29	\$289.36	\$409.97	\$372.71	\$364.88	\$331.71
High G¹	\$122.09	\$111.00	N/A	N/A	\$139.15	\$126.49	N/A	N/A
G Plus	\$379.83	\$347.32	\$340.49	\$311.56	\$432.17	\$394.91	\$387.08	\$353.91
High G Plus¹	\$144.29	\$133.20	N/A	N/A	\$161.35	\$148.69	N/A	N/A
N	\$322.63	\$293.31	\$287.14	\$261.04	\$369.86	\$336.24	\$329.18	\$299.25

Age 97

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$287.32	\$261.21	N/A	N/A	\$327.46	\$297.70	N/A	N/A
F	\$451.40	\$410.36	\$401.74	\$365.21	\$514.45	\$467.69	\$457.86	\$416.24
High F¹	\$129.66	\$117.88	N/A	N/A	\$147.78	\$134.35	N/A	N/A
G	\$361.94	\$329.03	\$322.12	\$292.83	\$414.88	\$377.16	\$369.24	\$335.67
High G¹	\$123.49	\$112.27	N/A	N/A	\$140.74	\$127.95	N/A	N/A
G Plus	\$384.14	\$351.23	\$344.32	\$315.03	\$437.08	\$399.36	\$391.44	\$357.87
High G Plus¹	\$145.69	\$134.47	N/A	N/A	\$162.94	\$150.15	N/A	N/A
N	\$326.52	\$296.84	\$290.60	\$264.18	\$374.28	\$340.26	\$333.11	\$302.83

Age 98

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$290.45	\$264.05	N/A	N/A	\$331.03	\$300.94	N/A	N/A
F	\$456.32	\$414.83	\$406.11	\$369.20	\$520.06	\$472.78	\$462.86	\$420.77
High F¹	\$131.07	\$119.16	N/A	N/A	\$149.39	\$135.82	N/A	N/A
G	\$366.06	\$332.79	\$325.79	\$296.17	\$419.59	\$381.44	\$373.43	\$339.49
High G¹	\$124.83	\$113.49	N/A	N/A	\$142.28	\$129.35	N/A	N/A
G Plus	\$388.26	\$354.99	\$347.99	\$318.37	\$441.79	\$403.64	\$395.63	\$361.69
High G Plus¹	\$147.03	\$135.69	N/A	N/A	\$164.48	\$151.55	N/A	N/A
N	\$330.25	\$300.23	\$293.92	\$267.19	\$378.54	\$344.12	\$336.89	\$306.26

Age 99

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$293.46	\$266.78	N/A	N/A	\$334.46	\$304.05	N/A	N/A
F	\$461.03	\$419.11	\$410.32	\$373.01	\$525.43	\$477.66	\$467.64	\$425.12
High F¹	\$132.44	\$120.39	N/A	N/A	\$150.94	\$137.21	N/A	N/A
G	\$370.02	\$336.38	\$329.32	\$299.38	\$424.10	\$385.55	\$377.44	\$343.13
High G¹	\$126.13	\$114.66	N/A	N/A	\$143.75	\$130.68	N/A	N/A
G Plus	\$392.22	\$358.58	\$351.52	\$321.58	\$446.30	\$407.75	\$399.64	\$365.33
High G Plus¹	\$148.33	\$136.86	N/A	N/A	\$165.95	\$152.88	N/A	N/A
N	\$333.82	\$303.47	\$297.10	\$270.09	\$382.60	\$347.82	\$340.52	\$309.56

Age 100 +

	FEMALE				MALE			
	Standard		Med-Select ²		Standard		Med-Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	\$296.33	\$269.40	N/A	N/A	\$337.73	\$307.02	N/A	N/A
F	\$465.55	\$423.22	\$414.33	\$376.67	\$530.57	\$482.34	\$472.21	\$429.28
High F¹	\$133.74	\$121.57	N/A	N/A	\$152.41	\$138.55	N/A	N/A
G	\$373.81	\$339.82	\$332.69	\$302.44	\$428.41	\$389.47	\$381.29	\$346.63
High G¹	\$127.37	\$115.78	N/A	N/A	\$145.15	\$131.95	N/A	N/A
G Plus	\$396.01	\$362.02	\$354.89	\$324.64	\$450.61	\$411.67	\$403.49	\$368.83
High G Plus¹	\$149.57	\$137.98	N/A	N/A	\$167.35	\$154.15	N/A	N/A
N	\$337.23	\$306.58	\$300.13	\$272.85	\$386.49	\$351.36	\$343.98	\$312.71

You have the option to purchase any of the Medicare Supplement benefit plans shown on the front cover in white as Standard Plans or as Medicare Select Plans, with the exception of Plan A, High Deductible Plan F¹, High Deductible Plan G¹, and High Deductible Plan G Plus¹. Those plans are available as **Standard Plans only**.

Medicare Select Plans require that you use Blue Cross and Blue Shield of Illinois contracting Medicare Select hospitals for non-emergency admissions to receive coverage for the Medicare Part A deductible. In an emergency, the \$1,600 deductible is covered at any hospital from which you receive care. 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 use another physician at time of hospitalization or you will be required to pay for all expenses. If you move out of the service area, there will be a reduction of benefit coverage and you will have the opportunity to purchase any Medicare Supplement policy with comparable or lesser benefits offered by the insurer, or Medicare Supplement/Select plans A, B, C, F, K, or L from any insurer within 63 days of termination.

PREMIUM INFORMATION

Blue Cross and Blue Shield of Illinois can only raise your premium if we raise the premium for all policies like yours in the state. We will not change your premium or cancel your policy because of poor health. Premiums change at age 65 and every year thereafter up to age 100. If your premium changes, you will be notified at least 30 days in advance.

Gender

One factor that will determine your premium is your gender. When completing the application, you will need to make a gender selection.

Tobacco User

A Tobacco User is a person who is permitted under state and federal law to legally use Tobacco, with Tobacco use (other than religious or ceremonial use of Tobacco) occurring on average of four or more times per week that last occurred within the past six months. Tobacco products include but are not limited to: cigarettes, cigars, smokeless tobacco products, electronic cigarettes, dissolvable tobacco products, and vaping.

If you meet the definition of a Tobacco User, you may pay a higher premium for your health coverage.

PREMIUM DISCOUNTS

BCBSIL Medicare Supplement premium discounts may be available. Eligibility criteria are described below. If you are eligible for a discount, the discount will be applied to your next bill and remain in effect as long as you are enrolled in your BCBSIL Medicare Supplement plan.

Discounts cannot be combined; only one type of discount per member permitted. The percentage discount is the same for each type of discount.

Household Discount

You may be eligible for a discount if you and at least one or more other persons reside in the same household and both of you are enrolled in a BCBSIL Medicare Supplement policy. Applies to BCBSIL Medicare Supplement policies issued with an effective date on or after May 1, 2019.

Continue with Blue Discount

You may be eligible for a discount if you were enrolled in commercial group or individual coverage with a Blue Cross and Blue Shield Plan issued in Illinois, Montana, New Mexico, Oklahoma, or Texas and that coverage was within one year of your BCBSIL Medicare Supplement policy becoming effective. Applies to BCBSIL Medicare Supplement policies issued with an effective date on or after April 1, 2022.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

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 YOUR POLICY

If you find that you are not satisfied with your policy, you may return it to **Blue Medicare Supplement c/o Member Services, P.O. Box 3388 Scranton, PA 18505**. 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 will 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 and Blue Shield of Illinois nor its agents are connected with Medicare. This Outline of Coverage does not give you all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

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

MEDICARE SELECT ADDITIONAL DISCLOSURES

GRIEVANCE PROCEDURES

Our goal is your 100% satisfaction with our processing of your coverage. Should you ever not be fully satisfied with any aspect of the services you receive, we want to know about it so we can correct it.

If you have any dissatisfaction with your Medicare Select coverage, please send all written grievances within 60 days of the occurrence of your dissatisfaction to: **Medicare Supplement Grievance Committee, P.O. Box 3004, Naperville, IL 60566-9747 or fax (888) 235-2949.**

Your grievance will be reviewed by our Grievance Committee. Upon review of your grievance, we will mail you a response within 30 days from the receipt of your written correspondence. If additional information from an outside source is required, we may require an additional 30 days to research, finalize and respond to your correspondence. In no case will a complete response from us take more than 60 days.

If you are dissatisfied with the decision of our Grievance Committee you may submit a written complaint to the **Illinois Insurance Department, 320 Washington Street, 4th Floor, Springfield, Illinois 62766 or call (217) 782-4515.**

QUALITY ASSURANCE

As part of our Quality Assurance program, all contracted hospitals must meet Medicare standards.

In addition, hospitals must meet the contract criteria stated in the Hospital Agreement.

Each hospital must: agree to maintain its state licensure; agree to maintain its Blue Cross and Blue Shield of Illinois Plan Hospital status; agree to maintain its Medicare participating status; be accredited and maintain its accreditation by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) or the American Osteopathic Association (AOA); and agree to waive the Part A deductible.

MEDICARE SELECT HOSPITAL RESTRICTIONS

Plans F, G, G Plus, K, L and N are Medicare Select policies currently available if you live within 30 miles of a Medicare Select hospital. Part A benefits may be restricted if you receive services in a hospital that is not a Medicare Select Hospital.

The full benefits of your coverage, excluding Plan K & L coinsurance, will be paid anywhere if:

1. Services are provided in a Doctor's office, another office setting, or in a skilled nursing facility;
2. The services are for symptoms requiring emergency care or are immediately required for an unforeseen illness, injury or condition and it is not reasonable to obtain such services from a Medicare Select Hospital (such as while you are traveling); or
3. Covered services are not available through a Medicare Select Hospital.

Plan A

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD

Services	Medicare Pays	Plan A Pays	You Pay
Hospitalization⁵ Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,600	\$0	\$1,600 (Part A deductible)
61st through 90th day	All but \$400 a day	\$400 a day	\$0
91st day and after:			
– While using 60 Lifetime Reserve days	All but \$800 a day	\$800 a day	\$0
– Additional 365 days once Lifetime Reserve days are used	\$0	100% of Medicare-eligible expenses	\$0 ⁶
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care⁵ 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 \$200 a day	\$0	Up to \$200 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

⁵ A benefit period 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.

⁶ 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.

Services	Medicare Pays	Plan A Pays	You Pay
Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$226 of Medicare-approved amounts ⁷	\$0	\$0	\$226 (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 \$226 of Medicare-approved amounts ⁷	\$0	\$0	\$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services — Tests for Diagnostic Services	100%	\$0	\$0

MEDICARE (PARTS A & B)

Services	Medicare Pays	Plan A Pays	You Pay
Home Health Care Medicare-approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
– First \$226 of Medicare-approved amounts ⁷	\$0	\$0	\$226 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0

⁷ Once you have been billed \$226 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan F

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD

Services	Medicare Pays	Plan F Pays	You Pay
Hospitalization⁵ Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,600	\$1,600 (Part A deductible) ²	\$0
61st through 90th day	All but \$400 a day	\$400 a day	\$0
91st day and after:			
– While using 60 Lifetime Reserve days	All but \$800 a day	\$800 a day	\$0
– Additional 365 days once Lifetime Reserve days are used	\$0	100% of Medicare-eligible expenses	\$0 ⁶
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care⁵ 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 \$200 a day	Up to \$200 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

Plan F

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR

Services	Medicare Pays	Plan F Pays	You Pay
Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$226 of Medicare-approved amounts ⁷	\$0	\$226 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First 3 pints	\$0	All costs	\$0
Next \$226 of Medicare-approved amounts ⁷	\$0	\$226 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services — Tests for Diagnostic Services	100%	\$0	\$0

MEDICARE (PARTS A & B)

Services	Medicare Pays	Plan F Pays	You Pay
Home Health Care Medicare-approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
– First \$226 of Medicare-approved amounts ⁷	\$0	\$226 (Part B deductible)	\$0
– Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

Foreign Travel — Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

High Deductible Plan F

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD

Services	Medicare Pays	After You Pay \$2,700 Deductible ¹ , Plan F Pays	In Addition to \$2,700 Deductible ¹ , You Pay
Hospitalization⁵ Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,600	\$1,600 (Part A deductible)	\$0
61st through 90th day	All but \$400 a day	\$400 a day	\$0
91st day and after:			
– While using 60 Lifetime Reserve days	All but \$800 a day	\$800 a day	\$0
– Additional 365 days once Lifetime Reserve days are used	\$0	100% of Medicare- eligible expenses	\$0 ⁶
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care⁵ 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 \$200 a day	Up to \$200 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

High Deductible Plan F

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR

Services	Medicare Pays	After You Pay \$2,700 Deductible ¹ , Plan F Pays	In Addition to \$2,700 Deductible ¹ , You Pay
Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$226 of Medicare-approved amounts ⁷	\$0	\$226 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First 3 pints	\$0	All costs	\$0
Next \$226 of Medicare-approved amounts ⁷	\$0	\$226 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services — Tests for Diagnostic Services	100%	\$0	\$0

MEDICARE (PARTS A & B)

Services	Medicare Pays	After You Pay \$2,700 Deductible ¹ , Plan F Pays	In Addition to \$2,700 Deductible ¹ , You Pay
Home Health Care Medicare-approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
– First \$226 of Medicare-approved amounts ⁷	\$0	\$226 (Part B deductible)	\$0
– Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

Foreign Travel — Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Plan G

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD

Services	Medicare Pays	Plan G Pays	You Pay
Hospitalization⁵ Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,600	\$1,600 (Part A deductible) ²	\$0
61st through 90th day	All but \$400 a day	\$400 a day	\$0
91st day and after:			
– While using 60 Lifetime Reserve days	All but \$800 a day	\$800 a day	\$0
– Additional 365 days once Lifetime Reserve days are used	\$0	100% of Medicare-eligible expenses	\$0 ⁶
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care⁵ 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 \$200 a day	Up to \$200 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

Plan G

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR

Services	Medicare Pays	Plan G Pays	You Pay
Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$226 of Medicare-approved amounts ⁷	\$0	\$0	\$226 (Part B deductible)
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 \$226 of Medicare-approved amounts ⁷	\$0	\$0	\$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services — Tests for Diagnostic Services	100%	\$0	\$0

MEDICARE (PARTS A & B)

Services	Medicare Pays	Plan G Pays	You Pay
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
– First \$226 of Medicare-approved amounts ⁷	\$0	\$0	\$226 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

Foreign Travel — Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

High Deductible Plan G

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD

Services	Medicare Pays	After You Pay \$2,700 Deductible, Plan G Pays	In Addition to \$2,700 Deductible, You Pay
Hospitalization³ Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,600	\$1,600 (Part A deductible)	\$0
61st through 90th day	All but \$400 a day	\$400 a day	\$0
91st day and after:			
– While using 60 Lifetime Reserve days	All but \$800 a day	\$800 a day	\$0
– Additional 365 days once Lifetime Reserve days are used	\$0	100% of Medicare-eligible expenses	\$0 ⁴
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care³ 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 \$200 a day	Up to \$200 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

High Deductible Plan G

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR

Services	Medicare Pays	After You Pay \$2,700 Deductible ¹ , Plan G Pays	In Addition to \$2,700 Deductible ¹ , You Pay
Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$226 of Medicare-approved amounts ⁵	\$0	\$0	\$226 (Part B deductible)
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 \$226 of Medicare-approved amounts ⁵	\$0	\$0	\$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services — Tests for Diagnostic Services	100%	\$0	\$0

MEDICARE (PARTS A & B)

Services	Medicare Pays	After You Pay \$2,700 Deductible ¹ , Plan G Pays	In Addition to \$2,700 Deductible ¹ , You Pay
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
– First \$226 of Medicare-approved amounts ⁵	\$0	\$0	\$226 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

Foreign Travel — Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Plan G Plus

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD

Services	Medicare Pays	Plan G Plus Pays	You Pay
Hospitalization⁵ Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,600	\$1,600 (Part A deductible) ²	\$0
61st through 90th day	All but \$400 a day	\$400 a day	\$0
91st day and after:			
– While using 60 Lifetime Reserve days	All but \$800 a day	\$800 a day	\$0
– Additional 365 days once Lifetime Reserve days are used	\$0	100% of Medicare-eligible expenses	\$0 ⁶
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care⁵ 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 \$200 a day	Up to \$200 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

Plan G Plus

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR

Services	Medicare Pays	Plan G Plus Pays	You Pay
Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$226 of Medicare-approved amounts ⁷	\$0	\$0	\$226 (Part B deductible)
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 \$226 of Medicare-approved amounts ⁷	\$0	\$0	\$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services — Tests for Diagnostic Services	100%	\$0	\$0

MEDICARE (PARTS A & B)

Services	Medicare Pays	Plan G Plus Pays	You Pay
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
– First \$226 of Medicare-approved amounts ⁷	\$0	\$0	\$226 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

Foreign Travel — Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Plan G Plus

INNOVATIVE BENEFITS

DENTAL

Services	Medicare Pays	Plan G Plus Pays	You Pay
Diagnostic Evaluations			
In Network	\$0	100%	\$0
Out of Network	\$0	50%	50%
Preventive Services			
In Network	\$0	100%	\$0
Out of Network	\$0	50%	50%
Diagnostic Radiographs			
In Network	\$0	100%	\$0
Out of Network	\$0	50%	50%
Basic Restorative Services⁸	\$0	50%	50%
Non-Surgical Extractions			
In Network	\$0	75%	25%
Out of Network	\$0	50%	50%
VISION			
Services	Medicare Pays	Plan G Plus Pays	You Pay
Annual Routine Examination			
In Network	\$0	100%	\$0
Out of Network	\$0	All except \$40	\$40
Materials Allowance			
In Network	\$0	\$130	Remaining Balance
Out of Network	\$0	\$65	Remaining Balance
HEARING⁹			
Services	Medicare Pays	Plan G Plus Pays	You Pay
Annual Routine Examination	\$0	100%	\$0
Hardware Discounts	\$0	Generally 30%	Remaining Balance

⁸ Once per tooth per calendar year.

⁹ All services must be received in network.

High Deductible Plan G Plus

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD

Services	Medicare Pays	After You Pay \$2,700 Deductible ¹ , Plan G Plus Pays	In Addition to \$2,700 Deductible ¹ , You Pay
Hospitalization³ Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,600	\$1,600 (Part A deductible)	\$0
61st through 90th day	All but \$400 a day	\$400 a day	\$0
91st day and after:			
– While using 60 Lifetime Reserve days	All but \$800 a day	\$800 a day	\$0
– Additional 365 days once Lifetime Reserve days are used	\$0	100% of Medicare-eligible expenses	\$0 ⁴
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care³ 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 \$200 a day	Up to \$200 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

High Deductible Plan G Plus

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR

Services	Medicare Pays	After You Pay \$2,700 Deductible ¹ , Plan G Plus Pays	In Addition to \$2,700 Deductible ¹ , You Pay
Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$226 of Medicare-approved amounts ⁵	\$0	\$0	\$226 (Part B deductible)
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 \$226 of Medicare-approved amounts ⁵	\$0	\$0	\$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services — Tests for Diagnostic Services	100%	\$0	\$0

MEDICARE (PARTS A & B)

Services	Medicare Pays	After You Pay \$2,700 Deductible ¹ , Plan G Plus Pays	In Addition to \$2,700 Deductible ¹ , You Pay
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
– First \$226 of Medicare-approved amounts ⁵	\$0	\$0	\$226 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

Foreign Travel — Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

High Deductible Plan G Plus

INNOVATIVE BENEFITS

DENTAL

Services	Medicare Pays	Plan G Plus Pays	You Pay
Diagnostic Evaluations			
In Network	\$0	100%	\$0
Out of Network	\$0	50%	50%
Preventive Services			
In Network	\$0	100%	\$0
Out of Network	\$0	50%	50%
Diagnostic Radiographs			
In Network	\$0	100%	\$0
Out of Network	\$0	50%	50%
Basic Restorative Services⁸	\$0	50%	50%
Non-Surgical Extractions			
In Network	\$0	75%	25%
Out of Network	\$0	50%	50%

VISION

Services	Medicare Pays	Plan G Plus Pays	You Pay
Annual Routine Examination			
In Network	\$0	100%	\$0
Out of Network	\$0	All except \$40	\$40
Materials Allowance			
In Network	\$0	\$130	Remaining Balance
Out of Network	\$0	\$65	Remaining Balance

HEARING⁹

Services	Medicare Pays	Plan G Plus Pays	You Pay
Annual Routine Examination	\$0	100%	\$0
Hardware Discounts	\$0	Generally 30%	Remaining Balance

⁸ Once per tooth per calendar year.

⁹ All services must be received in network.

Plan N

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD

Services	Medicare Pays	Plan N Pays	You Pay
Hospitalization⁵ Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,600	\$1,600 (Part A deductible) ²	\$0
61st through 90th day	All but \$400 a day	\$400 a day	\$0
91st day and after:			
– While using 60 Lifetime Reserve days	All but \$800 a day	\$800 a day	\$0
– Additional 365 days once Lifetime Reserve days are used	\$0	100% of Medicare-eligible expenses	\$0 ⁶
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care⁵ 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 \$200 a day	Up to \$200 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

Plan N

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR

Services	Medicare Pays	Plan N Pays	You Pay
Medical Expenses — In or Out of the Hospital And Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$226 of Medicare-approved amounts ⁷	\$0	\$0	\$226 (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 \$226 of Medicare-approved amounts ⁷	\$0	\$0	\$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services — Tests for Diagnostic Services	100%	\$0	\$0

MEDICARE (PARTS A & B)

Services	Medicare Pays	Plan N Pays	You Pay
Home Health Care Medicare-approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
– First \$226 of Medicare-approved amounts ⁷	\$0	\$0	\$226 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0

Plan N

OTHER BENEFITS – NOT COVERED BY MEDICARE

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

Important Information about Quotes for Medicare Supplement

Quoted prices are based on the criteria specified during your search. This illustration is subject to Blue Cross and Blue Shield of Illinois's rating or underwriting and approval, as appropriate, and does not guarantee rates, coverage or effective date. Furthermore, rates are subject to change if any of the information you have provided changes when and if a policy is approved. In addition, Blue Cross and Blue Shield of Illinois reserves the right to change rates from time to time. Not connected with or endorsed by the U.S. Government or Federal Medicare Program.

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