

Blue Shield Medicare Supplement plan rate schedule

Blue Shield of California rates effective: April 1, 2016

Blue Shield of California Medicare Supplement plans

Please take a few minutes to review the information in this booklet.

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OPPORTUNITIES FOR ADDITIONAL SAVINGS

Welcome to Medicare Rate Savings

New to Medicare? Then we want to welcome you! Effective August 1, 2017, you can save \$25 each month for the first 12 months on your Medicare Supplement plan rates if you're new to Medicare Part B.¹

To qualify, you must be age 65 or older, and Blue Shield must receive your application within six months of the date you first enrolled for benefits under Medicare Part B.

The savings will be in effect for the first 12 months of your plan dues.

The Welcome to Medicare Rate Savings is available only for Plans A, C, D, and F. They are not available for Plans High Deductible Plan F, Plan K, and Plan N.

New member dental or dental + vision plan savings

Effective August 1, 2017, you can save \$3 each month for the first 6 months on your dental or dental + vision plan rates if you enroll in a dental or dental + vision plan **at the same time** you enroll in any Blue Shield Medicare Supplement plan.¹

Easy\$Pay

Easy\$Pay is a simple, convenient way to pay your dues. Simply authorize Blue Shield to withdraw the monthly dues from your personal checking or savings account. By choosing this method, you will save \$3 per month on your plan dues.¹

Two-party enrollment

If you and your spouse or domestic partner are age 65 or older, apply together, and are accepted in the *same benefit plan type*, you may be able to save on your combined monthly dues if coverage is issued under one agreement.¹ Two-party rates are based on the age of the older party. For more information, please ask your Blue Shield representative for eligibility and details about our two-party enrollment feature.

Please note: If you are currently enrolled in a Medicare Supplement plan, you may transfer to a plan of equal or lesser value during an annual open enrollment period, which begins every year on your birthday and lasts for 30 days. However, if you currently have a two-party agreement and change to a benefit plan that is different from your spouse or domestic partner's, you will no longer be eligible for the two-party rate if your spouse does not change to the same plan.

LOCATE YOUR RATE

Several factors determine your rate, including where you live, the Medicare Supplemental plan you chose and your age at the start of your coverage effective date.

To see the rate you will pay, locate your age range, and plan selected in the following rate schedule.

Region 1

Los Angeles County (except for ZIP codes 91711, 91759, 91765, 91766, 91767, 93535, 93544, 93563, and 93591)

Monthly plan dues – billed and to be paid in advance

The amounts listed are **before** any applicable program savings are applied.

Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$125	\$171	\$146	\$184	\$61	\$78	\$117
67 to 68	\$133	\$180	\$153	\$193	\$64	\$81	\$123
69 to 70	\$145	\$197	\$168	\$213	\$71	\$89	\$136
71 to 72	\$167	\$227	\$192	\$244	\$81	\$102	\$156
73 to 74	\$182	\$248	\$210	\$270	\$90	\$117	\$172
75 to 76	\$210	\$281	\$240	\$308	\$102	\$129	\$196
77 to 78	\$226	\$299	\$255	\$334	\$111	\$140	\$213
79 to 80	\$233	\$320	\$274	\$342	\$114	\$150	\$218
81 to 82	\$248	\$336	\$286	\$363	\$120	\$159	\$231
83 to 84	\$260	\$354	\$300	\$380	\$126	\$167	\$242
85 plus	\$272	\$370	\$316	\$400	\$133	\$175	\$254
64 or younger ²	\$643	\$876	\$735	\$945	\$314	\$393	\$602

Two-party rates¹

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$244	\$336	\$286	\$362	N/A	N/A	\$228
67 to 68	\$241	\$335	\$281	\$361	N/A	N/A	\$221
69 to 70	\$265	\$369	\$311	\$401	N/A	N/A	\$247
71 to 72	\$309	\$429	\$359	\$463	N/A	N/A	\$287
73 to 74	\$339	\$471	\$395	\$515	N/A	N/A	\$319
75 to 76	\$395	\$537	\$455	\$591	N/A	N/A	\$367
77 to 78	\$427	\$573	\$485	\$643	N/A	N/A	\$401
79 to 80	\$441	\$615	\$523	\$659	N/A	N/A	\$411
81 to 82	\$471	\$647	\$547	\$701	N/A	N/A	\$437
83 to 84	\$495	\$683	\$575	\$735	N/A	N/A	\$459
85 plus	\$519	\$715	\$607	\$775	N/A	N/A	\$483
64 or younger ²	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Tobacco rates – only applies if you've used tobacco products in the past 24 months and you are not eligible for guaranteed acceptance.

Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$149	\$204	\$174	\$220	\$73	\$93	\$140
67 to 68	\$159	\$215	\$183	\$230	\$76	\$97	\$147
69 to 70	\$173	\$235	\$200	\$254	\$85	\$106	\$162
71 to 72	\$199	\$271	\$229	\$291	\$97	\$122	\$186
73 to 74	\$217	\$296	\$251	\$322	\$107	\$140	\$205
75 to 76	\$251	\$335	\$286	\$367	\$122	\$154	\$234
77 to 78	\$270	\$357	\$304	\$398	\$132	\$167	\$254
79 to 80	\$278	\$382	\$327	\$408	\$136	\$179	\$260
81 to 82	\$296	\$401	\$341	\$433	\$143	\$190	\$276
83 to 84	\$310	\$422	\$358	\$453	\$150	\$199	\$289
85 plus	\$324	\$441	\$377	\$477	\$159	\$209	\$303
64 or younger ²	\$767	\$1,045	\$877	\$1,127	\$375	\$469	\$718

Two-party rates¹ do not apply

Region 2
Orange County

Monthly plan dues – billed and to be paid in advance

The amounts listed are **before** any applicable program savings are applied.

Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$125	\$171	\$146	\$190	\$61	\$78	\$117
67 to 68	\$133	\$180	\$153	\$198	\$64	\$81	\$123
69 to 70	\$145	\$203	\$168	\$218	\$71	\$89	\$136
71 to 72	\$167	\$233	\$197	\$251	\$81	\$102	\$156
73 to 74	\$182	\$254	\$216	\$277	\$90	\$117	\$172
75 to 76	\$216	\$288	\$247	\$317	\$102	\$129	\$202
77 to 78	\$232	\$307	\$262	\$343	\$111	\$140	\$218
79 to 80	\$240	\$329	\$282	\$351	\$114	\$150	\$224
81 to 82	\$254	\$345	\$294	\$373	\$120	\$159	\$238
83 to 84	\$266	\$364	\$308	\$390	\$126	\$167	\$249
85 plus	\$279	\$380	\$324	\$411	\$133	\$175	\$261
64 or younger ²	\$661	\$899	\$755	\$970	\$322	\$393	\$618

Two-party rates¹

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$244	\$336	\$286	\$374	N/A	N/A	\$228
67 to 68	\$241	\$335	\$281	\$371	N/A	N/A	\$221
69 to 70	\$265	\$381	\$311	\$411	N/A	N/A	\$247
71 to 72	\$309	\$441	\$369	\$477	N/A	N/A	\$287
73 to 74	\$339	\$483	\$407	\$529	N/A	N/A	\$319
75 to 76	\$407	\$551	\$469	\$609	N/A	N/A	\$379
77 to 78	\$439	\$589	\$499	\$661	N/A	N/A	\$411
79 to 80	\$455	\$633	\$539	\$677	N/A	N/A	\$423
81 to 82	\$483	\$665	\$563	\$721	N/A	N/A	\$451
83 to 84	\$507	\$703	\$591	\$755	N/A	N/A	\$473
85 plus	\$533	\$735	\$623	\$797	N/A	N/A	\$497
64 or younger ²	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Tobacco rates – only applies if you've used tobacco products in the past 24 months and you are not eligible for guaranteed acceptance.

Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$149	\$204	\$174	\$227	\$73	\$93	\$140
67 to 68	\$159	\$215	\$183	\$236	\$76	\$97	\$147
69 to 70	\$173	\$242	\$200	\$260	\$85	\$106	\$162
71 to 72	\$199	\$278	\$235	\$299	\$97	\$122	\$186
73 to 74	\$217	\$303	\$258	\$330	\$107	\$140	\$205
75 to 76	\$258	\$344	\$295	\$378	\$122	\$154	\$241
77 to 78	\$277	\$366	\$313	\$409	\$132	\$167	\$260
79 to 80	\$286	\$392	\$336	\$419	\$136	\$179	\$267
81 to 82	\$303	\$412	\$351	\$445	\$143	\$190	\$284
83 to 84	\$317	\$434	\$367	\$465	\$150	\$199	\$297
85 plus	\$333	\$453	\$387	\$490	\$159	\$209	\$311
64 or younger ²	\$789	\$1,073	\$901	\$1,157	\$384	\$469	\$737

Two-party rates¹ do not apply

Region 3

San Diego, Sonoma, San Bernardino, Kern counties, and Los Angeles
ZIP codes 91711, 91759, 91765, 91766, 91767, 93535, 93544, 93563, and 93591

Monthly plan dues – billed and to be paid in advance

The amounts listed are **before** any applicable program savings are applied.

Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$110	\$148	\$126	\$160	\$48	\$61	\$102
67 to 68	\$118	\$161	\$137	\$173	\$57	\$67	\$111
69 to 70	\$132	\$179	\$152	\$194	\$61	\$78	\$124
71 to 72	\$151	\$205	\$174	\$222	\$70	\$89	\$141
73 to 74	\$165	\$226	\$193	\$244	\$77	\$102	\$156
75 to 76	\$192	\$254	\$218	\$282	\$94	\$112	\$179
77 to 78	\$205	\$272	\$232	\$305	\$101	\$122	\$194
79 to 80	\$212	\$292	\$249	\$311	\$103	\$130	\$198
81 to 82	\$225	\$307	\$261	\$330	\$109	\$138	\$209
83 to 84	\$237	\$322	\$273	\$345	\$115	\$145	\$220
85 plus	\$248	\$338	\$287	\$363	\$121	\$151	\$231
64 or younger ²	\$584	\$797	\$669	\$859	\$286	\$341	\$547

Two-party rates¹

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$214	\$290	\$246	\$314	N/A	N/A	\$198
67 to 68	\$211	\$297	\$249	\$321	N/A	N/A	\$197
69 to 70	\$239	\$333	\$279	\$363	N/A	N/A	\$223
71 to 72	\$277	\$385	\$323	\$419	N/A	N/A	\$257
73 to 74	\$305	\$427	\$361	\$463	N/A	N/A	\$287
75 to 76	\$359	\$483	\$411	\$539	N/A	N/A	\$333
77 to 78	\$385	\$519	\$439	\$585	N/A	N/A	\$363
79 to 80	\$399	\$559	\$473	\$597	N/A	N/A	\$371
81 to 82	\$425	\$589	\$497	\$635	N/A	N/A	\$393
83 to 84	\$449	\$619	\$521	\$665	N/A	N/A	\$415
85 plus	\$471	\$651	\$549	\$701	N/A	N/A	\$437
64 or younger ²	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Tobacco rates – only applies if you've used tobacco products in the past 24 months and you are not eligible for guaranteed acceptance.

Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$131	\$177	\$150	\$191	\$57	\$73	\$122
67 to 68	\$141	\$192	\$163	\$206	\$68	\$80	\$132
69 to 70	\$157	\$214	\$181	\$231	\$73	\$93	\$148
71 to 72	\$180	\$245	\$208	\$265	\$84	\$106	\$168
73 to 74	\$197	\$270	\$230	\$291	\$92	\$122	\$186
75 to 76	\$229	\$303	\$260	\$336	\$112	\$134	\$214
77 to 78	\$245	\$324	\$277	\$364	\$120	\$146	\$231
79 to 80	\$253	\$348	\$297	\$371	\$123	\$155	\$236
81 to 82	\$268	\$366	\$311	\$394	\$130	\$165	\$249
83 to 84	\$283	\$384	\$326	\$412	\$137	\$173	\$262
85 plus	\$296	\$403	\$342	\$433	\$144	\$180	\$276
64 or younger ²	\$697	\$951	\$798	\$1,025	\$341	\$407	\$653

Two-party rates¹ do not apply

Region 4

Riverside and Ventura counties

Monthly plan dues – billed and to be paid in advance

The amounts listed are **before** any applicable program savings are applied.

Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$121	\$165	\$141	\$178	\$59	\$68	\$113
67 to 68	\$130	\$178	\$151	\$192	\$63	\$73	\$123
69 to 70	\$147	\$198	\$170	\$215	\$68	\$85	\$136
71 to 72	\$169	\$227	\$193	\$246	\$78	\$98	\$157
73 to 74	\$183	\$249	\$213	\$271	\$86	\$113	\$173
75 to 76	\$213	\$283	\$240	\$310	\$103	\$124	\$197
77 to 78	\$227	\$301	\$259	\$335	\$112	\$135	\$214
79 to 80	\$236	\$322	\$275	\$345	\$115	\$144	\$219
81 to 82	\$249	\$339	\$288	\$366	\$121	\$152	\$233
83 to 84	\$261	\$356	\$302	\$383	\$127	\$160	\$243
85 plus	\$274	\$374	\$317	\$402	\$134	\$168	\$256
64 or younger ²	\$648	\$881	\$739	\$950	\$316	\$376	\$605

Two-party rates¹

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$236	\$324	\$276	\$350	N/A	N/A	\$220
67 to 68	\$235	\$331	\$277	\$359	N/A	N/A	\$221
69 to 70	\$269	\$371	\$315	\$405	N/A	N/A	\$247
71 to 72	\$313	\$429	\$361	\$467	N/A	N/A	\$289
73 to 74	\$341	\$473	\$401	\$517	N/A	N/A	\$321
75 to 76	\$401	\$541	\$455	\$595	N/A	N/A	\$369
77 to 78	\$429	\$577	\$493	\$645	N/A	N/A	\$403
79 to 80	\$447	\$619	\$525	\$665	N/A	N/A	\$413
81 to 82	\$473	\$653	\$551	\$707	N/A	N/A	\$441
83 to 84	\$497	\$687	\$579	\$741	N/A	N/A	\$461
85 plus	\$523	\$723	\$609	\$779	N/A	N/A	\$487
64 or younger ²	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Tobacco rates – only applies if you've used tobacco products in the past 24 months and you are not eligible for guaranteed acceptance.

Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$144	\$197	\$168	\$212	\$70	\$81	\$135
67 to 68	\$155	\$212	\$180	\$229	\$75	\$87	\$147
69 to 70	\$175	\$236	\$203	\$256	\$81	\$101	\$162
71 to 72	\$202	\$271	\$230	\$293	\$93	\$117	\$187
73 to 74	\$218	\$297	\$254	\$323	\$103	\$135	\$206
75 to 76	\$254	\$338	\$286	\$370	\$123	\$148	\$235
77 to 78	\$271	\$359	\$309	\$400	\$134	\$161	\$255
79 to 80	\$282	\$384	\$328	\$412	\$137	\$172	\$261
81 to 82	\$297	\$404	\$344	\$437	\$144	\$181	\$278
83 to 84	\$311	\$425	\$360	\$457	\$152	\$191	\$290
85 plus	\$327	\$446	\$378	\$480	\$160	\$200	\$305
64 or younger ²	\$773	\$1,051	\$882	\$1,133	\$377	\$449	\$722

Two-party rates¹ do not apply

Region 5

Santa Barbara, San Joaquin, and Stanislaus counties

Monthly plan dues – billed and to be paid in advance

The amounts listed are **before** any applicable program savings are applied.

Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$103	\$138	\$119	\$150	\$50	\$60	\$95
67 to 68	\$110	\$145	\$126	\$157	\$52	\$64	\$105
69 to 70	\$118	\$161	\$138	\$174	\$55	\$70	\$111
71 to 72	\$136	\$184	\$158	\$199	\$63	\$80	\$127
73 to 74	\$150	\$203	\$173	\$220	\$70	\$92	\$140
75 to 76	\$172	\$230	\$196	\$252	\$80	\$101	\$160
77 to 78	\$185	\$244	\$208	\$273	\$86	\$110	\$174
79 to 80	\$192	\$262	\$224	\$281	\$93	\$117	\$179
81 to 82	\$203	\$275	\$233	\$296	\$99	\$124	\$189
83 to 84	\$212	\$289	\$246	\$311	\$103	\$130	\$198
85 plus	\$222	\$304	\$259	\$328	\$108	\$137	\$208
64 or younger ²	\$527	\$717	\$602	\$773	\$257	\$306	\$492

Two-party rates¹

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$200	\$270	\$232	\$294	N/A	N/A	\$184
67 to 68	\$195	\$265	\$227	\$289	N/A	N/A	\$185
69 to 70	\$211	\$297	\$251	\$323	N/A	N/A	\$197
71 to 72	\$247	\$343	\$291	\$373	N/A	N/A	\$229
73 to 74	\$275	\$381	\$321	\$415	N/A	N/A	\$255
75 to 76	\$319	\$435	\$367	\$479	N/A	N/A	\$295
77 to 78	\$345	\$463	\$391	\$521	N/A	N/A	\$323
79 to 80	\$359	\$499	\$423	\$537	N/A	N/A	\$333
81 to 82	\$381	\$525	\$441	\$567	N/A	N/A	\$353
83 to 84	\$399	\$553	\$467	\$597	N/A	N/A	\$371
85 plus	\$419	\$583	\$493	\$631	N/A	N/A	\$391
64 or younger ²	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Tobacco rates – only applies if you've used tobacco products in the past 24 months and you are not eligible for guaranteed acceptance.

Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$123	\$165	\$142	\$179	\$60	\$72	\$113
67 to 68	\$131	\$173	\$150	\$187	\$62	\$76	\$125
69 to 70	\$141	\$192	\$165	\$208	\$66	\$84	\$132
71 to 72	\$162	\$220	\$188	\$237	\$75	\$95	\$152
73 to 74	\$179	\$242	\$206	\$262	\$84	\$110	\$167
75 to 76	\$205	\$274	\$234	\$301	\$95	\$120	\$191
77 to 78	\$221	\$291	\$248	\$326	\$103	\$131	\$208
79 to 80	\$229	\$313	\$267	\$335	\$111	\$140	\$214
81 to 82	\$242	\$328	\$278	\$353	\$118	\$148	\$225
83 to 84	\$253	\$345	\$293	\$371	\$123	\$155	\$236
85 plus	\$265	\$363	\$309	\$391	\$129	\$163	\$248
64 or younger ²	\$629	\$855	\$718	\$922	\$307	\$365	\$587

Two-party rates¹ do not apply

Region 6

Lake, Lassen, Inyo, and Kings counties

Monthly plan dues – billed and to be paid in advance

The amounts listed are **before** any applicable program savings are applied.

Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$159	\$216	\$184	\$232	\$77	\$98	\$148
67 to 68	\$167	\$227	\$193	\$244	\$81	\$102	\$156
69 to 70	\$183	\$249	\$212	\$269	\$89	\$113	\$171
71 to 72	\$210	\$286	\$242	\$308	\$102	\$129	\$196
73 to 74	\$230	\$313	\$266	\$340	\$113	\$148	\$216
75 to 76	\$266	\$354	\$301	\$390	\$130	\$163	\$249
77 to 78	\$285	\$377	\$323	\$422	\$140	\$178	\$269
79 to 80	\$295	\$404	\$346	\$433	\$144	\$190	\$276
81 to 82	\$312	\$425	\$362	\$458	\$152	\$201	\$292
83 to 84	\$328	\$447	\$380	\$481	\$160	\$210	\$307
85 plus	\$344	\$469	\$399	\$505	\$168	\$221	\$322
64 or younger ²	\$813	\$1,108	\$929	\$1,196	\$397	\$498	\$762

Two-party rates¹

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$312	\$426	\$362	\$458	N/A	N/A	\$290
67 to 68	\$309	\$429	\$361	\$463	N/A	N/A	\$287
69 to 70	\$341	\$473	\$399	\$513	N/A	N/A	\$317
71 to 72	\$395	\$547	\$459	\$591	N/A	N/A	\$367
73 to 74	\$435	\$601	\$507	\$655	N/A	N/A	\$407
75 to 76	\$507	\$683	\$577	\$755	N/A	N/A	\$473
77 to 78	\$545	\$729	\$621	\$819	N/A	N/A	\$513
79 to 80	\$565	\$783	\$667	\$841	N/A	N/A	\$527
81 to 82	\$599	\$825	\$699	\$891	N/A	N/A	\$559
83 to 84	\$631	\$869	\$735	\$937	N/A	N/A	\$589
85 plus	\$663	\$913	\$773	\$985	N/A	N/A	\$619
64 or younger ²	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Tobacco rates – only applies if you've used tobacco products in the past 24 months and you are not eligible for guaranteed acceptance.

Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$190	\$258	\$220	\$277	\$92	\$117	\$177
67 to 68	\$199	\$271	\$230	\$291	\$97	\$122	\$186
69 to 70	\$218	\$297	\$253	\$321	\$106	\$135	\$204
71 to 72	\$251	\$341	\$289	\$367	\$122	\$154	\$234
73 to 74	\$274	\$373	\$317	\$406	\$135	\$177	\$258
75 to 76	\$317	\$422	\$359	\$465	\$155	\$194	\$297
77 to 78	\$340	\$450	\$385	\$503	\$167	\$212	\$321
79 to 80	\$352	\$482	\$413	\$517	\$172	\$227	\$329
81 to 82	\$372	\$507	\$432	\$546	\$181	\$240	\$348
83 to 84	\$391	\$533	\$453	\$574	\$191	\$251	\$366
85 plus	\$410	\$560	\$476	\$602	\$200	\$264	\$384
64 or younger ²	\$970	\$1,322	\$1,108	\$1,427	\$474	\$594	\$909

Two-party rates¹ do not apply

Region 7

Napa, Alameda, Contra Costa, Siskiyou, and Yolo counties

Monthly plan dues – billed and to be paid in advance

The amounts listed are **before** any applicable program savings are applied.

Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$106	\$146	\$123	\$157	\$48	\$66	\$100
67 to 68	\$112	\$152	\$129	\$165	\$52	\$68	\$106
69 to 70	\$138	\$187	\$160	\$203	\$67	\$85	\$129
71 to 72	\$159	\$215	\$182	\$232	\$77	\$98	\$148
73 to 74	\$173	\$236	\$201	\$256	\$85	\$112	\$163
75 to 76	\$201	\$267	\$227	\$294	\$98	\$123	\$187
77 to 78	\$215	\$285	\$243	\$318	\$106	\$134	\$203
79 to 80	\$222	\$305	\$261	\$326	\$108	\$142	\$207
81 to 82	\$236	\$320	\$273	\$345	\$115	\$151	\$220
83 to 84	\$247	\$338	\$286	\$363	\$120	\$159	\$231
85 plus	\$259	\$353	\$300	\$380	\$126	\$167	\$242
64 or younger ²	\$613	\$834	\$699	\$899	\$298	\$375	\$572

Two-party rates¹

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$206	\$286	\$240	\$308	N/A	N/A	\$194
67 to 68	\$199	\$279	\$233	\$305	N/A	N/A	\$187
69 to 70	\$251	\$349	\$295	\$381	N/A	N/A	\$233
71 to 72	\$293	\$405	\$339	\$439	N/A	N/A	\$271
73 to 74	\$321	\$447	\$377	\$487	N/A	N/A	\$301
75 to 76	\$377	\$509	\$429	\$563	N/A	N/A	\$349
77 to 78	\$405	\$545	\$461	\$611	N/A	N/A	\$381
79 to 80	\$419	\$585	\$497	\$627	N/A	N/A	\$389
81 to 82	\$447	\$615	\$521	\$665	N/A	N/A	\$415
83 to 84	\$469	\$651	\$547	\$701	N/A	N/A	\$437
85 plus	\$493	\$681	\$575	\$735	N/A	N/A	\$459
64 or younger ²	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Tobacco rates – only applies if you've used tobacco products in the past 24 months and you are not eligible for guaranteed acceptance.

Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$126	\$174	\$147	\$187	\$57	\$79	\$119
67 to 68	\$134	\$181	\$154	\$197	\$62	\$81	\$126
69 to 70	\$165	\$223	\$191	\$242	\$80	\$101	\$154
71 to 72	\$190	\$256	\$217	\$277	\$92	\$117	\$177
73 to 74	\$206	\$282	\$240	\$305	\$101	\$134	\$194
75 to 76	\$240	\$319	\$271	\$351	\$117	\$147	\$223
77 to 78	\$256	\$340	\$290	\$379	\$126	\$160	\$242
79 to 80	\$265	\$364	\$311	\$389	\$129	\$169	\$247
81 to 82	\$282	\$382	\$326	\$412	\$137	\$180	\$262
83 to 84	\$295	\$403	\$341	\$433	\$143	\$190	\$276
85 plus	\$309	\$421	\$358	\$453	\$150	\$199	\$289
64 or younger ²	\$731	\$995	\$834	\$1,073	\$356	\$447	\$682

Two-party rates¹ do not apply

Region 8

All remaining California counties not listed in Regions 1-7 and 9 (includes San Francisco, San Mateo, Fresno, and Santa Clara counties, etc.)

Monthly plan dues – billed and to be paid in advance

The amounts listed are **before** any applicable program savings are applied.

Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$102	\$139	\$118	\$150	\$45	\$58	\$95
67 to 68	\$111	\$150	\$127	\$161	\$49	\$62	\$102
69 to 70	\$117	\$167	\$141	\$181	\$58	\$72	\$111
71 to 72	\$140	\$191	\$162	\$207	\$66	\$83	\$132
73 to 74	\$155	\$209	\$178	\$226	\$72	\$95	\$144
75 to 76	\$176	\$237	\$201	\$260	\$83	\$105	\$165
77 to 78	\$191	\$251	\$217	\$281	\$90	\$114	\$180
79 to 80	\$196	\$271	\$231	\$289	\$92	\$122	\$184
81 to 82	\$209	\$284	\$242	\$306	\$98	\$129	\$195
83 to 84	\$219	\$298	\$253	\$321	\$102	\$136	\$204
85 plus	\$229	\$312	\$266	\$336	\$107	\$142	\$215
64 or younger ²	\$543	\$739	\$620	\$796	\$265	\$319	\$506

Two-party rates¹

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$198	\$272	\$230	\$294	N/A	N/A	\$184
67 to 68	\$197	\$275	\$229	\$297	N/A	N/A	\$179
69 to 70	\$209	\$309	\$257	\$337	N/A	N/A	\$197
71 to 72	\$255	\$357	\$299	\$389	N/A	N/A	\$239
73 to 74	\$285	\$393	\$331	\$427	N/A	N/A	\$263
75 to 76	\$327	\$449	\$377	\$495	N/A	N/A	\$305
77 to 78	\$357	\$477	\$409	\$537	N/A	N/A	\$335
79 to 80	\$367	\$517	\$437	\$553	N/A	N/A	\$343
81 to 82	\$393	\$543	\$459	\$587	N/A	N/A	\$365
83 to 84	\$413	\$571	\$481	\$617	N/A	N/A	\$383
85 plus	\$433	\$599	\$507	\$647	N/A	N/A	\$405
64 or younger ²	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Tobacco rates – only applies if you've used tobacco products in the past 24 months and you are not eligible for guaranteed acceptance.

Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$122	\$166	\$141	\$179	\$54	\$69	\$113
67 to 68	\$132	\$179	\$152	\$192	\$58	\$74	\$122
69 to 70	\$140	\$199	\$168	\$216	\$69	\$86	\$132
71 to 72	\$167	\$228	\$193	\$247	\$79	\$99	\$157
73 to 74	\$185	\$249	\$212	\$270	\$86	\$113	\$172
75 to 76	\$210	\$283	\$240	\$310	\$99	\$125	\$197
77 to 78	\$228	\$299	\$259	\$335	\$107	\$136	\$215
79 to 80	\$234	\$323	\$276	\$345	\$110	\$146	\$220
81 to 82	\$249	\$339	\$289	\$365	\$117	\$154	\$233
83 to 84	\$261	\$356	\$302	\$383	\$122	\$162	\$243
85 plus	\$273	\$372	\$317	\$401	\$128	\$169	\$256
64 or younger ²	\$648	\$882	\$740	\$950	\$316	\$381	\$604

Two-party rates¹ do not apply

Region 9

Sacramento, Amador, Calaveras, Colusa, El Dorado, Tehama, and Marin counties

Monthly plan dues – billed and to be paid in advance

The amounts listed are **before** any applicable program savings are applied.

Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$100	\$141	\$116	\$152	\$46	\$56	\$98
67 to 68	\$104	\$148	\$121	\$161	\$49	\$59	\$102
69 to 70	\$115	\$156	\$133	\$169	\$56	\$65	\$107
71 to 72	\$132	\$179	\$151	\$193	\$64	\$75	\$124
73 to 74	\$144	\$197	\$167	\$213	\$70	\$85	\$136
75 to 76	\$167	\$222	\$190	\$246	\$81	\$93	\$156
77 to 78	\$179	\$237	\$203	\$264	\$87	\$102	\$168
79 to 80	\$185	\$253	\$216	\$272	\$90	\$109	\$173
81 to 82	\$196	\$266	\$227	\$287	\$95	\$115	\$183
83 to 84	\$205	\$281	\$238	\$301	\$100	\$121	\$192
85 plus	\$216	\$294	\$250	\$317	\$105	\$127	\$202
64 or younger ²	\$510	\$696	\$584	\$750	\$249	\$284	\$478

Two-party rates¹

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$194	\$276	\$226	\$298	N/A	N/A	\$190
67 to 68	\$183	\$271	\$217	\$297	N/A	N/A	\$179
69 to 70	\$205	\$287	\$241	\$313	N/A	N/A	\$189
71 to 72	\$239	\$333	\$277	\$361	N/A	N/A	\$223
73 to 74	\$263	\$369	\$309	\$401	N/A	N/A	\$247
75 to 76	\$309	\$419	\$355	\$467	N/A	N/A	\$287
77 to 78	\$333	\$449	\$381	\$503	N/A	N/A	\$311
79 to 80	\$345	\$481	\$407	\$519	N/A	N/A	\$321
81 to 82	\$367	\$507	\$429	\$549	N/A	N/A	\$341
83 to 84	\$385	\$537	\$451	\$577	N/A	N/A	\$359
85 plus	\$407	\$563	\$475	\$609	N/A	N/A	\$379
64 or younger ²	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Tobacco rates – only applies if you've used tobacco products in the past 24 months and you are not eligible for guaranteed acceptance.

Single-party rates

Age range	A	C	D	F	Hi F	K	N
65 to 66	\$119	\$168	\$138	\$181	\$55	\$67	\$117
67 to 68	\$124	\$177	\$144	\$192	\$58	\$70	\$122
69 to 70	\$137	\$186	\$159	\$202	\$67	\$78	\$128
71 to 72	\$157	\$214	\$180	\$230	\$76	\$89	\$148
73 to 74	\$172	\$235	\$199	\$254	\$84	\$101	\$162
75 to 76	\$199	\$265	\$227	\$293	\$97	\$111	\$186
77 to 78	\$214	\$283	\$242	\$315	\$104	\$122	\$200
79 to 80	\$221	\$302	\$258	\$324	\$107	\$130	\$206
81 to 82	\$234	\$317	\$271	\$342	\$113	\$137	\$218
83 to 84	\$245	\$335	\$284	\$359	\$119	\$144	\$229
85 plus	\$258	\$351	\$298	\$378	\$125	\$152	\$241
64 or younger ²	\$608	\$830	\$697	\$895	\$297	\$339	\$570

Two-party rates¹ do not apply

Endnotes

1. Savings due to increased efficiencies from administering Medicare Supplement plans under this program/service are passed on to the subscriber. Two-party rates do not apply to High Deductible Plan F and Plan K. Two-party rates do not apply to tobacco users. Welcome to Medicare Rate Savings do not apply to High Deductible Plan F, Plan K, and Plan N.
2. If you are 64 or younger and do not have end-stage renal disease, you may apply for Blue Shield of California Medicare Supplement coverage as described in Blue Shield's *Guaranteed Acceptance Guide*. Blue Shield of California does not offer coverage if you are 64 or younger unless you qualify for guaranteed acceptance. Two-party rates are not available to those 64 or younger.

Pending regulatory approval.

HICAP

(800) 434-0222

For additional information concerning covered benefits, contact the Health Insurance Counseling and Advocacy Program (HICAP) or your agent. HICAP provides health insurance counseling for California senior citizens.

**Blue Shield of California
Medicare Plans
Regional Sales Office
6300 Canoga Ave.
Woodland Hills, CA 91367-2555**

Blue Shield Medicare Supplement plans

Summary of benefits and provisions

Benefit Plans A, C, D, F, High Deductible F, K, and N

Last updated: May 2017

Blue Shield of California rates effective: April 1, 2016

Blue Shield of California Medicare Supplement plans

Please take a few minutes to review the information in this booklet.

Comparison chart of the 10 standard Medicare Supplement plans 3

Charts comparing Blue Shield's seven Medicare Supplement plans

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Plan C 8

Plan D 11

Plan F 14

High Deductible Plan F..... 17

Plan K 20

Plan N 24

Enrolling in our plans 28

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Principal exclusions and limitations on benefits 35

Benefit chart of Medicare Supplement plans sold on or after January 1, 2017

Medicare supplement contracts can be sold in only standard plans. This chart shows the benefits included in each plan. Every insurance company must offer Plan A. Some plans may not be available. Blue Shield offers Plans A, C, D, F, High Deductible F, K, and N, which are shaded in gray in the chart below.

Basic benefits

Hospitalization

- Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Blood

- First three pints of blood each year.

Medical Expenses

- Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require the insured to pay a portion of Part B coinsurance or copayments.

Hospice

- Part A coinsurance.

Comparison Chart of the 10 Standard Medicare Supplement Plans

A	B	C	D	F	F*	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*		Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible						
				Part B Excess (100%)		Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Calendar-year maximum copayment \$5,120; paid at 100% after maximum reached	Calendar-year maximum copayment \$2,560; paid at 100% after maximum reached		
SilverSneakers Fitness		SilverSneakers Fitness	SilverSneakers Fitness	SilverSneakers Fitness			SilverSneakers Fitness			SilverSneakers Fitness

* Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar-year \$2,200 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,200. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

DISCLOSURES

Use this outline to compare benefits and charges among policies.

INFORMATION ABOUT PREPAID OR PERIODIC CHARGES

Blue Shield can only raise your charges if it raises the charge for all contracts like yours in the state. Because plan dues are based on age, your dues will increase when you turn 67, 69, 71, 73, 75, 77, 79, 81, 83 and/or 85 years old.

If you're applying more than 60 days before your effective date, the rates listed are subject to change.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing the most important features of your Medicare Supplement plan contract. This is not the plan contract, and only the actual contract provisions will control. You must read the contract itself to understand all of the rights and duties of both you and Blue Shield of California.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your contract, you may return it to **Blue Shield of California, P.O. Box 7168, San Francisco, CA 94120**. If you send the contract back to us within 30 days after you receive it, we will treat the contract as if it had never been issued, and will return all of your payments.

POLICY REPLACEMENT

If you are replacing other health coverage, **do NOT** cancel it until you have actually received your new contract and are sure you want to keep it.

NOTICE

This contract may not fully cover all of your medical costs. Neither Blue Shield of California 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 "The Medicare Handbook" for further details and limitations applicable to Medicare.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new contract, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your contract 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.

PLAN A

MEDICARE (PART A)

HOSPITAL SERVICES – PER BENEFIT PERIOD

* 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* – Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,316	\$0	\$1,316 (Part A deductible)
61 st through 90 th day	All but \$329 a day	\$329 a day	\$0
91 st day and after: while using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used			
• Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* – 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
21 st through 100 th day	All but \$164.50 a day	\$0	Up to \$164.50 a day
101 st 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

** 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

* Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	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 \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (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 \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES			
	100%	\$0	\$0

PLAN A

PARTS A & B

* Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
BASIC GYM ACCESS THROUGH SILVERSNEAKERS FITNESS			
	\$0	100%	\$0

PLAN C

MEDICARE (PART A)

HOSPITAL SERVICES – PER BENEFIT PERIOD

* 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* – Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,316	\$1,316 (Part A deductible)	\$0
61 st through 90 th day	All but \$329 a day	\$329 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* – 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
21 st through 100 th day	All but \$164.50 a day	Up to \$164.50 a day	\$0
101 st 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

** 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 C

MEDICARE (PART B)

MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	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 \$183 of Medicare-approved amounts*	\$0	\$183 (Part B deductible)	\$0
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 \$183 of Medicare-approved amounts*	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES			
	100%	\$0	\$0

PLAN C

PARTS A & B

* Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$183 of Medicare-approved amounts*	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN 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
BASIC GYM ACCESS THROUGH SILVERSNEAKERS FITNESS			
	\$0	100%	\$0

PLAN D

MEDICARE (PART A)

HOSPITAL SERVICES – PER BENEFIT PERIOD

* 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* – Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,316	\$1,316 (Part A deductible)	\$0
61 st through 90 th day	All but \$329 a day	\$329 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used • Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* – 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
21 st through 100 th days	All but \$164.50 a day	Up to \$164.50 a day	\$0
101 st 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

** 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 D

MEDICARE (PART B)

MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	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 \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (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 \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES			
	100%	\$0	\$0

PLAN D

PARTS A & B

* Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN 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
BASIC GYM ACCESS THROUGH SILVERSNEAKERS FITNESS			
	\$0	100%	\$0

PLAN F

MEDICARE (PART A)

HOSPITAL SERVICES – PER BENEFIT PERIOD

* 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* – Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,316	\$1,316 (Part A deductible)	\$0
61 st through 90 th day	All but \$329 a day	\$329 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0***
• Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* – 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
21 st through 100 th day	All but \$164.50 a day	Up to \$164.50 a day	\$0
101 st 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

*** 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 F

MEDICARE (PART B)

MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	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 \$183 of Medicare-approved amounts*	\$0	\$183 (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 \$183 of Medicare-approved amounts*	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES			
	100%	\$0	\$0

PLAN F

PARTS A & B

* Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$183 of Medicare-approved amounts*	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN 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
BASIC GYM ACCESS THROUGH SILVERSNEAKERS FITNESS			
	\$0	100%	\$0

HIGH DEDUCTIBLE PLAN F

MEDICARE (PART A) HOSPITAL SERVICES – PER BENEFIT PERIOD

* 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.

** This high deductible plan pays the same benefits as Plan F after one has paid a calendar-year \$2,200 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2,200. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,200 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2,200 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION* – Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,316	\$1,316 (Part A deductible)	\$0
61 st through 90 th day	All but \$329 a day	\$329 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0***
• Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* – 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
21 st through 100 th day	All but \$164.50 a day	Up to \$164.50 a day	\$0
101 st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
	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

*** 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 F

MEDICARE (PART B) MEDICAL SERVICES – PER CALENDAR YEAR

* Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

** This high deductible plan pays the same benefits as Plan F after one has paid a calendar-year \$2,200 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2,200. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,200 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2,200 DEDUCTIBLE,** 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 \$183 of Medicare-approved amounts*	\$0	\$183 (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 \$183 of Medicare-approved amounts*	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES			
	100%	\$0	\$0

HIGH DEDUCTIBLE PLAN F

PARTS A & B

* Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

** This high deductible plan pays the same benefits as Plan F after one has paid a calendar-year \$2,200 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2,200. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2,200 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2,200 DEDUCTIBLE,** YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$183 of Medicare-approved amounts*	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN 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
BASIC GYM ACCESS THROUGH SILVERSNEAKERS FITNESS			
	\$0	100%	\$0

PLAN K

* You will pay half the cost-sharing of some covered services until you reach the calendar-year maximum copayment of \$5,120 each calendar year. The amounts that count toward your calendar-year maximum are noted with diamonds (◆) in the chart below. Once you reach the calendar-year maximum, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. However, this maximum 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.

MEDICARE (PART A) HOSPITAL SERVICES – PER BENEFIT PERIOD

**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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
HOSPITALIZATION** – Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,316	\$658 (50% of Part A deductible)	\$658 (50% of Part A deductible) ◆
61 st through 90 th day	All but \$329 a day	\$329 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0***
• Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE** – You must meet Medicare's requirements, including having been in a hospital for at least 3 days and having entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$164.50 a day	Up to \$82.25 a day (50%)	Up to \$82.25 a day (50%) ◆
101 st day and after	\$0	\$0	All costs

*** 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 A)

HOSPITAL SERVICES – PER BENEFIT PERIOD (CONTINUED)

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
BLOOD			
First 3 pints	\$0	50%	50% ♦
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 copayment/coinsurance	50% of copayment/coinsurance ♦

PLAN K

MEDICARE (PART B)

MEDICAL SERVICES – PER CALENDAR YEAR

**** Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	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, and durable medical equipment			
First \$183 of Medicare-approved amounts****	\$0	\$0	\$183 (Part B deductible) **** ◆
Preventive Benefits for Medicare covered services	Generally 75% 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% ◆
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All costs (and they do not count toward calendar-year maximum copayment of \$5,120)*
BLOOD			
First 3 pints	\$0	50%	50% ◆
Next \$183 of Medicare-approved amounts****	\$0	\$0	\$183 (Part B deductible) **** ◆
Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10% ◆
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES			
	100%	\$0	\$0

* This plan limits your calendar-year copayments for Medicare-approved amounts to \$5,120 per year. However, this maximum 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 K

PARTS A & B

**** Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment	\$0	\$0	\$183 (Part B deductible) ◆
First \$183 of Medicare-approved amounts****			
Remainder of Medicare-approved amounts	80%	10%	10% ◆

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
BASIC GYM ACCESS THROUGH SILVERSNEAKERS FITNESS			
	\$0	100%	\$0

* Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for people with Medicare.

PLAN N

MEDICARE (PART A)

HOSPITAL SERVICES – PER BENEFIT PERIOD

* 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
HOSPITALIZATION* – Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,316	\$1,316 (Part A deductible)	\$0
61 st through 90 th day	All but \$329 a day	\$329 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
Once lifetime reserve days are used			
• Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* – 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
21 st through 100 th day	All but \$164.50 a day	Up to \$164.50 a day	\$0
101 st 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

** 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

* Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	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, and durable medical equipment			
First \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (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 \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES			
	100%	\$0	\$0

PLAN N

PARTS A & B

* Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN 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
BASIC GYM ACCESS THROUGH SILVERSNEAKERS FITNESS			
	\$0	100%	\$0

NOTE: The preceding pages are only an outline describing the most important features of our Medicare Supplement plans. Complete information about the plans' benefits, limitations, and exclusions can be found in our Medicare Supplement plan *Evidence of Coverage and Health Service Agreement* (Service Agreement). The Service Agreement will be your plan contract if you become a Blue Shield member.

Please read the Service Agreement completely. You have the right to receive a copy of the Service Agreement before you enroll, and we will be happy to provide you with a copy upon request. To request a copy, or if you have questions or need additional information, please call Blue Shield Customer Service at **(800) 248-2341** [TTY: **711** for hearing impaired]. If you have special healthcare needs, be sure to carefully read the sections of both this summary and the Service Agreement that are relevant to you before you apply for coverage.

Enrolling in our plans

Please reference the enrollment form section of this book including the “Applying is easy” introduction.

Be sure to check the information on the application carefully, keep the yellow copy of each page of the application for your files, then mail the original application with your first payment in the enclosed envelope.

Our cashing your check or charging your credit card does not mean your application is approved. Blue Shield will refund your payment if your application is not approved. We will notify you of your effective date of coverage and send you a bill indicating the date your next payment is due if your application is approved.

Who may apply?

If you are 65 or older

You may apply to enroll in any of Blue Shield’s Medicare Supplement plans (A, C, D, F, High Deductible F, K, or N) if:

- You are a resident of the state of California.
- You are enrolled in Medicare Parts A and B, Title 18, Public Law 89-97, at the time you apply.

If you are 64 or younger

You may be able to enroll in a Blue Shield Medicare Supplement plan (A, C, D, F, High Deductible F, K, or N) under the following conditions:

- You are a resident of the state of California.
- You are enrolled in Medicare Parts A and B, Title 18, Public Law 89-97, at the time you apply.
- You qualify for guaranteed acceptance in a Blue Shield of California Medicare Supplement plan according to Blue Shield’s guidelines.
- You do not have end-stage renal disease.

Qualifying for guaranteed acceptance

If you qualify for guaranteed acceptance into a Blue Shield Medicare Supplement plan, you will not be required to complete a health statement. If you do *not* qualify for guaranteed acceptance, you will need to complete a health statement and be subject to underwriting.

To qualify for guaranteed acceptance, you must meet certain, specific criteria as outlined in Blue Shield’s *Guaranteed Acceptance Guide*, included in the Blue Shield Medicare Supplement plan enrollment kit.

For additional information about qualifying for guaranteed acceptance in a Blue Shield Medicare Supplement plan, please call your agent, or call Blue Shield at **(888) 713-0000**. You may also contact the California Health Insurance Counseling and Advocacy Program (HICAP) for guidance. HICAP provides insurance counseling for California senior citizens. Call HICAP toll-free at **(800) 434-0222** for a referral to your local HICAP office. HICAP is a service provided free of charge by the state of California.

Effective date of coverage

You can expect to receive notice of approval or declination within approximately two weeks after Blue Shield receives your application. Your coverage will be effective at 12:01 a.m. PST on your effective date.

Switching from another plan to a Blue Shield Medicare Supplement plan

If you have a Medicare Advantage or Medicare Advantage Prescription Drug Plan

Most Medicare Supplement plans duplicate the coverage provided by Medicare Advantage plans. Federal law prohibits Medicare Supplement plans from enrolling anyone who is still enrolled in a Medicare Advantage plan if the

Medicare Supplement coverage would duplicate the coverage provided by the Medicare Advantage plan.

It works like this: Members of Medicare Advantage plans agree to access services under the terms of that plan and from the providers who contract with that plan, rather than accessing services under the Original Medicare program. Medicare Advantage plans contract with the government and receive funds under that contract to provide this coverage to their members. Consequently, enrollees of Medicare Advantage plans do not have access to coverage under Original Medicare.

Medicare Supplement plans generally provide coverage only for the portion of a claim that is left over after Original Medicare has paid its share. Since Original Medicare generally does not pay for services provided to a Medicare Advantage enrollee, Medicare Supplement plans won't pay toward the claim either. And, since Original Medicare generally won't pay if a Medicare Advantage plan member receives services outside their Medicare Advantage plan's network, the member is usually financially responsible for the full cost of those services.

If you are currently a member of a Medicare Advantage plan, and would like to enroll in a Medicare Prescription Drug Plan and Blue Shield Medicare

Supplement plan, or if you decide to enroll only in a Blue Shield Medicare Supplement plan, it is in your best interest to choose one of the options listed below to disenroll from the Medicare Advantage plan.

Important Note: If you are also planning to enroll in a Medicare Prescription Drug Plan, make sure you enroll in a Medicare Prescription Drug Plan *before* you disenroll from your Medicare Advantage plan. During the annual election period, disenrolling from your Medicare Advantage plan will count as your election, and you may have to wait until the next annual election period to be able to enroll in a Medicare Prescription Drug Plan. Enrolling in a Medicare Prescription Drug Plan will automatically disenroll you from your Medicare Advantage plan.

If you are only interested in applying for a Medicare Supplement plan without a Medicare Prescription Drug Plan, you may choose one of the options below to disenroll from your Medicare Advantage plan.

Option 1

Go directly to your Social Security office and disenroll there. If you choose this option, ask for a copy of the disenrollment form, and please fax or mail it to Blue Shield (see below).

Option 2

Call the Centers for Medicare and Medicaid Services (CMS), the federal agency that administers Medicare, and ask to be disenrolled from your current Medicare Advantage plan. You can reach the agency at **1-800-MEDICARE**. CMS will either mail or fax you a confirmation of termination from your Medicare Advantage plan. Please forward that termination confirmation to Blue Shield via mail or fax (see below).

Option 3

Submit a written request to your current Medicare Advantage plan and ask to be disenrolled. You can do this one of two ways:

- Call your Medicare Advantage plan and ask for a disenrollment form to be sent to you, then complete and return the form to your Medicare Advantage plan. Keep a copy for your records.
- Send your Medicare Advantage plan a letter, which includes your name and member ID number, requesting disenrollment. Keep a copy of your letter for your records.

Your disenrollment request will be processed the same month it's received, with an effective date the first of the following month. We will be happy to accept a verbal confirmation from your health plan that you have disenrolled from their plan – just have them call us.

Phone: **(800) 248-2341**

TTY: **711**

Fax: **(844) 266-1850**

Mailing address:

Blue Shield of California
P.O. Box 3008
Lodi, CA 95241-1912

This will help ensure that your current Medicare Advantage coverage is terminated and that your Original Medicare coverage, which works in conjunction with Medicare Supplement coverage, is in place. For that reason, we will work with you to coordinate the effective date of any Medicare Supplement coverage we approve with the date you disenroll from your current Medicare Advantage plan.

If you are a member of a Medicare Advantage plan, your disenrollment date from the Medicare Advantage plan must be confirmed prior to final acceptance. Once your application has been accepted, Blue Shield will establish a coverage effective date for your Medicare Supplement plan.

If you have other health coverage

State laws prevent Blue Shield from enrolling you in a Medicare Supplement plan if you already have coverage, such as an existing Medicare Supplement or employer group plan that the new plan would duplicate.

To help ensure that this doesn't happen, we will coordinate your effective date of coverage under your new Blue Shield Medicare Supplement plan to coincide with disenrollment from your previous health plan.

First, we will notify you that you have been accepted in a Blue Shield Medicare Supplement plan pending verification that your other health coverage has been terminated. Once you have terminated your previous coverage, please submit proof of termination so that we can finalize your acceptance. Please refer to the Notice Regarding Replacement form, which is included with this Summary of Benefits.

Billing options

Once you have enrolled in a Blue Shield Medicare Supplement plan, you have several options for plan dues payment.

1. **Easy\$Pay** – Pay your plan dues with Blue Shield’s quick and convenient Easy\$PaySM program, an automatic electronic transfer on the 1st or 15th of the month from your checking or savings account. There’s no check to write and no postage to pay. A record of your payment is included on your bank statement. **Remember, if you choose this option, you can save \$3 off your dues each month.**

An Easy\$Pay authorization form, which includes more information, is included with this Summary of Benefits for your consideration.

2. **Quarterly billing** – Blue Shield will bill you once every three months.
3. **Monthly billing** – Blue Shield will send you a bill each month.

With Options 2 and 3, the bill will tell you the date your payment is due.

The dues you pay or the benefits you receive may change during the year. In either case, Blue Shield will always let you know at least 60 days in advance.

Conditions of coverage

Termination of benefits

Your Service Agreement will not be terminated by Blue Shield for any cause except those outlined in your Service Agreement. These include:

1. You are no longer enrolled in Parts A and B of Medicare
2. Non-payment of dues

Blue Shield may cancel your Agreement for failure to pay the required dues. If the Agreement is being cancelled because you failed to pay the required dues when owed, then coverage will end 30 days after the date for which the dues are due. If you fail to pay premiums, the Plan will provide written notice of nonpayment and will terminate coverage no sooner than 30 days after the date of the written notice.

You will be liable for all dues accrued while the Agreement continues in force including those accrued during this 30-day grace period.

If you wish to terminate the Service Agreement, you are required to give Blue Shield 30 days’ written notice. Should

Blue Shield have plan dues for any period after the date of termination, such dues will be returned to you within 30 days. Coverage terminates at 11:59 p.m. PST on the 30th day following your request for termination.

The plan is not responsible for any services received after termination unless the subscriber is totally disabled at the time of termination. See your Service Agreement for a description of extension of benefits for disability.

Cancellation

Your coverage cannot be canceled for any reason other than those conditions specified above under "Termination of Benefits."

Reinstatement of benefits

If you receive a "Notice Confirming Termination of Coverage," Blue Shield will allow you two coverage reinstatements per rolling 12-month period, if the amounts owed are paid within 15 days of the date the "Notice Confirming Termination of Coverage" is mailed to you.

If your request for reinstatement and payment of all outstanding amounts is not received within the required 15 days, you must fill out an application and re-apply

for coverage. Members who re-apply for coverage following termination may be subject to medical underwriting. Call your broker or Blue Shield Customer Service representative at **(800) 248-2341** to request an application. Your coverage will begin on the day the application is approved by Blue Shield.

Renewal provision

Your Blue Shield health coverage is "guaranteed renewable" (it may not be canceled by Blue Shield) and will remain in effect as long as your dues are paid in advance, except under the conditions listed above under "Termination of Benefits" and as outlined in your Service Agreement. Blue Shield may modify or amend the Service Agreement by giving you at least 60 days' prior written notice.

Appeal of an underwriting decision

If you would like to appeal an underwriting decision, contact Customer Service at **(800) 248-2341**.

If you have questions about a service, a provider, your benefits, how to use your plan, or any other matter, you may also contact Customer Service at the number above.

Plan interpretation

Blue Shield shall have the power and discretionary authority to construe and interpret the provisions of the Service Agreement, to determine the benefits of the Service Agreement, and to determine eligibility to receive benefits under the Service Agreement. Blue Shield shall exercise this authority for the benefit of all subscribers entitled to receive benefits under the Service Agreement.

Value of health services

In 2015, the ratio of the value of health services provided to the amount Blue Shield collected in plan dues was 67.6%.

Confidentiality of personal and health information

Blue Shield of California protects the confidentiality/privacy of your personal and health information. Personal and health information includes both medical information and individually identifiable information, such as your name, address, telephone number, or Social Security number. Blue Shield will not disclose this information without your authorization, except as permitted by law.

A statement describing Blue Shield's policies and procedures for preserving the confidentiality of medical records is available and will be furnished to you upon request.

Blue Shield's policies and procedures regarding our confidentiality/privacy practices are contained in the "Notice of Privacy Practices," which you may obtain either by calling Customer Service at **(800) 248-2341**, or by accessing Blue Shield of California's Internet site at **blueshieldca.com** and printing a copy.

If you are concerned that Blue Shield may have violated your confidentiality/privacy rights, or you disagree with a decision we made about access to your personal and health information, you may contact us at:

Correspondence address:

Blue Shield of California Privacy Official
P.O. Box 272540
Chico, CA 95927-2540

Toll-free telephone: (888) 266-8080

**Email address:
privacy@blueshieldca.com**

Principal exclusions and limitations on benefits

Please note:

Blue Shield Medicare Supplement plans do not cover custodial care in any institution, including a skilled nursing facility. Custodial care includes such services as help with walking, getting in and out of bed, eating, dressing, bathing, and taking medicine.

Unless exceptions to the following exclusions are specifically made in the *Evidence of Coverage and Health Service Agreement* (Service Agreement) for your plan, no benefits are provided for:

1. Services incident to hospitalization or confinement in a health facility primarily for Custodial, Maintenance, or Domiciliary Care; rest; or to control or change a patient's environment.
2. Dental care and treatment, dental surgery, and dental appliances.
3. Examinations for and the cost of eyeglasses and hearing aids.
4. Services for cosmetic purposes.
5. Services for or incident to vocational, educational, recreational, art, dance or music therapy; and unless (and then only to the extent) medically necessary as an adjunct to medical treatment of an underlying medical condition, prescribed by the attending physician, and recognized by Medicare; weight control programs; or exercise programs (with the exception of SilverSneakers Fitness).
6. Blood and plasma, except that this exclusion shall not apply to the first three (3) pints of blood the Subscriber receives in a Calendar Year.
7. Acupuncture.
8. Physical examinations, except for a one-time "Welcome to Medicare" physical examination if received within the first 12 months of your initial coverage under Medicare Part B, and a yearly "Wellness" exam thereafter; or routine foot care.
9. Routine immunizations except those covered under Medicare Part B preventive services.
10. Services not specifically listed as benefits.
11. Services for which you are not legally obligated to pay, or services for which no charge is made to you.
12. Services for which you are not receiving benefits from Medicare unless otherwise noted in the Service Agreement as a covered service.

See the plan *Evidence of Coverage* for information on filing a grievance, your right to seek assistance from the Department of Managed Health Care, and your right to independent medical review.

Endnotes

1. Savings due to increased efficiencies from administering Medicare Supplement plans under this program/service are passed on to the subscriber. Two-party rates do not apply to High Deductible Plan F and Plan K. Two-party rates do not apply to tobacco users. Welcome to Medicare Rate Savings do not apply to High Deductible Plan F, Plan K, and Plan N.
2. If you are 64 or younger and do not have end-stage renal disease, you may apply for Blue Shield of California Medicare Supplement coverage as described in Blue Shield's *Guaranteed Acceptance Guide*. Blue Shield of California does not offer coverage if you are 64 or younger unless you qualify for guaranteed acceptance. Two-party rates are not available to those 64 or younger.

HICAP

(800) 434-0222

For additional information concerning covered benefits, contact the Health Insurance Counseling and Advocacy Program (HICAP) or your agent. HICAP provides health insurance counseling for California senior citizens.

**Blue Shield of California
Medicare Plans
Regional Sales Office
6300 Canoga Ave.
Woodland Hills, CA 91367-2555**