

Life is Full of Important Choices

Let us help you make the right choice
for your 2017 Medicare insurance.



* Not connected with or endorsed
by the U.S. Government or
Federal Medicare Program.

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How Does Medicare Work?

There are four parts to Medicare, each providing different types of health care services. Medicare Supplement Insurance is often added on top of Parts A, B, and D to form a more complete medical coverage.

A Hospital Insurance

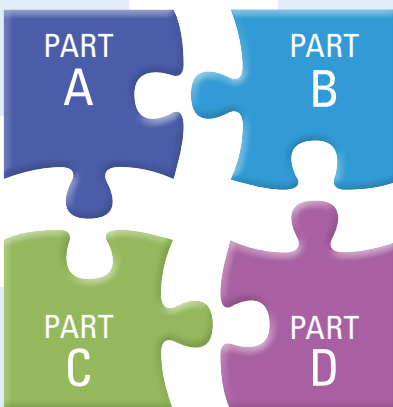


Helps pay for inpatient hospital care, skilled nursing facility care, home health care and hospice care. While most Americans are enrolled automatically in Medicare Part A, it alone may not cover all of your health care costs. Parts B, C and D are voluntary programs that provide additional coverage.



Medical Insurance B

Helps pay for covered doctor's services and many other medical services and supplies. If you don't enroll in Part B when you are first eligible for Medicare, you may have to pay a penalty later.



C Medicare Advantage Plans

Offers medical coverage through a network of providers, such as an HMO or PPO, that is an alternative to Original Medicare (Parts A & B). These plans may or may not cover prescription drugs.



Prescription Drug Coverage D

Helps pay for covered prescription medications. As with Part B, if you do not enroll when first eligible, you may have to pay a penalty later.



Medicare Supplement Insurance

Optional coverage helps to pay for expenses beyond what is covered by Medicare. There are several Medicare Supplement insurance plans, each with different benefits and premiums, so you can choose the plan that works best for your specific needs. Medicare Supplement insurance plans are identified by the separate letters "A" through "N".¹ The basic benefits of each plan are exactly alike for all insurance companies.



If you already are a member of a Medicare Advantage plan, you cannot purchase a Medicare Supplement Insurance plan.

What Are My Plan Options and Coverage?

Medicare Supplement insurance plans are identified by the separate letters A, B, C, D, F, F-HD, G, K, L, M and N,¹ with each letter representing a different level of benefits. The chart below shows an overview of the different plan levels available.

| | Basic Benefit Options | | Comprehensive Plan Options | | | Budget-Conscious Plan Options | | | |
|--|-----------------------|--------|----------------------------|--------|--------|-------------------------------------|---------------------|---------------------|---------------------------------|
| | Plan A | Plan B | Plan C | Plan F | Plan G | High Deductible Plan F ⁷ | Plan K ⁸ | Plan L ⁸ | Plan N |
| Reduced Premium Medicare Select Option Available ^{2,3} (eligibility based on ZIP code) | | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Basic Benefits | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 100% / 50% | 100% / 75% | ✓ copay applies ⁹ |
| Skilled Nursing Coinsurance | | | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ |
| Part A Deductible | | ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ |
| Part B Deductible | | | ✓ | ✓ | | ✓ | | | |
| Part B Excess ⁴ | | | | ✓ | ✓ | ✓ | | | |
| Foreign Travel Emergency Care ⁵ | | | ✓ | ✓ | ✓ | ✓ | | | ✓ |
| Annual Out-of-Pocket Limit ⁶ | | | | | | | \$5,120 | \$2,560 | |

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

What Does a Medicare Supplement Insurance Plan Cover?

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

Copayments:

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

Coinsurance:

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

Deductibles:

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

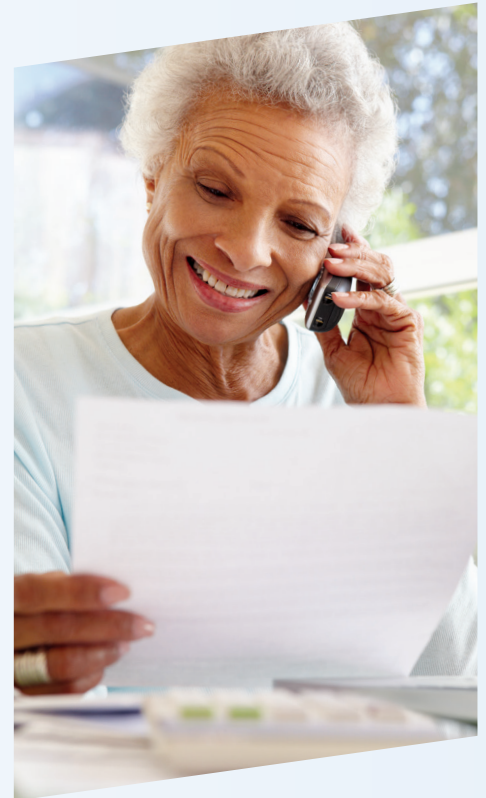
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- ¹ Not all of these plans are offered by Blue Cross and Blue Shield of Illinois.
 - ² Network restrictions apply. Only certain hospitals are network providers under this policy. Check with your physician to determine if he or she has admitting privileges at the network hospital. If he or she does not, you may be required to pay for all expenses.
 - ³ You must live within 30 miles of a participating Medicare Select hospital to be eligible.
 - ⁴ Not to exceed any charge limitation established by the Medicare program or state law.
 - ⁵ Plans cover medically necessary emergency care services needed immediately because of an injury or illness of sudden and unexpected onset, beginning during the first 60 days of each trip outside the USA. There is a deductible of \$250 and a lifetime maximum benefit of \$50,000.
 - ⁶ The out-of-pocket annual limit may increase each year for inflation (2017 limits shown).
 - ⁷ Plan F also has an option called a high-deductible Plan F. This high-deductible plan pays the same or offers the same benefits as Plan F after one has paid a calendar year \$2,200 deductible. Benefits from high-deductible Plan F will not begin until out-of-pocket expenses are \$2,200. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.
 - ⁸ Plans K and L provide for different cost-sharing for items and services than the other plans we offer. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance and deductibles 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.
 - ⁹ Plan N requires a copayment of up to \$20 for office visits and a copayment of up to \$50 for ER.
 - ¹⁰ Source: Over 65, BCBSIL, member loyalty survey 2015, 12-month rolling average.
 - ¹¹ The relationship between these vendors and Blue Cross and Blue Shield of Illinois is that of independent contractors. Blue365 is a discount program only for BCBSIL members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Please check your benefit booklet or call the customer service number on the back of your ID card for more information. Use of Blue365 does not change your monthly payment, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors who take part in this program. BCBSIL does not guarantee or make any claims or recommendations about the program's services or products. You may want to talk to your doctor before using these services and products. BCBSIL reserves the right to stop or change this program at any time without notice.

Why Choose Blue Cross and Blue Shield of Illinois?

Blue Cross and Blue Shield of Illinois is a name you can trust, and has been serving the people of Illinois for more than 75 years. Our Blue Medicare Supplement insurance plans offer in-depth coverage to help protect your health while also offering our high-level customer service and additional benefits.

Here Are Ten Great Reasons to Choose BCBSIL:

1. A choice of nine BCBSIL Medicare Supplement insurance plans to help you cover Medicare gaps.
2. Virtually hassle-free claims processing.
3. A name recognized by doctors and specialists everywhere.
4. Reliable coverage from a respected industry leader.
5. Helpful individual service from Medicare Supplement insurance agents.
6. 97 percent of our subscribers say they are satisfied.¹⁰
7. Blue Access for MembersSM (BAMSM) is a secure member website where you can find more about your policy, see if claims have been completed, sign up for alerts about claim activity, print a temporary ID card, view up to 18 months of claim history, and more.
8. Over 75 years of experience, know-how, and service to Illinois residents.
9. Blue365^{®11} member discount program offers you discounts on things like dental, vision and hearing products and services, fitness gear, weight loss programs, healthy eating options and much more.
10. Easy, online application is available.



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

Make the Right Choice for Your Peace of Mind.

**Call**

Toll Free: 1-877-566-1277, 8:00 a.m. – 8:00 p.m., local time, Monday through Friday.

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www.getblueil.com/medsupp

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Medicare Supplement Insurance Plan Notice:

Medicare Supplement insurance plans are offered by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.