



Medicare Supplement Coverage

Standard and Medicare Select Policies

Blue Cross and Blue Shield of Illinois offers two options for Medicare Supplement coverage — Standard and Medicare Select. There are two key differences between the Standard and Medicare Select options. First, with Medicare Select, to receive benefits for the Part A deductible, your client must use participating Blue Cross and Blue Shield of Illinois Medicare Select hospitals (except in cases of emergency admission). If your client does NOT use a Medicare Select hospital, he or she must pay the Part A deductible.

The second difference is price. With Medicare Select, your client's premiums will be even lower than our already competitive Standard rates. Please note: Plan A and High Deductible Plan F are only available as Standard Plans.

Blue Cross and Blue Shield of Illinois offers your clients quality service, universal recognition, plus an array of exclusive, value-added features — all at a very competitive price. Once your clients compare, they'll agree that it makes sense to choose Blue Cross and Blue Shield of Illinois.

Product Benefit Highlights for Plans C, F, High Deductible Plan F, G, K, L and N.

- ▶ No Claim Forms in Most Cases
 - ▶ Membership Card Recognition Guaranteed Nationwide
 - ▶ No Waiting Period for Pre-Existing Conditions — Immediate Coverage
 - ▶ Coverage for All Medicare-Approved Services
 - ▶ Protection to Keep Pace with Medicare Cost Increases
 - ▶ Choice of Physicians and Hospitals*
 - ▶ Billing Options — E-Z Blue® Payment Option for *Monthly* Pre-Authorized, Automatic Withdrawals or pay by check on an annual, semi-annual, or bi-monthly basis.
- ▶ Part A Hospital Deductible Coverage* (50% K; 75% L)
 - ▶ Hospital Copayment Coverage
 - ▶ Skilled Nursing Facility Coverage (50% K; 75% L)
 - ▶ Hospice Care Coverage (50% K; 75%L)
 - ▶ Coverage for Physician Fees and Other Medical Expenses (Some Fees/Expenses - 50% K; 75% L; Part B deductible not covered G, K or L; Part B deductible not covered and some copayments apply N)
 - ▶ Coverage for Foreign Travel Emergencies (excludes K & L)

Individual Plan Benefit Highlights

- ▶ **Plan C:** Coverage for Part B Deductible
- ▶ **Plan F:** Coverage for Part B Deductible and Excess Charges Above Medicare-Approved Amounts
- ▶ **High Deductible Plan F:** Same coverage as Plan F after a yearly deductible is met.
- ▶ **Plan G:** Coverage for Part B Excess Charges Above Medicare-Approved Amounts. Part B deductible not covered.
- ▶ **Plans K & L:** Lower cost plans that pay a percentage (50% K; 75% L) of some costs under Medicare Parts A and B.** Part B deductible not covered.
- ▶ **Plan N:** Lower cost plan that does not cover Part B deductible or excess charges; copayment applies for office and ER visits.

Product Features

- ▶ No Claim Forms in Most Cases
- ▶ Membership Card Recognition Guaranteed Nationwide
- ▶ No Waiting Period for Pre-Existing Conditions — Immediate Coverage
- ▶ Coverage for All Medicare-Approved Services
- ▶ Protection to Keep Pace with Medicare Cost Increases
- ▶ Choice of Physicians and Hospitals*
- ▶ Billing Options — E-Z Blue® Payment Option for *Monthly* Pre-Authorized, Automatic Withdrawals or pay by check on an annual, semi-annual, or bi-monthly basis.

Eligibility

This coverage is on a guaranteed issue basis for all Illinois residents ages 65+ who have Medicare Parts A and B, and are either replacing or are not already covered by a Medicare Supplement insurance plan. There is no waiting period for pre-existing conditions. All medical conditions are covered in full from the effective date.

In order for your client to be eligible to choose one of our Medicare Select options, they must live within 30 miles of a Medicare Select hospital.

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Note: We also offer Plans A and B for basic coverage

*Medicare Select Plans require that your client use Blue Cross and Blue Shield of Illinois participating Medicare Select hospitals for non-emergency admissions to receive coverage for the Medicare Part A deductible.

**Pays 100% of Medicare copayments for the rest of the calendar year after an annual out-of-pocket is met. The annual out-of-pocket will increase each year for inflation.

Effective Date

When your client is 65 or older: Requested Effective Dates will be honored if the application is received by us **on or before** the requested date. If the requested Effective Date is prior to the date we receive the application, the Effective Date will be made the receipt date. When no Effective Date is requested, the Effective Date issued will be ten (10) days after the application is **received** by our office. In no case will an Effective Date be issued for any date prior to us receiving an application.

When your client is turning 65 (applying within 60 days prior): The Effective Date of the policy will be the first day of the 65th birth month (the date Medicare is effective) as long as the application is received **on or before** their 65th birthday.

The Effective Date will be printed on the member's ID card.

(Note: Policies will not be issued with an effective date on the 29th, 30th or 31st of the month.)

Replacement Policies

In the case that your client is replacing a current Medicare Supplement insurance policy, please be sure that both you and the applicant read, sign, and date the replacement form available in the Medicare Supplement sales pack. One form must be submitted with the application. The other form should remain with the applicant.

Always advise your client to continue paying premiums on his or her current coverage until Blue Cross and Blue Shield of Illinois issues the new plan and he or she has accepted the new coverage.

Premiums

Premium rates are based on county and age. Clients residing in Cook, DuPage, Kane, Lake, McHenry, and Will counties receive one set of rates. Those residing in all other Illinois counties receive a different set of rates. Please refer to the Producer Rate Card for further details.

The Medicare Supplement insurance policies are guaranteed renewable. Premiums can be raised only if Blue Cross and Blue Shield raises premiums for all insureds under the policy form. Premiums change at ages 67, 70, 75, 80 and 85. Clients are notified of premium changes at least 30 days in advance.

Premium Payments

Do not accept cash with application. In Part A (the *Plan Selection* area) of our Medicare Supplement application, your client chooses a payment option. They may elect to pay premiums every two months, every six months or once a year.

When they receive their Medicare Supplement insurance policy, an initial premium notice will be enclosed that reflects their choice of payment mode. To activate coverage, your client **must** send a check or money order for this amount. Subsequent premium notices are then mailed to the residential address (or billing address if different).

The EZ Blue Payment Option

Your client can enroll in EZBlue when they complete their application. With EZBlue, they pay their premiums monthly, beginning with their initial premium, by authorizing Blue Cross and Blue Shield of Illinois to automatically withdraw premiums from a checking or savings account on a monthly basis.

If an applicant did not enroll in the EZBlue option, they will receive an initial premium notice, as well as information about our EZBlue payment option. With EZBlue, they can enroll and pay their future premiums.

Submission Procedures

For pre-submission information, call 800-538-0382. GA Producers should call their GA for information.

Required Forms

The following forms must be used when submitting a new case:

1. Application for Blue Cross and Blue Shield Medicare Supplement Plan (32126)
2. Notice to Applicant Regarding Replacement of Medicare Supplement Insurance if replacing (23648)
3. Policy Checklist original copy (31601 A-N or 30346 K & L)

Please review all applications to verify that they are complete and legible. Any changes to the application must be initialed by the applicant before submission.

Where to Submit

All items should be submitted to:
Medicare Supplement New Business
P.O. Box 3003
Naperville, IL 60566
Fax: 888-235-2949

Note to GA Producers: Please submit business to General Agents.

Coverage Changes

An example of a coverage change would be switching from Plan A to Plan C, or from Plan F to Plan G. When the change is approved, the effective date will be determined by the client's current payment status and will take effect as of the next billing due date.

A client wishing to change coverage must submit an Application for Medicare Supplement Plan Changes (31812), indicating which plan he or she is choosing. You must complete a Policy Checklist (31601 A-N or 30346 K&L) and provide the outline of coverage to the applicant.

Clients who have questions on submission of claims or premiums can call 1-800-624-1723 or fax 888-235-2949.