

1

Medicare's Standard Plans A Through L

Compare and select from Plans A, C, F or K offered here by Blue Cross and Blue Shield of Kansas

Plan 65 Benefit Plan A	Benefit Plan B	Plan 65 Benefit Plan C/ Select	Benefit Plan D	Benefit Plan E	Plan 65 Benefit Plan F/ Select	High Deductible Benefit Plan F†
<ul style="list-style-type: none"> Basic Benefits 	<ul style="list-style-type: none"> Basic Benefits Part A Deductible 	<ul style="list-style-type: none"> Basic Benefits Skilled Nursing Facility Coinsurance Part A Deductible Part B Deductible Foreign Travel Emergency 	<ul style="list-style-type: none"> Basic Benefits Skilled Nursing Facility Coinsurance Part A Deductible Foreign Travel Emergency At Home Recovery 	<ul style="list-style-type: none"> Basic Benefits Skilled Nursing Facility Coinsurance Part A Deductible Foreign Travel Emergency Preventive Care Not Covered By Medicare 	<ul style="list-style-type: none"> Basic Benefits Skilled Nursing Facility Coinsurance Part A Deductible Part B Deductible Part B Excess (100%) Foreign Travel Emergency 	<ul style="list-style-type: none"> Basic Benefits Skilled Nursing Facility Coinsurance Part A Deductible Part B Deductible Part B Excess (100%) Foreign Travel Emergency \$2,000 Deductible
Benefit Plan G	Benefit Plan H	Benefit Plan I	Benefit Plan J	High Deductible Benefit Plan J†	Plan 65 Benefit Plan K**/Select	Benefit Plan L**
<ul style="list-style-type: none"> Basic Benefits Skilled Nursing Facility Coinsurance Part A Deductible Part B Excess (80%) Foreign Travel Emergency At-Home Recovery 	<ul style="list-style-type: none"> Basic Benefits Skilled Nursing Facility Coinsurance Part A Deductible Foreign Travel Emergency 	<ul style="list-style-type: none"> Basic Benefits Skilled Nursing Facility Coinsurance Part A Deductible Part B Excess (100%) Foreign Travel Emergency At Home Recovery 	<ul style="list-style-type: none"> Basic Benefits Skilled Nursing Facility Coinsurance Part A Deductible Part B Deductible Part B Excess (100%) Foreign Travel Emergency 	<ul style="list-style-type: none"> Basic Benefits Skilled Nursing Facility Coinsurance Part A Deductible Part B Deductible Part B Excess (100%) Foreign Travel Emergency 	<ul style="list-style-type: none"> 100% of Part A Hospitalization Coinsurance Plus Coverage for 365 Days After Medicare Benefits End 50% Hospice Cost-Sharing 50% of Medicare-Eligible Expenses for the First Three Pints of Blood 	<ul style="list-style-type: none"> 100% of Part A Hospitalization Coinsurance Plans Coverage for 365 Days After Medicare Benefits End 75% Hospice Cost-Sharing 75% of Medicare-Eligible Expenses for the First Three Pints of Blood

			<ul style="list-style-type: none"> • At-Home Recovery • Extended Drugs (\$3,000 Limit) • Preventive Care Not Covered By Medicare 	<ul style="list-style-type: none"> • At-Home Recovery • Extended Drugs (\$3,000 Limit) • Preventive Care Not Covered By Medicare • \$2,000 Deductible 	<ul style="list-style-type: none"> • 50% Part B Coinsurance, Except 100% Coinsurance for Part B Preventive Services • 50% Skilled Nursing Facility Coinsurance • 50% Part A Deductible • \$4,620 Out-of-Pocket Annual Limit*** 	<ul style="list-style-type: none"> • 75% Part B Coinsurance, Except 100% Coinsurance for Part B Preventive Services • 75% Skilled Nursing Facility Coinsurance • 75% Part A Deductible • \$2,310 Out-of-Pocket Annual Limit***
--	--	--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Plan 65-Select affects Plans C, F & K only. See Plan 65-Select Option on page 3 for details of coverage.

† Plans F and J also have high deductible plans. These high deductible plans pay the same benefits as Plans F and J after one has paid a calendar year deductible of \$2,000. Benefits will not begin until out-of-pocket expenses are met. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

** Plans K and L provide for different cost-sharing for items and services than Plans A-J. 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.

*** The out-of-pocket annual limit will increase each year for inflation.