BlueCross BlueShield Kansas

Medicare Supplement Outline of Coverage

2023 Benefit information for Plan 65 and Plan 65-Select

Blue Cross and Blue Shield offers five of Medicare's ten standard supplement plans.

Benefit Plans: A, G, K, L, N
Rates valid through Dec. 31, 2023

Medicare Supplement Insurance - Medigap

Medicare Supplement Insurance helps pay for some out-of-pocket costs not covered by Original Medicare Part A and Part B.

If you are enrolled in Medicare Part A and Part B (Original Medicare), Medicare Supplement plans (Medigap) can help fill the coverage gaps. Medicare Supplement plans are sold by Medicare-approved private insurance companies and are designed to assist you with out-of-pocket costs from deductibles, copays and coinsurance which are not covered by Part A or Part B. A Medicare Supplement policy covers only one person so spouses must buy separate policies.

All Medicare Supplement plans require you to continue to pay your Part B premium and a separate premium for the Medigap coverage. Once you enroll and continue to pay your premium, your plan will renew each year.

3 steps to compare and select the benefits and premium to fit your needs

1. Review and compare benefits (page 4)
   The Benefit Chart of Medicare Supplement Plans provides a look at Medicare's ten standard plans and highlights the plans offered by Blue Cross.

2. Determine your monthly premium for each plan (page 6)

3. Consider plans offered by Blue Cross (pages 16–25)
   Compare medical services, including what Medicare pays for, what Blue Cross pays for, and the amount you pay.

For help enrolling in a Medicare Supplement plan, call us at 866-842-2469, Monday – Friday, 8 a.m. to 4:30 p.m.

Medicare Supplement: Take a Closer Look.

When you have a Medicare Supplement policy, Medicare will first pay its share of your medical expenses, and then your policy steps in to pay its share based on the supplement plan you select.

With Medicare Parts A & B Harry pays $2,181 out of pocket.

Hospital charge: **$ 4,000.00** Medicare pays: **$2,400**	Harry pays: Medicare deductible and coinsurance **$1,600**	Doctor charge: **$2,000.00** Medicare pays: **$1,419**	Harry pays: ($226 deductible and 20% of all other charges) **$581**	Total Harry pays: **$2,181**

With Medicare Parts A & B and Medicare Supplement Plan G Harry pays $226 out of pocket.

Hospital charge: **$ 4,000.00** Medicare pays: **$2,400** MedSupp pays: **$1,600**	Harry pays: **$0**	Doctor charge: **$2,000.00** Medicare pays: **$1,419** MedSupp pays: **$355**	Harry pays: $226 deductible **$226**	Total Harry pays: **$226**

Benefit Chart of Medicare Supplement Plans

For plans effective Jan. 1 – Dec. 31, 2023 | This chart shows the benefits included in each of the standard Medicare Supplement plans. Every company must make Plan A available. **Blue Cross offers the plans highlighted in blue.**

Benefits	Plans available to all applicants										
	A	B	D	G [1,2]	K [1,4]	L [4]	M	N [1,5]	C [7]	F [2,7]	F [2,3,7]
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓	
Blood (first three pints each year)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓	
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓	
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓	
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓	
Medicare Part B deductible									✓	✓	
Medicare Part B excess charges				✓						✓	
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓	
Out-of-pocket limit in 2023 [4,6]					$6,940	$3,470					

[1] Plan 65-Select affects Plans C, F, G, K & N only only. See the Plan 65-Select section on page 5 for details of coverage.

[2] Plans F and G also have a high deductible option which require first paying a plan deductible of $2,700 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

[3] High Deductible Plan F is not available from Blue Cross and Blue Shield of Kansas.

[4] Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

[5] Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to $20 for some office visits and up to a $50 co-payment for emergency room visits that do not result in an inpatient admission.

[6] The out-of-pocket annual limit will increase each year for inflation.

[7] For Medicare Supplement Plans sold on or after January 1, 2020, only applicants **first eligible** for Medicare before 2020 may purchase Plans C and F. Please contact Blue Cross if you are eligible to enroll in these plans.

Select Plan Benefit Details

Reduce your premium with Plan 65-Select

Plan 65-Select plans offer a lower monthly premium and hospital network limitations. You can reduce your premium if you agree to use a "select" network hospital in the service area where you enroll for all hospital care that is not an emergency.

In an emergency situation, you may need to seek non-network hospital services. You will not be responsible for deductible or coinsurance payments when you receive treatment for symptoms requiring emergency care or you immediately require treatment for an unforeseen illness, injury or condition, and it is not reasonable for you to obtain services from a network hospital.

Plan 65-Select is available with benefit plans C, F, G, K and N only

If you live in Atchison, Brown, Butler, Chase, Chautauqua, Clay, Cowley, Doniphan, Douglas, Elk, Geary, Greenwood, Harper, Harvey, Jackson, Jefferson, Kingman, Leavenworth, Marion, Marshall, Osage, Pottawatomie, Pratt, Reno, Riley, Sedgwick, Shawnee, Sumner, Wabaunsee, or Washington counties, you are eligible for Plan 65-Select Benefit Plans C, F, G, K or N with lower monthly premiums.

The Plan 65-Select hospital network

To receive full Plan 65-Select benefits, you must obtain your non-emergency Medicare Part A hospitalization services from one of the network hospitals.

If your doctor does not have admitting privileges to a network hospital, you must have your doctor refer you to another doctor who has admitting privileges to a network hospital. Or you may choose another doctor who can admit you to a network hospital.

If you receive non-emergency inpatient hospital services at a non-network hospital, and the services could have been provided at a network hospital in your service area, then you will be responsible for payment of the Medicare Part A deductible and applicable coinsurance charges.

If you move outside of the hospital network service area, you may continue to use a network hospital. If your move is permanent and it is no longer convenient for you to use a network hospital, you have the opportunity to convert to a Plan 65 non-restricted policy.

How to purchase or convert to another policy

Should you no longer want Plan 65-Select coverage, you may change to another Plan 65 Benefit Plan that does not contain hospital network limitations. You will not be required to provide evidence of insurability in any of the following situations:

- If your enrollment in Plan 65-Select was the first Medicare supplemental policy you enrolled in after enrolling in Medicare Part B, and you have had coverage for 12 months or less, you may replace the coverage with any Medicare Supplement Plan offered by any insurance company.[1]
- If prior to enrolling in Plan 65-Select you had Medicare Supplemental coverage that did not contain hospital network limitations, and you have had your Plan 65-Select coverage for 12 months or less, you may re-enroll in the health care plan you previously had. However, if the previous health care plan is no longer available, you may enroll in Medicare Supplement A, B, G, K, L or N offered by any insurance company.[1]

You may change to a Plan 65 Benefit Plan with comparable or lesser benefits if:

- You have had Plan 65-Select coverage for more than 12 months, or
- Medicare Select coverage is no longer authorized by the Secretary of Health and Human Services. You may change to Medicare Supplement Plans, A, B, G, K, L or N offered by offered by any insurance company if: [2]
- Plan 65-Select coverage is no longer available where you live, or
- Material provisions of Plan 65-Select coverage are misrepresented or violated by Blue Cross and Blue Shield of Kansas.

[1] Except during the first six months following your Medicare Part B effective date, you must remain continuously enrolled in Plan 65-Select until the effective date of your replacement coverage.

[2] You will need to apply for this coverage within 63 days from when your Plan 65-Select coverage was either terminated or you disenrolled. A new carrier may require evidence of the date your Plan 65-Select coverage was terminated.

How to Calculate Your Premium

1. Select the column which represents your gender.

2. Select if you are eligible for the same household discount. If you live in the same household as another member[1], you may be eligible for a household discount.

3. If you do not use[2] tobacco products, find your premium in the "Non-Tobacco" column. If you use tobacco, find your premium in the "Tobacco" column.

[1]All individuals must have a Blue Cross and Blue Shield of Kansas Medicare Supplement Plan. You do not need to be related to apply for a discount, but you must live in the same household. Household is defined as a single-family home, condo or apartment unit within a complex. The following are excluded from the definition of household and therefore are not eligible: assisted living facilities, group homes, adult day care facilities, nursing homes or any other health residential facilities.
[2]Tobacco use is defined as using any tobacco product, other than for religious or ceremonial use, on average four or more times per week within no longer than the past six months.

Plan A Monthly Premium

	Male		Female		Male		Female	
Attained	Non-Same Household		Non-Same Household		Same Household		Same Household	
Ages	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
65[3]	$148.26	$170.48	$130.45	$150.01	$137.88	$158.56	$121.33	$139.52
66	$148.26	$170.48	$130.45	$150.01	$137.88	$158.56	$121.33	$139.52
67	$148.26	$170.48	$130.45	$150.01	$137.88	$158.56	$121.33	$139.52
68	$154.17	$177.30	$135.68	$156.02	$143.40	$164.91	$126.18	$145.11
69	$160.35	$184.39	$141.10	$162.27	$149.12	$171.50	$131.23	$150.91
70	$166.77	$191.77	$146.75	$168.75	$155.09	$178.36	$136.47	$156.94
71	$173.44	$199.44	$152.62	$175.50	$161.30	$185.49	$141.93	$163.21
72	$180.38	$207.41	$158.72	$182.53	$167.75	$192.92	$147.62	$169.75
73	$186.68	$214.67	$164.27	$188.91	$173.62	$199.67	$152.78	$175.70
74	$193.22	$222.19	$170.02	$195.52	$179.69	$206.66	$158.13	$181.84
75	$199.98	$229.97	$175.97	$202.37	$185.99	$213.89	$163.66	$188.21
76	$206.98	$238.01	$182.13	$209.45	$192.50	$221.36	$169.39	$194.80
77	$214.22	$246.34	$188.51	$216.78	$199.23	$229.12	$175.32	$201.62
78	$220.66	$253.73	$194.17	$223.28	$205.20	$235.99	$180.58	$207.66
79	$227.27	$261.35	$199.98	$229.98	$211.37	$243.08	$186.00	$213.90
80	$234.10	$269.18	$205.98	$236.88	$217.70	$250.36	$191.57	$220.31
81	$241.11	$277.26	$212.16	$243.99	$224.24	$257.88	$197.32	$226.92
82	$248.35	$285.58	$218.53	$251.31	$230.97	$265.60	$203.25	$233.73
83	$255.79	$294.16	$225.09	$258.85	$237.88	$273.58	$209.34	$240.74
84	$263.48	$302.98	$231.84	$266.62	$245.03	$281.78	$215.62	$247.95
85	$271.37	$312.07	$238.80	$274.62	$252.38	$290.24	$222.10	$255.39
86	$279.52	$321.42	$245.96	$282.85	$259.95	$298.95	$228.75	$263.06
87	$287.89	$331.05	$253.33	$291.33	$267.74	$307.91	$235.61	$270.95
88	$296.53	$341.01	$260.94	$300.08	$275.78	$317.15	$242.69	$279.09
89	$305.43	$351.24	$268.77	$309.08	$284.05	$326.67	$249.96	$287.46
90+	$314.60	$361.77	$276.84	$318.36	$292.57	$336.47	$257.45	$296.07

[3] Age 65 or disabled individuals under the age of 65.

Blue Cross and Blue Shield of Kansas can only raise your premium if we raise the premium for all policies like yours in this state. The above premiums are effective through December 31, 2023, and are subject to change after that date.

Plan G Monthly Premium

	Male		Female		Male		Female	
Attained	Non-Same Household		Non-Same Household		Same Household		Same Household	
Ages	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
65[3]	$182.21	$209.54	$160.32	$184.38	$169.46	$194.87	$149.11	$171.49
66	$182.21	$209.54	$160.32	$184.38	$169.46	$194.87	$149.11	$171.49
67	$182.21	$209.54	$160.32	$184.38	$169.46	$194.87	$149.11	$171.49
68	$189.49	$217.91	$166.75	$191.76	$176.23	$202.67	$155.07	$178.34
69	$197.09	$226.63	$173.42	$199.43	$183.28	$210.79	$161.29	$185.48
70	$204.96	$235.69	$180.36	$207.40	$190.62	$219.21	$167.74	$192.91
71	$213.16	$245.12	$187.57	$215.69	$198.24	$227.98	$174.45	$200.60
72	$221.70	$254.92	$195.07	$224.32	$206.17	$237.09	$181.43	$208.64
73	$229.44	$263.84	$201.89	$232.19	$213.38	$245.39	$187.77	$215.94
74	$237.47	$273.07	$208.97	$240.30	$220.86	$253.98	$194.34	$223.49
75	$245.79	$282.64	$216.28	$248.71	$228.57	$262.88	$201.15	$231.32
76	$254.38	$292.53	$223.85	$257.42	$236.59	$272.07	$208.18	$239.42
77	$263.29	$302.77	$231.68	$266.43	$244.85	$281.60	$215.46	$247.80
78	$271.18	$311.85	$238.63	$274.43	$252.21	$290.04	$221.93	$255.22
79	$279.33	$321.20	$245.79	$282.66	$259.78	$298.74	$228.59	$262.89
80	$287.72	$330.84	$253.18	$291.14	$267.57	$307.70	$235.46	$270.76
81	$296.33	$340.76	$260.77	$299.88	$275.59	$316.94	$242.52	$278.89
82	$305.22	$350.99	$268.59	$308.87	$283.87	$326.45	$249.78	$287.26
83	$314.38	$361.52	$276.64	$318.13	$292.37	$336.23	$257.29	$295.88
84	$323.82	$372.36	$284.95	$327.67	$301.15	$346.31	$265.00	$304.74
85	$333.52	$383.53	$293.50	$337.52	$310.19	$356.71	$272.96	$313.90
86	$343.54	$395.04	$302.30	$347.64	$319.48	$367.41	$281.15	$323.32
87	$353.84	$406.90	$311.37	$358.07	$329.07	$378.44	$289.58	$333.01
88	$364.47	$419.10	$320.70	$368.80	$338.95	$389.78	$298.26	$342.99
89	$375.40	$431.67	$330.33	$379.88	$349.11	$401.48	$307.21	$353.29
90+	$386.64	$444.62	$340.23	$391.27	$359.58	$413.52	$316.43	$363.90

[3] Age 65 or disabled individuals under the age of 65.

Blue Cross and Blue Shield of Kansas can only raise your premium if we raise the premium for all policies like yours in this state.
The above premiums are effective through December 31, 2023, and are subject to change after that date.

Plan G (Select) Monthly Premium

	Male		Female		Male		Female	
Attained	Non-Same Household		Non-Same Household		Same Household		Same Household	
Ages	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
65[3]	$132.51	$152.38	$116.60	$134.09	$123.24	$141.72	$108.44	$124.71
66	$132.51	$152.38	$116.60	$134.09	$123.24	$141.72	$108.44	$124.71
67	$132.51	$152.38	$116.60	$134.09	$123.24	$141.72	$108.44	$124.71
68	$137.81	$158.46	$121.25	$139.46	$128.15	$147.38	$112.77	$129.70
69	$143.31	$164.81	$126.12	$145.03	$133.28	$153.28	$117.29	$134.88
70	$149.06	$171.40	$131.17	$150.82	$138.62	$159.41	$121.98	$140.27
71	$155.00	$178.25	$136.41	$156.86	$144.17	$165.80	$126.87	$145.89
72	$161.22	$185.39	$141.87	$163.14	$149.93	$172.41	$131.93	$151.73
73	$166.85	$191.88	$146.83	$168.85	$155.18	$178.45	$136.55	$157.03
74	$172.68	$198.59	$151.97	$174.75	$160.61	$184.70	$141.33	$162.53
75	$178.74	$205.54	$157.28	$180.87	$166.23	$191.15	$146.28	$168.22
76	$184.99	$212.74	$162.78	$187.20	$172.04	$197.85	$151.39	$174.10
77	$191.47	$220.17	$168.48	$193.76	$178.08	$204.77	$156.69	$180.20
78	$197.22	$226.78	$173.54	$199.56	$183.41	$210.91	$161.40	$185.61
79	$203.12	$233.58	$178.74	$205.56	$188.91	$217.26	$166.24	$191.16
80	$209.22	$240.60	$184.11	$211.72	$194.59	$223.77	$171.22	$196.91
81	$215.50	$247.82	$189.63	$218.07	$200.41	$230.48	$176.36	$202.82
82	$221.96	$255.24	$195.31	$224.62	$206.42	$237.39	$181.65	$208.90
83	$228.62	$262.91	$201.18	$231.36	$212.63	$244.51	$187.10	$215.17
84	$235.49	$270.78	$207.22	$238.30	$219.01	$251.84	$192.72	$221.61
85	$242.55	$278.91	$213.42	$245.44	$225.56	$259.40	$198.50	$228.27
86	$249.82	$287.28	$219.84	$252.81	$232.33	$267.19	$204.46	$235.13
87	$257.32	$295.90	$226.43	$260.40	$239.30	$275.21	$210.59	$242.17
88	$265.03	$304.77	$233.23	$268.21	$246.49	$283.46	$216.90	$249.45
89	$272.99	$313.92	$240.23	$276.26	$253.88	$291.96	$223.41	$256.91
90+	$281.18	$323.35	$247.43	$284.53	$261.50	$300.72	$230.12	$264.62

[3] Age 65 or disabled individuals under the age of 65.

Blue Cross and Blue Shield of Kansas can only raise your premium if we raise the premium for all policies like yours in this state. The above premiums are effective through December 31, 2023, and are subject to change after that date.

Plan G (HDHP) Monthly Premium

	Male		Female		Male		Female	
Attained	Non-Same Household		Non-Same Household		Same Household		Same Household	
Ages	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
65[3]	$78.71	$90.52	$69.27	$79.65	$73.21	$84.18	$64.41	$74.08
66	$78.71	$90.52	$69.27	$79.65	$73.21	$84.18	$64.41	$74.08
67	$78.71	$90.52	$69.27	$79.65	$73.21	$84.18	$64.41	$74.08
68	$81.86	$94.14	$72.02	$82.83	$76.13	$87.55	$66.99	$77.03
69	$85.13	$97.90	$74.92	$86.15	$79.17	$91.05	$69.67	$80.12
70	$88.53	$101.81	$77.92	$89.60	$82.33	$94.68	$72.45	$83.33
71	$92.09	$105.89	$81.03	$93.18	$85.63	$98.48	$75.35	$86.66
72	$95.75	$110.12	$84.26	$96.90	$89.05	$102.42	$78.37	$90.12
73	$99.11	$113.97	$87.21	$100.31	$92.18	$106.00	$81.11	$93.27
74	$102.59	$117.96	$90.27	$103.81	$95.40	$109.70	$83.95	$96.54
75	$106.18	$122.08	$93.43	$107.44	$98.74	$113.56	$86.89	$99.92
76	$109.89	$126.37	$96.69	$111.21	$102.20	$117.53	$89.92	$103.43
77	$113.74	$130.80	$100.08	$115.08	$105.77	$121.64	$93.07	$107.04
78	$117.15	$134.72	$103.09	$118.55	$108.95	$125.29	$95.88	$110.25
79	$120.67	$138.75	$106.18	$122.12	$112.20	$129.05	$98.74	$113.56
80	$124.28	$142.92	$109.37	$125.77	$115.58	$132.92	$101.71	$116.97
81	$128.02	$147.21	$112.65	$129.54	$119.06	$136.91	$104.75	$120.48
82	$131.85	$151.62	$116.03	$133.42	$122.62	$141.00	$107.90	$124.09
83	$135.80	$156.17	$119.50	$137.42	$126.30	$145.25	$111.13	$127.81
84	$139.88	$160.85	$123.08	$141.55	$130.08	$149.60	$114.47	$131.65
85	$144.07	$165.67	$126.78	$145.79	$133.99	$154.09	$117.92	$135.60
86	$148.39	$170.66	$130.59	$150.17	$138.01	$158.72	$121.44	$139.66
87	$152.85	$175.76	$134.51	$154.68	$142.15	$163.47	$125.09	$143.85
88	$157.44	$181.04	$138.53	$159.32	$146.41	$168.38	$128.85	$148.17
89	$162.16	$186.47	$142.70	$164.10	$150.80	$173.43	$132.70	$152.62
90+	$167.02	$192.08	$146.97	$169.02	$155.33	$178.64	$136.69	$157.20

[3] Age 65 or disabled individuals under the age of 65.

Blue Cross and Blue Shield of Kansas can only raise your premium if we raise the premium for all policies like yours in this state. The above premiums are effective through December 31, 2023, and are subject to change after that date.

Plan K Monthly Premium

	Male		Female		Male		Female	
Attained	Non-Same Household		Non-Same Household		Same Household		Same Household	
Ages	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
65[3]	$85.09	$97.85	$74.88	$86.11	$79.14	$90.99	$69.63	$80.07
66	$85.09	$97.85	$74.88	$86.11	$79.14	$90.99	$69.63	$80.07
67	$85.09	$97.85	$74.88	$86.11	$79.14	$90.99	$69.63	$80.07
68	$88.48	$101.77	$77.87	$89.54	$82.29	$94.64	$72.42	$83.29
69	$92.02	$105.82	$80.98	$93.14	$85.59	$98.42	$75.31	$86.61
70	$95.71	$110.05	$84.21	$96.85	$89.01	$102.36	$78.33	$90.08
71	$99.54	$114.45	$87.59	$100.73	$92.57	$106.46	$81.46	$93.67
72	$103.52	$119.05	$91.10	$104.75	$96.27	$110.71	$84.72	$97.43
73	$107.14	$123.21	$94.28	$108.42	$99.63	$114.59	$87.68	$100.83
74	$110.89	$127.52	$97.58	$112.20	$103.13	$118.61	$90.74	$104.36
75	$114.78	$131.99	$101.00	$116.14	$106.74	$122.76	$93.93	$108.01
76	$118.79	$136.59	$104.53	$120.20	$110.47	$127.05	$97.22	$111.79
77	$122.96	$141.37	$108.19	$124.41	$114.35	$131.49	$100.62	$115.71
78	$126.64	$145.62	$111.44	$128.14	$117.77	$135.43	$103.65	$119.18
79	$130.43	$149.99	$114.78	$132.00	$121.31	$139.50	$106.75	$122.76
80	$134.35	$154.49	$118.23	$135.95	$124.94	$143.68	$109.95	$126.44
81	$138.39	$159.12	$121.77	$140.04	$128.70	$147.99	$113.24	$130.23
82	$142.54	$163.91	$125.42	$144.24	$132.55	$152.44	$116.64	$134.15
83	$146.81	$168.83	$129.18	$148.55	$136.53	$157.01	$120.15	$138.17
84	$151.21	$173.88	$133.07	$153.02	$140.64	$161.72	$123.73	$142.32
85	$155.75	$179.10	$137.05	$157.59	$144.85	$166.57	$127.47	$146.57
86	$160.42	$184.46	$141.16	$162.33	$149.18	$171.56	$131.28	$150.98
87	$165.23	$190.01	$145.40	$167.21	$153.66	$176.72	$135.21	$155.51
88	$170.18	$195.71	$149.75	$172.22	$158.28	$182.02	$139.28	$160.18
89	$175.30	$201.58	$154.25	$177.38	$163.02	$187.47	$143.45	$164.98
90+	$180.55	$207.62	$158.88	$182.70	$167.91	$193.11	$147.76	$169.92

[3] Age 65 or disabled individuals under the age of 65.

Blue Cross and Blue Shield of Kansas can only raise your premium if we raise the premium for all policies like yours in this state. The above premiums are effective through December 31, 2023, and are subject to change after that date.

Plan K (Select) Monthly Premium

	Male		Female		Male		Female	
Attained	Non-Same Household		Non-Same Household		Same Household		Same Household	
Ages	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
65[3]	$58.38	$67.13	$51.37	$59.08	$54.29	$62.44	$47.78	$54.94
66	$58.38	$67.13	$51.37	$59.08	$54.29	$62.44	$47.78	$54.94
67	$58.38	$67.13	$51.37	$59.08	$54.29	$62.44	$47.78	$54.94
68	$60.72	$69.82	$53.43	$61.44	$56.47	$64.94	$49.69	$57.14
69	$63.14	$72.61	$55.56	$63.90	$58.72	$67.53	$51.68	$59.43
70	$65.67	$75.52	$57.79	$66.45	$61.07	$70.23	$53.74	$61.80
71	$68.30	$78.54	$60.10	$69.11	$63.52	$73.04	$55.89	$64.28
72	$71.03	$81.68	$62.50	$71.88	$66.06	$75.97	$58.13	$66.85
73	$73.51	$84.54	$64.69	$74.39	$68.37	$78.62	$60.16	$69.19
74	$76.09	$87.50	$66.95	$77.00	$70.76	$81.38	$62.27	$71.61
75	$78.75	$90.56	$69.30	$79.69	$73.24	$84.22	$64.45	$74.11
76	$81.51	$93.73	$71.72	$82.48	$75.80	$87.17	$66.70	$76.71
77	$84.36	$97.01	$74.23	$85.37	$78.45	$90.22	$69.04	$79.39
78	$86.89	$99.92	$76.46	$87.93	$80.81	$92.93	$71.11	$81.78
79	$89.50	$102.92	$78.75	$90.57	$83.23	$95.72	$73.24	$84.23
80	$92.18	$106.00	$81.12	$93.28	$85.73	$98.59	$75.44	$86.76
81	$94.95	$109.18	$83.55	$96.08	$88.30	$101.55	$77.70	$89.36
82	$97.80	$112.46	$86.06	$98.96	$90.95	$104.59	$80.03	$92.04
83	$100.73	$115.83	$88.64	$101.93	$93.68	$107.73	$82.43	$94.80
84	$103.75	$119.31	$91.30	$104.99	$96.49	$110.96	$84.91	$97.64
85	$106.86	$122.89	$94.04	$108.14	$99.38	$114.29	$87.45	$100.57
86	$110.07	$126.57	$96.86	$111.38	$102.36	$117.72	$90.08	$103.59
87	$113.37	$130.37	$99.76	$114.73	$105.44	$121.25	$92.78	$106.70
88	$116.77	$134.28	$102.75	$118.17	$108.60	$124.89	$95.56	$109.90
89	$120.28	$138.31	$105.84	$121.71	$111.86	$128.64	$98.43	$113.20
90+	$123.88	$142.46	$109.01	$125.36	$115.21	$132.49	$101.38	$116.59

[3] Age 65 or disabled individuals under the age of 65.

Blue Cross and Blue Shield of Kansas can only raise your premium if we raise the premium for all policies like yours in this state. The above premiums are effective through December 31, 2023, and are subject to change after that date.

Plan L Monthly Premium

	Male		Female		Male		Female	
Attained	Non-Same Household		Non-Same Household		Same Household		Same Household	
Ages	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
65[3]	$114.79	$132.01	$101.01	$116.16	$106.76	$122.77	$93.94	$108.02
66	$114.79	$132.01	$101.01	$116.16	$106.76	$122.77	$93.94	$108.02
67	$114.79	$132.01	$101.01	$116.16	$106.76	$122.77	$93.94	$108.02
68	$119.39	$137.28	$105.06	$120.80	$111.03	$127.67	$97.69	$112.35
69	$124.16	$142.77	$109.25	$125.64	$115.47	$132.77	$101.60	$116.84
70	$129.13	$148.49	$113.62	$130.66	$120.09	$138.09	$105.67	$121.52
71	$134.28	$154.42	$118.16	$135.90	$124.89	$143.61	$109.89	$126.38
72	$139.66	$160.60	$122.88	$141.32	$129.87	$149.36	$114.30	$131.44
73	$144.55	$166.22	$127.20	$146.28	$134.43	$154.58	$118.29	$136.03
74	$149.60	$172.03	$131.65	$151.39	$139.13	$160.00	$122.43	$140.78
75	$154.85	$178.07	$136.25	$156.69	$144.01	$165.60	$126.71	$145.72
76	$160.26	$184.30	$141.02	$162.17	$149.04	$171.39	$131.16	$150.82
77	$165.87	$190.74	$145.97	$167.85	$154.26	$177.39	$135.74	$156.10
78	$170.85	$196.46	$150.34	$172.88	$158.89	$182.71	$139.82	$160.79
79	$175.97	$202.36	$154.85	$178.08	$163.66	$188.20	$144.01	$165.61
80	$181.25	$208.43	$159.48	$183.42	$168.57	$193.84	$148.32	$170.57
81	$186.68	$214.68	$164.28	$188.92	$173.63	$199.65	$152.79	$175.70
82	$192.29	$221.12	$169.22	$194.59	$178.83	$205.64	$157.36	$180.97
83	$198.06	$227.76	$174.28	$200.41	$184.19	$211.82	$162.08	$186.39
84	$204.00	$234.59	$179.52	$206.43	$189.71	$218.16	$166.94	$191.98
85	$210.12	$241.64	$184.89	$212.64	$195.42	$224.70	$171.96	$197.75
86	$216.43	$248.88	$190.45	$219.01	$201.27	$231.45	$177.11	$203.68
87	$222.93	$256.34	$196.16	$225.58	$207.31	$238.39	$182.43	$209.79
88	$229.60	$264.02	$202.04	$232.34	$213.53	$245.55	$187.90	$216.07
89	$236.49	$271.95	$208.11	$239.32	$219.93	$252.91	$193.54	$222.57
90+	$243.59	$280.11	$214.35	$246.49	$226.54	$260.49	$199.34	$229.25

[3] Age 65 or disabled individuals under the age of 65.

Blue Cross and Blue Shield of Kansas can only raise your premium if we raise the premium for all policies like yours in this state. The above premiums are effective through December 31, 2023, and are subject to change after that date.

Plan N Monthly Premium

	Male		Female		Male		Female	
Attained	Non-Same Household		Non-Same Household		Same Household		Same Household	
Ages	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
65[3]	$140.32	$161.36	$123.47	$142.00	$130.50	$150.09	$114.84	$132.06
66	$140.32	$161.36	$123.47	$142.00	$130.50	$150.09	$114.84	$132.06
67	$140.32	$161.36	$123.47	$142.00	$130.50	$150.09	$114.84	$132.06
68	$145.94	$167.82	$128.42	$147.68	$135.72	$156.08	$119.44	$137.35
69	$151.78	$174.53	$133.55	$153.59	$141.15	$162.32	$124.20	$142.84
70	$157.84	$181.51	$138.89	$159.73	$146.80	$168.81	$129.18	$148.55
71	$164.16	$188.78	$144.45	$166.11	$152.67	$175.57	$134.34	$154.49
72	$170.72	$196.32	$150.22	$172.77	$158.78	$182.60	$139.71	$160.67
73	$176.70	$203.20	$155.49	$178.80	$164.33	$188.99	$144.61	$166.29
74	$182.89	$210.30	$160.92	$185.07	$170.08	$195.59	$149.66	$172.12
75	$189.28	$217.67	$166.56	$191.54	$176.03	$202.44	$154.91	$178.14
76	$195.90	$225.28	$172.39	$198.25	$182.20	$209.52	$160.32	$184.37
77	$202.78	$233.17	$178.43	$205.19	$188.58	$216.86	$165.94	$190.83
78	$208.86	$240.17	$183.77	$211.34	$194.23	$223.38	$170.92	$196.55
79	$215.12	$247.36	$189.29	$217.68	$200.05	$230.06	$176.04	$202.45
80	$221.57	$254.78	$194.97	$224.22	$206.06	$236.96	$181.32	$208.52
81	$228.22	$262.44	$200.82	$230.95	$212.25	$244.07	$186.77	$214.78
82	$235.06	$270.30	$206.84	$237.86	$218.62	$251.40	$192.37	$221.22
83	$242.12	$278.41	$213.06	$245.01	$225.17	$258.95	$198.14	$227.87
84	$249.39	$286.77	$219.44	$252.36	$231.91	$266.70	$204.09	$234.70
85	$256.86	$295.38	$226.02	$259.92	$238.88	$274.71	$210.20	$241.73
86	$264.57	$304.24	$232.81	$267.72	$246.05	$282.95	$216.51	$248.99
87	$272.51	$313.35	$239.79	$275.75	$253.43	$291.45	$223.01	$256.46
88	$280.67	$322.76	$246.99	$284.03	$261.03	$300.18	$229.70	$264.15
89	$289.09	$332.44	$254.39	$292.55	$268.86	$309.18	$236.60	$272.09
90+	$297.76	$342.42	$262.03	$301.33	$276.93	$318.47	$243.69	$280.23

[3] Age 65 or disabled individuals under the age of 65.

Blue Cross and Blue Shield of Kansas can only raise your premium if we raise the premium for all policies like yours in this state. The above premiums are effective through December 31, 2023, and are subject to change after that date.

Plan N (Select) Monthly Premium

	Male		Female		Male		Female	
Attained	Non-Same Household		Non-Same Household		Same Household		Same Household	
Ages	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
65[3]	$101.58	$116.81	$89.40	$102.78	$94.44	$108.60	$83.10	$95.57
66	$101.58	$116.81	$89.40	$102.78	$94.44	$108.60	$83.10	$95.57
67	$101.58	$116.81	$89.40	$102.78	$94.44	$108.60	$83.10	$95.57
68	$105.65	$121.49	$92.96	$106.90	$98.21	$112.95	$86.43	$99.38
69	$109.86	$126.34	$96.68	$111.16	$102.13	$117.46	$89.88	$103.35
70	$114.25	$131.40	$100.54	$115.62	$106.23	$122.17	$93.47	$107.50
71	$118.84	$136.64	$104.56	$120.26	$110.48	$127.05	$97.23	$111.80
72	$123.59	$142.12	$108.75	$125.06	$114.89	$132.12	$101.09	$116.28
73	$127.91	$147.08	$112.55	$129.43	$118.91	$136.76	$104.64	$120.34
74	$132.37	$152.23	$116.49	$133.96	$123.08	$141.54	$108.30	$124.55
75	$137.01	$157.56	$120.57	$138.65	$127.39	$146.50	$112.10	$128.92
76	$141.81	$163.08	$124.79	$143.51	$131.85	$151.62	$116.03	$133.43
77	$146.78	$168.78	$129.16	$148.53	$136.46	$156.93	$120.08	$138.10
78	$151.18	$173.84	$133.04	$152.99	$140.55	$161.65	$123.68	$142.23
79	$155.73	$179.06	$137.03	$157.57	$144.78	$166.49	$127.39	$146.51
80	$160.39	$184.43	$141.14	$162.30	$149.12	$171.49	$131.22	$150.89
81	$165.21	$189.97	$145.37	$167.18	$153.59	$176.63	$135.16	$155.42
82	$170.15	$195.66	$149.73	$172.19	$158.20	$181.92	$139.22	$160.08
83	$175.27	$201.54	$154.22	$177.36	$162.95	$187.38	$143.39	$164.89
84	$180.51	$207.59	$158.84	$182.67	$167.83	$193.00	$147.69	$169.84
85	$185.93	$213.80	$163.61	$188.16	$172.86	$198.80	$152.11	$174.93
86	$191.52	$220.22	$168.51	$193.80	$178.04	$204.76	$156.68	$180.18
87	$197.25	$226.84	$173.59	$199.62	$183.39	$210.90	$161.37	$185.58
88	$203.18	$233.64	$178.78	$205.59	$188.88	$217.23	$166.22	$191.15
89	$209.27	$240.65	$184.14	$211.76	$194.57	$223.76	$171.20	$196.90
90+	$215.55	$247.86	$189.67	$218.12	$200.39	$230.45	$176.34	$202.80

[3] Age 65 or disabled individuals under the age of 65.

Blue Cross and Blue Shield of Kansas can only raise your premium if we raise the premium for all policies like yours in this state. The above premiums are effective through December 31, 2023, and are subject to change after that date.

Plan A benefits

Medicare Part A (hospital services) – per benefit period

Services	Medicare Pays	Plan A Pays	You Pay
Hospitalization | Semi-private room and board, general nursing, miscellaneous services and supplies[1]			
First 60 days	All but $1,600	$0	$1,600 (Part A deductible)
61st through 90th day	All but $400 a day	$400 a day	$0
91st day and after:			
» while using 60 lifetime reserve days	All but $800 a day	$800 a day	$0
» once lifetime reserve days are used:			
– additional 365 days	$0	100% of Medicare eligible expenses	$0[2]
– 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 three days and entered a Medicare-approved facility within 30 days after leaving the hospital.[1]			
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $200 a day	$0	Up to $200 a day
101st day and after	$0	$0	All costs
Blood			
First 3 pints (per calendar year)	$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 limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

[1] A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[2] 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, 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 benefits (continued)

Medicare Part B (medical services) – per calendar year

Services	Medicare Pays	Plan A Pays	You Pay
Medical Expenses | In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First $226 of Medicare-approved amounts [3]	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges	$0	$0	All costs
Blood			
First 3 pints (per calendar year)	$0	All costs	$0
Next $226 of Medicare-approved amounts [3]	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0

Medicare Parts A and B (home health care) – Medicare-approved services

Services	Medicare Pays	Plan A Pays	You Pay
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable Medical Equipment			
First $226 of Medicare-approved amounts [3]	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Foreign Travel | Medically necessary emergency care services during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	All costs
Remainder of charges	$0	$0	All costs

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

Plan G or High Deductible Plan G benefits

High Deductible Plan G:
If you choose the high deductible Plan G it pays the same benefits as Plan G **AFTER** you have paid a calendar year **$2,700** deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are **$2,700**. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

Medicare Part A (hospital services) – per benefit period

Services	Medicare Pays	Plan G Pays	You Pay
Hospitalization | Semi-private room and board, general nursing, miscellaneous services and supplies[1]			
First 60 days	All but $1,600	$1,600 (Part A deductible)	$0
61st through 90th day	All but $400 a day	$400 a day	$0
91st day and after:			
» while using 60 lifetime reserve days	All but $800 a day	$800 a day	$0
» once lifetime reserve days are used:			
– additional 365 days	$0	100% of Medicare eligible expenses	$0[2]
– 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 three days and entered a Medicare-approved facility within 30 days after leaving the hospital.[1]			
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $200 a day	Up to $200 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints (per calendar year)	$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 limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

[1] A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[2] 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, 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 G or High Deductible Plan G benefits (continued)

High Deductible Plan G:
If you choose the high deductible Plan G it pays the same benefits as Plan G **AFTER** you have paid a calendar year **$2,700** deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are **$2,700**. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

Medicare Part B (medical services) – per calendar year

Services	Medicare Pays	Plan G Pays	You Pay
Medical Expenses | In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First $226 of Medicare-approved amounts [3]	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges	$0	100%	$0
Blood			
First 3 pints (per calendar year)	$0	All costs	$0
Next $226 of Medicare-approved amounts [3]	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0

Medicare Parts A and B (home health care) – Medicare-approved services

Services	Medicare Pays	Plan G Pays	You Pay
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable Medical Equipment			
First $226 of Medicare-approved amounts [3]	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Foreign Travel | Medically necessary emergency care services 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 lifetime max. benefit of $50,000	20% and amounts over $50,000 lifetime max.

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

Plan K benefits

Medicare Part A (hospital services) – per benefit period

Services	Medicare Pays	Plan K Pays	You Pay
Hospitalization | Semi-private room and board, general nursing, miscellaneous services and supplies[1]			
First 60 days	All but $1,600	$800	$800* (50% Part A Deductible)
61st through 90th day	All but $400 a day	$400 a day	$0
91st day and after:			
» while using 60 lifetime reserve days	All but $800 a day	$800 a day	$0
» once lifetime reserve days are used:			
– additional 365 days	$0	100% of Medicare eligible expenses	$0[2]
– 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 three days and entered a Medicare-approved facility within 30 days after leaving the hospital.[1]			
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $200 a day	Up to $100 a day	Up to $100 a day*
101st day and after	$0	$0	All costs
Blood			
First 3 pints (per calendar year)	$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 limited coinsurance for outpatient drugs and inpatient respite care	50% of Medicare copayment/coinsurance	50% of Medicare copayment/coinsurance*

[1] A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[2] 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, 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.

* You will pay half the cost-sharing of some covered services until the annual out-of-pocket is reached. The amounts that count toward your limit are noted with an asterisk above.

Plan K benefits (continued)

Medicare Part B (medical services) – per calendar year

Services	Medicare Pays	Plan K 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 $226 of Medicare-approved amounts[3]	$0	$0	$226 (Part B deductible)*
Preventive benefits for covered services	80% 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	$0	$0	All costs and they do not count toward annual out-of-pocket limit
Blood			
First 3 pints (per calendar year)	$0	50%	50%*
Next $226 of Medicare-approved amounts[3]	$0	$0	$226 (Part B deductible)*
Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10%*
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0

Medicare Parts A and B (home health care) – Medicare-approved services

Services	Medicare Pays	Plan K Pays	You Pay
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable Medical Equipment			
First $226 of Medicare-approved amounts[3]	$0	$0	$226 (Part B deductible)*
Remainder of Medicare-approved amounts	80%	10%	10%*

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

* You will pay half the cost-sharing of some covered services until the annual out-of-pocket is reached. The amounts that count toward your limit are noted with an asterisk above.

Plan L benefits

Medicare Part A (hospital services) – per benefit period

Services	Medicare Pays	Plan L Pays	You Pay
Hospitalization | Semi-private room and board, general nursing, miscellaneous services and supplies[1]			
First 60 days	All but $1,600	$1,200 (75% Part A Deductible)	$400* (25% Part A Deductible)
61st through 90th day	All but $400 a day	$400 a day	$0
91st day and after:			
» while using 60 lifetime reserve days	All but $800 a day	$800 a day	$0
» once lifetime reserve days are used:			
– additional 365 days	$0	100% of Medicare eligible expenses	$0[2]
– 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 three days and entered a Medicare-approved facility within 30 days after leaving the hospital.[1]			
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $200 a day	Up to $150 a day	Up to $50 a day*
101st day and after	$0	$0	All costs
Blood			
First 3 pints (per calendar year)	$0	75%	25%*
Additional amounts	100%	$0	$0
Hospice Care | You must meet Medicare's requirements, including a doctor's certification of terminal illness.			
	All but limited coinsurance for outpatient drugs and inpatient respite care	75% of Medicare copayment/coinsurance	25% of Medicare copayment/coinsurance*

[1] A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[2] 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, 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.

* You will pay one-fourth the cost-sharing of some covered services until the annual out-of-pocket is reached. The amounts that count toward your limit are noted with an asterisk above.

Plan L benefits (continued)

Medicare Part B (medical services) – per calendar year

Services	Medicare Pays	Plan L 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 $226 of Medicare-approved amounts[3]	$0	$0	$226 (Part B deductible)*
Preventive benefits for covered services	80% 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 15%	Generally 5%*
Part B excess charges	$0	$0	All costs and they do not count toward annual out-of-pocket limit
Blood			
First 3 pints (per calendar year)	$0	75%	25%*
Next $226 of Medicare-approved amounts[3]	$0	$0	$226 (Part B deductible)*
Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 5%*
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0

Medicare Parts A and B (home health care) – Medicare-approved services

Services	Medicare Pays	Plan L Pays	You Pay
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable Medical Equipment			
First $226 of Medicare-approved amounts[3]	$0	$0	$226 (Part B deductible)*
Remainder of Medicare-approved amounts	80%	15%	5%*

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

* You will pay one-fourth the cost-sharing of some covered services until the annual out-of-pocket is reached. The amounts that count toward your limit are noted with an asterisk above

Plan N benefits

Medicare Part A (hospital services) – per benefit period

Services	Medicare Pays	Plan N Pays	You Pay
Hospitalization | Semi-private room and board, general nursing, miscellaneous services and supplies[1]			
First 60 days	All but $1,600	$1,600 (Part A deductible)	$0
61st through 90th day	All but $400 a day	$400 a day	$0
91st day and after:			
» while using 60 lifetime reserve days	All but $800 a day	$800 a day	$0
» once lifetime reserve days are used:			
– additional 365 days	$0	100% of Medicare eligible expenses	$0[2]
– 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 three days and entered a Medicare-approved facility within 30 days after leaving the hospital.[1]			
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $200 a day	Up to $200 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints (per calendar year)	$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 limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

[1] A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[2] 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, 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 benefits (continued)

Medicare Part B (medical services) – per calendar year

Services	Medicare Pays	Plan N Pays	You Pay
Medical Expenses | In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First $226 of Medicare-approved amounts [3]	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Balance, other than copays. $50 copay waived if admitted and is covered as a Part A expense.	Up to $20 office visit Up to $50 ER visit
Part B excess charges	$0	$0	All costs
Blood			
First 3 pints (per calendar year)	$0	All costs	$0
Next $226 of Medicare-approved amounts [3]	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0

Medicare Parts A and B (home health care) – Medicare-approved services

Services	Medicare Pays	Plan N Pays	You Pay
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable Medical Equipment			
First $226 of Medicare-approved amounts [3]	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Foreign Travel | Medically necessary emergency care services 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 lifetime max. benefit of $50,000	20% and amounts over $50,000 lifetime max.

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

Exclusions

(not covered by any Medicare Supplement Plan)

- Custodial nursing home care
- Intermediate nursing home care costs
- Most dental care and hospital admissions for such care. Examples are treatment, filling, removal or replacement of teeth, root canal therapy, surgery for impacted teeth, and other surgical procedures involving teeth or structures directly supporting the teeth
- Routine physical examinations and tests, routine foot care, immunizations except injection of pneumococcal vaccine, mammograms and prostate exams
- Hearing aids and examinations for them, or consultations about them
- Eyeglasses or contact lenses and examinations about them, or consultations about them, unless for replacement of the lens following cataract surgery
- Benefits considered medically unnecessary by a committee of doctors representing Medicare and Blue Cross and Blue Shield of Kansas will not be paid

How to file a complaint

A complaint may be directed to Blue Cross and Blue Shield of Kansas by telephone, in person or in writing, expressing the details of your concern.

You may obtain a grievance form from:

Blue Cross and Blue Shield of Kansas
1133 S.W. Topeka Blvd.
Topeka, Kansas 66629-0001

Required Statements and Disclosures

Read your policy very carefully | This Medicare Supplement Outline of Coverage describes your policy's most important features for comparison. The policy you receive after you enroll is your insurance contract. Please read the policy to understand the rights and duties for you and for Blue Cross and Blue Shield of Kansas (Blue Cross).

Right to return policy | If you are not satisfied with your policy, you may return it to Blue Cross at:

1133 S.W. Topeka Blvd., Topeka, Kansas 66629-0001

NOTE: If you return your policy within 30 days after you receive it, Blue Cross will treat the policy as if it had never been issued and return any applicable payments.

Renewal conditions | You may renew this Plan 65 policy as long as you live by paying the premium on time. We cannot cancel or refuse to renew your policy, or place any restrictions on it, other than for non-payment or for fraudulent misstatements made by you in your application for the policy.

Cancellation by insured (for individual policies only) | You may cancel this policy at any time by written notice delivered or mailed to Blue Cross, effective upon receipt of such notice or on such late date as may be specified in such notice. In the event of cancellation or death of the insured, Blue Cross will promptly return the unearned portion of any premium paid. The earned premium shall be computed on a pro-rata basis last filed with the state official having supervision of insurance in the state where the insured resided when the policy was issued pro-rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

Premium information | Any premium rate increase must be implemented on a class basis in Kansas. No rate adjustment may be made on an individual basis.

Policy replacement | If you are replacing another health insurance policy, do NOT cancel it until you are in possession of your new policy and are sure you want to keep it.

Complete answers are very important | You will need to complete an enrollment form for your new policy. If you are applying for Medicare Supplement coverage more than six months after the effective date of your Medicare Part B coverage, you may need to answer questions on the enrollment form about your medical and health history. Blue Cross may cancel your policy and refuse to pay claims if you leave out or falsify important medical information.

Review the enrollment form carefully and make sure all information has been properly recorded before you sign.

Important notices:

- This policy may not fully cover all your medical costs.
- Blue Cross and Blue Shield of Kansas is not connected with or endorsed by the U.S. Government or the Federal Medicare Program.
- This brochure does not give all details of Medicare coverage. Contact your local Social Security Office or consult "Medicare and You" handbook for more details.
- For costs and details of coverage, including exclusions, reductions or limitations and the terms under which the policy may be continued in force, write the company.
- Your contact for this coverage is:

  Treena Mason Senior Vice President Sales and Operations,
  Blue Cross and Blue Shield of Kansas
  1133 S.W. Topeka Blvd.
  Topeka, Kansas 66629-0001

BlueCross BlueShield Kansas

866-842-2469

In Topeka: 785-291-4301

bcbsks.com/medicaresupplement

1133 SW Topeka Blvd.
Topeka, KS 66629-0001