BlueCross BlueShield Kansas Solutions

Kansas Blue Medicare Supplement Outline of Coverage

2024 Benefit information for Kansas Blue Medicare Supplement insurance plans

All available Medicare Supplement insurance plans:
A, B, C, D, F, G, K, L, M, N

BlueCross BlueShield Kansas Solutions offers multiple plan options including standard and high deductible plans.

Standard Plans: A, C, F, G, K, L, N
High Deductible Plans: G

Rates valid through Dec. 31, 2024

MC918 04/23 REV 11/23

Kansas Blue Medicare Supplement Standard Plan Monthly Rates

	Plan A		Plan C		Plan F		Plan G		Plan G HDHP	
Attained Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	$132.50	$116.60	$191.87	$168.85	$199.51	$175.57	$175.26	$154.23	$75.71	$66.62
66	$132.50	$116.60	$191.87	$168.85	$199.51	$175.57	$175.26	$154.23	$75.71	$66.62
67	$132.50	$116.60	$191.87	$168.85	$199.51	$175.57	$175.26	$154.23	$75.71	$66.62
68	$137.80	$121.26	$199.54	$175.60	$207.49	$182.59	$182.27	$160.40	$78.74	$69.29
69	$143.31	$126.11	$207.53	$182.62	$215.79	$189.90	$189.56	$166.81	$81.89	$72.06
70	$149.04	$131.16	$215.83	$189.93	$224.42	$197.49	$197.14	$173.49	$85.16	$74.94
71	$155.01	$136.41	$224.46	$197.53	$233.40	$205.39	$205.03	$180.43	$88.57	$77.94
72	$161.21	$141.86	$233.44	$205.43	$242.73	$213.61	$213.23	$187.64	$92.11	$81.06
73	$166.85	$146.83	$241.61	$212.62	$251.23	$221.08	$220.69	$194.21	$95.34	$83.90
74	$172.69	$151.97	$250.07	$220.06	$260.02	$228.82	$228.42	$201.01	$98.67	$86.83
75	$178.73	$157.28	$258.82	$227.76	$269.12	$236.83	$236.41	$208.04	$102.13	$89.87
76	$184.99	$162.79	$267.88	$235.73	$278.54	$245.12	$244.69	$215.32	$105.70	$93.02
77	$191.46	$168.49	$277.25	$243.98	$288.29	$253.70	$253.25	$222.86	$109.40	$96.27
78	$197.21	$173.54	$285.57	$251.30	$296.94	$261.31	$260.85	$229.55	$112.68	$99.16
79	$203.12	$178.75	$294.14	$258.84	$305.85	$269.15	$268.67	$236.43	$116.06	$102.14
80	$209.22	$184.11	$302.96	$266.61	$315.02	$277.22	$276.73	$243.53	$119.55	$105.20
81	$215.49	$189.63	$312.05	$274.60	$324.48	$285.54	$285.04	$250.83	$123.13	$108.36
82	$221.96	$195.32	$321.41	$282.84	$334.21	$294.10	$293.59	$258.36	$126.83	$111.61
83	$228.62	$201.18	$331.05	$291.33	$344.24	$302.93	$302.39	$266.11	$130.63	$114.95
84	$235.48	$207.22	$340.99	$300.07	$354.56	$312.02	$311.47	$274.09	$134.55	$118.40
85	$242.54	$213.43	$351.22	$309.07	$365.20	$321.38	$320.81	$282.31	$138.59	$121.96
86	$249.82	$219.84	$361.75	$318.34	$376.16	$331.02	$330.44	$290.78	$142.74	$125.61
87	$257.31	$226.43	$372.60	$327.89	$387.44	$340.95	$340.35	$299.51	$147.03	$129.38
88	$265.03	$233.23	$383.78	$337.73	$399.06	$351.18	$350.56	$308.49	$151.44	$133.26
89	$272.98	$240.22	$395.30	$347.86	$411.04	$361.71	$361.08	$317.75	$155.98	$137.26
90+	$281.17	$247.43	$407.15	$358.30	$423.37	$372.56	$371.91	$327.28	$160.66	$141.38

Kansas Blue Medicare Supplement Standard Plan Monthly Rates (continued)

	Plan K		PlanL		PlanN	
Attained Age	Male	Female	Male	Female	Male	Female
65	$76.05	$66.92	$102.59	$90.28	$125.41	$110.36
66	$76.05	$66.92	$102.59	$90.28	$125.41	$110.36
67	$76.05	$66.92	$102.59	$90.28	$125.41	$110.36
68	$79.09	$69.60	$106.69	$93.89	$130.43	$114.78
69	$82.26	$72.38	$110.96	$97.65	$135.64	$119.37
70	$85.55	$75.28	$115.40	$101.55	$141.07	$124.14
71	$88.97	$78.29	$120.02	$105.61	$146.71	$129.11
72	$92.53	$81.42	$124.82	$109.84	$152.58	$134.27
73	$95.76	$84.27	$129.18	$113.68	$157.92	$138.97
74	$99.12	$87.22	$133.71	$117.66	$163.45	$143.83
75	$102.59	$90.28	$138.39	$121.78	$169.17	$148.87
76	$106.18	$93.44	$143.23	$126.04	$175.09	$154.08
77	$109.89	$96.71	$148.24	$130.45	$181.22	$159.47
78	$113.19	$99.61	$152.69	$134.37	$186.65	$164.26
79	$116.58	$102.59	$157.27	$138.40	$192.25	$169.18
80	$120.08	$105.67	$161.99	$142.55	$198.02	$174.26
81	$123.68	$108.84	$166.85	$146.83	$203.96	$179.49
82	$127.40	$112.11	$171.85	$151.23	$210.08	$184.87
83	$131.22	$115.47	$177.01	$155.77	$216.38	$190.42
84	$135.15	$118.94	$182.32	$160.44	$222.87	$196.13
85	$139.21	$122.50	$187.79	$165.25	$229.56	$202.01
86	$143.38	$126.18	$193.42	$170.21	$236.45	$208.07
87	$147.69	$129.96	$199.23	$175.32	$243.54	$214.32
88	$152.12	$133.86	$205.20	$180.58	$250.85	$220.75
89	$156.68	$137.88	$211.36	$186.00	$258.37	$227.37
90+	$161.38	$142.02	$217.70	$191.58	$266.12	$234.19

Plan A Monthly Premium

	Male		Female		Male		Female	
Attained	Non-Same Household		Non-Same Household		Same Household		Same Household	
Ages	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
65[3]	$115.22	$132.50	$101.39	$116.60	$107.15	$123.23	$94.29	$108.44
66	$115.22	$132.50	$101.39	$116.60	$107.15	$123.23	$94.29	$108.44
67	$115.22	$132.50	$101.39	$116.60	$107.15	$123.23	$94.29	$108.44
68	$119.83	$137.80	$105.45	$121.26	$111.44	$128.15	$98.07	$112.77
69	$124.62	$143.31	$109.67	$126.11	$115.90	$133.28	$101.99	$117.28
70	$129.61	$149.04	$114.05	$131.16	$120.54	$138.61	$106.07	$121.98
71	$134.79	$155.01	$118.62	$136.41	$125.35	$144.16	$110.32	$126.86
72	$140.18	$161.21	$123.36	$141.86	$130.37	$149.93	$114.72	$131.93
73	$145.09	$166.85	$127.68	$146.83	$134.93	$155.17	$118.74	$136.55
74	$150.17	$172.69	$132.15	$151.97	$139.66	$160.60	$122.90	$141.33
75	$155.42	$178.73	$136.77	$157.28	$144.54	$166.22	$127.20	$146.27
76	$160.86	$184.99	$141.56	$162.79	$149.60	$172.04	$131.65	$151.39
77	$166.49	$191.46	$146.51	$168.49	$154.84	$178.06	$136.25	$156.70
78	$171.49	$197.21	$150.91	$173.54	$159.49	$183.41	$140.35	$161.39
79	$176.63	$203.12	$155.44	$178.75	$164.27	$188.90	$144.56	$166.24
80	$181.93	$209.22	$160.10	$184.11	$169.19	$194.57	$148.89	$171.22
81	$187.39	$215.49	$164.90	$189.63	$174.27	$200.41	$153.36	$176.36
82	$193.01	$221.96	$169.85	$195.32	$179.50	$206.42	$157.96	$181.65
83	$198.80	$228.62	$174.94	$201.18	$184.88	$212.62	$162.69	$187.10
84	$204.76	$235.48	$180.19	$207.22	$190.43	$219.00	$167.58	$192.71
85	$210.91	$242.54	$185.60	$213.43	$196.15	$225.56	$172.61	$198.49
86	$217.23	$249.82	$191.17	$219.84	$202.02	$232.33	$177.79	$204.45
87	$223.75	$257.31	$196.90	$226.43	$208.09	$239.30	$183.12	$210.58
88	$230.46	$265.03	$202.81	$233.23	$214.33	$246.48	$188.61	$216.90
89	$237.38	$272.98	$208.89	$240.22	$220.76	$253.87	$194.27	$223.40
90+	$244.50	$281.17	$215.16	$247.43	$227.39	$261.49	$200.10	$230.11

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

BlueCross BlueShield Kansas Solutions 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, 2024, and are subject to change after that date.

Plan C Monthly Premium

	Male		Female		Male		Female	
Attained	Non-Same Household		Non-Same Household		Same Household		Same Household	
Ages	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
65[3]	$166.84	$191.87	$146.82	$168.85	$155.16	$178.44	$136.54	$157.03
66	$166.84	$191.87	$146.82	$168.85	$155.16	$178.44	$136.54	$157.03
67	$166.84	$191.87	$146.82	$168.85	$155.16	$178.44	$136.54	$157.03
68	$173.52	$199.54	$152.69	$175.60	$161.37	$185.57	$142.00	$163.31
69	$180.46	$207.53	$158.80	$182.62	$167.83	$193.00	$147.68	$169.84
70	$187.68	$215.83	$165.15	$189.93	$174.54	$200.72	$153.59	$176.63
71	$195.18	$224.46	$171.76	$197.53	$181.52	$208.75	$159.74	$183.70
72	$202.99	$233.44	$178.63	$205.43	$188.78	$217.10	$166.13	$191.05
73	$210.09	$241.61	$184.88	$212.62	$195.38	$224.70	$171.94	$197.74
74	$217.45	$250.07	$191.35	$220.06	$202.23	$232.57	$177.96	$204.66
75	$225.06	$258.82	$198.05	$227.76	$209.31	$240.70	$184.19	$211.82
76	$232.94	$267.88	$204.98	$235.73	$216.63	$249.13	$190.63	$219.23
77	$241.09	$277.25	$212.16	$243.98	$224.21	$257.84	$197.31	$226.90
78	$248.32	$285.57	$218.52	$251.30	$230.94	$265.58	$203.22	$233.71
79	$255.77	$294.14	$225.08	$258.84	$237.87	$273.55	$209.32	$240.72
80	$263.44	$302.96	$231.83	$266.61	$245.00	$281.75	$215.60	$247.95
81	$271.35	$312.05	$238.79	$274.60	$252.36	$290.21	$222.07	$255.38
82	$279.49	$321.41	$245.95	$282.84	$259.93	$298.91	$228.73	$263.04
83	$287.87	$331.05	$253.33	$291.33	$267.72	$307.88	$235.60	$270.94
84	$296.51	$340.99	$260.93	$300.07	$275.75	$317.12	$242.66	$279.07
85	$305.40	$351.22	$268.76	$309.07	$284.02	$326.63	$249.95	$287.44
86	$314.57	$361.75	$276.82	$318.34	$292.55	$336.43	$257.44	$296.06
87	$324.00	$372.60	$285.12	$327.89	$301.32	$346.52	$265.16	$304.94
88	$333.72	$383.78	$293.68	$337.73	$310.36	$356.92	$273.12	$314.09
89	$343.73	$395.30	$302.49	$347.86	$319.67	$367.63	$281.32	$323.51
90+	$354.05	$407.15	$311.56	$358.30	$329.27	$378.65	$289.75	$333.22

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

BlueCross BlueShield Kansas Solutions 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, 2024, and are subject to change after that date.

Plan F Monthly Premium

	Male		Female		Male		Female	
Attained	Non-Same Household		Non-Same Household		Same Household		Same Household	
Ages	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
65[3]	$173.49	$199.51	$152.67	$175.57	$161.35	$185.54	$141.98	$163.28
66	$173.49	$199.51	$152.67	$175.57	$161.35	$185.54	$141.98	$163.28
67	$173.49	$199.51	$152.67	$175.57	$161.35	$185.54	$141.98	$163.28
68	$180.43	$207.49	$158.78	$182.59	$167.80	$192.97	$147.67	$169.81
69	$187.65	$215.79	$165.13	$189.90	$174.51	$200.68	$153.57	$176.61
70	$195.15	$224.42	$171.73	$197.49	$181.49	$208.71	$159.71	$183.67
71	$202.96	$233.40	$178.60	$205.39	$188.75	$217.06	$166.10	$191.01
72	$211.08	$242.73	$185.75	$213.61	$196.30	$225.74	$172.75	$198.66
73	$218.46	$251.23	$192.25	$221.08	$203.17	$233.64	$178.79	$205.60
74	$226.11	$260.02	$198.98	$228.82	$210.28	$241.82	$185.05	$212.80
75	$234.02	$269.12	$205.94	$236.83	$217.64	$250.28	$191.52	$220.25
76	$242.22	$278.54	$213.15	$245.12	$225.26	$259.04	$198.23	$227.96
77	$250.69	$288.29	$220.61	$253.70	$233.14	$268.11	$205.17	$235.94
78	$258.21	$296.94	$227.23	$261.31	$240.14	$276.15	$211.32	$243.02
79	$265.96	$305.85	$234.05	$269.15	$247.34	$284.44	$217.67	$250.31
80	$273.94	$315.02	$241.07	$277.22	$254.76	$292.97	$224.20	$257.81
81	$282.16	$324.48	$248.30	$285.54	$262.41	$301.77	$230.92	$265.55
82	$290.62	$334.21	$255.75	$294.10	$270.28	$310.82	$237.85	$273.51
83	$299.34	$344.24	$263.42	$302.93	$278.39	$320.14	$244.98	$281.72
84	$308.32	$354.56	$271.32	$312.02	$286.74	$329.74	$252.33	$290.18
85	$317.57	$365.20	$279.46	$321.38	$295.34	$339.64	$259.90	$298.88
86	$327.10	$376.16	$287.85	$331.02	$304.20	$349.83	$267.70	$307.85
87	$336.91	$387.44	$296.48	$340.95	$313.33	$360.32	$275.73	$317.08
88	$347.02	$399.06	$305.38	$351.18	$322.73	$371.13	$284.00	$326.60
89	$357.43	$411.04	$314.54	$361.71	$332.41	$382.27	$292.52	$336.39
90+	$368.15	$423.37	$323.97	$372.56	$342.38	$393.73	$301.29	$346.48

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

BlueCross BlueShield Kansas Solutions 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, 2024, 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	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
65[3]	$152.40	$175.26	$134.11	$154.23	$141.73	$162.99	$124.72	$143.43
66	$152.40	$175.26	$134.11	$154.23	$141.73	$162.99	$124.72	$143.43
67	$152.40	$175.26	$134.11	$154.23	$141.73	$162.99	$124.72	$143.43
68	$158.49	$182.27	$139.47	$160.40	$147.40	$169.51	$129.71	$149.17
69	$164.83	$189.56	$145.05	$166.81	$153.29	$176.29	$134.90	$155.13
70	$171.43	$197.14	$150.86	$173.49	$159.43	$183.34	$140.30	$161.35
71	$178.28	$205.03	$156.89	$180.43	$165.80	$190.68	$145.91	$167.80
72	$185.41	$213.23	$163.17	$187.64	$172.43	$198.30	$151.75	$174.51
73	$191.90	$220.69	$168.88	$194.21	$178.47	$205.24	$157.06	$180.62
74	$198.62	$228.42	$174.79	$201.01	$184.72	$212.43	$162.55	$186.94
75	$205.57	$236.41	$180.90	$208.04	$191.18	$219.86	$168.24	$193.48
76	$212.77	$244.69	$187.24	$215.32	$197.88	$227.56	$174.13	$200.25
77	$220.21	$253.25	$193.79	$222.86	$204.80	$235.52	$180.22	$207.26
78	$226.82	$260.85	$199.60	$229.55	$210.94	$242.59	$185.63	$213.48
79	$233.63	$268.67	$205.59	$236.43	$217.28	$249.86	$191.20	$219.88
80	$240.63	$276.73	$211.76	$243.53	$223.79	$257.36	$196.94	$226.48
81	$247.85	$285.04	$218.11	$250.83	$230.50	$265.09	$202.84	$233.27
82	$255.29	$293.59	$224.65	$258.36	$237.42	$273.04	$208.92	$240.27
83	$262.95	$302.39	$231.39	$266.11	$244.54	$281.22	$215.19	$247.48
84	$270.84	$311.47	$238.34	$274.09	$251.88	$289.67	$221.66	$254.90
85	$278.96	$320.81	$245.49	$282.31	$259.43	$298.35	$228.31	$262.55
86	$287.33	$330.44	$252.85	$290.78	$267.22	$307.31	$235.15	$270.43
87	$295.95	$340.35	$260.44	$299.51	$275.23	$316.53	$242.21	$278.54
88	$304.83	$350.56	$268.25	$308.49	$283.49	$326.02	$249.47	$286.90
89	$313.97	$361.08	$276.30	$317.75	$291.99	$335.80	$256.96	$295.51
90+	$323.39	$371.91	$284.59	$327.28	$300.75	$345.88	$264.67	$304.37

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

BlueCross BlueShield Kansas Solutions 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, 2024, 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	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
65[3]	$65.83	$75.71	$57.93	$66.62	$61.22	$70.41	$53.87	$61.96
66	$65.83	$75.71	$57.93	$66.62	$61.22	$70.41	$53.87	$61.96
67	$65.83	$75.71	$57.93	$66.62	$61.22	$70.41	$53.87	$61.96
68	$68.46	$78.74	$60.25	$69.29	$63.67	$73.23	$56.03	$64.44
69	$71.20	$81.89	$62.66	$72.06	$66.22	$76.16	$58.27	$67.02
70	$74.05	$85.16	$65.17	$74.94	$68.87	$79.20	$60.61	$69.69
71	$77.01	$88.57	$67.77	$77.94	$71.62	$82.37	$63.03	$72.48
72	$80.09	$92.11	$70.48	$81.06	$74.48	$85.66	$65.55	$75.39
73	$82.90	$95.34	$72.95	$83.90	$77.10	$88.67	$67.84	$78.03
74	$85.80	$98.67	$75.50	$86.83	$79.79	$91.76	$70.22	$80.75
75	$88.80	$102.13	$78.15	$89.87	$82.58	$94.98	$72.68	$83.58
76	$91.91	$105.70	$80.88	$93.02	$85.48	$98.30	$75.22	$86.51
77	$95.13	$109.40	$83.71	$96.27	$88.47	$101.74	$77.85	$89.53
78	$97.98	$112.68	$86.22	$99.16	$91.12	$104.79	$80.18	$92.22
79	$100.92	$116.06	$88.81	$102.14	$93.86	$107.94	$82.59	$94.99
80	$103.95	$119.55	$91.47	$105.20	$96.67	$111.18	$85.07	$97.84
81	$107.07	$123.13	$94.22	$108.36	$99.58	$114.51	$87.62	$100.77
82	$110.28	$126.83	$97.04	$111.61	$102.56	$117.95	$90.25	$103.80
83	$113.59	$130.63	$99.96	$114.95	$105.64	$121.49	$92.96	$106.90
84	$116.99	$134.55	$102.95	$118.40	$108.80	$125.13	$95.74	$110.11
85	$120.50	$138.59	$106.04	$121.96	$112.07	$128.89	$98.62	$113.42
86	$124.12	$142.74	$109.22	$125.61	$115.43	$132.75	$101.57	$116.82
87	$127.84	$147.03	$112.50	$129.38	$118.89	$136.74	$104.63	$120.32
88	$131.68	$151.44	$115.88	$133.26	$122.46	$140.84	$107.77	$123.93
89	$135.63	$155.98	$119.35	$137.26	$126.14	$145.06	$111.00	$127.65
90+	$139.70	$160.66	$122.93	$141.38	$129.92	$149.41	$114.32	$131.48

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

BlueCross BlueShield Kansas Solutions 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, 2024, 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	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
65[3]	$66.13	$76.05	$58.19	$66.92	$61.50	$70.73	$54.12	$62.24
66	$66.13	$76.05	$58.19	$66.92	$61.50	$70.73	$54.12	$62.24
67	$66.13	$76.05	$58.19	$66.92	$61.50	$70.73	$54.12	$62.24
68	$68.77	$79.09	$60.52	$69.60	$63.96	$73.55	$56.28	$64.73
69	$71.52	$82.26	$62.94	$72.38	$66.51	$76.50	$58.53	$67.31
70	$74.39	$85.55	$65.46	$75.28	$69.18	$79.56	$60.88	$70.01
71	$77.36	$88.97	$68.08	$78.29	$71.94	$82.74	$63.31	$72.81
72	$80.46	$92.53	$70.80	$81.42	$74.83	$86.05	$65.84	$75.72
73	$83.27	$95.76	$73.28	$84.27	$77.44	$89.06	$68.15	$78.37
74	$86.19	$99.12	$75.84	$87.22	$80.16	$92.18	$70.53	$81.11
75	$89.20	$102.59	$78.50	$90.28	$82.96	$95.41	$73.01	$83.96
76	$92.32	$106.18	$81.25	$93.44	$85.86	$98.75	$75.56	$86.90
77	$95.56	$109.89	$84.09	$96.71	$88.87	$102.20	$78.20	$89.94
78	$98.42	$113.19	$86.61	$99.61	$91.53	$105.27	$80.55	$92.64
79	$101.38	$116.58	$89.21	$102.59	$94.28	$108.42	$82.97	$95.41
80	$104.42	$120.08	$91.89	$105.67	$97.11	$111.67	$85.46	$98.27
81	$107.55	$123.68	$94.64	$108.84	$100.02	$115.02	$88.02	$101.22
82	$110.78	$127.40	$97.48	$112.11	$103.03	$118.48	$90.66	$104.26
83	$114.10	$131.22	$100.41	$115.47	$106.11	$122.03	$93.38	$107.39
84	$117.52	$135.15	$103.42	$118.94	$109.29	$125.69	$96.18	$110.61
85	$121.05	$139.21	$106.52	$122.50	$112.58	$129.47	$99.06	$113.93
86	$124.68	$143.38	$109.72	$126.18	$115.95	$133.34	$102.04	$117.35
87	$128.42	$147.69	$113.01	$129.96	$119.43	$137.35	$105.10	$120.86
88	$132.27	$152.12	$116.40	$133.86	$123.01	$141.47	$108.25	$124.49
89	$136.24	$156.68	$119.89	$137.88	$126.70	$145.71	$111.50	$128.23
90+	$140.33	$161.38	$123.49	$142.02	$130.51	$150.08	$114.85	$132.08

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

BlueCross BlueShield Kansas Solutions 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, 2024, 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	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
65[3]	$89.21	$102.59	$78.50	$90.28	$82.97	$95.41	$73.01	$83.96
66	$89.21	$102.59	$78.50	$90.28	$82.97	$95.41	$73.01	$83.96
67	$89.21	$102.59	$78.50	$90.28	$82.97	$95.41	$73.01	$83.96
68	$92.77	$106.69	$81.64	$93.89	$86.28	$99.22	$75.93	$87.32
69	$96.48	$110.96	$84.91	$97.65	$89.73	$103.19	$78.97	$90.81
70	$100.34	$115.40	$88.30	$101.55	$93.32	$107.32	$82.12	$94.44
71	$104.36	$120.02	$91.83	$105.61	$97.05	$111.62	$85.40	$98.22
72	$108.53	$124.82	$95.51	$109.84	$100.93	$116.08	$88.82	$102.15
73	$112.33	$129.18	$98.85	$113.68	$104.47	$120.14	$91.93	$105.72
74	$116.26	$133.71	$102.31	$117.66	$108.12	$124.35	$95.15	$109.42
75	$120.33	$138.39	$105.89	$121.78	$111.91	$128.70	$98.48	$113.26
76	$124.54	$143.23	$109.60	$126.04	$115.82	$133.20	$101.93	$117.22
77	$128.90	$148.24	$113.43	$130.45	$119.88	$137.86	$105.49	$121.32
78	$132.77	$152.69	$116.84	$134.37	$123.48	$142.00	$108.66	$124.96
79	$136.75	$157.27	$120.34	$138.40	$127.18	$146.26	$111.92	$128.71
80	$140.85	$161.99	$123.95	$142.55	$130.99	$150.65	$115.27	$132.57
81	$145.08	$166.85	$127.67	$146.83	$134.92	$155.17	$118.73	$136.55
82	$149.43	$171.85	$131.50	$151.23	$138.97	$159.82	$122.30	$140.64
83	$153.92	$177.01	$135.45	$155.77	$143.15	$164.62	$125.97	$144.87
84	$158.53	$182.32	$139.51	$160.44	$147.43	$169.56	$129.74	$149.21
85	$163.29	$187.79	$143.69	$165.25	$151.86	$174.64	$133.63	$153.68
86	$168.19	$193.42	$148.00	$170.21	$156.42	$179.88	$137.64	$158.30
87	$173.23	$199.23	$152.44	$175.32	$161.10	$185.28	$141.77	$163.05
88	$178.43	$205.20	$157.02	$180.58	$165.94	$190.84	$146.03	$167.94
89	$183.78	$211.36	$161.73	$186.00	$170.92	$196.56	$150.41	$172.98
90+	$189.30	$217.70	$166.58	$191.58	$176.05	$202.46	$154.92	$178.17

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

BlueCross BlueShield Kansas Solutions 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, 2024, 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	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
65[3]	$109.05	$125.41	$95.96	$110.36	$101.42	$116.63	$89.24	$102.63
66	$109.05	$125.41	$95.96	$110.36	$101.42	$116.63	$89.24	$102.63
67	$109.05	$125.41	$95.96	$110.36	$101.42	$116.63	$89.24	$102.63
68	$113.41	$130.43	$99.80	$114.78	$105.47	$121.30	$92.81	$106.75
69	$117.95	$135.64	$103.79	$119.37	$109.69	$126.15	$96.52	$111.01
70	$122.67	$141.07	$107.95	$124.14	$114.08	$131.20	$100.39	$115.45
71	$127.57	$146.71	$112.26	$129.11	$118.64	$136.44	$104.40	$120.07
72	$132.68	$152.58	$116.76	$134.27	$123.39	$141.90	$108.59	$124.87
73	$137.32	$157.92	$120.84	$138.97	$127.71	$146.87	$112.38	$129.24
74	$142.13	$163.45	$125.07	$143.83	$132.18	$152.01	$116.32	$133.76
75	$147.10	$169.17	$129.45	$148.87	$136.80	$157.33	$120.39	$138.45
76	$152.25	$175.09	$133.98	$154.08	$141.59	$162.83	$124.60	$143.29
77	$157.58	$181.22	$138.67	$159.47	$146.55	$168.53	$128.96	$148.31
78	$162.31	$186.65	$142.83	$164.26	$150.95	$173.58	$132.83	$152.76
79	$167.17	$192.25	$147.11	$169.18	$155.47	$178.79	$136.81	$157.34
80	$172.19	$198.02	$151.53	$174.26	$160.14	$184.16	$140.92	$162.06
81	$177.36	$203.96	$156.07	$179.49	$164.94	$189.68	$145.15	$166.93
82	$182.68	$210.08	$160.75	$184.87	$169.89	$195.37	$149.50	$171.93
83	$188.16	$216.38	$165.58	$190.42	$174.99	$201.23	$153.99	$177.09
84	$193.80	$222.87	$170.54	$196.13	$180.23	$207.27	$158.60	$182.40
85	$199.61	$229.56	$175.66	$202.01	$185.64	$213.49	$163.36	$187.87
86	$205.60	$236.45	$180.93	$208.07	$191.21	$219.90	$168.26	$193.51
87	$211.77	$243.54	$186.36	$214.32	$196.95	$226.49	$173.31	$199.32
88	$218.12	$250.85	$191.95	$220.75	$202.85	$233.29	$178.51	$205.30
89	$224.67	$258.37	$197.71	$227.37	$208.94	$240.28	$183.87	$211.45
90+	$231.41	$266.12	$203.64	$234.19	$215.21	$247.49	$189.39	$217.80

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

BlueCross BlueShield Kansas Solutions 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, 2024, and are subject to change after that date.

Required Statements and Disclosures

Read your policy very carefully | This Medicare Supplement Outline of Coverage describes each 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 BlueCross BlueShield Kansas Solutions.

Right to return policy | If you are not satisfied with your policy, you may return it to BlueCross BlueShield Kansas Solutions at:

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

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

Renewal conditions | You may renew this Medicare Supplement 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 | You may cancel this policy at any time by written notice delivered or mailed to BlueCross BlueShield Kansas Solutions, 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, BlueCross BlueShield Kansas Solutions 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. BlueCross BlueShield Kansas Solutions 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.
- BlueCross BlueShield Kansas Solutions 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 the "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
  Executive Vice President, Chief Sales Officer
  Blue Cross and Blue Shield of Kansas
  1133 S.W. Topeka Blvd., Topeka, Kansas 66629-0001

We, BlueCross BlueShield Kansas Solutions, can only raise your premium if we raise the premium for all policies like yours in this State. If the premium is based on the increasing age of the insured, include information specifying when premiums will change.

Benefit Chart of Medicare Supplement Plans

For plans effective Jan. 1 – Dec. 31, 2024 | This chart shows the benefits included in each of the standard Medicare Supplement plans. Every company must make Plan A available. **BlueCross BlueShield Kansas Solutions offers the plans highlighted in blue.**

Benefits	Plans available to all applicants										
	A	B	D	G[1]	K[3]	L[3]	M	N[4]	C[6]	F[2,6]	F[1,2,6]
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 2024[3,5]					$7,060	$3,530					

[1] Plans F and G also have a high deductible option which require first paying a plan deductible of $2,800 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.

[2] High Deductible Plan F is not available from BlueCross BlueShield Kansas Solutions.

[3] 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.

[4] 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.

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

[6] 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 BlueCross BlueShield Kansas Solutions if you are eligible to enroll in these plans.

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 $1,632	$0	$1,632 (Part A deductible)
61st through 90th day	All but $408 a day	$408 a day	$0
91st day and after:			
» while using 60 lifetime reserve days	All but $816 a day	$816 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 $204 a day	$0	Up to $204 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 $240 of Medicare-approved amounts[3]	$0	$0	$240 (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 $240 of Medicare-approved amounts[3]	$0	$0	$240 (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 $240 of Medicare-approved amounts[3]	$0	$0	$240 (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 $240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the year.

Plan C benefits

Medicare Part A (hospital services) – per benefit period

Services	Medicare Pays	Plan C Pays	You Pay
Hospitalization | Semi-private room and board, general nursing, miscellaneous services and supplies[1]			
First 60 days	All but $1,632	$1,632 (Part A deductible)	$0
61st through 90th day	All but $408 a day	$408 a day	$0
91st day and after:			
» while using 60 lifetime reserve days	All but $816 a day	$816 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 $204 a day	Up to $204 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.

* 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 C benefits (continued)

Medicare Part B (medical services) – per calendar year

Services	Medicare Pays	Plan C 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 $240 of Medicare-approved amounts[3]	$0	$240 (Part B deductible)	$0
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 $240 of Medicare-approved amounts[3]	$0	$240 (Part B deductible)	$0
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 C Pays	You Pay
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable Medical Equipment			
First $240 of Medicare-approved amounts[3]	$0	$240 (Part B deductible)	$0
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 $240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the year.

Plan F benefits

Medicare Part A (hospital services) – per benefit period

Services	Medicare Pays	Plan F Pays	You Pay
Hospitalization | Semi-private room and board, general nursing, miscellaneous services and supplies[1]			
First 60 days	All but $1,632	$1,632 (Part A deductible)	$0
61st through 90th day	All but $408 a day	$408 a day	$0
91st day and after:			
» while using 60 lifetime reserve days	All but $816 a day	$816 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	All costs	$0
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 $204 a day	Up to $204 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 F benefits (continued)

Medicare Part B (medical services) – per calendar year

Services	Medicare Pays	Plan F 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 $240 of Medicare-approved amounts [3]	$0	$240 (Part B deductible)	$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges	$0	All costs	$0
Blood			
First 3 pints (per calendar year)	$0	All costs	$0
Next $240 of Medicare-approved amounts [3]	$0	$240 (Part B deductible)	$0
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 $240 of Medicare-approved amounts [3]	$0	$240 (Part B deductible)	$0
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	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

[3] Once you have been billed $240 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 **$2,800** deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are **$2,800**. 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 $1,632	$1,632 (Part A deductible)	$0
61st through 90th day	All but $408 a day	$408 a day	$0
91st day and after:			
» while using 60 lifetime reserve days	All but $816 a day	$816 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 $204 a day	Up to $204 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 **$2,800** deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are **$2,800**. 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 $240 of Medicare-approved amounts [3]	$0	$0	$240 (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 $240 of Medicare-approved amounts [3]	$0	$0	$240 (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 $240 of Medicare-approved amounts [3]	$0	$0	$240 (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 $240 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 $1,632	$816	$816* (50% Part A Deductible)
61st through 90th day	All but $408 a day	$408 a day	$0
91st day and after:			
» while using 60 lifetime reserve days	All but $816 a day	$816 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 $204 a day	Up to $102 a day	Up to $102 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 $240 of Medicare-approved amounts[3]	$0	$0	$240 (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 $240 of Medicare-approved amounts[3]	$0	$0	$240 (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 $240 of Medicare-approved amounts[3]	$0	$0	$240 (Part B deductible)*
Remainder of Medicare-approved amounts	80%	10%	10%*

[3] Once you have been billed $240 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 $1,632	$1,224 (75% Part A Deductible)	$408* (25% Part A Deductible)
61st through 90th day	All but $408 a day	$408 a day	$0
91st day and after:			
» while using 60 lifetime reserve days	All but $816 a day	$816 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 $204 a day	Up to $153 a day	Up to $51 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 $240 of Medicare-approved amounts[3]	$0	$0	$240 (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 $240 of Medicare-approved amounts[3]	$0	$0	$240 (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 $240 of Medicare-approved amounts[3]	$0	$0	$240 (Part B deductible)*
Remainder of Medicare-approved amounts	80%	15%	5%*

[3] Once you have been billed $240 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 $1,632	$1,632 (Part A deductible)	$0
61st through 90th day	All but $408 a day	$408 a day	$0
91st day and after:			
» while using 60 lifetime reserve days	All but $816 a day	$816 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 $204 a day	Up to $204 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 $240 of Medicare-approved amounts [3]	$0	$0	$240 (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 $240 of Medicare-approved amounts [3]	$0	$0	$240 (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 $240 of Medicare-approved amounts [3]	$0	$0	$240 (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 $240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the year.

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