

Medicare Matters.



Prepare for your exciting new chapter
with the 101 on Medicare matters.



Kansas

Medicare Supplement is underwritten by
BlueCross BlueShield Kansas Solutions.

Welcome to your exciting new chapter!

This phase of life brings new opportunities to focus on your health and well-being, and the right plan can help you make the most of it. With our support, you can feel confident in choosing the plan that fits your needs.



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Meet Medicare.

Let's start with the basics.

What is Medicare?

Medicare, the nation's largest health insurance program, is made up of four parts tailored to meet your healthcare needs. It is managed by the Centers for Medicare and Medicaid Services (CMS).

Already getting Social Security or Railroad Retirement benefits?

You'll be automatically enrolled in Medicare Parts A and B. Your Medicare card will arrive about three months before your 65th birthday.

Not receiving benefits yet?

You'll need to sign up through the Social Security Administration. Once approved, your Medicare card will arrive in two to four weeks.

Your Medicare card will come in an envelope from the Centers for Medicare & Medicaid Services (CMS). When you receive it, check your information and start using it on or after your Medicare start date.

Medicare has four parts.

Part A and Part B are provided through the U.S. government and are referred to as Original Medicare.



Part A — Hospital Insurance



Part B — Medical Insurance



Part C — Medicare Advantage



Part D — Prescription Drug Coverage

If you are receiving Social Security benefits, you will automatically be enrolled in Medicare Part A and B, but you can decline Part B as your 65th birthday approaches. You can voluntarily enroll in Part C and D plans for additional coverage, but you need both A and B to do so.

Notes:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Who is eligible for Medicare?

U.S. citizens or permanent legal residents

who have resided in the United States for five continuous years, including the five years prior to applying for Medicare

You must also meet one of the following:

- » Age 65 years or older and eligible to receive Social Security or receive Railroad Retirement Board benefits
- » Under age 65 years, permanently disabled and have received Social Security disability benefits for at least two years
- » Any age diagnosed with End-Stage Renal Disease (ESRD) or lateral sclerosis (ALS)



When are you eligible?

Initial Enrollment Period (IEP)

This seven-month window is when you can enroll in Original Medicare (Part A and/or Part B). You should automatically be enrolled if you are receiving Social Security or Railroad Retirement benefits when you are eligible. You can also enroll in a Medicare Prescription Drug (Part D) plan if you are already enrolled in Original Medicare.

Alternatively, you can choose a Medicare Advantage plan through a private insurer that covers all Parts A and B services and typically includes Medicare Prescription Drug (Part D) coverage.

This may be the only time you can enroll in Parts of Medicare penalty-free. Make sure you weigh your options carefully during this time, so you don't have to pay late enrollment fees for Part B or Part D later on.

Once your IEP has ended, you can only make enrollment changes during either Medicare Open Enrollment Period (OEP) or General Enrollment Period (GEP), unless you qualify for a Special Enrollment Period (SEP).

If you're not automatically enrolled and receiving benefits, you need to sign up for Medicare when you first become eligible. Go to your local Social Security office or visit ssa.gov/medicare to enroll.

When You Are Eligible to Enroll:



Other enrollment periods

Annual Enrollment Period (AEP)

Oct. 15 through Dec. 7

Provides an annual opportunity to review and, if necessary, make enrollment changes to your Medicare coverage.

During AEP, you might:

- » Join a Medicare Advantage (Part C) plan
- » Discontinue your Medicare Advantage coverage and return to Original Medicare
- » Change from one Medicare Advantage plan to another
- » Change your Prescription Drug Coverage (Part D) plan if you are in Original Medicare

Open Enrollment Period (OEP)

Jan. 1 through March 31

The OEP offers an opportunity to enroll in Medicare Part A and/or Part B. If you enroll in Medicare during OEP, your coverage starts July 1.

During OEP, you might:

- » Sign up for Original Medicare if you weren't automatically enrolled and missed your IEP
- » Enroll in Part B if you had opted out of automatic enrollment, didn't enroll or dropped your coverage
- » Change from a Medicare Advantage plan to another plan or switch back to Original Medicare one time

Special Enrollment Period (SEP)

The SEP allows for certain situations when you can enroll in Medicare or other Medicare options outside of the IEP or OEP. An example is when your health coverage through your employer is terminated, and you are eligible for SEP where you could enroll in Part B, as well as other Medicare options such as Medicare Advantage.

Notes:



Penalties for late enrollment

It is important to know when your personal enrollment windows are and to enroll on time. You may be subject to penalties if you don't. However, you may qualify for a Special Enrollment Period or another exception.

Part A

If you pay a premium, you could pay an **additional 10%** of the premium every month for two times the number of years enrollment was delayed. Remember, most people do not have to pay a Part A premium.

Part B

If you delay enrollment, you could pay an **additional 10%** of the premium amount every month for each of the 12-month periods enrollment was delayed.

Part D

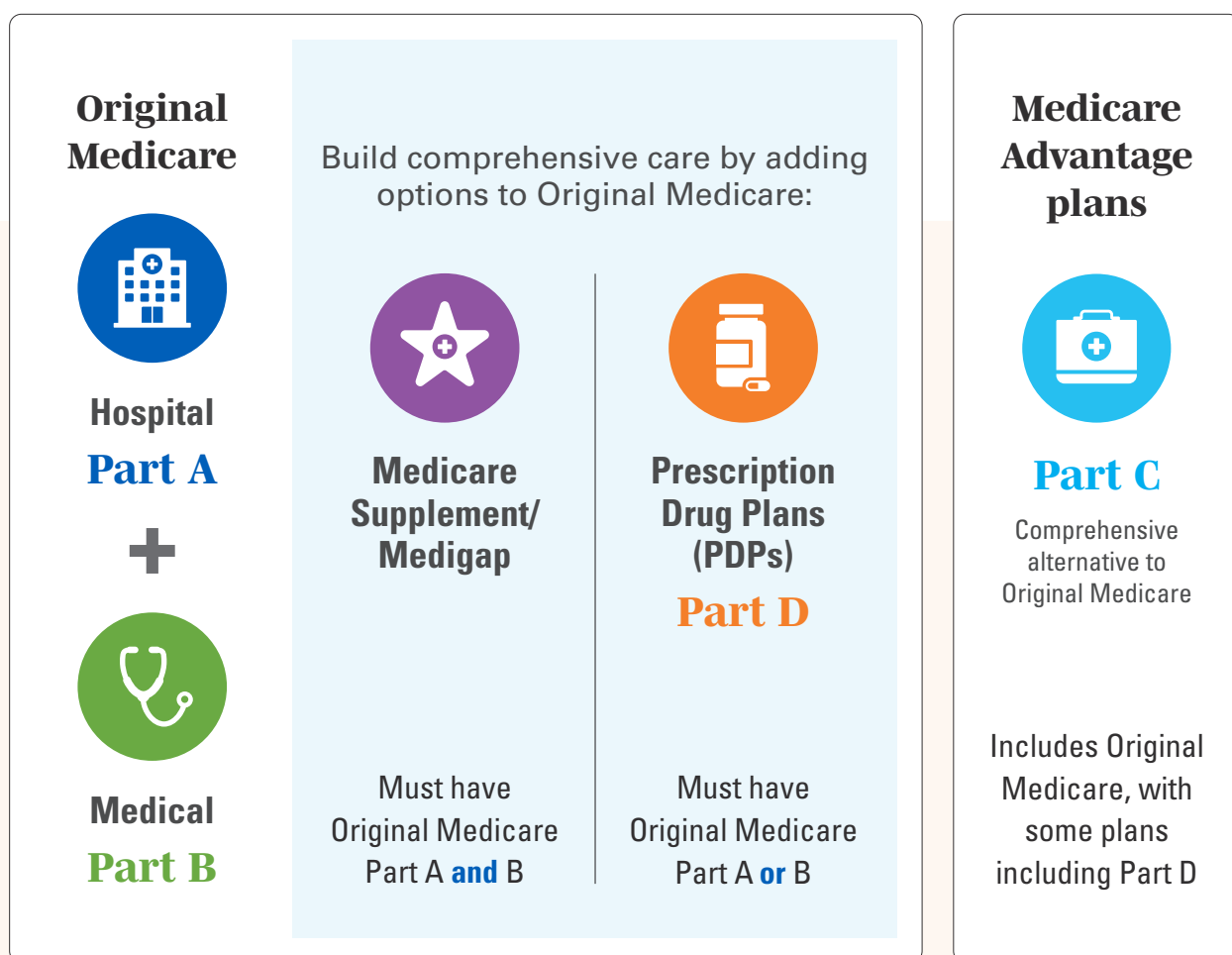
You could pay an **additional 1%** of the average Part D premium for each month you delay enrollment. You will pay the penalty each month for as long as you are enrolled in Part D.

Medicare Supplement insurance

If you do not elect to enroll in a Medicare Supplement insurance plan during the six months after the month you turn 65 or older and enroll in Part B, you **could be denied coverage or charged a higher premium** based on your health.

How coverage stacks up

Medicare is made up of several parts. Original Medicare (Parts A and B) provides basic coverage, while options like Medicare Supplement, Part D and Medicare Advantage help fill in the gaps. Understanding your options can help you find the right coverage for your needs.



Original Medicare: Part A Hospital Insurance

Medicare Part A helps pay for inpatient care provided in hospitals or skilled nursing facilities, outpatient home health care services and hospice care for the terminally ill.

Coverage can be used anywhere in the United States, and most hospitals in the U.S. participate in Medicare.

Individuals who receive Social Security benefits are automatically enrolled in Original Medicare as they approach their 65th birthday.

Medicare Part A covers hospital stays and inpatient care, including:

- » A semi-private room
- » Hospital meals
- » Skilled nursing services
- » Care in intensive care
- » Drugs, medical supplies and medical equipment used during the inpatient stay
- » Lab tests, x-rays and medical equipment used during the inpatient stay
- » Operating room and recovery room services
- » Some blood transfusions in a hospital or skilled nursing facility
- » Inpatient or outpatient rehabilitation services after a qualified inpatient stay
- » Part-time, skilled care for homebound
- » Hospice care for the terminally ill



Part A costs for 2026

Premium

- » \$0 per month for most people
- » Up to \$565 per month if neither you nor your spouse paid Social Security taxes for at least 10 years

Deductible

- » \$1,736 per benefit period
- » Must first meet a Part A deductible before Part A helps with covered medical costs

Copay

- » May apply to specific services, such as extended stays in a hospital or skilled nursing facility

Copay for inpatient hospital stays

- » \$0 for days 1 to 60
- » \$434 for days 61 to 90
- » \$868 a day for each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime)

Copay for skilled nursing facility stays

- » \$0 days 1 to 20
- » \$217 a day for days 21 to 100

Hospice care

- » Up to \$5 copay for each prescription to manage symptoms
- » Coinsurance for inpatient respite care for primary caregiver

Part A coverage and costs are based on benefit periods.

A benefit period begins the day you're admitted to the hospital and ends when you've been out for 60 consecutive days.

The following coverage restrictions apply to Medicare Part A:

- » Inpatient hospital care is limited to 90 days total per benefit period
- » Inpatient mental care is limited to 90 days total per benefit period
- » Skilled nursing care is limited to 100 days total per benefit period

For each type of care, you can receive coverage for 60 additional days throughout your lifetime – known as "lifetime reserve days."

Lifetime reserve days are like a bank account of extra hospital days covered by Medicare. You begin with 60 days you can use over your lifetime. The days can be applied to more than one benefit period, but each day may only be used once.



Original Medicare: Part B Medical Insurance

Medicare Part B helps pay for doctor visits and outpatient care. Coverage can be used anywhere in the United States, and most hospitals in the U.S. participate in Medicare.

Medicare Part B covers doctor visits and outpatient care, including:

- » Physician services, including in the hospital
- » Annual wellness visit and preventive services like mammograms or flu shots
- » Lab services
- » X-rays and some other diagnostic tests
- » Some health programs like cardiac rehab
- » Physical therapy, occupational therapy and speech language pathology services
- » Diabetes screenings, education and certain supplies
- » Mental health care
- » Durable medical equipment like wheelchairs or walkers
- » Ambulatory surgery center services
- » Ambulance and emergency room services



Part B costs for 2026

Premium

- » The standard Medicare Part B premium for 2026 is \$202.90 per month.
- » You may pay more than \$202.90 if your reported income from 2024 was above \$109,000 for individual or \$218,000 for a joint return.
- » Part B may charge a premium penalty if you don't sign up when you are first eligible, unless you qualify through a Special Enrollment Period.
- » If you draw Social Security, your Part B premium will be automatically withdrawn from your Social Security check.
- » If you do not draw Social Security, your Part B premium will be billed quarterly and paid directly.

Deductible

- » The total is \$283 per year.

Coinsurance

- » 20% of the Medicare-approved amount for most covered services after you pay the deductible, with no annual out-of-pocket maximum.

You can enroll in Part B during your Initial Enrollment Period. If you decline Part B during your Initial Enrollment Period and enroll during the General Enrollment Period, you may pay a penalty. The monthly premium for Part B goes up 10% for each 12-month period that you could have had Medicare but didn't sign up for it. The penalty increases as Medicare premiums increase.

Part B premiums, standard deductibles and cost share amounts generally change annually on January 1st. Under Medicare Part B, there are annual limits on services for physical therapy, occupational therapy and speech language therapy.



Services that are not covered by Original Medicare:

- » Dental exams, most dental care or dentures
- » Routine eye exams, eyeglasses or contacts
- » Hearing aids or related exams or services
- » Most care while traveling outside the United States
- » Help with bathing, dressing, eating, etc. (custodial care)
- » Comfort items such as a hospital phone, TV or private room
- » Long-term care
- » Cosmetic surgery
- » Most chiropractic services
- » Acupuncture or other alternative treatments
- » Routine foot care
- » Prescription drugs

Many people are surprised to learn that most prescription drugs aren't covered. You can buy drug coverage through Part D, but it's not provided by Part A or Part B.

Medicare: Part C

Medicare Advantage Plans

Medicare Advantage Plans (Part C) provide Medicare coverage through government-approved private health insurance companies. These plans can be HMOs, PPOs, Regional PPOs or Private Fee-for-Service plans.

To be eligible for a Part C plan, you must be enrolled in both Part A and Part B.

Coverage and costs beyond the standards set by Medicare can vary, and your choices may vary depending on where you live. Some plans have provider networks you'll need to use. Check with your physicians to see if they participate in a Medicare Advantage plan's network.

Many people are surprised to learn that most prescription drugs aren't covered under Original Medicare. However, often Medicare Advantage plans have Part D prescription coverage built in, as well as other health benefits.

All Medicare Advantage plans cover:

- » All Part A benefits (except hospice care, which is covered by Part A)
- » All Part B benefits

Most Medicare Advantage plans cover:

- » Prescription drugs

Some Medicare Advantage plans offer additional benefits like:

- » Hearing exams and hearing aids
- » Eye exams, eyeglasses and corrective lenses
- » Dental exam, cleanings and x-rays
- » Fitness memberships, wellness programs and worldwide emergency coverage



Part C costs for 2026

Premium

- » Premiums vary by plan and can change each year.
- » Premiums are paid to the private insurer.
- » You will continue to pay your Part B premium to Medicare.

Deductible

- » Plans may have a deductible.
- » Amounts vary from plan to plan.
- » Some plans may charge deductibles for prescription drug benefits only.

Copay

- » Plans may charge copays for doctor visits or prescriptions.
- » Amounts vary from plan to plan.

Coinsurance

- » Plans may have coinsurance for some services.
- » Costs during the Part D coverage gap may apply.

When to enroll

You can join a Medicare Advantage plan during your Initial Enrollment Period when you first become eligible for Medicare and have Part A and Part B. You can also enroll during the General Enrollment Period. The GEP is from Oct. 15 to Dec. 7 each year; any qualified Medicare member can join a Medicare Advantage plan, or you may switch Medicare Advantage plans. Your coverage will begin on Jan. 1.

Medicare: Part D Prescription Drug Coverage

Medicare Part D helps with the cost of prescription drugs. Medicare Prescription Drug plans are offered by Medicare-approved private insurance companies and cover your prescription drug costs for covered medications.

To be eligible for a Part D plan, you must be enrolled in Part A or Part B.

Coverage and costs beyond the standards set by Medicare can vary, and your choices may vary depending on where you live. Some plans have pharmacy networks and mail-order pharmacies offering discounted pricing.

As of 2026, a new Part D law will cap your maximum out-of-pocket expenses to just \$2,100 per year, offering financial relief for prescription drug costs. Additionally, the Medicare Payment Plan (M3P) lets you spread the cost of your out-of-pocket expenses into even installments throughout the year, simplifying your health care budget.

If you do not sign up for Part D when you are first eligible, or qualify for a Special Enrollment Period, Part D may charge a late enrollment penalty.

You can choose to receive Part D coverage in addition to:

- » Original Medicare (Part A and/or Part B)
- » Original Medicare (Part A and Part B) with a Medicare Supplement Plan
- » Medicare Advantage Plan (Part C) generally includes Part D; check to be sure



Medicare Part D plans cover:

- » Specific brand-name and generic drugs on the formulary (a list of specific drugs covered)
- » Types of drugs commonly prescribed according to federal standards
- » Commercially available vaccines not covered by Part B

Part D costs for 2026

Premium

- » Plan premiums vary and can change each year
- » You may pay a premium penalty if you enrolled late in Part D

Deductible

- » The 2026 maximum deductible is \$615
- » Some plans may not have a deductible
- » Some plans may have tiers with separate deductibles
- » Your annual max-out-of-pocket is \$2,100

Copay

- » Some plans may have fixed copay amounts each time you fill a prescription

Coinsurance

- » Some plans require you pay a coinsurance percentage every time you fill a prescription

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. While Medicare Supplement plans are not part of Medicare, they can play an important role to help bridge the gaps in your Medicare coverage.

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 regulated by the state 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.

Medicare Supplement insurance plans are standardized by law, and the plans available in your area can vary. There are 10 insurance plans labeled A, B, C, D, F, G, K, L, M and N. The level of coverage varies by insurance plan. Not every company offers every insurance plan. Medicare Supplement insurance provides nationwide coverage with any provider who accepts Original Medicare.

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.



Medicare Supplement plans offer coverage toward:

- » Part A hospital coinsurance
- » Part B coinsurance or copays
- » Cost of first 3 pints of blood
- » Cost of 365 extra hospital days
- » Hospice care coinsurance

Medicare Supplement insurance plans may help pay:

- » Part A deductible
- » Part B deductible
- » Part B excess charges
- » Cost of foreign travel emergency care up to insurance plan limits
- » Part A skilled nursing facility care coinsurance

Medicare Supplement insurance costs for 2026

Premium

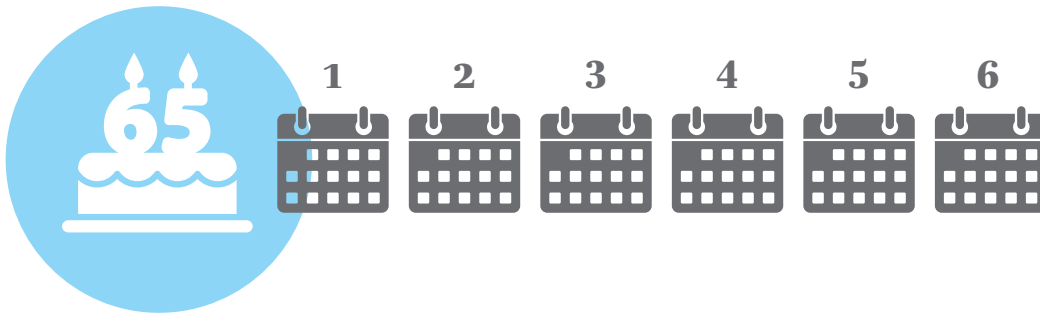
- » Insurance companies set their own plan premiums.
- » Plans premiums may change each year.
- » Insurance plans with more coverage generally cost more.
- » Premiums for the same plans may vary by company.

When to enroll

Medicare Supplement enrollment periods differ from other Medicare enrollment periods. Insurers must offer a six-month open enrollment period to all Medicare beneficiaries beginning with the first month in which the beneficiary first enrolled for benefits under Medicare Part B.

Enrollment period for Medicare Supplement

Medicare Supplement open enrollment begins on the first day of the month you are both 65 or older and enrolled in part B.



During this period, insurers are:

- » Required to offer a Medicare Supplement policy to all enrollees, regardless of their health status.
- » Required to charge the same to both healthy individuals and those with medical conditions.

After this six-month period ends, insurers are allowed to use medical underwriting to determine:

- » Acceptance into the plan.
- » And how much you will be charged.

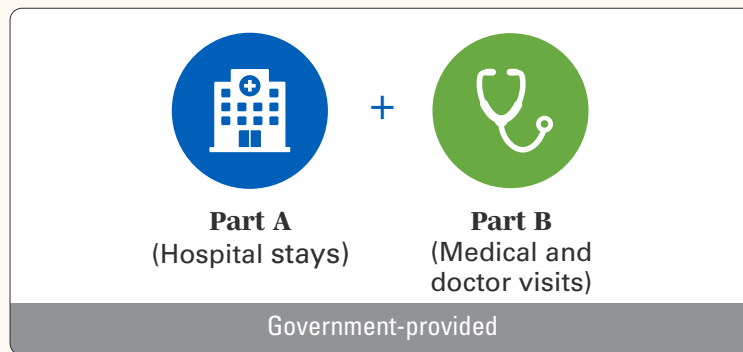
Navigate your coverage

There are two main ways to get your Medicare coverage:
a Medicare Supplement or a Medicare Advantage plan.

Follow these steps to help you navigate your best coverage options.

Step 1

Enroll in Original Medicare when you are eligible.



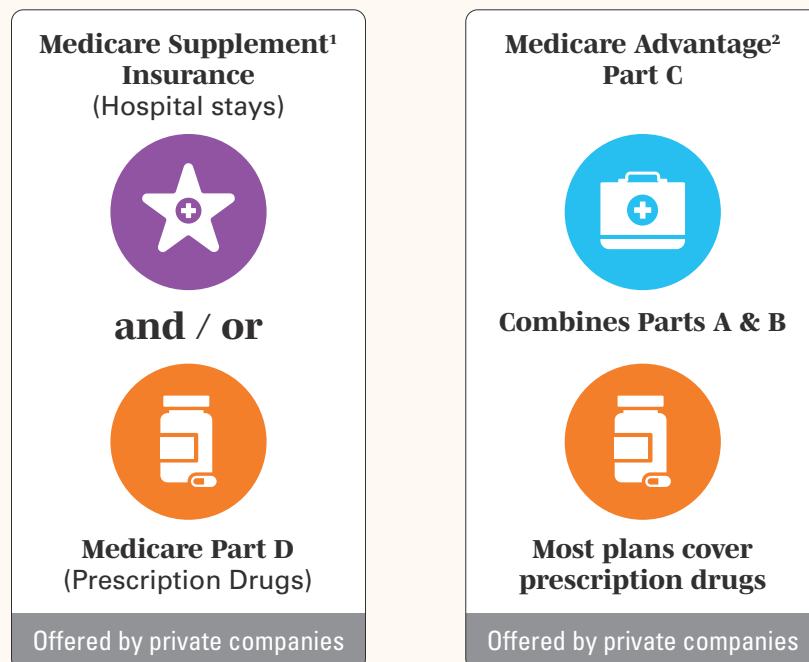
Step 2

Choose your extra coverage options.

Option 1

or

Option 2



¹You are free to use any hospital or physician that is a Medicare contracted provider. ²You must use network hospitals and doctors for maximum coverage and in non-emergency medical situations. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including cost-sharing that applies to out-of-network services.

The right coverage matters

Your path likely includes Original Medicare with a Part D and a Medicare Supplement insurance plan OR a Medicare Advantage insurance plan. Compare and find the right choice for you.

Medicare Supplement (Medigap)	Medicare Advantage (Part C)
You could have up to three different insurance cards.	You have one insurance card.
You coordinate between Medicare, your Medicare Supplement insurance plan and your Part D prescription drug plan, if you have one.	One company coordinates all your care.
Helps pay for costs you have with Original Medicare.	Many plans include extra benefits Original Medicare doesn't offer like dental, vision and prescription coverage.
You can see any doctor nationwide who accepts Medicare.	Restricted to doctors in your area connected with your plan.
You can use any hospital that accepts Medicare.	May be required to use hospitals from within the plan's network.
Medicare Part B premium must be paid.	Medicare Part B premium must be paid.
Monthly premium, separate from Part B, must be paid to private insurance carrier.	Monthly premium, separate from Part B, must be paid to private insurance carrier.
Does not include prescription drug coverage, and enrollment in separate Part D is recommended.	Prescription drug coverage may be built into the insurance plan.

We're here to simplify your decision. Check the boxes for the things that matter most to you, and discover what kind of coverage may fit your life.

Medicare Supplement coverage might work for you if:

- ☐ You want the freedom to choose any Medicare-approved provider.
- ☐ You prefer added coverage that supplements Original Medicare.
- ☐ You want to avoid copays or coinsurance when you receive medical care.
- ☐ You want the option of having coverage when you travel.
- ☐ You want the option to choose a stand-alone Medicare Prescription Drug Plan (Part D).

Medicare Advantage coverage might work for you if:

- ☐ You don't mind getting care from a defined network of providers.
- ☐ You want all-in-one coverage that offers all the benefits of Original Medicare and more.
- ☐ You don't mind paying copays or coinsurance when you receive medical care.
- ☐ You want coverage for emergencies when you travel.
- ☐ You want a plan that already includes prescription drug coverage.



Thinking about additional coverage options?

Oct. 15 to Dec. 7

Medicare Annual Enrollment Period (AEP)

- » Attend a seminar to learn about health coverage options and ask questions.
- » Join, switch or drop a Medicare Advantage Plan.
- » Join, switch or drop a Part D Prescription Drug Coverage plan.

Notes:

[illegible]

Find your Medicare fit

Understanding your Medicare options is key to making the best choice. These handy charts compare coverage, helping you choose the plan that best fits your needs, budget and lifestyle.

Compare Original Medicare vs Original Medicare + Medicare Supplement

	Original Medicare Only	Original Medicare + Medicare Supplement (Plan G)
Monthly Premium	Part B Premium (\$202.90 in 2026)	Part B+ Medicare Supplement Premium (varies, ~\$100–\$400)
Part A Deductible	\$1,736 per benefit period	Covered by Medigap Plan G
Part B Deductible	\$283 annually	\$283 annually
Coinsurance/Copays	20% after deductible	Mostly covered (except Part B deductible)
Annual Out-of-Pocket Limit	No limit	Low out-of-pocket costs
Doctor & Hospital Choice	Any provider accepting Medicare	Any provider accepting Medicare
Referrals Needed	No	No
Prescription Drugs (Part D)	Not included	Not included (must buy separately)
Dental, Hearing, Vision Coverage	Not included	Not included
Fitness & Over-the-Counter Benefits	Not included	Not included

Below is an example of what you can expect to pay for services under each plan.

Routine Year (1–2 visits)	~\$425	~\$1,300 (mostly premiums)
Unexpected Surgery & Rehab	~\$7,200+	\$1,300–\$1,600
Hospital Stay + Follow-up Care	~\$8,200+	~\$1,300–\$1,600

This example is for illustrative purposes only and is based on Medicare Supplement Plan G. Plan specifics and costs may vary by location.

Compare Original Medicare vs Medicare Advantage

	Original Medicare Only	Medicare Advantage
Monthly Premium	Part B Premium (\$202.90 in 2026)	Part B Premium + \$0–\$35 MA Premium
Part A Deductible	\$1,736 per benefit period	Varies (some cover it)
Part B Deductible	\$257 annually	Often covered or capped
Coinsurance/Copays	20% after deductible	Set copays for visits/services
Annual Out-of-Pocket Limit	No limit	Yes (max. for KS in 2026: \$9,250, most plans lower)
Doctor & Hospital Choice	Any provider accepting Medicare	In-network (HMO/PPO)
Referrals Needed	No	Often yes (for HMO plans)
Prescription Drugs (Part D)	Not included	Sometimes
Dental, Hearing, Vision Coverage	Not included	Included in most
Fitness & Over-the-Counter Benefits	Not included	Included in most

Below is an example of what you can expect to pay for services under each plan.

Routine Year (1–2 visits)	~\$425	~\$110
Unexpected Surgery & Rehab	~\$7,200+	~\$575
Hospital Stay + Follow-up Care	~\$8,200+	~\$2,650

This example is for illustrative purposes only. Plan specifics vary by location.

Compare your Medicare options

Choosing the right Medicare coverage is an important decision. We're here to make it easier.

Use the following worksheet to compare Original Medicare, a Medicare Supplement (Medigap) plan and a Medicare Advantage plan, side by side. Just fill in the details for each option, including plan names, premiums, deductibles, copays and any extra benefits that matter to you.

Not sure where to start? You don't have to do this alone.

- ☐ Attend a local seminar to learn more.
- ☐ Call a licensed agent who can walk through it with you.
- ☐ Visit us in person for one-on-one support.

This chart is designed to help you see the full picture, so you can make a confident decision based on what's right for your health, your budget and your peace of mind.

	Original Medicare Only	Original Medicare + Medicare Supplement	Medicare Advantage*
Monthly Premium	Part B Premium (\$202.90 in 2026)		
Part A Deductible	\$1,736 per benefit period		
Part B Deductible	\$283 annually		
Coinsurance/Copays	20% after deductible		
Annual Out-of-Pocket Limit	No limit		
Doctor & Hospital Choice	Any provider accepting Medicare		
Referrals Needed	No		
Prescription Drugs (Part D)	Not included		
Dental, Hearing, Vision Coverage	Not included		
Fitness & Over-the-Counter Benefits	Not included		

Below is an example of what you can expect to pay for services under each plan.

Routine Year (1–2 visits)	~\$425		
Unexpected Surgery & Rehab	~\$7,200+		
Hospital Stay + Follow-up Care	~\$8,200+		

This example is for illustrative purposes only. Plan specifics vary by location.

**Medicare Advantage not available in all counties.*

Terms to know

Review key terms as you prepare for this new and exciting chapter.

What is a premium?

A premium is the amount you pay for your health insurance every month.

What is coinsurance?

Coinsurance is the percentage of costs of a covered health care service you pay after you've paid your deductible.

For example, if your health insurance plan's allowed amount for a doctor's office visit is \$100 and your co-insurance is 20%, you would pay \$20. The plan would pay \$80. If you have not met your deductible, you would pay \$100.

What is a copay?

A copay is the fixed amount (\$20 for example) you pay for covered health care service.

For example, your health insurance plan's allowed amount for a doctor's office visit is \$100. Your copayment for a doctor visit is \$20. If you've paid your deductible, you pay \$20. If you haven't met your deductible, you pay \$100, the full allowable amount for the visit.

Plans with lower monthly premiums typically have higher copayments.

What is a deductible?

A deductible is the amount you pay for covered health care services before your insurance plan starts to pay.

For example, with a \$2,000 deductible, you pay for the first \$2,000 of covered services yourself. After the deductible is paid, you usually pay only a coinsurance or copay for covered services and the insurance plan pays the remaining amount.

Turning 65?

We're here for you every step of the way.
Use this handy checklist to help keep you on track.

6 to 9 months before you turn 65

- ☐ Learn about Medicare Parts A, B, C and D.
- ☐ Understand how Medicare Supplement insurance plans work.
- ☐ Attend a seminar to learn about health coverage options and ask questions.
bcbsks.com/seminars
- ☐ Meet with your employee benefits manager if you are still working.

3 to 6 months before you turn 65

- ☐ Compare insurance plans available in your area.
- ☐ Determine if you will get Medicare coverage automatically or need to sign up manually.
- ☐ Ask your doctors if they participate in Medicare.

0 to 3 months before you turn 65

- ☐ Decide how you want to get your Medicare coverage.
- ☐ Add a Medicare Supplement insurance plan.
- ☐ Add a Medicare Prescription Drug Plan (Part D).
- ☐ A Medicare Advantage Plan (Plan C) may be available in your area to enroll in.

Your 65th birthday

- ☐ [Time to celebrate!](#)

Resources

Medicare

1-800-MEDICARE

1-800-633-4227

TTY: 1-877-486-2048

24 hours a day/7 days a week

[medicare.gov](https://www.medicare.gov)

Social Security Administration

1-800-772-1213

TTY: 1-800-325-0778

ssa.gov/medicare

Kansas Department of Insurance

1-800-432-2484

TTY: 1-877-235-3151

Senior Health Insurance Counseling for Kansans (SCHICK)

1-800-860-5260

Railroad Retirement Board

1-800-808-0772

TTY: 1-312-751-4701

Blue Cross and Blue Shield of Kansas

bcbsks.com/medicare

866-842-2469



Medicare Supplement is underwritten by
BlueCross BlueShield Kansas Solutions.

866-842-2469

bcbsks.com/medicare

1133 SW Topeka Blvd.
Topeka, KS 66629-0001

*8 a.m. to 8 p.m., Monday through Friday, with weekend hours Oct. 1 to March 31.

Blue Cross and Blue Shield of Kansas offers PPO and PDP plans with a Medicare contract. Enrollment in Blue Cross and Blue Shield of Kansas Medicare Advantage and Prescription Drug Plan depends on contract renewal. By providing information to Blue Cross and Blue Shield of Kansas, a licensed sales agent may contact you.

For Medicare Advantage, call 800-222-7645 (TTY: 711) for more information. Medicare Advantage, through Blue Cross and Blue Shield of Kansas, is only offered within a limited number of Kansas counties. Please contact Blue Cross and Blue Shield of Kansas at 800-752-6650 (TTY: 711) if you need information in an accessible format or language other than English. For Part D Prescription Drug Coverage, call 877-471-4121 (TTY: 711) for more information or if you need information in an accessible format or language other than English. Prescription drug plans, through Blue Cross and Blue Shield of Kansas, are offered in all Kansas counties.

Blue Cross and Blue Shield of Kansas is not connected with or endorsed by the U.S. Government or the federal Medicare program.

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