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TO HELP**



Confidence comes with every card.®



Blue Cross Medicare SupplementSM

Outline of Medicare supplement coverage —
Plans A, C, D, F, High-Deductible F, G, High-Deductible G and N

Medicare supplement coverage offered by Blue Cross Blue Shield of Michigan
www.bcbsm.com/medicare-supplement

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Medicare Supplement made easy

Becoming eligible for Medicare means you have new options for health care.

Medicare supplement, also called Medigap, is a health care policy purchased through a private insurance company that works with Original Medicare.

To purchase a Medicare supplement plan, you need to have Part A (hospital) and Part B (medical) coverage through Original Medicare.

Supplement plans can be sold in 10 standard plans and two high-deductible plans. The Medicare supplement standard plans are A, B, C, D, F, G, K, L, M and N.*

Private insurers may offer a variation of these plans, but every supplement insurer must make Plan A available.

Plan A includes these basic benefits:

- **Hospitalization:** Medicare Part A coinsurance plus coverage for 365 additional days after Medicare benefits end
- **Medical expenses:** Medicare Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services
- **Blood:** First three pints of blood per calendar year

Blue Cross Medicare Supplement offers plans A, C, D, F, G and N plus High-Deductible F and High-Deductible G.

Other Michigan insurance carriers may offer other plans in addition to Plan A.

**Plans E, H, I and J are no longer available for sale and Plans B, K, L and M aren't offered by Blue Cross.*

Medicare supplement plans across the country



| Benefits | A |
|---|---|
| Medicare Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up | ✓ |
| Medicare Part B coinsurance or copay | ✓ |
| Blood (first three pints) | ✓ |
| Part A hospice care coinsurance or copay | ✓ |
| Skilled nursing facility care coinsurance | |
| Medicare Part A deductible | |
| Medicare Part B deductible | |
| Medicare Part B excess charges | |
| Foreign travel emergency (up to plan limits) | |

If a row is blank, the benefit isn't a part of that policy. Note: The supplement policy pays for coinsurance only after you've paid the deductible unless the supplement policy also pays for a portion of the deductible.

¹There are also two high-deductible plans, HD-F and HD-G. If you are eligible for either plan and decide to enroll, this means you must pay for Medicare-covered costs up to the deductible amount of \$2,800 for 2024 before your supplement plan pays anything.

²For plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$240 for 2024), the Medicare supplement plan pays 100% of included services for the rest of the calendar year.

All nationwide plans

| B | C | D | F ¹ | G ¹ | K | L | M | N |
|---|-----|-----|----------------|----------------|-----|-----|-----|----------------|
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ ³ |
| ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ |
| ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ |
| | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ |
| ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | 50% | ✓ |
| | ✓ | | ✓ | | | | | |
| | | | ✓ | ✓ | | | | |
| | 80% | 80% | 80% | 80% | | | 80% | 80% |

| | |
|----------------------------------|--------------------|
| Out-of-pocket limit ² | |
| \$7,060 in 2024 | \$3,530 in 2024 |

**Currently Blue Cross does not offer Plans B, K, L and M.
Plans C, F and HD-F are only available to those who
have Medicare start dates before January 1, 2020.**

³Plan N pays 100% of the Part B coinsurance, except for a copay of up to \$20 for some office visits and up to a \$50 copay for emergency room visits that don't result in an inpatient admission.

Blue Cross Medicare Supplement eligibility and premiums

Anyone who has Medicare Part A and Part B and lives in Michigan at least six months of the year at the time of enrollment is eligible to enroll in a Blue Cross Medicare Supplement plan. Once enrolled, the premium may change if a member moves out of Michigan or lives in Michigan less than six months of the year.

The monthly premium for Blue Cross Medicare Supplement Plans is based on where you live, your age and gender. There are also certain situations when medical underwriting is necessary, which means your health status and use of nicotine in any form* are used to determine your premium amount.

The deductibles, coinsurance and copay amount of all Medicare supplement plans are set each year by the Centers for Medicare & Medicaid Services. These amounts are subject to change each plan year.

Your premium **won't** be affected by your nicotine use, health status (including body mass index value), claims experience, receipt of health care or medical condition, if you:

- Apply during your Medigap Open Enrollment Period
- Have a situation that **qualifies as a guaranteed issue right**

* Nicotine products include but are not limited to, cigarettes, e-cigarettes, vaping, and nicotine patches or gum.



Choose a plan option that meets your needs.

The charts on pages 10 through 13 outline the coverage options offered by Blue Cross plans A, C, D, F, G and N as well as High-Deductible F and High-Deductible G. This *Outline of Coverage* doesn't give all the details of Medicare coverage. For information about your Medicare Part A and Part B coverage, contact your local Social Security office or consult *Medicare & You* (online at www.medicare.gov). Medicare benefits are subject to change. Please consult the latest *Choosing a Medigap Policy: Guide to Health Insurance for People with Medicare*, which can be found online at www.medicare.gov.

Once enrolled in Blue Cross Medicare Supplement, we'll send you a member ID card and plan handbook that provides comprehensive details about your coverage. We'll also provide a *Certificate of Coverage* in your member portal. It's your legal contract with Blue Cross. We encourage you to read the certificate to understand all of the rights and duties of both you and Blue Cross. For more information about Blue Cross Medicare Supplement coverage, call **1-888-563-3307** or contact an insurance agent authorized to sell Blue Cross policies. TTY users should call **711**.

Important information about Plans A, C and D

If you're interested in enrolling in Plan A, you're eligible if ...

- You're eligible for Medicare **and one of the following:**
 - You've lost coverage under a group policy after becoming eligible for Medicare
 - You were enrolled in Plan A, subsequently enrolled in a Medicare Advantage plan and now would like to return to Plan A (but only if you're returning within the first 12 months of enrolling in the Medicare Advantage plan)

If you're interested in enrolling in Plan C, you're eligible if ...

- You turned 65 years old, or became eligible for Medicare due to disability or end stage renal disease, before Jan. 1, 2020, **and one of the following:**
 - You've lost coverage under a group policy after becoming eligible for Medicare
 - You were enrolled in Plan C, subsequently enrolled in a Medicare Advantage plan and now would like to return to Plan C (but only if you're returning within the first 12 months of enrolling in the Medicare Advantage plan)

If you're interested in enrolling in Plan D, you're eligible if ...

- You turned 65 years old, or became eligible for Medicare due to disability or end stage renal disease, on or after Jan. 1, 2020, **and one of the following:**
 - You've lost coverage under a group policy after becoming eligible for Medicare
 - You were enrolled in Plan D, subsequently enrolled in a Medicare Advantage plan and now would like to return to Plan D (but only if you're returning within the first 12 months of enrolling in the Medicare Advantage plan)

If you're younger than 65, you're only eligible for Plans A and D.

| | Became eligible for Medicare or turned 65 before Jan. 1, 2020 | Became eligible for Medicare or turned 65 on or after Jan. 1, 2020 |
|--------|---|--|
| Plan A | Available | Available |
| Plan C | Available | |
| Plan D | Available | Available |



Blue Cross Medicare Supplement Outline of Coverage

The Medicare deductibles, coinsurance and copay amounts listed are based upon the 2024 CMS-approved values and could change for 2025.

| Covered service | Plan option | Plan A ¹ | |
|--|--|---|-------------------------------------|
| | Medicare pays | Plan pays | You pay |
| Medicare Part A hospital coverage — Semi-private room, general nursing care, miscellaneous services and supplies ² | | | |
| Deductible | \$0 | \$0 | \$1,632 |
| First 60 days of care | 100% | \$0 | \$0 |
| Days 61 to 90 | All but the \$408 daily copay | \$408 daily copay | \$0 |
| Days 91 to 150 (lifetime reserve days) | All but the \$816 daily copay | \$816 daily copay | \$0 |
| Day 151 and beyond (additional 365 days after lifetime reserve days used) | \$0 | 100% of Medicare-eligible expenses | \$0 |
| Blood benefit | All but the first three pints | Your first three pints | \$0 |
| Skilled nursing facility care — including having been in a hospital for at least three days | | | |
| First 20 days of care | 100% | \$0 (Medicare covers in full) | |
| Days 21 to 100 | All but \$204 daily skilled nursing facility copay | \$0 | \$204 daily copay |
| Hospice care | | | |
| | All but very limited copay/coinsurance for outpatient drugs and inpatient respite care | Medicare copay/coinsurance | \$0 |
| Emergency care outside the U.S. | | | |
| | No benefits for care outside U.S. | No benefits for care outside U.S. | All costs ² for services |
| Medicare Part B physician and outpatient services — In- or out-of-the-hospital and outpatient hospital physician's services (such as tests), and durable medical equipment, per calendar year | | | |
| Deductible (annual)³ | \$0 | \$0 | \$240 |
| Coinsurance | 80% of the approved amount after \$240 deductible is met | 20% coinsurance after the \$240 deductible is met | \$0 |
| Blood benefit | All but the first three pints | Your first three pints | \$0 |
| Clinical laboratory services — tests for diagnostic services | All charges | \$0 (Medicare covers in full) | |
| Home health care services — Medicare-approved services | | | |
| Medically necessary skilled care services and medical supplies | All charges | \$0 (Medicare covers in full) | |
| Durable medical equipment | 80% of the approved amount after the \$240 deductible is met | 20% coinsurance after the \$240 deductible is met | \$0 |
| Excess charges | \$0 | \$0 | All costs |

¹See Important Information about Plans A, C and D on pages 8 and 9.

²Per benefit period. A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you've been out of the hospital and haven't received skilled nursing care in any other facility for 60 consecutive days.

³The Part B deductible needs to be met only once each calendar year (Jan. 1 through Dec. 31). After, Medicare makes payments up to the limiting charge established by law and shown on your Medicare explanation of benefits.

| Plan C ¹ | |
|---------------------|---------|
| Plan pays | You pay |

| | |
|------------------------------------|-----|
| \$1,632 | \$0 |
| \$0 | \$0 |
| \$408 daily copay | \$0 |
| \$816 daily copay | \$0 |
| 100% of Medicare-eligible expenses | \$0 |
| Your first three pints | \$0 |

| | |
|-------------------------------|-----|
| \$0 (Medicare covers in full) | |
| \$204 daily copay | \$0 |

| | |
|--------------------------------|-----|
| Medicare copay/ coinsurance | \$0 |
|--------------------------------|-----|

| | |
|---|--|
| 80% of approved amount for covered services after \$250 deductible is met. Lifetime maximum of \$50,000 | \$250 deductible, plus 20% coinsurance |
|---|--|

| | |
|---|-----|
| \$240 | \$0 |
| 20% coinsurance after the \$240 deductible is met | \$0 |
| Your first three pints | \$0 |
| \$0 (Medicare covers in full) | |

| | |
|---|-----------|
| \$0 (Medicare covers in full) | |
| 20% coinsurance after the \$240 deductible is met | \$0 |
| \$0 | All costs |

| Plan D ¹ | |
|---------------------|---------|
| Plan pays | You pay |

| | |
|------------------------------------|-----|
| \$1,632 | \$0 |
| \$0 | \$0 |
| \$408 daily copay | \$0 |
| \$816 daily copay | \$0 |
| 100% of Medicare-eligible expenses | \$0 |
| Your first three pints | \$0 |

| | |
|-------------------------------|-----|
| \$0 (Medicare covers in full) | |
| \$204 daily copay | \$0 |

| | |
|--------------------------------|-----|
| Medicare copay/ coinsurance | \$0 |
|--------------------------------|-----|

| | |
|---|--|
| 80% of approved amount for covered services after \$250 deductible is met. Lifetime maximum of \$50,000 | \$250 deductible, plus 20% coinsurance |
|---|--|

| | |
|---|-------|
| \$0 | \$240 |
| 20% coinsurance after the \$240 deductible is met | \$0 |
| Your first three pints | \$0 |
| \$0 (Medicare covers in full) | |

| | |
|---|-----------|
| \$0 (Medicare covers in full) | |
| 20% coinsurance after the \$240 deductible is met | \$0 |
| \$0 | All costs |

Outline of coverage (continued)

| Covered service | Plan option | Plans F and HD-F ⁴ | |
|--|--|--|--|
| | Medicare pays | Plan pays | You pay |
| Medicare Part A hospital coverage — Semi-private room, general nursing care, miscellaneous services and supplies ² | | | |
| Deductible | \$0 | \$1,632 | \$0 |
| First 60 days of care | 100% | \$0 | \$0 |
| Days 61 to 90 | All but the \$408 daily copay | \$408 daily copay | \$0 |
| Days 91 to 150 (lifetime reserve days) | All but the \$816 daily copay | \$816 daily copay | \$0 |
| Day 151 and beyond (additional 365 days after lifetime reserve days used) | \$0 | 100% of Medicare-eligible expenses | \$0 |
| Blood benefit | All but the first three pints | Your first three pints | \$0 |
| Skilled nursing facility care — You must meet Medicare's requirements, including having been in a hospital for at least three days | | | |
| First 20 days of care | 100% | \$0 (Medicare covers in full) | |
| Days 21 to 100 | All but \$204 daily skilled nursing facility copay | \$204 daily copay | \$0 |
| Hospice care | | | |
| | All but very limited copay/coinsurance for outpatient drugs and inpatient respite care | Medicare copay/coinsurance | \$0 |
| Emergency care outside the U.S. | | | |
| | No benefits for care outside U.S. | 80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000 | \$250 deductible, plus 20% coinsurance |
| Medicare Part B physician and outpatient services — In- or out-of-the-hospital and outpatient hospital physician's services, (such as tests) and durable medical equipment, per calendar year | | | |
| Deductible (annual)³ | \$0 | \$240 | \$0 |
| Coinsurance | 80% of the approved amount after the \$240 deductible is met | 20% coinsurance after the \$240 deductible is met | \$0 |
| Blood benefit | All but the first three pints | Your first three pints | \$0 |
| Clinical laboratory services — tests for diagnostic services | All charges | \$0 (Medicare covers in full) | |
| Home health care services — Medicare-approved services | | | |
| Medically necessary skilled care services and medical supplies | All charges | \$0 (Medicare covers in full) | |
| Durable medical equipment | 80% of the approved amount after the \$240 deductible is met | 20% coinsurance after the \$240 deductible is met | \$0 |
| Excess charges | \$0 | All remaining charges | \$0 |

²Per benefit period. A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you've been out of the hospital and haven't received skilled nursing care in any other facility for 60 consecutive days.

³The Part B deductible needs to be met only once each calendar year (Jan. 1 through Dec. 31). After, Medicare makes payments up to the limiting charge established by law and shown on your Medicare explanation of benefits.

⁴See Pages 4 and 5 for information about Plans HD-F and HD-G.

| Plans G and HD-G ⁴ | |
|-------------------------------|---------|
| Plan pays | You pay |

| | |
|------------------------------------|-----|
| \$1,632 | \$0 |
| \$0 | \$0 |
| \$408 daily copay | \$0 |
| \$816 daily copay | \$0 |
| 100% of Medicare-eligible expenses | \$0 |
| Your first three pints | \$0 |

| Plan N | |
|-----------|---------|
| Plan pays | You pay |

| | |
|------------------------------------|-----|
| \$1,632 | \$0 |
| \$0 | \$0 |
| \$408 daily copay | \$0 |
| \$816 daily copay | \$0 |
| 100% of Medicare-eligible expenses | \$0 |
| Your first three pints | \$0 |

| | |
|-------------------------------|-----|
| \$0 (Medicare covers in full) | |
| \$204 daily copay | \$0 |

| | |
|-------------------------------|-----|
| \$0 (Medicare covers in full) | |
| \$204 daily copay | \$0 |

| | |
|----------------------------|-----|
| Medicare copay/coinsurance | \$0 |
|----------------------------|-----|

| | |
|----------------------------|-----|
| Medicare copay/coinsurance | \$0 |
|----------------------------|-----|

| | |
|--|--|
| 80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000 | \$250 deductible, plus 20% coinsurance |
|--|--|

| | |
|--|--|
| 80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000 | \$250 deductible, plus 20% coinsurance |
|--|--|

| | |
|---|-------|
| \$0 | \$240 |
| 20% coinsurance after the \$240 deductible is met | \$0 |
| Your first three pints | \$0 |
| \$0 (Medicare covers in full) | |

| | |
|--|---|
| \$0 | \$240 |
| Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit, after the \$240 deductible is met | Up to \$20 per office visit and up to \$50 per emergency room visit |
| Your first three pints | \$0 |
| \$0 (Medicare covers in full) | |

| | |
|---|-----|
| \$0 (Medicare covers in full) | |
| 20% coinsurance after the \$240 deductible is met | \$0 |
| All remaining charges | \$0 |

| | |
|---|-----------------------|
| \$0 (Medicare covers in full) | |
| 20% coinsurance after the \$240 deductible is met | \$0 |
| \$0 | All remaining charges |

Dental Vision Hearing Package

Our Dental Vision Hearing Package is essential to your best health.

Get three for one price

- Add dental, vision and hearing coverage for an additional \$29.50 per month.*
- The Dental Vision Hearing Package is sold as one package. Dental, vision or hearing benefits cannot be purchased separately.
- You must have an active Blue Cross Medicare Supplement or Legacy Medigap plan to enroll in the Dental Vision Hearing Package.
- You may not have dental, vision or hearing coverage through another individual plan.

Available for new and existing members

- The Dental Vision Hearing Package is available to new Blue Cross Medicare Supplement members and existing Blue Cross Medicare Supplement and Legacy Medigap members.
- If you're new to Blue Cross Supplement, you have the option to add the Dental Vision Hearing Package at enrollment or within the first 30 days following the policy start date.
- As an existing Blue Cross Medicare Supplement and Legacy Medigap member, you can add the Dental Vision Hearing Package between Feb. 1 and April 30 each year. Contact an agent or apply electronically at www.bcbsm.com/medicare/help/forms-documents/enrollment.html.

**The premium for the Dental Vision Hearing Package will be reevaluated each year and is subject to change.*

Dental services

| | In-network | Out-of-network |
|---|-----------------|-----------------|
| Deductible | \$0 | \$0 |
| Exams: Two per calendar year Cleanings: Two per calendar year Fluoride: Once per calendar year Brush biopsy: Once per calendar year X-rays: Once every two calendar years EITHER -One set of up to four bitewings OR -Six periapical films | 0% coinsurance | 50% coinsurance |
| Annual maximum Combined in- and out-of-network. Applies to services below. | \$1,500 | |
| Amalgam and resin fillings: Once per tooth every 48 months Root canals: Once per tooth, per lifetime Simple extractions Crown: for permanent teeth, once per tooth every 84 months Crown repairs | 50% coinsurance | 50% coinsurance |

Finding an in-network dentist

Visit www.MIBlueDentist.com and choose *Medicare Supplement* to search for in-network dentists or call Customer Service at **1-888-826-8152**.

Check out the Blue DentalSM resource center for additional dental health information.

The Blue Dental resource center allows you to:

- Get dental procedure cost estimates by ZIP code
- Take an oral assessment to identify dental risk factors
- Ask a dentist a question

To access the Blue Dental resource center, go to www.bcbsm.com and log in to your member account. Click *My Coverage* at the top, and select *Dental*.

Vision services

| | In-network | Out-of-network |
|--|---|--|
| Frames or elective contact lenses | \$300 allowance for frames or elective contact lenses every 12 months | Frames reimbursed up to \$70 or elective contact lenses reimbursed up to \$105 every 12 months |
| Lenses | Standard lenses ⁴ are covered in full every 12 months | Reimbursement, every 12 months, up to: <ul style="list-style-type: none"> • Single-vision lenses: \$30 • Bifocal lenses: \$50 • Trifocal lenses: \$65 • Lenticular lenses: \$100 |
| Exams | \$20 copayment; offered every 12 months | Reimbursed up to \$45 every 12 months |

⁴Standard lenses include single vision lenses, bifocal lenses and trifocal lenses

Finding an in-network eye doctor

Visit www.vsp.com to find a VSP network eye care provider or to find out if your eye care provider participates. You can also call **1-800-877-7195** to speak to a VSP Customer Service representative.



Hearing services

| Hearing aids | | | | |
|--|---|--|--|---|
| | Basic | Standard | Advanced | Premium |
| Hearing exam | Included | | | |
| Frequency | One hearing aid per ear every 12 months | | | |
| Network | TruHearing | | | |
| You pay | \$495 per ear | \$895 per ear | \$1,295 per ear | \$1,695 per ear |
| Preferred listening environment | <ul style="list-style-type: none"> • Best for quiet or mild environments, such as 1-on-1 conversations | <ul style="list-style-type: none"> • Best for predictable environments, such as home | <ul style="list-style-type: none"> • Best for more challenging environments, such as offices or when in motion | <ul style="list-style-type: none"> • Best for challenging environments, such as restaurants or when in large groups of people |
| Features | <ul style="list-style-type: none"> • Limited noise reduction • Basic feedback cancellation | <ul style="list-style-type: none"> • Noise reduction • Adjustable speech enhancement | <ul style="list-style-type: none"> • Noise reduction • Adjustable speech enhancement • Artificial intelligence technology | <ul style="list-style-type: none"> • Automatic noise reduction • Adjustable speech enhancement • Adaptive directional microphone • Impulse sound management |

Finding a TruHearing hearing specialist

Call TruHearing at **1-844-825-0033** to speak to a hearing consultant who can answer any questions and assist you in scheduling an appointment with a provider near you. **You must use a TruHearing provider to receive benefits.**

Think you might have hearing loss? In the comfort of your home, you can try TruHearing's free, fast, online screening. Accessible from your tablet, computer or smartphone. Visit www.TruHearing.com/BCBSMI to find the five-minute hearing assessment located on their home page.



Medicare Supplement Well-Being Program

Real support for real life

Our Blue Cross Medicare SupplementSM Well-Being Program helps you live your best life. As a member, you have advantages that will let you experience life's adventures with Blue Cross confidence. You choose the Medicare supplement plan you want, and we'll supply the well-being support you need to fulfill your personal health goals.

We're ready to help you
live a healthier, happier life

**READY
TO HELP**



MICHIGAN



Included
in your membership ...

■ 24-Hour Nurse Line

Talk to a registered nurse about a minor illness or injury. Call the nurse line to discuss a procedure, symptoms or your health status.

■ Blue Cross® Virtual Well-Being

Begin a personal journey by attending our virtual well-being webinars. Each week you can access a new high-energy presentation from your computer, tablet or mobile phone. Topics include home fitness, social isolation, healthy cooking and gardening. Plus, you can download session materials to save and share with your family and caregivers.

■ Blue365® discounts

Show your Blue Cross member ID card to get nationwide savings for health magazines, cooking classes, weight-loss programs and retail stores. Plus save on healthy food and vitamin deliveries, travel accommodations, fitness programs and wearable fitness trackers. Get a list of current savings at www.blue365deals.com.

Do you qualify for a household discount?

You may be eligible to save 10% on your monthly Blue Cross Medicare Supplement plan premium.

▶ If you're a **new** member

Save when you and another Medicare-eligible individual in your household apply for Blue Cross Medicare Supplement plans at the same time. Or get the discount if a household member is currently covered by a Blue Cross Medicare Supplement or Legacy Medigap plan when you apply.



▶ If you're an **existing** member

Apply for the discount if you and any other household members are currently enrolled in a Blue Cross Medicare Supplement or Legacy Medigap plan. Two or more existing Blue Cross Medicare Supplement or Legacy Medigap members in the same household must complete an *Application for Medicare Supplement Household Discount*. Access the form online at www.bcbsm.com/medicare/help/understanding-plans/supplement/household-discounts.html. You can also call Customer Service to apply at **1-888-216-4858** from 8 a.m. to 5 p.m. Eastern time, Monday through Friday. TTY users, call **711**.

To qualify for the discount, the policy holders only need to reside in the same household, a spousal or familial relationship isn't necessary.

The discount is not available to members with Medicare Advantage plans from Blue Cross or Blue Care Network or MyBlueSM Medigap plans from Blue Care Network.

The following are not included in the definition of household: Assisted living facilities, group homes, adult day care facilities, nursing homes or any other health residential facilities.



Do you qualify for a guaranteed issue right?

Insurance companies are required by law to offer a Medicare supplement policy without conditions or constraints on coverage to individuals who meet certain requirements. If you're applying during your **Medigap Open Enrollment Period** (known as OEP), which lasts for six months and begins on the first day of the month in which you're both 65 or older and enrolled in Medicare Part B (for example, you elect Part B upon retirement at age 70), you already have a guaranteed issue right and do not need any of the following to apply to you.

If you are not within your Medigap Open Enrollment Period, any of the following scenarios qualify you for a guaranteed issue right:

1. You were enrolled in an employer group health care plan (including retiree or COBRA coverage) that pays after Medicare pays and that plan has ended within the past 63 days.
2. You were enrolled in a Medicare Advantage plan, Program of All-Inclusive Care for the Elderly, Health Care Pre-Payment Plan, other Medicare demonstration project or Medicare Select plan and within the past 63 days:
 - The certification of the organization or plan was terminated.
 - The plan terminated or discontinued providing coverage in the area in which you reside.
 - You moved out of the plan's service area and are no longer eligible to participate in the plan.
 - You voluntarily disenrolled because the plan substantially violated a material provision of the organization's contract with you. This includes:
 - Failing to provide an enrollee, on a timely basis, medically necessary care for which benefits are available under the plan
 - Failing to provide covered care in accordance with applicable standards
 - The organization, agent or other entity acting on the organization's behalf, materially misrepresented the plan's provisions in marketing the plan to you

3. You voluntarily disenrolled from a Medicare Advantage plan within 12 months after the effective date of enrollment, upon first becoming eligible for benefits under Medicare Part A at age 65.
4. You were enrolled in a supplement policy within the past 63 days and one of the following:
 - You involuntarily lost coverage due to insolvency of the insurer or bankruptcy of the organization offering the coverage.
 - You voluntarily disenrolled because the plan violated a material provision of the policy or the insurer materially misrepresented the policy's provisions in marketing the policy to you.
5. You terminated enrollment and subsequently enrolled, for the first time, in a Medicare Advantage plan, Medicare Select Plan, Medicare Cost Plan or Program of All-Inclusive Care for the Elderly, and the subsequent enrollment was terminated by you within the first 12 months.



Find your estimated monthly premium cost

1. Select a plan option: Plan A, C, D, F, High-Deductible F, G, High-Deductible G or N.
2. Using the following tables:
 - If you're in your Medigap Open Enrollment Period or have a guaranteed issue right, use the tables on pages 25 through 28 to find your monthly premium.
 - If you're not in your Medigap Open Enrollment Period and don't have a guaranteed issue right, use the tables on pages 29 through 35.
 - If you're younger than 65, use the tables on pages 36 and 37.
 - If you qualify for Conversion Plans A, C or D, use the table on pages 38 and 39.
3. If you turned 65 or became eligible for Medicare after Dec. 31, 2019, you're not eligible to enroll in a plan that covers the Part B deductible (Plans C, F or High-Deductible F).
4. Find your area:
 - If you live in a ZIP code that begins with 480 through 485, you're in Area 1.
 - If you live in any other ZIP code in Michigan, you're in Area 2.
5. Once you find the correct table, scroll down the first column to find your age.
6. Your premium will be shown at the right, based on:
 - Your gender
 - Whether you use nicotine in any form including, but not limited to, cigarettes, e-cigarettes, vaping, nicotine patches or gum
 - If you're applying outside of your Medigap OEP
 - If you have a guaranteed issue right
7. Note: The rates in the following tables are valid for new members and members that were new as of 4/1/2024.

Monthly premiums for individuals applying during their Medigap open enrollment period or have a guaranteed issue right

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/23 should refer to their annual rate letter.

| Blue Cross Medicare Supplement Plan A guaranteed issue rates | | | | |
|---|--------------------------------|----------|------------------------------|----------|
| Age | Area 1 (Southeast Michigan) | | Area 2 (Rest of Michigan) | |
| | Male | Female | Male | Female |
| 65 | \$120.57 | \$114.83 | \$116.47 | \$110.92 |
| 66 | \$127.75 | \$121.09 | \$123.40 | \$116.97 |
| 67 | \$135.00 | \$127.35 | \$130.40 | \$123.02 |
| 68 | \$141.19 | \$132.57 | \$136.39 | \$128.06 |
| 69 | \$147.44 | \$137.79 | \$142.42 | \$133.10 |
| 70 | \$153.33 | \$141.97 | \$148.11 | \$137.14 |
| 71 | \$159.30 | \$146.14 | \$153.88 | \$141.17 |
| 72 | \$165.35 | \$150.32 | \$159.73 | \$145.20 |
| 73 | \$171.49 | \$154.50 | \$165.65 | \$149.24 |
| 74 | \$177.71 | \$158.67 | \$171.66 | \$153.27 |
| 75 | \$181.66 | \$160.76 | \$175.48 | \$155.29 |
| 76 | \$185.64 | \$162.85 | \$179.33 | \$157.31 |
| 77 | \$189.67 | \$164.93 | \$183.22 | \$159.32 |
| 78 | \$193.75 | \$167.02 | \$187.15 | \$161.34 |
| 79 | \$197.86 | \$169.11 | \$191.13 | \$163.36 |
| 80 and older | \$202.01 | \$171.20 | \$195.14 | \$165.37 |

These rates don't include the premium for the optional Dental Vision Hearing Package.
Rates are subject to change each year.

Monthly premiums for individuals applying during their Medigap OEP or have a guaranteed issue right (Continued)

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/23 should refer to their annual rate letter.

| Blue Cross Medicare Supplement Plan G guaranteed issue rates | | | | |
|---|--------------------------------|----------|------------------------------|----------|
| Age | Area 1 (Southeast Michigan) | | Area 2 (Rest of Michigan) | |
| | Male | Female | Male | Female |
| 65 | \$146.12 | \$139.16 | \$141.15 | \$134.43 |
| 66 | \$157.72 | \$149.50 | \$152.35 | \$144.41 |
| 67 | \$169.42 | \$159.83 | \$163.65 | \$154.39 |
| 68 | \$179.39 | \$168.44 | \$173.28 | \$162.71 |
| 69 | \$189.44 | \$177.05 | \$183.00 | \$171.03 |
| 70 | \$198.65 | \$183.94 | \$191.89 | \$177.68 |
| 71 | \$208.00 | \$190.83 | \$200.92 | \$184.33 |
| 72 | \$217.49 | \$197.72 | \$210.09 | \$190.99 |
| 73 | \$227.11 | \$204.61 | \$219.38 | \$197.64 |
| 74 | \$236.87 | \$211.49 | \$228.81 | \$204.30 |
| 75 | \$242.88 | \$214.94 | \$234.62 | \$207.62 |
| 76 | \$248.96 | \$218.38 | \$240.49 | \$210.95 |
| 77 | \$255.10 | \$221.83 | \$246.42 | \$214.28 |
| 78 | \$261.31 | \$225.27 | \$252.42 | \$217.61 |
| 79 | \$267.60 | \$228.72 | \$258.49 | \$220.93 |
| 80 and older | \$273.95 | \$232.16 | \$264.63 | \$224.26 |

| Blue Cross Medicare Supplement Plan HD-G* guaranteed issue rates | | | | |
|---|--------------------------------|----------|------------------------------|----------|
| Age | Area 1 (Southeast Michigan) | | Area 2 (Rest of Michigan) | |
| | Male | Female | Male | Female |
| 65 | \$76.89 | \$73.23 | \$74.27 | \$70.73 |
| 66 | \$82.99 | \$78.66 | \$80.17 | \$75.99 |
| 67 | \$89.15 | \$84.10 | \$86.11 | \$81.24 |
| 68 | \$94.39 | \$88.63 | \$91.18 | \$85.62 |
| 69 | \$99.68 | \$93.16 | \$96.29 | \$89.99 |
| 70 | \$104.53 | \$96.79 | \$100.97 | \$93.49 |
| 71 | \$109.45 | \$100.41 | \$105.73 | \$97.00 |
| 72 | \$114.44 | \$104.04 | \$110.55 | \$100.50 |
| 73 | \$119.50 | \$107.66 | \$115.44 | \$104.00 |
| 74 | \$124.64 | \$111.29 | \$120.40 | \$107.50 |
| 75 | \$127.80 | \$113.10 | \$123.45 | \$109.25 |
| 76 | \$131.00 | \$114.91 | \$126.54 | \$111.00 |
| 77 | \$134.23 | \$116.72 | \$129.67 | \$112.75 |
| 78 | \$137.50 | \$118.54 | \$132.82 | \$114.50 |
| 79 | \$140.81 | \$120.35 | \$136.02 | \$116.25 |
| 80 and older | \$144.15 | \$122.16 | \$139.25 | \$118.00 |

*HD means high deductible

Rates are subject to change each year.

Monthly premiums for individuals applying during their Medigap OEP or have a guaranteed issue right (Continued)

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/23 should refer to their annual rate letter.

| Blue Cross Medicare Supplement Plan N guaranteed issue rates | | | | |
|---|--------------------------------|----------|------------------------------|----------|
| Age | Area 1 (Southeast Michigan) | | Area 2 (Rest of Michigan) | |
| | Male | Female | Male | Female |
| 65 | \$146.17 | \$139.21 | \$141.19 | \$134.47 |
| 66 | \$157.77 | \$149.54 | \$152.40 | \$144.46 |
| 67 | \$169.47 | \$159.88 | \$163.71 | \$154.44 |
| 68 | \$179.45 | \$168.49 | \$173.34 | \$162.76 |
| 69 | \$189.50 | \$177.11 | \$183.06 | \$171.08 |
| 70 | \$198.72 | \$184.00 | \$191.96 | \$177.74 |
| 71 | \$208.07 | \$190.89 | \$200.99 | \$184.39 |
| 72 | \$217.56 | \$197.78 | \$210.16 | \$191.05 |
| 73 | \$227.19 | \$204.67 | \$219.45 | \$197.71 |
| 74 | \$236.95 | \$211.56 | \$228.89 | \$204.36 |
| 75 | \$242.96 | \$215.01 | \$234.69 | \$207.69 |
| 76 | \$249.04 | \$218.45 | \$240.56 | \$211.02 |
| 77 | \$255.18 | \$221.90 | \$246.50 | \$214.35 |
| 78 | \$261.40 | \$225.34 | \$252.50 | \$217.68 |
| 79 | \$267.68 | \$228.79 | \$258.58 | \$221.00 |
| 80 and older | \$274.04 | \$232.24 | \$264.71 | \$224.33 |

| Blue Cross Medicare Supplement Plan D guaranteed issue rates | | | | |
|---|--------------------------------|----------|------------------------------|----------|
| Age | Area 1 (Southeast Michigan) | | Area 2 (Rest of Michigan) | |
| | Male | Female | Male | Female |
| 65 | \$170.13 | \$162.03 | \$164.34 | \$156.51 |
| 66 | \$183.63 | \$174.06 | \$177.38 | \$168.14 |
| 67 | \$197.25 | \$186.09 | \$190.54 | \$179.76 |
| 68 | \$208.86 | \$196.11 | \$201.76 | \$189.44 |
| 69 | \$220.57 | \$206.14 | \$213.06 | \$199.13 |
| 70 | \$231.29 | \$214.16 | \$223.42 | \$206.87 |
| 71 | \$242.18 | \$222.18 | \$233.94 | \$214.62 |
| 72 | \$253.22 | \$230.20 | \$244.61 | \$222.37 |
| 73 | \$264.43 | \$238.22 | \$255.43 | \$230.12 |
| 74 | \$275.79 | \$246.24 | \$266.41 | \$237.86 |
| 75 | \$282.79 | \$250.25 | \$273.16 | \$241.74 |
| 76 | \$289.86 | \$254.26 | \$280.00 | \$245.61 |
| 77 | \$297.02 | \$258.27 | \$286.91 | \$249.49 |
| 78 | \$304.25 | \$262.28 | \$293.90 | \$253.36 |
| 79 | \$311.56 | \$266.29 | \$300.96 | \$257.23 |
| 80 and older | \$318.96 | \$270.31 | \$308.11 | \$261.11 |

These rates don't include the premium for the optional Dental Vision Hearing Package monthly premium.

Monthly premiums for individuals applying during their Medigap OEP or have a guaranteed issue right (Continued)

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/23 should refer to their annual rate letter.

| Blue Cross Medicare Supplement Plan F guaranteed issue rates | | | | |
|---|--------------------------------|----------|------------------------------|----------|
| Age | Area 1 (Southeast Michigan) | | Area 2 (Rest of Michigan) | |
| | Male | Female | Male | Female |
| 65 | \$208.25 | \$198.33 | \$201.16 | \$191.58 |
| 66 | \$224.77 | \$213.06 | \$217.13 | \$205.81 |
| 67 | \$241.45 | \$227.78 | \$233.23 | \$220.03 |
| 68 | \$255.66 | \$240.06 | \$246.96 | \$231.89 |
| 69 | \$269.99 | \$252.33 | \$260.80 | \$243.74 |
| 70 | \$283.12 | \$262.14 | \$273.48 | \$253.22 |
| 71 | \$296.44 | \$271.96 | \$286.35 | \$262.71 |
| 72 | \$309.96 | \$281.78 | \$299.41 | \$272.19 |
| 73 | \$323.67 | \$291.60 | \$312.66 | \$281.68 |
| 74 | \$337.59 | \$301.42 | \$326.10 | \$291.16 |
| 75 | \$346.15 | \$306.32 | \$334.37 | \$295.90 |
| 76 | \$354.81 | \$311.23 | \$342.73 | \$300.64 |
| 77 | \$363.56 | \$316.14 | \$351.19 | \$305.38 |
| 78 | \$372.42 | \$321.05 | \$359.75 | \$310.13 |
| 79 | \$381.37 | \$325.96 | \$368.40 | \$314.87 |
| 80 and older | \$390.42 | \$330.87 | \$377.14 | \$319.61 |

| Blue Cross Medicare Supplement Plan HD-F* guaranteed issue rates | | | | |
|---|--------------------------------|----------|------------------------------|----------|
| Age | Area 1 (Southeast Michigan) | | Area 2 (Rest of Michigan) | |
| | Male | Female | Male | Female |
| 65 | \$79.49 | \$75.71 | \$76.79 | \$73.13 |
| 66 | \$85.80 | \$81.33 | \$82.88 | \$78.56 |
| 67 | \$92.17 | \$86.95 | \$89.03 | \$83.99 |
| 68 | \$97.59 | \$91.63 | \$94.27 | \$88.51 |
| 69 | \$103.06 | \$96.32 | \$99.55 | \$93.04 |
| 70 | \$108.07 | \$100.06 | \$104.39 | \$96.66 |
| 71 | \$113.16 | \$103.81 | \$109.30 | \$100.28 |
| 72 | \$118.32 | \$107.56 | \$114.29 | \$103.90 |
| 73 | \$123.55 | \$111.31 | \$119.35 | \$107.52 |
| 74 | \$128.86 | \$115.05 | \$124.48 | \$111.14 |
| 75 | \$132.13 | \$116.93 | \$127.63 | \$112.95 |
| 76 | \$135.43 | \$118.80 | \$130.83 | \$114.76 |
| 77 | \$138.78 | \$120.68 | \$134.06 | \$116.57 |
| 78 | \$142.16 | \$122.55 | \$137.32 | \$118.38 |
| 79 | \$145.58 | \$124.42 | \$140.62 | \$120.19 |
| 80 and older | \$149.03 | \$126.30 | \$143.96 | \$122.00 |

*HD means high deductible

These rates don't include the premium for the optional Dental Vision Hearing Package monthly premium. If you were eligible for Medicare on or after January 1, 2020, you are not eligible for Plan F or High-Deductible Plan F.

Monthly premiums for individuals applying outside of a Medigap OEP or without a guaranteed issue right

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/23 should refer to their annual rate letter.

| Blue Cross Medicare Supplement Plan A nonguaranteed issue rates | | | | | | | | |
|---|--------------------------------|----------|---------------|----------|------------------------------|----------|---------------|----------|
| Age | Area 1 (Southeast Michigan) | | | | Area 2 (Rest of Michigan) | | | |
| | Non-nicotine user | | Nicotine user | | Non-nicotine user | | Nicotine user | |
| | Male | Female | Male | Female | Male | Female | Male | Female |
| 65 | \$120.57 | \$114.83 | \$132.63 | \$126.31 | \$116.47 | \$110.92 | \$128.11 | \$122.01 |
| 66 | \$127.75 | \$121.09 | \$140.53 | \$133.20 | \$123.40 | \$116.97 | \$135.74 | \$128.67 |
| 67 | \$135.00 | \$127.35 | \$148.49 | \$140.09 | \$130.40 | \$123.02 | \$143.44 | \$135.32 |
| 68 | \$141.19 | \$132.57 | \$155.31 | \$145.83 | \$136.39 | \$128.06 | \$150.03 | \$140.87 |
| 69 | \$147.44 | \$137.79 | \$162.18 | \$151.57 | \$142.42 | \$133.10 | \$156.66 | \$146.41 |
| 70 | \$153.33 | \$141.97 | \$168.66 | \$156.17 | \$148.11 | \$137.14 | \$162.92 | \$150.85 |
| 71 | \$159.30 | \$146.14 | \$175.23 | \$160.76 | \$153.88 | \$141.17 | \$169.26 | \$155.29 |
| 72 | \$165.35 | \$150.32 | \$181.89 | \$165.35 | \$159.73 | \$145.20 | \$175.70 | \$159.73 |
| 73 | \$171.49 | \$154.50 | \$188.64 | \$169.94 | \$165.65 | \$149.24 | \$182.22 | \$164.16 |
| 74 | \$177.71 | \$158.67 | \$195.48 | \$174.54 | \$171.66 | \$153.27 | \$188.83 | \$168.60 |
| 75 | \$181.66 | \$160.76 | \$199.82 | \$176.83 | \$175.48 | \$155.29 | \$193.02 | \$170.82 |
| 76 | \$185.64 | \$162.85 | \$204.21 | \$179.13 | \$179.33 | \$157.31 | \$197.26 | \$173.04 |
| 77 | \$189.67 | \$164.93 | \$208.64 | \$181.43 | \$183.22 | \$159.32 | \$201.54 | \$175.25 |
| 78 | \$193.75 | \$167.02 | \$213.12 | \$183.72 | \$187.15 | \$161.34 | \$205.87 | \$177.47 |
| 79 | \$197.86 | \$169.11 | \$217.64 | \$186.02 | \$191.13 | \$163.36 | \$210.24 | \$179.69 |
| 80 and older | \$202.01 | \$171.20 | \$222.21 | \$188.32 | \$195.14 | \$165.37 | \$214.65 | \$181.91 |

Individuals applying outside of their Medigap OEP or without a guaranteed issue right may be subject to higher rates than what's shown above due to claims experience or health status.

Monthly premiums for individuals applying outside of a Medigap OEP or without a guaranteed issue right (Continued)

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/23 should refer to their annual rate letter.

| Blue Cross Medicare Supplement Plan G nonguaranteed issue rates | | | | | | | | |
|--|--------------------------------|----------|---------------|----------|------------------------------|----------|---------------|----------|
| Age | Area 1 (Southeast Michigan) | | | | Area 2 (Rest of Michigan) | | | |
| | Non-nicotine user | | Nicotine user | | Non-nicotine user | | Nicotine user | |
| | Male | Female | Male | Female | Male | Female | Male | Female |
| 65 | \$146.12 | \$139.16 | \$160.73 | \$153.08 | \$141.15 | \$134.43 | \$155.26 | \$147.87 |
| 66 | \$157.72 | \$149.50 | \$173.49 | \$164.44 | \$152.35 | \$144.41 | \$167.59 | \$158.85 |
| 67 | \$169.42 | \$159.83 | \$186.36 | \$175.81 | \$163.65 | \$154.39 | \$180.02 | \$169.83 |
| 68 | \$179.39 | \$168.44 | \$197.33 | \$185.28 | \$173.28 | \$162.71 | \$190.61 | \$178.98 |
| 69 | \$189.44 | \$177.05 | \$208.39 | \$194.76 | \$183.00 | \$171.03 | \$201.30 | \$188.13 |
| 70 | \$198.65 | \$183.94 | \$218.52 | \$202.33 | \$191.89 | \$177.68 | \$211.08 | \$195.45 |
| 71 | \$208.00 | \$190.83 | \$228.80 | \$209.91 | \$200.92 | \$184.33 | \$221.02 | \$202.77 |
| 72 | \$217.49 | \$197.72 | \$239.24 | \$217.49 | \$210.09 | \$190.99 | \$231.10 | \$210.09 |
| 73 | \$227.11 | \$204.61 | \$249.82 | \$225.07 | \$219.38 | \$197.64 | \$241.32 | \$217.41 |
| 74 | \$236.87 | \$211.41 | \$260.56 | \$232.64 | \$228.81 | \$204.30 | \$251.69 | \$224.73 |
| 75 | \$242.88 | \$214.94 | \$267.17 | \$236.43 | \$234.62 | \$207.62 | \$258.08 | \$228.39 |
| 76 | \$248.96 | \$218.38 | \$273.85 | \$240.22 | \$240.49 | \$210.95 | \$264.53 | \$232.05 |
| 77 | \$255.10 | \$221.83 | \$280.61 | \$244.01 | \$246.42 | \$214.28 | \$271.06 | \$235.71 |
| 78 | \$261.31 | \$225.27 | \$287.45 | \$247.80 | \$252.42 | \$217.61 | \$277.67 | \$239.37 |
| 79 | \$267.60 | \$228.72 | \$294.36 | \$251.59 | \$258.49 | \$220.93 | \$284.34 | \$243.03 |
| 80 and older | \$273.95 | \$232.16 | \$301.34 | \$255.38 | \$264.63 | \$224.26 | \$291.09 | \$246.69 |

Individuals applying outside of their Medigap OEP or without a guaranteed issue right may be subject to higher rates than what's shown above due to claims experience or health status.

Monthly premiums for individuals applying outside of a Medigap OEP or without a guaranteed issue right (Continued)

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/23 should refer to their annual rate letter.

| Blue Cross Medicare Supplement Plan HD-G* nonguaranteed issue rates | | | | | | | | |
|--|--------------------------------|----------|---------------|----------|------------------------------|----------|---------------|----------|
| Age | Area 1 (Southeast Michigan) | | | | Area 2 (Rest of Michigan) | | | |
| | Non-nicotine user | | Nicotine user | | Non-nicotine user | | Nicotine user | |
| | Male | Female | Male | Female | Male | Female | Male | Female |
| 65 | \$76.89 | \$73.23 | \$84.58 | \$80.55 | \$74.27 | \$70.73 | \$81.70 | \$77.81 |
| 66 | \$82.99 | \$78.66 | \$91.29 | \$86.53 | \$80.17 | \$75.99 | \$88.18 | \$83.59 |
| 67 | \$89.15 | \$84.10 | \$98.06 | \$92.51 | \$86.11 | \$81.24 | \$94.72 | \$89.36 |
| 68 | \$94.39 | \$88.63 | \$103.83 | \$97.49 | \$91.18 | \$85.62 | \$100.30 | \$94.18 |
| 69 | \$99.68 | \$93.16 | \$109.65 | \$102.48 | \$96.29 | \$89.99 | \$105.92 | \$98.99 |
| 70 | \$104.53 | \$96.79 | \$114.98 | \$106.47 | \$100.97 | \$93.49 | \$111.07 | \$102.84 |
| 71 | \$109.45 | \$100.41 | \$120.39 | \$110.45 | \$105.73 | \$97.00 | \$116.30 | \$106.70 |
| 72 | \$114.44 | \$104.04 | \$125.88 | \$114.44 | \$110.55 | \$100.50 | \$121.60 | \$110.55 |
| 73 | \$119.50 | \$107.66 | \$131.46 | \$118.43 | \$115.44 | \$104.00 | \$126.98 | \$114.40 |
| 74 | \$124.64 | \$111.29 | \$137.11 | \$122.42 | \$120.40 | \$107.50 | \$132.44 | \$118.25 |
| 75 | \$127.80 | \$113.10 | \$140.58 | \$124.41 | \$123.45 | \$109.25 | \$135.80 | \$120.18 |
| 76 | \$131.00 | \$114.91 | \$144.10 | \$126.40 | \$126.54 | \$111.00 | \$139.20 | \$122.10 |
| 77 | \$134.23 | \$116.72 | \$147.66 | \$128.40 | \$129.67 | \$112.75 | \$142.63 | \$124.03 |
| 78 | \$137.50 | \$118.54 | \$151.25 | \$130.39 | \$132.82 | \$114.50 | \$146.11 | \$125.95 |
| 79 | \$140.81 | \$120.35 | \$154.89 | \$132.38 | \$136.02 | \$116.25 | \$149.62 | \$127.88 |
| 80 and older | \$144.15 | \$122.16 | \$158.57 | \$134.38 | \$139.25 | \$118.00 | \$153.17 | \$129.80 |

These rates don't include the premium for the optional Dental Vision Hearing Package monthly premium.

*HD means high deductible

Monthly premiums for individuals applying outside of a Medigap OEP or without a guaranteed issue right (Continued)

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/23 should refer to their annual rate letter.

| Blue Cross Medicare Supplement Plan N nonguaranteed issue rates | | | | | | | | |
|---|--------------------------------|----------|---------------|----------|------------------------------|----------|---------------|----------|
| Age | Area 1 (Southeast Michigan) | | | | Area 2 (Rest of Michigan) | | | |
| | Non-nicotine user | | Nicotine user | | Non-nicotine user | | Nicotine user | |
| | Male | Female | Male | Female | Male | Female | Male | Female |
| 65 | \$146.17 | \$139.21 | \$160.78 | \$153.13 | \$141.19 | \$134.47 | \$155.31 | \$147.92 |
| 66 | \$157.77 | \$149.54 | \$173.55 | \$164.50 | \$152.40 | \$144.46 | \$167.64 | \$158.90 |
| 67 | \$169.47 | \$159.88 | \$186.42 | \$175.87 | \$163.71 | \$154.44 | \$180.08 | \$169.88 |
| 68 | \$179.45 | \$168.49 | \$197.39 | \$185.34 | \$173.34 | \$162.76 | \$190.67 | \$179.04 |
| 69 | \$189.50 | \$177.11 | \$208.46 | \$194.82 | \$183.06 | \$171.08 | \$201.36 | \$188.19 |
| 70 | \$198.72 | \$184.00 | \$218.59 | \$202.40 | \$191.96 | \$177.74 | \$211.15 | \$195.51 |
| 71 | \$208.07 | \$190.89 | \$228.88 | \$209.98 | \$200.99 | \$184.39 | \$221.09 | \$202.83 |
| 72 | \$217.56 | \$197.78 | \$239.31 | \$217.56 | \$210.16 | \$191.05 | \$231.17 | \$210.16 |
| 73 | \$227.19 | \$204.67 | \$249.90 | \$225.14 | \$219.45 | \$197.71 | \$241.40 | \$217.48 |
| 74 | \$236.95 | \$211.56 | \$260.64 | \$232.72 | \$228.89 | \$204.36 | \$251.78 | \$224.80 |
| 75 | \$242.96 | \$215.01 | \$267.25 | \$236.51 | \$234.69 | \$207.69 | \$258.16 | \$228.46 |
| 76 | \$249.04 | \$218.45 | \$273.94 | \$240.30 | \$240.56 | \$211.02 | \$264.62 | \$232.12 |
| 77 | \$255.18 | \$221.90 | \$280.70 | \$244.09 | \$246.50 | \$214.35 | \$271.15 | \$235.78 |
| 78 | \$261.40 | \$225.34 | \$287.54 | \$247.88 | \$252.50 | \$217.68 | \$277.76 | \$239.44 |
| 79 | \$267.68 | \$228.79 | \$294.45 | \$251.67 | \$258.58 | \$221.00 | \$284.43 | \$243.11 |
| 80 and older | \$274.04 | \$232.24 | \$301.44 | \$255.46 | \$264.71 | \$224.33 | \$291.18 | \$246.77 |

Individuals applying outside of their Medigap OEP or without a guaranteed issue right may be subject to higher rates than what's shown above due to claims experience or health status.

Monthly premiums for individuals applying outside of a Medigap OEP or without a guaranteed issue right (Continued)

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/23 should refer to their annual rate letter.

| Blue Cross Medicare Supplement Plan D nonguaranteed issue rates | | | | | | | | |
|---|--------------------------------|----------|---------------|----------|------------------------------|----------|---------------|----------|
| Age | Area 1 (Southeast Michigan) | | | | Area 2 (Rest of Michigan) | | | |
| | Non-nicotine user | | Nicotine user | | Non-nicotine user | | Nicotine user | |
| | Male | Female | Male | Female | Male | Female | Male | Female |
| 65 | \$170.13 | \$162.03 | \$187.14 | \$178.23 | \$164.34 | \$156.51 | \$180.77 | \$172.17 |
| 66 | \$183.63 | \$174.06 | \$201.99 | \$191.46 | \$177.38 | \$168.14 | \$195.12 | \$184.95 |
| 67 | \$197.25 | \$186.09 | \$216.98 | \$204.70 | \$190.54 | \$179.76 | \$209.60 | \$197.73 |
| 68 | \$208.86 | \$196.11 | \$229.75 | \$215.73 | \$201.76 | \$189.44 | \$221.93 | \$208.39 |
| 69 | \$220.57 | \$206.14 | \$242.63 | \$226.75 | \$213.06 | \$199.13 | \$234.37 | \$219.04 |
| 70 | \$231.29 | \$214.16 | \$254.42 | \$235.58 | \$223.42 | \$206.87 | \$245.77 | \$227.56 |
| 71 | \$242.18 | \$222.18 | \$266.40 | \$244.40 | \$233.94 | \$214.62 | \$257.33 | \$236.08 |
| 72 | \$253.22 | \$230.20 | \$278.54 | \$253.22 | \$244.61 | \$222.37 | \$269.07 | \$244.61 |
| 73 | \$264.43 | \$238.22 | \$290.87 | \$262.04 | \$255.43 | \$230.12 | \$280.97 | \$253.13 |
| 74 | \$275.79 | \$246.24 | \$303.37 | \$270.87 | \$266.41 | \$237.86 | \$293.05 | \$261.65 |
| 75 | \$282.79 | \$250.25 | \$311.07 | \$275.28 | \$273.16 | \$241.74 | \$300.48 | \$265.91 |
| 76 | \$289.86 | \$254.26 | \$318.85 | \$279.69 | \$280.00 | \$245.61 | \$308.00 | \$270.17 |
| 77 | \$297.02 | \$258.27 | \$326.72 | \$284.10 | \$286.91 | \$249.49 | \$315.60 | \$274.43 |
| 78 | \$304.25 | \$262.28 | \$334.68 | \$288.51 | \$293.90 | \$253.36 | \$323.29 | \$278.70 |
| 79 | \$311.56 | \$266.29 | \$342.72 | \$292.92 | \$300.96 | \$257.23 | \$331.06 | \$282.96 |
| 80 and older | \$318.96 | \$270.31 | \$350.86 | \$297.34 | \$308.11 | \$261.11 | \$338.92 | \$287.22 |

These rates don't include the premium for the optional Dental Vision Hearing Package monthly premium.

Monthly premiums for individuals applying outside of a Medigap OEP or without a guaranteed issue right (Continued)

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/23 should refer to their annual rate letter.

| Blue Cross Medicare Supplement Plan F nonguaranteed issue rates | | | | | | | | |
|---|--------------------------------|----------|---------------|----------|------------------------------|----------|---------------|----------|
| Age | Area 1 (Southeast Michigan) | | | | Area 2 (Rest of Michigan) | | | |
| | Non-nicotine user | | Nicotine user | | Non-nicotine user | | Nicotine user | |
| | Male | Female | Male | Female | Male | Female | Male | Female |
| 65 | \$208.25 | \$198.33 | \$229.07 | \$218.16 | \$201.16 | \$191.58 | \$221.28 | \$210.74 |
| 66 | \$224.77 | \$213.06 | \$247.25 | \$234.36 | \$217.13 | \$205.81 | \$238.84 | \$226.39 |
| 67 | \$241.45 | \$227.78 | \$265.59 | \$250.56 | \$233.23 | \$220.03 | \$256.56 | \$242.04 |
| 68 | \$255.66 | \$240.06 | \$281.22 | \$264.06 | \$246.96 | \$231.89 | \$271.66 | \$255.08 |
| 69 | \$269.99 | \$252.33 | \$296.99 | \$277.56 | \$260.80 | \$243.74 | \$286.88 | \$268.12 |
| 70 | \$283.12 | \$262.14 | \$311.43 | \$288.36 | \$273.48 | \$253.22 | \$300.83 | \$278.55 |
| 71 | \$296.44 | \$271.96 | \$326.08 | \$299.16 | \$286.35 | \$262.71 | \$314.99 | \$288.98 |
| 72 | \$309.96 | \$281.78 | \$340.95 | \$309.96 | \$299.41 | \$272.19 | \$329.35 | \$299.41 |
| 73 | \$323.67 | \$291.60 | \$356.04 | \$320.76 | \$312.66 | \$281.68 | \$343.93 | \$309.84 |
| 74 | \$337.59 | \$301.42 | \$371.34 | \$331.56 | \$326.10 | \$291.16 | \$358.71 | \$320.28 |
| 75 | \$346.15 | \$306.32 | \$380.76 | \$336.96 | \$334.37 | \$295.90 | \$367.81 | \$325.49 |
| 76 | \$354.81 | \$311.23 | \$390.29 | \$342.36 | \$342.73 | \$300.64 | \$377.01 | \$330.71 |
| 77 | \$363.56 | \$316.14 | \$399.92 | \$347.76 | \$351.19 | \$305.38 | \$386.31 | \$335.92 |
| 78 | \$372.42 | \$321.05 | \$409.66 | \$353.16 | \$359.75 | \$310.13 | \$395.72 | \$341.14 |
| 79 | \$381.37 | \$325.96 | \$419.51 | \$358.56 | \$368.40 | \$314.87 | \$405.24 | \$346.36 |
| 80 and older | \$390.42 | \$330.87 | \$429.47 | \$363.96 | \$377.14 | \$319.61 | \$414.85 | \$351.57 |

Individuals applying outside of their Medigap OEP or without a guaranteed issue right may be subject to higher rates than what's shown above due to claims experience or health status. Note: If you were eligible for Medicare on or after January 1, 2020, you are not eligible for Plan F or High-Deductible Plan F.

Monthly premiums for individuals applying outside of a Medigap OEP or without a guaranteed issue right (Continued)

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/23 should refer to their annual rate letter.

| Blue Cross Medicare Supplement Plan HD-F* nonguaranteed issue rates | | | | | | | | |
|---|--------------------------------|----------|---------------|----------|------------------------------|----------|---------------|----------|
| Age | Area 1 (Southeast Michigan) | | | | Area 2 (Rest of Michigan) | | | |
| | Non-nicotine user | | Nicotine user | | Non-nicotine user | | Nicotine user | |
| | Male | Female | Male | Female | Male | Female | Male | Female |
| 65 | \$79.49 | \$75.71 | \$87.44 | \$83.28 | \$76.79 | \$73.13 | \$84.46 | \$80.44 |
| 66 | \$85.80 | \$81.33 | \$94.38 | \$89.46 | \$82.88 | \$78.56 | \$91.17 | \$86.42 |
| 67 | \$92.17 | \$86.95 | \$101.38 | \$95.64 | \$89.03 | \$83.99 | \$97.93 | \$92.39 |
| 68 | \$97.59 | \$91.63 | \$107.35 | \$100.80 | \$94.27 | \$88.51 | \$103.69 | \$97.37 |
| 69 | \$103.06 | \$96.32 | \$113.37 | \$105.95 | \$99.55 | \$93.04 | \$109.51 | \$102.34 |
| 70 | \$108.07 | \$100.06 | \$118.88 | \$110.07 | \$104.39 | \$96.66 | \$114.83 | \$106.33 |
| 71 | \$113.16 | \$103.81 | \$124.47 | \$114.19 | \$109.30 | \$100.28 | \$120.24 | \$110.31 |
| 72 | \$118.32 | \$107.56 | \$130.15 | \$118.32 | \$114.29 | \$103.90 | \$125.72 | \$114.29 |
| 73 | \$123.55 | \$111.31 | \$135.91 | \$122.44 | \$119.35 | \$107.52 | \$131.28 | \$118.27 |
| 74 | \$128.86 | \$115.05 | \$141.75 | \$126.56 | \$124.48 | \$111.14 | \$136.92 | \$122.25 |
| 75 | \$132.13 | \$116.93 | \$145.34 | \$128.62 | \$127.63 | \$112.95 | \$140.40 | \$124.24 |
| 76 | \$135.43 | \$118.80 | \$148.98 | \$130.68 | \$130.83 | \$114.76 | \$143.91 | \$126.24 |
| 77 | \$138.78 | \$120.68 | \$152.66 | \$132.74 | \$134.06 | \$116.57 | \$147.46 | \$128.23 |
| 78 | \$142.16 | \$122.55 | \$156.37 | \$134.80 | \$137.32 | \$118.38 | \$151.05 | \$130.22 |
| 79 | \$145.58 | \$124.42 | \$160.13 | \$136.87 | \$140.62 | \$120.19 | \$154.68 | \$132.21 |
| 80 and older | \$149.03 | \$126.30 | \$163.93 | \$138.93 | \$143.96 | \$122.00 | \$158.36 | \$134.20 |

These rates don't include the premium for the optional Dental Vision Hearing Package monthly premium.

*HD means high deductible

Monthly premiums for individuals applying who are younger than 65

(Effective April 1, 2024)

| Blue Cross Medicare Supplement Plan A nonguaranteed issue rates | | | | |
|--|--------------------------------|----------|------------------------------|----------|
| Age | Area 1 (Southeast Michigan) | | Area 2 (Rest of Michigan) | |
| | Male | Female | Male | Female |
| Younger than 65 | \$292.73 | \$292.73 | \$292.73 | \$292.73 |

These rates don't include the premium for the optional Dental Vision Hearing Package monthly premium.



Monthly premiums for individuals applying who are younger than 65 *(Continued)*
 (Effective April 1, 2024)

| Blue Cross Medicare Supplement Plan D nonguaranteed issue rates | | | | |
|---|--------------------------------|----------|------------------------------|----------|
| Age | Area 1 (Southeast Michigan) | | Area 2 (Rest of Michigan) | |
| | Male | Female | Male | Female |
| Younger than 65 | \$694.26 | \$694.26 | \$694.26 | \$694.26 |

These rates don't include the premium for the optional Dental Vision Hearing Package monthly premium.



Monthly premiums for individuals, who qualify for conversion, applying

Rates shown below for Plan A and Plan D are valid for policies with a start date of 4/1/2023 and after. Members with Plan A or Plan D that were effective prior to 4/1/23 should refer to their annual rate letter.

- If you were eligible for Medicare on or after January 1, 2020, you are not eligible for Plan C.
- You're considered a conversion member if you apply for a Medicare supplement plan, for which you're eligible, within 180 days after losing coverage under a group policy. In this case, you're entitled to the plan without restriction.

| Blue Cross Medicare Supplement Plan A conversion rates | | | | |
|--|--------------------------------|----------|------------------------------|----------|
| Age | Area 1 (Southeast Michigan) | | Area 2 (Rest of Michigan) | |
| | Male | Female | Male | Female |
| Younger than 65 | \$292.73 | \$292.73 | \$292.73 | \$292.73 |
| 65 | \$120.57 | \$114.83 | \$116.47 | \$110.92 |
| 66 | \$127.75 | \$121.09 | \$123.40 | \$116.97 |
| 67 | \$135.00 | \$127.35 | \$130.40 | \$123.02 |
| 68 | \$141.19 | \$132.57 | \$136.39 | \$128.06 |
| 69 | \$147.44 | \$137.79 | \$142.42 | \$133.10 |
| 70 | \$153.33 | \$141.97 | \$148.11 | \$137.14 |
| 71 | \$159.30 | \$146.14 | \$153.88 | \$141.17 |
| 72 | \$165.35 | \$150.32 | \$159.73 | \$145.20 |
| 73 | \$171.49 | \$154.50 | \$165.65 | \$149.24 |
| 74 | \$177.71 | \$158.67 | \$171.66 | \$153.27 |
| 75 | \$181.66 | \$160.76 | \$175.48 | \$155.29 |
| 76 | \$185.64 | \$162.85 | \$179.33 | \$157.31 |
| 77 | \$189.67 | \$164.93 | \$183.22 | \$159.32 |
| 78 | \$193.75 | \$167.02 | \$187.15 | \$161.34 |
| 79 | \$197.86 | \$169.11 | \$191.13 | \$163.36 |
| 80 and older | \$202.01 | \$171.20 | \$195.14 | \$165.37 |

| Blue Cross Medicare Supplement | | |
|--------------------------------|--------------------------------|----------|
| Age | Area 1 (Southeast Michigan) | |
| | Male | Female |
| Younger than 65 | \$694.26 | \$694.26 |
| 65 | \$170.13 | \$162.03 |
| 66 | \$183.63 | \$174.06 |
| 67 | \$197.25 | \$186.09 |
| 68 | \$208.86 | \$196.11 |
| 69 | \$220.57 | \$206.14 |
| 70 | \$231.29 | \$214.16 |
| 71 | \$242.18 | \$222.18 |
| 72 | \$253.22 | \$230.20 |
| 73 | \$264.43 | \$238.22 |
| 74 | \$275.79 | \$246.24 |
| 75 | \$282.79 | \$250.25 |
| 76 | \$289.86 | \$254.26 |
| 77 | \$297.02 | \$258.27 |
| 78 | \$304.25 | \$262.28 |
| 79 | \$311.56 | \$266.29 |
| 80 and older | \$318.96 | \$270.31 |

for Plans A, D and C

Plan D conversion rates

| Area 2 (Rest of Michigan) | |
|------------------------------|----------|
| Male | Female |
| \$694.26 | \$694.26 |
| \$164.34 | \$156.51 |
| \$177.38 | \$168.14 |
| \$190.54 | \$179.76 |
| \$201.76 | \$189.44 |
| \$213.06 | \$199.13 |
| \$223.42 | \$206.87 |
| \$233.94 | \$214.62 |
| \$244.61 | \$222.37 |
| \$255.43 | \$230.12 |
| \$266.41 | \$237.86 |
| \$273.16 | \$241.74 |
| \$280.00 | \$245.61 |
| \$286.91 | \$249.49 |
| \$293.90 | \$253.36 |
| \$300.96 | \$257.23 |
| \$308.11 | \$261.11 |

Blue Cross Medicare Supplement Plan C conversion rates

| Age | Area 1 (Southeast Michigan) | | Area 2 (Rest of Michigan) | |
|-----------------|--------------------------------|----------|------------------------------|----------|
| | Male | Female | Male | Female |
| Younger than 65 | \$465.72 | \$465.72 | \$465.72 | \$465.72 |
| 65 | \$221.22 | \$210.69 | \$213.69 | \$203.52 |
| 66 | \$234.40 | \$222.18 | \$226.42 | \$214.62 |
| 67 | \$247.69 | \$233.67 | \$239.26 | \$225.72 |
| 68 | \$259.06 | \$243.25 | \$250.24 | \$234.97 |
| 69 | \$270.52 | \$252.82 | \$261.32 | \$244.22 |
| 70 | \$281.32 | \$260.49 | \$271.75 | \$251.62 |
| 71 | \$292.28 | \$268.15 | \$282.34 | \$259.02 |
| 72 | \$303.39 | \$275.81 | \$293.07 | \$266.42 |
| 73 | \$314.65 | \$283.47 | \$303.95 | \$273.82 |
| 74 | \$326.07 | \$291.13 | \$314.97 | \$281.23 |
| 75 | \$333.31 | \$294.96 | \$321.97 | \$284.93 |
| 76 | \$340.62 | \$298.79 | \$329.03 | \$288.63 |
| 77 | \$348.02 | \$302.62 | \$336.18 | \$292.33 |
| 78 | \$355.49 | \$306.45 | \$343.39 | \$296.03 |
| 79 | \$363.03 | \$310.28 | \$350.68 | \$299.73 |
| 80 and older | \$370.66 | \$314.12 | \$358.04 | \$303.43 |

These rates don't include the premium for the optional Dental Vision Hearing Package monthly premium.

Enrolling is easy

You can apply for coverage for a Blue Cross Medicare Supplement plan online at www.bcbsm.com/medicare-supplement, by contacting a Blue Cross Blue Shield of Michigan agent or by calling **1-888-563-3307**. TTY users, call **711**.



You can also complete a paper application and send it to one of the following:

Mail:

Blue Cross Blue Shield of Michigan

P.O. Box 44407

Detroit, MI 48244-0407

Fax: 1-866-392-7528

Use one application for each person. Be sure to answer truthfully and completely all questions about your medical and health history (if you are outside of your Medigap open enrollment period or you don't have a guaranteed issue right). Blue Cross may increase your rates, cancel your policy or refuse to pay any claims if you leave out or falsify important medical information or information about your permanent residence, date of birth, health status or nicotine product use*. If applicable, indicate you're switching to a supplement plan from your current coverage. We'll help you enroll and ensure that you have no lapse in coverage.

If you're covered under a health policy from any other insurer, don't cancel that coverage until you receive your *Welcome Guide* from Blue Cross Medicare Supplement and are sure you want to keep your plan. We'll mail a booklet when we enroll you in the plan. If you have questions, please call the number on the back of your Blue Cross member ID card or contact your agent. TTY users, call **711**.

Whether you're applying for coverage online or through an authorized insurance agent, it's important to know that neither Blue Cross nor its authorized agents are connected with Medicare.

**Nicotine products include but are not limited to, cigarettes, e-cigarettes, vaping, and nicotine patches or gum.*

About your premium

Your Blue Cross Medicare Supplement plan premium may change if you relocate to a different rating area. Other than premium adjustments due to age or relocation, we can only change your premium if we change the premium for all policies like yours. All premiums in this booklet are subject to change annually.

The Blue Cross Medicare Supplement plan may not fully cover all of your medical costs. When you receive covered services from a provider who doesn't accept Medicare assignment, you're responsible for the difference between the provider's charge and the Medicare-approved amount, plus any deductible or coinsurance amounts required by the Blue Cross Medicare Supplement plan you select.

Disenrollment may occur if premium payments aren't received by the due date. In such cases, there will be a six-month waiting period before you're eligible to reapply.

Your payment options

You may make payments through authorized automatic deductions from your bank account or by personal check, money order, cashier's check, credit card or text-to-pay. See the enrollment application for details on payment methods. Premium payments are due the 25th of each month.



Changing your coverage

You may switch to a different Blue Cross Medicare Supplement policy at any time, but **you may be subject to medical underwriting**¹. If you're switching to a Medicare Advantage plan, you can enroll only during certain times of the year.

Important: If you're currently enrolled in a Medicare Advantage plan and wish to enroll in Medicare supplement, you must separately disenroll in writing from Medicare Advantage. Call your Medicare Advantage Customer Service department for information on how to disenroll from that plan and prevent duplication of coverage or a lapse in coverage. Medicare Advantage plans only allow disenrollment at certain times of the year.

Do you also need prescription drug coverage?

You may purchase Medicare Part D drug coverage with Blue Cross Blue Shield of Michigan's Prescription BlueSM PDP plan. Call **1-888-563-3307**. (TTY users, call **711**).

You may cancel this coverage if it's not right for you

If you find that you aren't satisfied with Blue Cross Medicare Supplement coverage, notify us by phone, fax or write to us at the address below within the first 30 days of your coverage. You'll be responsible for any deductibles or coinsurance for Medicare Part A and Part B claims, or any services not paid for by Original Medicare incurred during that 30-day period.

If you choose to cancel your Blue Cross Medicare Supplement coverage after the first 30 days, the signature of the policy holder or legal representative is required.

Do one of the following:

Call the Customer Service number on the back of your Blue Cross member ID card. TTY users, call **711**.

Mail: Blue Cross Blue Shield of Michigan

Fax: 1-866-392-7528

P.O. Box 44407

Detroit, MI 48244-0407

Terms defined

Coinsurance – A fixed percentage of the costs you may pay for health care services.

Copayment – An amount you may be required to pay as your share of the cost for a medical service or supply, such as a doctor's visit or hospital outpatient visit.

Deductible – This is a fixed dollar amount you may pay for health care services before we begin to pay.

MACRA – The Medicare Access and CHIP Reauthorization Act of 2015 affects Medicare supplement plans nationwide that cover the Medicare Part B deductible. Medicare supplement plans that cover the Part B deductible (Plans C, F and High-Deductible F) are no longer available for individuals who turned 65 or became eligible for Medicare on or after Jan. 1, 2020. Blue Cross offers Plan G, which is very comparable in benefits and available at a less expensive price than Plan F. If you turned 65 or became eligible for Medicare before Jan. 1, 2020, you may be eligible for Plans C, F and High-Deductible F, depending upon your enrollment criteria.

Medical underwriting is a process that an insurance company uses to decide, based on your medical history, how much to charge you for your plan.

Medicare supplement or Medigap – Medicare supplement plans help bridge the gap between what Original Medicare covers and the total cost of medical services. They cover all or a portion of Medicare deductibles and coinsurances and are accepted nationwide.

Open enrollment period (OEP) – A period of six months that begins on the first day of the month in which you're both 65 or older and enrolled in Medicare Part B, when you can enroll for a Medicare supplement plan without being denied or charged more due to past or present health conditions.

Out-of-pocket costs – This is the portion of the cost that you pay for health care services or supplies — including your plan copay, coinsurance and deductibles, which can change every year.

Premium – Your monthly payment for health, prescription drug or add-on Dental Vision Hearing Package coverage.

To enroll in a Blue Cross Medicare Supplement plan:

- Contact your Blue Cross Blue Shield of Michigan agent.
- Enroll online at www.bcbsm.com/medicare-supplement.
- Call **1-888-563-3307** (TTY: **711**)
8 a.m. to 9 p.m. Eastern time, Monday through Friday,
with weekend hours from Oct. 1 through March 31.

This document is the Blue Cross Medicare Supplement outline of coverage, and the details and exceptions of Blue Cross Medicare Supplement follow. The deductible, coinsurance and copay amounts listed in this brochure are based on the 2024 CMS-approved values and could change for 2025. Like Medicare, Blue Cross Medicare Supplement coverage is accepted nationwide and the plan is easy to use. There are no provider networks or referrals — just use any health care provider who accepts Medicare. Simply present your Blue Cross Medicare Supplement member ID card along with your red, white and blue Medicare health insurance card whenever you receive health care services. We'll coordinate payment with Medicare and your health care providers. In most cases, you'll never have to bother with claim filing or paperwork.

This outline of Medicare supplement coverage is a summary only. Specific provisions for coverage, limitations and exclusions are contained in certificates and, if applicable, riders to those certificates. Although every effort has been made to accurately describe the benefits, if there is a discrepancy between this outline and applicable certificates and riders, the certificates and riders will govern.

This request for information is insurance related and if you respond you may be contacted in an attempt to sell you insurance. Blue Cross Medicare Supplement is not connected with or endorsed by the U.S. government or the federal Medicare program.

Blue Cross does not control the third-party websites referred to in this publication and is not responsible for their content.



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

www.bcbsm.com/medicare-supplement