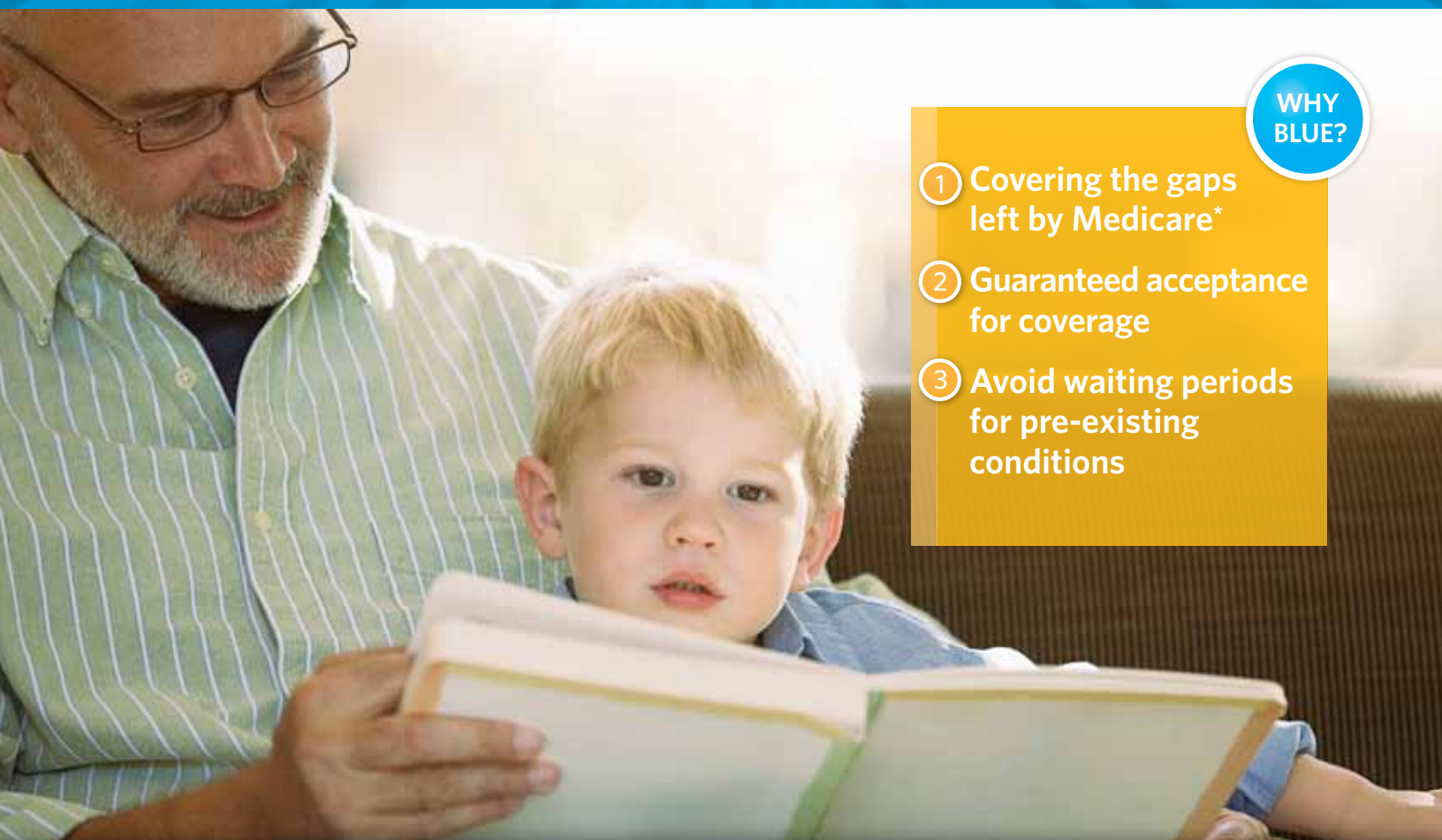


Blue Medicare SupplementSM

Supplemental health care coverage for
Medicare beneficiaries enrolled in Part B
residing in North Carolina



WHY BLUE?

- ① Covering the gaps left by Medicare*
- ② Guaranteed acceptance for coverage
- ③ Avoid waiting periods for pre-existing conditions

Compare plans

We want to help you choose the Blue Medicare Supplement plan that's right for you. Select the plan that includes the benefits that are most important to you.

All of our Blue Medicare Supplement plans are attained-age rated

Our rates will only increase due to age when you move from one age band to the next.

Any change in rate will be preceded by a 30-day notice and is guaranteed for 12 months. Rates are subject to change June 1 of each year, but members will not be singled out for premium increases based on their individual health.

Benefits covered by Blue Medicare Supplement

(Original Medicare does *not* cover the following benefits¹)

Part A (Hospitalization)

\$1,132 Inpatient hospital deductible each benefit period

\$283 a day copayment for days 61-90 in a hospital

\$566 a day copayment for days 91-150 (lifetime reserve²)

100% of Medicare allowable expenses for additional 365 days after Medicare hospital benefits stop completely

First 3 pints of blood per calendar year³

\$141.50 per day for days 21-100 in a skilled nursing facility⁴

Hospice care copayment/coinsurance

Part B (Physician and medical services)

\$162 Part B deductible

Generally, 20% of Medicare-approved amount (Part B coinsurance) after Part B deductible is met

100% of Medicare Part B excess charges⁵

Additional benefits not covered by Medicare

Benefits for medically necessary emergency care received in a foreign country⁶

Blue Medicare Supplement monthly rates⁷

Age Under 65

Age 65

66-69

70-74

75 and over

1) This is only a summary of benefits describing the policies' most important features. The policy is the insurance contract. You must read the policy itself to understand all the rights and duties of both you and your insurance company. These policies may not fully cover all of your medical costs. Neither BCBSNC nor its agents are affiliated with Medicare. **2)** After 90 days of hospitalization, Medicare benefits are paid from a one-time, lifetime reserve of 60 additional days, which are not renewable each benefit period. **3)** If blood is donated to replace what you use, there is no charge. **4)** You must have been in a hospital for at least three days and enter a Medicare-approved facility generally within 30 days after hospital discharge, no benefits after 100 days.



PLAN A PAYS BMS A 2/11	PLAN B PAYS BMS B 2/11	PLAN C PAYS BMS C 2/11	PLAN D PAYS BMS D 2/11	PLAN F PAYS BMS F 2/11	HIGH DED PLAN F ¹⁰ PAYS BMS HDF 2/11	PLAN G PAYS BMS G 2/11	PLAN K PAYS BMS K 2/11	PLAN L PAYS BMS L 2/11	PLAN M PAYS BMS M 2/11	PLAN N PAYS BMS N 2/11
	✓	✓	✓	✓	✓	✓	11, 12	13, 14	11	✓
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\$384.25 ⁸	\$430.25 ⁹	\$536.75 ⁸								
\$85.25	\$102.00	\$122.25	\$107.00	\$122.50	\$47.25	\$107.00	\$61.00	\$75.00	\$98.75	\$96.00
\$99.50	\$118.75	\$142.50	\$124.75	\$142.75	\$55.00	\$125.00	\$71.00	\$87.25	\$115.00	\$111.75
\$116.50	\$139.25	\$167.00	\$146.00	\$167.25	\$64.50	\$146.25	\$83.25	\$102.25	\$134.75	\$131.00
\$140.50	\$168.00	\$201.50	\$176.25	\$201.75	\$77.75	\$176.50	\$100.50	\$123.50	\$162.50	\$158.00

5) On all plans offered except PLANS F, High Ded F and G, members may be responsible for charges higher than the amount approved by Medicare unless the provider agrees to accept Medicare's approved amount as full payment. Approved charges are covered at 100% under these plans. 6) 80% of medically necessary emergency care services beginning during the first 60 days of trip outside of USA, after \$250 annual deductible, up to \$50,000 lifetime maximum. 7) Rates are effective through May 31, 2012 for Plans A-N. 8) Rate is for individuals who are on Medicare due to disability. 9) Plan B under 65 rate is only available to current BCBSNC subscribers who qualify for Medicare due to disability. 10) High-Deductible Plan F: This

high-deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,000 deductible. Benefits for this plan will not begin until out-of-pocket expenses exceed \$2,000, where these are ordinarily paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible. 11) Plan pays 50%; member pays 50%. 12) Until annual out-of-pocket limit of \$4,640 is met. 13) Plan pays 75%; member pays 25%. 14) Until annual out-of-pocket limit of \$2,320 is met. 15) Member pays up to \$20 per office visit and up to \$50 per emergency room visit; Plan pays the balance other than up to \$50 per emergency room visit. ✓ Benefit included in plan.

Limitations & Exclusions

Like most health plans, Blue Medicare Supplement plans have some limitations and exclusions. Blue Cross and Blue Shield of North Carolina (BCBSNC) does not provide benefits for services, supplies, or charges that are: not Medicare eligible expenses under the Medicare program unless otherwise noted; incurred prior to the effective date of coverage, including any expenses when a subscriber is an inpatient on the effective date of coverage; payable under Medicare.

This brochure contains a summary of benefits only describing our policies' most important features. It is not an insurance policy. The Blue Medicare Supplement policy is the insurance contract. If there is any difference between this brochure and the policy, the provisions of the policy will control. Neither Blue Cross and Blue Shield of North Carolina nor its agents are affiliated with Medicare or endorsed by the United State government.

Once members enroll in a plan, they will receive a policy and outline of coverage that will contain detailed information about plan benefits, exclusions and limitations. Members will be notified 30 days in advance of any change in coverage, which is guaranteed for 12 months.

CAUTION: POLICY BENEFITS ARE LIMITED TO THOSE APPROVED BY MEDICARE FOR PAYMENT.

Monthly premiums (rates) are effective through May 31, 2012 for Plans A-N.

This coverage is guaranteed renewable and may not be canceled or non-renewed for any reason other than failure to pay premiums or misstatements in or omissions of information from your application.

* The Blue Medicare Supplement policy is an insurance contract. These policies may not fully cover all of your medical costs. These policies contain provisions that limit benefits to those approved for payment by Medicare.

** The SilverSneakers program is provided by Healthways, Inc., a third-party vendor independent of BCBSNC. The program is a value-added program and not part of member policy or benefit. It may change or be discontinued at any time. BCBSNC does not profit from this program and is not liable in any way for the goods or services received.

Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. ®, SM Marks of the Blue Cross and Blue Shield Association.

®1 Mark of Healthways, Inc.

Blue Medicare SupplementSM

1 Covering the gaps left by Medicare

Medicare covers many health care services and certain prescription drugs, but it doesn't pay for all of your costs, such as copayments, coinsurance and deductibles. These "coverage gaps" could leave you paying up to 20 percent of your health related expenses. That's why a Blue Medicare SupplementSM plan from BCBSNC can give you additional coverage for Medicare deductibles and coinsurance for services like: hospital stays, skilled nursing facilities, physician services, diagnostic tests, and medical and surgical services and supplies. You'll also be covered for costs not covered by Medicare.*

2 Guaranteed acceptance for coverage

Enrollment in a Blue Medicare Supplement plan is simple. And, you can't be denied for Blue Medicare Supplement coverage if you: A) Are age 65 or older and eligible for Medicare or under age 65 and are eligible for Medicare by reason of disability (Plans A, and C); B) enroll within six months of enrolling in Medicare Part B; C) are not covered by Medicaid; and D) are a North Carolina resident.

3 Avoid waiting periods for pre-existing conditions

If you enroll within 30 days following your 65th birthday, or if you have six months of continuous prior coverage, the 12-month waiting period for pre-existing conditions will be waived. Pre-existing conditions are conditions for which medical advice was given or treatment was recommended by or received from a physician within six months before the effective date of coverage. If you wait until after the deadline to enroll, you may have a waiting period for pre-existing conditions and may have to complete a medical questionnaire.

To compare our policies and learn more about attained age see our outline of coverage for Blue Medicare Supplement.

LEARN
MORE
NOW!

Contact your local BCBSNC agent today!



Now included with
Blue Medicare Supplement
at no additional cost.**

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