

Medicare Supplement Coverage Standard and Med-Select Policies



BlueCross BlueShield of Illinois
Experience. Wellness. Everywhere.™

Blue Cross and Blue Shield of Illinois offers two options for Medicare Supplement coverage — Standard and Med-Select. There are two key differences between the Standard and Med-Select options. First, with Med-Select, to receive benefits for the Part A deductible, your client must use participating Blue Cross and Blue Shield of Illinois Med-Select hospitals (except in cases of emergency admission). If your client does NOT use a Med-Select hospital, he or she must pay the Part A deductible.

The second difference is price. With Med-Select, your client's premiums will be even lower than our already competitive Standard rates. Please note: High Deductible Plan F is only available as a Standard Plan.

Blue Cross and Blue Shield of Illinois offers your clients quality service, universal recognition, plus an array of exclusive, value-added features — all at a very competitive price. Once your clients compare, they'll agree that it makes sense to choose Blue Cross and Blue Shield of Illinois.

PRODUCT BENEFIT HIGHLIGHTS FOR PLANS C, D, E, F, HIGH DEDUCTIBLE PLAN F, K AND L.

- Part A Hospital Deductible Coverage* (50% K; 75% L)
- Hospital Copayment Coverage
- Skilled Nursing Facility Coverage (50% K; 75% L)
- Coverage for Physician Fees and Other Medical Expenses (Some Fees/Expenses - 50% K; 75% L)
- Coverage for Foreign Travel Emergencies (excludes K & L)

INDIVIDUAL PLAN BENEFIT HIGHLIGHTS

- **Plan C:** Coverage for Part B Deductible
- **Plan D:** Coverage for At-Home Recovery After a Hospital Stay
- **Plan E:** Coverage for Preventive Care not covered by Medicare
- **Plan F:** Coverage for Part B Deductible and Excess Charges Above Medicare-Approved Amounts
- **High Deductible Plan F:** For same coverage as Plan F after a yearly deductible is met.
- **Plans K & L:** Lower-Cost plans that pay a percentage (50% K; 75% L) of some costs under Medicare Parts A and B.**

PRODUCT FEATURES

- No Claim Forms in Most Cases
- Membership Card Recognition Guaranteed Nationwide
- No Waiting Period for Pre-Existing Conditions — Immediate Coverage
- Coverage for All Medicare-Approved Services
- Protection to Keep Pace with Medicare Cost Increases
- Choice of Physicians and Hospitals*
- Billing Options — E-Z Blue Payment OptionSM for Monthly Pre-Authorized, Automatic Withdrawals **or** pay by check on an annual, semi-annual, or bi-monthly basis.

ELIGIBILITY

This coverage is on a guaranteed issue basis for all Illinois residents ages 65+ who have Medicare Parts A and B, and are either replacing or are not already covered by a Medicare Supplement plan. There is no waiting period for pre-existing conditions. All medical conditions are covered in full from the effective date.

In order for your client to be eligible to choose one of our Med-Select options, they must live within 30 miles of a Med-Select hospital.

EFFECTIVE DATE

When your client is 65 or older: Requested Effective Dates will be honored if the application is received by us **on or before** the requested date. If the requested Effective Date is prior to the date we receive the application, the Effective Date will be made the receipt date. When no Effective Date is requested, the Effective Date issued will be ten (10) days after the application is **received** by our office. In no case will an Effective Date be issued for any date prior to us receiving an application.

(Effective Date continues on back)

**Med-Select Plans require that your client use Blue Cross and Blue Shield of Illinois participating Med-Select hospitals for non-emergency admissions to receive coverage for the Medicare Part A deductible.*

***Pays 100% of Medicare deductibles, and copayments for the rest of the calendar year after an annual out-of-pocket is met. The annual out-of-pocket will increase each year for inflation.*

When your client is turning 65 (applying within 60 days prior): The Effective Date of the policy will be the first day of the 65th birth month (the date Medicare is effective) as long as the application is received **on or before** their 65th birthday.

The Effective Date will be printed on the member's ID card.

REPLACEMENT POLICIES

In the case that your client is replacing a current Medicare Supplement insurance policy, please be sure that both you and the applicant read, sign, and date the two replacement forms available in the Medicare Supplement sales pack. One form must be submitted with the application. The other form should remain with the applicant.

Always advise your client to continue paying premiums on his or her current coverage until Blue Cross and Blue Shield of Illinois issues the new plan and he or she has accepted the new coverage.

PREMIUMS

Premium rates are based on county and age.

Clients residing in Cook, DuPage, Kane, Lake, McHenry, and Will counties receive one set of rates. Those residing in all other Illinois counties receive a different set of rates. Please refer to the Producer Rate Card for further details.

The Medicare Supplement policies are guaranteed renewable. Premiums can be raised only if Blue Cross and Blue Shield raises premiums for all insureds under the policy form. Premiums change at ages 65, 67, 70, 75, 80 and 85. Clients are notified of premium changes at least 30 days in advance.

Premium Payments

Do not accept cash with application. In Part A (the *Plan Selection* area) of our Medicare Supplement application, your client chooses a payment option. They may elect to pay premiums every two months, every six months or once a year.

When they receive their Medicare Supplement policy, an initial premium notice will be enclosed that reflects their choice of payment mode. To activate coverage, your client **must** send a check or money order for this amount. Subsequent premium notices are then mailed to the residential address (or billing address if different).

The EZ Blue Payment Option

Along with the initial premium notice, your client will also receive information about our EZ Blue payment optionSM. With EZ Blue, they can pay *future* premiums *monthly* by authorizing Blue Cross and Blue Shield of Illinois to automatically withdraw premiums from a checking or savings account on a monthly basis.

It's important to remember that your client **must** pay their initial premium of either two, six or twelve months to activate coverage. Once coverage has been activated, then they may apply to pay *future* premiums monthly through the EZ Blue option.

SUBMISSION PROCEDURES

For pre-submission information, call 800-538-0382. GA Producers should call their GA for information.

Required Forms

The following forms must be used when submitting a case:

1. Application for Blue Cross and Blue Shield Medicare Supplement Plan (31222)
2. Notice to Applicant Regarding Replacement of Medicare Supplement Insurance if replacing (OB2207)
3. Policy Checklist original copy (30211 A-F) (30346 K & L)

Please review all applications to verify that they are complete and legible. Any changes to the application must be initialed by the applicant before submission.

Where to Submit

All items should be submitted to:

Blue Cross and Blue Shield of Illinois
P.O. Box 806162
Chicago, IL 60680-4123

Note to GA Producers: Please submit business to General Agents.

COVERAGE CHANGES

An example of a coverage change would be switching from Plan A to Plan D, or from Plan F to Plan E. When the change is approved, the effective date will be determined by the client's current payment status and will take effect as of the next billing due date.

A client wishing to change coverage must submit a new application, indicating which plan he or she is choosing.

Clients who have questions on submission of claims or premiums can call 1-800-624-1723.

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