



Let the **Good Life Begin**

*BlueSenior Classic*  
MEDICARE SUPPLEMENTAL PLANS



**BlueCross BlueShield  
of Nebraska**

An Independent Licensee of the Blue Cross and Blue Shield Association.

# Choose the Plan that Meets Your Needs

Services and Supplies	Medicare Pays	BlueSenior Classic Plan A Pays	BlueSenior Classic Plan B Pays	BlueSenior Classic Plan C Pays	BlueSenior Classic Plan F Pays	BlueSenior Classic Plan G Pays	BlueSenior Classic Plan L Pays
<b>Medicare Part A Hospital Coverage</b>							
<b>First 60 days</b>	100% after Part A deductible	\$0	\$1,100 (Part A deductible)	\$1,100 (Part A deductible)	\$1,100 (Part A deductible)	\$1,100 (Part A deductible)	\$825 (75% of Part A deductible)
<b>Coinsurance 61-90 days</b>	All but \$275 a day	\$275 a day	\$275 a day	\$275 a day	\$275 a day	\$275 a day	\$275 a day
<b>Coinsurance 91-150 days (Lifetime reserve)</b>	All but \$550 a day	\$550 a day	\$550 a day	\$550 a day	\$550 a day	\$550 a day	\$550 a day
<b>Extended Hospital Coverage (up to an additional 365 days in your lifetime)</b>	\$0	All eligible expenses	All eligible expenses	All eligible expenses	All eligible expenses	All eligible expenses	All eligible expenses
<b>Benefit for Blood</b>	All but 3 pints	3 Pints	3 Pints	3 Pints	3 Pints	3 Pints	75%
<b>Skilled Nursing Facility Care</b>							
<b>First 20 days</b>	100%	\$0	\$0	\$0	\$0	\$0	\$0
<b>Coinsurance 21-100 days</b>	All but \$137.50 a day	\$0	\$0	Up to \$137.50 a day	Up to \$137.50 a day	Up to \$137.50 a day	Up to \$103.12 a day
<b>Medicare Part B Physician's Services and Supplies</b>							
<b>Deductible</b>	\$0	\$0	\$0	\$155	\$155	\$0	\$0
<b>Coinsurance</b>	80%	20%	20%	20%	20%	20%	15% (20% for preventive services)
<b>Excess Benefits</b>	\$0	\$0	\$0	\$0	100% up to Medicare's limit	100% up to Medicare's limit	\$0
<b>Benefit for Blood</b>	All but 3 pints	3 Pints	3 Pints	3 Pints	3 Pints	3 Pints	75%
<b>Additional Benefits*</b>							
<b>Emergency Care Received Outside the United States</b>	\$0	\$0	\$0	\$50,000 Lifetime maximum	\$50,000 Lifetime maximum	\$50,000 Lifetime maximum	\$0
<b>Hospice Benefits</b>	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	Medicare copayment/coinsurance	Medicare copayment/coinsurance	Medicare copayment/coinsurance	Medicare copayment/coinsurance	75% of Medicare copayment/coinsurance
<b>Premium</b>	Your premium \$_____	Your premium \$_____	Your premium \$_____	Your premium \$_____	Your premium \$_____	Your premium \$_____	Your premium \$_____

\* Please refer to the next page and the Outline of Coverage for more information.

# Your Medicare Supplemental Benefits

## Medicare Part A Hospital Coverage

**Deductible** → Plans B, C, F and G pay the \$1,100 inpatient hospital deductible for each benefit period. Plan L pays 75% (\$825).

**First 60 Days** → After the Medicare Part A deductible, Medicare pays all eligible expenses for services from your first through 60th day of hospitalization. Services include semiprivate room and board, general nursing and miscellaneous hospital services and supplies.

**Coinsurance** → Plans A, B, C, F, G and L pay \$275 each day when you are hospitalized from the 61st through the 90th day. And, when you are in the hospital from the 91st day through the 150th days, these plans pay \$550 a day for each Lifetime Reserve day used.

**Extended Hospital Coverage** → When you are hospitalized longer than 150 days during a benefit period, and you have exhausted your 60 days of Medicare Lifetime Reserve, Plans A, B, C, F, G and L pay the Medicare Part A eligible expenses for hospitalization, paid at the Diagnostic Related Group (DRG) day outlier per diem or other appropriate standard of payment, subject to the lifetime maximum benefit of an additional 365 days.

**Benefit for Blood** → Medicare pays for all blood that is medically necessary except for the first three pints in each calendar year. Plans A, B, C, F, and G pay for the first three pints of blood not paid for by Medicare. Plan L pays for 75% of the first three pints of blood.

## Skilled Nursing Facility Care

**First 20 Days** → Medicare pays all eligible expenses.

**Coinsurance** → Plans C, F and G pay up to \$137.50 daily from the 21st through the 100th day during which you receive skilled nursing care. Plan L pays up to \$103.12 a day. You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.

## Medicare Part B Physician's Services and Supplies

**Deductible** → Plans C and F pay the \$155 calendar-year deductible.

**Coinsurance** → After the Medicare Part B deductible, Plans A, B, C, F and G pay 20% of eligible expenses for physician's services and supplies, physical and speech therapy and ambulance service.

For hospital outpatient services, these plans will pay your outpatient copayment amount, or 20% of eligible expenses, whichever is applicable.

Plan L pays 20% for Medicare Part B preventive services and 15% for Medicare Part B physician services, supplies, therapy, ambulance and hospital outpatient services.

**Excess Benefits** → Your physician's charges for Medicare Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Plan F and Plan G pay 100% of the difference, up to the charge limitation established by Medicare.

**Benefit for Blood** → Medicare pays for all blood that is medically necessary except for the first three pints in each calendar year. Plans A, B, C, F, and G pay for the first three pints of blood not paid for by Medicare. Plan L pays for 75% of the first three pints of blood.

## Additional Benefits

### Emergency Care Received Outside the U.S. →

After you pay a \$250 calendar-year deductible, Plans C, F and G pay you 80% of eligible expenses incurred during the first 60 days of each trip outside the U.S., to a lifetime maximum of \$50,000. Benefits are payable for emergency care required due to a covered illness or injury.

**Hospice Benefits** → Plans A, B, C, F and G pay for 100% of all Part A Medicare Eligible hospice and respite care cost sharing. Plan L pays 75% of cost-sharing amounts.

**Out-of-Pocket Limit** → Plan L has an annual out-of-pocket limit. After the out-of-pocket limit of \$2,310 is reached, Plan L pays covered services at 100%.

# Important Information About Your BlueSenior Classic Plan

Your Blue Cross and Blue Shield of Nebraska Medicare Supplemental plan helps pay for some eligible expenses not paid for by Medicare Part A and Medicare Part B. There may be charges above what Medicare and Blue Cross and Blue Shield of Nebraska pay.

Coinsurance is the portion of the eligible expense not paid by Medicare and paid by Blue Cross and Blue Shield of Nebraska.

Your policy is guaranteed renewable. It cannot be cancelled because of the number of claims you file or the amount of benefits you collect.

As Medicare deductible and coinsurance amounts increase, your Medicare supplemental benefits will automatically increase. Benefits are not paid for any expense paid by Medicare.

Benefits are paid to you or your hospital or doctor.

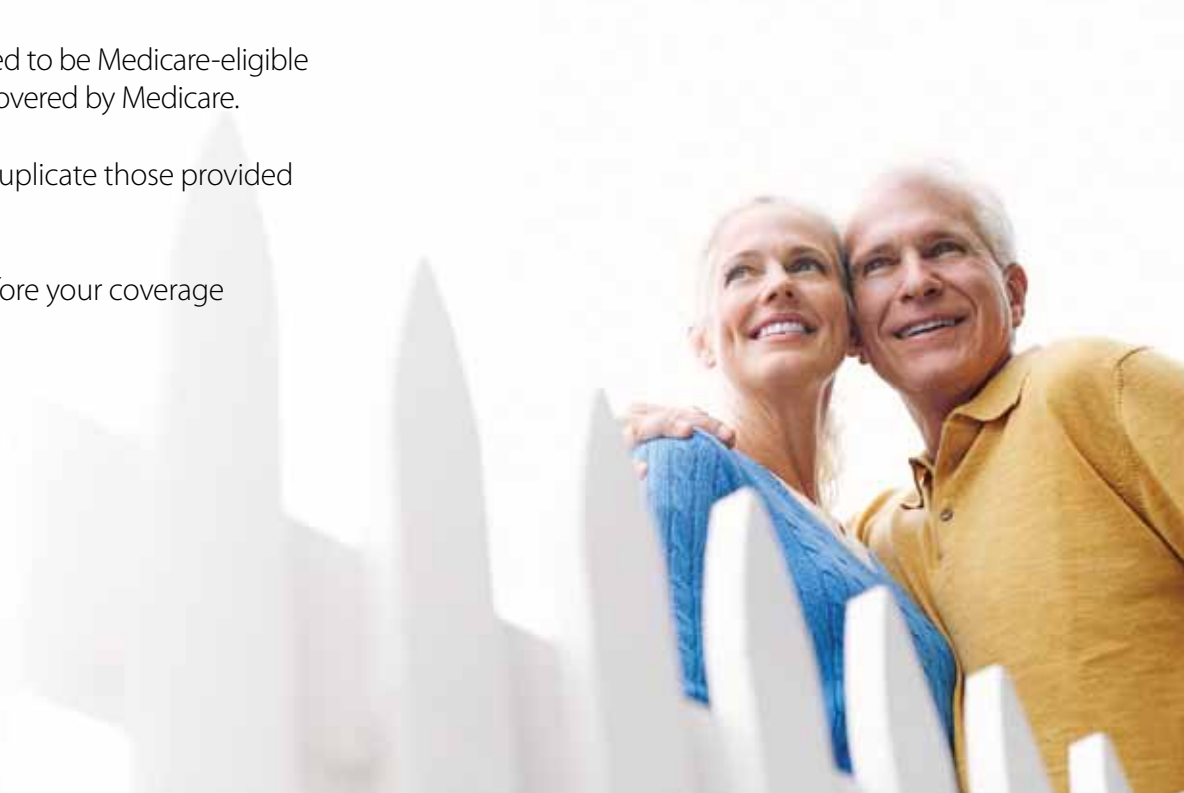
## Your Blue Cross and Blue Shield of Nebraska Medicare Supplemental policy will not pay for:

- Services not considered to be Medicare-eligible expenses, or are not covered by Medicare.
- Benefits that would duplicate those provided by Medicare.
- Services provided before your coverage effective date.

## To be eligible for Medicare Supplemental coverage with Blue Cross and Blue Shield of Nebraska, you need to:

- Be enrolled in Medicare Parts A and B
- Live in Nebraska
- Not be covered by any other plan or entitled to Medicaid coverage, except in certain situations, which are described in *"Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare."*

This is a brief description of your coverage. For complete information on benefits, exclusions and limitations, please read the Outline of Coverage and the policy.



## You're Living the Good Life

At age 65, the "good life" has just begun. Life gets interesting. You have more time to devote to family and friends, new hobbies and pursuits...maybe travel. Sixty-five can mean an exciting new stage in your life – and Blue Cross and Blue Shield of Nebraska can help you protect that "good life" you've worked so hard to achieve.

## Don't Go It Alone

Medicare helps. But Medicare alone isn't enough. Medicare doesn't pay for deductible and coinsurance amounts that can add up fast. That's why your choice of a Medicare Supplemental plan is so important.



## Why Choose Blue Cross and Blue Shield of Nebraska?

### Security:

- A trusted name in Nebraska health care for 70 years, Blue Cross and Blue Shield of Nebraska has proudly served the Medicare market since the program began.
- More than 60,000 of your Nebraska neighbors age 65 and older rely on the strength, stability and affordable coverage offered by Blue Cross and Blue Shield of Nebraska.
- Blue Cross and Blue Shield of Nebraska is a local, mutual insurance company that's here to stay.

### Choice:

- We offer six Medicare Supplemental plans at affordable prices.
- With all six plans, you are free to use the doctor and hospital of your choice.
- You may also see the specialist of your choice – no referral needed.

### Service and Convenience:

- We have friendly, knowledgeable employees trained and ready to answer your questions about our Medicare Supplemental plans.
- No claims to file for care received in Nebraska.

## Are You Ready to Protect the Good Life?

Call us today and we'll explain  
everything to you, step-by-step.

Toll-free 1-877-444-BLUE (2583) M-F, 8 a.m. to 5 p.m.  
(TTY/TDD users call Nebraska Relay Service, 1-800-833-7352)

You can also learn more by visiting our  
website at: [www.bcbsne.com](http://www.bcbsne.com)



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