



LIVE FEARLESS[®]

WYOMING

2019 Senior **Blue**[®]

Outline of Medicare
Supplement Coverage



For Assistance
800-851-2227

Medicare@bcbswy.com
WyomingSeniorBlue.com

Standard Medicare Supplement Plans

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company

Plans E, H, I, and J are no longer available for sale.

Basic Benefits:

- **Hospitalization** – Part A coinsurance plus coverage for 365 additional days after Medicare benefits end
- **Medical Expenses** – Part B coinsurance (generally 20% of Medicare-approved expenses) or co-payments, coinsurance or co-payments.
- **Blood** – First three pints of blood each year.
- **Hospice** – Part A coinsurance.

Blue Cross Blue Shield of Wyoming offers the plans highlighted in gray.

A	B	C	D	F F*
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible
				Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency

***Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2,300 (2019 amount) paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not**

****The out-of-pocket annual limit may increase each year for inflation.**

must make Plan “A” available. Some plans may not be available in your state.

nd.

ents for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B

G	K	L	M	N
Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
Part B Excess (100%)				
Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
	Out-of-pocket limit \$5,560; paid at 100% after limit reached**	Out-of-pocket limit \$2,780; paid at 100% after limit reached**		

benefits as Plan F after one has paid a calendar year \$2,300 (2019 amount) deductible. (amount). Out-of-pocket expenses for this deductible are expenses that would ordinarily be not include the plan’s separate foreign travel emergency deductible.

Senior Blue Premium Rates - Effective January 1, 2019**Premium Information**

Blue Cross Blue Shield of Wyoming can only raise your premium if we raise the premium for all policies like yours in this state. When we change the premium upon our implementation of a new table of rates or a change in Medicare's benefit structure, your new premium will be based upon your age at the effective date of the premium change. If we do change premiums, we will notify you at least 30 days in advance.

Disclosures

Use this outline to compare benefits and premiums among policies.

Read Your Policy Very Carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and Blue Cross Blue Shield of Wyoming.

Ages	High Deductible					
	Plan A	Plan F	Plan F	Plan G	Plan K	Plan N
65	105.30	157.80	60.90	142.50	78.10	128.70
66	108.80	162.80	62.60	147.20	80.50	132.60
67	112.20	168.20	64.70	152.00	83.20	137.00
68	116.00	173.70	66.90	157.00	85.80	141.50
69	119.80	179.50	69.10	162.20	88.70	146.20
70	123.70	185.10	71.40	167.20	91.50	150.80
71	127.60	191.30	73.90	172.90	94.60	155.80
72	131.90	197.40	76.20	178.30	97.50	160.80
73	136.10	204.00	78.70	184.30	100.90	166.10
74	140.70	210.60	81.10	190.30	104.00	171.60
75	145.20	217.30	83.70	196.40	107.50	177.20
76	149.80	224.40	86.70	202.80	111.00	183.00
77	154.70	231.70	89.40	209.40	114.50	189.00
78	159.80	239.20	92.40	216.30	118.20	194.80
79	164.90	247.20	95.40	223.40	122.20	201.30
80	170.50	255.10	98.40	230.50	126.20	208.00
81	176.00	263.40	101.70	238.10	130.20	214.60
82	181.60	272.00	104.70	245.90	134.50	221.70
83	187.80	280.90	108.50	253.90	138.90	228.90
84	193.60	289.90	112.00	261.90	143.50	236.20
85+	200.00	299.30	115.60	270.50	148.10	244.00

Right to Return Policy

If you find that you are not satisfied with your policy, you may return it to: Blue Cross Blue Shield of Wyoming, 4000 House Avenue, Cheyenne, WY 82001. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Policy Replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice

This policy may not fully cover all of your medical costs.

Neither Blue Cross Blue Shield of Wyoming nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. Blue Cross Blue Shield of Wyoming may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Senior Blue® Medicare Supplement Plans

This chart highlights the Senior Blue Medicare Supplement plans available to you.

Benefit	MEDICARE PAYS	YOU PAY
		Senior Blue Plan A
Medicare Part A – Hospital Services Per Benefit Period		
Hospitalization		
Days 1-60	All but \$1,364	\$1,364 (Part A Deductible)
Days 61-90	All but \$341 a day	\$0
91st Day and after:		
While using 60 lifetime reserve days	All but \$682 a day	\$0
Once lifetime reserve days are used:		
Additional 365 days	\$0	\$0
Beyond the 365 days	\$0	All costs
Skilled Nursing Facility Care		
Days 1-20	All approved amounts	\$0
Days 21-100	All but \$170.50 a day	Up to \$170.50 a day
101st day and after	\$0	All costs
Blood		
First three pints	\$0	\$0
Additional amounts	100%	\$0
Hospice Care		
	All but limited coinsurance for outpatient drugs & inpatient respite	\$0
Medicare Part B – Medical Services Per Calendar Year		
Medical Expenses		
First \$185 of Medicare-approved amounts	\$0	\$185 (Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	All costs
Blood		
First 3 pints	\$0	\$0
Next \$185 of Medicare-approved amounts	\$0	\$185 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	\$0
Clinical Laboratory Service		
	100%	\$0
Home Health Care Medicare-Approved Services		
Medically necessary skilled care, services, medical supplies	100%	\$0
Durable medical equipment:		
First \$185 of Medicare-approved amounts	\$0	\$185 (Part B Deductible)
Remainder of Medicare-approved amounts	80%	\$0
Other Services Not Covered by Medicare		
Foreign Travel		
(Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA)		
First \$250 of each calendar year	\$0	All costs
Remainder of charges	\$0	All costs

Senior Blue Medicare Supplement Plans are age-rated.

YOU PAY		YOU PAY	
Senior Blue Plan F/F*	Senior Blue Plan G	Senior Blue Plan K**	Senior Blue Plan N
\$0	\$0	\$682 (50% of Part A Deductible)	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
All costs	All costs	All costs	All costs
\$0	\$0	\$0	\$0
\$0	\$0	Up to \$85.25 a day	\$0
All costs	All costs	All costs	All costs
\$0	\$0	50% of the first three pints of blood	\$0
\$0	\$0	\$0	\$0
\$0	\$0	50% of Part A Medicare coinsurance or copayments	\$0
\$0	\$185 (Part B Deductible)	\$185 (Part B Deductible)	\$185 (Part B Deductible)
\$0	\$0	Generally 10%	\$20 Office Visit / \$50 ER
\$0	\$0	All costs	All costs
\$0	\$0	50% of the first three pints of blood	\$0
\$0	\$185 (Part B Deductible)	\$185 (Part B Deductible)	\$185 (Part B Deductible)
\$0	\$0	Generally 10%	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$0	\$185 (Part B Deductible)	\$185 (Part B Deductible)	\$185 (Part B Deductible)
\$0	\$0	10%	\$0
\$250	\$250	All costs	\$250
20% and amounts over the \$50,000 lifetime maximum	20% and amounts over the \$50,000 lifetime maximum	All costs	20% and amounts over the \$50,000 lifetime maximum

* Plan F also has an option called a High Deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,300 (for 2019) deductible.

** Out-of-pocket maximum for Medicare-approved amounts limited to \$5,560 for 2019.



Translation Services

12.2016



NOTICE OF NON-DISCRIMINATION PRACTICE

Effective September 20, 2016

Blue Cross Blue Shield of Wyoming (BCBSWY) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. BCBSWY does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

BCBSWY provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-442-2376 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe BCBSWY has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Compliance Officer in our Legal Department

- by email at: Legal@bcbswy.com
- by mail at: BCBSWY Compliance Officer
Legal Department
PO Box 2266
Cheyenne, WY 82003-2266
- or by phone at: 1-800-442-2376

Grievance forms are available by contacting us at the contacts listed above or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://www.hhs.gov/ocr/complaints/index.html>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F HHH Bldg
Washington, DC 20201

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.