

The Affordable Medicare Supplement Policy

www.SouthCarolinaBlues.com

Medicare Select

South Carolina



Your agent is:

Medicare Select Premiums

Plan "B"		
Age	Monthly Bank Draft	Monthly
65	\$ 85.76	\$ 91.23
66	\$ 93.75	\$ 99.73
67	\$102.17	\$108.69
68	\$103.97	\$110.61
69	\$106.43	\$113.22
70	\$107.80	\$114.68
71	\$127.33	\$135.46
72	\$129.43	\$137.69
73	\$131.63	\$140.03
74	\$133.90	\$142.45
75	\$136.26	\$144.96
76	\$139.79	\$148.71
77	\$141.25	\$150.27
78	\$143.89	\$153.07
79	\$146.64	\$156.00
80+	\$152.21	\$161.93

Plan "C"		
Age	Monthly Bank Draft	Monthly
65	\$112.21	\$119.37
66	\$122.65	\$130.48
67	\$134.57	\$143.16
68	\$137.36	\$146.13
69	\$140.88	\$149.87
70	\$143.34	\$152.49
71	\$175.70	\$186.91
72	\$179.05	\$190.48
73	\$182.52	\$194.17
74	\$186.18	\$198.06
75	\$190.00	\$202.13
76	\$195.05	\$207.50
77	\$198.15	\$210.80
78	\$202.51	\$215.44
79	\$204.80	\$217.87
80+	\$218.87	\$232.84

Plan "D"		
Age	Monthly Bank Draft	Monthly
65	\$ 92.09	\$ 97.97
66	\$100.66	\$107.08
67	\$110.29	\$117.33
68	\$112.54	\$119.72
69	\$115.46	\$122.83
70	\$117.35	\$124.84
71	\$142.02	\$151.09
72	\$144.70	\$153.94
73	\$147.50	\$156.91
74	\$150.43	\$160.03
75	\$153.50	\$163.30
76	\$157.99	\$168.07
77	\$160.03	\$170.24
78	\$163.53	\$173.97
79	\$164.25	\$174.73
80+	\$177.71	\$189.05

Plan "F"		
Age	Monthly Bank Draft	Monthly
65	\$123.85	\$131.76
66	\$135.37	\$144.01
67	\$148.42	\$157.89
68	\$151.42	\$161.09
69	\$155.58	\$165.51
70	\$157.82	\$167.89
71	\$179.90	\$191.38
72	\$183.47	\$195.18
73	\$187.18	\$199.13
74	\$191.51	\$203.73
75	\$195.14	\$207.60
76	\$199.09	\$211.80
77	\$199.09	\$211.80
78	\$199.09	\$211.80
79	\$199.09	\$211.80
80+	\$237.51	\$252.67

Save More With A Medicare Select Policy

There's a subtle difference between a regular Medicare Select policy and a standardized Medicare supplement policy. And that difference can mean the world to your pocketbook!

You'll enjoy the same benefits and security as a standardized Medicare supplement policy. The difference is in how you use the Medicare Part A benefit — the part concerning hospital coverage.

How It Works

BlueCross BlueShield of South Carolina has teamed up with local hospitals to offer you this exciting alternative to traditional Medicare supplement coverage. In exchange for a lower monthly premium, you agree to use one of our hospital partners when you need inpatient health care services. Use a participating hospital and the Medicare Part A deductible is covered.

You can still visit your current physician — or any other doctor of your choice. (You may want to ask if your doctor has admitting privileges to the Medicare Select network hospital you choose for inpatient care.)

If you choose to use a hospital that's not in our network, you'll have to pay the Part A deductible. But we'll still cover Part A copayments and Part B benefits! And if you have an emergency, or if the network hospital doesn't offer the medical service you need, your Part A deductible will still be covered.

Added Value For Your Dollar

Choose a Medicare Select policy and take advantage of these added values:

- **Save an Average of 20 Percent on Cosmetic Surgery** — Members are eligible for preferred rates on a variety of cosmetic procedures. Just show your BlueCross ID card to one of our participating cosmetic surgery partners.
- **Save Up to 60 Percent on Eyewear** — Why pay more than you have to for your eyewear? Members can save up to 60 percent on eye exams, frames, lenses and even contact lenses.
- **Save Up to 50 Percent on Hearing Services** — You and your immediate family (children, siblings and parents) can save up to 50 percent on various hearing services.
- **Save 15 Percent on Hair Restoration Procedures** — If you have thinning hair, you can take advantage of our hair restoration discount program. As a member you'll receive a 15 percent discount off the cost of a hair restoration procedure that restores your own growing hair. Once transplanted, it continues to grow naturally. To find a participating location or center, visit our Web site at www.SouthCarolinaBlues.com.
- **Save on Allergy Relief** — Members can take a 10 percent discount on products offered to improve indoor air quality. Call 1-877-365-6238 or visit www.SouthCarolinaBlues.com/discounts for more information.

- **Save on Alternative Health Care** — With Natural BlueSM, members can access a diverse and extensive network of health care providers and enjoy savings at select acupuncturists, massage therapists and chiropractors around the state and the nation. Or you can buy health products at reduced prices, such as vitamins, herbal supplements, books, tapes and more.
- **Save as Much as 50 Percent on Weight Loss Programs** — With our value-added program, members are eligible for substantial discounts on weight loss programs and services. You can even get a 30-day trial membership with NO program charge!
- **Save on LASIK Laser Vision Correction** — Members are seeing discounts like never before! Save on LASIK vision correction services including vision exams, pre-operative care, corrective surgery and post-operative care.
- **Save on Spa Getaways** — Want to reduce stress and help prevent illness? If so, what better way to relax than at a spa? Now members can take advantage of exclusive spa discounts through our Natural Blue program. Today's spas offer a range of wellness services, including massage therapy, mind/body therapies and more.
- **Save Time and Trouble** — With *My Insurance Manager*, you can check information about your BlueCross policy coverage 24 hours a day, seven days a week — online. Visit www.SouthCarolinaBlues.com and click on *My Insurance Manager* for your secure private information resource. This service is simple to use and 100 percent FREE! Plus, as a member, you'll also have access to *My Pharmacy Manager*, an online drug information tool that lets you compare costs.
- **Monthly Bank Draft Option** — A convenient way to pay your bills! We'll arrange for your monthly premiums to come to us automatically. We'll save time and paperwork, so we'll take an extra 6 percent off your premium!

30-Day Free Look

You may examine your Medicare Select policy for 30 days to confirm your decision for coverage. If you decide not to keep this coverage, just return the policy within 30 days, along with a letter stating you no longer want this coverage. If you have not submitted any claims, we'll refund all your premiums promptly.

To find out more about these programs, go to our Web site at www.SouthCarolinaBlues.com. Then click the link for the program of your choice. You'll be guided to a provider near you. We're always adding value-added extras to your coverage, so check with us often.



Medicare Select Comparison Chart

This chart shows you brief descriptions of the important features of Medicare Select Plans B, C, D and F. This comparison is not the insurance contract, and only actual provisions of the policy control how BlueCross will pay benefits. Neither BlueCross nor its agents are

connected with Medicare. If you want further information on Medicare and its limitations, please consult the Centers for Medicare & Medicaid Services (CMS, formerly HCFA) publications or your local Social Security office.

Information You Can Use

Part A Hospital Insurance — Covered Services

SERVICE	MEDICARE PAYS	MEDICARE SELECT PLAN B PAYS	MEDICARE SELECT PLAN C PAYS	MEDICARE SELECT PLAN D PAYS	MEDICARE SELECT PLAN F PAYS	YOUR POLICY PAYS
Hospitalization Semiprivate room and board. General nursing and miscellaneous hospital services and supplies.						
Network Hospital — First 60 days	First 60 days, all but \$1,068.	\$1,068 Part A deductible.	\$1,068 Part A deductible.	\$1,068 Part A deductible.	\$1,068 Part A deductible.	
Non-network Hospital — First 60 days	First 60 days, all but \$1,068.	\$0	\$0	\$0	\$0	
61st to 90th day	All but \$267 a day.	\$267 a day.	\$267 a day.	\$267 a day.	\$267 a day.	
91st to 150th day (Lifetime Reserve Days)	All but \$534 a day.	\$534 a day.	\$534 a day.	\$534 a day.	\$534 a day.	
Beyond 150 days	No coverage.	Beyond 150 days, 100 percent of eligible expenses for up to 365 days.	Beyond 150 days, 100 percent of eligible expenses for up to 365 days.	Beyond 150 days, 100 percent of eligible expenses for up to 365 days.	Beyond 150 days, 100 percent of eligible expenses for up to 365 days.	
Skilled Nursing Care Medicare must approve the facility.						
First 20 days	100 percent of eligible expenses.	No coverage.	No coverage.	No coverage.	No coverage.	
21st to 100th day	All but \$133.50 a day.	No coverage.	Up to \$133.50 a day.	Up to \$133.50 a day.	Up to \$133.50 a day.	

Part B Medical Insurance — Covered Services

Medical Expenses Services of a physician, outpatient services, physical and speech therapies, ambulance/medical supplies.	80 percent of eligible expenses after the \$135 deductible each calendar year.	After you meet the \$135 deductible, all Medicare Part B coinsurance for eligible medical and outpatient hospital expenses.	\$135 deductible, plus all Medicare Part B coinsurance for eligible medical and outpatient hospital expenses.	After you meet the \$135 deductible, all Medicare Part B coinsurance for eligible medical and outpatient hospital expenses.	\$135 deductible, plus all Medicare Part B coinsurance for eligible medical and outpatient hospital expenses.	
Medical charges in excess of Medicare allowable expenses.	No coverage.	No coverage.	No coverage.	No coverage.	100% of the difference between the actual Medicare Part B charge as billed and the Medicare-approved Part B charge.	
Blood You receive as an outpatient.	80 percent of eligible expenses after the first three pints of blood each calendar year.	The first three pints and the Part B coinsurance for any additional pints.	The first three pints and the Part B coinsurance for any additional pints.	The first three pints and the Part B coinsurance for any additional pints.	The first three pints and the Part B coinsurance for any additional pints.	
Emergency expenses you incur in a foreign country.	No coverage.	No coverage.	After the first \$250 each calendar year: 80 percent to a lifetime maximum of \$50,000 for the remainder of charges.	After the first \$250 each calendar year: 80 percent to a lifetime maximum of \$50,000 for the remainder of charges.	After the first \$250 each calendar year: 80 percent to a lifetime maximum of \$50,000 for the remainder of charges.	

Parts A & B — Covered Services

At-home recovery services Your doctor and Medicare must approve treatment.	No coverage.	No coverage.	No coverage.	Actual charges up to \$40 per visit, not to exceed seven each week. \$1,600 calendar year maximum.	No coverage.	
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See Premiums on Reverse Side

How is this policy different from traditional standardized Medicare supplement policies?

The big difference is your monthly premiums will be lower! And, you must use one of the hospitals in our Medicare Select network in order for your Part A deductible to be covered. If you have an emergency or the network hospital doesn't offer the medical service you need, your Part A deductible will be covered.

Can I keep my own doctor?

Yes, you can keep your own doctor. But it's very important your doctor has admitting privileges at one of our Medicare Select network hospitals. If you're not sure if your doctor has admitting privileges at the Medicare Select network hospital you choose to use, just ask your doctor or the hospital administration.

What if my doctor doesn't practice at any of the hospitals on the Medicare Select list?

You may want to ask your doctor to apply for admitting privileges at the participating hospital of your choice. If your doctor does not want to practice at the hospital and you don't want to switch physicians, you may prefer our traditional standardized Medicare supplement policies.

What if I'm away from home and I have an emergency?

If you're outside our service area, go to the nearest medical facility for treatment. Even though the out-of-area hospital won't be in our network, your Part A deductible will be covered because it's an emergency.

What if I have an emergency inside the Medicare Select service area, but the ambulance takes me to a hospital that's not in your network?

Again, if it's an emergency, you should go to the nearest medical facility. Your Part A deductible will be covered. But we encourage you to tell your family, friends and physician which hospital you would prefer to be taken to just in case you have an emergency.

What do you consider an emergency?

An emergency is a life- or limb-threatening illness, injury or condition that requires *immediate* medical treatment to save your life or prevent damage to your health or body.

Do I have to use a network hospital for outpatient hospital services?

No. You may choose whichever hospital you prefer for *outpatient* services. Your Medicare Select policy only requires you to use one of our hospital partners for *inpatient* hospital services.

If I buy Medicare Select and decide it's not for me after all, what are my options?

You can apply for one of BlueCross BlueShield of South Carolina's traditional standardized Medicare supplement policies with equal or lesser benefits, with no health questions and *no waiting periods!

*(except for chronic renal disease)