



2024 OUTLINE OF COVERAGE

Medicare Supplement

Senior Security
Senior Preferred

Published Date: 1/1/2024



An Independent Licensee of the Blue Cross Blue Shield Association

Benefit Chart of Medicare Supplement Plans sold on or after January 1, 2024

This chart shows the benefits included in each of the standard Medicare Supplement Plans. Some plans may not be available. Only applicants' **first** eligible for Medicare before 2020 may purchase Plans C, F, and high-deductible F.

Blue Cross® Blue Shield® of Arizona offers Medicare Supplement plans A, C, D, F, G, and N (shown in blue in the chart). Note: A ✓ means 100% of the benefit is paid.

	Plans Available to All Applicants								Medicare first eligible before 2020 only	
Benefits	A	B	D	G*	K	L	M	N	C	F*
Medicare Part A coinsurance and hospital coverage (Up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply***	✓	✓
Blood (First 3 pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled Nursing Facility Care coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A Deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B Deductible									✓	✓
Medicare Part B Excess Charges				✓						✓
Foreign Travel Emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-Of-Pocket Limit in 2024**					\$7,060	\$3,530				

*Plans F and G also have a high-deductible option which requires first paying a plan deductible of \$2,800 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High-deductible plan G does not cover the Medicare Part B deductible. However, high-deductible plans F and G count your payment of the Medicare Part B deductible towards meeting the plan deductible.

**Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

***Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.

2024 Medicare Supplement Plan Monthly Rates at a Glance



SENIOR SECURITY NON-TOBACCO USE

Early Enrollment Discount – ages 65-72

BLUEVALUE SM RATES						
AGE	Plan A	Plan C*	Plan D	Plan F*	Plan G	Plan N
65	\$140.12	\$147.72	\$171.32	\$197.09	\$147.52	\$125.26
66	\$149.40	\$157.50	\$182.66	\$210.13	\$157.28	\$133.55
67	\$161.25	\$169.99	\$197.15	\$226.79	\$169.76	\$144.14
68	\$169.23	\$178.41	\$206.91	\$238.02	\$178.17	\$151.27
69	\$179.53	\$189.27	\$219.51	\$252.52	\$189.01	\$160.48
70	\$189.06	\$199.32	\$231.16	\$265.92	\$199.05	\$169.00
71	\$203.49	\$214.52	\$248.79	\$286.21	\$214.23	\$181.90
72	\$213.79	\$225.39	\$261.39	\$300.70	\$225.08	\$191.11
73+	\$257.58	\$271.55	\$314.93	\$362.29	\$271.18	\$230.25

STANDARD RATES						
AGE	Plan A	Plan C*	Plan D	Plan F*	Plan G	Plan N
65	\$226.30	\$239.77	\$276.70	\$318.30	\$238.33	\$202.28
66	\$241.28	\$255.64	\$295.01	\$339.36	\$254.10	\$215.67
67	\$260.42	\$275.92	\$318.41	\$366.28	\$274.25	\$232.77
68	\$273.31	\$289.58	\$334.18	\$384.42	\$287.83	\$244.30
69	\$289.95	\$307.21	\$354.52	\$407.82	\$305.36	\$259.17
70	\$305.34	\$323.52	\$373.34	\$429.47	\$321.57	\$272.93
71	\$328.64	\$348.20	\$401.83	\$462.24	\$346.10	\$293.75
72	\$345.28	\$365.83	\$422.17	\$485.64	\$363.62	\$308.63
73+	\$416.00	\$440.76	\$508.64	\$585.11	\$438.10	\$371.84

+(Ages 73 and older) You may be eligible to receive a lower premium BlueValue rate. In certain situations, you may be automatically eligible to receive the BlueValue rate, regardless of your medical history. If you don't qualify for the BlueValue rate, you will receive a standard rate.

This is an advertisement. A sales representative may contact you after receiving your inquiry. This is only a summary of rates. For plan details, refer to the Outline of Coverage. BlueValue Rate: Premium is discounted for individuals with guaranteed issue rights, in a Medigap Open Enrollment Period, or who qualify for a discount based on medical underwriting criteria. Standard Rate: Premium is based on medical underwriting criteria for individuals who don't have a guaranteed issue right or aren't in a Medigap Open Enrollment Period. AZ Blue offers a 5% Household Discount to households with two or more Medicare Supplement members. Certain terms and conditions apply.

*Starting January 1, 2020, Medicare Supplement plans will no longer cover the Part B deductible for people who are new to Medicare. Because of this change, Medicare Supplement Plans C and F will be available only to people who are eligible for Medicare before January 1, 2020.

2024 Medicare Supplement Plan Monthly Rates at a Glance



SENIOR PREFERRED NON-TOBACCO USE

Early Enrollment Discount – ages 65-72

BLUEVALUE SM RATES				
AGE	Plan C*	Plan D	Plan G	Plan N
65	\$153.39	\$141.16	\$149.99	\$105.57
66	\$163.54	\$150.50	\$159.92	\$112.56
67	\$176.51	\$162.43	\$172.60	\$121.49
68	\$185.25	\$170.48	\$181.15	\$127.50
69	\$196.53	\$180.86	\$192.18	\$135.27
70	\$206.96	\$190.46	\$202.38	\$142.45
71	\$222.75	\$204.99	\$217.82	\$153.32
72	\$234.03	\$215.37	\$228.85	\$161.08
73+	\$281.96	\$259.48	\$275.72	\$194.07

STANDARD RATES				
AGE	Plan C*	Plan D	Plan G	Plan N
65	\$247.78	\$228.03	\$242.30	\$170.65
66	\$264.17	\$243.12	\$258.34	\$181.94
67	\$285.12	\$262.40	\$278.83	\$196.37
68	\$299.24	\$275.39	\$292.63	\$206.09
69	\$317.46	\$292.16	\$310.45	\$218.64
70	\$334.31	\$307.67	\$326.93	\$230.25
71	\$359.82	\$331.14	\$351.87	\$247.82
72	\$378.04	\$347.91	\$369.69	\$260.36
73+	\$455.47	\$419.17	\$445.41	\$313.69

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2024 Medicare Supplement Plan Monthly Rates at a Glance



SENIOR SECURITY TOBACCO USE
Early Enrollment Discount – ages 65-72

BLUEVALUE SM RATES						
AGE	Plan A	Plan C*	Plan D	Plan F*	Plan G	Plan N
65	\$154.13	\$162.49	\$188.45	\$216.80	\$162.27	\$137.79
66	\$164.34	\$173.25	\$200.93	\$231.14	\$173.01	\$146.91
67	\$177.38	\$186.99	\$216.87	\$249.47	\$186.74	\$158.55
68	\$186.15	\$196.25	\$227.60	\$261.82	\$195.99	\$166.40
69	\$197.48	\$208.20	\$241.46	\$277.77	\$207.91	\$176.53
70	\$207.97	\$219.25	\$254.28	\$292.51	\$218.96	\$185.90
71	\$223.84	\$235.97	\$273.67	\$314.83	\$235.65	\$200.09
72	\$235.17	\$247.93	\$287.53	\$330.77	\$247.59	\$210.22
73+	\$283.34	\$298.71	\$346.42	\$398.52	\$298.30	\$253.28

STANDARD RATES						
AGE	Plan A	Plan C*	Plan D	Plan F*	Plan G	Plan N
65	\$248.93	\$263.75	\$304.37	\$350.13	\$262.16	\$222.51
66	\$265.41	\$281.20	\$324.51	\$373.30	\$279.51	\$237.24
67	\$286.46	\$303.51	\$350.25	\$402.91	\$301.68	\$256.05
68	\$300.64	\$318.54	\$367.60	\$422.86	\$316.61	\$268.73
69	\$318.95	\$337.93	\$389.97	\$448.60	\$335.90	\$285.09
70	\$335.87	\$355.87	\$410.67	\$472.42	\$353.73	\$300.22
71	\$361.50	\$383.02	\$442.01	\$508.46	\$380.71	\$323.13
72	\$379.81	\$402.41	\$464.39	\$534.20	\$399.98	\$339.49
73+	\$457.60	\$484.84	\$559.50	\$643.62	\$481.91	\$409.02

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2024 Medicare Supplement Plan Monthly Rates at a Glance



SENIOR PREFERRED TOBACCO USE
Early Enrollment Discount – ages 65-72

BLUEVALUE SM RATES				
AGE	Plan C*	Plan D	Plan G	Plan N
65	\$168.73	\$155.28	\$164.99	\$116.13
66	\$179.89	\$165.55	\$175.91	\$123.82
67	\$194.16	\$178.67	\$189.86	\$133.64
68	\$203.78	\$187.53	\$199.27	\$140.25
69	\$216.18	\$198.95	\$211.40	\$148.80
70	\$227.66	\$209.51	\$222.62	\$156.70
71	\$245.03	\$225.49	\$239.60	\$168.65
72	\$257.43	\$236.91	\$251.74	\$177.19
73+	\$310.16	\$285.43	\$303.29	\$213.48

STANDARD RATES				
AGE	Plan C*	Plan D	Plan G	Plan N
65	\$272.56	\$250.83	\$266.53	\$187.72
66	\$290.59	\$267.43	\$284.17	\$200.13
67	\$313.63	\$288.64	\$306.71	\$216.01
68	\$329.16	\$302.93	\$321.89	\$226.70
69	\$349.21	\$321.38	\$341.50	\$240.50
70	\$367.74	\$338.44	\$359.62	\$253.28
71	\$395.80	\$364.25	\$387.06	\$272.60
72	\$415.84	\$382.70	\$406.66	\$286.40
73+	\$501.02	\$461.09	\$489.95	\$345.06

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Senior Security

Medicare (Part A) Hospital Services — Per Benefit Period

*The benefit period, as it applies to Medicare Part A services described below, begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan A		Plan C [†]	
		Plan Pays	You Pay	Plan Pays	You Pay
Hospitalization* Semi-private room and board, general nursing and miscellaneous services and supplies					
First 60 days	All but \$1,632	\$0	\$1,632 (Part A deductible)	\$1,632 (Part A deductible)	\$0
61st through 90th day	All but \$408 a day	\$408 a day	\$0	\$408 a day	\$0
91st day and after While using 60 lifetime reserve days. Once lifetime reserve days are used:	All but \$816 a day	\$816 a day	\$0	\$816 a day	\$0
– Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**	100% of Medicare-eligible expenses	\$0**
– Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital					
First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21st through 100th day	All but \$204 a day	\$0	Up to \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All costs	\$0	All costs
Blood					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
Hospice Care You must meet Medicare's requirements, including having a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

****Notice:** When your Medicare Part A hospital benefits are exhausted, AZ Blue stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days. During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

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Plan D		Plan F [†]	
Plan Pays	You Pay	Plan Pays	You Pay
\$1,632 (Part A deductible)	\$0	\$1,632 (Part A deductible)	\$0
\$408 a day	\$0	\$408 a day	\$0
\$816 a day	\$0	\$816 a day	\$0
100% of Medicare-eligible expenses	\$0**	100% of Medicare-eligible expenses	\$0**
\$0	All costs	\$0	All costs
\$0	\$0	\$0	\$0
Up to \$204 a day	\$0	Up to \$204 a day	\$0
\$0	All costs	\$0	All costs
3 pints	\$0	3 pints	\$0
\$0	\$0	\$0	\$0
Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

Senior Security

Medicare (Part A) Hospital Services — Per Benefit Period

*The benefit period, as it applies to Medicare Part A services described below, begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Plan G		Plan N	
	Plan Pays	You Pay	Plan Pays	You Pay
Hospitalization* Semi-private room and board, general nursing and miscellaneous services and supplies				
First 60 days	\$1,632 (Part A deductible)	\$0	\$1,632 (Part A deductible)	\$0
61st thru 90th day	\$408 a day	\$0	\$408 a day	\$0
91st day and after While using 60 lifetime reserve days. Once lifetime reserve days are used:	\$816 a day	\$0	\$816 a day	\$0
– Additional 365 days	100% of Medicare-eligible expenses	\$0**	100% of Medicare-eligible expenses	\$0**
– Beyond the additional 365 days	\$0	All costs	\$0	All costs
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital				
First 20 days	\$0	\$0	\$0	\$0
21st thru 100th day	Up to \$204 a day	\$0	Up to \$204 a day	\$0
101st day and after	\$0	All costs	\$0	All costs
Blood				
First 3 pints	3 pints	\$0	3 pints	\$0
Additional amounts	\$0	\$0	\$0	\$0
Hospice Care You must meet Medicare's requirements, including having a doctor's certification of terminal illness	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

****Notice:** When your Medicare Part A hospital benefits are exhausted, AZ Blue stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days. During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Please consult the latest "Choosing a Medigap Policy."

Senior Security

Medicare (Part B) Medical Services — Per Calendar Year

*Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an *), your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan A		Plan C [†]	
		Plan Pays	You Pay	Plan Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment					
First \$240 of Medicare-approved amounts*	\$0	\$0	\$240 (Part B deductible)	\$240 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All costs	\$0	All costs
Blood					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$240 of Medicare-approved amounts*	\$0	\$0	\$240 (Part B deductible)	\$240 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0	20%	\$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

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Plan D		Plan F [†]	
Plan Pays	You Pay	Plan Pays	You Pay
\$0	\$240 (Part B deductible)	\$240 (Part B deductible)	\$0
Generally 20%	\$0	Generally 20%	\$0
\$0	All costs	100%	\$0
All costs	\$0	All costs	\$0
\$0	\$240 (Part B deductible)	\$240 (Part B deductible)	\$0
20%	\$0	20%	\$0
\$0	\$0	\$0	\$0

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Senior Security

Medicare (Part B) Medical Services — Per Calendar Year

*Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an *), your Part B deductible will have been met for the calendar year.

Services	Plan G		Plan N	
	Plan Pays	You Pay	Plan Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment				
First \$240 of Medicare-approved amounts*	\$0	\$240 (Unless Part B deductible has been met)	\$0	\$240 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 20%	\$0	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B excess charges (above Medicare-approved amounts)	100%	\$0	\$0	All costs
Blood				
First 3 pints	All costs	\$0	All costs	\$0
First \$240 of Medicare-approved amounts*	\$0	\$240 (Unless Part B deductible has been met)	\$0	\$240 (Part B deductible)
Remainder of Medicare-approved amounts	20%	\$0	20%	\$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES	\$0	\$0	\$0	\$0

Senior Security

Medicare Parts A & B

*Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an *), your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan A		Plan C [†]	
		Plan Pays	You Pay	Plan Pays	You Pay
Home Healthcare MEDICARE-APPROVED SERVICES					
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
• Durable medical equipment – First \$240 of Medicare-approved amounts*	\$0	\$0	\$240 (Part B deductible)	\$240 (Part B deductible)	\$0
– Remainder of Medicare-approved amounts	80%	20%	\$0	20%	\$0

Other Benefits Not Covered by Medicare

Services	Medicare Pays	Plan A		Plan C [†]	
		Plan Pays	You Pay	Plan Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States					
First \$250 each calendar year	\$0	\$0	All costs	\$0	\$250
Remainder of charges	\$0	\$0	All costs	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum benefit

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Medicare benefits are subject to change. The Medicare deductible and copayment amounts in this outline are effective through December 31, 2024.

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Plan D		Plan F [†]	
Plan Pays	You Pay	Plan Pays	You Pay
\$0	\$0	\$0	\$0
\$0	\$240 (Part B deductible)	\$240 (Part B deductible)	\$0
20%	\$0	20%	\$0

Plan D		Plan F [†]	
Plan Pays	You Pay	Plan Pays	You Pay
\$0	\$250	\$0	\$250
80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum benefit	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum benefit

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Medicare Parts A & B

*Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an *), your Part B deductible will have been met for the calendar year.

Services	Plan G		Plan N	
	Plan Pays	You Pay	Plan Pays	You Pay
Home Healthcare MEDICARE-APPROVED SERVICES				
• Medically necessary skilled care services and medical supplies	\$0	\$0	\$0	\$0
• Durable medical equipment – First \$240 of Medicare-approved amounts*	\$0	\$240 (Unless Part B deductible has been met)	\$0	\$240 (Part B deductible)
– Remainder of Medicare-approved amounts	20%	\$0	20%	\$0

Other Benefits Not Covered by Medicare

Services	Plan G		Plan N	
	Plan Pays	You Pay	Plan Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States				
First \$250 each calendar year	\$0	\$250	\$0	\$250
Remainder of charges	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum benefit	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum benefit

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Senior Preferred

(Available in Maricopa, Pima, Apache, Cochise, Coconino, Mohave, Pinal, and Santa Cruz counties only.)

Important: Generally, you must use doctors and hospitals in the Senior Preferred provider network except for emergencies. Benefits will be provided at the Senior Preferred level for Medicare-eligible expenses for treatment of a medical emergency regardless of whether or not a Senior Preferred hospital or physician is used.

Medicare (Part A) Hospital Services — Per Benefit Period

*The benefit period, as it applies to Medicare Part A services described below, begins on the first day you receive services as an inpatient and ends after you have been out of hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan C [†]	
		Plan Pays	You Pay
Hospitalization* Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after While using 60 lifetime reserve days Once lifetime reserve days are used:	All but \$816 a day	\$816 a day	\$0
– Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**
– Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care You must meet Medicare's requirements, including having a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

[†]Starting January 1, 2020, Medicare Supplement plans will no longer cover the Part B deductible for people who are new to Medicare. Because of this change, Medicare Supplement Plans C and F will be available only to people who are eligible for Medicare before January 1, 2020.

Please consult the latest "Choosing a Medigap Policy."

****Notice:** When your Medicare Part A hospital benefits are exhausted, AZ Blue stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days. During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan D		Plan G		Plan N	
Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
\$1,632 (Part A deductible)	\$0	\$1,632 (Part A deductible)	\$0	\$1,632 (Part A deductible)	\$0
\$408 a day	\$0	\$408 a day	\$0	\$408 a day	\$0
\$816 a day	\$0	\$816 a day	\$0	\$816 a day	\$0
100% of Medicare-eligible expenses	\$0**	100% of Medicare-eligible expenses	\$0**	100% of Medicare-eligible expenses	\$0**
\$0	All costs	\$0	All costs	\$0	All costs
\$0	\$0	\$0	\$0	\$0	\$0
Up to \$204 a day	\$0	Up to \$204 a day	\$0	Up to \$204 a day	\$0
\$0	All costs	\$0	All costs	\$0	All costs
3 pints	\$0	3 pints	\$0	3 pints	\$0
\$0	\$0	\$0	\$0	\$0	\$0
Medicare copayment/ coinsurance	\$0	Medicare copayment/ coinsurance	\$0	Medicare copayment/ coinsurance	\$0

Senior Preferred

(Available in Maricopa, Pima, Apache, Cochise, Coconino, Mohave, Pinal, and Santa Cruz counties only.)

Important: Generally, you must use doctors and hospitals in the Senior Preferred provider network except for emergencies. Benefits will be provided at the Senior Preferred level for Medicare-eligible expenses for treatment of a medical emergency regardless of whether or not a Senior Preferred hospital or physician is used.

Medicare (Part B) Medical Services — Per Calendar Year

*Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an *), your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan C [†]	
		Plan Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$240 of Medicare-approved amounts*	\$0	\$240 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare-approved amounts*	\$0	\$240 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

[†]Starting January 1, 2020, Medicare Supplement plans will no longer cover the Part B deductible for people who are new to Medicare. Because of this change, Medicare Supplement Plans C and F will be available only to people who are eligible for Medicare before January 1, 2020.

Please consult the latest "Choosing a Medigap Policy."

Plan D		Plan G		Plan N	
Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
\$0	\$240 (Part B deductible)	\$0	\$240 (Unless Part B deductible has been met)	\$0	\$240 (Part B deductible)
Generally 20%	\$0	Generally 20%	\$0	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
\$0	All costs	100%	\$0	\$0	All costs
All costs	\$0	All costs	\$0	All costs	\$0
\$0	\$240 (Part B deductible)	\$0	\$240 (Unless Part B deductible has been met)	\$0	\$240 (Part B deductible)
20%	\$0	20%	\$0	20%	\$0
\$0	\$0	\$0	\$0	\$0	\$0

Senior Preferred

(Available in Maricopa, Pima, Apache, Cochise, Coconino, Mohave, Pinal, and Santa Cruz counties only.)

Important: Generally, you must use doctors and hospitals in the Senior Preferred provider network except for emergencies. Benefits will be provided at the Senior Preferred level for Medicare-eligible expenses for treatment of a medical emergency regardless of whether or not a Senior Preferred hospital or physician is used.

Medicare Parts A & B

*Once you have been billed \$240 of Medicare-approved amounts for covered services (which are noted with an *), your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan C [†]	
		Plan Pays	You Pay
Home Healthcare MEDICARE-APPROVED SERVICES			
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0
• Durable medical equipment – First \$240 of Medicare-approved amounts*	\$0	\$240 (Part B deductible)	\$0
– Remainder of Medicare-approved amounts	80%	20%	\$0

Other Benefits Not Covered By Medicare

Services	Medicare Pays	Plan C [†]	
		Plan Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum

[†]Starting January 1, 2020, Medicare Supplement plans will no longer cover the Part B deductible for people who are new to Medicare. Because of this change, Medicare Supplement Plans C and F will be available only to people who are eligible for Medicare before January 1, 2020.

Medicare benefits are subject to change. The Medicare deductible and copayment amounts in this outline are effective through December 31, 2024.

Please consult the latest "Choosing a Medigap Policy."

Plan D		Plan G		Plan N	
Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$240 (Part B deductible)	\$0	\$240 (Unless Part B deductible has been met)	\$0	\$240 (Part B deductible)
20%	\$0	20%	\$0	20%	\$0

Other Benefits Not Covered By Medicare

Plan D		Plan G		Plan N	
Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
\$0	\$250	\$0	\$250	\$0	\$250
80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum

You have the right to purchase a Senior Security plan, which has comparable or lesser benefits and does not contain a network restriction. Your new coverage will be effective the first day of the month after we receive your written request.

Please consult the latest "Choosing a Medigap Policy."

QUALITY ASSURANCE PROGRAM

AZ Blue uses various processes and tools to monitor the quality of service and care, including:

- Credentialing and recredentialing of physicians and institutional providers in accordance with nationally recognized credentialing requirements and standards
- Annual member, broker, and provider surveys to determine levels of satisfaction
- Medical coverage guidelines available to providers
- Focused provider reviews
- Complaint investigation, tracking, trending, and resolution. Care and service issues are addressed according to severity of the issue, with corrective action as deemed necessary. Provider-related complaints (practitioner or institutional) are linked to the recredentialing process.
- Grievance tracking and trending

GRIEVANCE PROCEDURE/REQUEST FOR RECONSIDERATION

If you cannot resolve an issue or you disagree with an action or decision made by AZ Blue*, you may submit a written grievance to AZ Blue. You must send AZ Blue your grievance request within one (1) year of the notice of the adverse benefit determination or date of occurrence if not related to a benefit determination.

First-Level Review: After receiving your grievance, AZ Blue will review the situation, including any new information brought to AZ Blue's attention. AZ Blue will notify you of its decision within sixty (60) days of receiving your grievance.

Second-Level Review: If you disagree with AZ Blue's first-level decision, you may send AZ Blue a request for a second-level review. You must file your request for second-level review within sixty (60) days of receiving AZ Blue's first-level decision. AZ Blue will notify you of its second-level decision within sixty (60) days of the date AZ Blue receives your second-level grievance. See the Senior Preferred Policy for additional information on the AZ Blue grievance procedures.

*If your claim has been denied by Medicare, please contact the Centers for Medicare & Medicaid Services at **1-800-MEDICARE** or **www.Medicare.gov**.

EXCLUSIONS AND LIMITATIONS

Benefits are provided only for services that are eligible for Medicare reimbursement, except for those additional benefits specifically listed in the policy. A copy of the policy will be sent to you when you enroll, or upon request prior to enrollment. Additionally, no benefits will be paid under the policy for expenses associated with:

- Charges incurred before the policy becomes effective or after the policy terminates
- Cosmetic surgery
- Dental care and dentures
- Intermediate and custodial nursing facility care
- Personal comfort items such as guest trays, television, phone, etc.
- Prescription drugs not administered in a hospital or skilled nursing facility
- Private duty nursing
- Routine foot care
- Services covered by Workers' Compensation
- Services covered by any other governmental health program or provided by a governmental facility unless required by law
- Services delivered for which you are eligible as a member of a Medicare Advantage plan
- Services which are free or for which you have no legal obligation to pay
- Skilled nursing facility care beyond what is covered by Medicare

ADDITIONAL EXCLUSION FOR SENIOR PREFERRED MEDICARE SELECT

Except for a Medicare-eligible hospital stay as the result of a medical emergency or accident, or as specifically listed in the policy, services delivered by non-Senior Preferred Providers are not covered.

Note: This is only a brief summary of benefits and exclusions. Please refer to the specific provisions found within the policy for detailed information about benefits, limitations, and exclusions.

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 Medicare Supplement 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 Arizona.

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 Arizona
Enrollment Services Department
P.O. Box 13466
Phoenix, Arizona 85002-3466

If you send the policy back to AZ Blue within 30 days after you receive it, AZ Blue 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 Arizona nor its contracted brokers 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 Arizona 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.

NOTES:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Blue Cross Blue Shield of Arizona (AZ Blue) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We provide free aids and services to people with disabilities to communicate effectively with us, such as qualified interpreters and written information in other formats such as large print and accessible electronic formats. We also provide free language services to people whose primary language is not English, such as qualified interpreters and written information in other languages. If you need these services call **480-566-2868, TTY: 711.**

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **480-566-2868, TTY: 711.**

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kójj' hódíłnih **480-566-2868, TTY: 711.**

Blue Cross Blue Shield of Arizona

Not a member yet?
Contact our licensed Medicare consultants.
An agent/broker/producer may contact you.

1-888-264-1733, TTY: 711

Or, contact your broker.

October 1 – March 31:

Daily, 8 a.m. to 8 p.m.

April 1 – September 30:

Monday – Friday, 8 a.m. to 8 p.m.

azblue.com/medicare



An Independent Licensee of the Blue Cross Blue Shield Association