



Questions, Answers and Information About Medicare Supplement Insurance:

Q. Why do I need Medicare supplement insurance?

A. Medicare does not pay for everything. Medicare supplement insurance is designed to help pay for some of the charges the Medicare program does not. Blue Cross Blue Shield of North Dakota has several Medicare supplement plans to choose from. The information in this brochure is about Plan C.

Q. What is Plan C coverage?

A. Medicare Supplement Plan C provides for basic coverage of Medicare approved services plus the hospitalization deductible of \$1,340, medical services deductible of \$183, skilled nursing coinsurance of up to \$167.50 a day, and coverage for emergency care when traveling abroad.

Q. Why should I buy Medicare supplement insurance from Blue Cross Blue Shield of North Dakota?

- A. When you buy a Medicare supplement from Blue Cross Blue Shield of North Dakota, you can expect:
- Coverage (according to the terms of your benefit plan) regardless of age, health, or the amount of benefits you've already received.
 - Guaranteed renewable coverage that will never be cancelled because of age or condition of health.
 - Coverage worldwide.
 - Friendly, face-to-face member services in eight locations across North Dakota.
 - Payment made directly to your Medicare participating physician, clinic or hospital.
 - Minimal paperwork in claims filing.
 - Best of all, the Blue Cross Blue Shield symbols, recognized around the world as the emblems that mean quality health coverage.

Waiting Periods

Services that are involved in the treatment of a preexisting condition will be covered only after your benefit plan has been in effect for a period of 6 months, beginning on your effective date of coverage. However, this period may be reduced by aggregate days of membership under qualifying previous coverage, if continuous until at least 63 days prior to your effective date of coverage under the benefit plan.

When days of membership under qualifying previous coverage are applied to this period, benefits for covered services will be available to the extent provided by the coverage in force at the time covered services are received.

Glossary

Benefit Period

A benefit period begins on the first day you enter a hospital or skilled nursing facility as a Medicare patient and ends 60 consecutive days after you are discharged. A new benefit period begins when 60 days without a hospital or skilled nursing facility stay have elapsed.

Calendar Year

Each calendar year begins on January 1 and ends on December 31 of that year.

Covered Services

This term refers to covered services or supplies specified in your benefit plan for which benefits will be provided.

Medicare Coinsurance

A part of the charge for your hospital or medical care which Medicare does not pay.

Medicare Copayment Amount

A predetermined dollar amount established by Medicare under a prospective payment system for some outpatient hospital services that Medicare does not pay.

Medicare Deductible

A specified dollar amount of Medicare eligible expenses that you are responsible for paying before Medicare will begin making payments for covered services.

Medicare Eligible Expenses

Health care expenses that are covered services under Medicare Part A or Part B that are recognized as reasonable and medically necessary by Medicare.

Preexisting Condition

A condition, disease, illness or injury for which you receive medical advice or treatment 6 months prior to the effective date under your benefit plan.

Further Facts on Coverage, Rates and Enrollment are Available From:

Home Office
4510 13th Ave. S.
Fargo, ND 58121
Toll-Free (800) 280-BLUE (2583)

Fargo District Office
4510 13th Ave. S.
Telephone 277-2232

Jamestown Office
300 2nd Ave. NE, Ste. 132
Telephone 251-3180

Bismarck District Office
1415 Mapleton Ave.
Telephone 223-6348

Dickinson Office
1674 15th St. W., Ste. D
Telephone 225-8092

Grand Forks District Office
3570 S. 42nd St., Ste. B
Telephone 795-5340

Devils Lake Office
425 College Dr. S., Ste. 13
Telephone 662-8613

Minot District Office
1308 20th Ave. SW
Telephone 858-5000

Williston Office
1137 2nd Ave. W., Ste. 105
Telephone 572-4535

**CALL TOLL-FREE
(800) 280-BLUE (2583)
www.MedicareND.com**

This brochure presents a brief explanation of the covered services and payment levels of this product. It should not be used to determine whether your health care expenses will be paid. The written benefit plan between you and Blue Cross Blue Shield of North Dakota governs what benefits are available.

Original Medicare supplement plans A, F, F High Deductible, G, L and N are also available.



Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross & Blue Shield Association

Noridian Mutual Insurance Company

www.BCBSND.com

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Medicare Supplement

Plan C

Medicare and Medicare Supplement Plan C Benefits and Coverages – 2018

| Medicare (Part A) Hospital Services Per Calendar Year | | | |
|--|--|------------------------------------|-----------|
| Services | Medicare Pays | Plan Pays | You Pay |
| HOSPITALIZATION* – Semiprivate room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but \$1,340 | \$1,340 (Part A deductible) | \$0 |
| 61st thru 90th day | All but \$335 a day | \$335 a day | \$0 |
| 91st day and after: | | | |
| While using 60 lifetime reserve days | All but \$670 a day | \$670 a day | \$0 |
| Once lifetime reserve days are used: | | | |
| 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 three 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 \$167.50 a day | Up to \$167.50 a day | \$0 |
| 101st day and after | \$0 | \$0 | All costs |
| BLOOD | | | |
| First three pints | \$0 | 3 pints | \$0 |
| Additional amounts | 100% | \$0 | \$0 |
| HOSPICE CARE – You must meet Medicare’s requirements, including a doctor’s certification of terminal illness. | | | |
| | All but very limited copayment / coinsurance for outpatient drugs and inpatient respite care | Medicare copayment / coinsurance | \$0 |

These Are Some Items Not Covered

- Services that are experimental or investigative in nature or that are not medically necessary as determined by Medicare.
- Services received prior to the effective date of your benefit plan.
- Services when benefits are provided by any governmental unit or social agency except Medicaid or when payment has been made under Medicare Part A or Part B.
- Outpatient prescription drugs, unless eligible under Medicare.
- Custodial care provided in a hospital or by a home health agency.
- Surgery to improve appearance.
- Services, treatments or supplies that are not a Medicare eligible expense.

| Medicare (Part B) Medical Services Per Calendar Year | | | |
|--|---------------|---------------------------|-----------|
| Services | Medicare Pays | 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, and durable medical equipment | | | |
| First \$183 of Medicare-approved amounts*** | \$0 | \$183 (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 three pints | \$0 | All costs | \$0 |
| Next \$183 of Medicare-approved amounts*** | \$0 | \$183 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| CLINICAL LABORATORY SERVICES – Tests for diagnostic services | | | |
| | 100% | \$0 | \$0 |

| Parts A and B | | | |
|--|---------------|---------------------------|---------|
| Services | Medicare Pays | Plan Pays | You Pay |
| HOME HEALTH CARE – Medicare-approved services | | | |
| Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| Durable medical equipment | | | |
| First \$183 of Medicare-approved amounts*** | \$0 | \$183 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

| Other Benefits Not Covered by Medicare | | | |
|---|---------------|---|--|
| Services | Medicare Pays | 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 USA | | | |
| 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 the \$50,000 lifetime maximum |

*A benefit period begins on the first day you receive service 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.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” 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.

***Once you have been billed \$183 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.