



## 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 L.

### Q. What is Plan L coverage?

A. Medicare Supplement Plan L provides for basic coverage of Medicare approved services plus 75 percent of the hospitalization deductible of \$1,316 and 75 percent of the skilled nursing coinsurance of \$164.50 a day.

### 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 get several bonuses:
- 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

1411 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](http://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.



*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](http://www.BCBSND.com)



Medicare Supplement

# Plan L

## Medicare and Medicare Supplement Plan L Benefits and Coverages – 2017

### Medicare (Part A) Hospital Services Per Calendar Year

Services	Medicare Pays	Plan Pays	You Pay*
<b>HOSPITALIZATION**</b> – Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,316	\$987 (75% of Part A deductible)	\$329 (25% of Part A deductible) ♦
61st thru 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after:			
While using 60 lifetime reserve days	All but \$658 a day	\$658 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
<b>SKILLED NURSING FACILITY CARE**</b> – 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 \$164.50 a day	Up to \$123.37 a day	Up to \$41.13 a day ♦
101st day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First three pints	\$0	75%	25% ♦
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b> – 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	75% of Medicare copayment/ coinsurance	25% of Medicare copayment/ coinsurance ♦

\*You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$2,560 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

\*\*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.*

### Medicare (Part B) Medical Services Per Calendar Year

Services	Medicare Pays	Plan Pays	You Pay*
<b>MEDICAL EXPENSES</b> – 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	\$0	\$183 (Part B deductible) ♦
Preventive benefits for Medicare-covered services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5% ♦
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$2,560)*
<b>BLOOD</b>			
First three pints	\$0	75%	25% ♦
Next \$183 of Medicare-approved amounts****	\$0	\$0	\$183 (Part B deductible) ♦
Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5% ♦
<b>CLINICAL LABORATORY SERVICES</b> – Tests for diagnostic services			
	100%	\$0	\$0

### Parts A and B

Services	Medicare Pays	Plan Pays	You Pay*
<b>HOME HEALTH CARE</b> – Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$183 of Medicare-approved amounts*****	\$0	\$0	\$183 (Part B deductible) ♦
Remainder of Medicare-approved amounts	80%	15%	5% ♦

### 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 that are applicable to Medicare Part B deductible amounts.
- 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.