



BlueSenior Classic Medicare Supplement

**GROUP MEDICARE SUPPLEMENT
PLAN F AND PLAN G**

2019 Outline of Coverage

This document is being provided as a 2020 illustration.
Please note, 2020 Medicare Supplement benefits and
pricing are not yet available for review.



Now That You're Eligible For Medicare

Your employer health plan has provided you with valuable protection against the high cost of medical care. Now that you are retired and age 65 or older, you need a different kind of health plan.

As a retiree, you now have the choice of Blue*Senior* Classic Medicare Supplement Plan F or Plan G, available to you through your previous employer and Blue Cross and Blue Shield of Nebraska. These plans provide valuable protection for expenses not covered by Medicare Parts A and B.

What Does Medicare Pay?

The federal Medicare program pays benefits for a wide variety of services. It's divided into two parts: Part A, which pays for covered hospital services, and Part B, which pays for covered doctor and other medical services.

Medicare only pays a portion of your medical bill, and that can result in significant out-of-pocket costs for you. For example, if you need to be hospitalized, Part A benefits are subject to an inpatient deductible. In 2019, that amount is \$1,364. That's a lot of money, and unfortunately, it isn't the only gap left by Medicare.



What's the difference between BlueSenior Classic Medicare Supplement Plan F and Plan G?

BlueSenior Classic Medicare Supplement Plan F and Plan G benefits are the same except for the Part B deductible.

Both plans fill the majority of gaps Medicare Part A and Part B do not pay. Both plans cover your Part A deductible and Part A daily coinsurance amounts, also known as your cost share amount. Both plans provide you with up to 365 days of additional Part A hospital coverage after Medicare benefits end.

BlueSenior Classic Medicare Supplement Plan F and Plan G cover all Part B services, but Plan G does not cover the Part B deductible for Part B services.

Both plans pay your Part B coinsurance/cost share amounts for physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment. Both plans also cover your cost share amounts for preventive services.

If you should require skilled nursing facility care, both Medicare Supplement plans pay the daily coinsurance amount not paid by Medicare. They also provide benefits for the cost share for certain home health care and hospice services. If you need emergency medical care while traveling outside the United States, both plans will pay for those services not covered by Medicare.

BlueSenior Classic Medicare Supplement Plan Comparison

USE THIS CHART TO COMPARE THE BENEFITS

	PLAN F	PLAN G
Medicare Part A coinsurance and hospital costs	✓	✓
Additional days of hospitalization (up to 365 after Medicare benefits are used up)	✓	✓
Medicare Part B coinsurance or copayment	✓	✓
Blood (First 3 pints)	✓	✓
Part A hospice care coinsurance or copayment	✓	✓
Skilled nursing facility care coinsurance	✓	✓
Medicare Part A deductible	✓	✓
▶ Medicare Part B deductible	✓	
Medicare Part B excess charges	✓	✓
Foreign travel emergency (up to plan limits)	✓	✓

Important Information

Review the benefit summaries on the following pages for details about the benefits available under these plans.

To enroll in one of these group Medicare Supplement plans, you must:

- Be age 65 or older, and
- Be enrolled in Medicare Part A and Part B

When you enroll in a BlueSenior Classic Medicare Supplement plan, you will have access to health and wellness discounts and savings through our Blue365® program.*

Visit www.nebraskablue.com/blue365 to learn more.

What the BlueSenior Classic Medicare Supplement Plans Do Not Cover

- Services which are not considered a Medicare-eligible expense; or services which are not covered by Medicare.
- Prescription drugs.
- Benefits which would duplicate those provided by Medicare.
- Services which are not specifically listed as covered under a BlueSenior Classic Medicare Supplement plan.
- Services provided prior to the start date of coverage, or after your coverage has ended.
- Services for which you have no obligation to pay. This contract does not pay for charges which are in excess of the amount a physician can lawfully collect under Medicare.
- Services for an illness or injury for which benefits are provided or are available under any workers' compensation, employer's liability or similar law, or motor vehicle no-fault plan, unless prohibited by law.

Conversion Coverage

If this group contract is terminated by your previous employer and not replaced with another, we will offer you coverage under one of our individual Medicare Supplemental plans. You will not be subject to medical underwriting if we receive your application for conversion coverage within 31 days of the end of your retiree coverage.

Please note: The benefits provided under the conversion coverage may not be the same as those provided under this plan.

*These value added programs are not insurance, and may be discontinued at any time.

This Outline of Coverage is not a Medicare Supplement contract. If you are eligible for Medicare, review the *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*, available at www.medicare.gov. (Search for "choosing a medigap policy.")

BlueSenior Classic Medicare Supplement Plan F

MEDICARE (PART A)

HOSPITAL SERVICES – PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN F PAYS	YOU PAY
HOSPITALIZATION ¹			
Semiprivate room and board, general nursing, miscellaneous services and supplies.			
First 60 days	All but \$1,364	\$1,364 (Part A deductible)	\$0
61st through 90th day	All but \$341 a day	\$341 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$682 a day	\$682 a day	\$0
• Once lifetime reserve days are used:			
- 365 additional days	\$0	100% of Medicare-eligible expenses	\$0 ²
- Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE ¹			
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 through 100th day	All but \$170.50 a day	Up to \$170.50 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 a doctor's certification of terminal illness.			
	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

¹ 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.

² 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.

BlueSenior Classic Medicare Supplement Plan F

MEDICARE (PART B)

MEDICAL SERVICES – PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN F 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 \$185 of Medicare-approved amounts ²	\$0	\$185 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$185 of Medicare-approved amounts ²	\$0	\$185 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES			
	100%	\$0	\$0
PARTS A AND B HOME HEALTH CARE – MEDICARE-APPROVED SERVICES			
Medically-necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment: First \$185 of Medicare-approved amounts ²	\$0	\$185 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0

² Once you have been billed \$185 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 *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*, available at www.medicare.gov. (Search for "choosing a medigap policy.")

Blue*Senior* Classic Medicare Supplement Plan F

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN F 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 U.S.A.			
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

BlueSenior Classic Medicare Supplement Plan G

MEDICARE (PART A)

HOSPITAL SERVICES – PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN G PAYS	YOU PAY
HOSPITALIZATION ¹			
Semiprivate room and board, general nursing, miscellaneous services and supplies.			
First 60 days	All but \$1,364	\$1,364 (Part A deductible)	\$0
61st through 90th day	All but \$341 a day	\$341 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$682 a day	\$682 a day	\$0
• Once lifetime reserve days are used:			
- 365 additional days	\$0	100% of Medicare-eligible expenses	\$0 ²
- Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE ¹			
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 through 100th day	All but \$170.50 a day	Up to \$170.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
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HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.			
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² 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.

BlueSenior Classic Medicare Supplement Plan G

MEDICARE (PART B)
MEDICAL SERVICES – PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN G 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 \$185 of Medicare-approved amounts ²	\$0	\$0	\$185
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$185 of Medicare-approved amounts ²	\$0	\$0	\$185
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0
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Blue*Senior* Classic Medicare Supplement Plan G

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN G 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 U.S.A.			
First \$250 each calendar year	\$0	\$0	\$250
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Monthly Premiums

EFFECTIVE JANUARY 1, 2019

BlueSenior Classic Medicare Supplement Plan F

Age Bracket	Monthly Premium
Through age 66	\$160.67
Age 67-69	\$169.35
Age 70-74	\$202.45
Age 75-79	\$239.89
Age 80-84	\$273.47
Age 85+	\$298.69

BlueSenior Classic Medicare Supplement Plan G

Age Bracket	Monthly Premium
Through age 66	\$147.82
Age 67-69	\$155.80
Age 70-74	\$186.25
Age 75-79	\$220.70
Age 80-84	\$251.59
Age 85+	\$274.79

Questions?

If you have any questions about your coverage, please call our Member Services Department.

A representative will be happy to help you. Our hours are 7:30 a.m. to 6 p.m. CT Monday through Friday.

Blue Cross and Blue Shield of Nebraska
P.O. Box 3248
Omaha, NE 68180-0001

Phone: 1-888-592-8961

Web: www.nebraskablue.com/contact



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