



Medicare & You

Protect the good life and feel confident in choosing the coverage that's best for you.



Welcome to the Good Life!

No matter what your Good Life looks like,
you've worked hard to build it.

The Good Life is personal and we think your Medicare should be too. We help you understand your options and feel confident in choosing the coverage that's best for your needs.

The Good Life is Confident Coverage.

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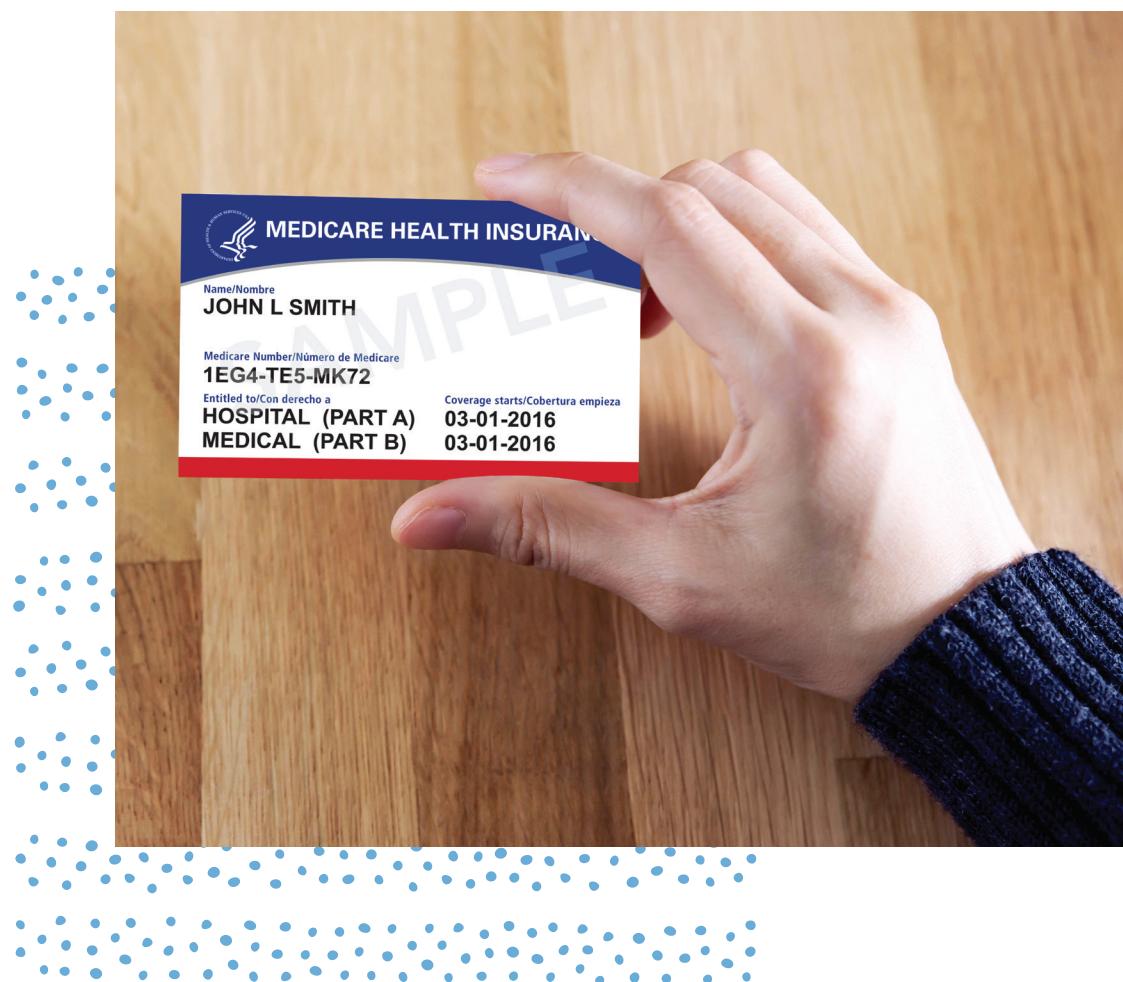
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Introduction to Medicare.

Medicare is:

The nation's largest health insurance program for Americans made up of four parts designed to address your healthcare needs. It is administered by the Centers for Medicare and Medicaid Services (CMS).



Medicare's four parts:

Part A and Part B are provided through the U.S. Government and are referred to as Original Medicare.



Part A (Hospital stays)

- » Inpatient hospital care
- » Skilled nursing facility care
- » Hospice care
- » Home health care



Part B (Medical and doctor visits)

- » Services from doctors and other health care providers
- » Outpatient care
- » Home health care
- » Durable medical equipment like wheelchairs, walkers and hospital beds
- » Many preventive services like screenings, shots and wellness visits

Did you know?

While most Americans are enrolled automatically in Medicare Part A, it alone may not cover all of your health care costs. Parts B, C and D are voluntary programs that provide additional coverage.

Part C and Part D are offered through Medicare-approved private insurance carriers, like Blue Cross and Blue Shield of Kansas.



Part C (Medicare Advantage)

Medicare Advantage is an “all in one” alternative to Original Medicare - Parts A & B. These bundled plans include Part A, Part B and may or may not cover prescription drugs. They are run by private insurance plans with their own local network of providers, generally a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) style plan. They may include extras like hearing and dental benefits.



Part D (Prescription drug coverage)

- » Cost of outpatient prescription drugs
- » Covers generic and brand-name drugs
- » Run by Medicare-approved private insurance companies, with standardized benefits
- » Available as a stand-alone plan or to complement your existing coverage

Did you know?



While Medicare Supplement plans are not part of Medicare, they can play an important role to help bridge the gaps in your Medicare coverage.

Who is eligible for Medicare?

U.S. citizens or permanent legal residents

who have resided in the United States for five continuous years, including the five years prior to applying for Medicare.

You must also meet one of the following:

- » Age 65 years or older and eligible to receive Social Security or receive Railroad Retirement Board benefits
- » Under age 65 years, permanently disabled and have received Social Security disability benefits for at least two years
- » Any age diagnosed with End-Stage Renal Disease (ESRD) or lateral sclerosis (ALS).

When are you eligible?

Initial Enrollment Period (IEP)

You should automatically be enrolled if you are receiving Social Security or Railroad Retirement Benefits when you are eligible. This seven-month window is when you can enroll in Original Medicare (Part A and/or Part B). You can also enroll in a Medicare Prescription Drug (Part D) plan if you are already enrolled in Original Medicare.

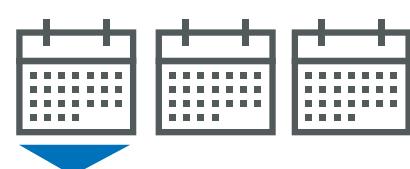
Alternatively, you can choose a Medicare Advantage plan through a private insurer that covers all Parts A and B services and typically includes Medicare Prescription Drug (Part D) coverage.

This may be the only time you can enroll in Parts of Medicare penalty-free. Make sure you weigh your options carefully during this time so you don't have to pay late enrollment fees for Part B or Part D later on.

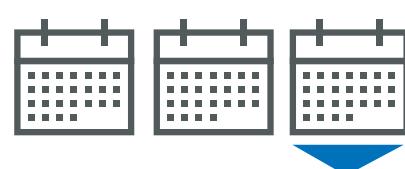
Once your IEP has ended, you can only make enrollment changes during either Medicare Open Enrollment Period (OEP) or General Enrollment Period (GEP), unless you qualify for a Special Enrollment Period (SEP).

If you're not automatically enrolled and receiving benefits, you need to sign up for Medicare when you first become eligible. Go to your local Social Security office or visit ssa.gov/medicare to enroll.

When you are eligible to enroll



3
months
prior



3
months
after

Other Enrollment Periods.

Annual Enrollment Period (AEP)

October 15 through December 7

Provides an annual opportunity to review and, if necessary, make enrollment changes to your Medicare coverage.

During OEP, you might:

- » Join a Medicare Advantage (Part C) plan
- » Discontinue your Medicare Advantage coverage and return to Original Medicare
- » Change from one Medicare Advantage plan to another
- » Change your Prescription Drug Coverage (Part D) plan if you are in Original Medicare

General Enrollment Period (GEP)

January 1 through March 31

The General Enrollment Period offers an opportunity to enroll in Medicare Part A and/or Part B. If you enroll in Medicare during GEP, your coverage starts July 1.

During GEP, you might:

- » Sign up for Original Medicare if you weren't automatically enrolled and missed your IEP
- » Enroll in Part B if you had opted out of automatic enrollment, didn't enroll or dropped your coverage
- » Change from a Medicare Advantage plan to another plan or switch back to Original Medicare one time

Special Enrollment Period (SEP)

There are special enrollment periods that apply for certain situations when you enroll in Medicare or other Medicare options outside of the IEP or OEP. An example is when your health coverage through your employer is terminated and you are eligible for SEP where you could enroll in Part B, as well as other Medicare options such as Medicare Advantage.

Keep in mind...



Penalties for Late Enrollment.

It is important to know when your personal enrollment windows are and to enroll on time. You may be subject to penalties if you don't. You may however, qualify for a Special Enrollment Period or another exception.

Part A

If you pay a premium, you could pay an **additional 10%** of the premium every month for two times the number of years enrollment was delayed. Remember, most people do not have to pay a Part A premium.

Part B

If you delay enrollment you could pay an **additional 10%** of the premium amount every month for each of the 12-month periods enrollment was delayed.

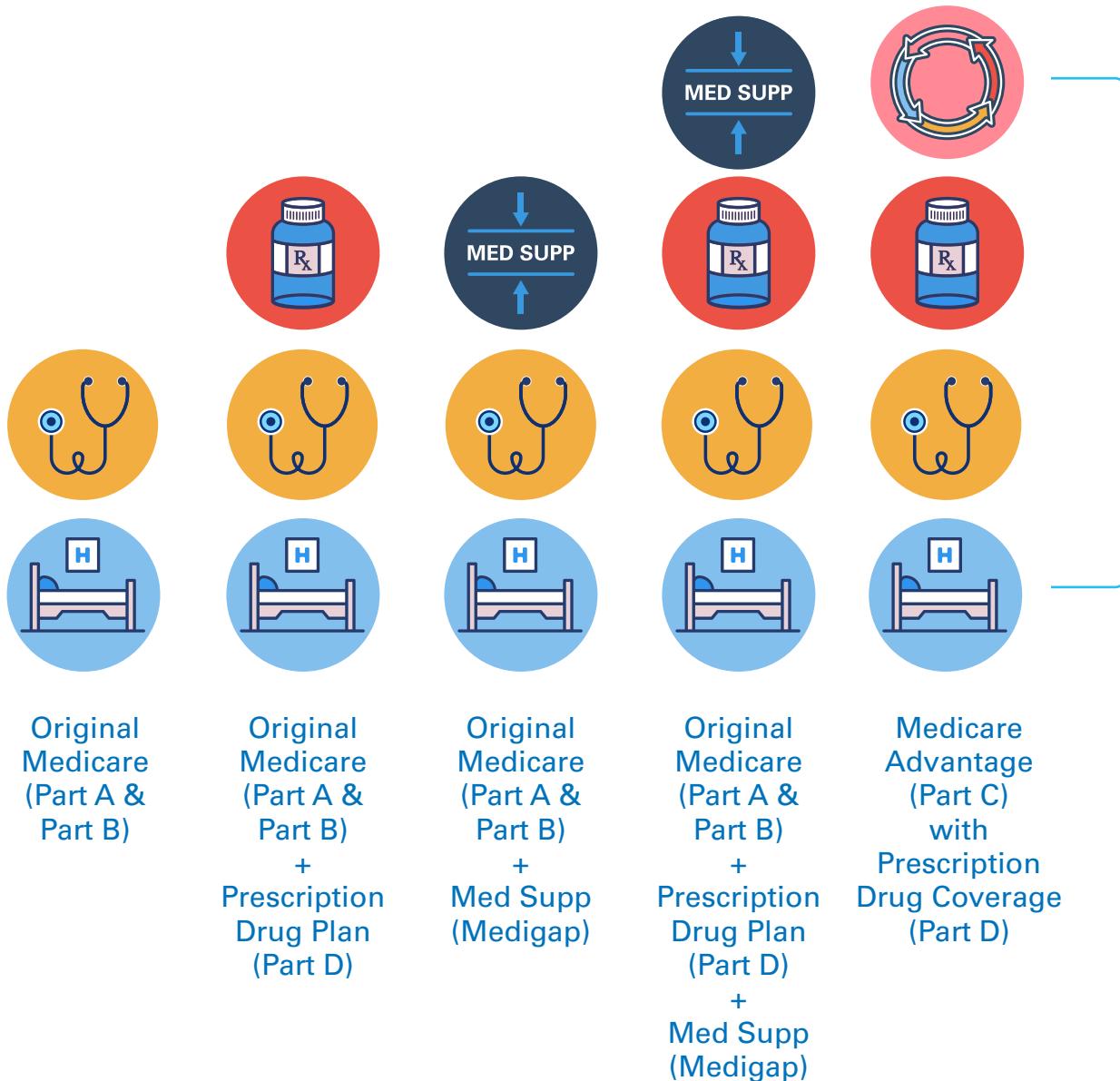
Part D

You could pay an **additional 1%** of the average Part D premium for each month you delay enrollment. You will pay the penalty each month for as long as you are enrolled in Part D.

Medicare Supplement insurance

If you do not elect to enroll in a Medicare Supplement plan during the six months after the month you turn 65 or older and enroll in Part B, you **could be denied coverage or charged a higher premium** based on your health.

How Coverage Stacks Up.



Original Medicare: Part A Hospital Insurance

Medicare Part A helps pay for inpatient care provided in hospitals or skilled nursing facilities, home health care services and hospice care for the terminally ill.

Coverage can be used anywhere in the United States and most hospitals in the U.S. participate in Medicare.

Individuals who receive Social Security benefits are automatically enrolled in Original Medicare as they approach their 65th birthday.

Medicare Part A covers hospital stays and inpatient care, including:

- » A semi-private room
- » Hospital meals
- » Skilled nursing services
- » Care in intensive care
- » Drugs, medical supplies and medical equipment used during the inpatient stay
- » Lab tests, x-rays and medical equipment used during the inpatient stay
- » Operating room and recovery room services
- » Some blood transfusions in a hospital or skilled nursing facility
- » Inpatient or outpatient rehabilitation services after a qualified inpatient stay
- » Part-time, skilled care for homebound
- » Hospice care for the terminally ill



Part A costs for 2020

Premium

- » \$0 per month for most people
- » Up to \$458 per month if neither you nor your spouse paid Social Security taxes for at least 10 years

Deductible

- » \$1,408 per benefit period

Copay for inpatient hospital stays

- » \$0 for days 1 to 60
- » \$352 for days 61 to 90
- » \$704 a day for each lifetime reserve day after day 90 for each benefit period (up to 60 days over your lifetime)

Copay for skilled nursing facility stays

- » \$0 days 1 to 20
- » \$176 a day for days 21 to 100

Hospice care

- » Up to \$5 copay for each prescription to manage symptoms
- » Coinsurance for inpatient respite care for primary caregiver

Did you know?

You must first meet a Part A deductible before Part A helps with your covered medical costs. A copay or cost share may apply to specific services, such as extended stays in a hospital or skilled nursing facility.



Part A coverage and costs are based on benefit periods.

A benefit period begins the day you're admitted to the hospital and ends when you've been out for 60 consecutive days.

The following coverage restrictions apply to Medicare Part A:

- » Inpatient hospital care is limited to 90 days total per benefit period
- » Inpatient mental care is limited to 90 days total per benefit period
- » Skilled nursing care is limited to 100 days total per benefit period

For each type of care, you can receive coverage for 60 additional days throughout your lifetime – known as "lifetime reserve days."

Did you know?

Lifetime reserve days are like a bank account of extra hospital days covered by Medicare. You begin with 60 days you can use over your lifetime. The days can be applied to more than one benefit period, but each day may only be used once.

Original Medicare: Part B Medical Insurance

Medicare Part B helps pay for doctor visits and outpatient care. Coverage can be used anywhere in the United States and most hospitals in the U.S. participate in Medicare.

Medicare Part B covers doctor visits and outpatient care, including:

- » Physician services, including in the hospital
- » Annual wellness visit and preventive services like mammograms or flu shots
- » Lab services
- » X-rays and some other diagnostic tests
- » Some health programs like cardiac rehab
- » Physical therapy, occupational therapy and speech language pathology services
- » Diabetes screenings, education and certain supplies
- » Mental health care
- » Durable medical equipment like wheelchairs or walkers
- » Ambulatory surgery center services
- » Ambulance and emergency room services



Part B costs for 2020

Premium

- » \$144.60 per month if any of the following apply:
 - You enroll for the first time in 2020
- » More than \$144.60 if your reported income from 2018 was above \$87,000 for individual or \$174,000 for you and your spouse.
- » Part B may charge a premium penalty if you don't sign up when you are first eligible unless you qualify through a Special Enrollment Period.

Deductible

- » \$198 per year

Coinsurance

- » 20% of the Medicare-approved amount for most covered services after you pay the deductible, with no annual out-of-pocket maximum.

You can enroll in Part B during your Initial Enrollment Period. If you decline Part B during your Initial Enrollment Period and enroll during the General Enrollment Period, you may pay a penalty. The monthly premium for Part B goes up 10 percent for each 12-month period that you could have had Medicare, but didn't sign up for it. The penalty increases as Medicare premiums increase.

Did you know?

Part B premiums and standard deductibles and cost share amounts generally change annually on January 1st. Under Medicare Part B, there are annual limits on services for physical therapy, occupational therapy and speech language therapy.



Services that are not covered by Original Medicare:

- » Dental exams, most dental care or dentures
- » Routine eye exams, eyeglasses or contacts
- » Hearing aids or related exams or services
- » Most care while traveling outside the United States
- » Help with bathing, dressing, eating, etc. (custodial care)
- » Comfort items such as a hospital phone, TV or private room
- » Long-term care
- » Cosmetic surgery
- » Most chiropractic services
- » Acupuncture or other alternative treatments
- » Routine foot care
- » Prescription drugs

Did you know?

Many people are surprised to learn that prescription drugs aren't covered. You can buy drug coverage through Part D, but it's not provided by Part A or Part B.



Medicare: Part C Medicare Advantage Plans

Medicare Advantage Plans (Part C) provide Medicare coverage through government-approved private health insurance companies. These plans can be HMOs, PPOs, Regional PPOs or Private Fee-for-Service plans.

To be eligible for a Part C plan, you must be enrolled in both Part A and Part B.

Coverage and costs beyond the standards set by Medicare can vary and your choices may vary depending on where you live. Some plans have provider networks you'll need to use. Check with your physicians to see if they participate in a Medicare Advantages plan's network.

All Medicare Advantage Plans cover:

- » All Part A benefits (except hospice care, which is covered by Part A)
- » All Part B benefits

Most Medicare Advantage Plans cover:

- » Prescription drugs



Some Medicare Advantage Plans offer additional benefits like:

- » Hearing exams and hearing aids
- » Eye exams, eyeglasses and corrective lenses
- » Dental exam, cleanings and x-rays
- » Fitness memberships, wellness programs and worldwide emergency coverage

Part C costs for 2020

Premium

- » Premiums vary by plan and can change each year
- » Premiums are paid to the private insurer
- » You will continue to pay your Part B premium to Medicare

Deductible

- » Plans may have a deductible
- » Amounts vary from plan to plan
- » Some plans may charge deductibles for prescription drug benefits only

Copay

- » Plans may charge copays for doctor visits or prescriptions
- » Amounts vary from plan to plan

Coinsurance

- » Plans may have coinsurance for some services
- » Costs during the Part D coverage gap may apply

When to enroll

You can join a Medicare Advantage plan during your Initial Enrollment Period when you first become eligible for Medicare and have Part A and Part B. You can also enroll during the Annual Enrollment Period. The annual enrollment period is from October 15 to December 7 each year, any qualified Medicare member can join a Medicare Advantage plan or you may switch Medicare Advantage plans. Your coverage will begin on January 1.

Did you know?

All Medicare Advantage plans have an annual limit on your out-of-pocket expenses. The 2020 maximum is \$6,700. Original Medicare does not have an out-of-pocket limit.

Medicare: Part D Prescription Drug Coverage

Medicare Part D helps with the cost of prescription drugs. Medicare Prescription Drug plans are offered by Medicare-approved private insurance companies and cover your prescription drug costs for covered medications.

Coverage and costs beyond the standards set by Medicare can vary and your choices may vary depending on where you live. Some plans have pharmacy networks and mail order pharmacies offering discounted pricing.

To be eligible for a Part D plan, you must be enrolled in Part A or Part B.

You can choose to receive Part D coverage in addition to:

- » Original Medicare (Part A and/or Part B)
- » Original Medicare (Part A and Part B) with a Medicare Supplement Plan
- » Medicare Advantage Plan (Part C) generally includes Part D; check to be sure

Medicare Part D plans cover:

- » Specific brand name and generic drugs on the formulary (a list of specific drugs covered)
- » Types of drugs commonly prescribed according to federal standards
- » Commercially available vaccines not covered by Part B



Part D costs for 2020

Premium

- » Plan premiums vary and can change each year
- » You may pay a premium penalty if you enrolled late in Part D

Deductible

- » The 2020 maximum deductible is \$435
- » Some plans may not have a deductible
- » Some plans may have tiers with separate deductibles

Copay

- » Some plans may have fixed copay amounts each time you fill a prescription

Coinsurance

- » Some plans require you pay a coinsurance percentage every time you fill a prescription

Did you know?

Although plan designs can vary, most Part D plans have a cost share component commonly known as a coverage gap or “donut hole.” The coverage gap is a temporary limit where you are responsible for a higher percentage of your drug costs until you reach the plan’s annual out-of-pocket limit. After you reach the limit, you will pay only a small share of your prescription costs for the remainder of the year.

If you do not sign up for Part D when you are first eligible, or qualify for a Special Enrollment Period, Part D may charge a premium penalty.

Medicare Supplement Insurance - Medigap

Medicare Supplement Insurance helps pay for some out-of-pocket costs not covered by Original Medicare Part A and Part B.

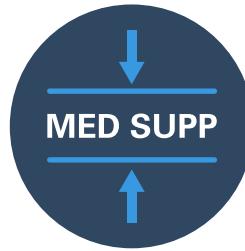
If you are enrolled in Medicare Part A and Part B (Original Medicare), Medicare Supplement plans (Medigap) can help fill the coverage gaps. Medicare Supplement plans are sold by Medicare-approved private insurance companies and are designed to assist you with out-of-pocket costs from deductibles, copays and coinsurance which are not covered by Part A or Part B. A Medicare Supplement policy covers only one person so spouses must buy separate policies.

Medicare Supplement plans are standardized by the federal government and the plans available in your area can vary. There are 10 plans labeled A, B, C, D, F, G, K, L, M and N. Every plan with the same letter offers the same benefits but not every company offers every plan. The level of coverage varies by plan. Medicare Supplement insurance provides nationwide coverage.

All Medicare Supplement plans require you to continue to pay your Part B premium and a separate premium for the Medigap coverage. Once you enroll and continue to pay your premium, your plan will renew each year.

Medicare Supplement plans fully or partially cover:

- » Part A hospital coinsurance
- » Part B coinsurance or copays
- » Cost of first 3 pints of blood
- » Cost of 365 extra hospital days
- » Hospice care coinsurance



Medicare Supplement plans may help pay:

- » Part A deductible
- » Part B deductible
- » Part B excess charges
- » Cost of foreign travel emergency care up to plan limits
- » Part A skilled nursing facility care coinsurance

Medicare Supplement Insurance costs for 2020

Premium

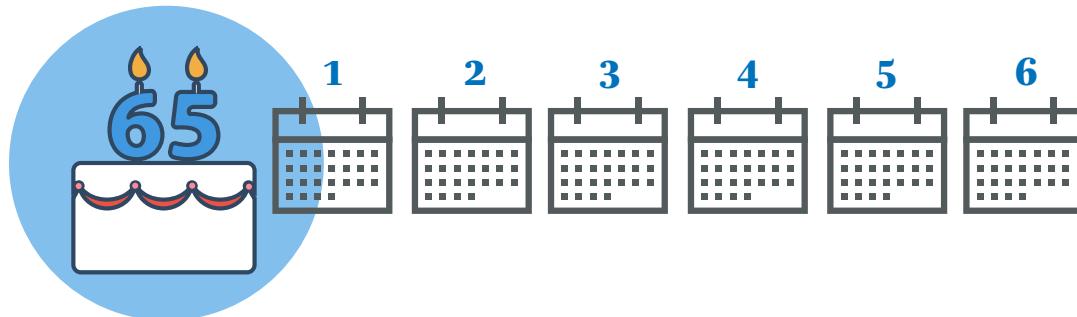
- » Insurance companies set their own plan premiums
- » Premium plans may change each year
- » Plans with more coverage generally cost more
- » Premiums for the same plans may vary by company

When to enroll

Medicare Supplement enrollment periods differ from other Medicare enrollment periods. Insurers must offer a six-month open enrollment period to all Medicare beneficiaries beginning with the first month in which the beneficiary first enrolled for benefits under Medicare Part B.

Enrollment period for Medicare Supplement

Medicare Supplement open enrollment begins on the first day of the month you are both 65 or older and enrolled in part B.



During this period, insurers are:

- » Required to offer a Medicare Supplement policy to all enrollees, regardless of their health status
- » Required to charge the same to both healthy individuals and those with medical conditions

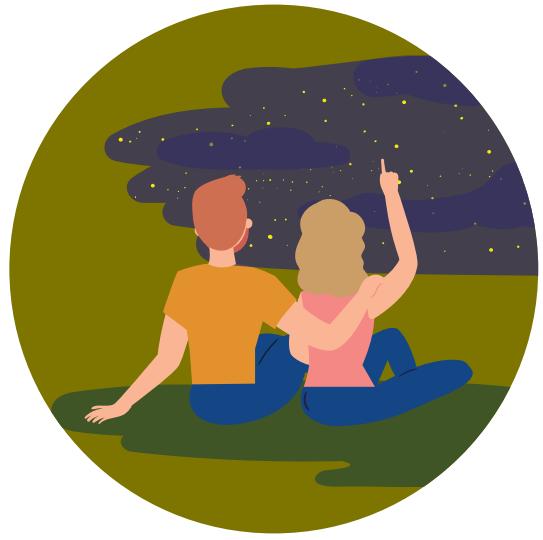
After this six-month period ends, insurers are allowed to use medical underwriting to determine:

- » Acceptance into the plan
- » And how much you will be charged

Keep in mind...



Medicare Supplement: Take a Closer Look.



When you have a Medicare Supplement policy, Medicare will first pay its share of your medical expenses, and then your policy steps in to pay its share based on the supplement plan you select.

With Medicare Parts A & B Sally pays \$2,006 out of pocket.

Hospital charge: \$ 4,000.00	Sally pays: Medicare deductible and coinsurance \$1,408	Doctor charge: \$2,000.00	Sally pays: (\$198 deductible and 20% of all other charges) \$598	Total Sally pays: \$2,006
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With Medicare Parts A & B and Medicare Supplement Plan G Sally pays \$198 out of pocket.

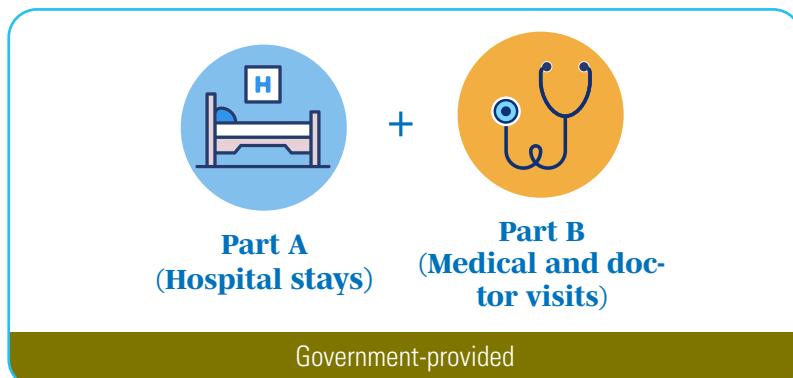
Hospital charge: \$ 4,000.00	Sally pays: \$0	Doctor charge: \$2,000.00	Sally pays: \$198 deductible \$198	Total Sally pays: \$198
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Medicare choices.

There are two main ways to get your Medicare coverage:
Original Medicare or a Medicare Advantage Plan.
Follow these steps to help you navigate your best coverage options.

Step 1

Enroll in Original Medicare when you are eligible.



Step 2

Choose your extra coverage options.

Option 1

or

Option 2

Medicare Supplement¹
Insurance
(Hospital stays)



and / or



Medicare Part D
(Prescription Drugs)

Offered by private companies

Medicare Advantage²
Part C



Combines Parts A & B



Most plans cover
prescription drugs

Offered by private companies

¹ You are free to use any hospital or physician that is a Medicare contracted provider.

² You must use network hospitals and doctors for maximum coverage and in non-emergency medical situations.

Let's compare.

Your path likely includes Original Medicare with a Part D and a Medicare Supplement Plan OR a Medicare Advantage Plan with Part D. Let's compare.

Medicare Supplement (Medigap)	Medicare Advantage (Part C)
You could have up to three different insurance cards.	You have one insurance card.
You coordinate between Medicare, your Medicare Supplement Plan and your Part D prescription drug plan, if you have one.	One company coordinates all your care.
Helps pay for costs you have with Original Medicare.	Many plans include extra benefits Original Medicare doesn't offer like dental, vision and prescription coverage.
You can see any doctor nationwide who accepts Medicare.	Restricted to doctors in your area connected with your plan.
You can use any hospital that accepts Medicare.	May be required to use hospitals from within the plan's network.
Medicare Part B premium must be paid.	Medicare Part B premium must be paid.
Monthly premium, separate from Part B, must be paid to private insurance carrier.	Monthly premium, separate from Part B, must be paid to private insurance carrier.
Does not include prescription drug coverage and enrollment in separate Part D is recommended.	Prescription drug coverage may be built into the plan.

What is right for you?

Check the boxes for the things most important to you to help determine what kind of coverage may be right for you.

A Medicare Supplement plan might work better for you if...

- You want the freedom to choose any Medicare-approved provider.
- You prefer added coverage that supplements Original Medicare.
- You want to avoid copays or coinsurance when you receive medical care.
- You want the option of having coverage when you travel.
- You want the option to choose a stand-alone Medicare Prescription Drug Plan (Part D).

A Medicare Advantage plan might work better for you if...

- You don't mind getting care from a defined network of providers.
- You want all-in-one coverage that offers all the benefits of Original Medicare and more.
- You don't mind paying copays or coinsurance when you receive medical care.
- You want coverage for emergencies when you travel.
- You want a plan that already includes prescription drug coverage.



Changing Your Coverage to Medicare Advantage.

October 15 to December 7 – Medicare Annual Enrollment Period

- » Attend a seminar to learn about health coverage options and ask questions
- » Join, switch or drop a Medicare Advantage Plan
- » Join, switch or drop a Part D Prescription Drug Coverage plan

Frequently asked questions.

We know you have questions and we are here for you!

What is a premium?

The amount you pay for your health insurance every month.

What is coinsurance?

The percentage of costs of a covered health care service you pay after you've paid your deductible.

For example, if your health insurance plan's allowed amount for a doctor's office visit is \$100 and your co-insurance is 20%, you would pay \$20. The plan would pay \$80. If you have not met your deductible, you would pay \$100.

What is a copay?

A fixed amount (\$20 for example) you pay for covered health care service.

For example, your health insurance plan's allowed amount for a doctor's office visit is \$100. Your copayment for a doctor visit is \$20. If you've paid your deductible, you pay \$20. If you haven't met your deductible, you pay \$100, the full allowable amount for the visit.

Plans with lower monthly premiums typically have higher copayments.

What is a deductible?

The amount you pay for covered health care services before your insurance plan starts to pay.

For example, with a \$2,000 deductible, you pay for the first \$2,000 of covered services yourself. After the deductible is paid, you usually pay only a coinsurance or copay for covered services and the insurance plan pays the remaining amount.

Turning 65?

Here's a handy check list to help keep you on track.

6 to 9 months before you turn 65

- Learn about Medicare Parts A, B, C and D.
- Understand how Medicare Supplement plans work.
- Attend a seminar to learn about health coverage options and ask questions. bcbsks.com/seminars
- Meet with your employee benefits manager if you are still working.

3 to 6 months before you turn 65

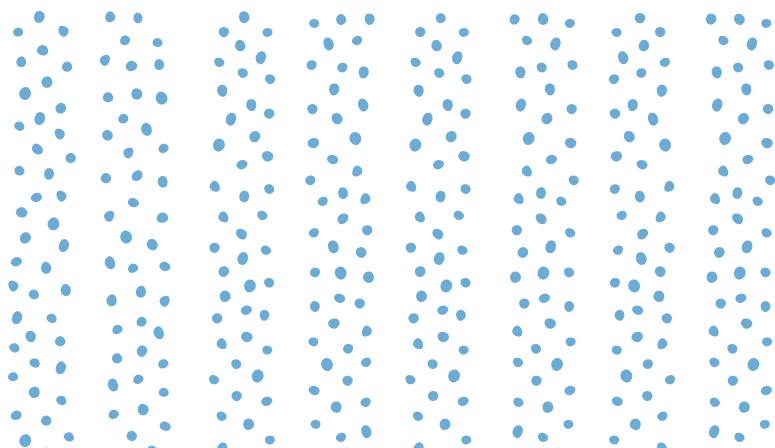
- Compare plans available in your area.
- Determine if you will get Medicare automatically or need to sign up manually.
- Ask your doctors if they participate in Medicare.

0 to 3 months before you turn 65

- Decide how you want to get your Medicare coverage.
- Add a Medicare Supplement plan.
- Add a Medicare Prescription Drug Plan (Part D).
- A Medicare Advantage Plan (Plan C) may be available in your area to enroll in.

Your 65th birthday

- Enjoy the good life!



Resources

Medicare

1-800-MEDICARE

1-800-633-4227

TTY: 1-877-486-2048

24 hours a day/7 days a week

www.medicare.gov

Social Security Administration

1-800-772-1213

TTY: 1-800-325-0778

www.ssa.gov/medicare

Kansas Insurance Department

1-800-432-2482

TTY: 1-877-235-3151

Senior Health Insurance Counseling for Kansans (SCHICK)

1-800-860-5260

Railroad Retirement Board

1-800-808-0772 TTY: 1-312-751-4701

Blue Cross and Blue Shield of Kansas

bcbsks.com/medicare

866-842-2469

Blue Cross and Blue Shield of Kansas is not connected with or endorsed by the U.S. Government or the federal Medicare program. Blue Cross and Blue Shield of Kansas, Inc. (BCBSKS) serves all counties in Kansas, except Johnson and Wyandotte. BCBSKS is an independent licensee of the Blue Cross Blue Shield Association.

Blue Cross and Blue Shield of Kansas is a PPO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of Kansas Medicare Advantage depends on contract renewal.

This information is not a complete description of Medicare Advantage benefits. Call 800-222-7645 (TTY: 711) for more information. BCBSKS complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 800-222-7645 (TTY:711).



866-842-2469

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