

# 2020 Senior Blue®

## Outline of Medicare Supplement Coverage



**LIVE  
FEARLESS®**  
WYOMING

For Assistance  
800-851-2227

[Medicare@bcbswy.com](mailto:Medicare@bcbswy.com)

[WyomingSeniorBlue.com](http://WyomingSeniorBlue.com)

## Standard Medicare Supplement Plans

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan “A” available. Some plans may not be available in your state.

Plans E, F, H, I, and J are no longer available for sale.

### Basic Benefits:

- **Hospitalization** – Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses** – Part B coinsurance (generally 20% of Medicare-approved expenses) or co-payments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or co-payments.
- **Blood** – First three pints of blood each year.
- **Hospice** – Part A coinsurance.

Blue Cross Blue Shield of Wyoming offers the plans highlighted in gray.

A	B	C	D	G	G*
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	
		Part B Deductible			
				Part B Excess (100%)	
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	

\*Plan G also has an option called a high deductible plan G. This high deductible plan pays the same benefits as Plan G after one has paid a calendar year \$2,340 (2020 amount) deductible.

Benefits from high deductible plan G will not begin until out-of-pocket expenses exceed \$2,340 (2020 amount). Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan’s separate foreign travel emergency deductible.

K	L	M	N
Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Foreign Travel Emergency	Foreign Travel Emergency
Out-of-pocket limit \$5,880; paid at 100% after limit reached**	Out-of-pocket limit \$2,940; paid at 100% after limit reached**		

**\*\*The out-of-pocket annual limit may increase each year for inflation.**

## Senior Blue Premium Rates - Effective January 1, 2020

Ages	Plan A	Plan G	High Deductible		
			Plan G	Plan K	Plan N
65	108.40	146.70	62.70	80.40	132.50
66	112.00	151.60	64.40	82.90	136.50
67	115.50	156.50	66.60	85.60	141.10
68	119.40	161.70	68.90	88.30	145.70
69	123.30	167.00	71.10	91.30	150.50
70	127.40	172.20	73.50	94.20	155.30
71	131.40	178.00	76.10	97.40	160.40
72	135.80	183.60	78.40	100.40	165.60
73	140.10	189.80	81.00	103.90	171.00
74	144.90	196.00	83.50	107.10	176.70
75	149.50	202.20	86.20	110.70	182.50
76	154.20	208.80	89.30	114.30	188.40
77	159.30	215.60	92.00	117.90	194.60
78	164.50	222.70	95.10	121.70	200.60
79	169.80	230.10	98.20	125.80	207.30
80	175.60	237.40	101.30	129.90	214.20
81	181.20	245.20	104.70	134.10	221.00
82	187.00	253.20	107.80	138.50	228.30
83	193.40	261.50	111.70	143.00	235.70
84	199.40	269.70	115.30	147.80	243.20
85 +	206.00	278.60	119.00	152.50	251.30

### Premium Information

Blue Cross Blue Shield of Wyoming can only raise your premium if we raise the premium for all policies like yours in this state. When we change the premium upon our implementation of a new table of rates or a change in Medicare 's benefit structure, your new premium will be based upon your age at the effective date of the premium change. If we do change premiums, we will notify you at least 30 days in advance.

### 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 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 Wyoming.

### 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 Wyoming, 4000 House Avenue, Cheyenne, WY 82001. If you send the policy back to us within 30 days after you receive it, we 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 Wyoming nor its agents 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 Wyoming 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.

# Senior Blue<sup>®</sup> Medicare Supplement Plans

This chart highlights the Senior Blue Medicare Supplement plans available to you.

Benefit	MEDICARE PAYS
<b>Medicare Part A – Hospital Services Per Benefit Period</b>	
<b>Hospitalization</b>	
Days 1-60	All but \$1,408
Days 61-90	All but \$352 a day
91st Day and after: While using 60 lifetime reserve days	All but \$704 a day
Once lifetime reserve days are used: Additional 365 days	\$0
Beyond the 365 days	\$0
<b>Skilled Nursing Facility Care</b>	
Days 1-20	All approved amounts
Days 21-100	All but \$176 a day
101st day and after	\$0
<b>Blood</b>	
First three pints	\$0
Additional amounts	100%
<b>Hospice Care</b>	
All but limited coinsurance for outpatient drugs & inpatient respite	
<b>Medicare Part B – Medical Services Per Calendar Year</b>	
<b>Medical Expenses</b>	
First \$198 of Medicare-approved amounts	\$0
Remainder of Medicare-approved amounts	Generally 80%
Part B excess charges (above Medicare-approved amounts)	\$0
<b>Blood</b>	
First 3 pints	\$0
Next \$198 of Medicare-approved amounts	\$0
Remainder of Medicare-approved amounts	80%
<b>Clinical Laboratory Service</b>	
100%	
<b>Home Health Care Medicare-Approved Services</b>	
Medically necessary skilled care, services, medical supplies	100%
<b>Durable medical equipment:</b>	
First \$198 of Medicare-approved amounts	\$0
Remainder of Medicare-approved amounts	80%
<b>Other Services Not Covered by Medicare</b>	
<b>Foreign Travel</b>	
(Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA)	
First \$250 of each calendar year	\$0
Remainder of charges	\$0

Senior Blue Medicare Supplement Plans are age-rated.

YOU PAY		YOU PAY		YOU PAY		YOU PAY	
Senior Blue Plan A		Senior Blue Plan G/G*		Senior Blue Plan K**		Senior Blue Plan N	
\$1,408 (Part A Deductible)	\$0	\$704 (50% of Part A Deductible)	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
All costs	All costs	All costs	All costs	All costs	All costs	All costs	All costs
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Up to \$176 a day	\$0	Up to \$88 a day	\$0	Up to \$88 a day	\$0	Up to \$88 a day	\$0
All costs	All costs	All costs	All costs	All costs	All costs	All costs	All costs
\$0	\$0	50% of the first three pints of blood	\$0	50% of the first three pints of blood	\$0	50% of the first three pints of blood	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	50% of Part A Medicare coinsurance or copayments	\$0	50% of Part A Medicare coinsurance or copayments	\$0	50% of Part A Medicare coinsurance or copayments	\$0
\$198 (Part B Deductible)	\$198 (Part B Deductible)	\$198 (Part B Deductible)	\$198 (Part B Deductible)	\$198 (Part B Deductible)	\$198 (Part B Deductible)	\$198 (Part B Deductible)	\$198 (Part B Deductible)
\$0	\$0	Generally 10%	\$0	Generally 10%	\$0	\$20 Office Visit / \$50 ER	\$20 Office Visit / \$50 ER
All costs	\$0	All costs	\$0	All costs	\$0	All costs	All costs
\$0	\$0	50% of the first three pints of blood	\$0	50% of the first three pints of blood	\$0	\$0	\$0
\$198 (Part B Deductible)	\$198 (Part B Deductible)	\$198 (Part B Deductible)	\$198 (Part B Deductible)	\$198 (Part B Deductible)	\$198 (Part B Deductible)	\$198 (Part B Deductible)	\$198 (Part B Deductible)
\$0	\$0	Generally 10%	\$0	Generally 10%	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$198 (Part B Deductible)	\$198 (Part B Deductible)	\$198 (Part B Deductible)	\$198 (Part B Deductible)	\$198 (Part B Deductible)	\$198 (Part B Deductible)	\$198 (Part B Deductible)	\$198 (Part B Deductible)
\$0	\$0	10%	\$0	10%	\$0	\$0	\$0
All costs	\$250	All costs	\$250	All costs	\$250	\$250	\$250
All costs	20% and amounts over the \$50,000 lifetime maximum	All costs	20% and amounts over the \$50,000 lifetime maximum	All costs	20% and amounts over the \$50,000 lifetime maximum	20% and amounts over the \$50,000 lifetime maximum	20% and amounts over the \$50,000 lifetime maximum

\* Plan G also has an option called a High Deductible Plan G. This high deductible plan pays the same benefits as Plan G after one has paid a calendar year \$2,340 (for 2020) deductible.

\*\* Out-of-pocket maximum for Medicare-approved amounts limited to \$5,880 for 2020.



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## This Notice is Being Provided as Required by the Affordable Care Act Translation Services

If you, or someone you're helping, has questions about Blue Cross Blue Shield of Wyoming, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 800-442-2376.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Wyoming, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 800-442-2376.

如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱 Blue Cross Blue Shield of Wyoming] 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字800-442-2376]。

Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Wyoming haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 800-442-2376.

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Wyoming, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 800-442-2376.

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Wyoming, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 800-442-2376.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Wyoming 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 800-442-2376 로 전화하십시오.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Wyoming, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 800-442-2376.

Se tu o qualcuno che stai aiutando avete domande su Blue Cross Blue Shield of Wyoming, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 800-442-2376.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Wyoming, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 800-442-2376.

Jika Anda, atau seseorang yang Anda tolong, memiliki pertanyaan tentang Blue Cross Blue Shield of Wyoming, Anda berhak untuk mendapatkan pertolongan dan informasi dalam Bahasa Anda tanpa dikenakan biaya. Untuk berbicara dengan seorang penerjemah, hubungi 800-442-2376.

ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Wyoming についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、800-442-2376 までお電話ください。

यदि तपाईं आफ्ना लागि आफैँ आवेदनको काम गर्दै, वा कसैलाई मद्दत गर्दै हुनुहुन्छ, Blue Cross Blue Shield of Wyoming बारे प्रश्नहरू छन् भने आफ्नो मातृभाषामा निःशुल्क सहायता वा जानकारी पाउने अधिकार छ। दोभाषे (इन्टरप्रेटर) सँग कुरा गर्नुपरे 800-442-2376 मा फोन गर्नुहोस्।

گوشه ما بیکس یکه شمه لبه اوکم مک هکتهد ، سوال در مورد Blue Cross Blue Shield of Wyoming ، شیتبجاشهد حق ظن را دایکک مک و االعاتبه زبان خود ربه طور اوگان دظفتن هکده. 800-442-2376 ت ماس حصر لن هکده.

જો તમે અથવા તમે કોઇને મદદ કરી રહ્યાં તેમાંથી કોઇને [એસબીએમ કાયદમનું નામ મુકો] વિશે પ્રશ્નો હોય તો તમને મદદ અને માહિતી મેળવવાનો અધિકાર છે. તે ખચ વિના તમારી ભાષામાં પ્રાપ્ત કરી શકાય છે. દુભાષિયો વાત કરવા માટે, આ [અહીં દાખલ કરો નંબર ] પર કોલ કરો.

Dii kwe' é atah nilinigii Blue Cross Blue Shield of Wyoming haada yit'éego bina'idilkidgo éi doodago háida biká anilyeedigii t'áadoo le'é yina'idilkidgo beehaz'áanii hólo' dii t'áa hazaadk'ehji háká a'doowolgo bee haz'á doo báh ilinigóó. Ata' halne'igii koji' bich'í' hodiilniil 800-442-2376.



## NOTICE OF NON-DISCRIMINATION PRACTICE

Effective September 20, 2016

Blue Cross Blue Shield of Wyoming (BCBSWY) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. BCBSWY does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

BCBSWY provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-442-2376 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe BCBSWY has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Compliance Officer in our Legal Department

- by email at: [Legal@bcbswy.com](mailto:Legal@bcbswy.com)
- by mail at: BCBSWY Compliance Officer  
Legal Department  
PO Box 2266  
Cheyenne, WY 82003-2266
- or by phone at: 1-800-442-2376

Grievance forms are available by contacting us at the contacts listed above or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://www.hhs.gov/ocr/complaints/index.html>
- by phone at:  
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:  
Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F HHH Bldg  
Washington, DC 20201

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.