



This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan “A” available. Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

Blue Cross and Blue Shield of Oklahoma does not offer those plans shaded in gray below.

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 copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.
- Blood – First 3 pints of blood each year.
- Hospice – Part A coinsurance.

A	Basic Benefits, including 100% Part B Coinsurance						
B	Basic Benefits, including 100% Part B Coinsurance		Part A Deductible				
D	Basic Benefits, including 100% Part B Coinsurance	Skilled Nursing Facility Coinsurance	Part A Deductible			Foreign Travel Emergency	
G G¹	Basic Benefits, including 100% Part B Coinsurance	Skilled Nursing Facility Coinsurance	Part A Deductible		Part B Excess (100%)	Foreign Travel Emergency	
K	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	50% Skilled Nursing Facility Coinsurance	50% Part A Deductible				Out-of-pocket limit \$5,880; paid at 100% after limit reached
L	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	75% Skilled Nursing Facility Coinsurance	75% Part A Deductible				Out-of-pocket limit \$2,940; paid at 100% after limit reached
M	Basic Benefits, including 100% Part B Coinsurance	Skilled Nursing Facility Coinsurance	50% Part A Deductible			Foreign Travel Emergency	
N	Basic Benefits, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER	Skilled Nursing Facility Coinsurance	Part A Deductible			Foreign Travel Emergency	
Only available if Medicare-eligible before 2020							
C	Basic Benefits, including 100% Part B Coinsurance	Skilled Nursing Facility Coinsurance	Part A Deductible	Part B Deductible		Foreign Travel Emergency	
F F¹	Basic Benefits, including 100% Part B Coinsurance ¹	Skilled Nursing Facility Coinsurance	Part A Deductible	Part B Deductible	Part B Excess (100%)	Foreign Travel Emergency	

- ¹ These high deductible plans pay the same benefits as Plans F and G after one has paid a calendar-year \$2,340 deductible. Benefits from High Deductible Plans F and G will not begin until out-of-pocket expenses are \$2,340. Out-of-pocket expenses for these deductibles are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.
- ² Blue Plan65 *Select* Plans require that you use a Blue Plan65 *Select* network hospital for non-emergency admissions to receive coverage for the Medicare Part A deductible. In an emergency, the \$1,408 deductible is covered at any hospital from which you receive care. Only certain hospitals are network providers under this policy. Check with your physician to determine if he or she has admitting privileges at the network hospital. If he or she does not, you may be required to use another physician at time of hospitalization or you will be required to pay for all expenses. If an insured moves out of the service area, there will be a reduction of benefit coverage and they will have the opportunity to purchase any Medicare Supplement policy with comparable or lesser benefits offered by the insurer, or Medicare Supplement/Select plans A, B, C, F, K, or L from any insurer within 63 days of termination.

Monthly Premium Rates effective January 1, 2020

Age 65

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	134.90	122.64	N/A	N/A	149.42	135.84	N/A	N/A
F	169.92	154.47	154.63	140.57	188.20	171.09	171.27	155.70
High F¹	38.88	35.35	N/A	N/A	43.07	39.15	N/A	N/A
G	129.69	117.90	118.02	107.29	145.39	132.17	132.31	120.28
N	104.43	94.94	95.03	86.39	117.08	106.43	106.54	96.85

Age 66

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	141.29	128.44	N/A	N/A	156.49	142.26	N/A	N/A
F	177.96	161.78	161.94	147.22	197.11	179.19	179.37	163.06
High F¹	40.72	37.02	N/A	N/A	45.11	41.01	N/A	N/A
G	136.59	124.18	124.30	113.00	153.04	139.12	139.26	126.60
N	109.99	99.99	100.09	90.99	123.23	112.03	112.14	101.95

Age 67

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	147.67	134.25	N/A	N/A	163.56	148.69	N/A	N/A
F	186.00	169.09	169.26	153.87	206.01	187.29	187.47	170.43
High F¹	42.56	38.69	N/A	N/A	47.14	42.86	N/A	N/A
G	143.50	130.45	130.58	118.71	160.68	146.08	146.22	132.93
N	115.55	105.05	105.15	95.59	129.39	117.63	117.75	107.04

Age 68

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	154.05	140.05	N/A	N/A	170.63	155.12	N/A	N/A
F	194.04	176.40	176.57	160.52	214.92	195.38	195.58	177.80
High F¹	44.40	40.37	N/A	N/A	49.18	44.71	N/A	N/A
G	150.40	136.73	136.86	124.42	168.33	153.03	153.18	139.26
N	121.11	110.10	110.21	100.19	135.55	123.23	123.35	112.14

Age 69

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	160.44	145.85	N/A	N/A	177.70	161.55	N/A	N/A
F	202.08	183.71	183.89	167.17	223.82	203.48	203.68	185.16
High F¹	46.24	42.04	N/A	N/A	51.22	46.56	N/A	N/A
G	157.30	143.00	143.15	130.13	175.98	159.98	160.14	145.58
N	126.67	115.15	115.27	104.79	141.71	128.82	128.95	117.23

Age 70

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	166.82	151.65	N/A	N/A	184.77	167.97	N/A	N/A
F	210.12	191.02	191.21	173.83	232.73	211.57	211.78	192.53
High F¹	48.08	43.71	N/A	N/A	53.26	48.42	N/A	N/A
G	164.21	149.28	149.43	135.84	183.62	166.93	167.10	151.91
N	132.23	120.21	120.33	109.39	147.86	134.42	134.56	122.32

Age 71

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	173.20	157.46	N/A	N/A	191.84	174.40	N/A	N/A
F	218.16	198.33	198.52	180.48	241.64	219.67	219.89	199.90
High F ¹	49.92	45.38	N/A	N/A	55.30	50.27	N/A	N/A
G	171.11	155.56	155.71	141.56	191.27	173.88	174.06	158.23
N	137.79	125.26	125.39	113.99	154.02	140.02	140.16	127.42

Age 72

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	179.59	163.26	N/A	N/A	198.91	180.83	N/A	N/A
F	226.20	205.64	205.84	187.13	250.54	227.76	227.99	207.27
High F ¹	51.76	47.06	N/A	N/A	57.33	52.12	N/A	N/A
G	178.02	161.83	161.99	147.27	198.92	180.83	181.01	164.56
N	143.35	130.32	130.45	118.59	160.18	145.62	145.76	132.51

Age 73

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	185.97	169.06	N/A	N/A	205.98	187.26	N/A	N/A
F	234.24	212.94	213.16	193.78	259.45	235.86	236.10	214.63
High F ¹	53.60	48.73	N/A	N/A	59.37	53.97	N/A	N/A
G	184.92	168.11	168.28	152.98	206.56	187.78	187.97	170.88
N	148.91	135.37	135.51	123.19	166.34	151.22	151.37	137.61

Age 74

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	192.35	174.87	N/A	N/A	213.05	193.68	N/A	N/A
F	242.28	220.25	220.47	200.43	268.35	243.96	244.20	222.00
High F¹	55.44	50.40	N/A	N/A	61.41	55.83	N/A	N/A
G	191.82	174.38	174.56	158.69	214.21	194.74	194.93	177.21
N	154.47	140.42	140.56	127.79	172.49	156.81	156.97	142.70

Age 75

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	198.74	180.67	N/A	N/A	220.12	200.11	N/A	N/A
F	250.32	227.56	227.79	207.08	277.26	252.05	252.30	229.37
High F¹	57.28	52.08	N/A	N/A	63.45	57.68	N/A	N/A
G	198.73	180.66	180.84	164.40	221.86	201.69	201.89	183.54
N	160.03	145.48	145.62	132.38	178.65	162.41	162.57	147.79

Age 76

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	205.12	186.47	N/A	N/A	227.19	206.54	N/A	N/A
F	258.36	234.87	235.11	213.73	286.16	260.15	260.41	236.73
High F¹	59.12	53.75	N/A	N/A	65.49	59.53	N/A	N/A
G	205.63	186.94	187.12	170.11	229.50	208.64	208.85	189.86
N	165.58	150.53	150.68	136.98	184.81	168.01	168.18	152.89

Age 77

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	211.50	192.28	N/A	N/A	234.26	212.97	N/A	N/A
F	266.40	242.18	242.42	220.39	295.07	268.24	268.51	244.10
High F¹	60.96	55.42	N/A	N/A	67.52	61.38	N/A	N/A
G	212.53	193.21	193.41	175.82	237.15	215.59	215.81	196.19
N	171.14	155.59	155.74	141.58	190.97	173.61	173.78	157.98

Age 78

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	217.89	198.08	N/A	N/A	241.33	219.39	N/A	N/A
F	274.44	249.49	249.74	227.04	303.97	276.34	276.62	251.47
High F¹	62.80	57.09	N/A	N/A	69.56	63.24	N/A	N/A
G	219.44	199.49	199.69	181.53	244.80	222.54	222.76	202.51
N	176.70	160.64	160.80	146.18	197.12	179.20	179.38	163.08

Age 79

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	224.27	203.88	N/A	N/A	248.40	225.82	N/A	N/A
F	282.48	256.80	257.06	233.69	312.88	284.44	284.72	258.84
High F¹	64.64	58.77	N/A	N/A	71.60	65.09	N/A	N/A
G	226.34	205.76	205.97	187.25	252.44	229.49	229.72	208.84
N	182.26	165.69	165.86	150.78	203.28	184.80	184.99	168.17

Age 80

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	230.65	209.68	N/A	N/A	255.47	232.25	N/A	N/A
F	290.52	264.11	264.37	240.34	321.78	292.53	292.82	266.20
High F¹	66.48	60.44	N/A	N/A	73.64	66.94	N/A	N/A
G	233.24	212.04	212.25	192.96	260.09	236.45	236.68	215.17
N	187.82	170.75	170.92	155.38	209.44	190.40	190.59	173.26

Age 81

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	237.04	215.49	N/A	N/A	262.54	238.68	N/A	N/A
F	298.56	271.42	271.69	246.99	330.69	300.63	300.93	273.57
High F¹	68.32	62.11	N/A	N/A	75.67	68.80	N/A	N/A
G	240.15	218.32	218.54	198.67	267.74	243.40	243.64	221.49
N	193.38	175.80	175.98	159.98	215.60	196.00	196.19	178.36

Age 82

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	243.42	221.29	N/A	N/A	269.62	245.10	N/A	N/A
F	306.60	278.73	279.01	253.64	339.59	308.72	309.03	280.94
High F¹	70.16	63.78	N/A	N/A	77.71	70.65	N/A	N/A
G	247.05	224.59	224.82	204.38	275.38	250.35	250.60	227.82
N	198.94	180.85	181.04	164.58	221.75	201.59	201.80	183.45

Age 83

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	249.80	227.09	N/A	N/A	276.69	251.53	N/A	N/A
F	314.64	286.04	286.32	260.29	348.50	316.82	317.14	288.30
High F¹	72.00	65.46	N/A	N/A	79.75	72.50	N/A	N/A
G	253.96	230.87	231.10	210.09	283.03	257.30	257.56	234.14
N	204.50	185.91	186.09	169.18	227.91	207.19	207.40	188.54

Age 84

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	256.19	232.90	N/A	N/A	283.76	257.96	N/A	N/A
F	322.68	293.35	293.64	266.94	357.41	324.91	325.24	295.67
High F¹	73.84	67.13	N/A	N/A	81.79	74.35	N/A	N/A
G	260.86	237.15	237.38	215.80	290.68	264.25	264.52	240.47
N	210.06	190.96	191.15	173.78	234.07	212.79	213.00	193.64

Age 85

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	262.57	238.70	N/A	N/A	290.83	264.39	N/A	N/A
F	330.72	300.66	300.96	273.60	366.31	333.01	333.34	303.04
High F¹	75.68	68.80	N/A	N/A	83.83	76.21	N/A	N/A
G	267.76	243.42	243.66	221.51	298.32	271.20	271.47	246.79
N	215.62	196.02	196.21	178.37	240.23	218.39	218.61	198.73

Age 86

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	268.95	244.50	N/A	N/A	297.90	270.81	N/A	N/A
F	338.76	307.96	308.27	280.25	375.22	341.11	341.45	310.41
High F¹	77.52	70.47	N/A	N/A	85.86	78.06	N/A	N/A
G	274.67	249.70	249.95	227.22	305.97	278.15	278.43	253.12
N	221.18	201.07	201.27	182.97	246.38	223.99	224.21	203.83

Age 87

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	275.34	250.31	N/A	N/A	304.97	277.24	N/A	N/A
F	346.80	315.27	315.59	286.90	384.12	349.20	349.55	317.77
High F¹	79.36	72.15	N/A	N/A	87.90	79.91	N/A	N/A
G	281.57	255.97	256.23	232.94	313.62	285.11	285.39	259.45
N	226.74	206.12	206.33	187.57	252.54	229.58	229.81	208.92

Age 88

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	281.72	256.11	N/A	N/A	312.04	283.67	N/A	N/A
F	354.84	322.58	322.91	293.55	393.03	357.30	357.65	325.14
High F¹	81.20	73.82	N/A	N/A	89.94	81.76	N/A	N/A
G	288.47	262.25	262.51	238.65	321.26	292.06	292.35	265.77
N	232.30	211.18	211.39	192.17	258.70	235.18	235.42	214.01

Age 89

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	288.10	261.91	N/A	N/A	319.11	290.10	N/A	N/A
F	362.88	329.89	330.22	300.20	401.93	365.39	365.76	332.51
High F¹	83.04	75.49	N/A	N/A	91.98	83.62	N/A	N/A
G	295.38	268.53	268.79	244.36	328.91	299.01	299.31	272.10
N	237.86	216.23	216.45	196.77	264.86	240.78	241.02	219.11

Age 90

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	294.49	267.71	N/A	N/A	326.18	296.52	N/A	N/A
F	370.92	337.20	337.54	306.85	410.84	373.49	373.86	339.87
High F¹	84.88	77.17	N/A	N/A	94.02	85.47	N/A	N/A
G	302.28	274.80	275.08	250.07	336.56	305.96	306.27	278.42
N	243.41	221.29	221.51	201.37	271.01	246.38	246.62	224.20

Age 91

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	300.87	273.52	N/A	N/A	333.25	302.95	N/A	N/A
F	378.96	344.51	344.85	313.50	419.74	381.58	381.97	347.24
High F¹	86.72	78.84	N/A	N/A	96.05	87.32	N/A	N/A
G	309.19	281.08	281.36	255.78	344.20	312.91	313.22	284.75
N	248.97	226.34	226.57	205.97	277.17	251.97	252.23	229.30

Age 92

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	307.25	279.32	N/A	N/A	340.32	309.38	N/A	N/A
F	387.00	351.82	352.17	320.16	428.65	389.68	390.07	354.61
High F¹	88.56	80.51	N/A	N/A	98.09	89.17	N/A	N/A
G	316.09	287.35	287.64	261.49	351.85	319.86	320.18	291.08
N	254.53	231.39	231.62	210.57	283.33	257.57	257.83	234.39

Age 93

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	313.64	285.12	N/A	N/A	347.39	315.81	N/A	N/A
F	395.04	359.13	359.49	326.81	437.55	397.78	398.17	361.98
High F¹	90.40	82.18	N/A	N/A	100.13	91.03	N/A	N/A
G	322.99	293.63	293.92	267.20	359.50	326.81	327.14	297.40
N	260.09	236.45	236.68	215.17	289.49	263.17	263.43	239.48

Age 94

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	320.02	290.93	N/A	N/A	354.46	322.23	N/A	N/A
F	403.08	366.44	366.80	333.46	446.46	405.87	406.28	369.34
High F¹	92.24	83.86	N/A	N/A	102.17	92.88	N/A	N/A
G	329.90	299.91	300.21	272.91	367.14	333.77	334.10	303.73
N	265.65	241.50	241.74	219.77	295.64	268.77	269.04	244.58

Age 95

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	326.40	296.73	N/A	N/A	361.53	328.66	N/A	N/A
F	411.12	373.75	374.12	340.11	455.36	413.97	414.38	376.71
High F¹	94.08	85.53	N/A	N/A	104.21	94.73	N/A	N/A
G	336.80	306.18	306.49	278.63	374.79	340.72	341.06	310.05
N	271.21	246.56	246.80	224.37	301.80	274.37	274.64	249.67

Age 96

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	332.79	302.53	N/A	N/A	368.60	335.09	N/A	N/A
F	419.16	381.06	381.44	346.76	464.27	422.06	422.49	384.08
High F¹	95.92	87.20	N/A	N/A	106.24	96.59	N/A	N/A
G	343.70	312.46	312.77	284.34	382.44	347.67	348.02	316.38
N	276.77	251.61	251.86	228.96	307.96	279.96	280.24	254.77

Age 97

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	339.17	308.34	N/A	N/A	375.67	341.52	N/A	N/A
F	427.20	388.37	388.75	353.41	473.18	430.16	430.59	391.45
High F¹	97.76	88.87	N/A	N/A	108.28	98.44	N/A	N/A
G	350.61	318.73	319.05	290.05	390.08	354.62	354.98	322.70
N	282.33	256.66	256.92	233.56	314.12	285.56	285.85	259.86

Age 98

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	345.55	314.14	N/A	N/A	382.74	347.94	N/A	N/A
F	435.24	395.68	396.07	360.06	482.08	438.26	438.69	398.81
High F¹	99.60	90.55	N/A	N/A	110.32	100.29	N/A	N/A
G	357.51	325.01	325.34	295.76	397.73	361.57	361.93	329.03
N	287.89	261.72	261.98	238.16	320.27	291.16	291.45	264.95

Age 99

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	351.94	319.94	N/A	N/A	389.81	354.37	N/A	N/A
F	443.28	402.98	403.39	366.72	490.99	446.35	446.80	406.18
High F¹	101.44	92.22	N/A	N/A	112.36	102.14	N/A	N/A
G	364.42	331.29	331.62	301.47	405.38	368.52	368.89	335.36
N	293.45	266.77	267.04	242.76	326.43	296.76	297.05	270.05

Age 100+

	FEMALE				MALE			
	Standard		Blue Plan65 Select ²		Standard		Blue Plan65 Select ²	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
A	358.32	325.75	N/A	N/A	396.88	360.80	N/A	N/A
F	451.32	410.29	410.70	373.37	499.89	454.45	454.90	413.55
High F¹	103.28	93.89	N/A	N/A	114.40	104.00	N/A	N/A
G	371.32	337.56	337.90	307.18	413.02	375.48	375.85	341.68
N	299.01	271.82	272.10	247.36	332.59	302.35	302.66	275.14

You have the option to purchase any of the Medicare Supplement benefit plans shown on the front cover in white as Standard Plans or as Blue Plan65 *Select* Plans, with the exception of Plan A and High Deductible Plan F¹, which are available as **Standard Plans only**.

Blue Plan65 *Select* Plans require that you use a Blue Plan65 *Select* network hospital for non-emergency admissions to receive coverage for the Medicare Part A deductible. In an emergency, the \$1,408 deductible is covered at any hospital from which you receive care. Only certain hospitals are network providers under this policy. Check with your physician to determine if he or she has admitting privileges at the network hospital. If he or she does not, you may be required to use another physician at time of hospitalization or you will be required to pay for all expenses. If you move out of the service area, there will be a reduction of benefit coverage and you will have the opportunity to purchase any Medicare Supplement policy with comparable or lesser benefits offered by the insurer, or Medicare Supplement/*Select* plans A, B, C, F, K, or L from any insurer within 63 days of termination.

PREMIUM INFORMATION

Blue Cross and Blue Shield of Oklahoma can only raise your premium if we raise the premium for all policies like yours in the state. We will not change your premium or cancel your policy because of poor health. Premiums change at age 65 and every year thereafter up to age 100. If your premium changes, you will be notified at least 30 days in advance.

Gender

One factor that will determine your premium is your gender. When completing the application, you will need to make a gender selection.

Household Discount

You may be eligible for a discount if you and another individual residing in your household are both enrolled in a Blue Cross and Blue Shield of Oklahoma Medicare Supplement Insurance Plan effective on or after May 1, 2019.

Tobacco User

A Tobacco User is a person who is permitted under state and federal law to legally use Tobacco, with Tobacco use (other than religious or ceremonial use of Tobacco) occurring on average of four or more times per week that last occurred within the past six months. Tobacco products include but are not limited to: cigarettes, cigars, smokeless tobacco products, electronic cigarettes, dissolvable tobacco products, vaping, etc.

If you meet the definition of a Tobacco User, you may pay a higher premium for your health coverage.

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 your insurance company.

RIGHT TO RETURN YOUR POLICY

If you find that you are not satisfied with your policy, you may return it to **Blue Medicare Supplement c/o Member Services, P.O. Box 3388 Scranton, PA 18505**. 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 will 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 and Blue Shield of Oklahoma nor its agents are connected with Medicare. This Outline of Coverage does not give you all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

ADDITIONAL DISCLOSURES FOR BLUE PLAN65 *SELECT*

YOUR BLUE PLAN65 *SELECT* NETWORK PROVIDER

By choosing Blue Plan65 *Select* as your Medicare Supplement, you are agreeing to receive services from a Blue Plan65 *Select* Network Provider in order to receive the highest level of benefits. For the most updated list of our Blue Plan65 *Select* Network Providers please visit our Web site at **bcbsok.com**. If you receive Covered Services from an Out-of-Network Provider, and the services were available from a Blue Plan65 *Select* Network Provider, those services will be reimbursed at a lower level of benefits, except for Emergency Care.

RESTRICTED BLUE PLAN65 *SELECT* NETWORK PROVIDER PROVISIONS

If you receive non-emergency services from a Provider other than a Blue Plan65 *Select* Network Provider, coverage for the supplemental portion of the Medicare services will be reduced as follows:

- No coverage will be provided for the Medicare Part A Deductible amount (the first \$1,408 of the Medicare Approved Amounts). You will be responsible for this amount.
- No coverage will be provided for the Medicare Part A Coinsurance amount for the 21st through 100th days in a post-hospital Skilled Nursing Facility. You will be responsible for this amount.
- No coverage will be provided for the Medicare Part B Deductible Amount (the first \$198 of the Medicare Approved Amounts). You will be responsible for this amount.
- No coverage will be provided for the difference between the actual Medicare Part B charge as billed, and the Medicare-approved Part B charge. You may be responsible for this difference if your Provider does not accept Medicare assignment.

COVERAGE FOR EMERGENCY CARE

Benefits for Emergency Care, which are Medicare Eligible Expenses, will be provided at the Blue Plan65 *Select* Network level regardless of whether a Blue Plan65 *Select* Network Provider is used. This includes services which are immediately required for an unforeseen illness, injury or condition, and it is not reasonable to obtain the services through a Blue Plan65 *Select* Network Provider.

GRIEVANCE PROCEDURES

Blue Cross and Blue Shield of Oklahoma is committed to providing quality, responsive administration of benefits and customer service to our Members. Our corporation provides dedicated customer service to Medicare Supplement Members. This service capability provides dedicated staff, dedicated telephone lines and dedicated toll-free telephone access.

Member inquiries with regard to claims payment, billing, coverage levels, benefit interpretation, network provider and other miscellaneous concerns are addressed by the dedicated customer service unit of our Customer Service Department in Tulsa, Oklahoma.

If your inquiry is not resolved through our dedicated customer service area to your satisfaction, a grievance procedure is in place to seek further review or clarification and is outlined in the Policy.

QUALITY ASSURANCE

All Blue Plan65 *Select* Network Providers are chosen based on specific written criteria and are periodically evaluated for quality of care provided. Processes are in place to initiate corrective action when warranted.

Blue Plan65 *Select* Network Providers are issued written criteria for retention in and removal from the network.

RIGHT TO PURCHASE

You have the right to apply for any Medicare Supplement Policy offered by Blue Cross and Blue Shield of Oklahoma as long as you live within 25 miles of a Blue Plan65 *Select* hospital. If you enroll under this Blue Plan65 *Select* Medicare Supplement Policy, you may change coverage to any Medicare Supplement Policy offering comparable or lesser benefits by giving 31 days written notice of exchange.

Plan A

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

Services	Medicare Pays	Plan A Pays	You Pay
Hospitalization³ Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,408	\$0	\$1,408 (Part A deductible)
61st through 90th day	All but \$352 a day	\$352 a day	\$0
91st day and after:			
– While using 60 Lifetime Reserve days	All but \$704 a day	\$704 a day	\$0
– Additional 365 days once Lifetime Reserve days are used	\$0	100% of Medicare-eligible expenses	\$0 ⁴
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care³ You must meet Medicare’s requirements, including having been in a hospital for at least 3 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 \$176 a day	\$0	Up to \$176 a day
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 copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

³ A benefit period begins on the first day you receive services 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.

⁴ 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.

Plan A

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR.

Services	Medicare Pays	Plan A Pays	You Pay
Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$198 of Medicare-approved amounts ⁵	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$198 of Medicare-approved amounts ⁵	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services — Tests for Diagnostic Services	100%	\$0	\$0

MEDICARE (PARTS A & B)

Services	Medicare Pays	Plan A Pays	You Pay
Home Health Care Medicare-approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
– First \$198 of Medicare-approved amounts ⁵	\$0	\$0	\$198 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0

⁵ Once you have been billed \$198 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan F

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

Services	Medicare Pays	Plan F Pays	You Pay
Hospitalization³ Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,408	\$1,408 (Part A deductible) ²	\$0
61st through 90th day	All but \$352 a day	\$352 a day	\$0
91st day and after:			
– While using 60 Lifetime Reserve days	All but \$704 a day	\$704 a day	\$0
– Additional 365 days once Lifetime Reserve days are used	\$0	100% of Medicare-eligible expenses	\$0 ⁴
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care³ You must meet Medicare's requirements, including having been in a hospital for at least 3 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 \$176 a day	Up to \$176 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 copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

Plan F

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR

Services	Medicare Pays	Plan F Pays	You Pay
Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$198 of Medicare-approved amounts ⁵	\$0	\$198 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First 3 pints	\$0	All costs	\$0
Next \$198 of Medicare-approved amounts ⁵	\$0	\$198 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services — Tests for Diagnostic Services	100%	\$0	\$0

MEDICARE (PARTS A & B)

Services	Medicare Pays	Plan F Pays	You Pay
Home Health Care Medicare-approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
– First \$198 of Medicare-approved amounts ⁵	\$0	\$198 (Part B deductible)	\$0
– Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

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

High Deductible Plan F

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD

Services	Medicare Pays	After You Pay \$2,340 Deductible ¹ , Plan F Pays	In Addition to \$2,340 Deductible ¹ , You Pay
Hospitalization³ Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,408	\$1,408 (Part A deductible)	\$0
61st through 90th day	All but \$352 a day	\$352 a day	\$0
91st day and after:			
– While using 60 Lifetime Reserve days	All but \$704 a day	\$704 a day	\$0
– Additional 365 days once Lifetime Reserve days are used	\$0	100% of Medicare- eligible expenses	\$0 ⁴
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care³ You must meet Medicare's requirements, including having been in a hospital for at least 3 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 \$176 a day	Up to \$176 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 copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

High Deductible Plan F

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR

Services	Medicare Pays	After You Pay \$2,340 Deductible ¹ , Plan F Pays	In Addition to \$2,340 Deductible ¹ , You Pay
Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$198 of Medicare-approved amounts ⁵	\$0	\$198 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First 3 pints	\$0	All costs	\$0
Next \$198 of Medicare-approved amounts ⁵	\$0	\$198 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services — Tests for Diagnostic Services	100%	\$0	\$0

MEDICARE (PARTS A & B)

Services	Medicare Pays	After You Pay \$2,340 Deductible ¹ , Plan F Pays	In Addition to \$2,340 Deductible ¹ , You Pay
Home Health Care Medicare-approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
– First \$198 of Medicare-approved amounts ⁵	\$0	\$198 (Part B deductible)	\$0
– Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS — NOT COVERED BY MEDICARE

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

Plan G

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD

Services	Medicare Pays	Plan G Pays	You Pay
Hospitalization³ Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,408	\$1,408 (Part A deductible) ²	\$0
61st through 90th day	All but \$352 a day	\$352 a day	\$0
91st day and after:			
– While using 60 Lifetime Reserve days	All but \$704 a day	\$704 a day	\$0
– Additional 365 days once Lifetime Reserve days are used	\$0	100% of Medicare-eligible expenses	\$0 ⁴
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care³ You must meet Medicare's requirements, including having been in a hospital for at least 3 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 \$176 a day	Up to \$176 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 copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

Plan G

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR

Services	Medicare Pays	Plan G Pays	You Pay
Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$198 of Medicare-approved amounts ⁵	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First 3 pints	\$0	All costs	\$0
Next \$198 of Medicare-approved amounts ⁵	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services — Tests for Diagnostic Services	100%	\$0	\$0

MEDICARE (PARTS A & B)

Services	Medicare Pays	Plan G Pays	You Pay
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
– First \$198 of Medicare-approved amounts ⁵	\$0	\$0	\$198 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

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

Plan N

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD

Services	Medicare Pays	Plan N Pays	You Pay
Hospitalization³ Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,408	\$1,408 (Part A deductible) ²	\$0
61st through 90th day	All but \$352 a day	\$352 a day	\$0
91st day and after:			
– While using 60 Lifetime Reserve days	All but \$704 a day	\$704 a day	\$0
– Additional 365 days once Lifetime Reserve days are used	\$0	100% of Medicare-eligible expenses	\$0 ⁴
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care³ You must meet Medicare's requirements, including having been in a hospital for at least 3 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 \$176 a day	Up to \$176 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 copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

Plan N

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR

Services	Medicare Pays	Plan N Pays	You Pay
Medical Expenses — In or Out of the Hospital And Outpatient Hospital Treatment , such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$198 of Medicare-approved amounts ⁵	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$198 of Medicare-approved amounts ⁵	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services — Tests for Diagnostic Services	100%	\$0	\$0

MEDICARE (PARTS A & B)

Services	Medicare Pays	Plan N Pays	You Pay
Home Health Care Medicare-approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
– First \$198 of Medicare-approved amounts ⁵	\$0	\$0	\$198 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0

Plan N

OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan N 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

Important Information about Quotes for Medicare Supplement

Quoted prices are based on the criteria specified during your search. This illustration is subject to Blue Cross and Blue Shield of Oklahoma's rating or underwriting and approval, as appropriate, and does not guarantee rates, coverage or effective date. Furthermore, rates are subject to change if any of the information you have provided changes when and if a policy is approved. In addition, Blue Cross and Blue Shield of Oklahoma reserves the right to change rates from time to time. Not connected with or endorsed by the U.S. Government or Federal Medicare Program.

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