

# Benefit Chart for Plan65 and Blue Plan65 Select<sup>SM</sup> Medicare Supplement Plans



Service	Medicare Benefit Period	Medicare Pays	Plan A Pays	Plan F Pays	Plan F-HD* Pays	Plan N Pays	Blue Plan65 Select Plan F**		Blue Plan65 Select Plan N**	
							In-Network Pays	Out-of-Network Pays	In-Network Pays	Out-of-Network Pays
<b>Inpatient Hospital Care</b> <i>(Medicare Part A)</i>	Days 1-60	All but \$1,340	\$0	\$1,340	\$1,340	\$1,340	\$1,340	\$0	\$1,340	\$0
	Days 61-90	All but \$335 a day	\$335 a day	\$335 a day	\$335 a day	\$335 a day	\$335 a day		\$335 a day	
	Days 91-150	All but \$670 a day	\$670 a day	\$670 a day	\$670 a day	\$670 a day	\$670 a day		\$670 a day	
	Beyond day 150	\$0	100% of eligible charges for 365 additional days	100% of eligible charges for 365 additional days	100% of eligible charges for 365 additional days	100% of eligible charges for 365 additional days	100% of eligible charges for 365 additional days		100% of eligible charges for 365 additional days	
<b>Post Hospital Skilled Nursing Facility Care</b>	Days 1-20	100% of eligible charges	–	–	–	–	–		–	
	Days 21-100	All but \$167.50 a day	\$0	Up to \$167.50 a day	Up to \$167.50 a day	Up to \$167.50 a day	Up to \$167.50 a day	\$0	Up to \$167.50 a day	\$0
<b>Hospice Care</b> <i>(Physician must certify patient as terminally ill. Patient must elect to receive services)</i>		100% of eligible charges excluding: outpatient drug copayment	\$5 copayment	\$5 copayment	\$5 copayment	\$5 copayment	\$5 copayment		\$5 copayment	
		Inpatient respite care coinsurance	5% coinsurance	5% coinsurance	5% coinsurance	5% coinsurance	5% coinsurance		5% coinsurance	
<b>Blood – Inpatient</b>		All but first three pints	Eligible charges for first three pints	Eligible charges for first three pints	Eligible charges for first three pints	Eligible charges for first three pints	Eligible charges for first three pints		Eligible charges for first three pints	
<b>Blood – Outpatient</b>	First three pints	\$0	100%	100%	100%	100%	100%		100%	
	Next \$183 of Medicare eligible outpatient amounts	\$0	\$0	\$183 annual deductible	\$183 annual deductible	\$0	\$183 annual deductible	\$0	\$0	
	Remainder of Medicare eligible outpatient amounts	80%	20%	20%	20%	20%	20%		20%	
<b>Physician Services</b> <i>(And other Medicare Part B services and supplies including Home Health Care and Durable Medical Equipment)</i>	First \$183 of Medicare eligible amounts	\$0	\$0	\$183 annual deductible	\$183 annual deductible	\$0	\$183 annual deductible	\$0	\$0	
	Remainder of Medicare eligible amounts	80%	20%	20%	20%	100% of eligible charges excluding: \$20 office copayment \$50 ER visit copayment (waived if admitted)	20%		100% of eligible charges excluding: \$20 office copayment \$50 ER visit copayment (waived if admitted)	
	Part B excess charges above Medicare eligible amounts	\$0	\$0	100%	100%	\$0	100%	\$0	\$0	
<b>Diagnostic Tests / Clinical Laboratory Services</b>		100% of eligible charges	–	–	–	–	–		–	
<b>Foreign Travel Emergency Care</b> <i>(For services beginning during the first 60 days of each trip outside the USA)</i>		\$0	\$0	80% of eligible charges after first \$250 each year up to a \$50,000 lifetime maximum benefit	80% of eligible charges after first \$250 each year up to a \$50,000 lifetime maximum benefit	80% of eligible charges after first \$250 each year up to a \$50,000 lifetime maximum benefit	80% of eligible charges after first \$250 each year up to a \$50,000 lifetime maximum benefit		80% of eligible charges after first \$250 each year up to a \$50,000 lifetime maximum benefit	

This benefit chart shows the benefits included in each of the Medicare Supplement plans offered by Blue Cross and Blue Shield of Oklahoma on or after June 1, 2010. This is not a contract. It is intended as a source of general information only. Full benefits, limitations and exclusions, if any, can be found in the Plan65 and Blue Plan65 Select outline of coverage, policy and application materials.

\* Plan F-HD features a \$2,240 annual deductible. This means benefits begin after you have paid \$2,240 in annual out-of-pocket expenses.

\*\* Availability subject to residence in service areas

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

## Plan65 and Blue Plan65 Select Monthly Premium Rates *(effective April 1, 2018)*

Blue Cross and Blue Shield of Oklahoma can only raise your premium if we raise the premium for all policies like yours in this state. We will not change your premium or cancel your policy because of poor health. The Plan65 and Blue Plan65 Select premium rate schedule is subject to change. You will be notified at least 30 days in advance of such a change to the premium rate schedule.

Age	Plan A		Plan F		Plan F High Deductible		Plan N		Blue Plan65 Select Plan F		Blue Plan65 Select Plan N	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
<b>65</b>	\$104.20	\$114.40	\$149.80	\$164.40	\$30.90	\$33.70	\$100.90	\$110.70	\$129.80	\$142.40	\$92.20	\$101.30
<b>66</b>	\$107.60	\$118.10	\$154.70	\$169.80	\$31.90	\$34.90	\$104.10	\$114.20	\$133.90	\$147.10	\$95.40	\$104.50
<b>67</b>	\$111.00	\$121.90	\$159.60	\$175.10	\$32.90	\$36.00	\$107.30	\$117.90	\$138.20	\$151.70	\$98.30	\$107.70
<b>68</b>	\$114.60	\$125.80	\$164.90	\$180.80	\$33.70	\$37.10	\$111.00	\$121.70	\$142.60	\$156.50	\$101.40	\$111.20
<b>69</b>	\$118.10	\$129.60	\$169.80	\$186.40	\$34.90	\$38.40	\$114.20	\$125.20	\$147.10	\$161.20	\$104.50	\$114.90
<b>70</b>	\$121.80	\$133.70	\$174.80	\$192.00	\$35.70	\$39.30	\$117.80	\$129.20	\$151.50	\$166.20	\$107.60	\$118.00
<b>71</b>	\$125.60	\$138.00	\$180.40	\$197.90	\$37.00	\$40.70	\$121.40	\$133.30	\$156.20	\$171.30	\$111.00	\$121.90
<b>72</b>	\$129.30	\$141.80	\$185.90	\$203.70	\$38.30	\$41.90	\$124.90	\$137.10	\$160.70	\$176.40	\$114.60	\$125.40
<b>73</b>	\$133.00	\$146.00	\$191.20	\$209.90	\$39.20	\$43.00	\$128.70	\$141.30	\$165.50	\$181.80	\$117.70	\$129.10
<b>74</b>	\$137.00	\$150.20	\$196.70	\$215.80	\$40.50	\$44.50	\$132.50	\$145.40	\$170.30	\$187.00	\$121.40	\$132.90
<b>75</b>	\$140.90	\$154.60	\$202.60	\$222.20	\$41.50	\$45.50	\$136.40	\$149.50	\$175.40	\$192.30	\$124.80	\$136.80
<b>76</b>	\$144.80	\$158.90	\$208.20	\$228.40	\$42.70	\$46.90	\$139.90	\$153.70	\$180.10	\$197.90	\$128.00	\$140.90
<b>77</b>	\$148.80	\$163.20	\$213.90	\$234.70	\$44.20	\$48.30	\$143.90	\$158.00	\$185.10	\$203.40	\$131.60	\$144.50
<b>78</b>	\$152.90	\$167.80	\$219.80	\$241.00	\$45.20	\$49.70	\$147.90	\$162.50	\$190.30	\$208.70	\$135.50	\$148.50
<b>79</b>	\$157.00	\$172.30	\$225.70	\$247.60	\$46.40	\$50.80	\$151.90	\$166.50	\$195.50	\$214.30	\$138.90	\$152.40
<b>80</b>	\$161.30	\$176.80	\$231.60	\$254.10	\$47.70	\$52.30	\$155.60	\$171.00	\$200.40	\$220.00	\$142.60	\$156.60
<b>81</b>	\$165.30	\$181.50	\$237.50	\$260.70	\$49.00	\$53.70	\$159.90	\$175.40	\$205.70	\$225.60	\$146.30	\$160.40
<b>82</b>	\$169.80	\$186.10	\$243.70	\$267.20	\$50.10	\$54.80	\$164.00	\$180.10	\$210.90	\$231.30	\$149.80	\$164.50
<b>83</b>	\$173.70	\$190.60	\$249.50	\$273.80	\$51.40	\$56.30	\$168.20	\$184.20	\$216.10	\$237.30	\$153.90	\$168.70
<b>84</b>	\$177.80	\$195.10	\$255.80	\$280.60	\$52.70	\$57.40	\$172.10	\$188.80	\$221.20	\$242.90	\$157.40	\$172.90
<b>85+</b>	\$196.10	\$215.30	\$282.20	\$309.50	\$57.80	\$63.70	\$189.70	\$208.30	\$244.20	\$268.10	\$173.90	\$190.50