



## **BCN 65 NONGROUP COVERAGE DISCLOSURES**

BCN65 is not a Medicare supplemental product. It is not designed to fit with Medicare. It may not fit all of the gaps in Medicare and it may duplicate some Medicare benefits. If you are eligible for Medicare, review the Medicare supplement buyer's guide available at [www.medicare.gov](http://www.medicare.gov). If you decide to consider buying this policy, be sure you understand what it covers, what it does not cover, and whether it duplicates coverage you already have.

### **READ YOUR CERTIFICATE VERY CAREFULLY**

The following benefit summary only describes the most important features of BCN 65. Your BCN 65 Certificate of Coverage includes the General Provisions and Schedule of Benefits and is your contract with Blue Care Network. We will send your certificate after we process your application. When you receive the certificate, please read it thoroughly to understand the rights and duties of both you and Blue Care Network.

### **RIGHT TO RETURN POLICY**

If you find that you are not satisfied with your certificate, you may return it. If you send the certificate back to us within 30 days, we will treat the certificate as if it had never been issued and return all of your payments.

### **POLICY REPLACEMENT**

If you are purchasing BCN 65 to replace a health insurance policy, do not cancel the other health insurance policy until you have actually received your new BCN 65 policy and are sure you want to keep it.

### **NOTICE**

This policy may not fully cover all of your medical costs. BCN 65 is not part of the Medicare program. The benefit summary does not give all of the details of Medicare coverage. Contact your local Social Security office or consult *The Medicare and You* handbook for more details. You may reference the Medicare Web site at [www.medicare.gov](http://www.medicare.gov).

### **COMPLETE ANSWERS ARE VERY IMPORTANT**

Review the application carefully before you sign it. Be certain that all information has been properly recorded. The standard BCN 65 **coverage is \$221 per month.**

## MEDICARE FACTS

These are the 2012 Medicare deductibles and coinsurance, as published in the *Medicare and You 2012* handbook. **These amounts were obtained from [www.medicare.gov](http://www.medicare.gov).**

### Medicare Premium Amounts for 2012

#### Part A: (Hospital Insurance) Premium.

- Most people do not pay a monthly Part A premium because they or their spouse has 40 or more quarters of Medicare-covered employment.
- The Part A premium is \$248 for people who have 30-39 quarters of Medicare-covered employment.
- The Part A premium is \$451 per month for people who are not otherwise eligible for premium-free hospital insurance and have fewer than 30 quarters of Medicare-covered employment.

#### Part B: (Medical Insurance) Premium

- \$99.90 per month.

### Original Medicare Plan Deductible and Coinsurance Amounts for 2012

#### Part A: (Pays for inpatient hospital, skilled nursing facility, and some home health care))

##### **Deductible**

- \$1,156 (hospital stay of 1-60 days per benefit period)

##### **Coinsurance**

- \$289 per day for the days 61-90 each benefit period.
- \$578 per day for the days 91-150 for each lifetime reserve day (total of 60 lifetime reserve days – nonrenewable).

##### **Skilled Nursing Facility Coinsurance**

- Up to \$144.50 per day for days 21-100 for each benefit period.

#### Part B: (Covers Medicare eligible physician services, outpatient hospital services, certain home health services, durable medical equipment)

Deductible - \$140 per year. (Note: You pay 20% of the Medicare-approved amount for services after you meet the \$140 deductible.)

## BCN 65 Nongroup Benefit Summary 2012

Service	Benefits*	Medicare Pays*	BCN Pays**	You Pay
Physician services and office visits approved by Medicare		80% of Medicare allowable costs	20% of Medicare allowable costs, less \$10 copay	\$10 for each primary care office visit
Routine annual physical and Gynecological Exam		Nothing	All costs less \$10 copay	\$10 copay
Inpatient hospital care services include a semiprivate room, meals, general nursing, hospital services and supplies, anesthesia and rehab services	First <b>60</b> days per benefit period	All but \$1,156 deductible	\$1,156 deductible	Nothing
	<b>61<sup>st</sup></b> to <b>90<sup>th</sup></b> day of the benefit period	All but \$289 per day of a hospital stay	\$289 per day of a hospital stay	Nothing
	<b>91<sup>st</sup></b> to <b>150<sup>th</sup></b> day of the benefit period. <b>60</b> lifetime reserve days can be used for inpatient services when you are in a hospital for more than <b>90</b> days	All but \$578 per day of a hospital stay	\$578 per day of a hospital stay	Nothing
	Beyond <b>150</b> days	Nothing	All costs	Nothing

Note: Medicare rates are subject to change

\*For definitions and additional details see your *2012 Medicare and You Handbook*.

\*\*Services must be provided or authorized by BCN or your BCN Primary Care Physician.

## BCN 65 Nongroup Benefit Summary 2012

Service	Benefits*	Medicare Pays*	BCN Pays**	You Pay
Outpatient Hospital Services include, ambulance, medical supplies, outpatient laboratory and diagnostic tests and X-rays		80% of Medicare allowable cost after \$140 deductible	\$140 deductible and 20% copay plus physician costs in excess of Medicare allowable costs	Nothing
Blood (inpatient)	Per calendar year	100% after deductible. Deductible equals the cost of the first 3 pints of blood	First 3 pints	Nothing
Blood (outpatient)	Per calendar year	80% after deductible. Deductible equals the cost of the first 3 pints of blood	First 3 pints plus 20% copay	Nothing
Skilled Nursing Care in a Medicare approved facility	1 <sup>st</sup> 20 days per benefit period	100% (after a 3 day prior hospital stay)	Nothing	Nothing
	21 <sup>st</sup> to 100 <sup>th</sup> day per benefit period	All costs after the \$144.50 per day copay	\$144.50 per day copay	Nothing
	Beyond 100 days per benefit period	Nothing	Nothing	All Costs

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Service	Benefits*	Medicare Pays*	BCN Pays**	You Pay
Home Care, medically necessary skilled nursing care, home health aide services, and rehabilitation services. Does not include custodial care		100% of Medicare allowable costs	Nothing	Nothing
Emergency Care		80% of facility and physician costs after deductible	All applicable Medicare copay and deductible less \$50 BCN copay.	\$50 BCN copay (copay waived if admitted)
Allergy Testing and Therapy		80% of Medicare allowable cost after \$140 deductible	\$140 deductible and 20% of Medicare allowable costs	Nothing--\$10 office visit copay may apply
Outpatient Physical, Speech and Occupational Therapy		80% of Medicare allowable cost after \$140 deductible	\$140 deductible and 20% of Medicare allowable costs	Nothing--\$10 office visit copay may apply
Durable Medical Equipment		80% of Medicare allowable cost after \$140 deductible	\$140 deductible and 20% of Medicare allowable costs	Nothing

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Service	Benefits*	Medicare Pays*	BCN Pays**	You Pay
Prosthetic and Orthopedic devices		80% of Medicare allowable cost after \$140 deductible	\$140 deductible and 20% of Medicare allowable costs	Nothing
Inpatient Mental Health Care	First <b>190</b> days (lifetime limit)	All Medicare allowable costs less applicable deductibles per benefit period as stated for inpatient hospital care	All daily copays per benefit period.	Nothing
	Beyond <b>190</b> days	Nothing	Nothing	All costs
Outpatient Mental Health Care		50% of Medicare allowable costs after \$140 deductible	\$140 deductible and 50% of Medicare allowable costs	Nothing
Dental & Dentures		Nothing	Nothing	All costs
Routine Foot Care		Nothing	Nothing	All costs
Exams for Eyeglasses and Hearing Aids		Nothing	Nothing	All costs
Cosmetic Surgery		Nothing	Nothing	All costs

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