



BCN 65 NONGROUP COVERAGE

Disclosures

Use this benefit summary to compare benefit and premiums among policies, certificates and contracts.

Read Your Certificate Very Carefully

The following benefit summary only describes the most important features of BCN 65; your BCN 65 Certificate of Coverage is your contract with Blue Care Network. It includes the General Provisions and Schedule of Benefits. 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 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 2007" handbook for more details. You may reference the Medicare Web site at 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 application has a sheet for you to tell us which BCN 65 coverage you want. The standard BCN 65 coverage without drug coverage is \$196 per month. BCN 65 with prescription drug coverage is \$226 per month. Prescription drug coverage is limited to \$400 per calendar year and \$100 per calendar quarter for covered drugs.

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Service	Benefits*	Medicare Pays*	BCN Pays**	You Pay
Physician services / 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 60 days per benefit period	All but \$1,068 deductible	\$1,068 deductible	Nothing
	61st to 90th day of the benefit period	All but \$267 per day of a hospital stay	\$267 per day of a hospital stay	Nothing
	91st to 150th day of the benefit period. 60 lifetime reserve days can be used for inpatient services when you are in a hospital for more than 90 days	All but \$534 per day of a hospital stay	\$534 per day of a hospital stay	Nothing
	Beyond 150 days	Nothing	All costs	Nothing

Note: Medicare rates are subject to change.

*For definitions and additional details see your *2009 Medicare and You Handbook*.

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

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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 \$135 deductible	\$135 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) (Combined with Inpatient Blood)	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	1st 20 days per benefit period	100% (after a 3-day prior hospital stay)	Nothing	Nothing
	21st to 100th day per benefit period	All costs after the \$133.50 per day copay	\$133.50 per day copay	Nothing

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	Beyond 100 days per benefit period	Nothing	Nothing	All Costs
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 \$135 deductible	\$135 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 \$135 deductible	\$135 deductible and 20% of Medicare allowable costs	Nothing \$10 office visit copay may apply
Durable Medical Equipment		80% of Medicare allowable cost after \$135 deductible	\$135 deductible and 20% of Medicare allowable costs	Nothing

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Prosthetic and Orthopedic devices		80% of Medicare allowable cost after \$124 deductible	\$124 deductible and 20% of Medicare allowable costs	Nothing
Service	Benefits*	Medicare Pays*	BCN Pays**	You Pay
Inpatient Mental Health Care	First 190 (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 190 days	Nothing	Nothing	All costs
Outpatient Mental Health Care		50% of Medicare allowable costs after \$135 deductible	\$135 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

Note: Medicare rates are subject to change.

*For definitions and additional details see your *2009 Medicare and You Handbook*.

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BCN 65 Nongroup [Prescription Drug Option](#)

Service	Benefits*	Medicare Pays*	BCN Pays**	You Pay
Outpatient Prescription Drugs	If you select the prescription drug coverage for an additional \$30 per month	Coverage is limited to certain prescription drugs*	Up to a maximum of \$400 per calendar year when using a network pharmacy. There is a \$100 limit each calendar quarter for covered drugs	\$5 copay for generic drugs. \$25 copay for brand-name drugs. All costs after \$400 per calendar year maximum or a \$100 limit each calendar quarter are met.

Note: Medicare rates are subject to change.

*For definitions and additional details see your *2009 Medicare and You Handbook*.

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Medicare Premium Amounts for 2009

This is an update to the Medicare deductibles and copayments published in the *Medicare and You 2009* handbook.

Part A: (Hospital Insurance) Premium

Most people do not pay a monthly Part A premium because they or a spouse has 40 or more quarters of Medicare-covered employment.

The Part A premium is \$244.00 for people having 30-39 quarters of Medicare-covered employment.

The Part A premium is \$443.00 per month for people who are not otherwise eligible for premium-free hospital insurance and have less than 30 quarters of Medicare-covered employment.

Part B: (Medical Insurance) Premium

\$96.40 per month*

Medicare Deductible and Coinsurance Amounts for 2009:

Deductible

- \$1,068 (hospital stay of 1-60 days per benefit period)

Coinsurance

- \$267 per day for the 61st to 90th day each benefit period.
- \$534 per day for the 91st to 150th day for each lifetime reserve day (total of 60 lifetime reserve days – nonrenewable).

Skilled Nursing Facility Coinsurance

- Up to \$133.50 per day for the 21st to 100th day each benefit period.

Part B: (Medical Insurance)

Deductible: \$135 per year.

(Note: You pay 20% of the Medicare-approved amount for services after you meet the \$135 deductible.)

These amounts were obtained from www.medicare.gov.