

Part A Hospital Insurance – Covered Services												
Service	NEW!			NEW!			NEW!			NEW!		
	Medicare Pays	BlueCare Plan A Pays	BlueCare Plan B Pays	BlueCare Plan C Pays	BlueCare Plan D Pays	BlueCare Plan F Pays	BlueCare Plan HD F* Pays	BlueCare Plan G Pays	BlueCare Plan L** Pays	BlueCare Plan N*** Pays	BlueCare Plan N*** Pays	
Hospitalization Semiprivate room and board. General nursing and miscellaneous hospital services and supplies.	First 60 days, all but \$1,316 and all but first three pints of blood 61st to 90th day, all but \$329 a day 91st to 150th day (Lifetime Reserve Days), all but \$658 a day Beyond 150 days, no coverage	No coverage but the first three pints of blood 61st to 90th day, the remaining \$329 a day 91st to 150th day (Lifetime Reserve Days), the remaining \$658 a day Beyond 150 days, 100% of Medicare eligible expenses for up to 365 days	The \$1,316 deductible and first three pints of blood 61st to 90th day, the remaining \$329 a day 91st to 150th day (Lifetime Reserve Days), the remaining \$658 a day Beyond 150 days, 100% of Medicare eligible expenses for up to 365 days	The \$1,316 deductible and first three pints of blood 61st to 90th day, the remaining \$329 a day 91st to 150th day (Lifetime Reserve Days), the remaining \$658 a day Beyond 150 days, 100% of Medicare eligible expenses for up to 365 days	The \$1,316 deductible and first three pints of blood 61st to 90th day, the remaining \$329 a day 91st to 150th day (Lifetime Reserve Days), the remaining \$658 a day Beyond 150 days, 100% of Medicare eligible expenses for up to 365 days	The \$1,316 deductible and first three pints of blood 61st to 90th day, the remaining \$329 a day 91st to 150th day (Lifetime Reserve Days), the remaining \$658 a day Beyond 150 days, 100% of Medicare eligible expenses for up to 365 days	The \$1,316 deductible and first three pints of blood 61st to 90th day, the remaining \$329 a day 91st to 150th day (Lifetime Reserve Days), the remaining \$658 a day Beyond 150 days, 100% of Medicare eligible expenses for up to 365 days	The \$1,316 deductible and first three pints of blood 61st to 90th day, the remaining \$329 a day 91st to 150th day (Lifetime Reserve Days), the remaining \$658 a day Beyond 150 days, 100% of Medicare eligible expenses for up to 365 days	The \$1,316 deductible and first three pints of blood 61st to 90th day, the remaining \$329 a day 91st to 150th day (Lifetime Reserve Days), the remaining \$658 a day Beyond 150 days, 100% of Medicare eligible expenses for up to 365 days	The \$1,316 deductible and first three pints of blood 61st to 90th day, the remaining \$329 a day 91st to 150th day (Lifetime Reserve Days), the remaining \$658 a day Beyond 150 days, 100% of Medicare eligible expenses for up to 365 days	The \$1,316 deductible and first three pints of blood 61st to 90th day, the remaining \$329 a day 91st to 150th day (Lifetime Reserve Days), the remaining \$658 a day Beyond 150 days, 100% of Medicare eligible expenses for up to 365 days	
Skilled Nursing Care Medicare must approve the facility. You must have been in the hospital for at least three days and enter the approved facility within 30 days after leaving the hospital.	First 20 days, 100% of eligible expenses 21st through 100th day, all but \$164.50 a day 101st day and after, \$0	\$0 No coverage No coverage	\$0 No coverage No coverage	\$0 Additional 80 days, \$164.50 a day No coverage	\$0 Additional 80 days, \$164.50 a day No coverage	\$0 Additional 80 days, \$164.50 a day No coverage	\$0 Additional 80 days, \$164.50 a day No coverage	\$0 Additional 80 days, \$164.50 a day No coverage	\$0 Additional 80 days, up to \$123.37 a day No coverage	\$0 Additional 80 days, \$164.50 a day No coverage	\$0 Additional 80 days, \$164.50 a day No coverage	
Hospice Care	• 100% for hospice care • All but \$5 for prescription drugs • 95% for inpatient respite care	• 0% for hospice care • \$5 copayment for prescription drugs • 5% for inpatient respite care	• 0% for hospice care • \$5 copayment for prescription drugs • 5% for inpatient respite care	• 0% for hospice care • \$5 copayment for prescription drugs • 5% for inpatient respite care	• 0% for hospice care • \$5 copayment for prescription drugs • 5% for inpatient respite care	• 0% for hospice care • \$5 copayment for prescription drugs • 5% for inpatient respite care	• 0% for hospice care • \$5 copayment for prescription drugs • 5% for inpatient respite care	• 0% for hospice care • \$5 copayment for prescription drugs • 5% for inpatient respite care	• 0% for hospice care • \$3.75% copayment for prescription drugs • 3.75% for inpatient respite care	• 0% for hospice care • \$5 copayment for prescription drugs • 5% for inpatient respite care	• 0% for hospice care • \$5 copayment for prescription drugs • 5% for inpatient respite care	

Part B Medical Insurance – Covered Services											
Medical Expenses Services of a physician, outpatient services, physical and speech therapies, ambulance/medical supplies	80% of eligible expenses after a \$183 deductible each calendar year	After you meet the \$183 deductible, all Medicare Part B coinsurance for eligible medical and outpatient hospital expenses	After you meet the \$183 deductible, all Medicare Part B coinsurance for eligible medical and outpatient hospital expenses	\$183 (Part B deductible) then, all Medicare Part B coinsurance for eligible medical and outpatient hospital expenses	After you meet the \$183 deductible, all Medicare Part B coinsurance for eligible medical and outpatient hospital expenses	\$183 (Part B deductible) then, all Medicare Part B coinsurance for eligible medical and outpatient hospital expenses	\$183 (Part B deductible) then, all Medicare Part B coinsurance for eligible medical and outpatient hospital expenses	\$183 (Part B deductible) then, all Medicare Part B coinsurance for eligible medical and outpatient hospital expenses	After you meet the \$183 deductible, all Medicare Part B coinsurance for eligible medical and outpatient hospital expenses	After you meet the \$183 deductible, remainder of Medicare-approved amounts, generally 15%	After you meet the \$183 deductible and any applicable copayment, all Medicare Part B coinsurance for eligible medical and outpatient expenses. Copayments: Office Visit: \$20; Emergency Room: \$50 (waived if you are admitted and the visit is covered under Part A)
Medical charges in excess of Medicare Allowable Expenses	No coverage	No coverage	No coverage	No coverage	No coverage	100% of the difference between the actual Medicare Part B charge and the Medicare approved Part B charge	100% of the difference between the actual Medicare Part B charge and the Medicare approved Part B charge	100% of the difference between the actual Medicare Part B charge and the Medicare approved Part B charge	No coverage	No coverage	No coverage
Emergency expenses you incur in a foreign country within the first 60 days of travel	No coverage	No coverage	No coverage	After the first \$250 each calendar year; 80% to a lifetime maximum of \$50,000 for the remainder of charges	After the first \$250 each calendar year; 80% to a lifetime maximum of \$50,000 for the remainder of charges	After the first \$250 each calendar year; 80% to a lifetime maximum of \$50,000 for the remainder of charges	After the first \$250 each calendar year; 80% to a lifetime maximum of \$50,000 for the remainder of charges	After the first \$250 each calendar year; 80% to a lifetime maximum of \$50,000 for the remainder of charges	No coverage	No coverage	After the first \$250 each calendar year; 80% to a lifetime maximum of \$50,000 for the remainder of charges

Part A and B – Covered Services											
Preventive Care Part B Coinsurance	Generally 80% of Medicare covered services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered (15%)	Covered
Out-of-Pocket Maximum	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$2,560*	N/A

*After you meet your out-of-pocket yearly limit and your yearly Medicare Part B deductible (\$183 in 2017), the Medigap plan pays 100 percent of covered services for the rest of the calendar year. Out-of-pocket limit is the maximum amount you would pay for coinsurance and copayments.
 †Plan F also has an option called a high deductible plan F. The high deductible plan F has the same benefits as Plan F, but you pay the entire cost of covered services for the first \$2,000. The high deductible plan F will not begin your out-of-pocket expense limit until you have paid \$2,000. Out-of-pocket expenses for this deductible are covered but would normally 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.
 **The Plan L you will pay one hour of the cost-sharing of some covered services and you reach the annual out-of-pocket limit of \$2,560 each calendar year. Once you reach the annual limit, the plan pays 100 percent of your Medicare copayment and coinsurance for the rest of the calendar year. However, this limit does NOT include charges from your provider that exceed Medicare approved amounts. These are called "Balance Billing" and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the same service.
 ***Plan N pays 100 percent of the Part B coinsurance except up to \$20 copayment for office visits and up to \$50 for emergency department visits. If you are admitted into the hospital, the \$50 is waived.

Age	Plan "A"				Plan "B"				Plan "C"				Plan "D"				Plan "E"			
	Monthly	Save 5% with Household Discount	Save 6% with Bank Draft	Savings with Household Discount and Bank Draft	Monthly	Save 5% with Household Discount	Save 6% with Bank Draft	Savings with Household Discount and Bank Draft	Monthly	Save 5% with Household Discount	Save 6% with Bank Draft	Savings with Household Discount and Bank Draft	Monthly	Save 5% with Household Discount	Save 6% with Bank Draft	Savings with Household Discount and Bank Draft	Monthly	Save 5% with Household Discount	Save 6% with Bank Draft	Savings with Household Discount and Bank Draft
65	\$86.80	\$82.46	\$81.59	\$77.51	\$117.86	\$111.97	\$110.79	\$105.25	\$135.60	\$128.82	\$127.46	\$121.09	\$122.53	\$116.40	\$115.18	\$109.42	\$146.45	\$139.13	\$137.66	\$130.78
66	\$90.27	\$85.76	\$84.85	\$80.61	\$123.47	\$117.30	\$116.06	\$110.26	\$142.65	\$134.09	\$132.79	\$126.51	\$128.90	\$122.46	\$121.17	\$115.11	\$154.07	\$146.37	\$144.83	\$137.59
67	\$93.87	\$89.18	\$88.24	\$83.83	\$129.35	\$122.88	\$121.59	\$115.51	\$150.06	\$142.56	\$141.06	\$134.01	\$135.61	\$128.83	\$127.47	\$121.10	\$162.11	\$154.00	\$152.38	\$144.76
68	\$97.63	\$92.75	\$91.77	\$87.18	\$135.52	\$128.74	\$127.39	\$121.02	\$157.87	\$149.98	\$148.40	\$141.06	\$142.66	\$135.53	\$134.10	\$127.40	\$170.54	\$162.01	\$160.31	\$152.29
69	\$101.53	\$96.45	\$95.44	\$90.67	\$141.99	\$134.89	\$133.47	\$126.80	\$166.10	\$157.80	\$156.13	\$148.32	\$150.07	\$142.57	\$141.07	\$134.02	\$179.43	\$170.46	\$168.66	\$160.23
70	\$105.60	\$100.32	\$99.26	\$94.30	\$148.74	\$141.30	\$139.82	\$132.83	\$174.72	\$165.98	\$164.24	\$156.03	\$157.87	\$149.98	\$148.40	\$140.98	\$188.78	\$179.34	\$177.45	\$168.58
71	\$109.83	\$104.34	\$103.24	\$98.08	\$155.84	\$148.05	\$146.49	\$139.17	\$183.81	\$174.62	\$172.78	\$164.14	\$166.09	\$157.79	\$156.12	\$148.31	\$198.62	\$188.69	\$186.70	\$178.37
72	\$114.22	\$108.51	\$107.37	\$102.00	\$163.27	\$155.11	\$153.47	\$145.80	\$193.38	\$183.71	\$181.78	\$172.69	\$174.70	\$165.97	\$164.22	\$156.01	\$208.97	\$198.52	\$196.43	\$186.61
73	\$118.79	\$112.85	\$111.66	\$106.08	\$171.04	\$162.49	\$160.78	\$152.74	\$203.45	\$193.28	\$191.24	\$181.68	\$183.79	\$174.60	\$172.76	\$164.12	\$219.85	\$208.86	\$206.66	\$196.53
74	\$123.55	\$117.37	\$116.14	\$110.33	\$179.20	\$170.24	\$168.45	\$160.03	\$214.03	\$203.33	\$201.19	\$191.13	\$193.34	\$183.67	\$181.74	\$172.65	\$231.30	\$219.74	\$217.42	\$206.35
75	\$128.49	\$122.07	\$120.78	\$114.74	\$187.73	\$178.34	\$176.47	\$167.65	\$225.15	\$213.89	\$211.64	\$201.06	\$203.39	\$193.22	\$191.19	\$181.63	\$243.35	\$231.18	\$228.75	\$217.31
76	\$133.64	\$126.96	\$125.62	\$119.34	\$196.67	\$186.84	\$184.87	\$175.63	\$236.87	\$225.03	\$222.66	\$211.53	\$213.98	\$203.28	\$201.14	\$191.08	\$256.03	\$243.23	\$240.67	\$228.64
77	\$138.99	\$132.04	\$130.65	\$124.12	\$206.05	\$195.75	\$193.69	\$184.01	\$249.20	\$236.74	\$234.25	\$222.54	\$225.10	\$213.85	\$211.59	\$201.01	\$269.35	\$255.88	\$253.19	\$240.53
78	\$144.54	\$137.31	\$135.87	\$129.08	\$215.87	\$205.08	\$202.92	\$192.77	\$262.16	\$249.05	\$246.43	\$234.11	\$236.80	\$224.96	\$222.59	\$211.46	\$283.39	\$269.22	\$266.39	\$253.07
79	\$150.34	\$142.82	\$141.32	\$134.25	\$226.16	\$214.85	\$212.59	\$201.96	\$275.81	\$262.02	\$259.26	\$246.30	\$249.11	\$236.65	\$234.16	\$222.45	\$298.15	\$283.24	\$280.26	\$266.25
80+	\$156.34	\$148.52	\$146.96	\$139.61	\$236.95	\$225.10	\$221.59	\$210.59	\$290.14	\$275.63	\$272.73	\$259.09	\$262.05	\$248.95	\$246.33	\$234.01	\$313.69	\$298.01	\$294.87	\$280.13

Please note that Plan L has a maximum annual out-of-pocket limit of \$2,560.
 These charts provide brief descriptions of the important features of BlueCare® Medicare Supplement Plans offered by BlueCross. The charts are not insurance contracts. Neither BlueCross nor its agents are connected with Medicare. If you want further information on Medicare and its limitations, please consult the Centers for Medicare & Medicaid Services (CMS) publications or your local Social Security office.
 † 5 percent discount off monthly premiums if two or more members of a household are enrolled in a BlueCross BlueShield of South Carolina Medicare Supplement plan.
 †† Assisted living facilities, group homes, adult day care facilities and nursing homes or any other health residential facilities are not included in the definition of household.
 ††† Current BlueCross BlueShield of South Carolina Medicare Supplement members must have purchased their plan after June 2010 to qualify for the household discount.