

Medicare Supplement Policy Notice of Change
Effective January 1, 2016
Medicare Supplement or BlueCare®

Part A Hospital Insurance — Covered Services							
SERVICE	MEDICARE PAYS	PLAN A PAYS	PLAN B PAYS	PLAN C PAYS	PLAN D PAYS	PLAN E PAYS	PLAN F PAYS
Hospitalization Semiprivate room and board. General nursing and miscellaneous hospital services and supplies.							
First 60 days.	All but \$1,288 (Part A deductible)	\$0	\$1,288 (Part A deductible)	\$1,288 (Part A deductible)	\$1,288 (Part A deductible)	\$1,288 (Part A deductible)	\$1,288 (Part A deductible)
61 st to 90 th day	All but \$322 a day	\$322 a day	\$322 a day	\$322 a day	\$322 a day	\$322 a day	\$322 a day
91 st day and after: – While using 60 lifetime reserve days	All but \$644 a day	\$644 a day	\$644 a day	\$644 a day	\$644 a day	\$644 a day	\$644 a day
Once lifetime reserve days are used: – Additional 365 days	\$0	100% of Medicare-eligible expense	100% of Medicare-eligible expense	100% of Medicare-eligible expense	100% of Medicare-eligible expense	100% of Medicare-eligible expense	100% of Medicare-eligible expense
– Beyond 365 days	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Skilled Nursing Care Medicare must approve the facility and you must have been in the hospital at least three days							
First 20 days	All approved amounts	\$0	\$0	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$161 a day	\$0	\$0	Up to \$161 a day	Up to \$161 a day	Up to \$161 a day	Up to \$161 a day
101 st day and after	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Blood First three pints Additional Amounts	\$0 100%	Three pints \$0	Three pints \$0	Three pints \$0	Three pints \$0	Three pints \$0	Three pints \$0

Part B Medical Insurance — Covered Services

SERVICE	MEDICARE PAYS	PLAN A PAYS	PLAN B PAYS	PLAN C PAYS	PLAN D PAYS	PLAN E PAYS	PLAN F PAYS
Medical Expenses Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: – First \$166 of Medicare-approved amounts (Part B deductible) – Preventive Benefits for Medicare-covered services – Remainder of Medicare-approved amounts	\$0 Generally 80% or more of Medicare approved amounts Generally 80%	\$0 20% 20%	\$0 20% 20%	\$166 (Part B deductible) 20% 20%	\$0 20% 20%	\$0 20% plus a maximum of \$120 per calendar year in charges not approved by Medicare 20%	\$166 (Part B deductible) 20% 20%
Part B Excess Charges Above Medicare-approved amounts	\$0	\$0	\$0	\$0	\$0	\$0	100%
Blood First three pints Next \$166 Medicare-approved amounts (Part B deductible) Remainder of Medicare-approved amounts	\$0 \$0 Generally 80%	All costs \$0 20%	All costs \$0 20%	All costs \$166 (Part B deductible) 20%	All costs \$0 20%	All costs \$0 20%	All costs \$166 (Part B deductible) 20%
Clinical Laboratory Services Tests for diagnostic services	100%	\$0	\$0	\$0	\$0	\$0	\$0

Medicare Part A & B — Covered Services

SERVICE	MEDICARE PAYS	PLAN A PAYS	PLAN B PAYS	PLAN C PAYS	PLAN D PAYS	PLAN E PAYS	PLAN F PAYS
<p>Home Health Care Medicare-Approved Services Medically necessary skilled care services and medical supplies Durable Medical equipment:</p> <ul style="list-style-type: none"> – First \$166 of Medicare-approved amounts (Part B deductible) – Remainder of Medicare-approved amounts 	<p>100%</p> <p>\$0</p> <p>Generally 80%</p>	<p>\$0</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$166 (Part B deductible)</p> <p>20%</p>	<p>\$0</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$166 (Part B deductible)</p> <p>15%</p>
<p>At-home Recovery Services Your doctor and Medicare must approve treatment</p>	<p>\$0</p>	<p>\$0</p>	<p>\$0</p>	<p>\$0</p>	<p>Home care certified by your doctor during a Medicare Home Health Care Treatment Plan. Actual charges up to \$40 per visit, not to exceed 7 visits per week. \$1,600 calendar year maximum.</p>	<p>\$0</p>	<p>\$0</p>
<p>Foreign Travel Medically necessary emergency services during the first 60 days of each trip outside the USA:</p> <ul style="list-style-type: none"> – First \$250 each calendar year – Remainder of charges 	<p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>80% to a lifetime maximum benefit of \$50,000</p>	<p>\$0</p> <p>80% to a lifetime maximum benefit of \$50,000</p>	<p>\$0</p> <p>80% to a lifetime maximum benefit of \$50,000</p>	<p>\$0</p> <p>80% to a lifetime maximum benefit of \$50,000</p>

Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice.

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance online at contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-844-396-0188]。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건보함에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187 로 연락주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. PC 명조 (Korean)

Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839 . (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de ce plan médical, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)
