

# 2009 Medicare and Plan65 and Blue Plan65 Select Benefits

Service	Medicare Benefit Period	Medicare Pays	Plan A Pays	Plan D Pays	Plan F Pays	Plan F* Pays	Blue Plan65 Select* (In-Network) Pays	Blue Plan65 Select* (Out-of-Network) Pays
<b>Inpatient Hospital Fees</b> <i>(Medicare Part A)</i>	Days 1-60	All but \$1,068	\$0	\$1,068	\$1,068	\$1,068	\$1,068	\$0
	Days 61-90	All but \$267 a day	\$267 a day	\$267 a day	\$267 a day	\$267 a day	\$267 a day	\$267 a day
	Days 91-150	All but \$534 a day	\$534 a day	\$534 a day	\$534 a day	\$534 a day	\$534 a day	\$534 a day
	Beyond day 150	Nothing	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>Blood Deductible</b>	Not applicable	All but first three pints	Approved charges for first three pints	Approved charges for first three pints	Approved charges for first three pints	Approved charges for first three pints	Approved charges for first three pints	Approved charges for first three pints
<b>Post-Hospital Skilled Nursing Facility Care</b>	Days 1-20	100% of approved charges	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
	Days 21-100	All but \$133.50 a day	No benefit	Up to \$133.50 a day	Up to \$133.50 a day	Up to \$133.50 a day	Up to \$133.50 a day	No benefit
<b>Hospice Care</b> <i>(Physician must certify patient as terminally ill. Patient must elect to receive services)</i>	Not applicable	Eligible expenses for outpatient drugs and inpatient respite care	No benefit	No benefit	No benefit	No benefit	No benefit	No benefit
<b>Physician Services</b> <i>(And other Medicare Part B Services and Supplies including Home Health Care and Durable Medical Equipment)</i>	First \$135 of Medicare-approved amounts	Nothing	No benefit	No benefit	\$135 annual deductible	\$135 annual deductible	\$135 annual deductible	No benefit
	Remainder of Medicare-approved amounts	80%	20%	20%	20%	20%	20%	20%
	Part B excess charges above Medicare-approved amounts	Nothing	No benefit	No benefit	100% of Part B excess charges	100% of Part B excess charges	100% of Part B excess charges	No benefit
<b>Blood Deductible</b> <i>(Outpatient)</i>	First three pints	Nothing	100%	100%	100%	100%	100%	100%
	Next \$135 of Medicare-approved outpatient amounts	Nothing	No benefit	No benefit	\$135	\$135	\$135	No benefit
	Remainder of outpatient Medicare-approved amounts	80%	20%	20%	20%	20%	20%	20%
<b>Foreign Travel Emergency Care</b> <i>(For services beginning during the first 60 days of each trip outside the U.S.A.)</i>	Not applicable	Nothing	No benefit	80% of approved charges after first \$250 each year up to a \$50,000 lifetime maximum benefit	80% of approved charges after first \$250 each year up to a \$50,000 lifetime maximum benefit	80% of approved charges after first \$250 each year up to a \$50,000 lifetime maximum benefit	80% of approved charges after first \$250 each year up to a \$50,000 lifetime maximum benefit	80% of approved charges after first \$250 each year up to a \$50,000 lifetime maximum benefit
<b>At-Home Recovery Services Not Covered by Medicare</b> <i>(Care must be certified by a physician and must be for recovery from an illness or injury for which Medicare approved a Home Care Treatment Plan.)</i>	Not applicable	Nothing (However, Medicare does provide certain benefits under approved Home Health Care treatment plans.)	No benefit	Up to \$40 per visit for maximum of seven per week to an annual maximum benefit of \$1,600	No benefit	No benefit	No benefit	No benefit
<b>Preventive Care</b> <i>(Preventive tests and services ordered by a physician.)</i>	Not applicable	No benefit	No benefit	No benefit	No benefit	No benefit	No benefit	No benefit
<b>Monthly Rates</b> <i>(subject to change)</i>	<b>Ages 65-69</b> <i>(Enrolled in Medicare Part B less than 6 months)</i>		<b>\$83.40</b>	<b>\$117.80</b>	<b>\$129.40</b>	<b>\$17.70</b>	<b>\$109.90</b>	* Availability subject to residence in service areas.
	<b>Ages 65-69</b> <i>(Enrolled in Medicare Part B 6 months or longer)</i>		<b>\$104.20</b>	<b>\$147.30</b>	<b>\$161.70</b>	<b>\$22.10</b>	<b>\$137.30</b>	
	<b>Ages 70+</b> <i>(Enrolled in Medicare Part B less than 6 months)</i>		<b>\$114.70</b>	<b>\$162.00</b>	<b>\$177.90</b>	<b>\$24.30</b>	<b>\$151.10</b>	
	<b>Ages 70+</b> <i>(Enrolled in Medicare Part B 6 months or longer)</i>		<b>\$131.80</b>	<b>\$186.30</b>	<b>\$204.60</b>	<b>\$27.90</b>	<b>\$173.70</b>	



**BlueCross BlueShield of Oklahoma**

Members ages 65-69 who enroll in Plan65 during the first six months following their enrollment in Medicare Part B are eligible for a four-year discount of 20% the first year of enrollment, 15% the second year, 10% the third year and 5% the fourth year. The premiums shown reflect the 20% discount available for the first year of enrollment. Plan F\* features a \$2,000 annual deductible. This means payment of Plan F\* Medicare supplemental benefits begins after you have paid \$2,000 in annual out-of-pocket expenses. 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 contracts.