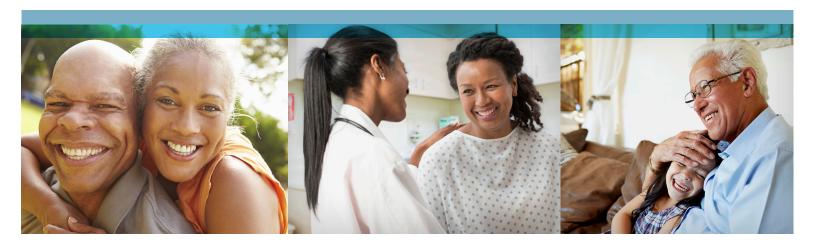
## GROUP PLAN 65 PLAN G HIGHLIGHTS



Plan65 Medicare Supplement With the Skilled Nursing Benefit



Effective July 2018 through December 2018

**Group Plan 65 Plan G is a Medicare supplement plan,** also known as "Medigap," that picks up where Medicare leaves off, making it easier for you to budget for your healthcare expenses. Group Plan 65 Plan G provides flexibility, options, and added discounts — all from a trusted, local company.

Benefit Features	With Original Medicare, you pay:	With Medicare and Group Plan 65 G, you pay:
Part A Services		
Hospitalization (Includes substance abuse, mental health, rehabilitation, and inpatient surgery facility services)		\$0
• First 60 days	\$1,340 per benefit period	
• Days 61 - 90	\$335 per day	
Days 91 and after while using 60 lifetime reserve days	\$670 per day	
Once lifetime reserve days are used, an additional 365 days	All costs	
Skilled nursing facility care		
• First 20 days	\$0	-
• Days 21 - 100	\$167.50 per day	
Days 101 and after	All costs	All costs
Part B Services		
<ul> <li>Part B excess charges</li> <li>Immunizations &amp; Screenings <ul> <li>Immunizations</li> <li>(Flu shots, pneumonia vaccine, and for people with Medicare who are at high risk: hepatitis B vaccine)</li> </ul> </li> <li>Bone mass measurement <ul> <li>(For people with Medicare who are at risk)</li> </ul> </li> <li>Colorectal screening exams<sup>1</sup></li> <li>Diabetes screening <ul> <li>(For people with Medicare who are at risk)</li> </ul> </li> <li>Annual mammography screening <ul> <li>(For women with Medicare)</li> <li>Pap tests and pelvic exams</li> <li>(For women with Medicare)</li> </ul> </li> <li>Prostate cancer screening exams <ul> <li>(Prostate specific antigen (PSA) test for men with Medicare)</li> </ul> </li> <li>Lab services (Medicare-covered)</li> </ul>	\$0	\$0

You're free to seek care from the Original Medicare-participating providers of your choice, anywhere in the country. Plan 65 pays for Original Medicare's cost-sharing, such as deductibles and coinsurance. If Original Medicare does not cover a service, your supplemental plan will also not cover that service, unless otherwise noted.

Benefit Features	With Original Medicare, you pay:	With Medicare and Group Plan 65 G, you pay:	
Part B Services (continued)			
Hospice care	Medicare copayment/ coinsurance	\$0	
Office visits			
Doctor visits	20% of Medicare-approved amounts after \$183 annual deductible	\$183 annual deductible	
<ul> <li>Non-routine hearing services</li> </ul>			
Non-routine vision care			
Non-routine podiatry services			
Chiropractic services (limited)			
Emergency room			
Outpatient surgery			
Diagnostic tests and X-rays			
Durable medical equipment and prosthetic devices			
Urgently needed care			
Ambulance services			
Foreign travel care	All costs	20% after \$250 annual deductible. There is a \$50,000 lifetime maximum.	

To be eligible for Group Plan 65, you must be enrolled in both Part A and Part B of the Original Medicare Program.

All services should be received from an Original Medicare-participating provider, except in emergencies.

2018 Part A Deductible = \$1,340 per benefit period. 2018 Part B Deductible = \$183 per calendar year. Medicare amounts are current for 2018 and may change on an annual basis.

<sup>1</sup> Part B deductible may apply to Medicare approved doctor's visits.

This is a summary of benefits. It is not a contract. For details about coverage, including any limitations or exclusions not noted here, please refer to the subscriber agreement or contact the Medicare Sales team at (401) 351-2583 or 1-800-505-2583.

## **Questions?**

To enroll or learn more about our Group Plan 65 Medicare Supplement plan with the skilled nursing benefit, contact the Medicare sales team at 1-800-505-BLUE (2583) (TTY: 711).

Hours: Monday through Friday, 8:00 a.m. to 8:00 p.m. (Open seven days a week, 8:00 a.m. to 8:00 p.m., from October 1 – February 14) You can use our automated answering system outside of these hours.

Already a Group Plan 65 member? Call the Medicare Concierge Team at (401) 277-2958 or 1-800-267-0439 (TTY: 711).

Hours: October 1 - February 14, seven days a week, 8:00 a.m. to 8:00 p.m. February 15 -September 30, Monday through Friday, 8:00 a.m. to 8:00 p.m.; Saturday & Sunday, 8:00 a.m. to noon. You can use our automated answering system outside of these hours.

Not connected with or endorsed by the U.S. Government or the federal Medicare program. Insured by Blue Cross & Blue Shield of Rhode Island. The purpose of this communication is the solicitation of insurance. You may be contacted by a licensed insurance producer or insurance company. These policies have exclusions and limitations. Please call the Medicare Sales team at (401) 351-2583 or 1-800-505-2583 for complete details of coverage and costs.



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