



BCN65 NONGROUP COVERAGE DISCLOSURES

BCN65 is not a Medicare supplemental product. It is not designed to fit with Medicare. It may not fit all of the gaps in Medicare and it may duplicate some Medicare benefits. If you are eligible for Medicare, review the Medicare supplement buyer's guide available at www.medicare.gov. If you decide to consider buying this policy, be sure you understand what it covers, what it does not cover, and whether it duplicates coverage you already have.

READ YOUR CERTIFICATE VERY CAREFULLY

The following benefit summary only describes the most important features of BCN65. Your BCN65 Certificate of Coverage includes the General Provisions and Schedule of Benefits and is your contract with Blue Care Network. 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 BCN65 to replace a health insurance policy, do not cancel the other health insurance policy until you have actually received your new BCN65 policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all of your medical costs. BCN65 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* 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 standard BCN65 **coverage is 212 per month.**

MEDICARE FACTS

These are the 2024 Medicare deductibles and coinsurance, as published in the *Medicare and You* 2024 handbook. **These amounts were obtained from www.medicare.gov.**

Medicare Premium Amounts for 2024

Part A: (Hospital Insurance) Premium.

- Most people do not pay a monthly Part A premium because they or their spouse has 40 or more quarters of Medicare-covered employment.
- The Part A premium is \$278 for people who have 30-39 quarters of Medicare-covered employment.
- The Part A premium is \$505 per month for people who are not otherwise eligible for premium-free hospital insurance and have fewer than 30 quarters of Medicare-covered employment.

Part B: (Medical Insurance) Premium

- \$ 174.70 per month.

Original Medicare Plan Deductible and Coinsurance Amounts for 2024

Part A: (Pays for inpatient hospital, skilled nursing facility, and some home health care)

Deductible

- \$1,632 (hospital stay of 1-60 days per benefit period)

Coinsurance

- \$408 per day for the days 61-90 each benefit period.
- \$816 per day for the days 91-150 for each lifetime reserve day (total of 60 lifetime reserve days – nonrenewable).

Skilled Nursing Facility Coinsurance

- Up to \$204 per day for days 21-100 for each benefit period.

Part B: (Covers Medicare eligible physician services, outpatient hospital services, certain home health services, durable medical equipment)

Deductible - \$240 per year. (Note: You pay 20% of the Medicare-approved amount for services after you meet the \$240 deductible.)

BCN 65 Nongroup Benefit Summary 2024

Service	Benefits*	Medicare Pays*	BCN Pays**	You Pay
Physician services and 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 \$1,632 deductible	\$1,632 deductible	Nothing
	61st to 90th day of the benefit period	All but \$408 per day of a hospital stay	\$408 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 \$816 per day of a hospital stay	\$816 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 *2024 Medicare and You Handbook*.

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

BCN 65 Nongroup Benefit Summary 2024

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 \$240 deductible	\$240 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)	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	1 st 20 days per benefit period	100% (after a 3 day prior hospital stay)	Nothing	Nothing
	21 st to 100 th day per benefit period	All costs after the \$204 per day copay	\$204 per day copay	Nothing
	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

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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 \$240 deductible	\$240 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 \$240 deductible	\$240 deductible and 20% of Medicare allowable costs	Nothing-- \$10 office visit copay may apply
Durable Medical Equipment		80% of Medicare allowable cost after \$240 deductible	\$240 deductible and 20% of Medicare allowable costs	Nothing

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BCN 65 Nongroup Benefit Summary 2024

Service	Benefits*	Medicare Pays*	BCN Pays**	You Pay
Prosthetic and Orthopedic devices		80% of Medicare allowable cost after \$240 deductible	\$240 deductible and 20% of Medicare allowable costs	Nothing
Inpatient Mental Health Care	First 190 days (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 \$240 deductible	\$240 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

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