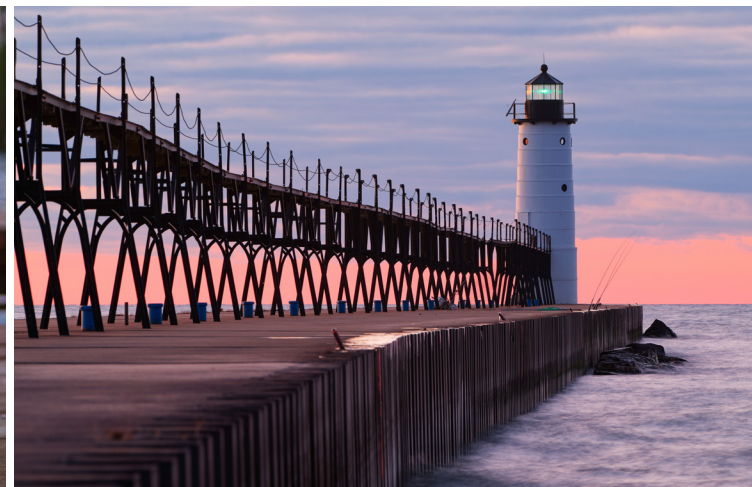


2026

Blue Cross Medicare SupplementSM



Outline of Medicare supplement coverage —
Plans A, C, D, F, High-Deductible F, G, High-Deductible G and N

**READY
TO HELP**



Medicare supplement coverage offered by Blue Cross Blue Shield of Michigan

bcbsm.com/medicare-supplement

Medicare supplement made easy

Becoming eligible for Medicare means you have new options for health care.

Medicare supplement, also called Medigap, is a health care policy that works with Original Medicare. These plans are purchased through a private insurance company and cover all or a portion of Medicare out-of-pocket costs.

To purchase a Medicare supplement plan, you need to have Part A (hospital) and Part B (medical) coverage through Original Medicare.

Supplement plans can be sold in 10 standard plans and two high-deductible plans. The Medicare supplement standard plans are A, B, C, D, F, G, K, L, M and N.*

Private insurers may offer a variation of these plans, but every supplement insurer must make Plan A available, which includes:

- **Hospitalization:** Medicare Part A coinsurance plus coverage for 365 additional days after Medicare benefits end
- **Medical expenses:** Medicare Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services
- **Blood:** First three pints of blood per calendar year

Blue Cross Medicare Supplement offers plans A, C, D, F, G and N plus High-Deductible F and High-Deductible G.

Other Michigan insurance carriers may offer other plans in addition to Plan A.

**Plans E, H, I and J are no longer available for sale and Plans B, K, L and M aren't offered by Blue Cross.*



Table of contents

Plans across the country	2
Eligibility requirements	4
Premiums and enrollment.....	5
Choose a plan option	5
2026 Outline of Coverage benefit charts	6
Dental Vision Hearing Package	10
Well-Being Program	14
Household discount	15
Guaranteed issue right.....	16
Find your estimated premium	18
2026 premium charts	19
Enrollment	33
Payment options.....	34
Change or cancel plan.....	35
Terms defined	36

Medicare supplement plans across the country

Benefits				
	A	B	C	D
Medicare Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	✓	✓	✓	✓
Medicare Part B coinsurance or copay	✓	✓	✓	✓
Blood (first three pints)	✓	✓	✓	✓
Part A hospice care coinsurance or copay	✓	✓	✓	✓
Skilled nursing facility care coinsurance			✓	✓
Medicare Part A deductible		✓	✓	✓
Medicare Part B deductible			✓	
Medicare Part B excess charges				
Foreign travel emergency (up to plan limits)			Plan covers 80%	Plan covers 80%

Currently Blue Cross does not offer Plans B, K, L and M.

Plans C, F and HD-F are only available to those who have Medicare start dates before January 1, 2020.

A check [✓] in the chart indicates benefit covered at 100%.

If a row is blank, the benefit isn't a part of that policy. Note: The supplement policy pays for coinsurance only after you've paid the deductible unless the supplement policy also pays the deductible. Some policies pay for a portion of the deductible.

All nationwide plans					
F ¹	G ¹	K	L	M	N
✓	✓	✓	✓	✓	✓
✓	✓	50%	75%	✓	✓ ³
✓	✓	50%	75%	✓	✓
✓	✓	50%	75%	✓	✓
✓	✓	50%	75%	✓	✓
✓	✓	50%	75%	50%	✓
✓					
✓	✓				
Plan covers 80%	Plan covers 80%			Plan covers 80%	Plan covers 80%
		Out-of-pocket limit ²			
		\$8,000 in 2026	\$4,000 in 2026		

¹Our two high-deductible plans, HD-F and HD-G, each have an annual deductible of \$2,950. These plans require you to pay for Medicare-covered costs up to the deductible amount of \$2,950 for 2026. Once you satisfy the annual deductible, the plans pay the same benefits as the standard Plans F and G for the rest of the calendar year.

²For plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$283 for 2026), the Medicare supplement plan pays 100% of included services for the rest of the calendar year.

³Plan N pays 100% of the Part B coinsurance, except for a copay of up to \$20 for some office visits and up to a \$50 copay for emergency room visits that don't result in an inpatient admission.

Blue Cross Medicare Supplement eligibility



Establish your eligibility

There are many factors to consider as you choose a Medicare supplement plan. Use these requirements when making your choice.

- **If you turned 65 years old, or became Medicare-eligible on or after January 1, 2020**, you can't enroll in a plan that covers the Part B deductible (plans C, F and High-Deductible F).
- **If you're younger than 65**, you're eligible to enroll in plans A and D only.
- If you had a Medicare supplement plan, then enrolled in a Medicare Advantage plan, and now would like to return to your prior Medicare supplement plan, you must do so within 12 months of enrolling in your Medicare Advantage plan.
- You must be enrolled in Medicare Parts A and B.
- You can't have more than one Medicare supplement plan.
- You can't be enrolled in a Medicare supplement plan and a Medicare Advantage plan at the same time.
- At the time of enrollment, you must be a permanent resident of Michigan and physically live in Michigan for at least six months of the year.

More to know: Once enrolled, if you permanently move outside Michigan or live in Michigan for fewer than six months of every year, your premium may change.

Coverage will only continue if all other eligibility requirements continue to be satisfied.

All premiums are subject to change annually.

Premiums and enrollment

Figuring your monthly premium

The monthly premium for a Blue Cross Medicare Supplement plan is based on where you live, your age and gender.

Unless we change the premium for all policies like yours, the only premium adjustments you'll experience would be for your age or if you relocate — such as moving out of Michigan or living in the state less than six months.

If you apply for a Blue Cross Medicare Supplement plan during your Medigap Open Enrollment Period or have a situation that qualifies as a guaranteed issue right, medical underwriting won't be necessary. That means the use of nicotine in any form*, your health status (including body mass index value), claims experience, receipt of health care or your medical condition won't be used to determine your premium amount.

Deductibles, coinsurance and copay amounts of all Medicare supplement plans are set each year by the Centers for Medicare & Medicaid Services and are subject to change each plan year.

** Nicotine products include but are not limited to, cigarettes, e-cigarettes, vaping, and nicotine patches or gum.*

Choose a plan option that meets your needs.

The charts on Pages 6 through 9 outline a sample of the coverage options offered by Blue Cross Medicare Supplement plans A, C, D, F, G, N, High-Deductible F and High-Deductible G.

Once enrolled in Blue Cross Medicare Supplement, we'll send you a member ID card and a welcome guide with comprehensive details about your coverage. We'll also provide a *Certificate of Coverage*, your legal contract with Blue Cross, in your online member account. The certificate details all of the rights and duties of both you and Blue Cross.

For more information about Blue Cross Medicare Supplement coverage, contact an authorized Blue Cross Medicare agent or call **1-833-844-3871**, from 8 a.m. to 9 p.m. Eastern time, Monday through Friday, with weekend hours Oct. 1 through March 31. TTY users, call **711**.

For information about your Medicare Part A and Part B coverage, contact your local Social Security office or consult *Medicare & You* (online at [medicare.gov](https://www.medicare.gov)). Medicare benefits are subject to change. Please consult the latest *Choosing a Medigap Policy: Guide to Health Insurance for People with Medicare*, which can be found online at [medicare.gov](https://www.medicare.gov).

All premiums in this booklet are subject to change annually.

Blue Cross Medicare Supplement Outline of Coverage

The 2026 deductibles for Medicare Part A, hospital coverage is \$1,736 and for Medicare Part B, physician and outpatient services is \$283. Your Medicare supplement plan may pay a portion of these deductibles.

Covered service	Medicare pays	Plan A ¹	
		Plan pays	You pay
Medicare Part A hospital coverage — Semi-private room, general nursing care, miscellaneous services and supplies²			
Part A Deductible	\$0	\$0	\$1,736
First 60 days of care	100%	\$0	\$0
Days 61 to 90	All but the \$434 daily copay	\$434 daily copay	\$0
Days 91 to 150 (lifetime reserve days)	All but the \$868 daily copay	\$868 daily copay	\$0
Day 151 and beyond (additional 365 days after lifetime reserve days used)	\$0	100% of Medicare-eligible expenses	\$0
Blood benefit	All but the first three pints	Your first three pints	\$0
First 20 days of skilled nursing facility care (You must meet Medicare's requirements.)	100%	\$0	\$0
Days 21 to 100 days of skilled nursing facility care	All but \$217 daily skilled nursing facility copay	\$0	\$217 daily copay
Hospice care	All but very limited copay/coinsurance for outpatient drugs and inpatient respite care	Medicare copay/coinsurance	\$0
Emergency care outside the U.S. (Lifetime maximum of \$50,000)	No benefits for care outside U.S.	No benefits for care outside U.S.	All costs for services ²
Medicare Part B physician and outpatient services — In- or out-of-hospital and outpatient hospital physician's services			
Part B Deductible (annual)³	\$0	\$0	\$283
Coinsurance	80% of the approved amount after \$283 deductible	20% coinsurance after the \$283 deductible	\$0
Blood benefit	All but the first three pints	Your first three pints	\$0
Clinical laboratory services — tests for diagnostic services	All charges	\$0	\$0
Medically necessary skilled care services and medical supplies	All charges	\$0	\$0
Durable medical equipment	80% of the approved amount after the \$283 deductible	20% coinsurance after the \$283 deductible	\$0
Excess charges	\$0	\$0	All costs

¹See Important Information about Plans A, C and D on Pages 2 and 3.

²Per benefit period. A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you've been out of the hospital and haven't received skilled nursing care in any other facility for 60 consecutive days.

The Medicare deductibles, coinsurance and copay amounts listed are based upon the 2026 CMS-approved values and could change for 2027.

Plan C ¹		Plan D ¹	
Plan pays	You pay	Plan pays	You pay
Medicare Part A hospital coverage — Semi-private room, general nursing care, miscellaneous services and supplies²			
\$1,736	\$0	\$1,736	\$0
\$0	\$0	\$0	\$0
\$434 daily copay	\$0	\$434 daily copay	\$0
\$868 daily copay	\$0	\$868 daily copay	\$0
100% of Medicare-eligible expenses	\$0	100% of Medicare-eligible expenses	\$0
Your first three pints	\$0	Your first three pints	\$0
\$0	\$0	\$0	\$0
\$217 daily copay	\$0	\$217 daily copay	\$0
Medicare copay/ coinsurance	\$0	Medicare copay/ coinsurance	\$0
80% of approved amount for covered services after \$250 deductible	\$250 deductible, plus 20% coinsurance	80% of approved amount for covered services after \$250 deductible	\$250 deductible, plus 20% coinsurance
Medicare Part B physician and outpatient services — In- or out-of-hospital and outpatient hospital physician's services			
\$283	\$0	\$0	\$283
20% coinsurance after the \$283 deductible	\$0	20% coinsurance after the \$283 deductible	\$0
Your first three pints	\$0	Your first three pints	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
20% coinsurance after the \$283 deductible	\$0	20% coinsurance after the \$283 deductible	\$0
\$0	All costs	\$0	All costs

³The Part B deductible needs to be met only once each calendar year (Jan. 1 through Dec. 31). After, Medicare makes payments up to the limiting charge established by law and shown on your Medicare explanation of benefits.

Blue Cross Medicare Supplement Outline of Coverage *continued*

The 2026 deductibles for Medicare Part A, hospital coverage is \$1,736 and Medicare Part B, physician and outpatient services is \$283. **Your Medicare supplement plan may pay a portion of these deductibles.**

Covered service	Medicare pays	Plans F and HD-F*	
		Plan pays	You pay
Medicare Part A hospital coverage — Semi-private room, general nursing care, miscellaneous services and supplies¹			
Part A Deductible	\$0	\$1,736	\$0*
First 60 days of care	100%	\$0	\$0
Days 61 to 90	All but the \$434 daily copay	\$434 daily copay	\$0
Days 91 to 150 (lifetime reserve days)	All but the \$868 daily copay	\$868 daily copay	\$0
Day 151 and beyond (additional 365 days after lifetime reserve days used)	\$0	100% of Medicare-eligible expenses	\$0
Blood benefit	All but the first three pints	Your first three pints	\$0
First 20 days of skilled nursing facility care (You must meet Medicare's requirements.)	100%	\$0	\$0
Days 21 to 100 days of skilled nursing facility care	All but \$217 daily skilled nursing facility copay	\$217 daily copay	\$0
Hospice care	All but very limited copay/coinsurance for outpatient drugs and inpatient respite care	Medicare copay/coinsurance	\$0
Emergency care outside the U.S. (Lifetime maximum of \$50,000)	No benefits for care outside U.S.	80% of approved amount for covered services, after \$250 deductible	\$250 deductible, plus 20% coinsurance
Medicare Part B physician and outpatient services — In- or out-of-hospital and outpatient hospital physician's services			
Part B Deductible (annual)²	\$0	\$283	\$0
Coinsurance	80% of the approved amount after \$283 deductible	20% coinsurance after the \$283 deductible	\$0
Blood benefit	All but the first three pints	Your first three pints	\$0
Clinical laboratory services — tests for diagnostic services	All charges	\$0	\$0
Medically necessary skilled care and home health care medical supplies	All charges	\$0	\$0
Durable medical equipment	80% of the approved amount after the \$283 deductible	20% coinsurance after the \$283 deductible	\$0
Excess charges	\$0	All remaining charges	\$0

¹Per benefit period. A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you've been out of the hospital and haven't received skilled nursing care in any other facility for 60 consecutive days.

²The Part B deductible needs to be met only once each calendar year (Jan. 1 through Dec. 31). After, Medicare makes payments up to the limiting charge established by law and shown on your Medicare explanation of benefits.

*Our two high-deductible plans, **HD-F and HD-G**, each have an annual deductible of **\$2,950**. You'll pay for Medicare-covered costs up to the deductible amount of \$2,950 for 2026 before your supplement plan pays anything.

Plans G and HD-G*		Plan N	
Plan pays	You pay	Plan pays	You pay
Medicare Part A hospital coverage — Semi-private room, general nursing care, miscellaneous services and supplies¹			
\$1,736	\$0*	\$1,736	\$0
\$0	\$0	\$0	\$0
\$434 daily copay	\$0	\$434 daily copay	\$0
\$868 daily copay	\$0	\$868 daily copay	\$0
100% of Medicare-eligible expenses	\$0	100% of Medicare-eligible expenses	\$0
Your first three pints	\$0	Your first three pints	\$0
\$0	\$0	\$0	\$0
\$217 daily copay	\$0	\$217 daily copay	\$0
Medicare copay/ coinsurance	\$0	Medicare copay/ coinsurance	\$0
80% of approved amount for covered services, after \$250 deductible	\$250 deductible, plus 20% coinsurance	80% of approved amount for covered services, after \$250 deductible	\$250 deductible, plus 20% coinsurance
Medicare Part B physician and outpatient services — In- or out-of-hospital and outpatient hospital physician's services			
\$0	\$283	\$0	\$283
20% coinsurance after the \$283 deductible	\$0	Balance, after copay and \$283 deductible	Up to \$20 per office visit and up to \$50 per emergency room visit
Your first three pints	\$0	Your first three pints	\$0
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
20% coinsurance after the \$283 deductible	\$0	20% coinsurance after the \$283 deductible	\$0
All remaining charges	\$0	\$0	All remaining charges

Dental Vision Hearing Package



Our Dental Vision Hearing Package is essential to your best health.

Get three for one price

- Add dental, vision and hearing coverage for an additional \$37.75 per month.*
- The Dental Vision Hearing Package is sold as a complete package. Dental, vision or hearing benefits cannot be purchased separately.
- You must have an active Blue Cross Medicare Supplement or Legacy Medigap plan to enroll in the Dental Vision Hearing Package.
- You may not have dental, vision or hearing coverage through another individual plan.

Available for new and existing members

- The Dental Vision Hearing Package is available to new Blue Cross Medicare Supplement members and existing Blue Cross Medicare Supplement and Legacy Medigap members.
- If you're new to Blue Cross Medicare Supplement, you have the option to add the Dental Vision Hearing Package at enrollment or within the first 30 days following the policy start date.
- Existing Blue Cross Medicare Supplement and Legacy Medigap members can add the Dental Vision Hearing Package between Feb. 1 and April 30 each year. Contact an agent or apply on line at [bcbsm.com/medicare/help/forms-documents/enrollment.html](https://www.bcbsm.com/medicare/help/forms-documents/enrollment.html).

** The premium for the Dental Vision Hearing Package is evaluated each year and is subject to change.*

Dental services

	In-network	Out-of-network
Deductible	\$0	\$0
Exams: Two per calendar year Cleanings: Two per calendar year Fluoride: Once per calendar year Brush biopsy: Once per calendar year X-rays: Once every two calendar years EITHER One set of up to four bitewings OR Six periapical films	0% coinsurance	50% coinsurance
Annual maximum Combined in- and out-of-network. Applies to services below.	\$1,500	
Amalgam and resin fillings: Once per tooth every 48 months Root canals: Once per tooth, per lifetime Simple extractions Crown: For permanent teeth, once per tooth every 84 months Crown repairs	50% coinsurance	50% coinsurance

Finding an in-network dentist

Visit MIBlueDentist.com and choose *Medicare Supplement* to search for in-network dentists or call Customer Service at **1-888-826-8152**.

Vision services

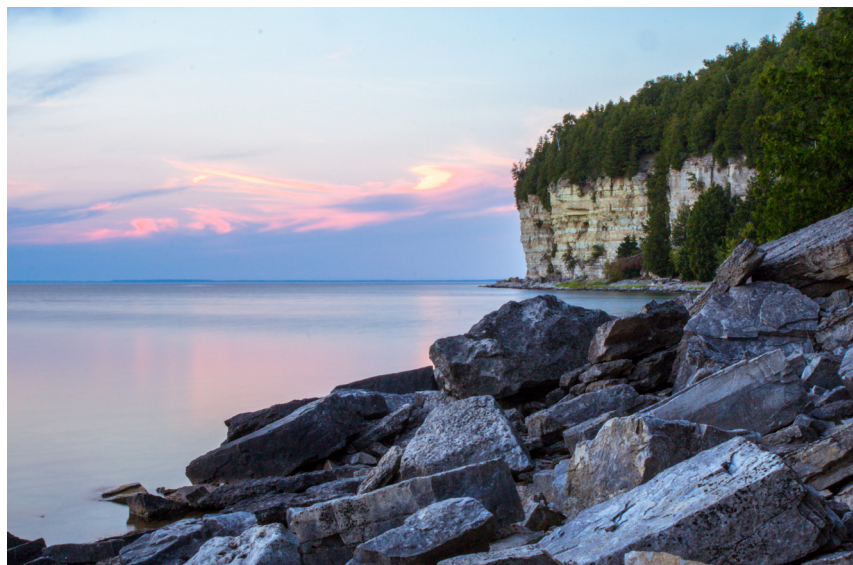
	In-network	Out-of-network
Frames or elective contact lenses	\$300 allowance for frames or elective contact lenses every 12 months	Frames reimbursed up to \$70 or elective contact lenses reimbursed up to \$105 every 12 months
Lenses	Standard lenses* are covered in full every 12 months	Reimbursement, every 12 months, up to: Single-vision lenses: \$30 Bifocal lenses: \$50 Trifocal lenses: \$65 Lenticular lenses: \$100
Exams	\$20 copayment; offered every 12 months	Reimbursed up to \$45 every 12 months

*Standard lenses include single vision lenses, bifocal lenses and trifocal lenses

Finding an in-network eye doctor

Visit vsp.com to find a VSP® network eye care provider or to find out if your eye care provider participates. You can also call **1-800-877-7195** to speak to a VSP Customer Service representative.

VSP is an independent company contracted to provide vision services on behalf of Blue Cross Blue Shield of Michigan.



Hearing services

Hearing exam	One exam every 12 months			
Frequency	One hearing aid per ear every 12 months			
Network	TruHearing®			
Hearing aids				
	Basic	Standard	Advanced	Premium
You pay	\$495 per ear	\$895 per ear	\$1,295 per ear	\$1,695 per ear
Preferred listening environment	Best for quiet or mild environments, such as one-on-one conversations	Best for predictable environments, such as home	Best for more challenging environments, such as offices or when in motion	Best for challenging environments, such as restaurants or when in large groups of people
Features	Limited noise reduction Basic feedback cancellation	Noise reduction Adjustable speech enhancement	Noise reduction Adjustable speech enhancement Artificial intelligence technology	Automatic noise reduction Adjustable speech enhancement Adaptive directional microphone Impulse sound management

Finding a TruHearing hearing specialist

Call TruHearing at **1-844-825-0033** to speak to a hearing consultant who can answer your questions. You must use a TruHearing provider to receive benefits.

Think you might have hearing loss? In the comfort of your home, you can try TruHearing's free, fast, online screening. Accessible from your tablet, computer or smartphone. Visit [TruHearing.com/BCBSMI](https://www.truhearing.com/BCBSMI) to find the five-minute hearing assessment located on their home page.

TruHearing is an independent company contracted to provide hearing services on behalf of Blue Cross Blue Shield of Michigan.

Medicare SupplementSM Well-Being Program



Real support for real life

Our Medicare Supplement Well-Being Program helps you live your best life. As a member, you have the advantage to experience life's adventures with Blue Cross confidence.

Choose the Medicare supplement plan you want, and we'll supply the well-being support you need to fulfill your personal health goals.

Included in your membership ...

Blue Cross Well-BeingSM

Lead a healthy life using our new online health and well-being resources, provided by Personify HealthTM.

You'll find 24/7 access to:

- Programs and resources to address your interests and health goals
- Health assessment to identify risk factors*
- A collaborative tobacco cessation program for help to stop smoking, vaping or using nicotine
- Tools to track well-visits, screenings and other care needs
- Digital health coaching Journeys[®]

Plus, easy integration with more than 100 fitness devices and apps, such as Apple Health and Google Fit.

24-Hour Nurse Line

Talk to a registered nurse about a minor illness or injury, tips for a healthy lifestyle, preventive care or questions about medical conditions and treatments.

Blue Cross[®] Virtual Well-Being

Begin a personal journey by attending our virtual well-being webinars. Each week you can access a new high-energy presentation from your computer, tablet or mobile phone. Topics include home fitness, social isolation, healthy cooking and gardening. Plus, you can download session materials to save and share with your family and caregivers.

Blue365[®] discounts

Show your Blue Cross member ID card to get nationwide savings for health magazines, cooking classes, weight-loss programs and retail stores. Plus save on healthy food and vitamin deliveries, travel accommodations, fitness programs and wearable fitness trackers. Get a list of current savings at blue365deals.com.

**Blue Cross Blue Shield of Michigan does not use any information obtained from the health assessment for the purpose of rating a Medicare Supplement Insurance policy.*

Personify Health is an independent company that provides health and well-being services to Blue Cross Blue Shield of Michigan and Blue Care Network members.

Do you qualify for a household discount?



Save 10%* on your monthly Blue Cross Medicare Supplement plan premium.

If you're a new member

Save when you and another Medicare-eligible individual in your household apply for Blue Cross Medicare Supplement plans from Blue Cross Blue Shield of Michigan at the same time. Or get the discount if a household member is currently covered by a Blue Cross Medicare Supplement or Legacy Medigap plan from Blue Cross Blue Shield of Michigan when you apply.

If you're an existing member

Apply for the discount if you and any other household members are currently enrolled in a Blue Cross Medicare Supplement or Legacy Medigap plan from Blue Cross Blue Shield of Michigan. Two or more existing Blue Cross Medicare Supplement or Legacy Medigap members with plans from Blue Cross Blue Shield of Michigan in the same household must complete an Application for a Blue Cross Blue Shield of Michigan Medicare Supplement Household Discount. Access the form online at bcbsm.com/medicare/help/manage-account/supplement-household-discount/. You can also call Customer Service to apply at **1-888-216-4858** from 8 a.m. to 5 p.m. Eastern time, Monday through Friday. TTY users, call **711**.

To qualify for the discount, the policy holders only need to reside in the same household; a spousal or familial relationship isn't necessary.

The following are not included in the definition of household: Assisted living facilities, group homes, adult day care facilities, nursing homes or any other health residential facilities.

The discount is not available to members with Medicare Advantage plans from Blue Cross or Blue Care Network or MyBlueSM Medigap plans from Blue Care Network.

**Percentage of household discount is subject to change.*

Do you qualify for a guaranteed issue right?



Insurance companies are required by law to offer a Medicare supplement policy without conditions or constraints on coverage to individuals who meet certain requirements.

The **Medigap Open Enrollment Period**, known as OEP, lasts six months beginning on the first day of the month in which you're 65 or older and enrolled in Medicare Part B (for example, you elect Part B upon retirement at age 70). During the Medigap Open Enrollment Period, you already have a guaranteed issue right and don't need any of the following to apply to you.

If you enroll outside of your Medigap Open Enrollment Period, any of the following scenarios qualify you for a guaranteed issue right:

1. You were enrolled in an employer group health care plan (including retiree or COBRA coverage) that pays after Medicare pays and that plan has ended within the past 63 days.
2. You were enrolled in a Medicare Advantage plan, Program of All-Inclusive Care for the Elderly, Health Care Pre-Payment Plan, other Medicare demonstration project or Medicare Select plan and within the past 63 days:
 - The certification of the organization or plan was terminated.
 - The plan terminated or discontinued providing coverage in the area in which you reside.
 - You moved out of the plan's service area and are no longer eligible to participate in the plan.
 - You voluntarily disenrolled because the plan substantially violated a material provision of the organization's contract with you. This includes:
 - Failing to provide an enrollee, on a timely basis, medically necessary care for which benefits are available under the plan
 - Failing to provide covered care in accordance with applicable standards
 - The organization, agent or other entity acting on the organization's behalf, materially misrepresented the plan's provisions in marketing the plan to you



3. You voluntarily disenrolled from a Medicare Advantage plan within 12 months after the effective date of enrollment, upon first becoming eligible for benefits under Medicare Part A at age 65.
4. You were enrolled in a supplement policy within the past 63 days and one of the following:
 - You involuntarily lost coverage due to insolvency of the insurer or bankruptcy of the organization offering the coverage.
 - You voluntarily disenrolled because the plan violated a material provision of the policy or the insurer materially misrepresented the policy's provisions in marketing the policy to you.
5. You terminated enrollment and subsequently enrolled, for the first time, in a Medicare Advantage plan, Medicare Select Plan, Medicare Cost Plan or Program of All-Inclusive Care for the Elderly, and the subsequent enrollment was terminated by you within the first 12 months.

Find your estimated monthly premium cost



- 1. Select a plan option:** Plan A, C, D, F, High-Deductible F, G, High-Deductible G or N. If you turned 65 or became eligible for Medicare on or after Jan. 1, 2020, you're not eligible to enroll in a plan that covers the Part B deductible (Plans C, F or High-Deductible F).
- 2. Guaranteed issue right or nonguaranteed issue right:**
 - If you have a guaranteed issue rightOr
 - If you're applying outside of your Medigap OEP
 - Whether you use nicotine in any form including, but not limited to, cigarettes, e-cigarettes, vaping, nicotine patches or gum
- 3. Find your area:**
 - If you live in a ZIP code that begins with 480 through 485, you're in **Area 1**.
 - If you live in any other ZIP code in Michigan, you're in **Area 2**.
- 4. Find your age**
- 5. Find your gender**

Note: The rates in the following tables are valid for new members and members that were new as of April 1, 2023.

Monthly premiums for individuals applying during their Medigap Open Enrollment Period or with a guaranteed issue right

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/2023 should refer to their annual rate letter.

Blue Cross Medicare Supplement Plan A guaranteed issue rates				
Age	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
65	\$150.58	\$143.41	\$148.37	\$141.30
66	\$159.55	\$151.23	\$157.20	\$149.01
67	\$168.60	\$159.05	\$166.12	\$156.72
68	\$176.34	\$165.57	\$173.74	\$163.14
69	\$184.14	\$172.09	\$181.43	\$169.56
70	\$191.49	\$177.31	\$188.67	\$174.70
71	\$198.95	\$182.52	\$196.02	\$179.84
72	\$206.51	\$187.74	\$203.47	\$184.98
73	\$214.18	\$192.95	\$211.03	\$190.11
74	\$221.95	\$198.17	\$218.68	\$195.25
75	\$226.87	\$200.77	\$223.54	\$197.82
76	\$231.85	\$203.38	\$228.44	\$200.39
77	\$236.89	\$205.99	\$233.40	\$202.96
78	\$241.97	\$208.60	\$238.41	\$205.53
79	\$247.11	\$211.20	\$243.47	\$208.10
80 and older	\$252.30	\$213.81	\$248.59	\$210.67

These rates don't include the premium for the optional Dental Vision Hearing Package.
Rates are subject to change each year.

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/2023 should refer to their annual rate letter.

Blue Cross Medicare Supplement Plan G guaranteed issue rates				
Age	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
65	\$200.87	\$191.31	\$197.92	\$188.49
66	\$216.81	\$205.51	\$213.63	\$202.49
67	\$232.90	\$219.72	\$229.47	\$216.49
68	\$246.61	\$231.55	\$242.98	\$228.15
69	\$260.43	\$243.39	\$256.60	\$239.81
70	\$273.09	\$252.86	\$269.07	\$249.14
71	\$285.94	\$262.33	\$281.74	\$258.47
72	\$298.98	\$271.80	\$294.58	\$267.80
73	\$312.21	\$281.27	\$307.62	\$277.13
74	\$325.63	\$290.74	\$320.84	\$286.47
75	\$333.89	\$295.48	\$328.98	\$291.13
76	\$342.24	\$300.21	\$337.21	\$295.80
77	\$350.69	\$304.95	\$345.53	\$300.46
78	\$359.23	\$309.68	\$353.95	\$305.13
79	\$367.87	\$314.42	\$362.46	\$309.79
80 and older	\$376.60	\$319.15	\$371.06	\$314.46

Blue Cross Medicare Supplement Plan HD-G* guaranteed issue rates				
Age	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
65	\$80.73	\$76.89	\$79.54	\$75.76
66	\$87.14	\$82.60	\$85.86	\$81.38
67	\$93.60	\$88.31	\$92.23	\$87.01
68	\$99.11	\$93.06	\$97.65	\$91.69
69	\$104.67	\$97.82	\$103.13	\$96.38
70	\$109.76	\$101.63	\$108.14	\$100.13
71	\$114.92	\$105.43	\$113.23	\$103.88
72	\$120.16	\$109.24	\$118.40	\$107.63
73	\$125.48	\$113.05	\$123.63	\$111.38
74	\$130.87	\$116.85	\$128.95	\$115.13
75	\$134.19	\$118.75	\$132.22	\$117.01
76	\$137.55	\$120.66	\$135.53	\$118.88
77	\$140.94	\$122.56	\$138.87	\$120.76
78	\$144.38	\$124.46	\$142.25	\$122.63
79	\$147.85	\$126.37	\$145.67	\$124.51
80 and older	\$151.36	\$128.27	\$149.13	\$126.38

*HD means high deductible

These rates don't include the premium for the optional Dental Vision Hearing Package.

Rates are subject to change each year.

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/2023 should refer to their annual rate letter.

Blue Cross Medicare Supplement Plan N guaranteed issue rates				
Age	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
65	\$181.42	\$172.78	\$178.75	\$170.24
66	\$195.82	\$185.61	\$192.94	\$182.88
67	\$210.35	\$198.44	\$207.26	\$195.52
68	\$222.73	\$209.13	\$219.45	\$206.06
69	\$235.21	\$219.83	\$231.75	\$216.59
70	\$246.65	\$228.38	\$243.02	\$225.02
71	\$258.26	\$236.93	\$254.46	\$233.45
72	\$270.03	\$245.48	\$266.06	\$241.87
73	\$281.98	\$254.04	\$277.84	\$250.30
74	\$294.10	\$262.59	\$289.78	\$258.73
75	\$301.56	\$266.87	\$297.13	\$262.94
76	\$309.10	\$271.14	\$304.56	\$267.16
77	\$316.73	\$275.42	\$312.08	\$271.37
78	\$324.45	\$279.70	\$319.68	\$275.58
79	\$332.25	\$283.97	\$327.36	\$279.80
80 and older	\$340.14	\$288.25	\$335.13	\$284.01

Blue Cross Medicare Supplement Plan D guaranteed issue rates				
Age	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
65	\$214.00	\$203.81	\$210.86	\$200.82
66	\$230.99	\$218.95	\$227.59	\$215.73
67	\$248.13	\$234.08	\$244.48	\$230.64
68	\$262.73	\$246.69	\$258.86	\$243.06
69	\$277.46	\$259.30	\$273.37	\$255.49
70	\$290.94	\$269.39	\$286.67	\$265.43
71	\$304.64	\$279.48	\$300.16	\$275.37
72	\$318.53	\$289.57	\$313.84	\$285.31
73	\$332.62	\$299.66	\$327.73	\$295.25
74	\$346.92	\$309.75	\$341.82	\$305.19
75	\$355.72	\$314.79	\$350.49	\$310.16
76	\$364.62	\$319.84	\$359.25	\$315.13
77	\$373.62	\$324.88	\$368.12	\$320.11
78	\$382.72	\$329.93	\$377.09	\$325.08
79	\$391.92	\$334.97	\$386.15	\$330.05
80 and older	\$401.22	\$340.02	\$395.32	\$335.02

These rates don't include the premium for the optional Dental Vision Hearing Package.

Rates are subject to change each year.

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/2023 should refer to their annual rate letter.

Blue Cross Medicare Supplement Plan F guaranteed issue rates				
Age	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
65	\$228.50	\$217.62	\$225.14	\$214.42
66	\$246.63	\$233.78	\$243.01	\$230.34
67	\$264.93	\$249.93	\$261.03	\$246.26
68	\$280.52	\$263.40	\$276.40	\$259.53
69	\$296.25	\$276.87	\$291.89	\$272.79
70	\$310.65	\$287.64	\$306.08	\$283.41
71	\$325.27	\$298.41	\$320.48	\$294.02
72	\$340.10	\$309.18	\$335.10	\$304.64
73	\$355.15	\$319.96	\$349.93	\$315.25
74	\$370.42	\$330.73	\$364.97	\$325.86
75	\$379.81	\$336.11	\$374.22	\$331.17
76	\$389.31	\$341.50	\$383.58	\$336.48
77	\$398.92	\$346.89	\$393.05	\$341.79
78	\$408.64	\$352.27	\$402.63	\$347.09
79	\$418.46	\$357.66	\$412.31	\$352.40
80 and older	\$428.39	\$363.05	\$422.09	\$357.71

Blue Cross Medicare Supplement Plan HD-F* guaranteed issue rates				
Age	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
65	\$99.99	\$95.23	\$98.52	\$93.83
66	\$107.93	\$102.30	\$106.34	\$100.80
67	\$115.93	\$109.37	\$114.23	\$107.76
68	\$122.76	\$115.26	\$120.95	\$113.57
69	\$129.64	\$121.16	\$127.73	\$119.38
70	\$135.94	\$125.87	\$133.94	\$124.02
71	\$142.34	\$130.59	\$140.24	\$128.66
72	\$148.83	\$135.30	\$146.64	\$133.31
73	\$155.41	\$140.01	\$153.13	\$137.95
74	\$162.09	\$144.73	\$159.71	\$142.60
75	\$166.21	\$147.08	\$163.76	\$144.92
76	\$170.36	\$149.44	\$167.86	\$147.24
77	\$174.57	\$151.80	\$172.00	\$149.57
78	\$178.82	\$154.16	\$176.19	\$151.89
79	\$183.12	\$156.51	\$180.43	\$154.21
80 and older	\$187.47	\$158.87	\$184.71	\$156.53

*HD means high deductible

These rates don't include the premium for the optional Dental Vision Hearing Package.

If you were eligible for Medicare on or after January 1, 2020, you are not eligible for Plan F or High-Deductible Plan F.

Rates are subject to change each year.

Monthly premiums for individuals applying outside of a Medigap OEP or without a guaranteed issue right

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/2023 should refer to their annual rate letter.

Blue Cross Medicare Supplement Plan A nonguaranteed issue rates								
Age	Area 1 (Southeast Michigan)				Area 2 (Rest of Michigan)			
	Non-nicotine user		Nicotine user		Non-nicotine user		Nicotine user	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$150.58	\$143.41	\$165.64	\$157.75	\$148.37	\$141.30	\$163.20	\$155.43
66	\$159.55	\$151.23	\$175.50	\$166.36	\$157.20	\$149.01	\$172.92	\$163.91
67	\$168.60	\$159.05	\$185.46	\$174.96	\$166.12	\$156.72	\$182.73	\$172.39
68	\$176.34	\$165.57	\$193.97	\$182.13	\$173.74	\$163.14	\$191.12	\$179.45
69	\$184.14	\$172.09	\$202.55	\$189.30	\$181.43	\$169.56	\$199.57	\$186.52
70	\$191.49	\$177.31	\$210.64	\$195.04	\$188.67	\$174.70	\$207.54	\$192.17
71	\$198.95	\$182.52	\$218.84	\$200.77	\$196.02	\$179.84	\$215.62	\$197.82
72	\$206.51	\$187.74	\$227.16	\$206.51	\$203.47	\$184.98	\$223.82	\$203.47
73	\$214.18	\$192.95	\$235.59	\$212.25	\$211.03	\$190.11	\$232.13	\$209.12
74	\$221.95	\$198.17	\$244.14	\$217.98	\$218.68	\$195.25	\$240.55	\$214.78
75	\$226.87	\$200.77	\$249.56	\$220.85	\$223.54	\$197.82	\$245.89	\$217.60
76	\$231.85	\$203.38	\$255.04	\$223.72	\$228.44	\$200.39	\$251.29	\$220.43
77	\$236.89	\$205.99	\$260.58	\$226.59	\$233.40	\$202.96	\$256.74	\$223.25
78	\$241.97	\$208.60	\$266.17	\$229.46	\$238.41	\$205.53	\$262.25	\$226.08
79	\$247.11	\$211.20	\$271.82	\$232.32	\$243.47	\$208.10	\$267.82	\$228.91
80 and older	\$252.30	\$213.81	\$277.53	\$235.19	\$248.59	\$210.67	\$273.44	\$231.73

Individuals applying outside of their Medigap OEP or without a guaranteed issue right may be subject to higher rates than what's shown above due to claims experience or health status.

These rates don't include the premium for the optional Dental Vision Hearing Package.

Rates are subject to change each year.

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/2023 should refer to their annual rate letter.

Blue Cross Medicare Supplement Plan G nonguaranteed issue rates								
Age	Area 1 (Southeast Michigan)				Area 2 (Rest of Michigan)			
	Non-nicotine user		Nicotine user		Non-nicotine user		Nicotine user	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$200.87	\$191.31	\$220.96	\$210.44	\$197.92	\$188.49	\$217.71	\$207.34
66	\$216.81	\$205.51	\$238.50	\$226.06	\$213.63	\$202.49	\$234.99	\$222.74
67	\$232.90	\$219.72	\$256.19	\$241.69	\$229.47	\$216.49	\$252.42	\$238.13
68	\$246.61	\$231.55	\$271.27	\$254.71	\$242.98	\$228.15	\$267.28	\$250.96
69	\$260.43	\$243.39	\$286.47	\$267.73	\$256.60	\$239.81	\$282.26	\$263.79
70	\$273.09	\$252.86	\$300.40	\$278.15	\$269.07	\$249.14	\$295.98	\$274.06
71	\$285.94	\$262.33	\$314.54	\$288.56	\$281.74	\$258.47	\$309.91	\$284.32
72	\$298.98	\$271.80	\$328.88	\$298.98	\$294.58	\$267.80	\$324.04	\$294.58
73	\$312.21	\$281.27	\$343.43	\$309.40	\$307.62	\$277.13	\$338.38	\$304.85
74	\$325.63	\$290.74	\$358.19	\$319.82	\$320.84	\$286.47	\$352.93	\$315.11
75	\$333.89	\$295.48	\$367.28	\$325.02	\$328.98	\$291.13	\$361.88	\$320.24
76	\$342.24	\$300.21	\$376.47	\$330.23	\$337.21	\$295.80	\$370.93	\$325.38
77	\$350.69	\$304.95	\$385.76	\$335.44	\$345.53	\$300.46	\$380.08	\$330.51
78	\$359.23	\$309.68	\$395.15	\$340.65	\$353.95	\$305.13	\$389.34	\$335.64
79	\$367.87	\$314.42	\$404.65	\$345.86	\$362.46	\$309.79	\$398.70	\$340.77
80 and older	\$376.60	\$319.15	\$414.26	\$351.07	\$371.06	\$314.46	\$408.17	\$345.90

Individuals applying outside of their Medigap OEP or without a guaranteed issue right may be subject to higher rates than what's shown above due to claims experience or health status.

These rates don't include the premium for the optional Dental Vision Hearing Package.

Rates are subject to change each year.

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/2023 should refer to their annual rate letter.

Blue Cross Medicare Supplement Plan HD-G* nonguaranteed issue rates								
Age	Area 1 (Southeast Michigan)				Area 2 (Rest of Michigan)			
	Non-nicotine user		Nicotine user		Non-nicotine user		Nicotine user	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$80.73	\$76.89	\$88.81	\$84.58	\$79.54	\$75.76	\$87.50	\$83.33
66	\$87.14	\$82.60	\$95.85	\$90.86	\$85.86	\$81.38	\$94.44	\$89.52
67	\$93.60	\$88.31	\$102.96	\$97.14	\$92.23	\$87.01	\$101.45	\$95.71
68	\$99.11	\$93.06	\$109.02	\$102.37	\$97.65	\$91.69	\$107.42	\$100.86
69	\$104.67	\$97.82	\$115.14	\$107.60	\$103.13	\$96.38	\$113.44	\$106.02
70	\$109.76	\$101.63	\$120.73	\$111.79	\$108.14	\$100.13	\$118.96	\$110.15
71	\$114.92	\$105.43	\$126.41	\$115.98	\$113.23	\$103.88	\$124.55	\$114.27
72	\$120.16	\$109.24	\$132.18	\$120.16	\$118.40	\$107.63	\$130.24	\$118.40
73	\$125.48	\$113.05	\$138.03	\$124.35	\$123.63	\$111.38	\$136.00	\$122.52
74	\$130.87	\$116.85	\$143.96	\$128.54	\$128.95	\$115.13	\$141.84	\$126.65
75	\$134.19	\$118.75	\$147.61	\$130.63	\$132.22	\$117.01	\$145.44	\$128.71
76	\$137.55	\$120.66	\$151.30	\$132.72	\$135.53	\$118.88	\$149.08	\$130.77
77	\$140.94	\$122.56	\$155.04	\$134.82	\$138.87	\$120.76	\$152.76	\$132.83
78	\$144.38	\$124.46	\$158.81	\$136.91	\$142.25	\$122.63	\$156.48	\$134.90
79	\$147.85	\$126.37	\$162.63	\$139.00	\$145.67	\$124.51	\$160.24	\$136.96
80 and older	\$151.36	\$128.27	\$166.49	\$141.10	\$149.13	\$126.38	\$164.04	\$139.02

Individuals applying outside of their Medigap OEP or without a guaranteed issue right may be subject to higher rates than what's shown above due to claims experience or health status.

*HD means high deductible

These rates don't include the premium for the optional Dental Vision Hearing Package.

Rates are subject to change each year.

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/2023 should refer to their annual rate letter.

Blue Cross Medicare Supplement Plan N nonguaranteed issue rates								
Age	Area 1 (Southeast Michigan)				Area 2 (Rest of Michigan)			
	Non-nicotine user		Nicotine user		Non-nicotine user		Nicotine user	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$181.42	\$172.78	\$199.57	\$190.06	\$178.75	\$170.24	\$196.63	\$187.27
66	\$195.82	\$185.61	\$215.40	\$204.17	\$192.94	\$182.88	\$212.24	\$201.17
67	\$210.35	\$198.44	\$231.38	\$218.29	\$207.26	\$195.52	\$227.98	\$215.08
68	\$222.73	\$209.13	\$245.00	\$230.05	\$219.45	\$206.06	\$241.40	\$226.66
69	\$235.21	\$219.83	\$258.73	\$241.81	\$231.75	\$216.59	\$254.93	\$238.25
70	\$246.65	\$228.38	\$271.31	\$251.22	\$243.02	\$225.02	\$267.32	\$247.52
71	\$258.26	\$236.93	\$284.08	\$260.63	\$254.46	\$233.45	\$279.90	\$256.79
72	\$270.03	\$245.48	\$297.04	\$270.03	\$266.06	\$241.87	\$292.67	\$266.06
73	\$281.98	\$254.04	\$310.18	\$279.44	\$277.84	\$250.30	\$305.62	\$275.33
74	\$294.10	\$262.59	\$323.51	\$288.85	\$289.78	\$258.73	\$318.75	\$284.60
75	\$301.56	\$266.87	\$331.72	\$293.55	\$297.13	\$262.94	\$326.84	\$289.24
76	\$309.10	\$271.14	\$340.01	\$298.26	\$304.56	\$267.16	\$335.01	\$293.87
77	\$316.73	\$275.42	\$348.41	\$302.96	\$312.08	\$271.37	\$343.28	\$298.51
78	\$324.45	\$279.70	\$356.89	\$307.67	\$319.68	\$275.58	\$351.64	\$303.14
79	\$332.25	\$283.97	\$365.47	\$312.37	\$327.36	\$279.80	\$360.10	\$307.78
80 and older	\$340.14	\$288.25	\$374.15	\$317.08	\$335.13	\$284.01	\$368.65	\$312.41

Individuals applying outside of their Medigap OEP or without a guaranteed issue right may be subject to higher rates than what's shown above due to claims experience or health status.

These rates don't include the premium for the optional Dental Vision Hearing Package.

Rates are subject to change each year.

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/2023 should refer to their annual rate letter.

Blue Cross Medicare Supplement Plan D nonguaranteed issue rates								
Age	Area 1 (Southeast Michigan)				Area 2 (Rest of Michigan)			
	Non-nicotine user		Nicotine user		Non-nicotine user		Nicotine user	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$214.00	\$203.81	\$235.40	\$224.20	\$210.86	\$200.82	\$231.94	\$220.90
66	\$230.99	\$218.95	\$254.09	\$240.84	\$227.59	\$215.73	\$250.35	\$237.30
67	\$248.13	\$234.08	\$272.94	\$257.49	\$244.48	\$230.64	\$268.92	\$253.70
68	\$262.73	\$246.69	\$289.00	\$271.36	\$258.86	\$243.06	\$284.75	\$267.37
69	\$277.46	\$259.30	\$305.20	\$285.23	\$273.37	\$255.49	\$300.71	\$281.04
70	\$290.94	\$269.39	\$320.04	\$296.33	\$286.67	\$265.43	\$315.33	\$291.97
71	\$304.64	\$279.48	\$335.10	\$307.43	\$300.16	\$275.37	\$330.17	\$302.91
72	\$318.53	\$289.57	\$350.38	\$318.53	\$313.84	\$285.31	\$345.23	\$313.84
73	\$332.62	\$299.66	\$365.89	\$329.63	\$327.73	\$295.25	\$360.50	\$324.78
74	\$346.92	\$309.75	\$381.61	\$340.72	\$341.82	\$305.19	\$376.00	\$335.71
75	\$355.72	\$314.79	\$391.29	\$346.27	\$350.49	\$310.16	\$385.53	\$341.18
76	\$364.62	\$319.84	\$401.08	\$351.82	\$359.25	\$315.13	\$395.18	\$346.65
77	\$373.62	\$324.88	\$410.98	\$357.37	\$368.12	\$320.11	\$404.93	\$352.12
78	\$382.72	\$329.93	\$420.99	\$362.92	\$377.09	\$325.08	\$414.80	\$357.58
79	\$391.92	\$334.97	\$431.11	\$368.47	\$386.15	\$330.05	\$424.77	\$363.05
80 and older	\$401.22	\$340.02	\$441.34	\$374.02	\$395.32	\$335.02	\$434.85	\$368.52

Individuals applying outside of their Medigap OEP or without a guaranteed issue right may be subject to higher rates than what's shown above due to claims experience or health status.

These rates don't include the premium for the optional Dental Vision Hearing Package.

Rates are subject to change each year.

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/2023 should refer to their annual rate letter.

Blue Cross Medicare Supplement Plan F nonguaranteed issue rates								
Age	Area 1 (Southeast Michigan)				Area 2 (Rest of Michigan)			
	Non-nicotine user		Nicotine user		Non-nicotine user		Nicotine user	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$228.50	\$217.62	\$251.35	\$239.38	\$225.14	\$214.42	\$247.65	\$235.86
66	\$246.63	\$233.78	\$271.30	\$257.15	\$243.01	\$230.34	\$267.31	\$253.37
67	\$264.93	\$249.93	\$291.42	\$274.93	\$261.03	\$246.26	\$287.14	\$270.89
68	\$280.52	\$263.40	\$308.57	\$289.74	\$276.40	\$259.53	\$304.04	\$285.48
69	\$296.25	\$276.87	\$325.87	\$304.55	\$291.89	\$272.79	\$321.08	\$300.07
70	\$310.65	\$287.64	\$341.71	\$316.40	\$306.08	\$283.41	\$336.69	\$311.75
71	\$325.27	\$298.41	\$357.79	\$328.25	\$320.48	\$294.02	\$352.53	\$323.42
72	\$340.10	\$309.18	\$374.11	\$340.10	\$335.10	\$304.64	\$368.61	\$335.10
73	\$355.15	\$319.96	\$390.67	\$351.95	\$349.93	\$315.25	\$384.92	\$346.78
74	\$370.42	\$330.73	\$407.46	\$363.80	\$364.97	\$325.86	\$401.46	\$358.45
75	\$379.81	\$336.11	\$417.79	\$369.73	\$374.22	\$331.17	\$411.65	\$364.29
76	\$389.31	\$341.50	\$428.24	\$375.65	\$383.58	\$336.48	\$421.94	\$370.13
77	\$398.92	\$346.89	\$438.81	\$381.58	\$393.05	\$341.79	\$432.36	\$375.96
78	\$408.64	\$352.27	\$449.50	\$387.50	\$402.63	\$347.09	\$442.89	\$381.80
79	\$418.46	\$357.66	\$460.31	\$393.42	\$412.31	\$352.40	\$453.54	\$387.64
80 and older	\$428.39	\$363.05	\$471.23	\$399.35	\$422.09	\$357.71	\$464.30	\$393.48

Individuals applying outside of their Medigap OEP or without a guaranteed issue right may be subject to higher rates than what's shown above due to claims experience or health status.

These rates don't include the premium for the optional Dental Vision Hearing Package.

Rates are subject to change each year.

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/2023 should refer to their annual rate letter.

Blue Cross Medicare Supplement Plan HD-F* nonguaranteed issue rates								
Age	Area 1 (Southeast Michigan)				Area 2 (Rest of Michigan)			
	Non-nicotine user		Nicotine user		Non-nicotine user		Nicotine user	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$99.99	\$95.23	\$109.99	\$104.75	\$98.52	\$93.83	\$108.37	\$103.21
66	\$107.93	\$102.30	\$118.72	\$112.53	\$106.34	\$100.80	\$116.97	\$110.88
67	\$115.93	\$109.37	\$127.53	\$120.31	\$114.23	\$107.76	\$125.65	\$118.54
68	\$122.76	\$115.26	\$135.03	\$126.79	\$120.95	\$113.57	\$133.05	\$124.93
69	\$129.64	\$121.16	\$142.60	\$133.27	\$127.73	\$119.38	\$140.50	\$131.31
70	\$135.94	\$125.87	\$149.53	\$138.46	\$133.94	\$124.02	\$147.34	\$136.42
71	\$142.34	\$130.59	\$156.57	\$143.64	\$140.24	\$128.66	\$154.27	\$141.53
72	\$148.83	\$135.30	\$163.71	\$148.83	\$146.64	\$133.31	\$161.30	\$146.64
73	\$155.41	\$140.01	\$170.96	\$154.01	\$153.13	\$137.95	\$168.44	\$151.75
74	\$162.09	\$144.73	\$178.30	\$159.20	\$159.71	\$142.60	\$175.68	\$156.86
75	\$166.21	\$147.08	\$182.83	\$161.79	\$163.76	\$144.92	\$180.14	\$159.41
76	\$170.36	\$149.44	\$187.40	\$164.39	\$167.86	\$147.24	\$184.64	\$161.97
77	\$174.57	\$151.80	\$192.02	\$166.98	\$172.00	\$149.57	\$189.20	\$164.52
78	\$178.82	\$154.16	\$196.70	\$169.57	\$176.19	\$151.89	\$193.81	\$167.08
79	\$183.12	\$156.51	\$201.43	\$172.16	\$180.43	\$154.21	\$198.47	\$169.63
80 and older	\$187.47	\$158.87	\$206.21	\$174.76	\$184.71	\$156.53	\$203.18	\$172.19

Individuals applying outside of their Medigap OEP or without a guaranteed issue right may be subject to higher rates than what's shown above due to claims experience or health status.

*HD means high deductible

These rates don't include the premium for the optional Dental Vision Hearing Package.

Rates are subject to change each year.

Blue Cross Medicare Supplement Plan A nonguaranteed issue rates				
Age	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
Younger than 65	\$368.23	\$368.23	\$368.23	\$368.23

Blue Cross Medicare Supplement Plan D nonguaranteed issue rates				
Age	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
Younger than 65	\$954.40	\$954.40	\$954.40	\$954.40

These rates don't include the premium for the optional Dental Vision Hearing Package.
Rates are subject to change each year.



Monthly premiums for individuals who are losing group coverage and applying for Plans A, D and C

Rates shown below are valid for policies with a start date of 4/1/2023 and after. Members with plans effective prior to 4/1/2023 should refer to their annual rate letter.

If you are applying to Plans A, D or C, for which you're eligible, within 180 days after losing coverage under a group policy, please utilize the table below. In this case, you're entitled to the plan without restriction.

Blue Cross Medicare Supplement Plan A guaranteed issue rates				
Age	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
Younger than 65	\$368.23	\$368.23	\$368.23	\$368.23
65	\$150.58	\$143.41	\$148.37	\$141.30
66	\$159.55	\$151.23	\$157.20	\$149.01
67	\$168.60	\$159.05	\$166.12	\$156.72
68	\$176.34	\$165.57	\$173.74	\$163.14
69	\$184.14	\$172.09	\$181.43	\$169.56
70	\$191.49	\$177.31	\$188.67	\$174.70
71	\$198.95	\$182.52	\$196.02	\$179.84
72	\$206.51	\$187.74	\$203.47	\$184.98
73	\$214.18	\$192.95	\$211.03	\$190.11
74	\$221.95	\$198.17	\$218.68	\$195.25
75	\$226.87	\$200.77	\$223.54	\$197.82
76	\$231.85	\$203.38	\$228.44	\$200.39
77	\$236.89	\$205.99	\$233.40	\$202.96
78	\$241.97	\$208.60	\$238.41	\$205.53
79	\$247.11	\$211.20	\$243.47	\$208.10
80 and older	\$252.30	\$213.81	\$248.59	\$210.67

See important information about Plans A, C and D on Page 4.

These rates don't include the premium for the optional Dental Vision Hearing Package.

Rates are subject to change each year.

Monthly premiums for individuals who are losing group coverage and applying for Plans A, D and C *continued*

If you were eligible for Medicare on or after January 1, 2020, you are not eligible for Plan C.

Blue Cross Medicare Supplement Plan D guaranteed issue rates				
Age	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
Younger than 65	\$954.40	\$954.40	\$954.40	\$954.40
65	\$214.00	\$203.81	\$210.86	\$200.82
66	\$230.99	\$218.95	\$227.59	\$215.73
67	\$248.13	\$234.08	\$244.48	\$230.64
68	\$262.73	\$246.69	\$258.86	\$243.06
69	\$277.46	\$259.30	\$273.37	\$255.49
70	\$290.94	\$269.39	\$286.67	\$265.43
71	\$304.64	\$279.48	\$300.16	\$275.37
72	\$318.53	\$289.57	\$313.84	\$285.31
73	\$332.62	\$299.66	\$327.73	\$295.25
74	\$346.92	\$309.75	\$341.82	\$305.19
75	\$355.72	\$314.79	\$350.49	\$310.16
76	\$364.62	\$319.84	\$359.25	\$315.13
77	\$373.62	\$324.88	\$368.12	\$320.11
78	\$382.72	\$329.93	\$377.09	\$325.08
79	\$391.92	\$334.97	\$386.15	\$330.05
80 and older	\$401.22	\$340.02	\$395.32	\$335.02

Blue Cross Medicare Supplement Plan C guaranteed issue rates				
Age	Area 1 (Southeast Michigan)		Area 2 (Rest of Michigan)	
	Male	Female	Male	Female
Younger than 65	\$585.83	\$585.83	\$585.83	\$585.83
65	\$276.29	\$263.13	\$272.22	\$259.26
66	\$292.74	\$277.48	\$288.44	\$273.40
67	\$309.35	\$291.84	\$304.80	\$287.54
68	\$323.54	\$303.80	\$318.78	\$299.33
69	\$337.86	\$315.76	\$332.89	\$311.11
70	\$351.35	\$325.32	\$346.18	\$320.54
71	\$365.03	\$334.89	\$359.67	\$329.97
72	\$378.91	\$344.46	\$373.34	\$339.40
73	\$392.97	\$354.03	\$387.19	\$348.82
74	\$407.23	\$363.60	\$401.24	\$358.25
75	\$416.27	\$368.38	\$410.15	\$362.96
76	\$425.41	\$373.17	\$419.15	\$367.68
77	\$434.64	\$377.95	\$428.25	\$372.39
78	\$443.97	\$382.74	\$437.44	\$377.11
79	\$453.40	\$387.52	\$446.73	\$381.82
80 and older	\$462.92	\$392.30	\$456.11	\$386.53

See important information about Plans A, C and D on Page 4.

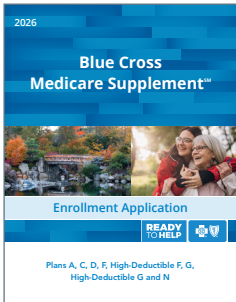
These rates don't include the premium for the optional Dental Vision Hearing Package.

Rates are subject to change each year.

Enrolling is easy

You can apply for coverage for a Blue Cross Medicare Supplement plan online at bcbsm.com/medicare-supplement, by contacting a licensed Blue Cross Blue Shield of Michigan agent or by calling **1-833-844-3871**. TTY users, call **711**.

You can also complete a paper application and mail or fax it to:



Mail:

Blue Cross Blue Shield of Michigan
P.O. Box 44407
Detroit, MI 48244-0407

Fax: 1-866-392-7528

Use one application for each person. Answer medical and health history questions truthfully and completely when you apply outside of your Medigap Open Enrollment Period or you don't have a guaranteed issue right.

Blue Cross may increase your rates, cancel your policy or refuse to pay any claims if you report any false or incomplete medical information, permanent residence, date of birth, health status or nicotine product use*.

If you're switching to a supplement plan from your current coverage, we'll help you enroll and ensure that you have no lapse in coverage.

If you're covered under a health policy from any other insurer, don't cancel that coverage until you receive your welcome guide from Blue Cross Medicare Supplement and are sure you want to keep your plan.

If you have questions, please call the number included in your welcome guide or on the back of your Blue Cross member ID card or contact your agent. TTY users, call **711**.

Whether you're applying for coverage online or through an authorized insurance agent, it's important to know that neither Blue Cross nor its authorized agents are connected with Medicare.

Do you also need prescription drug coverage?

You may purchase Medicare Part D drug coverage with a Blue Cross Blue Shield of Michigan Prescription BlueSM PDP plan. Call **1-833-844-3871**. (TTY users, call **711**).

* Nicotine products include but are not limited to, cigarettes, e-cigarettes, vaping, and nicotine patches or gum.

More about your plan



Your payment options

You may make payments through authorized automatic deductions from your bank account or by personal check, money order, cashier's check or credit card. Premium payments are due the 25th of each month.

Set up your member account at bcbsm.com/myaccount or get the app on your mobile device. Once enrolled, you can view your monthly statement and sign up for paperless billing.

Disenrollment may occur if premium payments aren't received by the due date. In such cases, there will be a six-month waiting period before you're eligible to reapply.

The Blue Cross Medicare Supplement plan may not fully cover all of your medical costs. When you receive covered services from a provider who doesn't accept Medicare, you're responsible for the difference between the provider's charge and the Medicare-approved amount, plus any deductible or coinsurance amounts required by the Blue Cross Medicare Supplement plan you select.



Changing your coverage

You may switch to a different Blue Cross Medicare Supplement policy at any time, **but you may be subject to medical underwriting**. If you're switching to a Medicare Advantage plan, you can enroll only during certain times of the year.

Important: If you're currently enrolled in a Medicare Advantage plan and wish to enroll in Medicare supplement, you must separately disenroll in writing from Medicare Advantage. Call your Medicare Advantage Customer Service department (using the number on the back of your ID card or contact your agent) for information on how to disenroll from that plan to prevent duplication of coverage or a lapse in coverage. Medicare Advantage plans only allow disenrollment at certain times of the year.

If you're covered under a health policy from any other insurer, don't cancel that coverage until you receive your welcome guide from Blue Cross Medicare Supplement and are sure you want to keep your plan.

You may cancel this coverage if it's not right for you

If you find that you aren't satisfied with Blue Cross Medicare Supplement coverage, notify us by phone, fax or write to us at the address below within the first 30 days of your coverage. You'll be responsible for any deductibles or coinsurance for Medicare Part A and Part B claims, or any services not paid for by Original Medicare incurred during that 30-day period.

To cancel your coverage, do one of the following:

Call the Customer Service number on the back of your Blue Cross member ID card. TTY users, call **711**.

Write to:

Blue Cross Blue Shield of Michigan
P.O. Box 44407
Detroit, MI 48244-0407

Fax: 1-866-392-7528

If you choose to cancel your Blue Cross Medicare Supplement coverage after the first 30 days, the signature of the policy holder or legal representative is required.

Terms defined

Coinsurance – A fixed percentage of the costs you may pay for health care services.

Copay – A fixed amount you may be required to pay as your share of the cost for a medical service or supply, such as a doctor’s visit or hospital outpatient visit.

Deductible – This is a fixed dollar amount you may pay for health care services before we begin to pay.

MACRA – The Medicare Access and CHIP Reauthorization Act of 2015 affects Medicare supplement plans nationwide that cover the Medicare Part B deductible. Medicare supplement plans that cover the Part B deductible (Plans C, F and High-Deductible F) are no longer available for individuals who turned 65 or became eligible for Medicare on or after Jan. 1, 2020. Blue Cross offers Plan G, which is very comparable in benefits and available at a less expensive price than Plan F. If you turned 65 or became eligible for Medicare before Jan. 1, 2020, you may be eligible for Plans C, F and High-Deductible F, depending upon your enrollment criteria.

Medical underwriting – A process that an insurance company uses to decide, based on your medical history, how much to charge you for your plan.

Medicare supplement or Medigap – Medicare supplement plans help bridge the gap between what Original Medicare covers and the total cost of medical services. They cover all or a portion of Medicare deductibles and coinsurances and are accepted nationwide.

Medigap Open Enrollment Period (OEP) – A period of six months that begins on the first day of the month in which you’re both 65 or older and enrolled in Medicare Part B, when you can enroll for a Medicare supplement plan without being denied or charged more due to past or present health conditions.

Out-of-pocket costs – This is the portion of the cost that you pay for health care services or supplies — including your plan copay, coinsurance and deductibles, which can change every year.

Premium – Your monthly payment for health, prescription drug or add-on Dental Vision Hearing Package coverage.

Blue365 is brought to you by the Blue Cross Blue Shield Association, an association of independent, locally operated Blue Cross and Blue Shield plans. Value-added items and services are not a part of your insurance benefits and are not covered under contracts with Medicare or any other applicable federal health care program. For complete terms and conditions see [blue365deals.com/terms-use](https://www.blue365deals.com/terms-use).

This outline of Medicare supplement coverage is a summary only. Specific provisions for coverage, limitations and exclusions are contained in certificates and, if applicable, riders to those certificates. Although every effort has been made to accurately describe the benefits, if there is a discrepancy between this outline and applicable certificates and riders, the certificates and riders will govern.

This request for information is insurance related and if you respond you may be contacted in an attempt to sell you insurance. Blue Cross Medicare Supplement is not connected with or endorsed by the U.S. government or the federal Medicare program.

Blue Cross does not control the third-party websites referred to in this publication and is not responsible for their content.



To enroll in a Blue Cross Medicare Supplement plan:

Contact your licensed Blue Cross Blue Shield of Michigan agent.

Enroll online at bcbsm.com/medicare-supplement.

Call 1-833-844-3871 (TTY: 711)

8 a.m. to 9 p.m. Eastern time, Monday through Friday,
with weekend hours from Oct. 1 through March 31.

This document is the Blue Cross Medicare Supplement Outline of Coverage, and the details and exceptions of Blue Cross Medicare Supplement follow. The deductible, coinsurance and copay amounts listed in this brochure are based on the 2026 CMS-approved values and could change for 2027. Like Medicare, Blue Cross Medicare Supplement coverage is accepted nationwide, and the plan is easy to use. There are no provider networks or referrals — just use any health care provider who accepts Medicare. Simply present your Blue Cross Medicare Supplement member ID card along with your red, white and blue Medicare health insurance card whenever you receive health care services. We'll coordinate payment with Medicare and your health care providers. In most cases, you'll never have to bother with claim filing or paperwork.

