



Medicare Supplement Coverage offered by  
Blue Care Network of Michigan

# MyBlue Medigap<sup>SM</sup>

**2014 Outline of Medigap coverage  
and option change form**

**Plans A, F and N**

*My life, My health plan*



[www.bcbsm.com/mybluemedicare](http://www.bcbsm.com/mybluemedicare)

MyBlue Medigap<sup>SM</sup>



Dear MyBlue Medigap Member:

Thank you for your continued interest in MyBlue Medigap. You can change to another MyBlue Medigap plan option once a year on the anniversary of the effective date of your coverage.

Changing to another MyBlue Medigap plan option is easy: Simply complete the enclosed form, sign and return it to us in the enclosed postage-paid envelope. Please note that your option change request is subject to medical underwriting approval. Once enrolled, your new plan option will take effect on the first day of the month of your one year anniversary of the effective date of your coverage.

If your option change request is rejected, you can simply continue coverage in the MyBlue Medigap plan in which you are currently enrolled.

We offer three Medigap plan options to supplement your Original Medicare coverage. Please see the enclosed brochure for coverage information about each plan option and associated premium amounts. The deductible, coinsurance, and copay amounts listed in this brochure are based upon the 2013 CMS approved values and are subject to change in 2014.

In addition to our Medigap products, we also offer Medicare Advantage plans. If you are interested in switching to a Medicare Advantage plan, you can enroll during the annual enrollment period from October 15th through December 7th. Coverage takes effect January 1, 2014.

If you have questions, please call Customer Service at 1-800-662-6667 from 8 a.m. to 5:30 p.m. Monday through Friday. TTY users should call 1-800-257-9980.

Thank you.

Betsy Geis, Director  
Blue Care Network

A black and white photograph of a body of water, possibly a lake or a wide river, with a tree branch in the foreground. The tree branch is in the upper right corner, and the water fills the rest of the frame. The sky is visible in the background, and the overall scene is calm and serene.

## MyBlue Medigap premiums

For MyBlue Medigap plans, certain factors may affect your monthly premium. We base your premium on the area you live in and your age, gender, height, weight, and whether you use tobacco. The charts in this booklet show the monthly cost for Plans A, F and N based on these factors. The deductible, coinsurance, and copay amounts listed in this brochure are based upon the 2013 CMS approved values and are subject to change in 2014.

*Please note: If you are submitting your application within six months after you first enrolled for benefits under Medicare Part B or if you are within the guaranteed issue period, your premium will not be affected by your weight, height, tobacco use, health status (including body mass index value), claims experience, receipt of health care or medical condition. (In the outline of coverage, we refer to either status as your "Special Enrollment" period.)*

## Do you qualify for a Special Enrollment Period?

Insurance companies are required by law to offer a Medigap policy without conditions or constraints on coverage to individuals who meet certain requirements. The following scenarios qualify you for Special Enrollment rates:

- You are applying within six months of first enrolling in Part B and are age 65 years or older, regardless when you first became eligible for Medicare (i.e. elect part B upon retirement at age 70 years).
- You are applying within six months of aging into Medicare and electing Part B (includes individuals previously enrolled in Medicare due to disability).
- You were enrolled in an Employee Welfare plan and your employer group terminated that coverage within the past 63 days. Applies to Plans A and F only.
- You were enrolled in a **Medicare Advantage** plan, Program of All Inclusive Care for the Elderly (PACE), Health Care Pre-Payment Plan, other Medicare demonstration project or Medicare Select plan, and, within in the past 63 days:
  - The certification of the organization or plan was terminated,
  - The plan terminated and/or discontinued providing coverage in the area in which you reside, or
  - 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, including the failure to provide an enrollee on a timely basis medically necessary care for which benefits are available under the plan or the failure to provide covered care in accordance with applicable quality standards, or the organization, agent or other entity acting on the organization’s behalf, materially misrepresented the plan’s provisions in marketing the plan to you. The above scenarios apply to Plans A and F only.
  - You voluntarily disenrolled from the plan within 12 months after the effective date of enrollment, upon first becoming eligible for benefits under Medicare Part A at age 65.
  - You were enrolled in a **Medigap** policy within the past 63 days and:
    - Involuntarily lost coverage due to insolvency of the insurer or bankruptcy of the organization offering the coverage, or
    - 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.

- 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 (PACE), and the subsequent enrollment is terminated by you within the first 12 months. The above scenarios apply to Plans A and F only.

To find your monthly premium cost, follow these steps:

1. Select a plan option: Plan A, F or N.
2. Go to page 22 to find your Body Mass Index value. Your BMI value is based on your height and weight and will tell you which rating tier you belong in:

If your BMI is	You’re in Tier
15 or 16	2
17 to 30	1
31 to 35	2
36 to 40	3
If your BMI is not on the BMI chart because it is less than 15 or greater than 40, you’re in Tier 3.	

3. Using the following tables:

**If you are within one of the a Special Enrollment Periods listed on page 2, use the tables on pages 4 and 5 to find your monthly premium.**

**If you are not within a Special Enrollment Period, use the tables on pages 6 through 14.**

### Instructions:

- Find the plan option that’s right for you and the Tier in which you belong based on your BMI value.
  - If you live in a ZIP code that begins with 480 through 485, you are in Area 1.
  - If you live in any other ZIP code in Michigan, you are in Area 2.
- Once you find the correct table, scroll down the first column to find your age. Your premium will be shown at the right, based on whether you use tobacco and whether you’re male or female.

## Your payment options

You may make payments through authorized automatic deductions from your bank account or by personal check, money order or cashier's check. See the enrollment application in this brochure for details on payment methods. Premium payments are due the fifth day of each month.

## An example of how to calculate your monthly MyBlue Medigap premium

Mary selected Plan F.

She's a 66-year old woman who does not use tobacco. Her weight is proportionate to her height. As a result, her Body Mass Index is just 25, placing her in Tier 1. Mary lives in the 48037 ZIP code, placing her in Area 1. She's been enrolled in Medicare Part A and Part B for more than a year.

She did the following to find her monthly MyBlue Medigap premium:

**STEP 1** – Because Mary has had Medicare Part B for at least six months, she must look under “Monthly premium rates for individuals enrolled in Medicare Part B six months or longer.” She goes to the tables for Plan F and finds the table for Tier 1.

**STEP 2** – Mary looks under the Area 1 columns (ZIP codes beginning with 480 through 485), then scrolls down the AGE column at left to find her age: 66 years.

**STEP 3** – She scrolls to the right to find the “Non Tobacco User” columns, and within that, “Female.”

**STEP 4** – Mary's monthly premium is \$178.51.

Plan F, Tier 1 – Area 1 (480 - 485 ZIP codes)				
AGE	Tobacco User		Non Tobacco User	
	Male	Female	Male	Female
65	\$202.84	\$192.73	\$187.91	\$178.51
66	\$202.84	\$192.73	\$187.91	\$178.51
67	\$213.20	\$200.43	\$197.30	\$185.50
68	\$224.04	\$208.14	\$207.42	\$192.73
69	\$235.12	\$216.58	\$217.78	\$200.43
70	\$246.69	\$224.52	\$228.38	\$207.90

Beginning Jan. 1, 2012, the Michigan Legislature approved a new tax on certain Michigan health insurance claims. The new tax will be used to support Michigan's Medicaid program and ensures that Michigan continues to receive federal funds for its Medicaid program. BCN will collect this tax as a flat percentage added to your monthly premium. The 2014 Michigan Claims Tax Assessment is 0.84% of your total monthly premium. The tax will be added as a separate line item on your bill. It will be displayed as, “MI Claims Tax Assessment.”

Please see the example below to estimate your MI Claims Tax Assessment.

## MyBlue Medigap Plans MI Claims Tax Calculation Examples

Plan F Special Enrollment Period rates enrollment	
Estimated monthly premium for male, age 65, area 1 — Guaranteed Issue Rate	\$187.91
MI Claims Tax Assessment	\$1.55 (multiplied premium by 0.0084)
<b>Estimated Total With Premium And Tax*</b>	<b>\$189.46</b>
Plan F Tier 3 Rates enrollment	
Estimated monthly premium for female, age 75, area 2, smoker	\$298.47
MI Claims Tax Assessment	\$2.46 (multiplied premium by 0.0084)
<b>Estimated Total With Premium And Tax*</b>	<b>\$300.93</b>

\*These rates do not include additional future federal taxes that will show on your bill as they become effective.

# Monthly premiums for individuals applying *within* a Special Enrollment Period

## MyBlue Medicare Special Enrollment Rates

Plan A (effective through Dec. 31, 2014)				
AGE	Area 1 (480 - 485 ZIP)		Area 2 (all other)	
	Male	Female	Male	Female
65	\$129.67	\$123.19	\$112.76	\$107.12
66	\$129.67	\$123.19	\$112.76	\$107.12
67	\$136.16	\$128.01	\$118.40	\$111.31
68	\$143.14	\$133.00	\$124.47	\$115.65
69	\$150.29	\$138.32	\$130.69	\$120.28
70	\$157.60	\$143.47	\$137.05	\$124.76
71	\$164.92	\$148.46	\$143.41	\$129.10
72	\$172.57	\$153.61	\$150.06	\$133.58
73	\$180.38	\$158.77	\$156.85	\$138.06
74	\$188.36	\$163.92	\$163.79	\$142.54
75	\$196.17	\$168.74	\$170.59	\$146.73
76	\$203.16	\$172.73	\$176.66	\$150.20
77	\$206.81	\$175.73	\$179.84	\$152.80
78	\$210.31	\$178.72	\$182.87	\$155.41
79	\$214.13	\$182.04	\$186.20	\$158.30
80	\$217.79	\$185.20	\$189.38	\$161.05
81	\$219.95	\$189.19	\$191.26	\$164.51
82	\$221.94	\$193.18	\$192.99	\$167.98
83	\$223.77	\$197.01	\$194.58	\$171.31
84	\$225.43	\$200.66	\$196.03	\$174.49
85	\$226.76	\$204.15	\$197.19	\$177.53
86	\$228.09	\$207.48	\$198.34	\$180.42
87	\$229.09	\$210.64	\$199.21	\$183.16
88	\$229.76	\$213.80	\$199.79	\$185.91
89	\$230.26	\$216.46	\$200.22	\$188.22
90 and Over	\$230.59	\$219.12	\$200.51	\$190.54

Plan F (effective through Dec. 31, 2014)				
AGE	Area 1 (480 - 485 ZIP)		Area 2 (all other)	
	Male	Female	Male	Female
65	\$187.91	\$178.51	\$163.40	\$155.23
66	\$187.91	\$178.51	\$163.40	\$155.23
67	\$197.30	\$185.50	\$171.57	\$161.30
68	\$207.42	\$192.73	\$180.37	\$167.59
69	\$217.78	\$200.43	\$189.37	\$174.29
70	\$228.38	\$207.90	\$198.59	\$180.78
71	\$238.98	\$215.13	\$207.81	\$187.07
72	\$250.06	\$222.60	\$217.44	\$193.56
73	\$261.38	\$230.07	\$227.29	\$200.06
74	\$272.95	\$237.53	\$237.35	\$206.55
75	\$284.27	\$244.52	\$247.19	\$212.63
76	\$294.39	\$250.30	\$255.99	\$217.65
77	\$299.69	\$254.64	\$260.60	\$221.42
78	\$304.75	\$258.97	\$265.00	\$225.20
79	\$310.29	\$263.79	\$269.82	\$229.38
80	\$315.59	\$268.37	\$274.42	\$233.37
81	\$318.72	\$274.15	\$277.15	\$238.39
82	\$321.61	\$279.93	\$279.66	\$243.42
83	\$324.26	\$285.47	\$281.97	\$248.24
84	\$326.67	\$290.77	\$284.06	\$252.85
85	\$328.60	\$295.83	\$285.74	\$257.25
86	\$330.52	\$300.65	\$287.41	\$261.44
87	\$331.97	\$305.23	\$288.67	\$265.42
88	\$332.93	\$309.81	\$289.51	\$269.40
89	\$333.66	\$313.66	\$290.14	\$272.75
90 and Over	\$334.14	\$317.51	\$290.55	\$276.10

Please note: These rates do not include the Michigan Claims Tax Assessment and other Federal taxes under consideration that will be added to your bill.

Monthly premiums for individuals applying *within* a Special Enrollment Period *continued*

MyBlue Medicare Special Enrollment Rates

Plan N (effective through Dec. 31, 2014)				
AGE	Area 1 (480 - 485 ZIP)		Area 2 (all other)	
	Male	Female	Male	Female
65	\$149.45	\$141.98	\$129.96	\$123.46
66	\$149.45	\$141.98	\$129.96	\$123.46
67	\$156.92	\$147.53	\$136.45	\$128.29
68	\$164.97	\$153.28	\$143.45	\$133.29
69	\$173.21	\$159.41	\$150.62	\$138.62
70	\$181.64	\$165.35	\$157.95	\$143.78
71	\$190.07	\$171.10	\$165.28	\$148.78
72	\$198.88	\$177.04	\$172.94	\$153.95
73	\$207.89	\$182.98	\$180.77	\$159.11
74	\$217.09	\$188.92	\$188.77	\$164.28
75	\$226.09	\$194.48	\$196.60	\$169.11
76	\$234.14	\$199.07	\$203.60	\$173.11
77	\$238.35	\$202.52	\$207.26	\$176.11
78	\$242.38	\$205.97	\$210.76	\$179.11
79	\$246.78	\$209.80	\$214.59	\$182.44
80	\$251.00	\$213.44	\$218.26	\$185.60
81	\$253.49	\$218.04	\$220.43	\$189.60
82	\$255.79	\$222.64	\$222.43	\$193.60
83	\$257.90	\$227.05	\$224.26	\$197.43
84	\$259.81	\$231.26	\$225.92	\$201.10
85	\$261.35	\$235.29	\$227.26	\$204.60
86	\$262.88	\$239.12	\$228.59	\$207.93
87	\$264.03	\$242.76	\$229.59	\$211.10
88	\$264.79	\$246.40	\$230.26	\$214.26
89	\$265.37	\$249.47	\$230.76	\$216.93
90 and Over	\$265.75	\$252.53	\$231.09	\$219.59



*Please note: These rates do not include the Michigan Claims Tax Assessment and other Federal taxes under consideration that will be added to your bill.*

## Monthly premiums for individuals *not* applying within a Special Enrollment Period

MyBlue Medigap Plan A, Tier 1 Rates (effective through Dec. 31, 2014)								
AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$139.98	\$133.00	\$129.67	\$123.19	\$121.72	\$115.65	\$112.76	\$107.12
66	\$139.98	\$133.00	\$129.67	\$123.19	\$121.72	\$115.65	\$112.76	\$107.12
67	\$147.13	\$138.32	\$136.16	\$128.01	\$127.94	\$120.28	\$118.40	\$111.31
68	\$154.61	\$143.64	\$143.14	\$133.00	\$134.45	\$124.90	\$124.47	\$115.65
69	\$162.26	\$149.46	\$150.29	\$138.32	\$141.10	\$129.96	\$130.69	\$120.28
70	\$170.24	\$154.94	\$157.60	\$143.47	\$148.03	\$134.73	\$137.05	\$124.76
71	\$178.05	\$160.26	\$164.92	\$148.46	\$154.83	\$139.36	\$143.41	\$129.10
72	\$186.37	\$165.92	\$172.57	\$153.61	\$162.06	\$144.28	\$150.06	\$133.58
73	\$194.84	\$171.40	\$180.38	\$158.77	\$169.43	\$149.05	\$156.85	\$138.06
74	\$203.49	\$177.06	\$188.36	\$163.92	\$176.95	\$153.96	\$163.79	\$142.54
75	\$211.80	\$182.21	\$196.17	\$168.74	\$184.18	\$158.44	\$170.59	\$146.73
76	\$219.45	\$186.53	\$203.16	\$172.73	\$190.83	\$162.20	\$176.66	\$150.20
77	\$223.44	\$189.86	\$206.81	\$175.73	\$194.29	\$165.09	\$179.84	\$152.80
78	\$227.10	\$193.02	\$210.31	\$178.72	\$197.48	\$167.84	\$182.87	\$155.41
79	\$231.25	\$196.67	\$214.13	\$182.04	\$201.09	\$171.02	\$186.20	\$158.30
80	\$235.24	\$200.00	\$217.79	\$185.20	\$204.56	\$173.91	\$189.38	\$161.05
81	\$237.57	\$204.32	\$219.95	\$189.19	\$206.58	\$177.67	\$191.26	\$164.51
82	\$239.73	\$208.64	\$221.94	\$193.18	\$208.46	\$181.43	\$192.99	\$167.98
83	\$241.73	\$212.80	\$223.77	\$197.01	\$210.20	\$185.04	\$194.58	\$171.31
84	\$243.39	\$216.79	\$225.43	\$200.66	\$211.64	\$188.51	\$196.03	\$174.49
85	\$244.89	\$220.45	\$226.76	\$204.15	\$212.94	\$191.69	\$197.19	\$177.53
86	\$246.38	\$224.10	\$228.09	\$207.48	\$214.24	\$194.87	\$198.34	\$180.42
87	\$247.38	\$227.43	\$229.09	\$210.64	\$215.11	\$197.76	\$199.21	\$183.16
88	\$248.21	\$230.92	\$229.76	\$213.80	\$215.84	\$200.80	\$199.79	\$185.91
89	\$248.71	\$233.75	\$230.26	\$216.46	\$216.27	\$203.26	\$200.22	\$188.22
90 and Over	\$249.04	\$236.57	\$230.59	\$219.12	\$216.56	\$205.72	\$200.51	\$190.54

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

Please note: These rates do not include the Michigan Claims Tax Assessment and other Federal taxes under consideration that will be added to your bill.

Monthly premiums for individuals not applying within a Special Enrollment Period *continued*

MyBlue Medigap Plan A, Tier 2 Rates (effective through Dec. 31, 2014)								
AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$153.98	\$146.30	\$142.64	\$135.51	\$133.90	\$127.22	\$124.04	\$117.83
66	\$153.98	\$146.30	\$142.64	\$135.51	\$133.90	\$127.22	\$124.04	\$117.83
67	\$161.84	\$152.15	\$149.77	\$140.81	\$140.73	\$132.31	\$130.24	\$122.45
68	\$170.07	\$158.00	\$157.45	\$146.30	\$147.89	\$137.39	\$136.92	\$127.22
69	\$178.49	\$164.40	\$165.32	\$152.15	\$155.20	\$142.96	\$143.76	\$132.31
70	\$187.26	\$170.44	\$173.36	\$157.82	\$162.84	\$148.21	\$150.75	\$137.24
71	\$195.86	\$176.29	\$181.41	\$163.31	\$170.31	\$153.30	\$157.75	\$142.01
72	\$205.00	\$182.51	\$189.82	\$168.98	\$178.26	\$158.70	\$165.06	\$146.94
73	\$214.33	\$188.54	\$198.42	\$174.64	\$186.37	\$163.95	\$172.54	\$151.87
74	\$223.84	\$194.76	\$207.20	\$180.31	\$194.64	\$169.36	\$180.17	\$156.79
75	\$232.98	\$200.43	\$215.79	\$185.62	\$202.59	\$174.29	\$187.64	\$161.41
76	\$241.39	\$205.18	\$223.47	\$190.01	\$209.91	\$178.42	\$194.32	\$165.22
77	\$245.78	\$208.84	\$227.50	\$193.30	\$213.72	\$181.60	\$197.82	\$168.09
78	\$249.81	\$212.32	\$231.34	\$196.59	\$217.22	\$184.62	\$201.16	\$170.95
79	\$254.38	\$216.34	\$235.54	\$200.25	\$221.20	\$188.12	\$204.82	\$174.13
80	\$258.77	\$220.00	\$239.57	\$203.72	\$225.01	\$191.30	\$208.32	\$177.15
81	\$261.33	\$224.75	\$241.94	\$208.11	\$227.24	\$195.44	\$210.38	\$180.97
82	\$263.70	\$229.51	\$244.14	\$212.50	\$229.31	\$199.57	\$212.29	\$184.78
83	\$265.90	\$234.08	\$246.15	\$216.71	\$231.22	\$203.55	\$214.04	\$188.44
84	\$267.73	\$238.47	\$247.98	\$220.73	\$232.81	\$207.36	\$215.63	\$191.94
85	\$269.37	\$242.49	\$249.44	\$224.57	\$234.24	\$210.86	\$216.90	\$195.28
86	\$271.02	\$246.51	\$250.90	\$228.23	\$235.67	\$214.36	\$218.18	\$198.46
87	\$272.12	\$250.17	\$252.00	\$231.70	\$236.62	\$217.54	\$219.13	\$201.48
88	\$273.03	\$254.01	\$252.73	\$235.18	\$237.42	\$220.88	\$219.77	\$204.50
89	\$273.58	\$257.12	\$253.28	\$238.10	\$237.90	\$223.58	\$220.24	\$207.05
90 and Over	\$273.95	\$260.23	\$253.65	\$241.03	\$238.21	\$226.29	\$220.56	\$209.59

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

Please note: These rates do not include the Michigan Claims Tax Assessment and other Federal taxes under consideration that will be added to your bill.

Monthly premiums for individuals not applying within a Special Enrollment Period *continued*

MyBlue Medigap Plan A, Tier 3 Rates (effective through Dec. 31, 2014)								
AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$181.98	\$172.90	\$168.58	\$160.15	\$158.24	\$150.35	\$146.59	\$139.26
66	\$181.98	\$172.90	\$168.58	\$160.15	\$158.24	\$150.35	\$146.59	\$139.26
67	\$191.27	\$179.82	\$177.01	\$166.42	\$166.32	\$156.36	\$153.92	\$144.71
68	\$201.00	\$186.73	\$186.08	\$172.90	\$174.78	\$162.38	\$161.81	\$150.35
69	\$210.94	\$194.30	\$195.38	\$179.82	\$183.42	\$168.95	\$169.89	\$156.36
70	\$221.31	\$201.43	\$204.89	\$186.52	\$192.44	\$175.15	\$178.16	\$162.19
71	\$231.47	\$208.34	\$214.40	\$193.00	\$201.28	\$181.17	\$186.43	\$167.83
72	\$242.28	\$215.69	\$224.34	\$199.70	\$210.67	\$187.56	\$195.08	\$173.65
73	\$253.30	\$222.82	\$234.49	\$206.40	\$220.26	\$193.76	\$203.91	\$179.48
74	\$264.54	\$230.17	\$244.87	\$213.10	\$230.03	\$200.15	\$212.93	\$185.30
75	\$275.34	\$236.87	\$255.03	\$219.37	\$239.43	\$205.98	\$221.76	\$190.75
76	\$285.28	\$242.49	\$264.10	\$224.55	\$248.07	\$210.86	\$229.66	\$195.26
77	\$290.47	\$246.81	\$268.86	\$228.44	\$252.58	\$214.62	\$233.79	\$198.65
78	\$295.23	\$250.92	\$273.40	\$232.33	\$256.72	\$218.19	\$237.74	\$202.03
79	\$300.63	\$255.67	\$278.37	\$236.66	\$261.42	\$222.33	\$242.06	\$205.79
80	\$305.82	\$260.00	\$283.12	\$240.76	\$265.93	\$226.08	\$246.19	\$209.36
81	\$308.84	\$265.62	\$285.93	\$245.95	\$268.56	\$230.97	\$248.64	\$213.87
82	\$311.65	\$271.24	\$288.53	\$251.14	\$271.00	\$235.86	\$250.89	\$218.38
83	\$314.24	\$276.64	\$290.90	\$256.11	\$273.26	\$240.56	\$252.96	\$222.70
84	\$316.41	\$281.83	\$293.06	\$260.86	\$275.14	\$245.07	\$254.84	\$226.84
85	\$318.35	\$286.58	\$294.79	\$265.40	\$276.83	\$249.20	\$256.34	\$230.78
86	\$320.30	\$291.34	\$296.52	\$269.72	\$278.52	\$253.34	\$257.85	\$234.54
87	\$321.59	\$295.66	\$297.82	\$273.83	\$279.65	\$257.09	\$258.97	\$238.11
88	\$322.67	\$300.20	\$298.68	\$277.94	\$280.59	\$261.04	\$259.72	\$241.68
89	\$323.32	\$303.87	\$299.33	\$281.39	\$281.15	\$264.24	\$260.29	\$244.69
90 and Over	\$323.75	\$307.54	\$299.76	\$284.85	\$281.53	\$267.43	\$260.66	\$247.70

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

Please note: These rates do not include the Michigan Claims Tax Assessment and other Federal taxes under consideration that will be added to your bill.

## Monthly premiums for individuals *not* applying within a Special Enrollment Period

### MyBlue Medigap Plan F, Tier 1 Rates (effective through Dec. 31, 2014)

AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$202.84	\$192.73	\$187.91	\$178.51	\$176.39	\$167.59	\$163.40	\$155.23
66	\$202.84	\$192.73	\$187.91	\$178.51	\$176.39	\$167.59	\$163.40	\$155.23
67	\$213.20	\$200.43	\$197.30	\$185.50	\$185.39	\$174.29	\$171.57	\$161.30
68	\$224.04	\$208.14	\$207.42	\$192.73	\$194.82	\$180.99	\$180.37	\$167.59
69	\$235.12	\$216.58	\$217.78	\$200.43	\$204.46	\$188.33	\$189.37	\$174.29
70	\$246.69	\$224.52	\$228.38	\$207.90	\$214.51	\$195.24	\$198.59	\$180.78
71	\$258.01	\$232.23	\$238.98	\$215.13	\$224.36	\$201.94	\$207.81	\$187.07
72	\$270.06	\$240.42	\$250.06	\$222.60	\$234.83	\$209.07	\$217.44	\$193.56
73	\$282.34	\$248.37	\$261.38	\$230.07	\$245.52	\$215.98	\$227.29	\$200.06
74	\$294.87	\$256.57	\$272.95	\$237.53	\$256.41	\$223.10	\$237.35	\$206.55
75	\$306.91	\$264.03	\$284.27	\$244.52	\$266.88	\$229.59	\$247.19	\$212.63
76	\$318.00	\$270.30	\$294.39	\$250.30	\$276.52	\$235.04	\$255.99	\$217.65
77	\$323.78	\$275.12	\$299.69	\$254.64	\$281.55	\$239.23	\$260.60	\$221.42
78	\$329.08	\$279.69	\$304.75	\$258.97	\$286.16	\$243.21	\$265.00	\$225.20
79	\$335.10	\$284.99	\$310.29	\$263.79	\$291.39	\$247.82	\$269.82	\$229.38
80	\$340.88	\$289.81	\$315.59	\$268.37	\$296.42	\$252.01	\$274.42	\$233.37
81	\$344.26	\$296.07	\$318.72	\$274.15	\$299.35	\$257.46	\$277.15	\$238.39
82	\$347.39	\$302.34	\$321.61	\$279.93	\$302.08	\$262.90	\$279.66	\$243.42
83	\$350.28	\$308.36	\$324.26	\$285.47	\$304.59	\$268.14	\$281.97	\$248.24
84	\$352.69	\$314.14	\$326.67	\$290.77	\$306.68	\$273.17	\$284.06	\$252.85
85	\$354.86	\$319.44	\$328.60	\$295.83	\$308.57	\$277.78	\$285.74	\$257.25
86	\$357.02	\$324.74	\$330.52	\$300.65	\$310.46	\$282.38	\$287.41	\$261.44
87	\$358.47	\$329.56	\$331.97	\$305.23	\$311.71	\$286.57	\$288.67	\$265.42
88	\$359.67	\$334.62	\$332.93	\$309.81	\$312.76	\$290.97	\$289.51	\$269.40
89	\$360.40	\$338.71	\$333.66	\$313.66	\$313.39	\$294.53	\$290.14	\$272.75
90 and Over	\$360.88	\$342.81	\$334.14	\$317.51	\$313.81	\$298.10	\$290.55	\$276.10

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

Please note: These rates do not include the Michigan Claims Tax Assessment and other Federal taxes under consideration that will be added to your bill.

Monthly premiums for individuals not applying within a Special Enrollment Period *continued*

MyBlue Medigap Plan F, Tier 2 Rates (effective through Dec. 31, 2014)								
AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$223.13	\$212.00	\$206.70	\$196.36	\$194.02	\$184.35	\$179.74	\$170.75
66	\$223.13	\$212.00	\$206.70	\$196.36	\$194.02	\$184.35	\$179.74	\$170.75
67	\$234.52	\$220.48	\$217.03	\$204.05	\$203.93	\$191.72	\$188.72	\$177.43
68	\$246.45	\$228.96	\$228.16	\$212.00	\$214.30	\$199.09	\$198.40	\$184.35
69	\$258.64	\$238.23	\$239.56	\$220.48	\$224.90	\$207.16	\$208.31	\$191.72
70	\$271.36	\$246.98	\$251.22	\$228.69	\$235.96	\$214.76	\$218.45	\$198.86
71	\$283.81	\$255.46	\$262.88	\$236.64	\$246.79	\$222.14	\$228.59	\$205.78
72	\$297.06	\$264.47	\$275.07	\$244.86	\$258.31	\$229.97	\$239.19	\$212.92
73	\$310.58	\$273.21	\$287.52	\$253.07	\$270.07	\$237.58	\$250.02	\$220.06
74	\$324.36	\$282.22	\$300.24	\$261.29	\$282.05	\$245.41	\$261.08	\$227.21
75	\$337.61	\$290.44	\$312.70	\$268.97	\$293.57	\$252.55	\$271.91	\$233.89
76	\$349.80	\$297.33	\$323.83	\$275.33	\$304.17	\$258.55	\$281.59	\$239.42
77	\$356.16	\$302.63	\$329.66	\$280.10	\$309.70	\$263.15	\$286.66	\$243.57
78	\$361.99	\$307.66	\$335.22	\$284.87	\$314.77	\$267.53	\$291.50	\$247.71
79	\$368.61	\$313.49	\$341.32	\$290.17	\$320.53	\$272.60	\$296.80	\$252.32
80	\$374.97	\$318.79	\$347.15	\$295.21	\$326.06	\$277.21	\$301.87	\$256.70
81	\$378.68	\$325.68	\$350.59	\$301.57	\$329.29	\$283.20	\$304.86	\$262.23
82	\$382.13	\$332.57	\$353.77	\$307.93	\$332.28	\$289.19	\$307.63	\$267.76
83	\$385.31	\$339.20	\$356.69	\$314.02	\$335.05	\$294.95	\$310.16	\$273.06
84	\$387.96	\$345.56	\$359.34	\$319.85	\$337.35	\$300.48	\$312.47	\$278.13
85	\$390.34	\$351.39	\$361.46	\$325.42	\$339.43	\$305.55	\$314.31	\$282.97
86	\$392.73	\$357.22	\$363.58	\$330.72	\$341.50	\$310.62	\$316.15	\$287.58
87	\$394.32	\$362.52	\$365.17	\$335.75	\$342.88	\$315.23	\$317.54	\$291.96
88	\$395.64	\$368.08	\$366.23	\$340.79	\$344.04	\$320.07	\$318.46	\$296.34
89	\$396.44	\$372.59	\$367.02	\$345.03	\$344.73	\$323.99	\$319.15	\$300.02
90 and Over	\$396.97	\$377.09	\$367.55	\$349.27	\$345.19	\$327.91	\$319.61	\$303.71

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

Please note: These rates do not include the Michigan Claims Tax Assessment and other Federal taxes under consideration that will be added to your bill.

Monthly premiums for individuals not applying within a Special Enrollment Period *continued*

MyBlue Medigap Plan F, Tier 3 Rates (effective through Dec. 31, 2014)								
AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$263.70	\$250.54	\$244.28	\$232.07	\$229.30	\$217.86	\$212.42	\$201.80
66	\$263.70	\$250.54	\$244.28	\$232.07	\$229.30	\$217.86	\$212.42	\$201.80
67	\$277.16	\$260.56	\$256.49	\$241.15	\$241.01	\$226.58	\$223.04	\$209.69
68	\$291.26	\$270.59	\$269.65	\$250.54	\$253.27	\$235.29	\$234.48	\$217.86
69	\$305.66	\$281.55	\$283.11	\$260.56	\$265.79	\$244.82	\$246.19	\$226.58
70	\$320.69	\$291.88	\$296.89	\$270.27	\$278.87	\$253.81	\$258.17	\$235.02
71	\$335.41	\$301.90	\$310.67	\$279.67	\$291.66	\$262.53	\$270.15	\$243.19
72	\$351.07	\$312.55	\$325.08	\$289.38	\$305.28	\$271.78	\$282.68	\$251.63
73	\$367.05	\$322.89	\$339.80	\$299.09	\$319.17	\$280.77	\$295.48	\$260.07
74	\$383.33	\$333.54	\$354.83	\$308.79	\$333.33	\$290.03	\$308.55	\$268.52
75	\$398.99	\$343.24	\$369.55	\$317.88	\$346.95	\$298.47	\$321.35	\$276.41
76	\$413.40	\$351.39	\$382.70	\$325.39	\$359.47	\$305.55	\$332.79	\$282.95
77	\$420.91	\$357.65	\$389.59	\$331.03	\$366.01	\$311.00	\$338.78	\$287.85
78	\$427.80	\$363.60	\$396.17	\$336.67	\$372.00	\$316.17	\$344.50	\$292.75
79	\$435.63	\$370.49	\$403.37	\$342.93	\$378.81	\$322.17	\$350.76	\$298.20
80	\$443.15	\$376.75	\$410.26	\$348.88	\$385.35	\$327.61	\$356.75	\$303.37
81	\$447.53	\$384.90	\$414.34	\$356.40	\$389.16	\$334.69	\$360.29	\$309.91
82	\$451.60	\$393.04	\$418.09	\$363.91	\$392.70	\$341.77	\$363.56	\$316.45
83	\$455.36	\$400.87	\$421.54	\$371.12	\$395.97	\$348.58	\$366.56	\$322.71
84	\$458.49	\$408.38	\$424.67	\$378.01	\$398.69	\$355.12	\$369.28	\$328.70
85	\$461.31	\$415.27	\$427.18	\$384.58	\$401.14	\$361.11	\$371.46	\$334.42
86	\$464.13	\$422.16	\$429.68	\$390.85	\$403.59	\$367.10	\$373.64	\$339.87
87	\$466.01	\$428.43	\$431.56	\$396.80	\$405.23	\$372.55	\$375.27	\$345.04
88	\$467.58	\$435.00	\$432.81	\$402.75	\$406.59	\$378.27	\$376.36	\$350.22
89	\$468.52	\$440.33	\$433.75	\$407.76	\$407.40	\$382.89	\$377.18	\$354.57
90 and Over	\$469.14	\$445.65	\$434.38	\$412.77	\$407.95	\$387.52	\$377.72	\$358.93

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

Please note: These rates do not include the Michigan Claims Tax Assessment and other Federal taxes under consideration that will be added to your bill.

## Monthly premiums for individuals *not* applying within a Special Enrollment Period

MyBlue Medigap Plan N, Tier 1 Rates (effective through Dec. 31, 2014)								
AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$161.33	\$153.28	\$149.45	\$141.98	\$140.29	\$133.29	\$129.96	\$123.46
66	\$161.33	\$153.28	\$149.45	\$141.98	\$140.29	\$133.29	\$129.96	\$123.46
67	\$169.57	\$159.41	\$156.92	\$147.53	\$147.45	\$138.62	\$136.45	\$128.29
68	\$178.19	\$165.54	\$164.97	\$153.28	\$154.95	\$143.95	\$143.45	\$133.29
69	\$187.00	\$172.25	\$173.21	\$159.41	\$162.61	\$149.78	\$150.62	\$138.62
70	\$196.20	\$178.57	\$181.64	\$165.35	\$170.61	\$155.28	\$157.95	\$143.78
71	\$205.21	\$184.70	\$190.07	\$171.10	\$178.44	\$160.61	\$165.28	\$148.78
72	\$214.79	\$191.22	\$198.88	\$177.04	\$186.77	\$166.28	\$172.94	\$153.95
73	\$224.56	\$197.54	\$207.89	\$182.98	\$195.27	\$171.78	\$180.77	\$159.11
74	\$234.52	\$204.06	\$217.09	\$188.92	\$203.93	\$177.44	\$188.77	\$164.28
75	\$244.10	\$210.00	\$226.09	\$194.48	\$212.26	\$182.61	\$196.60	\$169.11
76	\$252.91	\$214.98	\$234.14	\$199.07	\$219.93	\$186.94	\$203.60	\$173.11
77	\$257.51	\$218.81	\$238.35	\$202.52	\$223.92	\$190.27	\$207.26	\$176.11
78	\$261.73	\$222.45	\$242.38	\$205.97	\$227.59	\$193.43	\$210.76	\$179.11
79	\$266.52	\$226.67	\$246.78	\$209.80	\$231.76	\$197.10	\$214.59	\$182.44
80	\$271.12	\$230.50	\$251.00	\$213.44	\$235.75	\$200.43	\$218.26	\$185.60
81	\$273.80	\$235.48	\$253.49	\$218.04	\$238.09	\$204.76	\$220.43	\$189.60
82	\$276.29	\$240.46	\$255.79	\$222.64	\$240.25	\$209.10	\$222.43	\$193.60
83	\$278.59	\$245.25	\$257.90	\$227.05	\$242.25	\$213.26	\$224.26	\$197.43
84	\$280.51	\$249.85	\$259.81	\$231.26	\$243.92	\$217.26	\$225.92	\$201.10
85	\$282.23	\$254.06	\$261.35	\$235.29	\$245.42	\$220.93	\$227.26	\$204.60
86	\$283.95	\$258.28	\$262.88	\$239.12	\$246.92	\$224.59	\$228.59	\$207.93
87	\$285.10	\$262.11	\$264.03	\$242.76	\$247.92	\$227.92	\$229.59	\$211.10
88	\$286.06	\$266.14	\$264.79	\$246.40	\$248.75	\$231.42	\$230.26	\$214.26
89	\$286.64	\$269.39	\$265.37	\$249.47	\$249.25	\$234.25	\$230.76	\$216.93
90 and Over	\$287.02	\$272.65	\$265.75	\$252.53	\$249.58	\$237.09	\$231.09	\$219.59

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

Please note: These rates do not include the Michigan Claims Tax Assessment and other Federal taxes under consideration that will be added to your bill.

Monthly premiums for individuals not applying within a Special Enrollment Period *continued*

MyBlue Medigap Plan N, Tier 2 Rates (effective through Dec. 31, 2014)								
AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$177.46	\$168.61	\$164.39	\$156.17	\$154.31	\$146.62	\$142.95	\$135.80
66	\$177.46	\$168.61	\$164.39	\$156.17	\$154.31	\$146.62	\$142.95	\$135.80
67	\$186.52	\$175.35	\$172.61	\$162.29	\$162.20	\$152.48	\$150.10	\$141.12
68	\$196.01	\$182.10	\$181.47	\$168.61	\$170.44	\$158.35	\$157.80	\$146.62
69	\$205.70	\$189.48	\$190.53	\$175.35	\$178.87	\$164.76	\$165.68	\$152.48
70	\$215.82	\$196.43	\$199.80	\$181.89	\$187.67	\$170.81	\$173.74	\$158.16
71	\$225.73	\$203.17	\$209.08	\$188.21	\$196.28	\$176.67	\$181.81	\$163.66
72	\$236.26	\$210.34	\$218.77	\$194.74	\$205.45	\$182.91	\$190.24	\$169.34
73	\$247.01	\$217.30	\$228.68	\$201.28	\$214.79	\$188.95	\$198.85	\$175.02
74	\$257.97	\$224.46	\$238.79	\$207.81	\$224.32	\$195.18	\$207.65	\$180.71
75	\$268.51	\$231.00	\$248.70	\$213.92	\$233.49	\$200.87	\$216.26	\$186.02
76	\$278.21	\$236.48	\$257.55	\$218.98	\$241.92	\$205.63	\$223.96	\$190.42
77	\$283.26	\$240.69	\$262.19	\$222.78	\$246.32	\$209.30	\$227.99	\$193.72
78	\$287.90	\$244.70	\$266.61	\$226.57	\$250.35	\$212.78	\$231.84	\$197.02
79	\$293.17	\$249.33	\$271.46	\$230.78	\$254.93	\$216.81	\$236.05	\$200.68
80	\$298.23	\$253.55	\$276.10	\$234.79	\$259.33	\$220.48	\$240.09	\$204.16
81	\$301.18	\$259.03	\$278.84	\$239.85	\$261.90	\$225.24	\$242.47	\$208.56
82	\$303.92	\$264.51	\$281.37	\$244.91	\$264.28	\$230.01	\$244.67	\$212.96
83	\$306.45	\$269.78	\$283.69	\$249.75	\$266.48	\$234.59	\$246.68	\$217.18
84	\$308.56	\$274.83	\$285.79	\$254.39	\$268.31	\$238.99	\$248.52	\$221.21
85	\$310.45	\$279.47	\$287.48	\$258.82	\$269.96	\$243.02	\$249.98	\$225.06
86	\$312.35	\$284.11	\$289.17	\$263.03	\$271.61	\$247.05	\$251.45	\$228.72
87	\$313.61	\$288.32	\$290.43	\$267.04	\$272.71	\$250.72	\$252.55	\$232.21
88	\$314.67	\$292.75	\$291.27	\$271.04	\$273.62	\$254.56	\$253.28	\$235.69
89	\$315.30	\$296.33	\$291.91	\$274.41	\$274.17	\$257.68	\$253.83	\$238.62
90 and Over	\$315.72	\$299.91	\$292.33	\$277.78	\$274.54	\$260.80	\$254.20	\$241.55

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

Please note: These rates do not include the Michigan Claims Tax Assessment and other Federal taxes under consideration that will be added to your bill.

Monthly premiums for individuals not applying within a Special Enrollment Period *continued*

MyBlue Medigap Plan N, Tier 3 Rates (effective through Dec. 31, 2014)								
AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$209.73	\$199.27	\$194.28	\$184.57	\$182.37	\$173.27	\$168.94	\$160.50
66	\$209.73	\$199.27	\$194.28	\$184.57	\$182.37	\$173.27	\$168.94	\$160.50
67	\$220.44	\$207.24	\$204.00	\$191.79	\$191.69	\$180.21	\$177.39	\$166.78
68	\$231.65	\$215.21	\$214.46	\$199.27	\$201.43	\$187.14	\$186.49	\$173.27
69	\$243.10	\$223.93	\$225.17	\$207.24	\$211.40	\$194.72	\$195.80	\$180.21
70	\$255.06	\$232.15	\$236.13	\$214.96	\$221.79	\$201.87	\$205.33	\$186.92
71	\$266.77	\$240.12	\$247.09	\$222.43	\$231.97	\$208.80	\$214.86	\$193.42
72	\$279.22	\$248.58	\$258.55	\$230.15	\$242.80	\$216.16	\$224.82	\$200.13
73	\$291.92	\$256.80	\$270.25	\$237.87	\$253.85	\$223.31	\$235.00	\$206.85
74	\$304.88	\$265.27	\$282.21	\$245.60	\$265.11	\$230.67	\$245.40	\$213.56
75	\$317.33	\$272.99	\$293.92	\$252.82	\$275.94	\$237.39	\$255.58	\$219.84
76	\$328.79	\$279.47	\$304.38	\$258.80	\$285.90	\$243.02	\$264.68	\$225.04
77	\$334.77	\$284.45	\$309.86	\$263.28	\$291.10	\$247.35	\$269.44	\$228.94
78	\$340.25	\$289.19	\$315.09	\$267.76	\$295.87	\$251.47	\$273.99	\$232.84
79	\$346.47	\$294.66	\$320.82	\$272.75	\$301.28	\$256.23	\$278.97	\$237.17
80	\$352.45	\$299.65	\$326.30	\$277.48	\$306.48	\$260.56	\$283.74	\$241.29
81	\$355.94	\$306.12	\$329.54	\$283.46	\$309.51	\$266.19	\$286.55	\$246.48
82	\$359.18	\$312.60	\$332.53	\$289.43	\$312.33	\$271.83	\$289.15	\$251.68
83	\$362.17	\$318.83	\$335.27	\$295.16	\$314.93	\$277.24	\$291.54	\$256.66
84	\$364.66	\$324.80	\$337.76	\$300.64	\$317.09	\$282.44	\$293.70	\$261.43
85	\$366.90	\$330.28	\$339.75	\$305.87	\$319.04	\$287.20	\$295.43	\$265.98
86	\$369.14	\$335.76	\$341.74	\$310.86	\$320.99	\$291.97	\$297.17	\$270.31
87	\$370.64	\$340.75	\$343.24	\$315.59	\$322.29	\$296.30	\$298.47	\$274.42
88	\$371.88	\$345.98	\$344.23	\$320.32	\$323.37	\$300.85	\$299.33	\$278.54
89	\$372.63	\$350.21	\$344.98	\$324.31	\$324.02	\$304.53	\$299.98	\$282.00
90 and Over	\$373.13	\$354.44	\$345.48	\$328.29	\$324.46	\$308.21	\$300.42	\$285.47

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

Please note: These rates do not include the Michigan Claims Tax Assessment and other Federal taxes under consideration that will be added to your bill.

## Medicare made easy

Now that you're eligible for Medicare, you have new options for health care coverage. MyBlue Medigap<sup>SM</sup> offers coverage that's convenient and helps protect you from the high cost of health care.

### What is Medigap coverage?

Medigap coverage, also called Medicare supplemental coverage, is a health policy that works in conjunction with Original Medicare to expand your Part A (hospital) and Part B (medical) benefits and lower your out-of-pocket costs. As your primary health coverage, Original Medicare provides hospital and medical coverage, but it doesn't cover all health care costs and has deductibles and coinsurance that must be paid before Medicare pays benefits. Medicare also limits coverage for certain services.

Medigap expands or eliminates Original Medicare coverage limits and, depending on the plan you select, covers all or a portion of your Medicare deductibles and coinsurances. Blue Care Network of Michigan (BCN) offers MyBlue Medigap options for Plans A, F or N only. Other Michigan insurance carriers may offer other or additional plans, but

Medigap plans can be sold in only 10 standard plans plus one high deductible plan (Plans A, B, C, D, F, G, K, L, M and N. Plans E, H, I, and J are no longer available for sale). Every Medigap insurer must make Plan A available. Plan A covers basic benefits:

- **Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical expenses:** Part B coinsurance (generally 20 percent of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require the insured to pay a portion of Part B coinsurance or copayments.
- **Blood:** First three pints of blood each year.



## Medigap plans

### How to read the chart:

If a check mark appears in a column of this chart, the Medigap policy covers 100% of the described benefit. If a row lists a percentage, the policy covers that percentage of the described benefit. If row is blank, the policy doesn't cover that benefit. Note: The Medigap policy covers coinsurance only after you have paid the deductible unless the Medigap policy also covers the deductible).

Medigap Benefits	Medigap Plans									
	A	B	C	D	F*	G	K	L	M	N
Medicare Part A Coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	✓	✓	✓	✓	✓	✓	✓	✓		
Medicare Part B Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓***
Blood (First 3 Pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A Hospice Care Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled Nursing Facility Care Coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Medicare Part A deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Medicare Part B deductible			✓		✓					
Medicare Part B Excess Charges					✓	✓				
Foreign Travel Emergency (Up to Plan Limits)			✓	✓	✓	✓			✓	✓

Out-of-Pocket Limit\*\*

\$4,800	\$2,400
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\* Plan F also offers a high-deductible plan. If you choose this option, this means you must pay for Medicare-covered costs up to the deductible amount of \$2,110 in 2013 before your Medigap plan pays anything.

\*\* After you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$147 in 2013), the Medigap plan pays 100% of covered services for the rest of the calendar year.

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

This document is the MyBlue Medigap outline of coverage and the details and exceptions of MyBlue Medigap follow. This outline shows benefits and premiums of policies sold for effective dates on or after Jan. 1, 2014. The deductible, coinsurance, and copay amounts listed in this brochure are based upon the 2013 CMS approved values and could change for 2014.

Like Medicare, MyBlue Medigap 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 MyBlue Medigap 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.

## Premium information

For MyBlue Medigap plans, certain factors may affect your monthly premium cost. We base your premium on the area you live in and your age, gender, height, weight, and whether you use tobacco.

*Please note: If you are submitting your application during a Special Enrollment Period, your rate will not be affected by your weight, height, smoking status, health status (including body mass index value), claims experience, receipt of health care or medical condition.*

Your premium is based on your current age and will change as you age; the change will be reflected each year on the date of renewal. We will also change your premium if you move into a different rating area. Other than premium adjustments due to age or relocation, we can only raise your premium if we raise the premium for all policies like yours in Michigan.

## Coverage replacement

Because MyBlue Medigap expands Original Medicare benefits, you need only one Medigap plan. If you have other coverage, such as coverage through an employer-sponsored health plan or another Medigap plan, you should not cancel that coverage until you have actually received your new ID card and are sure you want to keep MyBlue Medigap coverage.

If you are currently enrolled in a Medicare Advantage plan and wish to enroll in Medigap, you must disenroll in writing from Medicare Advantage before enrolling in Medigap. You can disenroll from Medicare Advantage only at certain times of the year. Call your Medicare Advantage customer service department for information on how to disenroll from that plan and prevent a lapse in coverage.

## Choose a plan option that meets your needs.

The chart on pages 18 and 19 outlines the three coverage options offered by Blue Care Network: Plans A, F and N. The outline of coverage does not give all the details of Medicare coverage. For information about your Medicare Part A and Part B coverage, contact your local Social Security office or consult *Medicare & You* (online at [www.medicare.gov/Publications](http://www.medicare.gov/Publications)). 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 on the Web at [www.medicare.gov/medigap](http://www.medicare.gov/medigap).

*Note: The MyBlue Medigap plan may not fully cover all of your medical costs. When you receive covered services from a provider who does not accept Medicare assignment, you are responsible for the difference between the provider's charge and the Medicare-approved amount, plus any deductible or coinsurance amounts required by the MyBlue Medigap plan you select.*

Once enrolled in MyBlue Medigap, we'll send you a member ID card and plan handbook that provides comprehensive details about your coverage. The certificate of coverage is your contract with BCN. The following is only an outline describing the most important features of BCN's certificate of coverage. You must read the certificate to understand all of the rights and duties of both you and BCN. For more information about MyBlue Medigap coverage, call 888-563-3307 or contact an insurance agent authorized to sell Blue Care Network policies. TTY users should call 711.

*Please note: Blue Care Network of Michigan does not control the third party web sites referred to in this publication and is not responsible for their content.*

## Outline of coverage

The Medicare deductibles, coinsurance, and copay amounts listed are based upon the 2013 CMS approved numbers and could change for 2014.

Covered service	Plan option
	Medicare pays
<b>Medicare Part A hospital coverage</b> – includes semi-private room and board, general nursing care, miscellaneous services and supplies*	
Deductible	Nothing
First 60 days of care	100%
Days 61 – 90	All but the \$296 daily copayment
Days 91 – 150 (Lifetime Reserve Days)	All but the \$592 daily copayment
Day 151 and beyond (additional 365 days after Lifetime Reserve Days used)	Nothing
<b>Blood benefit</b>	All but the first three pints
<b>Skilled nursing facility care</b> – You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and	
First 20 days of care	100%
Days 21 – 100	All but \$148 daily skilled nursing facility copayment
<b>Hospice care</b>	
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care
<b>Emergency care outside the U.S.</b>	
	No benefits for care outside U.S.
<b>Medicare Part B physician and outpatient services</b> – In or out of the hospital and outpatient hospital physician’s services, such as tests, durable medical equipment, per calendar year	
<b>Deductible (annual)</b>	Nothing
<b>Coinsurance</b>	80% of the approved amount after \$147 deductible is met
<b>Blood benefit</b>	All but the first three pints
<b>Clinical laboratory services – tests for diagnostic services</b>	All charges
<b>Home health care services</b> – Medicare-approved services	
Medically necessary skilled care services and medical supplies	All charges
Durable medical equipment	80% of the approved amount after the \$147 deductible is met
<b>Excess benefits</b>	Nothing

\* Per benefit period. A benefit period begins on the first day you are hospitalized and ends after you have been out of the hospital and have not received skilled nursing care in any other facility for 60 consecutive days.

Plan A		Plan F		Plan N	
Plan pays	You pay	Plan pays	You pay	Plan pays	You pay
Nothing	\$1,184	\$1,184	Nothing	\$1,184	Nothing
Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
\$296 daily copay	Nothing	\$296 daily copay	Nothing	\$296 daily copay	Nothing
\$592 daily copay	Nothing	\$592 daily copay	Nothing	\$592 daily copay	Nothing
100% of Medicare-eligible expenses	Nothing	100% of Medicare-eligible expenses	Nothing	100% of Medicare-eligible expenses	Nothing
Your first three pints	Nothing	Your first three pints	Nothing	Your first three pints	Nothing
entered a Medicare-approved facility within 30 days after leaving the hospital					
Nothing (Medicare covers in full)		Nothing (Medicare covers in full)		Nothing (Medicare covers in full)	
Nothing	\$148 daily copay	\$148 daily copay	Nothing	\$148 daily copay	Nothing
Medicare copay/coinsurance	Nothing	Medicare copay/coinsurance	Nothing	Medicare copay/coinsurance	Nothing
No benefits for care outside U.S.	All costs for services	80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance	80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance
inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic treatment,					
Nothing	\$147	\$147	Nothing	Nothing	\$147
20% coinsurance after \$147 deductible is met	Nothing	20% coinsurance after \$147 deductible is met	Nothing	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit, after the \$147 deductible is met	Up to \$20 per office visit and up to \$50 per emergency room visit
Your first three pints	Nothing	Your first three pints	Nothing	Your first three pints	Nothing
Nothing (Medicare covers in full)		Nothing (Medicare covers in full)		Nothing (Medicare covers in full)	
Nothing (Medicare covers in full)		Nothing (Medicare covers in full)		Nothing (Medicare covers in full)	
20% coinsurance after the \$147 deductible is met	Nothing	20% coinsurance after the \$147 deductible is met	Nothing	20% coinsurance after the \$147 deductible is met	Nothing
Nothing	All costs	All remaining charges*	Nothing	Nothing	All costs

\* The 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.  
*Note: Based on 2013 premiums, deductibles, coinsurance and copays, which are subject to change in 2014.*

## Eligibility for coverage

Anyone who has Medicare Part A and Part B, lives in Michigan at least six months of the year and has a Michigan driver's license or State ID card is eligible to apply for coverage under MyBlue Medigap. You become eligible to apply for MyBlue Medigap coverage at age 65 or the date you first enroll for Medicare Part B, whichever is later. Your eligibility for coverage under my MyBlue Medigap can be subject to medical underwriting approval.

*Please note: If you are submitting your application during a Special Enrollment Period, your eligibility for coverage under MyBlue Medigap will not be subject to medical underwriting approval. See page 2 for further details on Special Enrollment Periods.*

## Enrolling in MyBlue Medigap is easy

You can apply for coverage on the Web at **www.bcbsm.com**, or contact your agent. You can also complete the application in this brochure and mail it to:

Mail Code C411  
Blue Care Network of Michigan  
P.O. Box 5043  
Southfield, MI 48086-5043

Use one application for each person. Do not send payment with this application. We will send you an invoice for your first payment.

When you fill out the application for this policy, be sure to answer truthfully and completely all questions about your medical and health history. BCN may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Providing fraudulent information about your permanent residence, date of birth, height, weight and tobacco use may also result in possible legal action by BCN for fraud.

*Please note: Whether you are applying for coverage on the Web or through an authorized insurance agent, it is important to know that neither Blue Care Network nor its authorized agents are connected with Medicare.*

If you're currently covered by a Blue Cross Blue Shield of Michigan, Blue Care Network of Michigan or BCN Service Company group plan, please call 800-662-6667 (TTY users should call 711) or contact your agent for information on how to enroll in the MyBlue Medigap plan. Indicate that you're switching to a Medigap 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, do not cancel that coverage until you receive your MyBlue Medigap certificate and are sure you want to keep it. We will mail a booklet to you that includes your certificate when we enroll you in the plan.

If you have questions, please call 888-563-3307 or contact your agent. TTY users should call 711.

## Complete answers are very important

When you fill out the application for the BCN MyBlue Medigap coverage, be sure to answer truthfully and completely all questions about your medical and health history. BCN may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

## Changing your coverage

You may switch to a different MyBlue Medigap policy once per year on the date you originally enrolled in MyBlue Medigap. If you're switching to a Medicare Advantage plan, you can enroll only during certain times of the year.

**IMPORTANT:** If you are currently enrolled in a Medicare Advantage plan and wish to enroll in Medigap, you must separately disenroll in writing from Medicare Advantage. Submission of this application does not automatically disenroll you from your current Medicare Advantage insurance carrier. Call your Medicare Advantage Customer service department for information on how to disenroll from that plan and prevent duplication of coverage and/or a lapse in coverage. Medicare Advantage plans only allow disenrollment at certain times of the year.

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

If you find that you are not satisfied with BCN MyBlue Medigap coverage, notify us by phone or write to us at the address below. If you send your MyBlue Medigap ID card back to us within 30 days after you receive it, we will treat the coverage as if it had never been issued and return all of your payments, less the reasonable cost of any health services paid by BCN during that time. You will be responsible for any deductibles or coinsurance for Medicare Part A and Part B claims or any services not covered by Original Medicare incurred during that 30-day period.

If you choose to cancel MyBlue Medigap coverage after the first 30 days, BCN requires a 30-day advance notice to terminate coverage.

Send your request to:

Mail Code C411  
Blue Care Network of Michigan  
P.O. Box 5043  
Southfield, MI 48086-5043

## Do you also need prescription drug coverage?

You may also purchase Medicare Part D drug coverage with Blue Cross Blue Shield of Michigan's Prescription Blue PDP<sup>SM</sup> plan.

# Body Mass Index Table

Find your Body Mass Index, or BMI, by finding your height in the far left column, then matching your height with your approximate weight in pounds. Your BMI is at the top of that column. If your BMI is not on the BMI chart because it is less than 15 or greater than 40, you're in Tier 3.

	Tier 1										Tier 2										Tier 3									
	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40				
<b>BMI</b>	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40				
<b>Height</b>	Your Weight in Pounds																													
<b>4' 10"</b>	72	74	77	79	82	85	87	90	93	96	99	102	105	134	139	143	148	153	158	163	167	173	177	182	186	191				
<b>4'11"</b>	74	77	84	89	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	169	173	179	183	189	193	198				
<b>5'0"</b>	77	79	87	92	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204				
<b>5'1"</b>	79	82	90	95	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211				
<b>5'2"</b>	82	85	93	98	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218				
<b>5'3"</b>	85	87	96	102	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225				
<b>5'4"</b>	87	90	99	105	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232				
<b>5'5"</b>	90	93	102	108	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240				
<b>5'6"</b>	93	96	105	112	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247				
<b>5'7"</b>	96	99	109	115	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255				
<b>5'8"</b>	99	102	112	118	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262				
<b>5'9"</b>	102	105	115	122	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270				
<b>5'10"</b>	105	108	118	125	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278				
<b>5'11"</b>	108	112	122	129	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286				
<b>6' 0"</b>	111	115	125	133	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294				
<b>6' 1"</b>	114	118	129	136	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302				
<b>6' 2"</b>	117	121	132	140	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311				
<b>6' 3"</b>	120	125	136	144	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319				
<b>6' 4"</b>	123	128	140	148	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328				

# Request to change MyBlue Medigap plan

Please complete each section below. Refer to the *MyBlue Medigap Outline of Medigap Coverage* and enrollment application brochure for information about plan coverage and your monthly premium.

<b>Last name</b>	<b>First name</b>	<b>Middle initial</b>
<b>Address</b>		<b>Phone</b>
<b>Contract number from your BCN ID card</b>	<b>Date of birth (mm/dd/yyyy)</b>	
<p>I want to switch from my current MyBlue Medigap plan option to the one I have selected below. I understand that, depending on when my application is received, my new plan will generally become effective on the 15<sup>th</sup> of the following month.</p> <p>I understand that acceptance of my application will be subject to medical underwriting.</p> <p>I understand that in the event my option change request does not pass medical underwriting, I have the right to continue with the current MyBlue Medigap plan that I am currently enrolled in.</p> <p>I understand that providing fraudulent information about my permanent residence, date of birth, height, weight, health status and tobacco use may result in denial of claims, cancellation, or rescission of the policy.</p>		
<p><b>My new plan option is (check one):</b></p> <p style="text-align: center;"> <input type="checkbox"/> <b>Plan A</b>                  <input type="checkbox"/> <b>Plan F</b>                  <input type="checkbox"/> <b>Plan N</b> </p>		
<p><b>The following questions must be completed by enrollees.</b></p> <p>Please answer the following questions and submit them with your application. Your application will not be processed until we receive your answers. <i>Please note: Your eligibility to switch MyBlue plans will be based on answers provided on this form.</i></p>		
1. Have you used tobacco products in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. What are your height and your weight?		
3. Have you had a complete physical within the past two years? If yes, what was the date of the exam? _____ Physician's name: _____ Address: _____ Phone number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Has a physician advised or recommended that you have treatment, medical tests, surgery or therapy for any condition in the next 12 months? Have the recommended services been obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you currently disabled, hospitalized, or confined to a facility such as a skilled nursing facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you been hospitalized or confined to a nursing facility in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you had an organ transplant or been advised by a physician to have an organ transplant (includes heart, liver, kidney, pancreas, lung, or bone marrow)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you been diagnosed or treated (including taking medication) for the following condition(s) in the past five years?	
• Emphysema, chronic obstructive pulmonary disease (COPD), chronic pulmonary disorders (includes bronchitis) or tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Parkinson's disease, systemic lupus, myasthenia gravis, multiple or lateral sclerosis (including amyotrophic lateral sclerosis)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Alzheimer's disease, senile dementia, or other cognitive disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC) or any autoimmune disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Diabetes Type I or Type II	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Have you had any amputations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Do you have a history of cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Cirrhosis of the liver, or hepatitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Chronic kidney disease or any kidney disorder including end stage renal disease (ESRD) or dialysis? Any history of kidney stones?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Hemophilia or other clotting disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Heart attack, angina pectoris, coronary or carotid artery disease (not including high blood pressure), peripheral vascular disease, congestive heart failure (CHF) or enlarged heart, stroke, transient ischemic attacks (TIA) or heart rhythm disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Degenerative bone disease, rheumatoid arthritis, or have you been advised to have a joint replacement?	<input type="checkbox"/> Yes <input type="checkbox"/> No



9. Are you taking or have you taken any prescription or over-the-counter medications within the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

**If yes, please list the medication and requested information on the following table. You may use additional sheets if needed.**

<b>MEDICATION NAME (from the pharmacy or over-the-counter label)</b>	
Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	
<b>MEDICATION NAME (from the pharmacy or over-the-counter label)</b>	
Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	
<b>MEDICATION NAME (from the pharmacy or over-the-counter label)</b>	
Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	
<b>MEDICATION NAME (from the pharmacy or over-the-counter label)</b>	
Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	
<b>MEDICATION NAME (from the pharmacy or over-the-counter label)</b>	
Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	

<b>MEDICATION NAME (from the pharmacy or over-the-counter label)</b>	
Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	
<b>MEDICATION NAME (from the pharmacy or over-the-counter label)</b>	
Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	
<b>MEDICATION NAME (from the pharmacy or over-the-counter label)</b>	
Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	
<b>MEDICATION NAME (from the pharmacy or over-the-counter label)</b>	
Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	
<b>MEDICATION NAME (from the pharmacy or over-the-counter label)</b>	
Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	

## **Authorization for use and disclosure of protected health information (PHI)**

I understand that Blue Care Network (BCN) may collect personal and protected health information (PHI) about me in order to complete my application for coverage. BCN will use and disclose this information only in accordance with their Notice of Privacy Practices which is available on **www.bcbsm.com** or by calling 313-225-9000.

I authorize:

- Use and disclosure of my PHI, including membership, eligibility and claims data stored on Blue Cross Blue Shield of Michigan and its subsidiaries' computer systems.
- Physicians, health care professionals, hospitals, clinics, laboratories, pharmacies or pharmacy benefit managers, or other health care providers that have provided treatment or services to me or any of my dependents who are also applying for coverage to disclose medical records, prescription history, medications prescribed and other PHI as requested to BCN.
- Health plans, governmental agencies or prescription drug profiling companies that have a previous relationship with me or who have knowledge of my medical information or the medical information of any of my dependents who are also applying for coverage to disclose medical records information, prescription history, medications prescribed and other PHI as requested to BCN.

My authorization includes disclosure of information on the diagnosis and treatment of Human Immunodeficiency Virus (HIV) infection and treatment of mental illness and the use of alcohol, drugs and tobacco, but excludes disclosure of psychotherapy notes.

This authorization includes and applies to any and all protected health information related to treatments or services where I have requested a restriction and/or for any health care item or service for which the health care provider has been paid out of pocket in full.

This PHI is to be disclosed so that BCN may: (1) perform case, care and disease management, (2) administer claims and determine or fulfill responsibility for coverage and provision of benefits, and (3) for other legally permissible purposes, including but not limited to, health care operations. If BCN discloses this information, the recipient must obtain an additional authorization from me before it may re-disclose the information and if I provide this authorization information may be re-disclosed by the recipient and is no longer protected.

I understand that my enrollment with BCN is conditioned upon my authorization to release PHI for the purposes stated above and that if I do not provide authorization, I may not be eligible for enrollment. My signature on this form indicates my approval for the release of PHI from BCBSM and its subsidiaries and from any of the parties listed above to BCN. A photographic copy of this authorization shall be valid as the original.

This authorization will expire after 30 months or upon rejection of coverage. I understand that I am entitled to receive a copy of this authorization upon request. I may revoke this authorization at any time by sending a written request on a standard form available online at **www.bcbsm.com** or by contacting my agent. I understand that revocation will not affect actions taken before BCN or any of the parties identified above receive my request.

In most cases, your monthly plan premium will change when your new coverage takes effect. You can calculate your new premium using the tables in the *MyBlue Medigap Outline of Medigap Coverage* or by visiting **www.bcbsm.com**.

**Your signature**

**Date**

*If you are the authorized representative, you must sign above and provide the following information:*

**Representative's name**

**Address**

**Daytime phone**

(     )

**Relationship to enrollee**

**AGENT USE ONLY**

**First name**

**Last name**

**MA/GA Code**

**Agent ID #**

**Agent's signature**

**Agent received date**

If you have questions, please call us at 1-800-662-6667 (TTY users should call 1-800-257-9980). Our office hours are 8 a.m. to 5:30 p.m. Monday through Friday.

**Please mail your completed form to:**

BCBSM Individual Business Underwriting, MC X513  
600 Lafayette East  
Detroit, MI 48226



Nonprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association

[www.bcbsm.com/mybluemedicare](http://www.bcbsm.com/mybluemedicare)

To enroll:

- See your Blue Care Network agent
- Enroll online at **www.bcbsm.com**
- Call 1-888-563-3307  
TTY users call 711  
8 a.m. to 8 p.m., seven days a week