



# MedigapSecurity

## 2014 Medicare supplement plans for new groups



Rates Effective January 1, 2014

Service category	Medicare pays:	Plan A Member pays	Plan B Member pays	Plan C Member pays	Plan F Member pays	Plan F* High Deductible Member pays	Plan N Member pays
Monthly plan premium		<input type="checkbox"/> \$164.95 (BC \$47.90, BS \$117.05)	<input type="checkbox"/> \$195.65 (BC \$78.60, BS \$117.05)	<input type="checkbox"/> \$216.60 (BC \$88.90, BS \$127.70)	<input type="checkbox"/> \$216.75 (BC \$89.00, BS \$127.75)	<input type="checkbox"/> \$109.00 (BC \$53.70, BS \$55.30)	<input type="checkbox"/> \$181.30 (BC \$87.00, BS \$94.30)
Primary care physician visits	80% of Medicare-approved amounts after \$147 annual Part B deductible is met	\$147 Part B deductible (Plan pays 20% coinsurance)	\$147 Part B deductible (Plan pays 20% coinsurance)	\$0 (Plan pays Part B deductible and 20% coinsurance)	\$0 (Plan pays Part B deductible and 20% coinsurance)	\$0 (Plan pays Part B deductible and 20% coinsurance)	\$147 Part B deductible, then up to \$20 copay for office visits, up to \$50 copay for emergency room (waived if admitted) Plan pays all other Part B coinsurance
Specialist visits							
Emergency room							
Urgent care							
Outpatient surgery							
Inpatient hospital	All charges except \$1,216 (Part A deductible) and Part A coinsurance	\$1,216 (Part A deductible)	\$0	\$0	\$0	\$0	\$0
Part B excess charges	\$0	100%	100%	100%	0%	0%	100%
Prescription drugs (Part D)	\$0	<b>A separate Medicare Part D prescription drug plan is available.</b>					

\*Plan F High Deductible plan pays the same benefits as Plan F after a \$2,140 calendar year deductible. Benefits from Plan F High Deductible will not begin until out-of-pocket expenses exceed \$2,140. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

The MedigapSecurity rates shown are subject to change periodically. This summary is a partial listing of benefits. Refer to the Outline of Coverage for more details.

Discount prescription drug is included.  Check this box if discount drug should not be activated.

Customer name (please print) \_\_\_\_\_ CID # (if applicable) \_\_\_\_\_ Desired effective date \_\_\_\_\_

Group leader signature \_\_\_\_\_ Today's date \_\_\_\_\_ Customer phone # \_\_\_\_\_ Customer email \_\_\_\_\_

Customer Employer Identification Number \_\_\_\_\_

Medicare Certified Agent Name: \_\_\_\_\_

Agent NPN: \_\_\_\_\_

Medicare Certified Agent Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

2013 MedigapSecurity Rates 11/20/2013

Independence Blue Cross and Highmark Blue Shield are independent licensees of the Blue Cross and Blue Shield Association.