



MedigapSecurity

2015 Group Medicare Supplement Plans

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		☐ \$164.95 (BC \$47.90, BS \$117.05)	☐ \$195.65 (BC \$78.60, BS \$117.05)	☐ \$216.60 (BC \$88.90, BS \$127.70)	☐ \$216.75 (BC \$89.00, BS \$127.75)	☐ \$109.00 (BC \$53.70, BS \$55.30)	☐ \$181.30 (BC \$87.00, BS \$94.30)
Primary care physician visits							\$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	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)	
Emergency room							
Urgent care Outpatient surgery							
Inpatient hospitals	All charges except \$1,260 (Part A deductible) and Part A coinsurance	\$1,260 (Part A deductible)	\$0	\$0	\$0	\$0	\$0
Part B excess charges	\$0	100%	100%	100%	0%	0%	100%
Prescription drugs (Part D)	\$0	A separate Medicare Part D prescription drug plan is available.					

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.

*Plan F High Deductible pays the same benefits as Plan F after a \$2,180 calendar year deductible. \$2,180 is the 2015 amount and it may change on January 1 each year. Benefits from Plan F High Deductible will not begin until out-of-pocket expenses exceed \$2,180. 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.

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

Group leader signature _____ Today's date _____ Customer phone # _____ Customer email _____

Customer Employer Identification Number _____

Agent name _____ Agent NPN _____

Agent signature _____ Signature date _____

2013 MedigapSecurity Rates 11/20/2013

MedigapSecurity plans are offered through Independence Hospital Indemnity Plan and Highmark Blue Shield, independent licensees of the Blue Cross and Blue Shield Association. MedigapSecurity is not connected with or endorsed by the U.S. government or the federal Medicare program. To join, you must be enrolled in Medicare Parts A and B. You must continue to pay Medicare Part A (if applicable) and Part B premiums.