LOUISIANA BLUE

BlueChoice 65
BlueChoice 65 SELECT
BlueChoice 65 PLUS
BlueChoice 65 SELECT PLUS

Medicare Supplement Programs

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE

BENEFIT CHART OF MEDICARE SUPPLEMENT PLANS SOLD ON OR AFTER JAN. 1, 2020

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants first eligible for Medicare before 2020 may purchase Plans C, F and high-deductible F.

NOTE: A ✓ MEANS 100% OF THE BENEFITS IS PAID.

Benefits	Plans available to all applicants								Medicare first eligible before 2020 only	
	A	B†	D	G[1]‡†	K	L	M	N†	C	F[1]†Δ
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply[3]	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility 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 in 2025[2]					$7,220[2]	$3,610[2]				

[1]Plans F and G also have a high-deductible option which requires first paying a plan deductible of $2,870 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High-deductible Plan G does not cover the Medicare Part B deductible. However, high-deductible Plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

[2]Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

[3]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 do not result in an inpatient admission.

†If you choose the BlueChoice 65 SELECT Plan B, F, G, N, or the BlueChoice 65 SELECT PLUS Plan G, you must use a network hospital for inpatient hospital services. No policy benefits will be provided for inpatient hospital services in an out-of-network hospital, except for emergency treatments.

ΔPlans F and F SELECT are not available to those who become newly Medicare eligible on or after 1/1/2020.

‡PLUS Plan G and SELECT PLUS Plan G include dental services. Advantage Plus Network is administered by United Concordia Companies, Inc. United Concordia is an independent company that administers dental benefits on behalf of Blue Cross and Blue Shield of Louisiana members.

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Premium Information

We at Louisiana Blue can raise your premium only if we raise the premium for all policies like yours in this state. Your premium will change as you enter a new age bracket or move to a new area. Our age brackets and areas are defined on the chart below. Premiums may be paid on a monthly, quarterly, semiannual or annual basis. Monthly premiums are shown below.

Monthly Premiums
Effective 5-1-2025

Area I
(All parishes in the state except the Area II parishes listed below)

Age	BC 65 Plan A	BC 65 Plan B	BC 65 SELECT Plan B	BC 65 Plan F	BC 65 SELECT Plan F	BC 65 Plan G	BC 65 SELECT Plan G	BC 65 PLUS Plan G	BC 65 SELECT PLUS Plan G	BC 65 Plan N	BC 65 SELECT Plan N
Under 65	$374.50	$530.20	$411.40	$1,300.00	$522.00	$927.20	$425.50	$950.20	$448.50	$417.10	$296.10
65	130.30	185.70	140.20	239.50	178.00	157.60	117.30	180.60	140.30	122.10	91.00
66-68	141.10	201.90	152.00	260.30	193.80	171.40	127.50	194.40	150.50	132.80	98.90
69-71	152.90	220.20	165.80	283.80	211.60	186.80	139.10	209.80	162.10	144.80	108.10
72-74	161.80	233.70	176.00	301.50	224.80	198.50	148.00	221.50	171.00	153.80	114.80
75-77	171.90	250.00	188.60	324.10	241.80	213.40	158.90	236.40	181.90	165.70	123.40
78-80	179.20	261.60	196.90	339.20	252.40	223.30	166.20	246.30	189.20	173.40	128.90
81+	186.80	272.90	205.30	353.50	259.70	232.60	170.90	255.60	193.90	180.70	132.50

Area II
(Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. Tammany and Washington parishes)

Age	BC 65 Plan A	BC 65 Plan B	BC 65 SELECT Plan B	BC 65 Plan F	BC 65 SELECT Plan F	BC 65 Plan G	BC 65 SELECT Plan G	BC 65 PLUS Plan G	BC 65 SELECT PLUS Plan G	BC 65 Plan N	BC 65 SELECT Plan N
Under 65	$432.70	$612.60	$475.10	$1,502.10	$603.20	$1,071.60	$491.30	$1,094.60	$514.30	$482.20	$342.10
65	150.70	214.80	161.60	276.60	206.00	182.00	135.40	205.00	158.40	141.10	105.20
66-68	162.90	233.30	175.90	300.90	223.80	197.90	147.30	220.90	170.30	153.60	114.20
69-71	176.60	254.00	191.40	328.20	244.40	215.80	160.80	238.80	183.80	167.40	124.80
72-74	186.90	269.60	203.30	348.10	259.70	228.90	170.90	251.90	193.90	177.70	132.50
75-77	198.30	289.30	218.10	374.10	279.20	246.20	183.70	269.20	206.70	191.00	142.40
78-80	207.10	301.90	227.40	391.60	291.40	257.70	191.60	280.70	214.60	200.10	148.60
81+	215.40	315.10	237.20	409.10	299.60	269.00	197.30	292.00	220.30	209.00	153.20

BlueChoice 65, BlueChoice 65 SELECT, BlueChoice 65 PLUS and BlueChoice 65 SELECT PLUS are not connected with or endorsed by the U.S. government or the federal Medicare program.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010.

Read Your Policy Very Carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all the rights and duties of both you and your insurance company.

Right to Return Policy

If you find that you are not satisfied with your policy, you may return it to Louisiana Blue with a written request to cancel. (Attention: Individual Membership and Billing, P.O. Box 98029, Baton Rouge, LA 70898-9029). If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments. If you have questions, you may call our Customer Service Department at **1-800-258-3365** between 8 a.m. and 4 p.m., Monday–Friday.

Policy Replacement

If you are replacing another health insurance policy, do NOT cancel it until you actually have received your new policy and are sure you want to keep it.

Notice

This policy may not fully cover all of your medical costs. Neither Louisiana Blue nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office, consult the "Medicare & You" handbook or go online at **www.medicare.gov** for more details.

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to answer all questions about your medical and health history truthfully and completely. The company may cancel your policy and refuse to pay any claims if you omit or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

MEDICARE SELECT AND SELECT PLUS ADDITIONAL DISCLOSURES

The Medicare SELECT Plans currently offered by Louisiana Blue are Plans B, F, G and N.

The Medicare SELECT PLUS Plan currently offered by Louisiana Blue is Plan G.

Understanding Medicare SELECT

BlueChoice (BC) 65 includes SELECT and SELECT PLUS Plans, which will offer coverage comparable to Louisiana Blue's current Medicare Supplement plans at a competitive premium for services received within network.

Restricted Network Provisions

Part A: Payment of Part A (Hospital) benefits may be denied if you receive services at a hospital that is not a network hospital.

Part B: Payment of Part B (outpatient) benefits is not subject to any network restrictions and will be paid according to the same terms as a standard Medicare Supplement Insurance plan.

Availability of Emergency Care

Benefits are available for emergency situations at any provider on the same basis as care received from a BC 65 SELECT network provider if it is not reasonable to obtain such services through a network provider.

Emergency or Life Threatening Illness is defined as the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical care could reasonably result in: (1) permanently placing the patient's health in jeopardy; (2) serious impairment of bodily functions; or (3) serious and permanent dysfunction of any bodily organ or part, or other serious medical consequences; or (4) for which death is probable.

Referrals

There are no restrictions on referrals to other hospitals for inpatient care if referred by a network hospital and this referral is approved by us in advance. Additionally, there are no restrictions on referrals for outpatient providers regardless of whether that provider is in the service area.

Availability of Other Medicare Supplement Plans

Louisiana Blue offers standard Medicare Supplement plans. Any of these plans are available for you to purchase now or at any time you wish to convert from a Medicare SELECT or SELECT PLUS plan. You also have the right to convert to any Medicare Supplement policy we have available with comparable or lesser benefits if the Medicare SELECT or SELECT PLUS program is discontinued or you move outside of the service area and your new residence is not within a reasonable travel distance of a network hospital.

Quality Assurance

Each network hospital within the service area has appropriate state licensing and is Medicare-certified. All hospitals within the network have an appropriate mix of physician specialties for covered services provided by the hospital. When using a network hospital you are assured that the care you receive meets or exceeds the acceptable standards of quality for the hospital industry.

COMPLAINT, GRIEVANCE AND APPEAL PROCEDURES

We want to know when you are dissatisfied about the care or services you receive from us or one of our providers. If you want to register a complaint or file a formal written grievance about us or a provider, please refer to the procedures below.

You may be dissatisfied about decisions that we make regarding covered services. We consider a written appeal as the member's request to change a denial of a claim.

A. Complaint and Grievance Procedures

A quality of service concern addresses our services, access, availability or attitude and those of our providers. A quality of care concern addresses the appropriateness of care given to you.

1. To register a complaint

A complaint is an oral expression of dissatisfaction with us or with provider services. You may call our Customer Service Department at **1-800-258-3365** to register a complaint. We will attempt to resolve your complaint at the time of your call.

2. To file a formal grievance

A grievance is a written expression of dissatisfaction with us or with provider services. If you do not feel your complaint was adequately resolved or you wish to file a formal grievance, a written request must be submitted within one hundred eighty (180) days of the event that led to the dissatisfaction. For assistance, you may call our Customer Service Department.

Send your written grievance to:

Louisiana Blue
Appeals and Grievance Unit
P. O. Box 98045
Baton Rouge, LA 70898-9045

A response will be mailed to you within thirty (30) business days of receipt of your written grievance.

B. Appeals Procedures

The appeals procedure has two (2) internal administrative levels, including review by a committee at the second level.

If you have questions or need assistance, you may call our Customer Service Department.

Multiple requests to appeal the same claim, service, issue or date of service will not be considered at any level of review.

You have the right to appoint an authorized representative to represent you in your appeal. An authorized representative is a person to whom you have given written consent to represent you in review of a denial. The authorized representative may be your treating provider if you appoint the provider in writing.

You are encouraged to provide us with all available information to help us completely evaluate the appeal such as written comments, documents, records and other information relating to the denial.

We will provide to you, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the denial.

Administrative appeals involve contractual issues and are typically submitted by you, your authorized representative or a provider authorized to act on your behalf.

Appeals should be submitted in writing to:

Louisiana Blue
Appeals and Grievance Unit
P.O. Box 98045
Baton Rouge, LA 70898-9045

1. **First Level Appeals**

   If you are not satisfied with our decision, a written request to appeal must be submitted within one hundred eighty (180) days of our initial denial. Requests submitted to us after one hundred eighty (180) days of our initial denial will not be considered.

   Persons not involved in previous decisions regarding the initial denial will review the appeal. If the appeal is overturned, we will reprocess your claim. If the appeal is upheld, we will inform you of the right to begin the second level appeal process.

   The appeal decision will be mailed to you, your authorized representative or a provider authorized to act on your behalf within thirty (30) days of receipt of your request; unless it is mutually agreed that an extension of time is warranted.

2. **Second Level Appeals**

   After review of our first level appeal decision, if you are still dissatisfied, a written request to appeal must be submitted within sixty (60) days of our first level appeal decision. Requests submitted to us after sixty (60) days of our first level appeal decision will not be considered.

   An appeals committee of persons not involved in previous decisions regarding the initial denial will review the second level appeals. The committee's decision is final and binding.

   The committee's decision will be mailed to you, your authorized representative or a provider authorized to act on your behalf within five (5) days of the committee meeting.

BLUECHOICE 65 PLAN A
Medicare (Part A) — Hospital Services — Per Benefit Period

***A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies			
Days 1-60	All but $1,676	$0	$1,676 (Part A deductible)
Days 61-90	All but $419 a day	$419 a day	$0
Days 91 and beyond — While using 60 lifetime reserve days — Once lifetime reserve days are used:	All but $838 a day	$838 a day	$0
• Additional 365 days	$0	100% of Medicare-eligible expenses	$0**
• Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
Days 1-20	All approved amounts	$0	$0
Days 21-100	All but $209.50 a day	$0	Up to $209.50 a day
Days 101 and beyond	$0	$0	All costs
BLOOD First three pints Additional amounts	$0 100%	3 pints $0	$0 $0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

BLUECHOICE 65 PLAN A (Continued)
Medicare (Part B) — Medical Services — Per Calendar Year

***Once you have been billed $257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT (such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment)			
First $257 of Medicare-approved amounts*	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges (Above Medicare-approved amounts)	$0	$0	All costs
BLOOD			
First three pints	$0	All costs	$0
Next $257 of Medicare-approved amounts*	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES — TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

Medicare Parts A & B

HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
— Medically necessary skilled care services and medical supplies	100%	$0	$0
— Durable medical equipment			
First $257 of Medicare-approved amounts*	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

BLUECHOICE 65 PLAN B & BLUECHOICE 65 SELECT PLAN B
Medicare (Part A) — Hospital Services — Per Benefit Period

***A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.**

****If you choose BlueChoice 65 SELECT Plan B, you must use a network hospital for these benefits. These benefits will not be provided if you are hospitalized in an out-of-network hospital, unless the hospitalization is for emergency treatment as described in the policy.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies			
Days 1-60	All but $1,676	$1,676 (Part A deductible)**	$0
Days 61-90	All but $419 a day	$419 a day**	$0
Days 91 and beyond — While using 60 lifetime reserve days — Once lifetime reserve days are used:	All but $838 a day	$838 a day**	$0
• Additional 365 days	$0	100% of Medicare-eligible expenses	$0***
• Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
Days 1-20	All approved amounts	$0	$0
Days 21-100	All but $209.50 a day	$0	Up to $209.50 a day
Days 101 and beyond	$0	$0	All costs
BLOOD First three pints Additional amounts	 $0 100%	 3 pints $0	 $0 $0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

***NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

BLUECHOICE 65 PLAN B & BLUECHOICE 65 SELECT PLAN B (Continued)
Medicare (Part B) — Medical Services — Per Calendar Year

***Once you have been billed $257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT (such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment) First $257 of Medicare-approved amounts* Remainder of Medicare-approved amounts	 $0 Generally 80%	 $0 Generally 20%	 $257 (Part B deductible) $0
Part B excess charges (Above Medicare-approved amounts)	$0	$0	All costs
BLOOD First three pints Next $257 of Medicare-approved amounts* Remainder of Medicare-approved amounts	 $0 $0 80%	 All costs $0 20%	 $0 $257 (Part B deductible) $0
CLINICAL LABORATORY SERVICES — TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

Medicare Parts A & B

HOME HEALTH CARE MEDICARE-APPROVED SERVICES — Medically necessary skilled care services and medical supplies — Durable medical equipment First $257 of Medicare-approved amounts* Remainder of Medicare-approved amounts	 100% $0 80%	 $0 $0 20%	 $0 $257 (Part B deductible) $0

BLUECHOICE 65 PLAN F & BLUECHOICE 65 SELECT PLAN F[Δ]
Medicare (Part A) — Hospital Services — Per Benefit Period

***A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.**

****If you choose BlueChoice 65 SELECT Plan F, you must use a network hospital for these benefits. These benefits will not be provided if you are hospitalized in an out-of-network hospital, unless the hospitalization is for emergency treatment as described in the policy.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies			
Days 1-60	All but $1,676	$1,676 (Part A deductible)**	$0
Days 61-90	All but $419 a day	$419 a day**	$0
Days 91 and beyond			
— While using 60 lifetime reserve days	All but $838 a day	$838 a day**	$0
— Once lifetime reserve days are used:			
• Additional 365 days	$0	100% of Medicare-eligible expenses	$0***
• Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
Days 1-20	All approved amounts	$0	$0
Days 21-100	All but $209.50 a day	Up to $209.50 a day	$0
Days 101 and beyond	$0	$0	All costs
BLOOD			
First three pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

***NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

[Δ]Plans F and F SELECT are not available to those who become newly Medicare eligible on or after 1/1/2020.

BLUECHOICE 65 PLAN F & BLUECHOICE 65 SELECT PLAN F[Δ] (Continued)
Medicare (Part B) — Medical Services — Per Calendar Year

***Once you have been billed $257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT (such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment)			
First $257 of Medicare-approved amounts*	$0	$257 (Part B deductible)	$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges (Above Medicare-approved amounts)	$0	100%	$0
BLOOD			
First three pints	$0	All costs	$0
Next $257 of Medicare-approved amounts*	$0	$257 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES — TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

Medicare Parts A & B

HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
— Medically necessary skilled care services and medical supplies	100%	$0	$0
— Durable medical equipment			
First $257 of Medicare-approved amounts*	$0	$257 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0

Other Benefits – Not Covered by Medicare

FOREIGN TRAVEL — NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

[Δ]Plans F and F SELECT are not available to those who become newly Medicare eligible on or after 1/1/2020.

BLUECHOICE 65 PLAN G & BLUECHOICE 65 SELECT PLAN G
Medicare (Part A) — Hospital Services — Per Benefit Period

***A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.**

**** If you choose BlueChoice 65 SELECT Plan G, you must use a network hospital for these benefits. These benefits will not be provided if you are hospitalized in an out-of-network hospital, unless the hospitalization is for emergency treatment as described in the policy.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies			
Days 1-60	All but $1,676	$1,676 (Part A deductible)**	$0
Days 61-90	All but $419 a day	$419 a day**	$0
Days 91 and beyond — While using 60 lifetime reserve days	All but $838 a day	$838 a day**	$0
— Once lifetime reserve days are used:			
• Additional 365 days	$0	100% of Medicare-eligible expenses	$0***
• Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
Days 1-20	All approved amounts	$0	$0
Days 21-100	All but $209.50 a day	Up to $209.50 a day	$0
Days 101 and beyond	$0	$0	All costs
BLOOD			
First three pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

***NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

BLUECHOICE 65 PLAN G & BLUECHOICE 65 SELECT PLAN G (Continued)
Medicare (Part B) — Medical Services — Per Calendar Year

***Once you have been billed $257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT (such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment)			
First $257 of Medicare-approved amounts*	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges (Above Medicare-approved amounts)	$0	100%	$0
BLOOD			
First three pints	$0	All costs	$0
Next $257 of Medicare-approved amounts*	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES — TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

Medicare Parts A & B

HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
— Medically necessary skilled care services and medical supplies	100%	$0	$0
— Durable medical equipment			
First $257 of Medicare-approved amounts*	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

Other Benefits – Not Covered by Medicare

FOREIGN TRAVEL — NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

BLUECHOICE 65 PLUS PLAN G & BLUECHOICE 65 SELECT PLUS PLAN G
Medicare (Part A) — Hospital Services — Per Benefit Period

***A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.**

****If you choose BlueChoice 65 SELECT PLUS Plan G, you must use a network hospital for these benefits. These benefits will not be provided if you are hospitalized in an out-of-network hospital, unless the hospitalization is for emergency treatment as described in the policy.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies			
Days 1-60	All but $1,676	$1,676 (Part A deductible)**	$0
Days 61-90	All but $419 a day	$419 a day**	$0
Days 91 and beyond — While using 60 lifetime reserve days — Once lifetime reserve days are used:	All but $838 a day	$838 a day**	$0
• Additional 365 days	$0	100% of Medicare-eligible expenses	$0***
• Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
Days 1-20	All approved amounts	$0	$0
Days 21-100	All but $209.50 a day	Up to $209.50 a day	$0
Days 101 and beyond	$0	$0	All costs
BLOOD First three pints Additional amounts	 $0 100%	 3 pints $0	 $0 $0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

***NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

BLUECHOICE 65 PLUS PLAN G & BLUECHOICE 65 SELECT PLUS PLAN G
Medicare (Part B) — Medical Services — Per Calendar Year

***Once you have been billed $257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT (such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment)			
First $257 of Medicare-approved amounts*	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges (Above Medicare-approved amounts)	$0	100%	$0
BLOOD			
First three pints	$0	All costs	$0
Next $257 of Medicare-approved amounts*	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES — TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

Medicare Parts A & B

HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
— Medically necessary skilled care services and medical supplies	100%	$0	$0
— Durable medical equipment			
First $257 of Medicare-approved amounts*	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

Other Benefits – Not Covered by Medicare

FOREIGN TRAVEL — NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

BLUECHOICE 65 PLUS PLAN G & BLUECHOICE 65 SELECT PLUS PLAN G
Dental Services — Per Calendar Year

- **In order to receive full benefits, dental services must be performed by a provider in the United Concordia Dental Advantage Plus Network.**
- **Annual allowance of $1,200 per year for all dental services combined, preventive and basic.**

DENTAL SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
PREVENTIVE SERVICES			
Oral Exams – Limited to 2 exam(s) every year	$0	100%	$0
Routine Cleaning – Limited to 2 cleaning(s) every year	$0	100%	$0
Horizontal Bitewing X-rays – Limited to 1 set every year	$0	100%	$0
BASIC SERVICES			
Adjustments of Prosthetics – Up to 1 per arch per 2 years	$0	100%	$0
Repairs of Prosthetics – Up to 1 arch per 3 years	$0	100%	$0
Amalgam Replacement Restoration (Metal Fillings) – Limited to 1, per tooth, every 36 months	$0	100%	$0
Resin-Based Composite Replacement Restoration (Anterior) – Limited to 1, per tooth, every 36 months	$0	100%	$0
Endodontic Therapy and Services – Limited to 1 visit per tooth per lifetime	$0	100%	$0
Palliative Treatment (ER) – Limited to 1 visit per year	$0	100%	$0
Extractions – No limit to simple surgical extractions	$0	100%	$0

BLUECHOICE 65 PLAN N & BLUECHOICE 65 SELECT PLAN N
Medicare (Part A) — Hospital Services — Per Benefit Period

***A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.**

****If you choose BlueChoice 65 SELECT Plan N, you must use a network hospital for these benefits. These benefits will not be provided if you are hospitalized in an out-of-network hospital, unless the hospitalization is for emergency treatment as described in the policy.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies			
Days 1-60	All but $1,676	$1,676 (Part A deductible)**	$0
Days 61-90	All but $419 a day	$419 a day**	$0
Days 91 and beyond — While using 60 lifetime reserve days — Once lifetime reserve days are used:	All but $838 a day	$838 a day**	$0
• Additional 365 days	$0	100% of Medicare-eligible expenses	$0***
• Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
Days 1-20	All approved amounts	$0	$0
Days 21-100	All but $209.50 a day	Up to $209.50 a day	$0
Days 101 and beyond	$0	$0	All costs
BLOOD First three pints Additional amounts	 $0 100%	 3 pints $0	 $0 $0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

***NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

BLUECHOICE 65 PLAN N & BLUECHOICE 65 SELECT PLAN N (continued)
Medicare (Part B) — Medical Services — Per Calendar Year

***Once you have been billed $257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT (such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment)			
First $257 of Medicare-approved amounts*	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B excess charges (Above Medicare-approved amounts)	$0	$0	All costs
BLOOD			
First three pints	$0	All costs	$0
Next $257 of Medicare-approved amounts*	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES — TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

Medicare Parts A & B

HOME HEALTH CARE MEDICARE-APPROVED SERVICES — Medically necessary skilled care services and medical supplies	100%	$0	$0
— Durable medical equipment			
First $257 of Medicare-approved amounts*	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

Other Benefits Not Covered by Medicare

FOREIGN TRAVEL — NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

Blue Cross and Blue Shield of Louisiana
HMO Louisiana
Southern National Life

Nondiscrimination Notice

Discrimination Is Against the Law

Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana, Inc. and Southern National Life, comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Louisiana Blue does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

Louisiana Blue and its subsidiaries:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, you can call the Customer Service number on the back of your ID card or email MeaningfulAccessLanguageTranslation@lablue.com. If you are hearing impaired call 1-800-711-5519 (TTY 711).

If you believe that Louisiana Blue or one of its subsidiaries failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you have the right to take the following steps:

1. If you are fully insured through Louisiana Blue or one of its subsidiaries, file a grievance in person or by mail, fax or email.

   Section 1557 Coordinator
   In Person: 5525 Reitz Ave. Baton Rouge, LA 70809
   Mail: P. O. Box 98012, Baton Rouge, LA 70898-9012
   Phone: (225) 298-7238 or 1-800-711-5519 (TTY 711)
   Fax: (225) 298-7240
   Email: Section1557Coordinator@lablue.com

2. If your employer sponsors a self-funded health plan and Louisiana Blue only serves as the Claims Administrator, contact your employer or your company's Human Resources Department. To determine if your plan is fully insured by Louisiana Blue or self-funded and sponsored by your employer, go to **www.lablue.com/checkmyplan**.

Whether you are fully insured or covered by a self-funded health plan, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

Mail: 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201
Phone: 1-800-368-1019, 1-800-537-7697 (TDD)

This notice is available at www.lablue.com.

NOTICE

Free language assistance services and auxiliary aids are available. If needed, please call the Customer Service number at 1-800-495-2583. Hearing-impaired customers call 1-800-711-5519 (TTY 711).

Tiene a su disposición servicios de asistencia lingüística y ayudas auxiliares gratuitas. Si necesita ayuda, llame al Servicio de Atención al Cliente al 1-800-495-2583. Los clientes con discapacidad auditiva pueden llamar al 1-800-711-5519 (TTY 711).

Des services d'assistance linguistique gratuits et des aides auxiliaires sont disponibles. Si nécessaire, veuillez appeler le numéro du service client au 1-800-495-2583. Les clients malentendants peuvent appeler le 1-800-711-5519 (ATS 711).

Có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện hỗ trợ. Nếu cần, vui lòng gọi Dịch vụ khách hàng theo số 1-800-495-2583. Khách hàng khiếm thính vui lòng gọi 1-800-711-5519 (TTY 711).

免费提供语言协助服务和辅助工具。如有需要，请拨打客户服务电话 1-800-495-2583。听障客户请拨打 1-800-711-5519 (TTY 711)。

تتوفر خدمات مساعدة لغوية ووسائل مساعدة إضافية مجانية. وفي حال الحاجة إلى هذه الخدمات، يُرجى الاتصال بخدمة العملاء على الرقم 1-800-495-2583. يُرجى من العملاء ذوي الإعاقة السمعية الاتصال على الرقم 1-800-711-5519 (خدمة الهاتف النصي 711).

Mayroong mga libreng serbisyo sa tulong sa wika at karagdagang tulong. Kung kailangan ito, mangyaring tawagan ang numero ng Serbisyo sa Customer sa 1-800-495-2583. Para sa mga customer na may kapansanan sa pandinig, tumawag sa 1-800-711-5519 (TTY 711).

무료 언어 지원 서비스와 보조 도구를 이용하실 수 있습니다. 필요한 경우 고객 서비스 번호 1-800-495-2583으로 전화해 주시기 바랍니다. 청각 장애가 있는 고객은 1-800-711-5519(TTY 711)로 전화하십시오.

Serviços de assistência de idioma e demais auxílios disponíveis gratuitamente. Se necessário, ligue para o Atendimento ao Cliente no telefone 1-800-495-2583. Clientes com deficiência auditiva devem ligar para 1-800-711-5519 (TTY 711).

ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ເຄື່ອງຊ່ວຍເສີມຟຣີ. ຖ້າຕ້ອງການ, ກະລຸນາໂທຫາບໍລິການລູກຄ້າ ທີ່ເບີ 1-800-495-2583. ລູກຄ້າທີ່ພິການຫູ ໃຫ້ໂທຫາ 1-800-711-5519 (TTY 711).

無料の言語アシスタンスサービスと介助用補助具をご利用いただけます。必要な場合は、カスタマーサービス番号1-800-495-2583までお電話ください。聴覚に障害のあるお客様は、1-800-711-5519 (TTY 711)までお電話ください。

زبان کے سلسلے میں مفت معاونت کی سہولیات اور اضافی معاونتیں دستیاب ہیں. ضرورت پڑنے پر کسٹمر سروس سے ان نمبر پر رابطہ کریں: 1-800-495-2583. سماعت کی کمی کے شکار افراد اس نمبر پر کال کریں: 1-800-711-5519 (TTY 711)

Bei Bedarf stehen Ihnen kostenlose Sprachhilfen und andere unterstützende Dienste zur Verfügung. Bitte wenden Sie sich dazu telefonisch an den Kundenservice unter 1-800-495-2583. Sollten Sie schwerhörig sein, wählen Sie bitte die 1-800-711-5519 (TTY 711).

خدمات کمک زبانی رایگان و ابزارهای کمکی جانبی در دسترس هستند. در صورت نیاز، لطفاً با «خدمات مشتریان» به شماره 1-800-495-2583 تماس بگیرید. مشتریان کم‌شنوا با 1-800-711-5519 (TTY 711) بگیرند.

Мы предоставляем бесплатные услуги языковой поддержки и вспомогательное оборудование. При необходимости позвоните в службу поддержки клиентов по номеру 1-800-495-2583. Телефон для клиентов с нарушениями слуха — 1-800-711-5519 (TTY 711).

มีบริการช่วยเหลือด้านภาษาและเครื่องสนับสนุนฟรี หากจำเป็น โปรดโทรติดต่อฝ่ายบริการลูกค้าได้ที่หมายเลข 1-800-495-2583 ลูกค้าที่มีความบกพร่องทางการได้ยิน โปรดโทรไปที่หมายเลข 1-800-711-5519 (TTY 711)

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Louisiana Blue Individual Sales and Medicare Customer Service Centers

Alexandria
4508 Coliseum Boulevard
Suite A
Alexandria, LA 71303
(318) 442-8107

Baton Rouge
5525 Reitz Avenue
Baton Rouge, LA 70809
(225) 295-2527
Medicare Customer Service:
(225) 295-0334

Houma
1437 St. Charles Street
Suite 135
Houma, LA 70360
(985) 853-5965

Lafayette
5501 Johnston Street
Lafayette, LA 70503
(337) 231-0005

Lake Charles
219 W. Prien Lake Road
Lake Charles, LA 70601
(337) 480-5315

Monroe
122 St. John Street
Monroe, LA 71201
(318) 398-4955

Metairie
3235 N. Causeway Boulevard
Metairie, LA 70002
(504) 832-5800

New Orleans Metro
1340 Poydras Street
Suite 100
New Orleans, LA 70112
(504) 518-7364

Shreveport
411 Ashley Ridge Boulevard
Shreveport, LA 71106
(318) 795-4911

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