



WYOMING



2024 Senior Blue[®]

Outline of Medicare
Supplement Coverage

For Assistance
800-851-2227

Medicare@bcbswy.com
WyomingSeniorBlue.com

Standard Medicare Supplement Plans

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan “A” available. Some plans may not be available in your state.

Plans E, F, H, I, and J are no longer available for sale.

Basic Benefits:

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

Blue Cross Blue Shield of Wyoming offers the plans highlighted in gray.

A	B	C	D	G	G*
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	
		Part B Deductible			
				Part B Excess (100%)	
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	

*Plan G also has an option called a high deductible plan G. This high deductible plan pays the same benefits as Plan G after one has paid a calendar year \$2,800 (2024 amount) deductible.

Benefits from high deductible plan G will not begin until out-of-pocket expenses exceed \$2,800 (2024 amount). 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.

K	L	M	N
Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Foreign Travel Emergency	Foreign Travel Emergency
Out-of-pocket limit \$7,060; paid at 100% after limit reached**	Out-of-pocket limit \$3,530; paid at 100% after limit reached**		

****The out-of-pocket annual limit may increase each year for inflation.**

Senior Blue Premium Rates - Effective January 1, 2024

Ages	Plan A	Plan G	High Deductible		
			Plan G	Plan K	Plan N
65	126.30	170.90	73.10	93.60	154.40
66	130.50	176.70	75.00	96.60	159.10
67	134.50	182.40	77.60	99.70	164.50
68	139.20	188.40	80.30	102.90	169.80
69	143.70	194.60	82.80	106.40	175.40
70	148.40	200.80	85.60	109.80	181.00
71	153.20	207.40	88.70	113.50	187.00
72	158.30	214.00	91.40	117.00	193.00
73	163.20	221.20	94.30	121.10	199.30
74	168.90	228.40	97.20	124.80	205.90
75	174.20	235.70	100.40	129.00	212.70
76	179.70	243.40	104.00	133.20	219.60
77	185.60	251.30	107.20	137.40	226.90
78	191.70	259.60	110.80	141.80	233.90
79	197.90	268.20	114.40	146.60	241.70
80	204.70	276.70	118.00	151.40	249.70
81	211.10	285.80	122.00	156.20	257.60
82	217.90	295.20	125.60	161.40	266.20
83	225.40	304.80	130.10	166.60	274.80
84	232.40	314.40	134.30	172.30	283.50
85 +	240.10	324.80	138.70	177.70	293.00

Premium Information

Blue Cross Blue Shield of Wyoming can only raise your premium if we raise the premium for all policies like yours in this state. When we change the premium upon our implementation of a new table of rates or a change in Medicare's benefit structure, your new premium will be based upon your age at the effective date of the premium change. If we do change premiums, we will notify you at least 30 days in advance.

Disclosures

Use this outline to compare benefits and premiums among policies.

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 of the rights and duties of both you and Blue Cross Blue Shield of Wyoming.

Right to Return Policy

If you find that you are not satisfied with your policy, you may return it to: Blue Cross Blue Shield of Wyoming, 4000 House Avenue, Cheyenne, WY 82001. 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.

Policy Replacement

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

Notice

This policy may not fully cover all of your medical costs. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.

Neither Blue Cross Blue Shield of Wyoming nor its agents are connected with or endorsed by the U.S. Government or the federal Medicare program.

This is a solicitation of insurance. A licensed insurance agent/producer may contact you.

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. Blue Cross Blue Shield of Wyoming 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.

Senior Blue[®] Medicare Supplement Plans

This chart highlights the Senior Blue Medicare Supplement plans available to you.

Benefit	MEDICARE PAYS
Medicare Part A – Hospital Services Per Benefit Period	
Hospitalization	
Days 1-60	All but \$1,632
Days 61-90	All but \$408 a day
91st Day and after: While using 60 lifetime reserve days	All but \$816 a day
Once lifetime reserve days are used: Additional 365 days	\$0
Beyond the 365 days	\$0
Skilled Nursing Facility Care	
Days 1-20	All approved amounts
Days 21-100	All but \$204 a day
101st day and after	\$0
Blood	
First three pints	\$0
Additional amounts	100%
Hospice Care	
All but limited coinsurance for outpatient drugs & inpatient respite	
Medicare Part B – Medical Services Per Calendar Year	
Medical Expenses	
First \$240 of Medicare-approved amounts	\$0
Remainder of Medicare-approved amounts	Generally 80%
Part B excess charges (above Medicare-approved amounts)	\$0
Blood	
First 3 pints	\$0
Next \$240 of Medicare-approved amounts	\$0
Remainder of Medicare-approved amounts	80%
Clinical Laboratory Service	
100%	
Home Health Care Medicare-Approved Services	
Medically necessary skilled care, services, medical supplies	100%
Durable medical equipment:	
First \$240 of Medicare-approved amounts	\$0
Remainder of Medicare-approved amounts	80%
Other Services Not Covered by Medicare	
Foreign Travel	
(Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA)	
First \$250 of each calendar year	\$0
Remainder of charges	\$0

Senior Blue Medicare Supplement Plans are age-rated.

YOU PAY Senior Blue Plan A		YOU PAY Senior Blue Plan G/G*		YOU PAY Senior Blue Plan K**		YOU PAY Senior Blue Plan N	
\$1,632 (Part A Deductible)	\$0	\$816 (50% of Part A Deductible)	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
All costs	All costs	All costs	All costs	All costs	All costs	All costs	All costs
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Up to \$204 a day	\$0	Up to \$102 a day	\$0	Up to \$102 a day	\$0	Up to \$102 a day	\$0
All costs	All costs	All costs	All costs	All costs	All costs	All costs	All costs
\$0	\$0	50% of the first three pints of blood	\$0	50% of the first three pints of blood	\$0	50% of the first three pints of blood	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	50% of Part A Medicare coinsurance or copayments	\$0	50% of Part A Medicare coinsurance or copayments	\$0	50% of Part A Medicare coinsurance or copayments	\$0
\$240 (Part B Deductible)	\$240 (Part B Deductible)	\$240 (Part B Deductible)	\$240 (Part B Deductible)	\$240 (Part B Deductible)	\$240 (Part B Deductible)	\$240 (Part B Deductible)	\$240 (Part B Deductible)
\$0	\$0	Generally 10%	\$0	Generally 10%	\$20 Office Visit / \$50 ER	\$20 Office Visit / \$50 ER	\$20 Office Visit / \$50 ER
All costs	\$0	All costs	\$0	All costs	All costs	All costs	All costs
\$0	\$0	50% of the first three pints of blood	\$0	50% of the first three pints of blood	\$0	50% of the first three pints of blood	\$0
\$240 (Part B Deductible)	\$240 (Part B Deductible)	\$240 (Part B Deductible)	\$240 (Part B Deductible)	\$240 (Part B Deductible)	\$240 (Part B Deductible)	\$240 (Part B Deductible)	\$240 (Part B Deductible)
\$0	\$0	Generally 10%	\$0	Generally 10%	\$0	Generally 10%	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$240 (Part B Deductible)	\$240 (Part B Deductible)	\$240 (Part B Deductible)	\$240 (Part B Deductible)	\$240 (Part B Deductible)	\$240 (Part B Deductible)	\$240 (Part B Deductible)	\$240 (Part B Deductible)
\$0	\$0	10%	\$0	10%	\$0	10%	\$0
All costs	\$250	All costs	\$250	All costs	\$250	All costs	\$250
All costs	20% and amounts over the \$50,000 lifetime maximum	All costs	20% and amounts over the \$50,000 lifetime maximum	All costs	20% and amounts over the \$50,000 lifetime maximum	All costs	20% and amounts over the \$50,000 lifetime maximum

* Plan G also has an option called a High Deductible Plan G. This high deductible plan pays the same benefits as Plan G after one has paid a calendar year \$2,800 (for 2024) deductible.

** Out-of-pocket maximum for Medicare-approved amounts limited to \$7,060 for 2024.