

SERFF Tracking Number: ARBB-127971058 State: Arkansas
 Filing Company: Arkansas Blue Cross and Blue Shield State Tracking Number:
 Company Tracking Number: MP12-OOC
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
 Product Name: Advertising Piece
 Project Name/Number: Advertising/MP12-OOC

Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield

Product Name: Advertising Piece

SERFF Tr Num: ARBB-127971058 State: Arkansas

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed-Filed-Closed

State Tr Num:

Sub-TOI: MS06.000 Medicare Supplement - Other

Co Tr Num: MP12-OOC

State Status: Filed-Closed

Filing Type: Form/Advertisement

Reviewer(s): Stephanie Fowler

Authors: Christi Kittler, Yvonne McNaughton, Frank Sewall, Rita Thatcher, Evelyn Laney

Disposition Date: 01/19/2012

Date Submitted: 01/10/2012

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Advertising

Status of Filing in Domicile: Pending

Project Number: MP12-OOC

Date Approved in Domicile:

Requested Filing Mode: File & Use

Domicile Status Comments: Arkansas is stat of domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/19/2012

State Status Changed: 01/19/2012

Deemer Date:

Created By: Evelyn Laney

Submitted By: Evelyn Laney

Corresponding Filing Tracking Number:

Filing Description:

Attached please find form 2012 Med-Pak Sup OOC for your review and approval.

This is an updated MediPak Sup Outline of Coverage foldout for the 2012 Medi-Pak Sup kits. This piece is like ones we have done in the past with the exception of 2012 Medicare rates, updating premiums for Plan F and added language for Vision Care.

Please feel free to contact me at 378-2165 with any questions you may have.

Company and Contact

SERFF Tracking Number: ARBB-127971058 State: Arkansas
 Filing Company: Arkansas Blue Cross and Blue Shield State Tracking Number:
 Company Tracking Number: MP12-OOC
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
 Product Name: Advertising Piece
 Project Name/Number: Advertising/MP12-OOC

Filing Contact Information

Evelyn Laney, Senior Compliance Analyst exlaney@arkbluecross.com
 320 West Capitol, Ste 211 501-378-2165 [Phone]
 Little Rock, AR 72201 501-378-2975 [FAX]

Filing Company Information

Arkansas Blue Cross and Blue Shield CoCode: 83470 State of Domicile: Arkansas
 601 S. Gaines Street Group Code: Company Type:
 Little Rock, AR 72201 Group Name: State ID Number: N/A
 (501) 378-2967 ext. [Phone] FEIN Number: 71-0226428

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arkansas Blue Cross and Blue Shield	\$50.00	01/10/2012	55172459

SERFF Tracking Number: ARBB-127971058 State: Arkansas
Filing Company: Arkansas Blue Cross and Blue Shield State Tracking Number:
Company Tracking Number: MP12-OOC
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Advertising Piece
Project Name/Number: Advertising/MP12-OOC

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	01/19/2012	01/19/2012

SERFF Tracking Number: ARBB-127971058 *State:* Arkansas
Filing Company: Arkansas Blue Cross and Blue Shield *State Tracking Number:*
Company Tracking Number: MP12-OOC
TOI: MS06 Medicare Supplement - Other *Sub-TOI:* MS06.000 Medicare Supplement - Other
Product Name: Advertising Piece
Project Name/Number: Advertising/MP12-OOC

Disposition

Disposition Date: 01/19/2012

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARBB-127971058 *State:* Arkansas
Filing Company: Arkansas Blue Cross and Blue Shield *State Tracking Number:*
Company Tracking Number: MP12-OOC
TOI: MS06 Medicare Supplement - Other *Sub-TOI:* MS06.000 Medicare Supplement - Other
Product Name: Advertising Piece
Project Name/Number: Advertising/MP12-OOC

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	Advertisement	Filed-Closed	Yes

SERFF Tracking Number: ARBB-127971058 State: Arkansas
 Filing Company: Arkansas Blue Cross and Blue Shield State Tracking Number:
 Company Tracking Number: MP12-OOC
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
 Product Name: Advertising Piece
 Project Name/Number: Advertising/MP12-OOC

Form Schedule

Lead Form Number: MP12-OOC

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 01/19/2012	MP12-OOC	Advertising	Advertisement	Initial			2012 Sup FF Kit OOC v2.pdf

2012

**Outline of Medicare
Supplement Coverage**

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE — COVER PAGE: Arkansas Blue Cross and Blue Shield Offers Benefit Plans A, F, G and N.

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 Arkansas. Plans E, 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 copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments. **Blood:** First three pints of blood each year. **Hospice:** Part A coinsurance. **+INNOVATIVE BENEFIT:** Not part of standard benefit plan. **The SilverSneakers® Fitness Program is an overall health and wellness program.**

A	B	C	D	F	F*	G	K**	L**	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*		Basic, including 100% Part B coinsurance	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			
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% 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 A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible						
				Part B Excess (100%)		Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							***Out-of-pocket limit \$4,620; paid at 100% after limit reached	***Out-of-pocket limit \$2,310; paid at 100% after limit reached		
SilverSneakers [†]				SilverSneakers [†]		SilverSneakers [†]				SilverSneakers [†]

* Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,000 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2,000. 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. **Plans K and L provide for different cost-sharing for items and services than Plans A-G. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called “excess charges.” You will be responsible for paying excess charges. ***The out-of-pocket annual limit will increase each year for inflation.

PREMIUM INFORMATION

We, Arkansas Blue Cross and Blue Shield, can only raise your premium if we raise the premium for all policies like yours in the same service area as yours.

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 your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to Arkansas Blue Cross and Blue Shield, 601 Gaines Street, Little Rock, Arkansas 72203. 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.

Neither Arkansas Blue Cross and Blue Shield 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 or consult "Medicare and You" for more details.

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. The company 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.

Plans A, F, G, N
Medicare (Part A) — Hospital Services — Per Benefit Period

SERVICES	MEDICARE PAYS	PLAN PAYS				YOU PAY			
		A	F	G	N	A	F	G	N
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies									
First 60 days	All but \$1,156/benefit period	\$-0-	\$1,156	\$1,156	\$1,156	\$1,156	\$-0-	\$-0-	\$-0-
61st through 90th day	All but \$289 a day	\$289/day	\$289/day	\$289/day	\$289/day	\$-0-	\$-0-	\$-0-	\$-0-
91st day and after:									
— While using 60 lifetime reserve days	All but \$578 a day	\$578/day	\$578/day	\$578/day	\$578/day	\$-0-	\$-0-	\$-0-	\$-0-
— Once lifetime reserve days are used: — Additional 365 days	\$-0-	100% of Medicare-Eligible Expenses	\$-0-**	\$-0-**	\$-0-**	\$-0-**			
— Beyond the Additional 365 days	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	All Costs	All Costs	All Costs	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.									
First 20 days	All approved amounts	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-
21st through 100th day	All but \$144.50 a day	\$-0-	Up to \$144.50 a day	Up to \$144.50 a day	Up to \$144.50 a day	Up to \$144.50 a day	\$-0-	\$-0-	\$-0-
101st day and after	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	All Costs	All Costs	All Costs	All Costs
BLOOD									
First three pints	\$-0-	3 Pints	3 Pints	3 Pints	3 Pints	\$-0-	\$-0-	\$-0-	\$-0-
Additional Amounts	100%	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-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	Medicare copayment/coinsurance	Medicare copayment/coinsurance	Medicare copayment/coinsurance	\$-0-	\$-0-	\$-0-	\$-0-

* 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.

** **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.

Medicare (Part B) — Medical Services — Per Calendar Year

SERVICES	MEDICARE PAYS	PLAN PAYS				YOU PAY			
		A	F	G	N	A	F	G	N
MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment									
First \$140 of Medicare-Approved Amounts	\$-0-	\$-0-	\$140 (Part B Deductible)	\$-0-	\$-0-	\$140 (Part B Deductible)	\$-0-	\$140 (Part B Deductible)	\$140 (Part B Deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	Generally 20%	Generally 20%	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.	\$-0-	\$-0-	\$-0-	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-	100%	100%	\$-0-	All Costs	\$-0-	\$-0-	All Costs
BLOOD									
First three pints	\$-0-	All Costs	All Costs	All Costs	All Costs	\$-0-	\$-0-	\$-0-	\$-0-
Next \$140 of Medicare-Approved Amounts*	\$-0-	\$-0-	\$140 (Part B Deductible)	\$-0-	\$-0-	\$140 (Part B Deductible)	\$-0-	\$140 (Part B Deductible)	\$140 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	20%	20%	20%	\$-0-	\$-0-	\$-0-	\$-0-
CLINICAL LABORATORY SERVICES — TESTS FOR DIAGNOSTIC SERVICES	100%	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-
HOME HEALTH CARE MEDICARE-APPROVED SERVICES — Medically necessary skilled care services and medical supplies	100%	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-
—Durable medical equipment —First \$140 of Medicare-Approved Amounts*	\$-0-	\$-0-	\$140 (Part B Deductible)	\$-0-	\$-0-	\$140 (Part B Deductible)	\$-0-	\$140 (Part B Deductible)	\$140 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	20%	20%	20%	\$-0-	\$-0-	\$-0-	\$-0-

*Once you have been billed \$140 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. Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

SERVICES	MEDICARE PAYS	PLAN PAYS				YOU PAY			
		A	F	G	N	A	F	G	N
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-	\$-0-	\$-0-	\$-0-	All Costs	\$250	\$250	\$250
Remainder of Charges	\$-0-	\$-0-	80% to a lifetime maximum benefit of \$50,000	80% to a lifetime maximum benefit of \$50,000	80% to a lifetime maximum benefit of \$50,000	All Costs	20% and amounts over the \$50,000 lifetime max.	20% and amounts over the \$50,000 lifetime max.	20% and amounts over the \$50,000 lifetime max.
SILVERSNEAKERS* SilverSneakers Fitness Program or SilverSneakers Steps	\$-0-	All Costs	All Costs	All Costs	All Costs	No Cost	No Cost	No Cost	No Cost
Vision Care**	\$-0-	All Costs	All Costs	All Costs	All Costs	No Cost	No Cost	No Cost	No Cost

Service Area 1 Counties: Arkansas, Ashley, Baxter, Benton, Boone, Bradley, Calhoun, Carroll, Chicot, Clay, Cleveland, Columbia, Craighead, Crawford, Crittenden, Desha, Drew, Franklin, Fulton, Grant, Greene, Jefferson, Johnson, Lafayette, Lee, Lincoln, Logan, Madison, Marion, Miller, Mississippi, Monroe, Montgomery, Newton, Phillips, Poinsett, Polk, Pope, Prairie, Randolph, Scott, Searcy, Sebastian, St. Francis, Stone, Union, Washington, White, Woodruff, Yell

Service Area 2 Counties: Clark, Cleburne, Conway, Cross, Dallas, Faulkner, Garland, Hempstead, Hot Spring, Howard, Independence, Izard, Jackson, Lawrence, Little River, Lonoke, Nevada, Ouachita, Perry, Pike, Pulaski, Saline, Sevier, Sharp, Van Buren

*SilverSneakers® is a registered mark of Healthways, Inc. The SilverSneakers Fitness Program is provided by Healthways, Inc. Healthways, Inc., is an independent company that operates separately from Arkansas Blue Cross and Blue Shield.

** See Medi-Pak Vision Care Program brochure/certificate for benefit details. The benefits provided under this program are in addition to, and not instead of, your benefits under Medicare or the Medi-Pak Medicare supplement certificate.

Medi-Pak insurance plans are not connected with or endorsed by the U.S. government or the federal Medicare program.

Service Area 1 Premiums

Monthly	\$ 91.50	\$128.90	\$111.30	\$ 92.00
Quarterly	\$274.50	\$386.70	\$333.90	\$276.00

Service Area 2 Premiums

Monthly	\$105.10	\$145.10	\$125.00	\$102.80
Quarterly	\$315.30	\$435.30	\$375.00	\$308.40

SERFF Tracking Number: ARBB-127971058

State: Arkansas

Filing Company: Arkansas Blue Cross and Blue Shield

State Tracking Number:

Company Tracking Number: MP12-OOC

TOI: MS06 Medicare Supplement - Other

Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Advertising Piece

Project Name/Number: Advertising/MP12-OOC

Supporting Document Schedules

Item Status:

Status

Date:

Bypassed - Item: Flesch Certification

Bypass Reason: Not applicable.

Comments:

Item Status:

Status

Date:

Bypassed - Item: Application

Bypass Reason: Not required.

Comments:

Item Status:

Status

Date:

Bypassed - Item: Health - Actuarial Justification

Bypass Reason: Not required.

Comments:

Item Status:

Status

Date:

Satisfied - Item: Outline of Coverage

Comments:

See attached.

Attachment:

2012 Sup FF Kit OOC v2.pdf

2012

**Outline of Medicare
Supplement Coverage**

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE — COVER PAGE: Arkansas Blue Cross and Blue Shield Offers Benefit Plans A, F, G and N.

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 Arkansas. Plans E, 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 copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments. **Blood:** First three pints of blood each year. **Hospice:** Part A coinsurance. **+INNOVATIVE BENEFIT:** Not part of standard benefit plan. **The SilverSneakers® Fitness Program is an overall health and wellness program.**

A	B	C	D	F	F*	G	K**	L**	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*		Basic, including 100% Part B coinsurance	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			
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% 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 A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible						
				Part B Excess (100%)		Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							***Out-of-pocket limit \$4,620; paid at 100% after limit reached	***Out-of-pocket limit \$2,310; paid at 100% after limit reached		
SilverSneakers [†]				SilverSneakers [†]		SilverSneakers [†]				SilverSneakers [†]

* Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,000 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2,000. 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. **Plans K and L provide for different cost-sharing for items and services than Plans A-G. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called “excess charges.” You will be responsible for paying excess charges. ***The out-of-pocket annual limit will increase each year for inflation.

PREMIUM INFORMATION

We, Arkansas Blue Cross and Blue Shield, can only raise your premium if we raise the premium for all policies like yours in the same service area as yours.

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 your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to Arkansas Blue Cross and Blue Shield, 601 Gaines Street, Little Rock, Arkansas 72203. 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.

Neither Arkansas Blue Cross and Blue Shield 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 or consult "Medicare and You" for more details.

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. The company 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.

Plans A, F, G, N
Medicare (Part A) — Hospital Services — Per Benefit Period

SERVICES	MEDICARE PAYS	PLAN PAYS				YOU PAY			
		A	F	G	N	A	F	G	N
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies									
First 60 days	All but \$1,156/benefit period	\$-0-	\$1,156	\$1,156	\$1,156	\$1,156	\$-0-	\$-0-	\$-0-
61st through 90th day	All but \$289 a day	\$289/day	\$289/day	\$289/day	\$289/day	\$-0-	\$-0-	\$-0-	\$-0-
91st day and after:									
— While using 60 lifetime reserve days	All but \$578 a day	\$578/day	\$578/day	\$578/day	\$578/day	\$-0-	\$-0-	\$-0-	\$-0-
— Once lifetime reserve days are used: — Additional 365 days	\$-0-	100% of Medicare-Eligible Expenses	\$-0-**	\$-0-**	\$-0-**	\$-0-**			
— Beyond the Additional 365 days	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	All Costs	All Costs	All Costs	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.									
First 20 days	All approved amounts	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-
21st through 100th day	All but \$144.50 a day	\$-0-	Up to \$144.50 a day	Up to \$144.50 a day	Up to \$144.50 a day	Up to \$144.50 a day	\$-0-	\$-0-	\$-0-
101st day and after	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	All Costs	All Costs	All Costs	All Costs
BLOOD									
First three pints	\$-0-	3 Pints	3 Pints	3 Pints	3 Pints	\$-0-	\$-0-	\$-0-	\$-0-
Additional Amounts	100%	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-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	Medicare copayment/coinsurance	Medicare copayment/coinsurance	Medicare copayment/coinsurance	\$-0-	\$-0-	\$-0-	\$-0-

* 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.

** **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.

Medicare (Part B) — Medical Services — Per Calendar Year

SERVICES	MEDICARE PAYS	PLAN PAYS				YOU PAY			
		A	F	G	N	A	F	G	N
MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment									
First \$140 of Medicare-Approved Amounts	\$-0-	\$-0-	\$140 (Part B Deductible)	\$-0-	\$-0-	\$140 (Part B Deductible)	\$-0-	\$140 (Part B Deductible)	\$140 (Part B Deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	Generally 20%	Generally 20%	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.	\$-0-	\$-0-	\$-0-	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-	100%	100%	\$-0-	All Costs	\$-0-	\$-0-	All Costs
BLOOD									
First three pints	\$-0-	All Costs	All Costs	All Costs	All Costs	\$-0-	\$-0-	\$-0-	\$-0-
Next \$140 of Medicare-Approved Amounts*	\$-0-	\$-0-	\$140 (Part B Deductible)	\$-0-	\$-0-	\$140 (Part B Deductible)	\$-0-	\$140 (Part B Deductible)	\$140 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	20%	20%	20%	\$-0-	\$-0-	\$-0-	\$-0-
CLINICAL LABORATORY SERVICES — TESTS FOR DIAGNOSTIC SERVICES	100%	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-
HOME HEALTH CARE MEDICARE-APPROVED SERVICES — Medically necessary skilled care services and medical supplies	100%	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-	\$-0-
—Durable medical equipment —First \$140 of Medicare-Approved Amounts*	\$-0-	\$-0-	\$140 (Part B Deductible)	\$-0-	\$-0-	\$140 (Part B Deductible)	\$-0-	\$140 (Part B Deductible)	\$140 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	20%	20%	20%	\$-0-	\$-0-	\$-0-	\$-0-

*Once you have been billed \$140 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. Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

SERVICES	MEDICARE PAYS	PLAN PAYS				YOU PAY			
		A	F	G	N	A	F	G	N
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-	\$-0-	\$-0-	\$-0-	All Costs	\$250	\$250	\$250
Remainder of Charges	\$-0-	\$-0-	80% to a lifetime maximum benefit of \$50,000	80% to a lifetime maximum benefit of \$50,000	80% to a lifetime maximum benefit of \$50,000	All Costs	20% and amounts over the \$50,000 lifetime max.	20% and amounts over the \$50,000 lifetime max.	20% and amounts over the \$50,000 lifetime max.
SILVERSNEAKERS* SilverSneakers Fitness Program or SilverSneakers Steps	\$-0-	All Costs	All Costs	All Costs	All Costs	No Cost	No Cost	No Cost	No Cost
Vision Care**	\$-0-	All Costs	All Costs	All Costs	All Costs	No Cost	No Cost	No Cost	No Cost

Service Area 1 Counties: Arkansas, Ashley, Baxter, Benton, Boone, Bradley, Calhoun, Carroll, Chicot, Clay, Cleveland, Columbia, Craighead, Crawford, Crittenden, Desha, Drew, Franklin, Fulton, Grant, Greene, Jefferson, Johnson, Lafayette, Lee, Lincoln, Logan, Madison, Marion, Miller, Mississippi, Monroe, Montgomery, Newton, Phillips, Poinsett, Polk, Pope, Prairie, Randolph, Scott, Searcy, Sebastian, St. Francis, Stone, Union, Washington, White, Woodruff, Yell

Service Area 2 Counties: Clark, Cleburne, Conway, Cross, Dallas, Faulkner, Garland, Hempstead, Hot Spring, Howard, Independence, Izard, Jackson, Lawrence, Little River, Lonoke, Nevada, Ouachita, Perry, Pike, Pulaski, Saline, Sevier, Sharp, Van Buren

*SilverSneakers® is a registered mark of Healthways, Inc. The SilverSneakers Fitness Program is provided by Healthways, Inc. Healthways, Inc., is an independent company that operates separately from Arkansas Blue Cross and Blue Shield.

** See Medi-Pak Vision Care Program brochure/certificate for benefit details. The benefits provided under this program are in addition to, and not instead of, your benefits under Medicare or the Medi-Pak Medicare supplement certificate.

Medi-Pak insurance plans are not connected with or endorsed by the U.S. government or the federal Medicare program.

Service Area 1 Premiums

Monthly	\$ 91.50	\$128.90	\$111.30	\$ 92.00
Quarterly	\$274.50	\$386.70	\$333.90	\$276.00

Service Area 2 Premiums

Monthly	\$105.10	\$145.10	\$125.00	\$102.80
Quarterly	\$315.30	\$435.30	\$375.00	\$308.40