
2018 Outline of Coverage

Security 65[®]

Medicare Supplement Plans

Plan A ■ Plan B ■ Plan C ■ Plan H ■ Plan H with Drug



Independence
Blue Cross
Highmark
Blue Shield

Independence Blue Cross and Highmark Blue Shield

Outline of Medicare Supplement Coverage

Security 65 — Plans A, B, C and H

The chart shows the benefits included in Plans A, B, C and H that were offered by Independence Blue Cross and Highmark Blue Shield. It also includes other plans that were not offered by Independence Blue Cross and Highmark Blue Shield.

Basic Benefits: Included in all plans

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end

Medical expenses: Part B coinsurance (20% of Medicare-approved expenses) or, in the case of hospital outpatient department services under a prospective payment system, applicable copayments

Blood: First three pints of blood each year

A	B	C	D	E	F	G	H	I	J
Basic benefits	Basic benefits	Basic benefits	Basic benefits	Basic benefits	Basic benefits	Basic benefits	Basic benefits	Basic benefits	Basic benefits
		Skilled nursing coinsurance	Skilled nursing coinsurance	Skilled nursing coinsurance	Skilled nursing coinsurance	Skilled nursing coinsurance	Skilled nursing coinsurance	Skilled nursing coinsurance	Skilled nursing coinsurance
	Part A deductible	Part A deductible	Part A deductible	Part A deductible	Part A deductible	Part A deductible	Part A deductible	Part A deductible	Part A deductible
		Part B deductible			Part B deductible				Part B deductible
					Part B excess (100%)	Part B excess (80%)		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	Foreign travel emergency	Foreign travel emergency
			At-home recovery			At-home recovery		At-home recovery	At-home recovery
				Preventive Care					Preventive Care

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 YOUR POLICY

If you find that you are not satisfied with your policy, you may return it to Independence Blue Cross and Highmark Blue Shield, 1901 Market Street, Philadelphia, PA 19103-1520. If you send the policy back to us within 30 days after you receive it, we will return all of your payments as long as you have not used your policy benefits.

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. Independence Blue Cross and Highmark Blue Shield are not connected with Medicare. This *Outline of Coverage* does not give all of the details of Medicare coverage. Contact your local Social Security office or consult "Medicare & You" for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

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

Security 65 — Plan A

* A benefit period begins on the first day you receive services 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.

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN A PAYS	WITH PLAN A, YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies.			
First 60 days	All but \$1,340	\$0	\$1,340 (Part A deductible)
61st through 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$670 a day	\$670 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.			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$167.50 a day	\$0	\$167.50 a day
101st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	Three pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies that you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

(continued)

Security 65 — Plan A *(continued)*

† Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.			
MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR			
SERVICES	MEDICARE PAYS	PLAN A PAYS	WITH PLAN A, YOU PAY
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 \$183 of Medicare-approved amounts†	\$0	\$0	\$183 (Part B deductible)
MEDICAL			
Remainder of Medicare-approved amounts	80% of outpatient medical services	20% of outpatient medical services	\$0
OUTPATIENT MENTAL HEALTH			
Remainder of Medicare-approved amounts	80% of Medicare-approved amount	20% of Medicare-approved amount	\$0
NOTE: Medicare reimbursement for outpatient mental health differs from the usual Medicare reimbursement.	In accordance with Medicare outpatient mental health reimbursement rules, the Medicare-approved amount for outpatient mental health claims is based on a 0% deduction of the initial Medicare-approved amount (Medicare-approved amount after deduction).	In accordance with Medicare outpatient mental health reimbursement rules, the Medicare-approved amount for outpatient mental health claims is based on a 0% deduction of the initial Medicare-approved amount (Medicare-approved amount after deduction).	In accordance with Medicare outpatient mental health reimbursement rules, the Medicare-approved amount for outpatient mental health claims is based on a 0% deduction of the initial Medicare-approved amount (Medicare-approved amount after deduction).
Part B excess charges (beyond Medicare-approved amounts) NOTE: Some states, such as PA, prohibit excess charges to any Medicare beneficiary.	\$0	\$0	All costs

(continued)

Security 65 — Plan A *(continued)*

† Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR			
SERVICES	MEDICARE PAYS	PLAN A PAYS	WITH PLAN A, YOU PAY
BLOOD			
First three pints	\$0	All costs	\$0
Next \$183 of Medicare-approved amounts†	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES — BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0
MEDICARE (PARTS A & B)			
SERVICES	MEDICARE PAYS	PLAN A PAYS	WITH PLAN A, YOU PAY
HOME HEALTH CARE — MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
• First \$183 of Medicare-approved amounts†	\$0	\$0	\$183 (Part B deductible)
• Remainder of Medicare-approved amounts	80%	20%	\$0

Security 65 — Plan B

* A benefit period begins on the first day you receive services 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.

MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN B PAYS	WITH PLAN B, YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies.			
First 60 days	All but \$1,340	\$1,340 (Part A deductible)	\$0
61st through 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$670 a day	\$670 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.			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$167.50 a day	\$0	\$167.50 a day
101st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	Three pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies that you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

(continued)

Security 65 — Plan B *(continued)*

† Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.			
MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR			
SERVICES	MEDICARE PAYS	PLAN B PAYS	WITH PLAN B, YOU PAY
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 \$183 of Medicare-approved amounts†	\$0	\$0	\$183 (Part B deductible)
MEDICAL			
Remainder of Medicare-approved amounts	80% of outpatient medical services	20% of outpatient medical services	\$0
OUTPATIENT MENTAL HEALTH			
Remainder of Medicare-approved amounts	80% of Medicare-approved amount	20% of Medicare-approved amount	\$0
NOTE: Medicare reimbursement for outpatient mental health differs from the usual Medicare reimbursement.	In accordance with Medicare outpatient mental health reimbursement rules, the Medicare-approved amount for outpatient mental health claims is based on a 0% deduction of the initial Medicare-approved amount (Medicare-approved amount after deduction).	In accordance with Medicare outpatient mental health reimbursement rules, the Medicare-approved amount for outpatient mental health claims is based on a 0% deduction of the initial Medicare-approved amount (Medicare-approved amount after deduction).	In accordance with Medicare outpatient mental health reimbursement rules, the Medicare-approved amount for outpatient mental health claims is based on a 0% deduction of the initial Medicare-approved amount (Medicare-approved amount after deduction).
Part B excess charges (beyond Medicare-approved amounts) NOTE: Some states, such as PA, prohibit excess charges to any Medicare beneficiary.	\$0	\$0	All costs

(continued)

Security 65 — Plan B *(continued)*

† Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR			
SERVICES	MEDICARE PAYS	PLAN B PAYS	WITH PLAN B, YOU PAY
BLOOD			
First three pints	\$0	All costs	\$0
Next \$183 of Medicare-approved amounts†	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES — BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0
MEDICARE (PARTS A & B)			
SERVICES	MEDICARE PAYS	PLAN B PAYS	WITH PLAN B, YOU PAY
HOME HEALTH CARE — MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
• First \$183 of Medicare-approved amounts†	\$0	\$0	\$183 (Part B deductible)
• Remainder of Medicare-approved amounts	80%	20%	\$0

Security 65 — Plan C

* A benefit period begins on the first day you receive services 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.			
MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD			
SERVICES	MEDICARE PAYS	PLAN C PAYS	WITH PLAN C, YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies.			
First 60 days	All but \$1,340	\$1,340 (Part A deductible)	\$0
61st through 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$670 a day	\$670 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.			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$167.50 a day	\$167.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	Three pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies that you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

(continued)

Security 65 — Plan C *(continued)*

† Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.			
MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR			
SERVICES	MEDICARE PAYS	PLAN C PAYS	WITH PLAN C, YOU PAY
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 \$183 of Medicare-approved amounts†	\$0	\$183 (Part B deductible)	\$0
MEDICAL			
Remainder of Medicare-approved amounts	80% of outpatient medical services	20% of outpatient medical services	\$0
OUTPATIENT MENTAL HEALTH			
Remainder of Medicare-approved amounts	80% of Medicare-approved amount	20% of Medicare-approved amount	\$0
NOTE: Medicare reimbursement for outpatient mental health differs from the usual Medicare reimbursement.	In accordance with Medicare outpatient mental health reimbursement rules, the Medicare-approved amount for outpatient mental health claims is based on a 0% deduction of the initial Medicare-approved amount (Medicare-approved amount after deduction).	In accordance with Medicare outpatient mental health reimbursement rules, the Medicare-approved amount for outpatient mental health claims is based on a 0% deduction of the initial Medicare-approved amount (Medicare-approved amount after deduction).	In accordance with Medicare outpatient mental health reimbursement rules, the Medicare-approved amount for outpatient mental health claims is based on a 0% deduction of the initial Medicare-approved amount (Medicare-approved amount after deduction).
Part B excess charges (beyond Medicare-approved amounts) NOTE: Some states, such as PA, prohibit excess charges to any Medicare beneficiary.	\$0	\$0	All costs

(continued)

Security 65 — Plan C *(continued)*

† Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR			
SERVICES	MEDICARE PAYS	PLAN C PAYS	WITH PLAN C, YOU PAY
BLOOD			
First three pints	\$0	All costs	\$0
Next \$183 of Medicare-approved amounts†	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES — BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0
MEDICARE (PARTS A & B)			
SERVICES	MEDICARE PAYS	PLAN C PAYS	WITH PLAN C, YOU PAY
HOME HEALTH CARE — MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
• First \$183 of Medicare-approved amounts†	\$0	\$183 (Part B deductible)	\$0
• Remainder of Medicare-approved amounts	80%	20%	\$0
OTHER BENEFITS — NOT COVERED BY MEDICARE			
SERVICES	MEDICARE PAYS	PLAN C PAYS	WITH PLAN C, YOU PAY
FOREIGN TRAVEL — NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Security 65 — Plan H

* A benefit period begins on the first day you receive services 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.			
MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD			
SERVICES	MEDICARE PAYS	PLAN H PAYS	WITH PLAN H, YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies.			
First 60 days	All but \$1,340	\$1,340 (Part A deductible)	\$0
61st through 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$670 a day	\$670 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.			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$167.50 a day	\$167.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	Three pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies that you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

(continued)

Security 65 — Plan H *(continued)*

† Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.			
MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR			
SERVICES	MEDICARE PAYS	PLAN H PAYS	WITH PLAN H, YOU PAY
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 \$183 of Medicare-approved amounts†	\$0	\$0	\$183 (Part B deductible)
MEDICAL			
Remainder of Medicare-approved amounts	80% of outpatient medical services	20% of outpatient medical services	\$0
OUTPATIENT MENTAL HEALTH			
Remainder of Medicare-approved amounts	80% of Medicare-approved amount	20% of Medicare-approved amount	\$0
NOTE: Medicare reimbursement for outpatient mental health differs from the usual Medicare reimbursement.	In accordance with Medicare outpatient mental health reimbursement rules, the Medicare-approved amount for outpatient mental health claims is based on a 0% deduction of the initial Medicare-approved amount (Medicare-approved amount after deduction).	In accordance with Medicare outpatient mental health reimbursement rules, the Medicare-approved amount for outpatient mental health claims is based on a 0% deduction of the initial Medicare-approved amount (Medicare-approved amount after deduction).	In accordance with Medicare outpatient mental health reimbursement rules, the Medicare-approved amount for outpatient mental health claims is based on a 0% deduction of the initial Medicare-approved amount (Medicare-approved amount after deduction).
Part B excess charges (beyond Medicare-approved amounts) NOTE: Some states, such as PA, prohibit excess charges to any Medicare beneficiary.	\$0	\$0	All costs

(continued)

Security 65 — Plan H *(continued)*

† Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR			
SERVICES	MEDICARE PAYS	PLAN H PAYS	WITH PLAN H, YOU PAY
BLOOD			
First three pints	\$0	All costs	\$0
Next \$183 of Medicare-approved amounts†	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES — BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0
MEDICARE (PARTS A & B)			
SERVICES	MEDICARE PAYS	PLAN H PAYS	WITH PLAN H, YOU PAY
HOME HEALTH CARE — MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
• First \$183 of Medicare-approved amounts†	\$0	\$0	\$183 (Part B deductible)
• Remainder of Medicare-approved amounts	80%	20%	\$0
OTHER BENEFITS — NOT COVERED BY MEDICARE			
SERVICES	MEDICARE PAYS	PLAN H PAYS	WITH PLAN H, YOU PAY
FOREIGN TRAVEL — NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Security 65 — Plan H with Drug

* A benefit period begins on the first day you receive services 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.			
MEDICARE (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD			
SERVICES	MEDICARE PAYS	PLAN H PAYS	WITH PLAN H, YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies.			
First 60 days	All but \$1,340	\$1,340 (Part A deductible)	\$0
61st through 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$670 a day	\$670 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.			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$167.50 a day	\$167.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First three pints	\$0	Three pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies that you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

(continued)

Security 65 — Plan H with Drug *(continued)*

† Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.			
MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR			
SERVICES	MEDICARE PAYS	PLAN H PAYS	WITH PLAN H, YOU PAY
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 \$183 of Medicare-approved amounts†	\$0	\$0	\$183 (Part B deductible)
MEDICAL			
Remainder of Medicare-approved amounts	80% of outpatient medical services	20% of outpatient medical services	\$0
OUTPATIENT MENTAL HEALTH			
Remainder of Medicare-approved amounts	80% of Medicare-approved amount	20% of Medicare-approved amount	\$0
NOTE: Medicare reimbursement for outpatient mental health differs from the usual Medicare reimbursement.	In accordance with Medicare outpatient mental health reimbursement rules, the Medicare-approved amount for outpatient mental health claims is based on a 0% deduction of the initial Medicare-approved amount (Medicare-approved amount after deduction).	In accordance with Medicare outpatient mental health reimbursement rules, the Medicare-approved amount for outpatient mental health claims is based on a 0% deduction of the initial Medicare-approved amount (Medicare-approved amount after deduction).	In accordance with Medicare outpatient mental health reimbursement rules, the Medicare-approved amount for outpatient mental health claims is based on a 0% deduction of the initial Medicare-approved amount (Medicare-approved amount after deduction).
Part B excess charges (beyond Medicare-approved amounts) NOTE: Some states, such as PA, prohibit excess charges to any Medicare beneficiary.	\$0	\$0	All costs

(continued)

Security 65 — Plan H with Drug *(continued)*

† Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with a dagger), your Part B deductible will have been met for the calendar year.

MEDICARE (PART B) — MEDICAL SERVICES — PER CALENDAR YEAR			
SERVICES	MEDICARE PAYS	PLAN H PAYS	WITH PLAN H, YOU PAY
BLOOD			
First three pints	\$0	All costs	\$0
Next \$183 of Medicare-approved amounts†	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES — BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0
MEDICARE (PARTS A & B)			
SERVICES	MEDICARE PAYS	PLAN H PAYS	WITH PLAN H, YOU PAY
HOME HEALTH CARE — MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
• First \$183 of Medicare-approved amounts†	\$0	\$0	\$183 (Part B deductible)
• Remainder of Medicare-approved amounts	80%	20%	\$0
OTHER BENEFITS — NOT COVERED BY MEDICARE			
SERVICES	MEDICARE PAYS	PLAN H PAYS	WITH PLAN H, YOU PAY
FOREIGN TRAVEL — NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 lifetime maximum
BASIC OUTPATIENT PRESCRIPTION DRUGS — NOT COVERED BY MEDICARE			
First \$250 each calendar year	\$0	\$0	
Next \$2,500 each calendar year	\$0	50% / \$1,250 calendar year max benefit	50% / \$1,250 calendar year max benefit
Over \$2,500 each calendar year	\$0	\$0	\$0

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**Questions?
Need more information?**

Call one of our Medicare representatives at
1-888-926-1212
(TTY/TDD: 711)

Monday – Friday, 8 a.m. to 6 p.m.
www.ibxmedicare.com



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