



*Medicare Supplement Coverage offered by
Blue Care Network of Michigan*

MyBlue MedigapSM

Outline of Medigap coverage and enrollment application for

Plans A, F, M and N

My life, My health plan



www.bcbsm.com/mybluemedicare



MyBlue Medigap premiums

For MyBlue Medigap plans, certain factors may affect your monthly premium. We base your premium on the area you live in and your age, gender, height, weight, and whether you use tobacco. The charts in this booklet show the monthly cost for Plans A, F, M and N based on these factors. Please note: If you are submitting your application within six months after you first enrolled for benefits under Medicare Part B or if you are within the guaranteed issue period, your premium will not be affected by your weight, height, tobacco use, health status (including body mass index value), claims experience, receipt of health care or medical condition. (In the outline of coverage, we refer to either status as your "Special Enrollment" period.)

Do you qualify for a Special Enrollment Period?

Insurance companies are required by law to offer a Medigap policy without conditions or constraints on coverage to individuals who meet certain requirements. The following scenarios qualify you for Special Enrollment rates:

- You are 65 years old and first enrolled for benefits under Medicare Part B within the past six months.
- You were enrolled in an Employee Welfare plan and your employer group terminated that coverage within the past 63 days.
- You were enrolled in a **Medicare Advantage** plan, Program of All Inclusive Care for the Elderly (PACE), Health Care Pre-Payment Plan, other Medicare demonstration project or Medicare Select plan, and, within in the past 63 days:
 - The certification of the organization or plan was terminated,
 - The plan terminated and/or discontinued providing coverage in the area in which you reside, or
 - You moved out of the plan’s service area and are no longer eligible to participate in the plan.
 - You voluntarily disenrolled because the plan substantially violated a material provision of the organization’s contract with you, including the failure to provide an enrollee on a timely basis medically necessary care for which benefits are available under the plan or the failure to provide covered care in accordance with applicable quality standards, or the organization, agent or other entity acting on the organization’s behalf, materially misrepresented the plan’s provisions in marketing the plan to you.
 - You voluntarily disenrolled from the plan within 12 months after the effective date of enrollment, upon first becoming eligible for benefits under Medicare Part A at age 65.
- You were enrolled in a **Medigap** policy within the past 63 days and:
 - Involuntarily lost coverage due to insolvency of the insurer or bankruptcy of the organization offering the coverage, or
 - You voluntarily disenrolled because the plan violated a material provision of the policy or the insurer materially misrepresented the policy’s provisions in marketing the policy to you.
 - You terminated enrollment and subsequently enrolled, for the first time, in a Medicare Advantage plan, Medicare Select Plan, Medicare Cost Plan or Program of All Inclusive Care for the Elderly (PACE), and the subsequent enrollment is terminated by you within the first 12 months.

To find your monthly premium cost, follow these steps:

1. Select a plan option: Plan A, F, M or N.
2. Go to page 24 to find your Body Mass Index value. Your BMI value is based on your height and weight and will tell you which rating tier you belong in:

If your BMI is	You're in Tier
15 or 16	2
17 to 30	1
31 to 35	2
36 to 40	3

If your BMI is not on the BMI chart because it is less than 15 or greater than 40, you're in Tier 3.

3. Using the following tables:

If you have enrolled in Medicare Part B within the last six months or if you are within the guaranteed issue period, use the tables on pages 3 through 4 to find your monthly premium.

If you have been enrolled in Medicare Part B for more than six months and are not within the guaranteed issue period, use the tables on pages 5 through 16.

Instructions:

- a. Find the plan option that's right for you and the Tier in which you belong based on your BMI value.
 - i. If you live in a ZIP code that begins with 480 through 485, you are in Area 1.
 - ii. If you live in any other ZIP code in Michigan, you are in Area 2.
- b. Once you find the correct table, scroll down the first column to find your age. Your premium will be shown at the right, based on whether you use tobacco and whether you're male or female.

Your payment options

You may make payments through authorized automatic deductions from your bank account or by personal check, money order or cashier's check. See the enrollment application in this brochure for details on payment methods. Premium payments are due the fifth day of each month.

An example of how to find your monthly MyBlue Medigap premium

The following is an example of how to calculate an estimated MyBlue Medigap premium:

Mary selected Plan F.

She's a 66-year old woman who does not use tobacco. Her weight is proportionate to her height. As a result, her Body Mass Index is just 25, placing her in Tier 1. Mary lives in the 48037 ZIP code, placing her in Area 1. She's been enrolled in Medicare Part A and Part B for more than a year.

She did the following to find her monthly MyBlue Medigap premium:

STEP 1 – Because Mary has had Medicare Part B for at least six months, she must look under "Monthly premium rates for individuals enrolled in Medicare Part B six months or longer." She goes to the tables for Plan F and finds the table for Tier 1.

STEP 2 – Mary looks under the Area 1 columns (ZIP codes beginning with 480 through 485), then scrolls down the AGE column at left to find her age: 66 years.

STEP 3 – She scrolls to the right to find the "Non Tobacco User" columns, and within that, "Female."

STEP 4 – Mary's monthly premium is \$160.09.

Plan F, Tier 1 – Area 1 (480 - 485 ZIP codes)				
AGE	Tobacco User		Non Tobacco User	
	Female	Male	Female	Male
65	\$172.84	\$181.91	\$160.09	\$168.52
66	\$172.84	\$181.91	\$160.09	\$168.52
67	\$179.75	\$191.20	\$166.36	\$176.94
68	\$186.66	\$200.92	\$172.84	\$186.02
69	\$194.23	\$210.86	\$179.75	\$195.31
70	\$201.36	\$221.23	\$186.45	\$204.81

**Monthly premiums for individuals enrolled in Medicare Part B
within the last six months or applying within the guaranteed issue period**

MyBlue Medicare Special Enrollment Rates

Plan A (effective through Dec. 31, 2011)				
AGE	Area 1 (480 - 485 ZIP)		Area 2 (all other)	
	Female	Male	Female	Male
65	\$110.48	\$116.29	\$90.88	\$95.66
66	\$110.48	\$116.29	\$90.88	\$95.66
67	\$114.80	\$122.11	\$94.44	\$100.45
68	\$119.28	\$128.37	\$98.12	\$105.60
69	\$124.05	\$134.78	\$102.04	\$110.87
70	\$128.67	\$141.34	\$105.84	\$116.27
71	\$133.14	\$147.90	\$109.52	\$121.66
72	\$137.76	\$154.76	\$113.32	\$127.31
73	\$142.38	\$161.77	\$117.13	\$133.07
74	\$147.01	\$168.92	\$120.93	\$138.96
75	\$151.33	\$175.93	\$124.48	\$144.72
76	\$154.91	\$182.19	\$127.43	\$149.87
77	\$157.59	\$185.47	\$129.64	\$152.57
78	\$160.28	\$188.60	\$131.84	\$155.15
79	\$163.26	\$192.03	\$134.30	\$157.97
80	\$166.09	\$195.31	\$136.63	\$160.67
81	\$169.67	\$197.25	\$139.57	\$162.26
82	\$173.25	\$199.04	\$142.51	\$163.73
83	\$176.68	\$200.68	\$145.33	\$165.08
84	\$179.96	\$202.17	\$148.03	\$166.31
85	\$183.09	\$203.36	\$150.61	\$167.29
86	\$186.07	\$204.56	\$153.06	\$168.27
87	\$188.90	\$205.45	\$155.39	\$169.00
88	\$191.73	\$206.05	\$157.72	\$169.50
89	\$194.12	\$206.50	\$159.68	\$169.86
90 and Over	\$196.51	\$206.79	\$161.65	\$170.11

Plan F (effective through Dec. 31, 2011)				
AGE	Area 1 (480 - 485 ZIP)		Area 2 (all other)	
	Female	Male	Female	Male
65	\$160.09	\$168.52	\$131.69	\$138.62
66	\$160.09	\$168.52	\$131.69	\$138.62
67	\$166.36	\$176.94	\$136.85	\$145.55
68	\$172.84	\$186.02	\$142.18	\$153.02
69	\$179.75	\$195.31	\$147.86	\$160.66
70	\$186.45	\$204.81	\$153.37	\$168.48
71	\$192.93	\$214.32	\$158.70	\$176.30
72	\$199.63	\$224.26	\$164.21	\$184.47
73	\$206.33	\$234.41	\$169.72	\$192.83
74	\$213.02	\$244.78	\$175.23	\$201.36
75	\$219.29	\$254.94	\$180.39	\$209.71
76	\$224.47	\$264.01	\$184.65	\$217.18
77	\$228.36	\$268.76	\$187.85	\$221.09
78	\$232.25	\$273.30	\$191.05	\$224.82
79	\$236.57	\$278.27	\$194.60	\$228.90
80	\$240.68	\$283.02	\$197.98	\$232.81
81	\$245.86	\$285.83	\$202.25	\$235.12
82	\$251.05	\$288.42	\$206.51	\$237.26
83	\$256.02	\$290.80	\$210.60	\$239.21
84	\$260.77	\$292.96	\$214.51	\$240.99
85	\$265.31	\$294.69	\$218.24	\$242.41
86	\$269.63	\$296.42	\$221.80	\$243.83
87	\$273.73	\$297.71	\$225.17	\$244.90
88	\$277.84	\$298.58	\$228.55	\$245.61
89	\$281.29	\$299.23	\$231.39	\$246.14
90 and Over	\$284.75	\$299.66	\$234.24	\$246.50

**Monthly premiums for individuals enrolled in Medicare Part B
within the last six months or applying within the guaranteed issue period** *continued*

MyBlue Medicare Special Enrollment Rates *continued*

Plan M (effective through Dec. 31, 2011)				
AGE	Area 1 (480 - 485 ZIP)		Area 2 (all other)	
	Female	Male	Female	Male
65	\$126.30	\$132.95	\$108.75	\$114.47
66	\$126.30	\$132.95	\$108.75	\$114.47
67	\$131.24	\$139.59	\$113.01	\$120.20
68	\$136.35	\$146.75	\$117.41	\$126.36
69	\$141.81	\$154.08	\$122.11	\$132.67
70	\$147.09	\$161.58	\$126.66	\$139.13
71	\$152.20	\$169.08	\$131.06	\$145.59
72	\$157.49	\$176.92	\$135.61	\$152.34
73	\$162.77	\$184.93	\$140.16	\$159.24
74	\$168.06	\$193.11	\$144.71	\$166.28
75	\$173.00	\$201.12	\$148.96	\$173.18
76	\$177.09	\$208.28	\$152.49	\$179.34
77	\$180.16	\$212.03	\$155.13	\$182.57
78	\$183.23	\$215.61	\$157.77	\$185.65
79	\$186.63	\$219.53	\$160.70	\$189.03
80	\$189.87	\$223.28	\$163.49	\$192.26
81	\$193.96	\$225.50	\$167.02	\$194.17
82	\$198.05	\$227.54	\$170.54	\$195.93
83	\$201.97	\$229.42	\$173.91	\$197.54
84	\$205.72	\$231.12	\$177.14	\$199.01
85	\$209.30	\$232.48	\$180.22	\$200.18
86	\$212.71	\$233.85	\$183.16	\$201.36
87	\$215.95	\$234.87	\$185.95	\$202.24
88	\$219.19	\$235.55	\$188.74	\$202.82
89	\$221.92	\$236.06	\$191.08	\$203.27
90 and Over	\$224.64	\$236.40	\$193.43	\$203.56

Plan N (effective through Dec. 31, 2011)				
AGE	Area 1 (480 - 485 ZIP)		Area 2 (all other)	
	Female	Male	Female	Male
65	\$118.30	\$124.52	\$101.86	\$107.22
66	\$118.30	\$124.52	\$101.86	\$107.22
67	\$122.93	\$130.75	\$105.85	\$112.58
68	\$127.72	\$137.45	\$109.97	\$118.36
69	\$132.82	\$144.32	\$114.37	\$124.27
70	\$137.77	\$151.34	\$118.63	\$130.32
71	\$142.56	\$158.37	\$122.76	\$136.37
72	\$147.51	\$165.71	\$127.02	\$142.69
73	\$152.46	\$173.21	\$131.28	\$149.15
74	\$157.41	\$180.88	\$135.54	\$155.75
75	\$162.04	\$188.38	\$139.53	\$162.21
76	\$165.87	\$195.09	\$142.83	\$167.98
77	\$168.74	\$198.60	\$145.30	\$171.01
78	\$171.62	\$201.95	\$147.77	\$173.89
79	\$174.81	\$205.62	\$150.52	\$177.05
80	\$177.84	\$209.13	\$153.14	\$180.08
81	\$181.68	\$211.21	\$156.43	\$181.87
82	\$185.51	\$213.13	\$159.73	\$183.52
83	\$189.18	\$214.88	\$162.90	\$185.03
84	\$192.69	\$216.48	\$165.92	\$186.40
85	\$196.04	\$217.76	\$168.81	\$187.50
86	\$199.24	\$219.03	\$171.56	\$188.60
87	\$202.27	\$219.99	\$174.17	\$189.43
88	\$205.30	\$220.63	\$176.78	\$189.98
89	\$207.86	\$221.11	\$178.98	\$190.39
90 and Over	\$210.41	\$221.43	\$181.18	\$190.66

**Monthly premiums for individuals enrolled in Medicare Part B
six months or longer or not applying within the guaranteed issue period**

MyBlue Medigap Plan A, Tier 1 Rates (effective through Dec. 31, 2011)								
AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Female	Male	Female	Male	Female	Male	Female	Male
65	\$119.28	\$125.54	\$110.48	\$116.29	\$98.12	\$103.27	\$90.88	\$95.66
66	\$119.28	\$125.54	\$110.48	\$116.29	\$98.12	\$103.27	\$90.88	\$95.66
67	\$124.05	\$131.95	\$114.80	\$122.11	\$102.04	\$108.54	\$94.44	\$100.45
68	\$128.82	\$138.66	\$119.28	\$128.37	\$105.97	\$114.06	\$98.12	\$105.60
69	\$134.04	\$145.52	\$124.05	\$134.78	\$110.26	\$119.70	\$102.04	\$110.87
70	\$138.96	\$152.67	\$128.67	\$141.34	\$114.31	\$125.59	\$105.84	\$116.27
71	\$143.73	\$159.68	\$133.14	\$147.90	\$118.23	\$131.35	\$109.52	\$121.66
72	\$148.80	\$167.13	\$137.76	\$154.76	\$122.40	\$137.49	\$113.32	\$127.31
73	\$153.72	\$174.74	\$142.38	\$161.77	\$126.45	\$143.74	\$117.13	\$133.07
74	\$158.79	\$182.49	\$147.01	\$168.92	\$130.62	\$150.12	\$120.93	\$138.96
75	\$163.41	\$189.95	\$151.33	\$175.93	\$134.42	\$156.25	\$124.48	\$144.72
76	\$167.28	\$196.80	\$154.91	\$182.19	\$137.61	\$161.89	\$127.43	\$149.87
77	\$170.27	\$200.38	\$157.59	\$185.47	\$140.06	\$164.84	\$129.64	\$152.57
78	\$173.10	\$203.66	\$160.28	\$188.60	\$142.39	\$167.53	\$131.84	\$155.15
79	\$176.38	\$207.39	\$163.26	\$192.03	\$145.09	\$170.60	\$134.30	\$157.97
80	\$179.36	\$210.97	\$166.09	\$195.31	\$147.54	\$173.54	\$136.63	\$160.67
81	\$183.24	\$213.06	\$169.67	\$197.25	\$150.73	\$175.26	\$139.57	\$162.26
82	\$187.11	\$214.99	\$173.25	\$199.04	\$153.92	\$176.85	\$142.51	\$163.73
83	\$190.84	\$216.78	\$176.68	\$200.68	\$156.99	\$178.33	\$145.33	\$165.08
84	\$194.42	\$218.27	\$179.96	\$202.17	\$159.93	\$179.55	\$148.03	\$166.31
85	\$197.70	\$219.62	\$183.09	\$203.36	\$162.63	\$180.66	\$150.61	\$167.29
86	\$200.98	\$220.96	\$186.07	\$204.56	\$165.33	\$181.76	\$153.06	\$168.27
87	\$203.96	\$221.85	\$188.90	\$205.45	\$167.78	\$182.50	\$155.39	\$169.00
88	\$207.09	\$222.60	\$191.73	\$206.05	\$170.35	\$183.11	\$157.72	\$169.50
89	\$209.63	\$223.04	\$194.12	\$206.50	\$172.44	\$183.48	\$159.68	\$169.86
90 and Over	\$212.16	\$223.34	\$196.51	\$206.79	\$174.52	\$183.72	\$161.65	\$170.11

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

**Monthly premiums for individuals enrolled in Medicare Part B
six months or longer or not applying within the guaranteed issue period** *continued*

MyBlue Medigap Plan A, Tier 2 Rates (effective through Dec. 31, 2011)								
AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Female	Male	Female	Male	Female	Male	Female	Male
65	\$131.20	\$138.09	\$121.53	\$127.92	\$107.93	\$113.59	\$99.97	\$105.23
66	\$131.20	\$138.09	\$121.53	\$127.92	\$107.93	\$113.59	\$99.97	\$105.23
67	\$136.45	\$145.14	\$126.28	\$134.32	\$112.24	\$119.40	\$103.88	\$110.49
68	\$141.70	\$152.52	\$131.20	\$141.21	\$116.56	\$125.47	\$107.93	\$116.16
69	\$147.44	\$160.07	\$136.45	\$148.26	\$121.28	\$131.67	\$112.24	\$121.96
70	\$152.85	\$167.94	\$141.54	\$155.48	\$125.74	\$138.15	\$116.43	\$127.89
71	\$158.10	\$175.65	\$146.46	\$162.69	\$130.05	\$144.49	\$120.47	\$133.83
72	\$163.68	\$183.85	\$151.54	\$170.24	\$134.64	\$151.23	\$124.66	\$140.04
73	\$169.09	\$192.21	\$156.62	\$177.94	\$139.09	\$158.11	\$128.84	\$146.38
74	\$174.66	\$200.74	\$161.71	\$185.82	\$143.68	\$165.13	\$133.02	\$152.85
75	\$179.75	\$208.94	\$166.46	\$193.52	\$147.86	\$171.87	\$136.93	\$159.19
76	\$184.01	\$216.48	\$170.40	\$200.41	\$151.37	\$178.08	\$140.17	\$164.86
77	\$187.29	\$220.42	\$173.35	\$204.02	\$154.07	\$181.32	\$142.60	\$167.83
78	\$190.41	\$224.03	\$176.30	\$207.46	\$156.63	\$184.29	\$145.03	\$170.66
79	\$194.02	\$228.13	\$179.58	\$211.24	\$159.60	\$187.66	\$147.73	\$173.76
80	\$197.30	\$232.06	\$182.70	\$214.84	\$162.30	\$190.90	\$150.29	\$176.73
81	\$201.56	\$234.36	\$186.64	\$216.98	\$165.80	\$192.79	\$153.53	\$178.49
82	\$205.82	\$236.49	\$190.57	\$218.94	\$169.31	\$194.54	\$156.77	\$180.10
83	\$209.92	\$238.46	\$194.34	\$220.75	\$172.68	\$196.16	\$159.87	\$181.59
84	\$213.86	\$240.10	\$197.95	\$222.39	\$175.92	\$197.51	\$162.84	\$182.94
85	\$217.47	\$241.58	\$201.40	\$223.70	\$178.89	\$198.72	\$165.67	\$184.02
86	\$221.08	\$243.05	\$204.68	\$225.01	\$181.86	\$199.94	\$168.37	\$185.10
87	\$224.36	\$244.04	\$207.79	\$226.00	\$184.56	\$200.75	\$170.93	\$185.91
88	\$227.80	\$244.86	\$210.91	\$226.65	\$187.39	\$201.42	\$173.49	\$186.45
89	\$230.59	\$245.35	\$213.53	\$227.14	\$189.68	\$201.82	\$175.65	\$186.85
90 and Over	\$233.38	\$245.68	\$216.16	\$227.47	\$191.98	\$202.09	\$177.81	\$187.12

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

**Monthly premiums for individuals enrolled in Medicare Part B
six months or longer or not applying within the guaranteed issue period** *continued*

MyBlue Medigap Plan A, Tier 3 Rates (effective through Dec. 31, 2011)								
AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Female	Male	Female	Male	Female	Male	Female	Male
65	\$143.13	\$150.64	\$132.57	\$139.55	\$117.74	\$123.92	\$109.06	\$114.80
66	\$143.13	\$150.64	\$132.57	\$139.55	\$117.74	\$123.92	\$109.06	\$114.80
67	\$148.86	\$158.34	\$137.76	\$146.53	\$122.45	\$130.25	\$113.32	\$120.54
68	\$154.58	\$166.39	\$143.13	\$154.04	\$127.16	\$136.87	\$117.74	\$126.72
69	\$160.84	\$174.62	\$148.86	\$161.74	\$132.31	\$143.64	\$122.45	\$133.05
70	\$166.75	\$183.21	\$154.40	\$169.61	\$137.17	\$150.71	\$127.01	\$139.52
71	\$172.47	\$191.62	\$159.77	\$177.48	\$141.88	\$157.62	\$131.43	\$146.00
72	\$178.56	\$200.56	\$165.32	\$185.71	\$146.88	\$164.98	\$135.99	\$152.77
73	\$184.46	\$209.69	\$170.86	\$194.12	\$151.74	\$172.49	\$140.55	\$159.68
74	\$190.54	\$218.99	\$176.41	\$202.71	\$156.74	\$180.14	\$145.11	\$166.75
75	\$196.09	\$227.94	\$181.60	\$211.12	\$161.30	\$187.50	\$149.38	\$173.67
76	\$200.74	\$236.17	\$185.89	\$218.63	\$165.13	\$194.27	\$152.91	\$179.85
77	\$204.32	\$240.46	\$189.11	\$222.57	\$168.07	\$197.80	\$155.56	\$183.08
78	\$207.72	\$244.40	\$192.33	\$226.32	\$170.87	\$201.04	\$158.21	\$186.18
79	\$211.65	\$248.87	\$195.91	\$230.44	\$174.11	\$204.72	\$161.16	\$189.56
80	\$215.23	\$253.16	\$199.31	\$234.38	\$177.05	\$208.25	\$163.95	\$192.80
81	\$219.88	\$255.67	\$203.60	\$236.70	\$180.88	\$210.31	\$167.48	\$194.71
82	\$224.54	\$257.99	\$207.90	\$238.85	\$184.70	\$212.23	\$171.02	\$196.48
83	\$229.01	\$260.14	\$212.01	\$240.82	\$188.38	\$213.99	\$174.40	\$198.10
84	\$233.30	\$261.93	\$215.95	\$242.61	\$191.92	\$215.46	\$177.64	\$199.57
85	\$237.24	\$263.54	\$219.71	\$244.04	\$195.15	\$216.79	\$180.73	\$200.75
86	\$241.17	\$265.15	\$223.28	\$245.47	\$198.39	\$218.11	\$183.67	\$201.92
87	\$244.75	\$266.22	\$226.68	\$246.54	\$201.33	\$219.00	\$186.47	\$202.81
88	\$248.51	\$267.12	\$230.08	\$247.26	\$204.42	\$219.73	\$189.27	\$203.39
89	\$251.55	\$267.65	\$232.94	\$247.79	\$206.93	\$220.17	\$191.62	\$203.84
90 and Over	\$254.59	\$268.01	\$235.81	\$248.15	\$209.43	\$220.47	\$193.98	\$204.13

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

**Monthly premiums for individuals enrolled in Medicare Part B
six months or longer or not applying within the guaranteed issue period**

MyBlue Medigap Plan F, Tier 1 Rates (effective through Dec. 31, 2011)								
AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Female	Male	Female	Male	Female	Male	Female	Male
65	\$172.84	\$181.91	\$160.09	\$168.52	\$142.18	\$149.64	\$131.69	\$138.62
66	\$172.84	\$181.91	\$160.09	\$168.52	\$142.18	\$149.64	\$131.69	\$138.62
67	\$179.75	\$191.20	\$166.36	\$176.94	\$147.86	\$157.28	\$136.85	\$145.55
68	\$186.66	\$200.92	\$172.84	\$186.02	\$153.55	\$165.28	\$142.18	\$153.02
69	\$194.23	\$210.86	\$179.75	\$195.31	\$159.77	\$173.46	\$147.86	\$160.66
70	\$201.36	\$221.23	\$186.45	\$204.81	\$165.64	\$181.99	\$153.37	\$168.48
71	\$208.27	\$231.39	\$192.93	\$214.32	\$171.32	\$190.34	\$158.70	\$176.30
72	\$215.62	\$242.19	\$199.63	\$224.26	\$177.37	\$199.23	\$164.21	\$184.47
73	\$222.74	\$253.21	\$206.33	\$234.41	\$183.23	\$208.29	\$169.72	\$192.83
74	\$230.09	\$264.44	\$213.02	\$244.78	\$189.27	\$217.53	\$175.23	\$201.36
75	\$236.79	\$275.24	\$219.29	\$254.94	\$194.78	\$226.42	\$180.39	\$209.71
76	\$242.41	\$285.18	\$224.47	\$264.01	\$199.40	\$234.59	\$184.65	\$217.18
77	\$246.73	\$290.37	\$228.36	\$268.76	\$202.96	\$238.86	\$187.85	\$221.09
78	\$250.83	\$295.12	\$232.25	\$273.30	\$206.33	\$242.77	\$191.05	\$224.82
79	\$255.58	\$300.52	\$236.57	\$278.27	\$210.24	\$247.21	\$194.60	\$228.90
80	\$259.90	\$305.71	\$240.68	\$283.02	\$213.80	\$251.48	\$197.98	\$232.81
81	\$265.52	\$308.73	\$245.86	\$285.83	\$218.42	\$253.96	\$202.25	\$235.12
82	\$271.14	\$311.54	\$251.05	\$288.42	\$223.04	\$256.27	\$206.51	\$237.26
83	\$276.54	\$314.13	\$256.02	\$290.80	\$227.48	\$258.41	\$210.60	\$239.21
84	\$281.73	\$316.29	\$260.77	\$292.96	\$231.75	\$260.18	\$214.51	\$240.99
85	\$286.48	\$318.24	\$265.31	\$294.69	\$235.66	\$261.78	\$218.24	\$242.41
86	\$291.23	\$320.18	\$269.63	\$296.42	\$239.57	\$263.38	\$221.80	\$243.83
87	\$295.55	\$321.48	\$273.73	\$297.71	\$243.12	\$264.45	\$225.17	\$244.90
88	\$300.09	\$322.56	\$277.84	\$298.58	\$246.85	\$265.34	\$228.55	\$245.61
89	\$303.76	\$323.21	\$281.29	\$299.23	\$249.88	\$265.87	\$231.39	\$246.14
90 and Over	\$307.44	\$323.64	\$284.75	\$299.66	\$252.90	\$266.23	\$234.24	\$246.50

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

**Monthly premiums for individuals enrolled in Medicare Part B
six months or longer or not applying within the guaranteed issue period** *continued*

MyBlue Medigap Plan F, Tier 2 Rates (effective through Dec. 31, 2011)								
AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Female	Male	Female	Male	Female	Male	Female	Male
65	\$190.12	\$200.10	\$176.10	\$185.37	\$156.39	\$164.61	\$144.86	\$152.48
66	\$190.12	\$200.10	\$176.10	\$185.37	\$156.39	\$164.61	\$144.86	\$152.48
67	\$197.73	\$210.32	\$182.99	\$194.64	\$162.65	\$173.01	\$150.53	\$160.11
68	\$205.33	\$221.02	\$190.12	\$204.62	\$168.91	\$181.81	\$156.39	\$168.32
69	\$213.65	\$231.95	\$197.73	\$214.84	\$175.75	\$190.80	\$162.65	\$176.73
70	\$221.49	\$243.36	\$205.09	\$225.29	\$182.20	\$200.19	\$168.71	\$185.33
71	\$229.10	\$254.53	\$212.22	\$235.75	\$188.46	\$209.37	\$174.58	\$193.93
72	\$237.18	\$266.41	\$219.59	\$246.68	\$195.10	\$219.15	\$180.64	\$202.92
73	\$245.02	\$278.53	\$226.96	\$257.85	\$201.55	\$229.12	\$186.70	\$212.11
74	\$253.10	\$290.89	\$234.32	\$269.26	\$208.20	\$239.28	\$192.76	\$221.49
75	\$260.47	\$302.77	\$241.22	\$280.43	\$214.26	\$249.06	\$198.43	\$230.68
76	\$266.65	\$313.70	\$246.92	\$290.41	\$219.34	\$258.05	\$203.12	\$238.89
77	\$271.40	\$319.40	\$251.20	\$295.64	\$223.25	\$262.74	\$206.64	\$243.19
78	\$275.91	\$324.63	\$255.48	\$300.63	\$226.97	\$267.04	\$210.16	\$247.30
79	\$281.14	\$330.57	\$260.23	\$306.10	\$231.27	\$271.93	\$214.07	\$251.80
80	\$285.90	\$336.28	\$264.74	\$311.32	\$235.18	\$276.62	\$217.78	\$256.10
81	\$292.07	\$339.60	\$270.45	\$314.41	\$240.26	\$279.36	\$222.47	\$258.64
82	\$298.25	\$342.69	\$276.15	\$317.27	\$245.34	\$281.90	\$227.16	\$260.98
83	\$304.19	\$345.55	\$281.62	\$319.88	\$250.23	\$284.25	\$231.66	\$263.13
84	\$309.90	\$347.92	\$286.85	\$322.26	\$254.92	\$286.20	\$235.96	\$265.09
85	\$315.13	\$350.06	\$291.84	\$324.16	\$259.22	\$287.96	\$240.07	\$266.65
86	\$320.36	\$352.20	\$296.59	\$326.06	\$263.52	\$289.72	\$243.98	\$268.22
87	\$325.11	\$353.63	\$301.11	\$327.48	\$267.43	\$290.89	\$247.69	\$269.39
88	\$330.10	\$354.81	\$305.62	\$328.44	\$271.54	\$291.87	\$251.40	\$270.17
89	\$334.14	\$355.53	\$309.42	\$329.15	\$274.86	\$292.46	\$254.53	\$270.76
90 and Over	\$338.18	\$356.00	\$313.23	\$329.62	\$278.19	\$292.85	\$257.66	\$271.15

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

**Monthly premiums for individuals enrolled in Medicare Part B
six months or longer or not applying within the guaranteed issue period** *continued*

MyBlue Medigap Plan F, Tier 3 Rates (effective through Dec. 31, 2011)								
AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Female	Male	Female	Male	Female	Male	Female	Male
65	\$207.41	\$218.29	\$192.11	\$202.22	\$170.61	\$179.57	\$158.03	\$166.35
66	\$207.41	\$218.29	\$192.11	\$202.22	\$170.61	\$179.57	\$158.03	\$166.35
67	\$215.70	\$229.44	\$199.63	\$212.33	\$177.44	\$188.74	\$164.21	\$174.66
68	\$224.00	\$241.11	\$207.41	\$223.22	\$184.26	\$198.34	\$170.61	\$183.62
69	\$233.07	\$253.03	\$215.70	\$234.37	\$191.73	\$208.15	\$177.44	\$192.79
70	\$241.63	\$265.48	\$223.74	\$245.78	\$198.76	\$218.38	\$184.05	\$202.18
71	\$249.92	\$277.66	\$231.52	\$257.18	\$205.59	\$228.41	\$190.45	\$211.56
72	\$258.74	\$290.63	\$239.55	\$269.11	\$212.84	\$239.07	\$197.06	\$221.37
73	\$267.29	\$303.85	\$247.59	\$281.29	\$219.88	\$249.95	\$203.67	\$231.39
74	\$276.11	\$317.33	\$255.63	\$293.74	\$227.13	\$261.04	\$210.28	\$241.63
75	\$284.15	\$330.29	\$263.15	\$305.92	\$233.74	\$271.70	\$216.46	\$251.65
76	\$290.89	\$342.22	\$269.37	\$316.81	\$239.28	\$281.51	\$221.58	\$260.61
77	\$296.07	\$348.44	\$274.03	\$322.52	\$243.55	\$286.63	\$225.42	\$265.30
78	\$301.00	\$354.14	\$278.70	\$327.96	\$247.60	\$291.32	\$229.26	\$269.78
79	\$306.70	\$360.63	\$283.89	\$333.92	\$252.29	\$296.65	\$233.53	\$274.69
80	\$311.89	\$366.85	\$288.81	\$339.63	\$256.56	\$301.77	\$237.58	\$279.38
81	\$318.63	\$370.48	\$295.03	\$343.00	\$262.10	\$304.76	\$242.70	\$282.15
82	\$325.37	\$373.85	\$301.26	\$346.11	\$267.65	\$307.53	\$247.81	\$284.71
83	\$331.85	\$376.96	\$307.22	\$348.96	\$272.98	\$310.09	\$252.72	\$287.06
84	\$338.07	\$379.55	\$312.92	\$351.55	\$278.10	\$312.22	\$257.41	\$289.19
85	\$343.77	\$381.89	\$318.37	\$353.63	\$282.79	\$314.14	\$261.89	\$290.89
86	\$349.48	\$384.22	\$323.55	\$355.70	\$287.48	\$316.06	\$266.16	\$292.60
87	\$354.66	\$385.77	\$328.48	\$357.26	\$291.75	\$317.34	\$270.21	\$293.88
88	\$360.11	\$387.07	\$333.40	\$358.29	\$296.23	\$318.41	\$274.26	\$294.73
89	\$364.52	\$387.85	\$337.55	\$359.07	\$299.85	\$319.04	\$277.67	\$295.37
90 and Over	\$368.92	\$388.37	\$341.70	\$359.59	\$303.48	\$319.47	\$281.08	\$295.80

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

**Monthly premiums for individuals enrolled in Medicare Part B
six months or longer or not applying within the guaranteed issue period**

MyBlue Medigap Plan M, Tier 1 Rates (effective through Dec. 31, 2011)								
AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Female	Male	Female	Male	Female	Male	Female	Male
65	\$143.51	\$136.35	\$132.95	\$126.30	\$123.57	\$117.41	\$114.47	\$108.75
66	\$143.51	\$136.35	\$132.95	\$126.30	\$123.57	\$117.41	\$114.47	\$108.75
67	\$150.84	\$141.81	\$139.59	\$131.24	\$129.88	\$122.11	\$120.20	\$113.01
68	\$158.51	\$147.26	\$146.75	\$136.35	\$136.49	\$126.80	\$126.36	\$117.41
69	\$166.35	\$153.23	\$154.08	\$141.81	\$143.24	\$131.94	\$132.67	\$122.11
70	\$174.53	\$158.85	\$161.58	\$147.09	\$150.28	\$136.78	\$139.13	\$126.66
71	\$182.54	\$164.31	\$169.08	\$152.20	\$157.18	\$141.48	\$145.59	\$131.06
72	\$191.07	\$170.10	\$176.92	\$157.49	\$164.52	\$146.47	\$152.34	\$135.61
73	\$199.76	\$175.73	\$184.93	\$162.77	\$172.00	\$151.31	\$159.24	\$140.16
74	\$208.62	\$181.52	\$193.11	\$168.06	\$179.64	\$156.30	\$166.28	\$144.71
75	\$217.14	\$186.80	\$201.12	\$173.00	\$186.97	\$160.85	\$173.18	\$148.96
76	\$224.98	\$191.24	\$208.28	\$177.09	\$193.73	\$164.67	\$179.34	\$152.49
77	\$229.07	\$194.65	\$212.03	\$180.16	\$197.25	\$167.60	\$182.57	\$155.13
78	\$232.82	\$197.88	\$215.61	\$183.23	\$200.48	\$170.39	\$185.65	\$157.77
79	\$237.09	\$201.63	\$219.53	\$186.63	\$204.15	\$173.62	\$189.03	\$160.70
80	\$241.18	\$205.04	\$223.28	\$189.87	\$207.67	\$176.55	\$192.26	\$163.49
81	\$243.56	\$209.47	\$225.50	\$193.96	\$209.72	\$180.37	\$194.17	\$167.02
82	\$245.78	\$213.91	\$227.54	\$198.05	\$211.63	\$184.19	\$195.93	\$170.54
83	\$247.82	\$218.17	\$229.42	\$201.97	\$213.39	\$187.86	\$197.54	\$173.91
84	\$249.53	\$222.26	\$231.12	\$205.72	\$214.86	\$191.38	\$199.01	\$177.14
85	\$251.06	\$226.01	\$232.48	\$209.30	\$216.18	\$194.61	\$200.18	\$180.22
86	\$252.60	\$229.76	\$233.85	\$212.71	\$217.50	\$197.84	\$201.36	\$183.16
87	\$253.62	\$233.17	\$234.87	\$215.95	\$218.38	\$200.77	\$202.24	\$185.95
88	\$254.47	\$236.74	\$235.55	\$219.19	\$219.12	\$203.85	\$202.82	\$188.74
89	\$254.98	\$239.64	\$236.06	\$221.92	\$219.56	\$206.35	\$203.27	\$191.08
90 and Over	\$255.32	\$242.54	\$236.40	\$224.64	\$219.85	\$208.84	\$203.56	\$193.43

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

**Monthly premiums for individuals enrolled in Medicare Part B
six months or longer or not applying within the guaranteed issue period** *continued*

MyBlue Medigap Plan M, Tier 2 Rates (effective through Dec. 31, 2011)								
AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Female	Male	Female	Male	Female	Male	Female	Male
65	\$149.99	\$157.86	\$138.93	\$146.24	\$129.15	\$135.93	\$119.63	\$125.92
66	\$149.99	\$157.86	\$138.93	\$146.24	\$129.15	\$135.93	\$119.63	\$125.92
67	\$155.99	\$165.93	\$144.36	\$153.55	\$134.32	\$142.87	\$124.31	\$132.22
68	\$161.99	\$174.36	\$149.99	\$161.43	\$139.48	\$150.14	\$129.15	\$139.00
69	\$168.55	\$182.99	\$155.99	\$169.49	\$145.13	\$157.56	\$134.32	\$145.94
70	\$174.74	\$191.99	\$161.80	\$177.74	\$150.46	\$165.31	\$139.32	\$153.04
71	\$180.74	\$200.80	\$167.43	\$185.99	\$155.63	\$172.90	\$144.16	\$160.15
72	\$187.11	\$210.17	\$173.24	\$194.61	\$161.12	\$180.97	\$149.17	\$167.57
73	\$193.30	\$219.73	\$179.05	\$203.42	\$166.44	\$189.21	\$154.17	\$175.16
74	\$199.67	\$229.48	\$184.86	\$212.42	\$171.93	\$197.60	\$159.18	\$182.91
75	\$205.49	\$238.86	\$190.30	\$221.23	\$176.94	\$205.67	\$163.86	\$190.50
76	\$210.36	\$247.48	\$194.80	\$229.11	\$181.13	\$213.10	\$167.73	\$197.28
77	\$214.11	\$251.98	\$198.17	\$233.23	\$184.36	\$216.97	\$170.64	\$200.83
78	\$217.67	\$256.11	\$201.55	\$237.17	\$187.43	\$220.52	\$173.55	\$204.22
79	\$221.80	\$260.79	\$205.30	\$241.48	\$190.98	\$224.56	\$176.77	\$207.93
80	\$225.55	\$265.29	\$208.86	\$245.61	\$194.21	\$228.43	\$179.84	\$211.48
81	\$230.42	\$267.92	\$213.36	\$248.04	\$198.41	\$230.70	\$183.72	\$213.58
82	\$235.30	\$270.36	\$217.86	\$250.29	\$202.60	\$232.79	\$187.59	\$215.52
83	\$239.98	\$272.61	\$222.17	\$252.36	\$206.64	\$234.73	\$191.30	\$217.30
84	\$244.48	\$274.48	\$226.30	\$254.23	\$210.52	\$236.35	\$194.86	\$218.91
85	\$248.61	\$276.17	\$230.23	\$255.73	\$214.07	\$237.80	\$198.25	\$220.20
86	\$252.73	\$277.86	\$233.98	\$257.23	\$217.62	\$239.25	\$201.47	\$221.49
87	\$256.48	\$278.98	\$237.55	\$258.36	\$220.85	\$240.22	\$204.54	\$222.46
88	\$260.42	\$279.92	\$241.11	\$259.11	\$224.24	\$241.03	\$207.61	\$223.11
89	\$263.61	\$280.48	\$244.11	\$259.67	\$226.98	\$241.51	\$210.19	\$223.59
90 and Over	\$266.79	\$280.85	\$247.11	\$260.04	\$229.73	\$241.83	\$212.78	\$223.91

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

**Monthly premiums for individuals enrolled in Medicare Part B
six months or longer or not applying within the guaranteed issue period** *continued*

MyBlue Medigap Plan M, Tier 3 Rates (effective through Dec. 31, 2011)								
AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Female	Male	Female	Male	Female	Male	Female	Male
65	\$163.62	\$172.21	\$151.56	\$159.53	\$140.89	\$148.29	\$130.50	\$137.37
66	\$163.62	\$172.21	\$151.56	\$159.53	\$140.89	\$148.29	\$130.50	\$137.37
67	\$170.17	\$181.01	\$157.49	\$167.51	\$146.53	\$155.86	\$135.61	\$144.24
68	\$176.71	\$190.21	\$163.62	\$176.10	\$152.16	\$163.79	\$140.89	\$151.63
69	\$183.87	\$199.62	\$170.17	\$184.90	\$158.33	\$171.89	\$146.53	\$159.21
70	\$190.62	\$209.44	\$176.51	\$193.90	\$164.14	\$180.34	\$151.99	\$166.96
71	\$197.17	\$219.05	\$182.65	\$202.89	\$169.77	\$188.62	\$157.27	\$174.71
72	\$204.12	\$229.28	\$188.99	\$212.30	\$175.76	\$197.42	\$162.73	\$182.81
73	\$210.87	\$239.71	\$195.33	\$221.92	\$181.57	\$206.41	\$168.19	\$191.08
74	\$217.83	\$250.35	\$201.67	\$231.73	\$187.56	\$215.56	\$173.65	\$199.54
75	\$224.17	\$260.57	\$207.60	\$241.35	\$193.02	\$224.37	\$178.76	\$207.81
76	\$229.48	\$269.98	\$212.51	\$249.94	\$197.60	\$232.47	\$182.98	\$215.21
77	\$233.57	\$274.89	\$216.19	\$254.44	\$201.12	\$236.70	\$186.15	\$219.09
78	\$237.46	\$279.39	\$219.87	\$258.73	\$204.47	\$240.57	\$189.32	\$222.78
79	\$241.96	\$284.50	\$223.96	\$263.44	\$208.34	\$244.97	\$192.85	\$226.84
80	\$246.05	\$289.41	\$227.85	\$267.94	\$211.87	\$249.20	\$196.19	\$230.71
81	\$251.37	\$292.27	\$232.76	\$270.59	\$216.44	\$251.67	\$200.42	\$233.00
82	\$256.69	\$294.93	\$237.66	\$273.05	\$221.02	\$253.96	\$204.64	\$235.11
83	\$261.80	\$297.39	\$242.37	\$275.30	\$225.43	\$256.07	\$208.70	\$237.05
84	\$266.71	\$299.43	\$246.87	\$277.34	\$229.65	\$257.83	\$212.57	\$238.81
85	\$271.21	\$301.27	\$251.16	\$278.98	\$233.53	\$259.42	\$216.27	\$240.22
86	\$275.71	\$303.11	\$255.25	\$280.62	\$237.40	\$261.00	\$219.79	\$241.63
87	\$279.80	\$304.34	\$259.14	\$281.84	\$240.92	\$262.06	\$223.14	\$242.69
88	\$284.09	\$305.36	\$263.03	\$282.66	\$244.62	\$262.94	\$226.48	\$243.39
89	\$287.57	\$305.98	\$266.30	\$283.28	\$247.62	\$263.47	\$229.30	\$243.92
90 and Over	\$291.05	\$306.39	\$269.57	\$283.68	\$250.61	\$263.82	\$232.12	\$244.27

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

**Monthly premiums for individuals enrolled in Medicare Part B
six months or longer or not applying within the guaranteed issue period**

MyBlue Medigap Plan N, Tier 1 Rates (effective through Dec. 31, 2011)								
AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Female	Male	Female	Male	Female	Male	Female	Male
65	\$127.72	\$134.42	\$118.30	\$124.52	\$109.97	\$115.75	\$101.86	\$107.22
66	\$127.72	\$134.42	\$118.30	\$124.52	\$109.97	\$115.75	\$101.86	\$107.22
67	\$132.82	\$141.29	\$122.93	\$130.75	\$114.37	\$121.66	\$105.85	\$112.58
68	\$137.93	\$148.47	\$127.72	\$137.45	\$118.77	\$127.84	\$109.97	\$118.36
69	\$143.52	\$155.81	\$132.82	\$144.32	\$123.58	\$134.17	\$114.37	\$124.27
70	\$148.79	\$163.48	\$137.77	\$151.34	\$128.12	\$140.76	\$118.63	\$130.32
71	\$153.90	\$170.98	\$142.56	\$158.37	\$132.52	\$147.22	\$122.76	\$136.37
72	\$159.33	\$178.96	\$147.51	\$165.71	\$137.19	\$154.10	\$127.02	\$142.69
73	\$164.59	\$187.10	\$152.46	\$173.21	\$141.73	\$161.11	\$131.28	\$149.15
74	\$170.02	\$195.41	\$157.41	\$180.88	\$146.40	\$168.26	\$135.54	\$155.75
75	\$174.97	\$203.39	\$162.04	\$188.38	\$150.66	\$175.13	\$139.53	\$162.21
76	\$179.12	\$210.73	\$165.87	\$195.09	\$154.24	\$181.45	\$142.83	\$167.98
77	\$182.31	\$214.56	\$168.74	\$198.60	\$156.98	\$184.75	\$145.30	\$171.01
78	\$185.35	\$218.08	\$171.62	\$201.95	\$159.60	\$187.78	\$147.77	\$173.89
79	\$188.86	\$222.07	\$174.81	\$205.62	\$162.62	\$191.21	\$150.52	\$177.05
80	\$192.05	\$225.90	\$177.84	\$209.13	\$165.37	\$194.51	\$153.14	\$180.08
81	\$196.20	\$228.13	\$181.68	\$211.21	\$168.94	\$196.44	\$156.43	\$181.87
82	\$200.35	\$230.21	\$185.51	\$213.13	\$172.52	\$198.22	\$159.73	\$183.52
83	\$204.35	\$232.12	\$189.18	\$214.88	\$175.95	\$199.87	\$162.90	\$185.03
84	\$208.18	\$233.72	\$192.69	\$216.48	\$179.25	\$201.25	\$165.92	\$186.40
85	\$211.69	\$235.16	\$196.04	\$217.76	\$182.28	\$202.49	\$168.81	\$187.50
86	\$215.20	\$236.59	\$199.24	\$219.03	\$185.30	\$203.72	\$171.56	\$188.60
87	\$218.39	\$237.55	\$202.27	\$219.99	\$188.05	\$204.55	\$174.17	\$189.43
88	\$221.75	\$238.35	\$205.30	\$220.63	\$190.94	\$205.23	\$176.78	\$189.98
89	\$224.46	\$238.83	\$207.86	\$221.11	\$193.28	\$205.65	\$178.98	\$190.39
90 and Over	\$227.17	\$239.15	\$210.41	\$221.43	\$195.61	\$205.92	\$181.18	\$190.66

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

**Monthly premiums for individuals enrolled in Medicare Part B
six months or longer or not applying within the guaranteed issue period** *continued*

MyBlue Medigap Plan N, Tier 2 Rates (effective through Dec. 31, 2011)								
AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Female	Male	Female	Male	Female	Male	Female	Male
65	\$140.49	\$147.86	\$130.13	\$136.98	\$120.97	\$127.32	\$112.05	\$117.94
66	\$140.49	\$147.86	\$130.13	\$136.98	\$120.97	\$127.32	\$112.05	\$117.94
67	\$146.11	\$155.41	\$135.22	\$143.82	\$125.81	\$133.82	\$116.43	\$123.84
68	\$151.73	\$163.32	\$140.49	\$151.20	\$130.65	\$140.63	\$120.97	\$130.19
69	\$157.87	\$171.39	\$146.11	\$158.75	\$135.94	\$147.58	\$125.81	\$136.69
70	\$163.67	\$179.82	\$151.55	\$166.48	\$140.93	\$154.84	\$130.50	\$143.35
71	\$169.29	\$188.08	\$156.82	\$174.20	\$145.77	\$161.95	\$135.03	\$150.00
72	\$175.26	\$196.86	\$162.26	\$182.28	\$150.91	\$169.51	\$139.72	\$156.96
73	\$181.05	\$205.81	\$167.71	\$190.54	\$155.90	\$177.22	\$144.41	\$164.06
74	\$187.02	\$214.95	\$173.15	\$198.97	\$161.04	\$185.08	\$149.09	\$171.32
75	\$192.47	\$223.73	\$178.24	\$207.22	\$165.73	\$192.64	\$153.48	\$178.43
76	\$197.03	\$231.80	\$182.46	\$214.59	\$169.66	\$199.60	\$157.11	\$184.78
77	\$200.55	\$236.02	\$185.62	\$218.46	\$172.68	\$203.23	\$159.83	\$188.11
78	\$203.88	\$239.88	\$188.78	\$222.15	\$175.56	\$206.55	\$162.55	\$191.28
79	\$207.75	\$244.27	\$192.29	\$226.19	\$178.88	\$210.33	\$165.58	\$194.76
80	\$211.26	\$248.49	\$195.63	\$230.05	\$181.91	\$213.96	\$168.45	\$198.09
81	\$215.82	\$250.95	\$199.84	\$232.33	\$185.84	\$216.08	\$172.08	\$200.05
82	\$220.39	\$253.23	\$204.06	\$234.44	\$189.77	\$218.05	\$175.71	\$201.87
83	\$224.78	\$255.34	\$208.10	\$236.37	\$193.55	\$219.86	\$179.19	\$203.53
84	\$228.99	\$257.09	\$211.96	\$238.13	\$197.18	\$221.37	\$182.51	\$205.04
85	\$232.86	\$258.67	\$215.65	\$239.53	\$200.51	\$222.73	\$185.69	\$206.25
86	\$236.72	\$260.25	\$219.16	\$240.94	\$203.83	\$224.09	\$188.71	\$207.46
87	\$240.23	\$261.31	\$222.50	\$241.99	\$206.86	\$225.00	\$191.58	\$208.37
88	\$243.92	\$262.19	\$225.83	\$242.69	\$210.03	\$225.76	\$194.46	\$208.97
89	\$246.91	\$262.71	\$228.64	\$243.22	\$212.60	\$226.21	\$196.88	\$209.43
90 and Over	\$249.89	\$263.06	\$231.45	\$243.57	\$215.17	\$226.51	\$199.30	\$209.73

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

**Monthly premiums for individuals enrolled in Medicare Part B
six months or longer or not applying within the guaranteed issue period** *continued*

MyBlue Medigap Plan N, Tier 3 Rates (effective through Dec. 31, 2011)								
AGE	Area 1 (480 - 485 ZIP codes)				Area 2 (all other ZIP codes)			
	Tobacco User		Non Tobacco User		Tobacco User		Non Tobacco User	
	Female	Male	Female	Male	Female	Male	Female	Male
65	\$153.26	\$161.31	\$141.96	\$149.43	\$131.97	\$138.89	\$122.23	\$128.67
66	\$153.26	\$161.31	\$141.96	\$149.43	\$131.97	\$138.89	\$122.23	\$128.67
67	\$159.39	\$169.54	\$147.51	\$156.90	\$137.24	\$145.99	\$127.02	\$135.10
68	\$165.52	\$178.16	\$153.26	\$164.95	\$142.52	\$153.41	\$131.97	\$142.03
69	\$172.23	\$186.98	\$159.39	\$173.18	\$148.30	\$161.00	\$137.24	\$149.12
70	\$178.55	\$196.17	\$165.33	\$181.61	\$153.74	\$168.92	\$142.36	\$156.38
71	\$184.68	\$205.18	\$171.08	\$190.04	\$159.02	\$176.67	\$147.31	\$163.64
72	\$191.19	\$214.75	\$177.01	\$198.85	\$164.63	\$184.92	\$152.42	\$171.23
73	\$197.51	\$224.52	\$182.95	\$207.86	\$170.07	\$193.33	\$157.53	\$178.98
74	\$204.03	\$234.49	\$188.89	\$217.05	\$175.68	\$201.91	\$162.65	\$186.90
75	\$209.97	\$244.07	\$194.45	\$226.06	\$180.79	\$210.16	\$167.43	\$194.65
76	\$214.95	\$252.88	\$199.05	\$234.10	\$185.08	\$217.74	\$171.39	\$201.58
77	\$218.78	\$257.48	\$202.49	\$238.32	\$188.38	\$221.70	\$174.36	\$205.21
78	\$222.42	\$261.69	\$205.94	\$242.34	\$191.52	\$225.33	\$177.33	\$208.67
79	\$226.63	\$266.48	\$209.77	\$246.75	\$195.14	\$229.46	\$180.63	\$212.47
80	\$230.46	\$271.08	\$213.41	\$250.96	\$198.44	\$233.42	\$183.76	\$216.09
81	\$235.44	\$273.76	\$218.01	\$253.45	\$202.73	\$235.72	\$187.72	\$218.24
82	\$240.43	\$276.25	\$222.61	\$255.75	\$207.02	\$237.87	\$191.68	\$220.22
83	\$245.21	\$278.55	\$227.02	\$257.86	\$211.15	\$239.85	\$195.47	\$222.03
84	\$249.81	\$280.46	\$231.23	\$259.77	\$215.10	\$241.50	\$199.10	\$223.68
85	\$254.03	\$282.19	\$235.25	\$261.31	\$218.73	\$242.98	\$202.57	\$225.00
86	\$258.24	\$283.91	\$239.08	\$262.84	\$222.36	\$244.47	\$205.87	\$226.32
87	\$262.07	\$285.06	\$242.72	\$263.99	\$225.66	\$245.46	\$209.00	\$227.31
88	\$266.10	\$286.02	\$246.36	\$264.76	\$229.13	\$246.28	\$212.14	\$227.97
89	\$269.35	\$286.59	\$249.43	\$265.33	\$231.93	\$246.78	\$214.77	\$228.47
90 and Over	\$272.61	\$286.98	\$252.49	\$265.71	\$234.73	\$247.11	\$217.41	\$228.80

Please note: Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

Medicare made easy

Now that you're eligible for Medicare, you have new options for health care coverage. MyBlue MedigapSM offers coverage that's convenient and helps protect you from the high cost of health care.

What is Medigap coverage?

Medigap coverage, also called Medicare supplemental coverage, is a health policy that works in conjunction with Original Medicare to expand your Part A (hospital) and Part B (medical) benefits and lower your out-of-pocket costs. As your primary health coverage, Original Medicare provides hospital and medical coverage, but it doesn't cover all health care costs and has deductibles and coinsurance that must be paid before Medicare pays benefits. Medicare also limits coverage for certain services.

Medigap expands or eliminates Original Medicare coverage limits and, depending on the plan you

select, covers all or a portion of your Medicare deductibles and coinsurances. Blue Care Network of Michigan (BCN) offers MyBlue Medigap options for Plans A, F, M or N only. Other Michigan insurance carriers may offer other or additional plans, but Medigap plans can be sold in only 10 standard plans plus one high deductible plan (Plans A, B, C, D, F, G, K, L, M and N. Plans E, H, I, and J are no longer available for sale). Every insurer must make Plan A available. Plan A covers basic benefits:

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

BASIC BENEFITS: For Plans A – D, F, G, K, L, M and N

PLAN	A	B	C	D	F/F*	G
Basic Benefits (including 100% Part B coinsurance)	x	x	x	x	x	x
Skilled Nursing			x	x	x	x
Part A Deductible		x	x	x	x	x
Part B Deductible			x		x	
Part B Excess					100%	100%
Foreign Travel Emergency			\$250 ded.	\$250 ded.	\$250 ded.	\$250 ded.
Annual out-of-pocket limit						

* 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 in 2010) deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed (\$2,000 in 2010). 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.

Basic Benefits for Plans K, L, M and N include similar services as Plans A, B, C, D, F and G, but cost-sharing for the basic benefits is at different levels.

PLAN	K	L	M	N
Basic Benefits	100% of Part A hospitalization coinsurance and preventive care	100% of Part A hospitalization coinsurance and preventive care	100% of Part A hospitalization coinsurance, including hospice	100% of Part A hospitalization coinsurance, including hospice
	50% Hospice cost-sharing	75% Hospice cost-sharing	100% of Medicare-eligible expenses for the first three pints of blood	100% of Medicare-eligible expenses for the first three pints of blood
	50% of Medicare-eligible expenses for the first three pints of blood	75% of Medicare-eligible expenses for the first three pints of blood		Part B copays up to \$20 for office visits and up to \$50 for emergency room visits
	50% Part B coinsurance	75% Part B coinsurance		
Skilled nursing coinsurance	50% skilled nursing facility coinsurance	75% skilled nursing facility coinsurance	100% skilled nursing facility coinsurance	100% skilled nursing facility coinsurance
Part A Deductible	50% Part A deductible	75% Part A deductible	50% Part A deductible	100% Part A deductible
Part B Deductible				
Part B Excess (100%)				
Foreign Travel Emergency			\$250 deductible	\$250 deductible
	\$4,620 out of pocket Annual Limit**	\$2,310 out of pocket Annual Limit**		

**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. The value here is for plan year 2011.

This document is the MyBlue Medigap outline of coverage and the details and exceptions of MyBlue Medigap follow. This outline shows benefits and premiums of policies sold for effective dates on or after Jan. 1, 2011. Policies sold for effective dates prior to Jan. 1, 2011 have different benefits and premiums. Plans E, H, I, and J are no longer available for sale.

Like Medicare, MyBlue Medigap coverage is accepted nationwide and the plan is easy to use. There are no provider networks or referrals: Just use any health care provider who accepts Medicare. Simply present your MyBlue Medigap ID card along with your red, white and blue Medicare health insurance card whenever you receive health care services. We'll coordinate payment with Medicare and your health care providers. In most cases, you'll never have to bother with claim filing or paperwork.

Premium information

For MyBlue Medigap plans, certain factors may affect your monthly premium cost. We base your premium on the area you live in and your age, gender, height, weight, and whether you use tobacco. Please note: If you are submitting your application within six months after you first enrolled for benefits under Medicare Part B or during the guaranteed renewal period (Special Enrollment Period), your rate will not be affected by your weight, height, smoking status, health status (including body mass index value), claims experience, receipt of health care or medical condition.

Your premium is based on your current age and will change as you age; the change will be reflected each year on the date of renewal. We will also change your premium if you move into a different rating Area. Other than premium adjustments due to age or relocation, we can only raise your premium if we raise the premium for all policies like yours in Michigan.

Coverage replacement

Because MyBlue Medigap expands Original Medicare benefits, you need only one Medigap plan. If you have other coverage, such as coverage through an employer-sponsored health plan or another Medigap plan, you should not cancel that coverage until you have actually received your new ID card and are sure you want to keep MyBlue Medigap coverage.

If you are currently enrolled in a Medicare Advantage plan and wish to enroll in Medigap, you must disenroll in writing from Medicare Advantage before enrolling in Medigap. You can disenroll from Medicare Advantage only at certain times of the year. Call your Medicare Advantage customer service department for information on how to disenroll from that plan and prevent a lapse in coverage.

Choose a plan option that meets your needs.

This chart outlines the four coverage options offered by Blue Care Network: Plans A, F, M and N. Use the following chart and the premium charts on pages 20 and 21 to compare benefits and premiums among policies, certificates of coverage and contracts and premiums offered by BCN and other plans. The outline of coverage does not give all the details of Medicare coverage. For information about your Medicare Part A and Part B coverage, contact your local Social Security office or consult *Medicare & You* (online at www.medicare.gov/Publications). Medicare benefits are subject to change. Please consult the latest *Choosing a Medigap Policy: Guide to Health Insurance for People with Medicare*, which can be found on the Web at www.medicare.gov/medigap.

Note: The MyBlue Medigap plan may not fully cover all of your medical costs. When you receive covered services from a provider who does not accept Medicare assignment, you are responsible for the difference between the provider's charge and the Medicare-approved amount, plus any deductible or coinsurance amounts required by the MyBlue Medigap plan you select.

Once enrolled in MyBlue Medigap, we'll send you a member ID card and plan handbook that provides comprehensive details about your coverage. The certificate of coverage is your contract with BCN. The following is only an outline describing the most important features of BCN's certificate of coverage. You must read the certificate to understand all of the rights and duties of both you and BCN. For more information about MyBlue Medigap coverage, call 1-877-4MY-BLUE (1-877-469-2583), or contact an insurance agent authorized to sell Blue Care Network policies. TTY users should call 1-800-481-8704.

Outline of coverage

Covered service	Plan option	Plan A	
	Medicare pays+	Plan pays	You pay
Medicare Part A Hospital Coverage – includes semi-private room & board, general nursing care, miscellaneous services and supplies*			
Deductible	Nothing	Nothing	\$1,100
First 60 days of care	100%	Nothing	Nothing
Days 61 – 90	All but the \$275 daily copayment	\$275 daily copay	Nothing
Days 91 - 150 (Lifetime Reserve Days)	All but the \$550 daily copayment	\$550 daily copay	Nothing
Day 151 and beyond (additional 365 days after Lifetime Reserve Days used)	Nothing	100% of Medicare-eligible expenses	Nothing
Blood benefit*	All but the first three pints	Your first three pints	Nothing
Skilled Nursing Facility Care – You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and			
First 20 days of care	100%	Nothing (Medicare covers in full)	
Days 21–100	All but \$137.50 daily skilled nursing facility copayment	Nothing	\$137.50 daily copay
Hospice care			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copay/coinsurance	Nothing
Emergency care outside the U.S.			
	No benefits for care outside U.S.	No benefits for care outside U.S.	All costs for services
Medicare Part B Physician and Outpatient Services – In or out of the hospital and outpatient hospital physician’s services, such as tests, durable medical equipment, per calendar year**			
Deductible (annual)	Nothing	Nothing	\$155
Coinsurance	80% of the approved amount after \$155 deductible is met	20% coinsurance after \$155 deductible is met	Nothing
Blood benefit	All but the first three pints	Your first three pints	Nothing
Clinical laboratory services – tests for diagnostic services	All charges	Nothing (Medicare covers in full)	
Home health care services – Medicare-approved services			
Medically necessary skilled care services and medical supplies	All charges	Nothing (Medicare covers in full)	
Durable medical equipment	80% of the approved amount after the \$155 deductible is met	20% coinsurance after the \$155 deductible is met	Nothing
Excess benefits	Nothing	Nothing	All costs

+ Based on 2011 Medicare premiums and deductibles.

* Per benefit period. A benefit period begins on the first day you are hospitalized and ends after you have been out of the hospital and have not received skilled nursing care in any other facility for 60 consecutive days.

Plan F		Plan M		Plan N	
Plan pays	You pay	Plan pays	You pay	Plan pays	You pay
\$1,100	Nothing	\$550 (50% of Part A deductible)	\$550 (50% of Part A deductible)	\$1,100	Nothing
Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
\$275 daily copay	Nothing	\$275 daily copay	Nothing	\$275 daily copay	Nothing
\$550 daily copay	Nothing	\$550 daily copay	Nothing	\$550 daily copay	Nothing
100% of Medicare-eligible expenses	Nothing	100% of Medicare-eligible expenses	Nothing	100% of Medicare-eligible expenses	Nothing
Your first three pints	Nothing	Your first three pints	Nothing	Your first three pints	Nothing
entered a Medicare-approved facility within 30 days after leaving the hospital*					
Nothing (Medicare covers in full)		Nothing (Medicare covers in full)		Nothing (Medicare covers in full)	
\$137.50 daily copay	Nothing	\$137.50 daily copay	Nothing	\$137.50 daily copay	Nothing
Medicare copay/coinsurance	Nothing	Medicare copay/coinsurance	Nothing	Medicare copay/coinsurance	Nothing
80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance	80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance	80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance
inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic treatment,					
\$155	Nothing	Nothing	\$155	Nothing	\$155
20% coinsurance after \$155 deductible is met	Nothing	20% coinsurance after \$155 deductible is met	Nothing	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit, after the \$155 deductible is met	Up to \$20 per office visit and up to \$50 per emergency room visit
Your first three pints	Nothing	Your first three pints	Nothing	Your first three pints	Nothing
Nothing (Medicare covers in full)		Nothing (Medicare covers in full)		Nothing (Medicare covers in full)	
Nothing (Medicare covers in full)		Nothing (Medicare covers in full)		Nothing (Medicare covers in full)	
20% coinsurance after the \$155 deductible is met	Nothing	20% coinsurance after the \$155 deductible is met	Nothing	20% coinsurance after the \$155 deductible is met	Nothing
All remaining charges***	Nothing	Nothing	All costs	Nothing	All costs

** Note: the Part B deductible needs to be met only once each calendar year (Jan. 1 through Dec. 31).

*** After Medicare makes payment up to the Limiting Charge established by law, and shown on your Medicare Explanation of Benefits.

Eligibility for coverage

Anyone who has Medicare Part A and Part B, lives in Michigan at least six months of the year and has a Michigan driver's license or State ID card is eligible to apply for coverage under MyBlue Medigap. You become eligible to apply for MyBlue Medigap coverage at age 65 or the date you first enroll for Medicare Part B, whichever is later.

Your eligibility for coverage under my MyBlue Medigap will be subject to medical underwriting approval. Please note: If you are submitting your application within six months after you first enrolled for benefits under Medicare Part B or if you are within the guaranteed issue period, your eligibility for coverage under MyBlue Medigap will not be subject to medical underwriting approval.

Enrolling in MyBlue Medigap is easy

You can apply for coverage on the Web at www.MiBCN.com, or contact your agent. You can also complete the application in this brochure and mail it to:

Mail Code C411
Blue Care Network of Michigan
P.O. Box 5043
Southfield, MI 48086-5043

Use one application for each person. Do not send payment with this application. We will send you an invoice for your first payment.

When you fill out the application for this policy, be sure to answer truthfully and completely all questions about your medical and health history. BCN may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Providing fraudulent information about your permanent residence, date of birth, height, weight and tobacco use may also result in possible legal action by BCN for fraud.

Please note: Whether you are applying for coverage on the Web or through an authorized insurance agent, it is important to know that neither Blue Care Network nor its authorized agents are connected with Medicare.

If you're currently covered by a Blue Cross Blue Shield of Michigan, Blue Care Network of Michigan or BCN Service Company group plan, please call 1-877-4MY-BLUE or contact your agent for information on how to enroll in the MyBlue Medigap plan. Indicate that you're switching to a Medigap plan from your current coverage. We'll help you enroll and ensure that you have no lapse in coverage.

If you're covered under a health policy from any other insurer, do not cancel that coverage until you receive your MyBlue Medigap certificate and are sure you want to keep it. We will mail a booklet to you that includes your certificate when we enroll you in the plan.

If you have questions, please call 1-877-4MY-BLUE (1-877-469-2583) or contact your agent. TTY users should call 1-800-481-8704.

Complete answers are very important

When you fill out the application for the BCN MyBlue Medigap coverage, be sure to answer truthfully and completely all questions about your medical and health history. BCN 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.



Changing your coverage

You may switch to a different Medigap policy once per year on the date you originally enrolled in MyBlue Medigap. If you're switching to a Medicare Advantage plan, you can enroll only during certain times of the year.

IMPORTANT: If you are currently enrolled in a Medicare Advantage plan and wish to enroll in Medigap, you must separately disenroll in writing from Medicare Advantage. Submission of this application does not automatically disenroll you from your current Medicare Advantage insurance carrier. Call your Medicare Advantage Customer service department for information on how to disenroll from that plan and prevent duplication of coverage and/or a lapse in coverage. Medicare Advantage plans only allow disenrollment at certain times of the year.

You may cancel this coverage if it's not right for you

If you find that you are not satisfied with BCN MyBlue Medigap coverage, notify us by phone or write to us at the address below. If you send your MyBlue Medigap ID card back to us within 30 days after you receive it, we will treat the coverage as if it had never been issued and return all of your payments, less the reasonable cost of any health services paid by BCN during that time. You will be responsible for any deductibles or coinsurance for Medicare Part A and Part B claims or any services not covered by Original Medicare incurred during that 30-day period.

If you choose to cancel MyBlue Medigap coverage after the first 30 days, BCN requires a 30-day advance notice to terminate coverage.

Send your request to:

Mail Code C411
Blue Care Network of Michigan
P.O. Box 5043
Southfield, MI 48086-5043

Do you also need prescription drug coverage?

You may also purchase Medicare Part D drug coverage with Blue Cross Blue Shield of Michigan's Prescription Blue PDPSM plan.

Body Mass Index Table

Find your Body Mass Index, or BMI, by finding your height in the far left column, then matching your height with your approximate weight in pounds. Your BMI is at the top of that column. If your BMI is not on the BMI chart because it is less than 15 or greater than 40, you're in Tier 3.

	Tier 1										Tier 2					Tier 3												
	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40		
Height	Your Weight in Pounds																											
4' 10"	72	74	77	79	82	85	87	90	93	96	99	102	105	134	139	143	148	153	158	163	167	173	177	182	186	191		
4'11"	74	77	84	89	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	169	173	179	183	189	193	198		
5'0"	77	79	87	92	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204		
5'1"	79	82	90	95	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211		
5'2"	82	85	93	98	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218		
5'3"	85	87	96	102	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225		
5'4"	87	90	99	105	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232		
5'5"	90	93	102	108	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240		
5'6"	93	96	105	112	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247		
5'7"	96	99	109	115	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255		
5'8"	99	102	112	118	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262		
5'9"	102	105	115	122	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270		
5'10"	105	108	118	125	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278		
5'11"	108	112	122	129	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286		
6' 0"	111	115	125	133	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294		
6' 1"	114	118	129	136	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302		
6' 2"	117	121	132	140	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311		
6' 3"	120	125	136	144	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319		
6' 4"	123	128	140	148	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328		

MyBlue MedigapSM Application for Coverage

Print in black or blue ink or type your information. This form can be completed by an insurance agent authorized to sell Blue Care Network policies, or you can fill it in yourself. You may also apply online at www.MiBCN.com. You must complete all sections. Information indicated with an asterisk (*) is required for processing. Review your application for completeness and accuracy, and sign and date where requested. The information provided here will be used and disclosed only as permitted by our *Notice of Privacy Practices*, which can be viewed online at www.MiBCN.com.

Step 1: Choosing your plan option

Choose your MyBlue Medigap plan option (check one)*

Plan option: Plan A Plan F Plan M Plan N

Please indicate how you want us to bill you (check one)* DO NOT SEND PAYMENT WITH THIS APPLICATION

Automatic deduction from your bank account (check one choice below, and complete the Automatic Payment Plan form and send it to us along with this application)

Monthly Quarterly Semi-annually Annually

Send me a bill in the mail. I want to pay my premium (check one):

Monthly Quarterly Semi-annually Annually

Month requested for coverage to start: _____ *Note: Unless otherwise indicated, coverage always begins the first day of the month following receipt of your completed application.*

Step 2: Information about you

Last name*	First name*	M.I.*	Suffix (if applicable) <input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> Other _____
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Street address*	City*	State MICHIGAN	ZIP*
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Primary phone* () _____ - _____	Secondary phone () _____ - _____	Applicant's e-mail address <i>(By providing your e-mail address, you may receive e-mails about benefits, wellness and other health topics)</i>
--	---	---


Date of birth* ____ / ____ / 19____	Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	Weight* _____ pounds	Height* ____ feet ____ inches	Have you used any form of tobacco in the past 12 months?* <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	--------------------------------	---	--

If you are submitting your application within 6 months after you first enrolled for benefits under Medicare Part B, or are within the guaranteed issue period, your rate will not be affected by your weight, height, smoking status, claims experience, receipt of health care or medical condition.

9-digit Social Security number* ____ - ____ - ____	Michigan driver's license or Michigan ID number*
--	---

Please refer to your red, white and blue Medicare Health Insurance card to complete this section.

Please fill in these blanks so they match the information on your Medicare card.*

MEDICARE		HEALTH INSURANCE
1-800-MEDICARE (1-800-633-4227)		
NAME OF BENEFICIARY _____		
MEDICARE CLAIM NUMBER _____		
IS ENTITLED TO	EFFECTIVE DATE	
HOSPITAL (PART A)	_____	
MEDICAL (PART B)	_____	

Step 2: Information about you, *continued*

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medigap policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medigap plans. Please include a copy of the notice from your prior insurer with your application.

PLEASE ANSWER ALL QUESTIONS. Please mark the Yes or No boxes below with an X. To the best of your knowledge:

Did you turn age 65 in the last 6 months? Yes No

Did you enroll in Medicare Part B in the last 6 months? Yes No

If so, what is the effective date? _____

Are you currently covered by Medicaid? (State assistance) [NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer No to this question.] Yes No

If so, will Medicaid pay your premiums for this Medigap policy? Yes No

Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium? Yes No

If you had coverage from any Medicare plan other than Original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your Start and End dates.

Start date ___/___/___ **End date** ___/___/___

If you're still covered under the Medicare plan, do you intend to replace your current coverage with this new Medigap policy? Yes No

Was this your first time in this type of Medicare plan? Yes No

Did you cancel a Medigap policy to enroll in this Medicare plan? Yes No

If you had coverage under a Medicare Advantage policy and it is no longer in force, please indicate the reason:

- CMS terminated the certification of the organization or plan.
- The Medicare Advantage Organization stopped offering Medicare Advantage plans.
- The Medicare Advantage Organization stopped offering coverage in the area in which you live.
- You moved out of the geographic service area of your Medicare Advantage plan.
- Voluntarily disenrollment because plan violated a material provision of the policy or insurer materially misrepresented the policy's provisions in marketing the policy to individuals.
- You disenrolled from a Medigap policy to join a Medicare Advantage plan for the first time, have been in the Medicare Advantage plan less than a year and you want to switch back to Original Medicare.
- You joined a Programs of All-inclusive Care for the Elderly (PACE) plan when you were first eligible for Medicare Part A at 65, and within the first year of joining, you decided you want to switch to Original Medicare
- You dropped a Medigap policy to join a MA plan for the first time; you have been in the plan less than a year and you want to switch back.
- Other: _____

Did you enroll in Medicare Advantage when you became eligible for Medicare Part A and Part B, but voluntarily disenrolled from the plan within 12 months of the effective date of enrollment? Yes No

IMPORTANT:

If you are currently enrolled in a Medicare Advantage plan and wish to enroll in Medigap, you **must** separately disenroll in writing from Medicare Advantage. Submission of this application does not automatically disenroll you from your current Medicare Advantage insurance carrier. Call your Medicare Advantage customer service department for information on how to disenroll from that plan and prevent duplication of coverage and/or a lapse in coverage. Medicare Advantage plans only allow disenrollment at certain times of the year.

<p>Do you have, or did you have, another Medigap policy in force? If so, with what company and what plan? _____</p> <hr/> <p>What are your dates of coverage under that policy? Start date ___/___/___ End date ___/___/___</p> <p>If your Medigap policy is no longer in force, indicate the reason:</p> <p><input type="checkbox"/> Involuntary disenrollment because insolvency of insurer or bankruptcy of organization offering the coverage</p> <p><input type="checkbox"/> Voluntary disenrollment because plan violated a material provision of the policy or insurer materially misrepresented the policy's provisions in marketing the policy to individuals</p> <p><input type="checkbox"/> Employer group/union paid after Original Medicare, and that plan is ending.</p> <p><input type="checkbox"/> Other</p> <p>If so, do you intend to replace your current Medigap policy with the MyBlue Medigap policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual plan.) If so, with what company? _____</p> <p>Type of policy _____</p> <p>Policy number _____</p> <p>What are your dates of coverage under that policy? Start date ___/___/___ End date ___/___/___</p> <p>If the plan is no longer in force, what is the reason your coverage ended?</p> <p><input type="checkbox"/> Involuntary disenrollment because the group plan sponsor stopped offering coverage</p> <p><input type="checkbox"/> Voluntary disenrollment</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If available, please include proof of prior coverage termination with this application. If you're applying online, please mail proof of prior coverage termination along with a copy of your MyBlue Medigap online enrollment confirmation to Mail Code C411, Blue Care of Michigan, P.O. Box 5043, Southfield, MI 48086-5043.</p>	
<p>Conditions of coverage</p> <ul style="list-style-type: none"> • I am applying for MyBlue Medigap coverage. I certify that I am enrolled in both Part A and Part B of Medicare. • I authorize Blue Care Network of Michigan (BCN) to obtain from providers of service and hospitals the medical records relating to me necessary to the administration of my contract with BCN. • I assign BCN my entire right of recovery of the cost of hospital and medical services paid for by BCN against any person or organization as a result of accident or disease, including injuries or disease claimed under worker compensation laws or acts whether by redemption award, voluntary payment or otherwise. • I understand that the benefits I will be eligible for are described in the MyBlue Medigap certificate and that the BCN marketing materials are only a summary. • I certify that the above information is true, correct and complete to the best of my knowledge and belief. I understand the information will be used in reviewing my application and administering coverage and my failure to provide complete and accurate answers or my submission of false or misleading information may result in denial of claims, cancellation or rescission of the policy. • I understand that acceptance of my application will be subject to medical underwriting. • I certify that I am a permanent resident of Michigan and have a valid Michigan driver's license or Michigan ID card, and reside at least 6 months of each year at my permanent residence in Michigan. 	

Step 3: Please read and sign

- You do not need more than one Medigap policy.
- If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
- If you are age 65 or older, you may be eligible for benefits under Medicaid and may not need a Medigap policy.
- Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
- Your insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods or probationary periods in the new policy or certificate for similar benefits to the extent such time was spent or depleted under the original coverage.
- If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medigap policy will be suspended during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medigap policy, or, if that is no longer available, a substantially equivalent policy, will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medigap policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- I understand that providing fraudulent information about my permanent residence, date of birth, height, weight, health status and tobacco use may result in cancellation of my policy, restitution and possible legal action against me by BCN for fraud.
- If, after thinking about it carefully, you still wish to drop your present coverage and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the insurer to deny any future claims and to refund your premium as though your policy or certificate had never been in force. After the application has been completed, and before you sign it, review it carefully to be certain that all information has been properly recorded.
- Acceptance of non-guaranteed issue enrollees will be subject to medical underwriting.
- Counseling services may be available in your state to provide advice concerning your purchase of Medigap insurance and concerning Medicaid. A copy of the *Guide to Health Insurance for People with Medicare* is available on the Medicare Web site at www.medicare.gov/publications/pubs/pdf/02110.pdf.
- Depending on information received, an individual may not meet the eligibility requirements for MyBlue Medigap membership.

The following questions *must* be completed by non-guaranteed issue enrollees.

If you are not applying within the guaranteed issue period, please answer the following questions and submit them with your application. Your application will not be processed until we receive your answers.

1. Have you used tobacco products in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. What is your height _____ and your weight _____?	
3. Have you had a complete physical within the past two years? If yes, what was the date of the exam? _____ Physician's name: _____ Address: _____ Phone number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has a physician advised or recommended that you have treatment, medical tests, surgery or therapy for any condition in the next 12 months? Have the recommended services been obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you been advised to have cataract surgery within the next 12 months: If yes, what is your anticipated date of obtaining the recommended cataract surgery? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you currently disabled, hospitalized, or confined to a facility such as a skilled nursing facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you bedridden or confined to a wheelchair?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Have you been hospitalized or confined to a nursing facility more than three times in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you use a scooter or walker to help provide mobility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you still drive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you park in handicap parking? If yes, reason for handicap? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you require help with daily functions such as bathing, cooking or maintaining your household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you use home health care services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. In the past two years have you fallen and broken a bone? If yes, which bone (e.g. hip, leg, arm, hand, etc.)? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have you had an organ transplant or been advised by a physician to have an organ transplant (includes heart, liver, kidney, pancreas, lung, or bone marrow)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you been diagnosed or treated (including taking medication) for the following condition(s) in the past five years?	
• Emphysema, chronic obstructive pulmonary disease (COPD), chronic pulmonary disorders (includes bronchitis) or tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Parkinson's disease, systemic lupus, myasthenia gravis, multiple or lateral sclerosis (including amyotrophic lateral sclerosis)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Alzheimer's disease, senile dementia, or other cognitive disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Diabetes that requires daily insulin shots?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Diabetes with at least one of the following conditions: diabetic neuropathy, peripheral vascular disease, neuropathy, any heart condition (including high blood pressure) or kidney disease? If you do not have diabetes, answer the question 'no.'	<input type="checkbox"/> Yes <input type="checkbox"/> No
• An amputation caused by a disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Internal Cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Cirrhosis of the liver or hepatitis B or C?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Chronic kidney disease or disorder including end stage renal disease (ESRD) or dialysis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Hemophilia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Alcoholism, drug abuse, or mental or nervous disorders requiring psychiatric care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Heart attack, angina pectoris, coronary or carotid artery disease (not including high blood pressure), peripheral vascular disease, congestive heart failure (CHF) or enlarged heart, stroke, transient ischemic attacks (TIA) or heart rhythm disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Degenerative bone disease, rheumatoid arthritis, or have you been advised to have a joint replacement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information for any 'yes' answers on questions 9 through 15

Question number	Dates of care	Information regarding condition	Treating physician's name and phone number

<p>17. Are you taking or have you taken any prescription or over-the-counter medications within the past 12 months? If yes, please list the medication and requested information on the following table (use additional sheets if needed).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

MEDICATION NAME (from your pharmacy label)	
Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	
MEDICATION NAME (from your pharmacy label)	
Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	
MEDICATION NAME (from your pharmacy label)	
Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	
MEDICATION NAME (from your pharmacy label)	
Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	
MEDICATION NAME (from your pharmacy label)	
Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	
MEDICATION NAME (from your pharmacy label)	
Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	

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Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	
MEDICATION NAME (from your pharmacy label)	
Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	
MEDICATION NAME (from your pharmacy label)	
Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	
MEDICATION NAME (from your pharmacy label)	
Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	
MEDICATION NAME (from your pharmacy label)	
Date originally prescribed	
Prescribing physician	
Frequency and dosage	
Diagnostic condition	

Continue to next page

Authorization for Use and Disclosure of Protected Health Information (PHI)

I understand that Blue Care Network (BCN) may collect personal and protected health information (PHI) about me in order to complete my application for coverage. BCN will use and disclose this information only in accordance with their Notice of Privacy Practices which is available on [www. MiBCN.com](http://www.MiBCN.com) or by calling 313-225-9000.

I authorize:

- Use and disclosure of my PHI, including membership, eligibility and claims data stored on Blue Cross Blue Shield of Michigan and its subsidiaries' computer systems.
- Physicians, health care professionals, hospitals, clinics, laboratories, pharmacies or pharmacy benefit managers, or other health care providers that have provided treatment or services to me or any of my dependents who are also applying for coverage to disclose medical records, prescription history, medications prescribed and other PHI as requested to BCN.
- Health plans, governmental agencies or prescription drug profiling companies that have a previous relationship with me or who have knowledge of my medical information or the medical information of any of my dependents who are also applying for coverage to disclose medical records information, prescription history, medications prescribed and other PHI as requested to BCN.

My authorization includes disclosure of information on the diagnosis and treatment of Human Immunodeficiency Virus (HIV) infection and treatment of mental illness and the use of alcohol, drugs and tobacco, but excludes disclosure of psychotherapy notes.

This authorization includes and applies to any and all protected health information related to treatments or services where I have requested a restriction and/or for any health care item or service for which the health care provider has been paid out of pocket in full.

This PHI is to be disclosed so that BCN may: (1) perform case, care and disease management, (2) administer claims and determine or fulfill responsibility for coverage and provision of benefits, and (3) for other legally permissible purposes, including but not limited to, health care operations. If BCN discloses this information, the recipient must obtain an additional authorization from me before it may re-disclose the information and if I provide this authorization information may be re-disclosed by the recipient and is no longer protected.

I understand that my enrollment with BCN is conditioned upon my authorization to release PHI for the purposes stated above and that if I do not provide authorization, I may not be eligible for enrollment. My signature on this form indicates my approval for the release of PHI from BCBSM and its subsidiaries and from any of the parties listed above to BCN. A photographic copy of this authorization shall be valid as the original.

This authorization will expire after 30 months or upon rejection of coverage. I understand that I am entitled to receive a copy of this authorization upon request. I may revoke this authorization at any time by sending a written request on a standard form available online at MiBCN.com or by contacting my agent. I understand that revocation will not affect actions taken before BCN or any of the parties identified above receive my request.

I have read and authorize BCN Advantage to use my medical and drug information.

Your signature

Date

I have read and agreed to the terms on this form. I understand that approval of this application and coverage effective date will be determined by Blue Care Network of Michigan. If I cancel within the first 30 days of the effective date of this coverage, I will be entitled to a refund of my previous premium payment. **Please note: The reasonable costs for any health services paid by BCN during that time period will be deducted from the refund and I will be responsible for payment of reasonable fees for any health care services I received.** If I choose to cancel my coverage after the first 30 days, I understand there is a 30-day advance notice required by BCN.

I have received and read (1) this brochure outlining MyBlue Medigap coverage, and (2) the information above concerning replacement of existing health coverage with the MyBlue Medigap policy.

Your signature	Date
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Be sure that you have completed all portions of this application. Mail completed form to:

Mail Code C411
Blue Care Network of Michigan
P.O. Box 5043
Southfield, MI 48086-5043.

Use one application for each person. For faster processing, you may use the online enrollment application at **www.MiBCN.com** instead of submitting a paper application. If you have questions, please call 1-877-4MY-BLUE (1-877-469-2583) or contact your Blue Cross Blue Shield of Michigan insurance agent. TTY users should call 1-800-481-8704.

Note to Applicant:

If you are replacing a Medigap or Medicare Advantage policy with this MyBlue Medigap policy, you must also complete the following page. If you're purchasing this policy through an insurance agent or broker authorized to sell Blue Care Network policies, your agent or broker must also sign this form. If you're completing this application on your own, please skip the section on the next page, "Statement to applicant by insurer, agent or other representative," and the entire page titled "For Agent Use."
If you wish to enroll in the Automatic Payment program, you must complete the "Authorization Agreement for Automatic Payments" form on the last page of this booklet.

**NOTICE TO APPLICANT REGARDING REPLACING
MEDIGAP INSURANCE OR MEDICARE ADVANTAGE
SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE**

Blue Care Network of Michigan
P.O. Box 5043, MC C411
Southfield, MI 48086-5043

According to your application, you intend to drop or otherwise terminate existing Medigap coverage or Medicare Advantage plan and replace it with a policy or certificate to be issued by Blue Care Network of Michigan. Your new policy or certificate provides 30 days within which you may decide without cost whether you desire to keep the policy or certificate.

Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.

Your insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods or probationary periods in the new policy or certificate for similar benefits to the extent such time was spent or depleted under the original coverage.

If, after thinking about it carefully, you still wish to drop your present coverage and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the insurer to deny any future claims and to refund your premium as though your policy or certificate had never been in force. After the application has been completed, and before you sign it, review it carefully to be certain that all information has been properly recorded.

You should review this new coverage carefully and compare it with all disability and other health coverage you now have and terminate your present coverage only if, after due consideration, you find that purchase of this Medigap coverage is a wise decision. Do not cancel your present policy until you have received your new policy and are sure that you want to keep it. The replacement policy is being purchased for the following reason(s) (check one):

<input type="checkbox"/> Additional benefits	<input type="checkbox"/> No change in benefits, but lower premiums
<input type="checkbox"/> My plan has outpatient prescription drug coverage and I am enrolling in Part D	<input type="checkbox"/> Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment _____
<input type="checkbox"/> Fewer benefits and lower premiums	<input type="checkbox"/> Other (Please specify) _____

This "Notice to Applicant" was delivered to me by my agent on: _____ **Date** _____

Applicant's signature

Applicant's printed name

Applicant's address

Return this form with your application materials. Be sure to save a copy for your records.

Statement to applicant by insurer, agent or other representative:

I have reviewed your current medical or health coverage. The replacement of coverage involved in this transaction does not duplicate your existing Medigap or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medigap coverage or leave your Medicare Advantage plan, to the best of my knowledge.

Signature of authorized Agent, Broker or other representative

Date

Printed name and address of authorized Agent or Broker



Authorization Agreement for Automatic Payments

MyBlue MedigapSM

Our automatic payment plan offers the convenience of paying your health care premium automatically from your bank account. No need to write checks, mail payments or worry about late payments. To participate, simply fill out and mail in this enrollment form. Please include a blank, voided check or a deposit slip from your designated account for verification. If you bank online, enter your account number and bank routing number.

Your name		
Address		Phone ()
City	State	ZIP
Authorization for automatic payments		
I hereby authorize Blue Care Network, hereinafter called BCN, to withdraw from my checking/savings account amounts necessary to pay the premium owed by me under my BCN contract. This authority will remain in effect until I notify you, or the bank listed below, in writing to cancel it in such time as to afford the bank a reasonable opportunity to act on the cancellation <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bank name		Branch
City	State	ZIP
Account type <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account		
Bank account number		Bank routing number
Account holder name		Date

Withdrawals will occur on the fifth day of each month. We will send you written notification of the date your automatic payments begin. Keep a copy of this application for your records.

Mail this form and your voided check or deposit slip to:

BCBSM Individual Business Underwriting MC 1124
600 Lafayette East
Detroit, MI 48226

Blue Care Network use only		
Member's contract number	Process date	Effective date
Processed by		



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

www.bcbsm.com/mybluemedicare

To enroll:

- See your Blue Care Network agent
- Enroll online at www.MiBCN.com
- Call 1-877-469-2583
TTY users call 1-800-481-8704
8 a.m. to 8 p.m., seven days a week