

You ARE EMBARKING ON THE NEXT CHAPTER OF YOUR LIFE

DO YOU HAVE A PLAN?



APPLYING FOR *Your* MEDICARE SUPPLEMENT

To apply for coverage through Highmark Blue Cross Blue Shield Delaware (Highmark Delaware), follow these easy steps:

1. Review the *Outline of Medicare Supplement Coverage* (which provides an overview of benefits and rates) to determine the plan that meets your needs.
2. Complete the Medicare Supplement application. Be sure to indicate your selected benefits plan and payment option, then sign the form.
 - Verify that all information is complete and accurate. This will help ensure timely application processing.
 - If you are replacing another health insurance policy, do not cancel it until you have actually received your new policy and are certain you want to keep it.
3. Enclose a deposit check payable to Highmark Blue Cross Blue Shield Delaware in the amount of the first month's premium or complete an EasyPay form for automatic deduction from your checking account.
4. Submit a HIPAA Certificate of Coverage from your employer if you are replacing your current coverage with a Medicare Supplement plan. If you currently have your health insurance provided by Highmark Delaware, just include your Highmark Delaware member identification number.



If you have questions about Highmark Delaware Medicare Supplement plans, or the application process, contact your broker or call us at 1-888-692-5830.



As you approach your 65th birthday...

making a few key decisions about your health insurance is one of the most important ways to ensure a smooth transition into retirement. Even if you intend to work past age 65, there is still a lot to learn.

As you may know, Medicare is the primary insurer for most Americans once they turn 65. Medicare, and the decisions you need to make about it, may seem overwhelming at times — especially when you first become eligible. To make the transition as easy as possible, Highmark Delaware has created this brochure to help you become familiar with Medicare and introduce you to Highmark Delaware Medicare Supplement options. If you need more information, there are many educational sources for Medicare, which are listed in the back of this brochure.

WHAT IS MEDICARE?

Medicare is a federal health insurance program for:

- people age 65 or older
- people under age 65 with certain disabilities
- people of all ages with End-Stage Renal Disease (ESRD)

The Medicare program has two primary components:

Part A - Hospital Insurance: Medicare Part A provides coverage for inpatient hospital care, hospice care, skilled nursing facilities and some home health care.

- **Cost:** Generally, you won't have to pay a monthly payment (premium) for Part A. This is because you or your spouse paid Medicare taxes while working. If you are not eligible for premium-free Part A, you may be eligible to purchase coverage.

Part B - Medical Insurance: Medicare Part B provides coverage for doctors' services and outpatient care. It may also provide coverage for some services and supplies that Part A does not cover.

- **Cost:** Generally, you will need to pay a monthly premium for Part B. This amount may change every year in January.

Eligibility for Parts A and B can be confirmed by contacting your local Social Security Administration Office. Contact information for Social Security is available in the back of this brochure.

WHY IS MEDICARE SUPPLEMENT INSURANCE SO IMPORTANT?

Medicare deductibles and copays could end up costing you more than expected.

In addition to any Medicare premiums, you are responsible for the copays, coinsurance and deductibles that Parts A and B do not cover. Many people choose to help fill in some of the "gaps" in Medicare coverage with a Medicare Supplement plan.

The gaps in your coverage include:

- Part A annual deductible (more than \$1,000) for hospitalization before Medicare pays anything*
- Part A copay for days 61–150 of a hospital stay*
- Part B annual deductible for doctor visits before Medicare pays anything*
- Part B coinsurance (20 percent of all outpatient charges), with no out-of-pocket maximum*

*See the *Outline of Medicare Supplement Coverage*, located in the back of this brochure, for additional information. If you need this piece, please visit highmarkbcbsde.com/health65, contact your broker or call us at 1-888-692-5830.

As you can imagine, these gaps in Medicare coverage can quickly impact your budget should you need extended hospitalization or medical care.

As you approach your 65th birthday, making a few key decisions about your health insurance is one of the most important ways to ensure a smooth transition into retirement.

Do you have a plan?



GETTING STARTED: *Your* COUNTDOWN TO MEDICARE

There are several steps you'll need to take to ensure that your health coverage is in place once you turn 65. Just follow the checklist below for a smooth transition to Medicare.

6 MONTHS BEFORE YOU TURN 65...

- Start learning about Medicare. Information can be obtained from the Social Security Administration Office or the Centers for Medicare & Medicaid Services. Contact information for both agencies is listed in the back of this brochure.
- Contact Social Security to determine your eligibility for Social Security, if you haven't already done so, and Medicare. Please note: Medicare and Social Security eligibility dates may differ.
- If you're working, married or in a domestic partner relationship, find out if your employer (or your spouse's) provides coverage for retirees.
- Ask your doctors if they accept Medicare.
- Review available Medicare Supplement plans and decide if you need additional coverage for out-of-pocket expenses not covered by Medicare.

3 MONTHS BEFORE YOU TURN 65...

- This is the first month you are eligible to apply for Medicare due to age. The Social Security Administration Office can provide you with additional information and let you know how to apply. Please note: If you plan to apply for Medicare Supplement insurance, you must be enrolled in both Parts A and B of Medicare.
- Decide whether or not you need Medicare Part D prescription drug coverage.
- Narrow down your choice of Medicare Supplement plans based on your needs and budget.

2 MONTHS BEFORE YOU TURN 65...

- If you have enrolled in Medicare Parts A and B, this is the time to select your Medicare Supplement insurance carrier and plan, and complete an application. Send in your application promptly for guaranteed acceptance.

YOUR BIRTHDAY

Congratulations!

You've hit a milestone year and you're about to embark on an exciting new chapter in your life. With your Medicare and Highmark Delaware Medicare Supplement enrollment complete, you can relax and enjoy your retirement, whether it's continuing to work, volunteering, taking a class, traveling or spending more time with family.

WORKING PAST 65

If you continue to work past age 65 and are receiving group benefits through your employer, you should contact Social Security three months before your retirement date to confirm eligibility.



THE PLAN YOU WANT... FROM THE COMPANY YOU TRUST

With Medicare Supplement plans from Highmark Delaware, we make it easy to budget for out-of-pocket expenses not covered by Medicare. And because we are Delaware's largest health benefits provider, you can choose our plans with confidence.

Consider the benefits of purchasing Medicare Supplement insurance from Highmark Delaware:

- **Competitive Rates:** Our attractive rates offer an affordable way to keep your medical expenses under control.
- **Convenience:** You'll rarely have to file a claim to receive your benefits. We handle the majority of paperwork for you.
- **Service:** As a Highmark Delaware member, you'll enjoy access to Customer Service Representatives who can answer your questions promptly and professionally.
- **Health and Wellness Program:** Our BlueEssentials for Health program, free to members, provides discounts and value-added services.
- **Spouse Coverage:** If your spouse or domestic partner is not yet eligible for Medicare, and is not covered by group coverage, he or she can consider one of our medically-underwritten BlueIndividual plans.

A description of the Highmark Delaware Medicare Supplement plans and rates are located in the *Outline of Medicare Supplement Coverage* in the back of this brochure. If you need this piece, please visit highmarkbcbdsde.com/health65, contact your broker or call us at 1-888-692-5830.

MEDICARE PART D

The Medicare prescription drug coverage plan, known as Medicare Part D*, provides prescription drug coverage to those with Medicare. (Medicare Supplement plans do not generally provide coverage for outpatient prescription drugs.) Residents of Delaware can purchase a Medicare Part D plan through Medi-CareFirst® BlueCross® BlueShield® (Medi-CareFirst), a Blue Cross and Blue Shield plan offering Part D coverage in Maryland, Delaware and the District of Columbia. For more information, please call 888.784.0790 from 8:00 AM - 8:00 PM, seven days a week.

*Medi-CareFirst Blue Cross Blue Shield is the business name of First Care Inc., and is an independent licensee of the Blue Cross and Blue Shield Association. ® Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.

Regardless of what plan you choose, it is recommended that you apply for your Medicare Supplement plan during open enrollment period for guaranteed acceptance.



COVERAGE AVAILABLE ON A GUARANTEED ISSUE BASIS

You are guaranteed approval when you apply during the Medicare Supplement open enrollment period and during other Medicare Supplement protection periods (generally when your other health care coverage changes in some way, such as when your coverage ends involuntarily). The Medicare Supplement open enrollment period starts on the first day of the month in which you are at least age 65 and enrolled in both Parts A and B of Medicare. If you apply during any other time, approval of your application is not guaranteed and may be subject to medical underwriting.

RIGHT TO RETURN

If you find that you are not satisfied with your Medicare Supplement policy, you have the legal right to return it within 30 days. If you send the policy back within 30 days after you receive it, you will receive a full refund of premiums paid during that time period.

ADDITIONAL INFORMATION ABOUT MEDICARE SUPPLEMENT PLANS

Medicare Supplement plans are designed to work hand-in-hand with the Federal Medicare program. They are not intended to be classified as long-term care policies and do not pay for most custodial care. Medicare Supplement plans do not cover expenses for services and items excluded from coverage under Medicare, or expenses for services and items that would duplicate Medicare payments. **Please note:** Your Highmark Delaware Medicare Supplement plan includes a waiting period of up to six months for coverage of a preexisting condition; however, you will be credited for the time you have been continuously covered if you are applying for a change in your current Highmark Delaware plan, or replacing another company's or another Blue Cross and Blue Shield Plan's coverage. These plans also have other exclusions and limitations; for a complete list of exclusions, please contact us at **1-888-692-5830**.





HELPFUL PHONE NUMBERS:

Social Security Administration _____ 1-800-772-1213; TTY 1-800-325-0778

Centers for Medicare & Medicaid Services _____ 1-800-MEDICARE; TTY 1-877-486-2048

Medi-CareFirst BlueCross BlueShield (Part D coverage) _____ 1-888-784-0790

Highmark Blue Cross Blue Shield Delaware _____ 1-888-692-5830



HELPFUL WEBSITES:

Social Security Administration _____ ssa.gov

Centers for Medicare & Medicaid Services _____ cms.hhs.gov

Medicare _____ medicare.gov

Delaware Division of Services for Aging and Adults _____ dhss.delaware.gov/dsaapd
with Physical Disabilities

Medi-CareFirst BlueCross BlueShield (Part D coverage) _____ www.medi-carefirst.com

Highmark Blue Cross Blue Shield Delaware _____ www.highmarkbcbsde.com