



Senior GoldSM

2009 Senior Gold enrollment kit

Minnesota's leading Medicare supplement plan



Welcome!

Thank you for your interest in Senior Gold, a Medicare Select plan from Blue Cross and Blue Shield of Minnesota. It's the state's leading Medicare supplement plan. Original Medicare covers some of your health care expenses but not everything. There are still deductibles, copayments, coinsurance and outpatient prescription drug costs that you must pay. Senior Gold provides first-dollar coverage, so you won't have deductibles, copayments or coinsurance for Medicare-covered services. You can also pair Senior Gold with stand-alone Part D prescription drug coverage, such as MedicareBlueSM Rx. MedicareBlue Rx is a regional Medicare Prescription Drug Plan with a Medicare contract.

Blue Cross has been serving the needs of millions of members for generations. We can guide you through your Medicare plan decision-making process.

Have questions? Ready to enroll?

We have knowledgeable sales representatives throughout Minnesota who are certified to answer your questions and help you enroll in a Blue Cross Medicare plan.

Blue Cross

For more information about Senior Gold, or to learn about stand-alone Part D prescription drug coverage:

(651) 662-2583 or toll free **1-877-662-2583**

TTY users call **1-866-582-1158**

8 a.m. to 8 p.m. CT, 7 days a week

www.bluecrossmn.com/medicare

Blue Cross and Blue Shield of Minnesota

P.O. Box 64560

St. Paul, MN 55164-0560

Medicare information

For information about Medicare benefits and services:

Toll free **1-800-MEDICARE (1-800-633-4227)**

TTY users call **1-877-486-2048**

24 hours a day, 7 days a week

www.medicare.gov

Senior Gold peace of mind

With Senior Gold, you'll get the peace of mind that you can see any doctor in our extensive provider network, with no referrals needed. Plus, all benefits travel with you across the United States, and you're covered for emergencies worldwide.

What's more, Senior Gold members can take advantage of our Fitness Discounts, Stop-Smoking Support, and discounts on vision and hearing. It's Blue Cross' most popular plan for people with Medicare.

Am I eligible for Senior Gold?

If you are enrolled in Medicare Part A and Part B and reside in Minnesota at the time of your application, you are eligible to enroll in Senior Gold during your Medicare supplement open enrollment period. Your six-month open enrollment period begins on the day your Part B coverage starts. When you enroll during this time, you don't need to provide health history. You may be able to enroll at other times without providing a health history. Call Blue Cross at the number listed on the opposite page for more information.

What is Original Medicare?

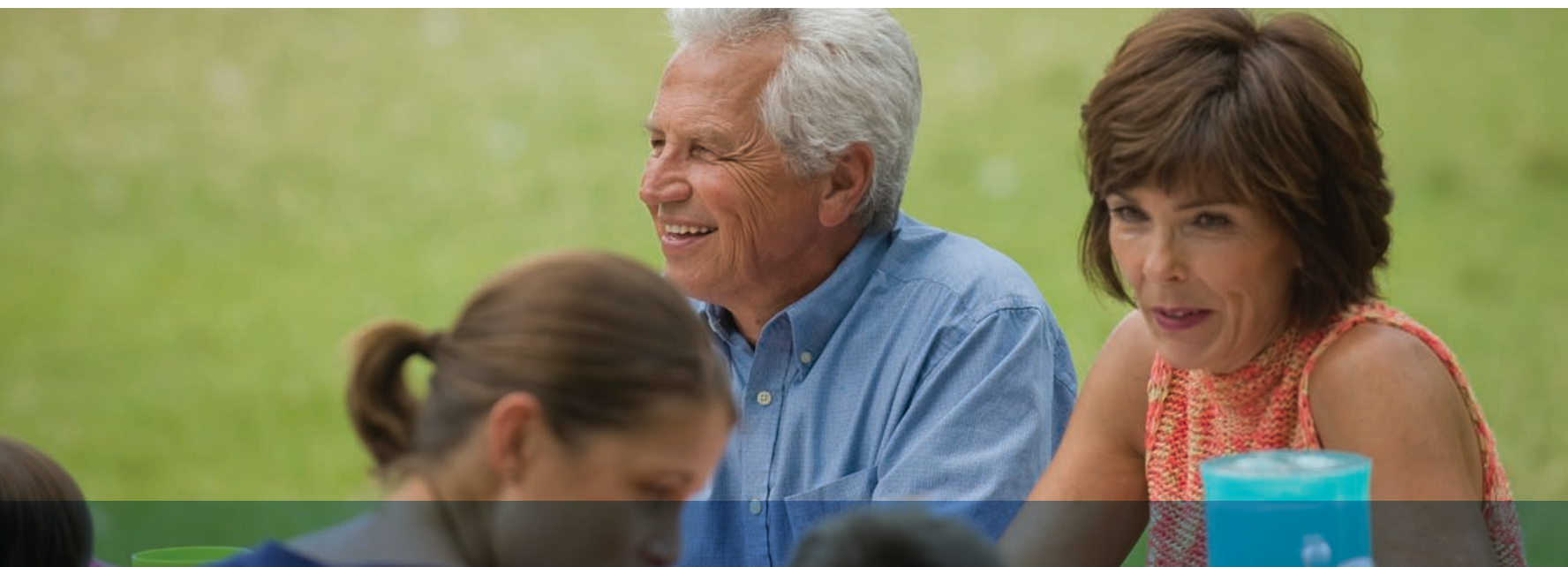
Original Medicare is a health insurance program for people age 65 and older and people with certain disabilities, including permanent kidney failure. Established in 1965, Medicare is administered by the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. federal government.

Original Medicare has two parts:

Medicare Part A is hospital insurance that helps pay for inpatient care in hospitals and skilled nursing facilities.

Medicare Part B is medical insurance that helps pay for doctor visits, physicians' services, lab tests, durable medical equipment and outpatient hospital treatment.

Original Medicare does not cover everything. There are deductibles, copayments and coinsurance you must pay when you receive health care services.



Senior Gold: Worry-free coverage that fills in Original Medicare's benefit gaps

Senior Gold works with Original Medicare to cover Medicare coinsurance, copayments and deductibles. Plus, you have the freedom to see any participating network provider — including specialists — without a referral. Blue Cross is a leader in health care coverage when it comes to quality, savings and service. More Minnesotans choose Blue Cross for their health coverage than any other health plan in the state.



Here's what you get with a Blue Cross plan

Perfect when you just want a medical plan. Maybe you already have prescription drug coverage through the Veterans Administration, a stand-alone Part D plan or another source. Senior Gold is a good choice for anyone looking for a Medicare supplement plan without drug coverage.

Coverage begins right away. Senior Gold offers you first-dollar coverage, so you won't have deductibles, copayments or coinsurance for Medicare-covered services.

Easy to access. Members have access to our largest network. You do not need a referral for doctors, specialists and hospitals in our Aware® network.

Worldwide coverage. You can travel throughout the United States and still receive full plan benefits from providers who participate with Medicare. And Senior Gold covers 80 percent of medical emergency care received outside the United States. What's more, Senior Gold is portable, so you can keep your plan even if you move to another state.

Guaranteed renewable. As long as you pay your premium, Senior Gold automatically renews.

Preventive care. For just \$5 a month, you can choose optional coverage for preventive care services, including an annual routine physical, vision and hearing exams.

Healthy lifestyle support. The plan comes with Blue Cross' signature extras, such as Fitness Discounts, Stop-Smoking Support, and vision and hearing discounts.

Expertise. We have been helping Minnesotans with their health care needs for over 75 years — and with Medicare since the program began.

Local customer service. Dedicated representatives help you use and understand your plan.

Almost no paperwork. Most claims are filed for you by your provider.

Your Medicare supplement plan options

The chart on the opposite page provides a snapshot of how the medical and hospital benefits of Senior Gold compare to benefits under Original Medicare. For additional details, refer to the Summary of Coverage.

You'll still pay your Part B premium

You must continue to pay your monthly premium for Medicare Part B coverage (and Part A if applicable). This amount is usually deducted from your Social Security check.

Prescription drugs are not covered

Original Medicare and Senior Gold do not cover the cost of Medicare Part D prescription drugs. If you're like most people, you'll want to pair Senior Gold with a stand-alone Part D prescription drug plan, such as MedicareBlue Rx. See the contents of this packet for details about MedicareBlue Rx or call the numbers at the front of this packet.



2009 Benefits	Original Medicare	Senior Gold with preventive care
Monthly plan premium (amount you pay)	For Part B, \$96.40 – \$308.30	In addition to the Medicare Part B premium, <ul style="list-style-type: none"> • Tobacco-free: \$185 • Standard: \$242 Includes \$5 premium for optional preventive care coverage.
Deductible (amount you pay before coverage begins)	Part A deductible of \$1,068 and Part B deductible of \$135	\$0
Doctor office visits Primary care and specialists	20% coinsurance	\$0
Preventive services* (including routine physicals and cancer screenings)	20% coinsurance**	\$0 and the plan offers broader coverage of cancer screenings than Original Medicare
Emergency care	20% coinsurance for emergency care in the United States	\$0 for emergency care in the United States
Urgently needed care	20% coinsurance for urgent care in the United States	\$0 for urgent care in the United States
Travel coverage	20% coinsurance in the United States	\$0 for services within the United States 20% coinsurance for emergency care worldwide
Inpatient care (per benefit period)	Days 1 – 60: \$1,068 deductible Days 61 – 90: \$267 per day Days 91 – 150: \$534 per day	\$0
Skilled nursing care (per benefit period)	Days 1 – 20: \$0 per day Days 21 – 100: \$133.50 per day	\$0
Outpatient care Therapy/outpatient visits, certain lab services, outpatient or ambulatory surgical center visits	20% coinsurance	\$0
Diabetes self-monitoring training and diabetes supplies	20% coinsurance for approved medical services, training and supplies	\$0
Durable medical equipment, prosthetics	20% coinsurance for approved medical services, training and supplies	\$0

Benefits shown are the amount you pay for Medicare-covered services for 2009. Rates are subject to change on an annual basis. The rates listed in this booklet are guaranteed through December 31, 2009. Senior Gold plan members are required to use Blue Cross participating providers for the care they receive in Minnesota and bordering counties in the neighboring states of Iowa, North Dakota, South Dakota and Wisconsin. If Senior Gold members do not use participating providers, Blue Cross is not required to pay benefits, except for emergency care.

* Annual limits may apply. See the Summary of Coverage for additional details.

** You pay 20 percent of Medicare-approved amounts for one physical exam within the first 12 months of your new Part B coverage. You pay 100 percent for any additional routine physical exams.

Save with these services and discounts

As a Senior Gold member, you will also receive additional services and discounts designed to help support your health. Better still, they're provided at no extra cost to you.

Vision and Hearing Discounts. Save on eyewear and hearing aids.

24-Hour Nurse Advice Line. Friendly, knowledgeable nurses are available seven days a week.

Health Guides. When you have questions about your benefits, finding a provider or deciding on the right type of care, our specially trained health guides can help.

Online Wellness Center. Includes health calculators, quizzes, exclusive articles, and other helpful information.

Fitness Discounts. Earn up to a \$20 credit toward your monthly health club fees when you exercise at a participating fitness center.

Stop-Smoking Support. Want to kick tobacco? Then take advantage of this proven, successful program. The trained phone counselors and support materials can help you quit.

Online Member Center. The myBlueCross online member center has tools and information to help you manage your health and your health plan. When you sign in to this secure site, you can search for a doctor, see the status of your recent claims, research provider cost and quality information, and much more.

Important Senior Gold information

Rates are calculated on a community-wide basis, not by age, gender or health status. Your rates will not go up just because you use your plan. As long as you pay for your plan and follow the terms of the contract, you can count on Blue Cross coverage.

The material in this booklet is for informational purposes only. It contains only a partial, general description of plan benefits and programs and does not constitute a contract.

If you have special needs, this document is available in other formats.



How to enroll



1 Review the Summary of Coverage and Disclosure of Information

Here you will see additional information about the most important features of our plans. Please read it carefully.



2 Review the Choosing a Medigap Policy guide

Read this guide to help you understand Medicare and Medicare supplement plans like Senior Gold.



3 Fill out the Medicare Supplement/Medicare Select Plan Application for Coverage

Read and complete this form. Be sure to complete this form accurately and fill in all required information to ensure that your enrollment can be processed in a timely manner.



4 Fill out the Insurance Suitability Form

This form includes three sections. It is meant to ensure that you have been well-informed about the coverage you are purchasing and that it does not duplicate any other coverage you intend to keep. Please review, sign and date each section that is applicable to your situation.



5 Fill out the Pay-O-Matic brochure (optional)

This explains a safe and easy way to pay for your coverage.

6 Pull it all together and send it in

Separate the forms. Return the white originals in the postage-paid envelope provided. You keep a colored copy and give a copy to your sales representative, if you have one.

7 Relax, we'll be in touch

Blue Cross will send you an acknowledgement letter that will let you know your plan effective date or other information.

All the materials you need are right here in your folder. Talk to your Blue Cross sales representative if you need help.

Inside you'll find:

- Summary of Coverage and Disclosure of Information
- Choosing a Medigap Policy guide
- Medicare Supplement/Medicare Select Plan Application for Coverage
- Insurance Suitability Form
- Pay-O-Matic direct payment brochure
- Postage-paid return envelope
- MedicareBlue Rx Prescription Drug Plan Options from Blue Cross



**BlueCross BlueShield
of Minnesota**

An independent licensee of the Blue Cross and Blue Shield Association

bluecrossmn.com/medicare



BlueCross BlueShield of Minnesota

An independent licensee of the Blue Cross and Blue Shield Association

MEDICARE SUPPLEMENT/MEDICARE SELECT PLAN Application for Coverage

How to complete this application:

1. You must have both Medicare Part A and Part B to qualify for this coverage. To use this application, your Medicare Part B effective date must be within six (6) months prior to the effective date of this application, or you must be eligible for guarantee issue of coverage. If past the six (6)-month Medicare Part B effective date and not eligible for guarantee issue, you must use an application which contains health history questions (form F8318). To determine if you qualify for guarantee issue, see the SPECIAL NOTES section in this application. Please include a copy of your Medicare ID card with this application.
2. Please print and use a ball point pen. Applications completed in pencil are not acceptable. Please answer all questions completely.
3. If you and your spouse both wish to apply, please complete separate applications.
4. **Payment method (Section I, item #10)—please include your first payment with this application.**
 - monthly Pay-O-Matic requires a one (1)-month payment
 - annual method requires a 12-month payment
 - semiannual method requires a six (6)-month payment
 - quarterly method requires a three (3)-month payment
5. Sign and date your application. Return the original to Blue Cross and Blue Shield of Minnesota (Blue Cross). Keep the copy for your records.
6. Please allow 30 calendar days for your coverage to be set up. You will receive your member identification card after your application has been processed.

These plans provide an anticipated loss ratio of 65%. This means that on the average, a contractholder may expect that at least \$65 of every \$100 in premium payments will be returned as benefits to the contractholder over the life of the contract.

Questions?

Call your local Blue Cross agent or one of our licensed marketing associates.
We are happy to help you.

(651) 662-5682
1-800-711-9874

ORIGINAL—Blue Cross and Blue Shield of Minnesota **COPY**—Applicant

SPECIAL NOTES

- **GUARANTEE ISSUE**—Medicare Supplement and Select issuers must guarantee issue certain Basic Medicare Supplement and Select policies to eligible individuals. This means that the insurer cannot discriminate in the pricing of such a policy because of health status, claims experience, receipt of care, medical condition or age. If you are currently enrolled in a Medicare Select, Medicare Supplement, Employer Retiree Plan, Medicare Advantage, Medicare Cost or Health Care Prepayment Plan and the contract is terminating, you may be eligible for guarantee issue. You must apply for coverage within 63 calendar days of the date your coverage terminates and include a copy of that plan's termination letter. If your Medicare Advantage plan is terminating, your eligibility for guarantee issue begins on the date you were notified of the termination. You must apply for coverage within 63 days from the date you were notified. If you apply for coverage after the guarantee issue enrollment period, you may need to complete an application which contains health history questions to be considered for coverage.
- **MULTIPLE COVERAGE**—You do not need more than one (1) Medicare Supplement/Medicare Select policy or certificate. If you purchase this policy, you may want to evaluate your existing health care coverage and decide if you need multiple coverages.
- **DISABILITY**—If you are enrolled in Medicare because you are disabled and are covered under a group health plan through your employer, you may not need this Medicare Supplement or Select policy. The benefits and charges you receive under this Medicare Supplement or Select policy may be suspended during your enrollment in a group health plan. You must request this suspension in writing by contacting Blue Cross. When your group health plan coverage ends, your Medicare Supplement or Select policy will be reactivated if you request us to do so in writing within 90 days of your group plan coverage termination.
- **MEDICAID**—You may be eligible for benefits under Medicaid and may not need a Medicare Supplement/Medicare Select policy or certificate. The benefits and premiums under this Medicare Supplement/Medicare Select contract can be suspended, if requested, for a total of 24 months during your entitlement to benefits under Medicaid. You must request this suspension in writing within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, this contract may be reinstated. However, you must request reinstatement in writing within 90 days of losing Medicaid and your Medicare Supplement/Medicare Select policy must not have been suspended for more than 24 months.
- **COUNSELING SERVICES**—Insurance counseling services are available in Minnesota to provide advice concerning Medical Assistance through state Medicaid, Qualified Medicare Beneficiaries (QMBs), and Specified Low-Income Medicare Beneficiaries (SLMBs) through the Minnesota State Health Insurance Assistance Line at 1-800-333-2433.

SECTION I

1. Name *Last* _____ *First* _____ *MI* _____ Gender M F

2. Home Address *Street* _____ *City* _____ *State* _____ *Zip* _____

Phone () _____ County _____

Billing Address (if different) _____

3. Birth Date _____ 4. Social Security Number _____

5. Are you enrolled for coverage under Part A (Hospital) and Part B (Medical) of Medicare?
 Yes NO (If NO, you are not eligible for this coverage).

6. Please include a photocopy of your Medicare Health Insurance Card or your Letter of Verification from the Social Security Administration or Railroad Retirement Board. We must verify your Medicare coverage. Without it, your application will be returned to you.

Health Insurance SOCIAL SECURITY ACT			
Name of Beneficiary John Doe			
Claim Number x x x - : x - x x x x - x m			Gender
Is Entitled to: (Effective Date) Month Day Year			
Hospital Insurance			0, 0 0, 0 0, 0
Medical Insurance			0, 0 0, 0 0, 0

7. Marital Status
 Single
 Married
 Widowed

8. Select Only One (1) Plan
 Basic Medicare Select (Senior Gold), plus:
 Preventive care coverage
 Basic Medicare Supplement (Basic Medicare Blue), plus (you may choose any combination of the following optional coverages):
 Preventive care coverage
 Coverage of Medicare Part A inpatient hospital deductible
 Coverage of Medicare Part B annual deductible
 Coverage of 100% of eligible medical expenses and supplies not covered by Medicare Part B that exceed Medicare approved charges
 Extended Basic Medicare Supplement (Extended Basic Blue)

9. Amount paid with this application \$ _____ 10. Payment Method Pay-O-Matic (monthly) Semiannually Quarterly Annually

11. Tobacco Use Designation and Declaration

I have used tobacco and/or smokeless tobacco during the 24 months immediately preceding the date of this application. Yes No

(Please note that your rates may be modified if you indicate that you do not use tobacco as of the effective date of this application and evidence to the contrary is later discovered. If you are tobacco-free for a 24 consecutive-month period after your effective date, you must notify Blue Cross and Blue Shield of Minnesota, in writing, so that your rate can be decreased).

12. I agree that, if approved, coverage will be effective on the first day of the month following approval or on the date designated here, provided it is not prior to the date this application was received at Blue Cross and is not more than 60 days beyond the date this application is signed.

Requested Effective Date: _____

FOR AGENT USE ONLY

Agency Code MHA Agent's Number 5501
 Agent's Name Murray Herstein

SECTION III

1. I acknowledge receipt of the *following information*:

- **Summary of Coverage and Disclosure of Information form** Yes No
- **Blue Cross Blue Shield of Minnesota Insurance Suitability form** Yes No
- **Guide To Health Insurance For People With Medicare** Yes No

(If NO, please contact your agent)

By the signature below, I acknowledge that all of the statements made on this application are true and complete to the best of my knowledge.

By the signature below, I hereby authorize and request any hospital, clinic, institution, physician, or other person to furnish Blue Cross full details of diagnosis, treatment, medical history, and any other information and conclusions about me and to accept as valid a photocopy of this authorization and my signature. We need this information to process claims, conduct utilization review and quality improvement activities, and for other health plan activities as permitted by law. We keep this information confidential, but may release it if you authorize release, or if state or federal law permits or requires release without authorization. For claims purposes, this release is valid while you are enrolled in this health plan and until all claims are adjudicated after your termination of coverage. You are entitled to receive a copy of this release.

Your Signature X _____

Date _____ Daytime Phone No. (_____) _____

If an agent has recorded the responses given by the applicant, please sign below.

Agent's Signature X _____

Date _____ Daytime Phone No. (_____) _____

2. Agents shall list any other health insurance policies they have sold to the applicant.

3. Have you remembered to:

- Sign your application?
- Submit your first payment?
- Enclose a copy of your Medicare card?
- Complete a Pay-O-Matic form and include a voided check?
- Indicate when you want your coverage to begin?
- Keep a copy of this application for your records?
- Mail this application to:

Blue Cross and Blue Shield of Minnesota
P.O. Box 64560
St. Paul, Minnesota 55164-0560

Your application cannot be accepted without your signature.

**BLUE CROSS AND BLUE SHIELD OF MINNESOTA
SERVICE CENTERS**

DULUTH

405 West Superior St.
Duluth, MN 55802
(218) 722-3371
(800) 232-1383
TTY (888) 878-0137

TWIN CITIES

P.O. Box 64560
St. Paul, MN 55164-0560
(651) 662-5682
(888) 878-0139
TTY (888) 878-0137



**BlueCross BlueShield
of Minnesota**

An independent licensee of the Blue Cross and Blue Shield Association