Do you really need to supplement your Medicare coverage?

YES!

Medicare does not provide all the coverage you need for hospital, doctor and other medical expenses. Without a Medicare supplement, you could be faced with a huge financial burden. Here are some of the charges you might have to pay:

- A $1,024 deductible* every time you go to the hospital—even for just a one-day stay. That amount generally increases every year... and it is charged for each “benefit period.” That means, if you are hospitalized again during the course of the year—with 60 or more days between hospital stays—you’d face a $1,024 deductible for each stay.
- A “copayment” for hospital stays longer than 60 days. Medicare coverage ends after 101 days. If you have a long, catastrophic illness, you could be responsible for paying $226, $512, or even all of your costs for each day you spend in the hospital.*
- A 20% “coinsurance or applicable copayment” for your doctor’s bills.*
- Nursing home care. Medicare covers in full only 20 days of “skilled nursing care,” and only if it follows a hospital stay of at least three days. After 20 days, you’re responsible for paying the first $128 per day. After 100 days, you’re responsible for all expenses.*

A serious illness could wipe out your life savings. So it’s very important to you and your loved ones that you protect yourself with a reliable Medicare supplement from a company you can trust. Fortunately, Highmark Blue Cross Blue Shield can help. Here are several important things to consider when you are choosing the supplemental coverage you need:

- Your monthly budget or income
- How much you are able to afford to pay for hospital and medical expenses out of your own pocket
- Your family health history
- How much you spend outside of Pennsylvania
- You do not need more than one Medicare supplement.

If you currently have a Medicare supplement policy, you cannot enroll for a new one unless you are reenrolling your current coverage.

If you are eligible for benefits under Medicaid, the state’s medical assistance program, you may not need a Medicare supplemental policy. Call your local county assistance office (Department of Public Welfare) for information.

Only you can determine the amount of protection that’s right for you.

---

* Medicare costs listed are for 2008 and may change in the future.

---

We’re Here To Help

A Member Service representative will be happy to answer your questions.

Just call us between 8:00 a.m. and 4:30 p.m., Monday through Friday:

<table>
<thead>
<tr>
<th>Customer Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fifth Avenue Place</td>
<td>1-800-345-7808</td>
</tr>
<tr>
<td>One Pangrilla Plaza</td>
<td>1-800-988-0668</td>
</tr>
<tr>
<td>717 State Street</td>
<td>1-800-988-0668</td>
</tr>
<tr>
<td>2040 Sandy Drive</td>
<td>1-800-988-0668</td>
</tr>
</tbody>
</table>

TTY users, call 1-800-345-7808.

Or stop in one of the Highmark Blue Cross Blue Shield Customer Service Centers listed to the right, Monday through Friday, between 8:30 a.m. and 4:30 p.m.

---

Highmark
Blue Cross Blue Shield

Medical Supplement Programs

Protect Yourself from the Increasing Expenses Medicare Does Not Cover

Choose a
company to provide the medical insurance

Security
Your Medicare supplement will be...

We’ve been there for you and your loved ones...

Inquire about...

For more information, call 1-800-345-7808...

---

Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross Blue Shield Association or an independent licensee of one. 
Highmark Blue Cross Blue Shield is a service mark of the Blue Cross Blue Shield Association and its independent licensees.

Highmark Blue Cross Blue Shield is a licensed Blue Cross and Blue Shield plan available in the state of Pennsylvania.

Highmark Blue Cross Blue Shield offers Medicare supplement plans with and without prescription drug coverage. For more information, call 1-800-345-7808.

Complete, sign and date your enclosed application.

We know how important your relationship with your MedigapBlue health plan is. We’re here to help from the moment you decide to buy MedigapBlue Medicare supplement policies: MedigapBlue Plan A, B, C, D, E, H, I. The rates, benefits and plans described here are only available to you if you apply within six months of your Medicare Part A coverage becoming effective. For more information about MedigapBlue Medicare supplement policies, call 1-800-345-7808.

Important information about pre-existing conditions

Once you’ve enrolled in MedigapBlue Medicare supplement policies, any medical expenses related to a pre-existing condition will be covered at a rate not to exceed a predetermined percentage of your total expenses. This percentage is based on the number of days you were hospitalized or the number of days you were classified as disabled during the six-month period before your enrollment in MedigapBlue Medicare supplement policies.

Your pre-existing condition will affect your premium. You may be charged a higher premium, a higher deductible, or a higher coinsurance or copayment for your pre-existing condition. If you are hospitalized again during the course of the year—with just a one-day stay.*

* Medicare costs listed are for 2008 and may change in the future.

Here are some of the charges you might have to pay:

- Your monthly budget or income
- How much you are able to afford to pay for hospital and medical expenses out of your own pocket
- Your family health history
- How much you spend outside of Pennsylvania
- You do not need more than one Medicare supplement.

If you currently have a Medicare supplement policy, you cannot enroll for a new one unless you are reenrolling your current coverage.

If you are eligible for benefits under Medicaid, the state’s medical assistance program, you may not need a Medicare supplemental policy. Call your local county assistance office (Department of Public Welfare) for information.

Only you can determine the amount of protection that’s right for you.

---

Medicare costs listed are for 2008 and may change in the future.
You have prior health care coverage. This includes, but is not limited to:

- Medicare
- Your current employer, if you're still working
- A spouse's coverage, if you're married to someone who works
- Unemployment or disability benefits
- A spouse's or dependent's insurance
- Public assistance
- Medicaid

As you continue to make choices about your health insurance coverage, you need supplemental insurance to pay for services Medicare doesn’t cover. In fact, your share of these expenses has increased steadily over the years, so you need supplemental insurance more than ever for you to know and trust the company behind your plan.

Medicare does not provide all the coverage you need for hospital, doctor and other medical expenses. Without a Medicare supplement, you could be faced with a huge financial burden.

Do you really need to supplement your Medicare coverage?

YES!

Medicare does not provide all the coverage you need for hospital, doctor and other medical expenses. Without a Medicare supplement, you could be faced with a huge financial burden.

We're Here To Help

A Member Service representative will be happy to answer your questions.

Just call us between 8:00 a.m. and 4:30 p.m., Monday through Friday:

For Customer Service:

- 1-800-345-7808.
- TTY users, call 1-800-988-0668.

Or stop in one of the Highmark Blue Cross Blue Shield Customer Service Centers listed to the right, Monday through Friday, between 8:30 a.m. and 4:30 p.m.

Highmark Blue Cross Blue Shield

Customer Service
Pittsburgh, PA 15222

Customer Service
Johnstown, PA 15901

Customer Service
Erie, PA 16501

Customer Service
State College, PA 16803

To make an appointment with a Customer Service representative, please call:

1-800-816-5572.
You have prior health care coverage. This includes, but is not limited to, Medicare, job-related health plans, and other insurance policies provided by your employer or union, a retiree health care plan, your own health care plan, or a health maintenance organization (HMO) or preferred–provider organization (PPO)—and your new MedigapBlue coverage will replace this coverage.

Medicare supplemental plans offered by any other insurance carrier—the MedigapBlue plan from Highmark, Blue Cross Blue Shield customer when you enroll in MedigapBlue—means, therefore, you are not presently enrolled in a Blue Cross and/or Blue Shield plan. You also may be guaranteed coverage under Plan C and/or Blue Shield plan. You can remove yourself from the cooperative, you may be guaranteed coverage under Plan C and Plan H if you convert from another Blue Cross and/or Blue Shield plan. You also may apply for a Medicare supplement plan designed for Medicare beneficiaries of all age groups: Medicare beneficiaries of all age groups:

Do you have employer-sponsored coverage? If you are employed, you are eligible for health care coverage through an employer group, trust fund or welfare fund. You are not covered under any Highmark Blue Cross Blue Shield group or individual health care program, in another insurance company’s Medicare supplemental program, or in certain other Medicare health maintenance organization (HMO) or preferred–provider organization (PPO)—and your new MedigapBlue coverage will replace this coverage without interruption. 

Important information about pre-existing conditions

First, you need to know your age, gender, and other medical conditions that may affect your health. For example, if you turn 70 in the next 6 months, you may be eligible for a MedigapBlue plan with a lower rate than the one you currently have. You may also be eligible for a plan with a higher rate if you have a pre-existing condition. See your local county assistance office for more information.

Once you’ve enrolled in Plan A, B, C or H, your rate will change only when there is a rate increase for everyone in your plan.

Travel With Confidence

All Medicare supplement plans allow you full protection when you travel outside a specific geographic location. As a Highmark Blue Cross Blue Shield customer, you’ll enjoy the security of knowing you are insured in your identification (ID) card is recognized and accepted by Medicare-participating hospitals and physicians throughout the United States. Four of our plans also cover emergency care when you travel outside the United States.

Fitness Program Membership

MedigapPlan A, B, C and D are available to you if you apply within six months after you first become enrolled in Medicare Part B. In some cases, you may be eligible for Plan C and Plan H if you convert from another Blue Cross and/or Blue Shield plan. You also may apply for a Medicare supplement plan designed for Medicare beneficiaries of all age groups: Medicare beneficiaries of all age groups:

Prescription Drug Discount

You’ll save money on your prescription drugs by buying at Premier Network pharmacies. Just show your MedigapBlue identification (ID) card to receive a discount.

There never will be a better time to enroll:

Because MedigapBlue monthly premiums are based on your age at the time you enroll, enrolling as soon as you become eligible for Medicare Part B ensures that you will pay the lowest available rate for Plan E and Plan I rates also are based on the Pennsylvania county in which you reside. Medicare-eligible disabled persons who are within their open enrollment period may enroll in Plan E and Plan I at the rate for ages 65-69. Be sure to carefully read all of the monthly rate information in the enclosed ‘Outline of Coverage.’ 

Once you’ve been in Plan A, B, C or H, your rate will change only when there is a rate increase for everyone in your plan. 

Once you’ve enrolled in MedigapBlue Plan E or Plan I, your rate also will change the first full month after your birthday if your age moves you into a new age category. Categories are under 65, disabled, 65-69, age 70-74, age 75-79, age 80 and over. For example, if you turn 70 in March, in April your MedigapBlue Plan E or Plan I rate will increase from the 65-69 age category to the 70-74 category. 

Convenient Payment Options

Select the most convenient way to pay your premium:

Automatic payment—With your authorization, your bank will automatically transfer your premium to your MedigapBlue account each month. You save time and money—no stamps, envelopes or check writing. See the enclosed “Pay-It-Easy” brochure for details on how to sign up.

Direct billing—We will send you a bill for your premium every two months or every three months—you decide.

Do you have employer-sponsored coverage? If you are employed, you are eligible for health care coverage through an employer group, trust fund or welfare fund. You are not covered under any Highmark Blue Cross Blue Shield group or individual health care program, in another insurance company’s Medicare supplemental program, or in certain other Medicare health maintenance organization (HMO) or preferred–provider organization (PPO)—and your new MedigapBlue coverage will replace this coverage without interruption. 

Important information about pre-existing conditions

First, you need to know your age, gender, and other medical conditions that may affect your health. For example, if you turn 70 in the next 6 months, you may be eligible for a MedigapBlue plan with a lower rate than the one you currently have. You may also be eligible for a plan with a higher rate if you have a pre-existing condition. See your local county assistance office for more information.

Once you’ve enrolled in Plan A, B, C or H, your rate will change only when there is a rate increase for everyone in your plan. 

Once you’ve enrolled in MedigapBlue Plan E or Plan I, your rate also will change the first full month after your birthday if your age moves you into a new age category. Categories are under 65, disabled, 65-69, age 70-74, age 75-79, age 80 and over. For example, if you turn 70 in March, in April your MedigapBlue Plan E or Plan I rate will increase from the 65-69 age category to the 70-74 category. 

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Direct billing—We will send you a bill for your premium every two months or every three months—you decide.

Do you have employer-sponsored coverage? If you are employed, you are eligible for health care coverage through an employer group, trust fund or welfare fund. You are not covered under any Highmark Blue Cross Blue Shield group or individual health care program, in another insurance company’s Medicare supplemental program, or in certain other Medicare health maintenance organization (HMO) or preferred–provider organization (PPO)—and your new MedigapBlue coverage will replace this coverage without interruption. 

Important information about pre-existing conditions

First, you need to know your age, gender, and other medical conditions that may affect your health. For example, if you turn 70 in the next 6 months, you may be eligible for a MedigapBlue plan with a lower rate than the one you currently have. You may also be eligible for a plan with a higher rate if you have a pre-existing condition. See your local county assistance office for more information.

Once you’ve enrolled in Plan A, B, C or H, your rate will change only when there is a rate increase for everyone in your plan. 

Once you’ve enrolled in MedigapBlue Plan E or Plan I, your rate also will change the first full month after your birthday if your age moves you into a new age category. Categories are under 65, disabled, 65-69, age 70-74, age 75-79, age 80 and over. For example, if you turn 70 in March, in April your MedigapBlue Plan E or Plan I rate will increase from the 65-69 age category to the 70-74 category. 

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Automatic payment—With your authorization, your bank will automatically transfer your premium to your MedigapBlue account each month. You save time and money—no stamps, envelopes or check writing. See the enclosed “Pay-It-Easy” brochure for details on how to sign up.

Direct billing—We will send you a bill for your premium every two months or every three months—you decide.
You have prior health care coverage. This includes, but is not limited to:

- A Medicare program began. Today, more than 300,000 Group A Medicare-approved providers and plans are available to you. The benefits provided by each plan are the same medigapblue.com
- Some policies also provide
- Coverage because
- Highmark Blue Cross Blue Shield has been insuring health or medical history or pass whenever you travel outside the United States. Four of our plans also cover emergency care when you travel outside the United States.
- Your identification (ID) card is recognized and accepted by Medicare-participating physicians, hospitals, and health maintenance organization (HMO) or preferred–provider organization (PPO)—and your new MedigapBlue coverage will replace this coverage without interruption—you are eligible for all MedigapBlue plan benefits as soon as your new coverage becomes effective. There is no waiting period for any pre-existing condition you may have.
- In addition, there is no waiting period before benefits will be paid by MedigapBlue plans for any pre-existing condition you may have. If you meet all of the following guidelines:
- • You have prior health care coverage. This includes, but is not limited to:
- • You do not have to answer questions about
- • Find these locations listed on the back cover.
- • Medicare supplemented policies: MedigapBlue Plan A, MedigapBlue Plan B, and over. For example, if you turn 70 in
- • If you do not have to answer questions about
- • Medicare-eligible disabled persons
- • Medicare costs listed are for 2008 and may change in the future.
- • Important information about pre-existing conditions
- • You do not have to answer questions about
- • You can move down to a plan with fewer benefits or up to one of the other plans with more benefits (Plan B, Plan E, or Plan I) at any time at the rate that applies to your age at the time you make the change.
- • Freedom Of Choice
- • We know how important your relationship with your doctor is. Highmark Blue Cross Blue Shield MedigapBlue plans let you go directly to the doctors and hospitals of your choice for treatment. That’s an important advantage you don’t always get with other Medicare supplemental coverage—some programs restrict you to a limited network of hospitals and doctors of their choice.
- • Automatic Claim Filing
- • As a Highmark Blue Cross Blue Shield customer, when you receive treatment from Medicare-participating physicians, hospitals and health providers, your claims for deductibles, copayments and coinsurance for covered expenses are automatically processed for you. You save time and trouble because, in most cases, we do all the paperwork for you.
- • Travel With Confidence
- • Not all Medicare supplements offer full protection when you travel outside a specific geographic location. As a Highmark Blue Cross Blue Shield customer, you’ll enjoy the security of knowing that your identification (ID) card is recognized and accepted by Medicare-participating physicians and hospitals throughout the United States. Four of our plans also cover emergency care when you travel outside the United States.
- • MedigapBlue Plan A, MedigapBlue Plan B, and Plan I are available at any time to any western Pennsylvania resident who is enrolled in Medicare Part A Hospital Insurance and Medicare Part B Medical Insurance.
- • MedigapBlue Plan C and Plan H are available to you if you apply within six months after you first become enrolled in Medicare Part B. In some cases, you may be eligible for Plan C and Plan H if you convert from another Blue Cross and Blue Shield plan. You also may be guaranteed coverage under Plan C and Plan H if you meet other guidelines described in the enclosed insert. Important Information About Your Rights to Guaranteed Issue of Medicare Supplemental Policies.” After the six-month period following your initial enrollment in Medicare Part B, you cannot move up to Plan C or Plan H.

Choose A Company You Can Trust

In fact, your share of these expenses has increased steadily over the years, so you need supplemental coverage today more than ever before.

Medicare supplemental insurance policies—called Medigap coverage—pay for some or all of the deductibles, coinsurance or copayments that are not covered by Medicare alone. Some policies also provide additional benefits. All Medicare supplemental policies or plans offered by insurance companies throughout the country are standardized to provide the same benefits. Not all insurance companies offer all of the standardized plans. The benefits provided by each plan are the same from company to company, but the service, rates, and overall value are not. Today, it’s more important than ever for you to know and trust the company behind your plan.

Highmark Blue Cross Blue Shield has been insuring people in your community for 70 years. We’re providing Medicare supplemental policies since the Medicare program began. Today, more than 300,000 Medicare-eligible western Pennsylvanians choose us as their health insurance company…for many reasons.

Secure Your Future

You need an insurance policy to supplement or add to your Medicare benefits because Medicare does not pay for all your hospital and doctor expenses if you become sick or injured.

If you have employer-sponsored coverage:

Do you have employer-sponsored coverage? If you or your spouse have, or are eligible for, health care coverage through an employer group, trust fund or welfare fund, be sure to talk to your retiree benefits office before you decide to buy MedigapBlue or any health insurance. You may have other options.

Important information about pre-existing conditions

If you are currently enrolled in a Highmark Blue Cross Blue Shield group or individual health care program, or in another insurance company’s Medicare supplement program, or in certain other Medicare health maintenance organization (HMO) or preferred–provider organization (PPO)—and your new MedigapBlue coverage will replace this coverage without interruption—you are eligible for all MedigapBlue plan benefits as soon as your new coverage becomes effective. There is no waiting period for any pre-existing condition you may have.

In addition, there is no waiting period before benefits will be paid by MedigapBlue plans for any pre-existing condition you may have. If you meet all of the following guidelines:

- • You have prior health care coverage. This includes, but is not limited to:
- • You do not have to answer questions about
- • Find these locations listed on the back cover.
- • Medicare costs listed are for 2008 and may change in the future.
- • Important information about pre-existing conditions
- • You do not have to answer questions about
- • Find these locations listed on the back cover.
- • Medicare costs listed are for 2008 and may change in the future.
- • Important information about pre-existing conditions
- • You do not have to answer questions about
- • Find these locations listed on the back cover.
- • Medicare costs listed are for 2008 and may change in the future.
You have prior health care coverage. This includes, but is not
steadily over the years, so you need supplemental
their health insurance company…for many reasons.
providing Medicare supplemental policies since the
people in your community for 70 years. We've been
your plan.
plans. The benefits provided by each plan are the same
country are standardized to provide the same benefits.
called Medigap coverage—pay for some or all of the
Medicare does
pay for all
not
be guaranteed coverage under Plan C
with service representatives or agents
of your benefits…in person. You'll find
answer your questions, investigate your
customer, when you receive treatment
of hospitals and doctors of their choice.
requests from the insurance company or
can vary depending on your location, so it's
have to pay:

-是你想在 Cheese 裡加入的口味？
-奶酪、香料、礦物質...
-它們適合你的口味？

* Medicare costs listed are for 2008 and may change in the future.

Germans are very particular about their cheese, often
are given to cheese, even as a dessert. It is

•

Do you have employer-sponsored coverage?
If your or your spouse have, or are eligible for, health care coverage through an employer group, trust fund or welfare fund, be sure to talk to your retiree benefits office before you decide to buy MedigapBlue or any health care insurance. You may have other options.

Important information about pre-existing conditions
If you are currently enrolled in a Hightmark Blue Cross Blue Shield group or individual health care program, or in another insurance company's Medicare supplement program, or in certain other Medicare health maintenance organization (HMO) or preferred-provider organization (PPO)—and your new MedigapBlue coverage will replace this coverage without interruption—you are eligible for all MedigapBlue plan benefits as soon as your new coverage becomes effective. There is no waiting period for any pre-existing condition you may have.

In addition, there is no waiting period before benefits will be paid by MedigapBlue plans for any pre-existing condition you may have if you meet all of the following guidelines:

• You have prior health care coverage. This includes, but is not limited to, coverage under any Highmark Blue Cross Blue Shield group or individual health care program, another insurance company's individual group Medicare Supplement program, certain Medicare Health Plans, for example, a Medicare health maintenance organization (HMO) or preferred-provider organization (PPO)—and your new MedigapBlue coverage will replace this coverage without interruption—you are eligible for all MedigapBlue plan benefits as soon as your new coverage becomes effective.

• You submit your completed application for MedigapBlue to Hightmark Blue Cross Blue Shield within 63 days from the date that your most recent prior creditable health care coverage ended.

• You attach a copy of your “Certificate of Prior Creditable Coverage” to your application for MedigapBlue coverage or provide other proof of your prior coverage.

This means that if you meet these guidelines, you are eligible for all MedigapBlue program benefits as soon as your new coverage becomes effective.

If you do not meet these guidelines and you will be a new Highmark Blue Cross Blue Shield customer when you enroll in MedigapBlue—
that is, you are not presently enrolled in a Blue Cross Blue Shield group or individual plan, or you are not currently enrolled in a Medicare health maintenance organization (HMO) or preferred-provider program, the following pre-existing condition clause applies:

Three Highmark Blue Cross Blue Shield MedigapBlue plans will not provide benefits during the first six months of your coverage for any condition, illness or injury for which you received treatment or advice from a physician during the six-month period before your new coverage begins.

Once this initial “waiting period” is over, you are entitled to full benefits provided by your coverage.
**Comparison Chart**

### MEDICARE PART A

<table>
<thead>
<tr>
<th>Hospital Expenses</th>
<th>Plan Pays</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
<th>Plan E</th>
<th>Plan H</th>
<th>Plan I</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAYS 1-40 covers all hospital expenses except $1,024 inpatient deductible</td>
<td>$0</td>
<td>$1,024</td>
<td>$0</td>
<td>$1,024</td>
<td>$1,024</td>
<td>$0</td>
<td>$1,024</td>
</tr>
<tr>
<td>DAYS 61-90 covers all hospital expenses except $256 per day</td>
<td>$256</td>
<td>$256</td>
<td>$256</td>
<td>$256</td>
<td>$256</td>
<td>$256</td>
<td>$256</td>
</tr>
<tr>
<td>DAYS 91-150 (your 60 nonrenewable lifetime reserve days) covers all except $512 per day</td>
<td>$512</td>
<td>$512</td>
<td>$512</td>
<td>$512</td>
<td>$512</td>
<td>$512</td>
<td>$512</td>
</tr>
<tr>
<td>DAYS beyond 150 covers nothing</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### MEDICARE PART B

<table>
<thead>
<tr>
<th>Medicare Pays</th>
<th>Plan Pays</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
<th>Plan E</th>
<th>Plan H</th>
<th>Plan I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare costs listed are for 2008 and may change in the future.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MEDICARE PART B

<table>
<thead>
<tr>
<th>Medical Expenses</th>
<th>Plan Pays</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
<th>Plan E</th>
<th>Plan H</th>
<th>Plan I</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% of eligible charges for surgery after the deductible of $1,315</td>
<td>$135</td>
<td>$135</td>
<td>$135</td>
<td>$135</td>
<td>$135</td>
<td>$135</td>
<td>$135</td>
</tr>
<tr>
<td>20% of applicable copayments after $1,315 deductible</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### MEDICARE PART B

<table>
<thead>
<tr>
<th>Excess Charges</th>
<th>Plan Pays</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
<th>Plan E</th>
<th>Plan H</th>
<th>Plan I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### MEDICARE PART B

<table>
<thead>
<tr>
<th>Preventive Care</th>
<th>Plan Pays</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
<th>Plan E</th>
<th>Plan H</th>
<th>Plan I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare covers certain limited preventive services such as flu shots, pneumonia vaccine and mammograms; Medicare pays nothing for non-covered preventive services</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### MEDICARE PART B

<table>
<thead>
<tr>
<th>Emergency Care in A Foreign Country</th>
<th>Plan Pays</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
<th>Plan E</th>
<th>Plan H</th>
<th>Plan I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### MEDICARE PART B

<table>
<thead>
<tr>
<th>At-Home Recovery</th>
<th>Plan Pays</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
<th>Plan E</th>
<th>Plan H</th>
<th>Plan I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing</td>
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You have prior health care coverage. This includes, but is not limited to:

- Hospital Insurance
- Medicare Part B

You submit your completed application for MedigapBlue to MedigapBlue. Today, more than 300,000 knowledgeable Member Service representatives or agents serving you locally can help you take full advantage of these locations listed on the back cover.

Not all insurance companies offer all of the standardized supplemental policies: MedigapBlue Plan A, B, C, D, E, F, G, H, I, K, L, and M, N. MedigapBlue Plan C and Plan H are available to you if you apply within six months of your Medicare program began. Today, it's more important than ever for you to know and trust the company behind the plan that pays for all of your hospital and doctor expenses.

Medicare-participating physicians, hospitals, and other health care providers offer service to Medicare beneficiaries only if it's part of the Medicare-approved service agreement of the provider. If you move to a new service area of Highmark, you have access to a network of providers that honor Medicare-approved service agreements.

In some cases, you may be eligible for Plan C and Plan H if you convert from another Blue Cross Preferred Provider Organization (PPO) or another Medicare Health Plan. Some plans restrict you to a limited network of preferred providers and service locations. If you have questions or need advice from a physician during the six-month period before your Medicare coverage begins

If you are eligible for benefits under Medicaid, the state’s medical assistance program, you may not need a Medicare Part B policy to cover all of your costs for each day you spend in the hospital. Medicare costs listed are for 2008 and may change in the future. See the enclosed "Pay-It-Forward" brochure for information on the Pennsylvania county in which you live and the county in which you work.

Here are some of the charges you might have to pay:

- **$1,024 "deductible" each time you go into the hospital—even if it’s just a one-day stay. That amount generally increases every year... and it is charged for each "benefit period." That means if you are hospitalized again during the course of the year—with 60 or more days between hospital stays—you’ll face a $1,024 deductible for each stay.**

- **A "copayment" for hospital stays longer than 60 days.** Medicare coverage ends after 100 days. If you have a long, catastrophic illness, you could be responsible for paying $256, $512, or even all of your costs for each day you spend in the hospital.**

- **A 20% "coinsurance or applicable copayment" for your doctor’s bills.**

- **Nursing home care.** Medicare covers in full only 20 days of "skilled" nursing care, and only if it follows a hospital stay of at least three days. After 20 days, you’re responsible for paying the first $128 per day. After 100 days, you’re responsible for all expenses.**

A serious illness could wipe out your life savings. So it’s very important to you and your loved ones that you protect yourself with a Medicare supplemental policy from a company you can trust. Fortunately, Highmark Blue Cross Blue Shield can help.

Here are several important things to consider when you are choosing the supplemental coverage you need:

- **Your monthly budget or income.** How much you can afford to pay for hospital and medical expenses out of your own pocket.

- **Your family history.** How much you can spend outside of Pennsylvania.

- **Your family health history.** You do not need more than one Medicare supplement. If you currently have a Medicare supplement policy, you cannot enroll for a new one unless you are replacing your current coverage.

- **If you are eligible for benefits under Medicaid, the state’s medical assistance program, you may not need a Medicare supplemental policy. Call your local county assistance office (Department of Public Welfare) for information.**

Only you can determine the amount of protection that’s right for you.

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**You Can Trust to supplement or add to your Medicare benefits; pay for all hospital and doctor expenses; and remove the worry of 20% coinsurance.**

**We’re Here To Help**

A Member Service representative will be happy to answer your questions.

Just call us between 8:00 a.m. and 4:30 p.m., Monday through Friday:

- 1-800-345-7808.

TTY users, call 1-800-988-0668.

Or stop in one of the Highmark Blue Cross Blue Shield Customer Service Centers listed to the right, Monday through Friday, between 8:30 a.m. and 4:30 p.m.

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**Healthy Options**

Fifth Avenue Place
120 Fifth Avenue
Pittsburgh, PA 15222-3099

**Highmark Blue Cross Blue Shield**

Customer Service
501 Penn Avenue
Ground Floor
Pittsburgh, PA 15222

Customer Service
One PPG Place
Johnstown, PA 15901

Customer Service
717 State Street
Erie, PA 16501

Customer Service
2400 Sandy Drive
State College, PA 16803

To make an appointment with a Customer Service representative, please call:

1-800-816-5527

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**Protect Yourself from the Increasing Expenses Medicare Does Not Cover**

We've listed below the charges you might have to pay:

- **Meeting deductible requirements for Medicare's hospital insurance (Medicare Part A).**

- **Meeting deductible requirements for Medicare's medical insurance (Medicare Part B).**

- **Meeting a deductible requirement for high-cost medical benefits.**

- **Meeting a deductible requirement for high-cost medical benefits.**

- **Meeting a deductible requirement for high-cost medical benefits.**

- **Meeting a deductible requirement for high-cost medical benefits.**

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*Medicare costs listed are for 2008 and may change in the future.*

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**Highmark Blue Cross Blue Shield is a service mark of the Blue Cross and Blue Shield Association.**