2025 Outline of Coverage

BlueElite℠ Medicare Supplement Plans

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OUTLINE OF COVERAGE

Benefit Chart of Medicare Supplement Plans Sold On or After Jan. 1, 2020

This chart shows the benefits included in each of the standard Medicare Supplement plans. Some plans may not be available. Only applicants who were **first** eligible for Medicare before 2020 may purchase Plans C, F and high deductible F.

BlueCross BlueShield of Tennessee only offers Plans A, C, D, F, G and N.

Note: A ✓ means 100% of the benefit is paid.

	Plans Available to All Applicants								Medicare First Eligible Before 2020 Only	
BENEFITS	**A**	**B**	**D**	**G[1]**	**K**	**L**	**M**	**N**	**C**	**F[1]**
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	**50%**	**75%**	✓	✓ copays apply[3]	✓	✓
Blood (first three pints)	✓	✓	✓	✓	**50%**	**75%**	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	**50%**	**75%**	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	**50%**	**75%**	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	**50%**	**75%**	**50%**	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2025[2]					**$7,220[2]**	**$3,610[2]**				

[1] Plans F and G also have a high deductible option which require first paying a plan deductible of $2,870 before the plan begins to pay. Once the plan deductible is met, the plan pays one hundred percent (100%) of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

[2] Plans K and L pay one hundred percent (100%) of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

[3] Plan N pays one hundred percent (100%) of the Part B coinsurance, except for a co-payment of up to twenty dollars ($20) for some office visits and up to a fifty dollar ($50) co-payment for emergency room visits that do not result in an inpatient admission.

of Tennessee

MEDICARE SUPPLEMENT

BlueElite Benefits

For Plans A, C, D, F, G and N

BlueElite Monthly Premiums Effective June 1, 2025

Premiums may be subject to change.[1]

	Female Non-Tobacco[2]					
ATTAINED AGE	PLAN A	PLAN C	PLAN D	PLAN F	PLAN G	PLAN N
65	$ 88.58	$ 180.69	$ 149.53	$ 189.42	$ 144.72	$ 134.57
66	$ 94.47	$ 192.76	$ 159.48	$ 202.05	$ 144.72	$ 143.55
67	$ 100.76	$ 205.58	$ 170.10	$ 215.49	$ 144.72	$ 153.09
68	$ 107.09	$ 218.52	$ 180.80	$ 229.05	$ 144.72	$ 162.73
69	$ 113.44	$ 231.40	$ 191.46	$ 242.58	$ 153.30	$ 172.31
70	$ 119.78	$ 244.36	$ 202.25	$ 256.18	$ 161.86	$ 182.02
71	$ 126.08	$ 257.28	$ 212.92	$ 269.72	$ 170.43	$ 191.61
72	$ 132.44	$ 270.17	$ 223.56	$ 283.23	$ 178.94	$ 201.23
73	$ 138.70	$ 282.99	$ 234.25	$ 296.68	$ 187.45	$ 210.83
74	$ 145.08	$ 296.02	$ 244.94	$ 310.33	$ 196.07	$ 220.45
75	$ 150.68	$ 307.47	$ 254.44	$ 322.32	$ 203.65	$ 228.99
76	$ 157.72	$ 321.79	$ 266.24	$ 337.32	$ 213.12	$ 239.63
77	$ 164.05	$ 334.74	$ 276.99	$ 350.90	$ 221.71	$ 249.27
78	$ 169.89	$ 346.57	$ 286.78	$ 363.31	$ 229.56	$ 258.10
79	$ 175.20	$ 357.48	$ 295.86	$ 374.75	$ 236.78	$ 266.26
80	$ 180.13	$ 367.59	$ 304.16	$ 385.34	$ 243.48	$ 273.75
81	$ 184.83	$ 377.03	$ 311.99	$ 395.25	$ 249.73	$ 280.80
82	$ 189.13	$ 385.86	$ 319.29	$ 404.51	$ 255.58	$ 287.36
83	$ 193.22	$ 394.16	$ 326.20	$ 413.18	$ 261.08	$ 293.58
84	$ 196.97	$ 402.01	$ 332.64	$ 421.44	$ 266.28	$ 299.41
85	$ 200.69	$ 409.41	$ 338.81	$ 429.19	$ 271.17	$ 304.92
86	$ 204.09	$ 416.25	$ 344.65	$ 436.36	$ 275.70	$ 310.17
87	$ 207.37	$ 423.12	$ 350.17	$ 443.57	$ 280.27	$ 315.13
88	$ 210.49	$ 429.55	$ 355.47	$ 450.28	$ 284.50	$ 319.93
89	$ 213.52	$ 435.64	$ 360.48	$ 456.68	$ 288.55	$ 324.43
90	$ 216.40	$ 441.47	$ 365.32	$ 462.79	$ 292.42	$ 328.80
91 and Older	$ 219.11	$ 447.08	$ 369.99	$ 468.67	$ 296.13	$ 332.97
Under 65[3]	$ 876.86	$ 1,612.85	$ 1,480.28	$ 1,690.76	$ 1,614.74	$ 1,332.26

[1] Monthly premiums will increase by 10% for enrollees who move outside of the state of Tennessee.

[2] This chart shows monthly premiums for BlueElite Medicare Supplement plans when applying during a Guaranteed Issue Period or Medigap Open Enrollment Period.

[3] Eligible for and enrolled in Medicare by reason of disability or end stage renal disease.

BlueElite Monthly Premiums Effective June 1, 2025

Premiums may be subject to change.[1]

Male Non-Tobacco[2]

ATTAINED AGE	PLAN A	PLAN C	PLAN D	PLAN F	PLAN G	PLAN N
65	$ 96.28	$ 196.43	$ 162.56	$ 205.91	$ 157.34	$ 146.30
66	$ 102.68	$ 209.51	$ 173.37	$ 219.63	$ 157.34	$ 156.03
67	$ 109.50	$ 223.46	$ 184.91	$ 234.25	$ 157.34	$ 166.43
68	$ 116.41	$ 237.52	$ 196.53	$ 248.99	$ 157.34	$ 176.88
69	$ 123.34	$ 251.53	$ 208.14	$ 263.68	$ 166.61	$ 187.33
70	$ 130.19	$ 265.65	$ 219.86	$ 278.48	$ 175.94	$ 197.88
71	$ 137.04	$ 279.69	$ 231.43	$ 293.20	$ 185.27	$ 208.30
72	$ 143.97	$ 293.68	$ 243.02	$ 307.90	$ 194.53	$ 218.72
73	$ 150.77	$ 307.65	$ 254.63	$ 322.51	$ 203.76	$ 229.18
74	$ 157.71	$ 321.76	$ 266.25	$ 337.31	$ 213.13	$ 239.64
75	$ 163.78	$ 334.23	$ 276.58	$ 350.36	$ 221.36	$ 248.92
76	$ 171.43	$ 349.79	$ 289.42	$ 366.68	$ 231.68	$ 260.49
77	$ 178.31	$ 363.86	$ 301.09	$ 381.45	$ 241.01	$ 270.99
78	$ 184.70	$ 376.73	$ 311.74	$ 394.92	$ 249.54	$ 280.55
79	$ 190.45	$ 388.57	$ 321.60	$ 407.37	$ 257.40	$ 289.44
80	$ 195.83	$ 399.56	$ 330.62	$ 418.88	$ 264.68	$ 297.55
81	$ 200.91	$ 409.84	$ 339.14	$ 429.65	$ 271.47	$ 305.22
82	$ 205.58	$ 419.45	$ 347.07	$ 439.69	$ 277.85	$ 312.35
83	$ 210.02	$ 428.46	$ 354.57	$ 449.15	$ 283.79	$ 319.12
84	$ 214.12	$ 437.00	$ 361.57	$ 458.13	$ 289.46	$ 325.43
85	$ 218.14	$ 445.02	$ 368.26	$ 466.53	$ 294.78	$ 331.44
86	$ 221.84	$ 452.44	$ 374.60	$ 474.30	$ 299.70	$ 337.15
87	$ 225.42	$ 459.94	$ 380.62	$ 482.16	$ 304.67	$ 342.55
88	$ 228.81	$ 466.88	$ 386.41	$ 489.47	$ 309.27	$ 347.77
89	$ 232.14	$ 473.56	$ 391.85	$ 496.42	$ 313.68	$ 352.65
90	$ 235.26	$ 479.91	$ 397.13	$ 503.11	$ 317.87	$ 357.40
91 and Older	$ 238.18	$ 486.00	$ 402.17	$ 509.47	$ 321.91	$ 361.93
Under 65[3]	$ 953.16	$ 1,753.24	$ 1,609.09	$ 1,837.94	$ 1,755.32	$ 1,448.17

[1] Monthly premiums will increase by 10% for enrollees who move outside of the state of Tennessee.

[2] This chart shows monthly premiums for BlueElite Medicare Supplement plans when applying during a Guaranteed Issue Period or Medigap Open Enrollment Period.

[3] Eligible for and enrolled in Medicare by reason of disability or end stage renal disease.

BlueElite Monthly Premiums Effective June 1, 2025

Premiums may be subject to change.[1]

Female Tobacco User[2]

ATTAINED AGE	PLAN A	PLAN C	PLAN D	PLAN F	PLAN G	PLAN N
65	$ 97.44	$ 198.76	$ 164.48	$ 208.36	$ 159.19	$ 148.03
66	$ 103.92	$ 212.04	$ 175.43	$ 222.26	$ 159.19	$ 157.91
67	$ 110.84	$ 226.14	$ 187.11	$ 237.04	$ 159.19	$ 168.40
68	$ 117.80	$ 240.37	$ 198.88	$ 251.96	$ 159.19	$ 179.00
69	$ 124.78	$ 254.54	$ 210.61	$ 266.84	$ 168.63	$ 189.54
70	$ 131.76	$ 268.80	$ 222.48	$ 281.80	$ 178.05	$ 200.22
71	$ 138.69	$ 283.01	$ 234.21	$ 296.69	$ 187.47	$ 210.77
72	$ 145.68	$ 297.19	$ 245.92	$ 311.55	$ 196.83	$ 221.35
73	$ 152.57	$ 311.29	$ 257.68	$ 326.35	$ 206.20	$ 231.91
74	$ 159.59	$ 325.62	$ 269.43	$ 341.36	$ 215.68	$ 242.50
75	$ 165.75	$ 338.22	$ 279.88	$ 354.55	$ 224.02	$ 251.89
76	$ 173.49	$ 353.97	$ 292.86	$ 371.05	$ 234.43	$ 263.59
77	$ 180.46	$ 368.21	$ 304.69	$ 385.99	$ 243.88	$ 274.20
78	$ 186.88	$ 381.23	$ 315.46	$ 399.64	$ 252.52	$ 283.91
79	$ 192.72	$ 393.23	$ 325.45	$ 412.23	$ 260.46	$ 292.89
80	$ 198.14	$ 404.35	$ 334.58	$ 423.87	$ 267.83	$ 301.13
81	$ 203.31	$ 414.73	$ 343.19	$ 434.78	$ 274.70	$ 308.88
82	$ 208.04	$ 424.45	$ 351.22	$ 444.96	$ 281.14	$ 316.10
83	$ 212.54	$ 433.58	$ 358.82	$ 454.50	$ 287.19	$ 322.94
84	$ 216.67	$ 442.21	$ 365.90	$ 463.58	$ 292.91	$ 329.35
85	$ 220.76	$ 450.35	$ 372.69	$ 472.11	$ 298.29	$ 335.41
86	$ 224.50	$ 457.88	$ 379.12	$ 480.00	$ 303.27	$ 341.19
87	$ 228.11	$ 465.43	$ 385.19	$ 487.93	$ 308.30	$ 346.64
88	$ 231.54	$ 472.51	$ 391.02	$ 495.31	$ 312.95	$ 351.92
89	$ 234.87	$ 479.20	$ 396.53	$ 502.35	$ 317.41	$ 356.87
90	$ 238.04	$ 485.62	$ 401.85	$ 509.07	$ 321.66	$ 361.68
91 and Older	$ 241.02	$ 491.79	$ 406.99	$ 515.54	$ 325.74	$ 366.27
Under 65[3]	$ 964.55	$ 1,774.14	$ 1,628.31	$ 1,859.84	$ 1,776.21	$ 1,465.49

[1] Monthly premiums will increase by 10% for enrollees who move outside of the state of Tennessee.

[2] Tobacco rates will not apply during Open Enrollment and Guaranteed Issue Periods.

[3] Eligible for and enrolled in Medicare by reason of disability or end stage renal disease.

BlueElite Monthly Premiums Effective June 1, 2025

Premiums may be subject to change.[1]

Male Tobacco User[2]

ATTAINED AGE	PLAN A	PLAN C	PLAN D	PLAN F	PLAN G	PLAN N
65	$ 105.91	$ 216.07	$ 178.82	$ 226.50	$ 173.07	$ 160.93
66	$ 112.95	$ 230.46	$ 190.71	$ 241.59	$ 173.07	$ 171.63
67	$ 120.45	$ 245.81	$ 203.40	$ 257.68	$ 173.07	$ 183.07
68	$ 128.05	$ 261.27	$ 216.18	$ 273.89	$ 173.07	$ 194.57
69	$ 135.67	$ 276.68	$ 228.95	$ 290.05	$ 183.27	$ 206.06
70	$ 143.21	$ 292.22	$ 241.85	$ 306.33	$ 193.53	$ 217.67
71	$ 150.74	$ 307.66	$ 254.57	$ 322.52	$ 203.80	$ 229.13
72	$ 158.37	$ 323.05	$ 267.32	$ 338.69	$ 213.98	$ 240.59
73	$ 165.85	$ 338.42	$ 280.09	$ 354.76	$ 224.14	$ 252.10
74	$ 173.48	$ 353.94	$ 292.88	$ 371.04	$ 234.44	$ 263.60
75	$ 180.16	$ 367.65	$ 304.24	$ 385.40	$ 243.50	$ 273.81
76	$ 188.57	$ 384.77	$ 318.36	$ 403.35	$ 254.85	$ 286.54
77	$ 196.14	$ 400.25	$ 331.20	$ 419.60	$ 265.11	$ 298.09
78	$ 203.17	$ 414.40	$ 342.91	$ 434.41	$ 274.49	$ 308.61
79	$ 209.50	$ 427.43	$ 353.76	$ 448.11	$ 283.14	$ 318.38
80	$ 215.41	$ 439.52	$ 363.68	$ 460.77	$ 291.15	$ 327.31
81	$ 221.00	$ 450.82	$ 373.05	$ 472.62	$ 298.62	$ 335.74
82	$ 226.14	$ 461.40	$ 381.78	$ 483.66	$ 305.64	$ 343.59
83	$ 231.02	$ 471.31	$ 390.03	$ 494.07	$ 312.17	$ 351.03
84	$ 235.53	$ 480.70	$ 397.73	$ 503.94	$ 318.41	$ 357.97
85	$ 239.95	$ 489.52	$ 405.09	$ 513.18	$ 324.26	$ 364.58
86	$ 244.02	$ 497.68	$ 412.06	$ 521.73	$ 329.67	$ 370.87
87	$ 247.96	$ 505.93	$ 418.68	$ 530.38	$ 335.14	$ 376.81
88	$ 251.69	$ 513.57	$ 425.05	$ 538.42	$ 340.20	$ 382.55
89	$ 255.35	$ 520.92	$ 431.04	$ 546.06	$ 345.05	$ 387.92
90	$ 258.79	$ 527.90	$ 436.84	$ 553.42	$ 349.66	$ 393.14
91 and Older	$ 262.00	$ 534.60	$ 442.39	$ 560.42	$ 354.10	$ 398.12
Under 65[3]	$ 1,048.48	$ 1,928.56	$ 1,770.00	$ 2,021.73	$ 1,930.85	$ 1,592.99

[1] Monthly premiums will increase by 10% for enrollees who move outside of the state of Tennessee.

[2] Tobacco rates will not apply during Open Enrollment and Guaranteed Issue Periods.

[3] Eligible for and enrolled in Medicare by reason of disability or end stage renal disease.

Premium Information

BlueCross BlueShield of Tennessee can only raise your premium if we raise the premium for all policies like yours in the state of Tennessee. Your premium rate is based on your age as of June 1 each year, and it increases annually as you move into the next age category. If you are not yet 65 but will be on your initial effective date, your premium rate will be the age 65 rate. If you are over 65 and enrolling or changing plans, your premium rate is based on your age as of June 1 on or before your initial effective date. Your rate will increase by 10% if you move outside the state of Tennessee. Other than for age or moving out of the state, BlueCross will only adjust your rate if rates are adjusted for all policies like yours. Any rate adjustment will be made at the same time for all BlueElite members who have the same policy.

Disclosures

Use this outline to compare benefits and premiums among policies.

Read Your Policy Very Carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all the rights and duties of both you and BlueCross.

Right to Return Policy

If you find that you are not satisfied with your policy, you may return it to:

BlueCross BlueShield of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402

If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments (less any benefits provided).

Policy Replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice

This policy may not fully cover all of your medical costs. Neither BlueCross BlueShield of Tennessee nor its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult the *Medicare and You* Handbook for more details.

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. BlueCross 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.

Creditable Coverage

Creditable coverage is medical coverage that may include a workplace health plan, COBRA, a federal government plan (including TRICARE, CHAMPUS, CHAMPUSVA), church plan coverage or an individual health or Medicare Supplement plan.

Your previous health coverage must not have been canceled voluntarily or for fraud or non-payment of premiums. You must not have had more than a 63-day gap between the date the other coverage(s) ended and the effective date of your new Medicare Supplement plan.

Guaranteed Issue Period

The guaranteed issue period is the 63-day period following certain situations in which you have involuntarily lost prior health care coverage. Examples include: moving out of plan service area or losing group health care coverage. For a complete list of situations, refer to the "Choosing a Medigap Policy" booklet.

Pre-Existing Conditions

A condition is considered pre-existing if medical advice was given or treatment recommended by or received from a provider within six months prior to the insurance effective date. All or part of this six month pre-existing condition waiting period can be waived if you have creditable coverage.

Limitations and Exclusions

Unless otherwise specifically noted in your policy, BlueCross Medicare Supplement plans do not provide benefits for any of the following:

- Services and supplies not covered by Medicare, except those specifically included under the plan you select.
- Any expense that is paid by Medicare.
- Hospital stays beginning or medical expenses incurred during the first six months of coverage if they are caused by what is considered a pre-existing condition. A condition is considered pre-existing if medical advice was given or treatment recommended by or received from a physician within six months prior to the insurance effective date. All or part of this six-month pre-existing condition waiting period can be waived if you have creditable coverage.

Plan A

MEDICARE (PART A)

Hospital Services – Per Benefit Period

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Hospitalization* Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but **$1,676**	**$0**	**$1,676** (Part A deductible)
61st through 90th day	All but **$419** a day	**$419** a day	**$0**
91st day and after:			
While using 60 lifetime reserve days	All but **$838** a day	**$838** a day	**$0**
Once lifetime reserve days are used			
Additional 365 days	**$0**	**100%** of Medicare-eligible expenses	**$0****
Beyond the additional 365 days	**$0**	**$0**	All costs
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	**$0**	**$0**
21st through 100th day	All but **$209.50** a day	**$0**	Up to **$209.50** a day
101st day and after	**$0**	**$0**	All costs
Blood			
First 3 pints	**$0**	**3** pints	**$0**
Additional amounts	**100%**	**$0**	**$0**
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	**$0**

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan A

MEDICARE (PART B)

Medical Services – Per Calendar Year

* Once you have been billed $257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment			
First $257 of Medicare-approved amounts*	**$0**	**$0**	**$257** (Part B deductible)
Remainder of Medicare-approved amounts	Generally **80%**	Generally **20%**	**$0**
Part B Excess Charges (Above Medicare-approved amounts)	**$0**	**$0**	**All costs**
Blood			
First 3 pints	**$0**	All costs	**$0**
Next $257 of Medicare-approved amounts*	**$0**	**$0**	**$257** (Part B deductible)
Remainder of Medicare-approved amounts	**80%**	**20%**	**$0**
Clinical Laboratory Services			
Tests for diagnostic services	**100%**	**$0**	**$0**

Amounts above are based on Medicare's 2025 cost-share as shown on Medicare.gov.

Plan A

MEDICARE (PART A & B)

* Once you have been billed $257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home Health Care *Medicare-Approved Services* Medically necessary skilled care services and medical supplies	**100%**	**$0**	**$0**
Durable Medical Equipment			
First $257 of Medicare-approved amounts*	**$0**	**$0**	**$257** (Part B deductible)
Remainder of Medicare-approved amounts	**80%**	**20%**	**$0**

Amounts above are based on Medicare's 2025 cost-share as shown on Medicare.gov.

Plan C

MEDICARE (PART A)

Hospital Services – Per Benefit Period

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Hospitalization* Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but **$1,676**	**$1,676** (Part A deductible)	**$0**
61st through 90th day	All but **$419** a day	**$419** a day	**$0**
91st day and after:			
While using 60 lifetime reserve days	All but **$838** a day	**$838** a day	**$0**
Once lifetime reserve days are used			
Additional 365 days	**$0**	**100%** of Medicare-eligible expenses	**$0****
Beyond the additional 365 days	**$0**	**$0**	All costs
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	**$0**	**$0**
21st through 100th day	All but **$209.50** a day	Up to **$209.50** a day	**$0**
101st day and after	**$0**	**$0**	All costs
Blood			
First 3 pints	**$0**	**3** pints	**$0**
Additional amounts	**100%**	**$0**	**$0**
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	**$0**

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

 Amounts above are based on Medicare's 2025 cost-share as shown on Medicare.gov.

Plan C

MEDICARE (PART B)

Medical Services – Per Calendar Year

* Once you have been billed $257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment			
First $257 of Medicare-approved amounts*	**$0**	**$257** (Part B deductible)	**$0**
Remainder of Medicare-approved amounts	Generally **80%**	Generally **20%**	**$0**
Part B Excess Charges (Above Medicare-approved amounts)	**$0**	**$0**	All costs
Blood			
First 3 pints	**$0**	All costs	**$0**
Next $257 of Medicare-approved amounts*	**$0**	**$257** (Part B deductible)	**$0**
Remainder of Medicare-approved amounts	**80%**	**20%**	**$0**
Clinical Laboratory Services			
Tests for diagnostic services	**100%**	**$0**	**$0**

Plan C

MEDICARE (PARTS A & B)

* Once you have been billed $257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home Health Care *Medicare-Approved Services* Medically necessary skilled care services and medical supplies	**100%**	**$0**	**$0**
Durable Medical Equipment			
First $257 of Medicare-approved amounts*	**$0**	**$257** (Part B deductible)	**$0**
Remainder of Medicare-approved amounts	**80%**	**20%**	**$0**

Other Benefits – Not Covered by Medicare

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Foreign Travel *Not Covered by Medicare* Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	**$0**	**$0**	**$250**
Remainder of charges	**$0**	**80%** to a lifetime maximum benefit of **$50,000**	**20%** and amounts over the **$50,000** lifetime maximum

Amounts above are based on Medicare's 2025 cost-share as shown on Medicare.gov.

Plan D

MEDICARE (PART A)

Hospital Services – Per Benefit Period

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but **$1,676**	**$1,676** (Part A deductible)	**$0**
61st through 90th day	All but **$419** a day	**$419** a day	**$0**
91st day and after:			
While using 60 lifetime reserve days	All but **$838** a day	**$838** a day	**$0**
Once lifetime reserve days are used			
Additional 365 days	**$0**	100% of Medicare-eligible expenses	**$0****
Beyond the additional 365 days	**$0**	**$0**	All costs
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	**$0**	**$0**
21st through 100th day	All but **$209.50** a day	Up to **$209.50** a day	**$0**
101st day and after	**$0**	**$0**	All costs
Blood			
First 3 pints	**$0**	**3** pints	**$0**
Additional amounts	**100%**	**$0**	**$0**
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	**$0**

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan D

MEDICARE (PART B)

Medical Services – Per Calendar Year

* Once you have been billed $257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment			
First $257 of Medicare-approved amounts*	**$0**	**$0**	**$257** (Part B deductible)
Remainder of Medicare-approved amounts	Generally **80%**	Generally **20%**	**$0**
Part B Excess Charges (Above Medicare-approved amounts)	**$0**	**$0**	All costs
Blood			
First 3 pints	**$0**	All costs	**$0**
Next $257 of Medicare-approved amounts*	**$0**	**$0**	**$257** (Part B deductible)
Remainder of Medicare-approved amounts	**80%**	**20%**	**$0**
Clinical Laboratory Services			
Tests for diagnostic services	**100%**	**$0**	**$0**

Amounts above are based on Medicare's 2025 cost-share as shown on Medicare.gov.

Plan D

MEDICARE (PARTS A & B)

* Once you have been billed $257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home Health Care *Medicare Approved Services* Medically necessary skilled care services and medical supplies	**100%**	**$0**	**$0**
Durable Medical Equipment			
First $257 of Medicare-approved amounts*	**$0**	**$0**	**$257** (Part B deductible)
Remainder of Medicare-approved amounts	**80%**	**20%**	**$0**

Other Benefits – Not Covered by Medicare

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Foreign Travel *Not Covered by Medicare* Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	**$0**	**$0**	**$250**
Remainder of charges	**$0**	**80%** to a lifetime maximum benefit of **$50,000**	**20%** and amounts over the **$50,000** lifetime maximum

Plan F

MEDICARE (PART A)

Hospital Services – Per Benefit Period

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but **$1,676**	**$1,676** (Part A deductible)	**$0**
61st through 90th day	All but **$419** a day	**$419** a day	**$0**
91st day and after:			
While using 60 lifetime reserve days	All but **$838** a day	**$838** a day	**$0**
Once lifetime reserve days are used			
Additional 365 days	**$0**	**100%** of Medicare-eligible expenses	**$0****
Beyond the additional 365 days	**$0**	**$0**	All costs
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	**$0**	**$0**
21st through 100th day	All but **$209.50** a day	Up to **$209.50** a day	**$0**
101st day and after	**$0**	**$0**	All costs
Blood			
First 3 pints	**$0**	**3** pints	**$0**
Additional amounts	**100%**	**$0**	**$0**
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	**$0**

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

 Amounts above are based on Medicare's 2025 cost-share as shown on Medicare.gov.

Plan F

MEDICARE (PART B)

Medical Services – Per Calendar Year

* Once you have been billed $257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment			
First $257 of Medicare-approved amounts*	**$0**	**$257** (Part B deductible)	**$0**
Remainder of Medicare-approved amounts	Generally **80%**	Generally **20%**	**$0**
Part B Excess Charges (Above Medicare-approved amounts)	**$0**	**100%**	**$0**
Blood			
First 3 pints	**$0**	All costs	**$0**
Next $257 of Medicare-approved amounts*	**$0**	**$257** (Part B deductible)	**$0**
Remainder of Medicare-approved amounts	**80%**	**20%**	**$0**
Clinical Laboratory Services			
Tests for diagnostic services	**100%**	**$0**	**$0**

Amounts above are based on Medicare's 2025 cost-share as shown on Medicare.gov.

Plan F

MEDICARE (PARTS A & B)

* Once you have been billed $257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home Health Care *Medicare-Approved Services* Medically necessary skilled care services and medical supplies	**100%**	**$0**	**$0**
Durable Medical Equipment			
First $257 of Medicare-approved amounts*	**$0**	**$257** (Part B deductible)	**$0**
Remainder of Medicare-approved amounts	**80%**	**20%**	**$0**

Other Benefits – Not Covered by Medicare

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Foreign Travel *Not Covered by Medicare* Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	**$0**	**$0**	**$250**
Remainder of charges	**$0**	**80%** to a lifetime maximum benefit of **$50,000**	**20%** and amounts over the **$50,000** lifetime maximum

Amounts above are based on Medicare's 2025 cost-share as shown on Medicare.gov.

Plan G

MEDICARE (PART A)

Hospital Services – Per Benefit Period

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but **$1,676**	**$1,676** (Part A deductible)	**$0**
61st through 90th day	All but **$419** a day	**$419** a day	**$0**
91st day and after:			
While using 60 lifetime reserve days	All but **$838** a day	**$838** a day	**$0**
Once lifetime reserve days are used			
Additional 365 days	**$0**	**100%** of Medicare-eligible expenses	**$0****
Beyond the additional 365 days	**$0**	**$0**	All costs
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	**$0**	**$0**
21st through 100th day	All but **$209.50** a day	Up to **$209.50** a day	**$0**
101st day and after	**$0**	**$0**	All costs
Blood			
First 3 pints	**$0**	**3** pints	**$0**
Additional amounts	**100%**	**$0**	**$0**
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	**$0**

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan G

MEDICARE (PART B)

Medical Services – Per Calendar Year

* Once you have been billed $257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment			
First $257 of Medicare-approved amounts*	**$0**	**$0**	**$257** (Part B deductible)
Remainder of Medicare-approved amounts	Generally **80%**	Generally **20%**	**$0**
Part B Excess Charges (Above Medicare-approved amounts)	**$0**	**100%**	**$0**
Blood			
First 3 pints	**$0**	All costs	**$0**
Next $257 of Medicare-approved amounts*	**$0**	**$0**	**$257** (Part B deductible)
Remainder of Medicare-approved amounts	**80%**	**20%**	**$0**
Clinical Laboratory Services			
Tests for diagnostic services	**100%**	**$0**	**$0**

Amounts above are based on Medicare's 2025 cost-share as shown on Medicare.gov.

Plan G

MEDICARE (PARTS A & B)

* Once you have been billed $257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home Health Care *Medicare-Approved Services* Medically necessary skilled care services and medical supplies	**100%**	**$0**	**$0**
Durable Medical Equipment			
First $257 of Medicare-approved amounts*	**$0**	**$0**	**$257** (Part B deductible)
Remainder of Medicare-approved amounts	**80%**	**20%**	**$0**

Other Benefits – Not Covered by Medicare

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Foreign Travel *Not Covered by Medicare* Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	**$0**	**$0**	**$250**
Remainder of charges	**$0**	**80%** to a lifetime maximum benefit of **$50,000**	**20%** and amounts over the **$50,000** lifetime maximum

Amounts above are based on Medicare's 2025 cost-share as shown on Medicare.gov.

Plan N

MEDICARE (PART A)

Hospital Services – Per Benefit Period

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but **$1,676**	**$1,676** (Part A deductible)	**$0**
61st through 90th day	All but **$419** a day	**$419** a day	**$0**
91st day and after:			
While using 60 lifetime reserve days	All but **$838** a day	**$838** a day	**$0**
Once lifetime reserve days are used			
Additional 365 days	**$0**	**100%** of Medicare-eligible expenses	**$0****
Beyond the additional 365 days	**$0**	**$0**	All costs
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	**$0**	**$0**
21st through 100th day	All but **$209.50** a day	Up to **$209.50** a day	**$0**
101st day and after	**$0**	**$0**	All costs
Blood			
First 3 pints	**$0**	**3** pints	**$0**
Additional amounts	**100%**	**$0**	**$0**
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	**$0**

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Amounts above are based on Medicare's 2025 cost-share as shown on Medicare.gov.

Plan N

MEDICARE (PART B)

Medical Services – Per Calendar Year

* Once you have been billed $257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment			
First $257 of Medicare-approved amounts*	**$0**	**$0**	**$257** (Part B deductible)
Remainder of Medicare-approved amounts	Generally **80%**	Generally **20%**	**$0**
Part B Excess Charges (Above Medicare-approved amounts)	**$0**	**$0**	All costs
Blood			
First 3 pints	**$0**	All costs	**$0**
Next $257 of Medicare-approved amounts*	**$0**	**$0**	**$257** (Part B deductible)
Remainder of Medicare-approved amounts	**80%**	**20%**	**$0**
Clinical Laboratory Services			
Tests for diagnostic services	**100%**	**$0**	**$0**

Note: Plan N pays **100%** of the Part B coinsurance, except for a copayment of up to **$20** for some office visits and up to a **$50** copayment for emergency room visits that don't result in an inpatient admission.

Plan N

MEDICARE (PARTS A & B)

* Once you have been billed $257 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home Health Care *Medicare-Approved Services* Medically necessary skilled care services and medical supplies	**100%**	**$0**	**$0**
Durable Medical Equipment			
First $257 of Medicare-approved amounts*	**$0**	**$0**	**$257** (Part B deductible)
Remainder of Medicare-approved amounts	**80%**	**20%**	**$0**

Other Benefits – Not Covered by Medicare

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Foreign Travel *Not Covered by Medicare* Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	**$0**	**$0**	**$250**
Remainder of charges	**$0**	**80%** to a lifetime maximum benefit of **$50,000**	**20%** and amounts over the **$50,000** lifetime maximum

Amounts above are based on Medicare's 2025 cost-share as shown on Medicare.gov.

Notes

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of Tennessee