



Kansas City

Missouri Valley
LIFE AND HEALTH
INSURANCE COMPANY

PLANS UNDERWRITTEN BY MISSOURI VALLEY LIFE AND HEALTH INSURANCE COMPANY, ADMINISTERED BY BLUE KC.

2022 MEDICARE SUPPLEMENT

Outline of Coverage for Missouri Residents

Benefit Plans: A, F, G, N

Rates valid through December 31, 2022



WHAT IS MEDICARE SUPPLEMENT

MEDICARE SUPPLEMENT INSURANCE - MEDIGAP

Medicare Supplement insurance helps pay for some out-of-pocket costs not covered by Original Medicare Part A and Part B.

If you are enrolled in Medicare Part A and Part B, a Medicare Supplement plan (Medigap) can help fill the gaps. Medicare Supplement plans are designed to assist you with out-of-pocket costs from deductibles, copays and coinsurance which are not covered by Part A or Part B. A Medicare Supplement policy covers only one person so spouses must buy separate policies. Medigap plans are sold in 10 standard plans plus two high-deductible plans, each with their own set of unique benefits. Of these 10, we currently offer four that best suit the needs of the members we serve.

All Medicare Supplement plans require you to continue to pay your Part B premium and a separate premium for the Medigap coverage. Once you enroll and continue to pay your premium, your plan will renew each year.

We're here to help you find the plan that best fits your needs! Let's get started!

BASIC BENEFITS

Hospitalization

Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses

Part B coinsurance (generally 20 percent of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.

Blood

First three pints of blood each year. Plans K and L may require members to pay a portion of blood costs.

Hospice

Part A hospice care coinsurance or copayment. Plans K and L may require members to pay a portion of Part A hospice care coinsurance or copayments.

BENEFIT CHART OF MEDICARE SUPPLEMENT PLANS

FOR PLANS EFFECTIVE JAN. 1, 2022 - DEC. 31, 2022

This chart shows the benefits included in each of the standard Medicare Supplement plans.

Every company must make Plan A available. [We offer the plans highlighted in blue.](#)

MEDICARE FIRST
ELIGIBLE BEFORE
JAN 1, 2020 ONLY

Benefits	A	B	D	G ¹	K ²	L ²	M	N ³	C	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	50%	75%	100%	100% ³	100%	100%
Blood (first three pints)	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%
Skilled nursing facility coinsurance			100%	100%	50%	75%	100%	100%	100%	100%
Medicare Part A deductible		100%	100%	100%	50%	75%	50%	100%	100%	100%
Medicare Part B deductible									100%	100%
Medicare Part B excess charges				100%						100%
Foreign travel emergency (up to plan limits)			80%	80%			80%	80%	80%	80%
Out-of-pocket limit					\$6,620	\$3,310				

¹ Plans F and G also have a high deductible option, which require first paying a plan deductible of \$2,490 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. These high deductible options are not offered by MVLH.

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 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

³ 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 do not result in an inpatient admission.

Plan A

For basic coverage at the lowest premium, choose Plan A. You'll be responsible for paying your Part A deductible and Part B deductible. The plan will pay the coinsurance thereafter, including hospitalization for 365 days after Medicare coverage ceases. It also pays for 20 percent of Part B coinsurance.

Plan N

You'll be entitled to all the coverage of Plan D, except you will be subject to up to a \$20 copayment for office visits and up to a \$50 copayment for emergency services.

Plan G

You'll be entitled to all the coverage of Plan F, except you will be responsible for paying your Part B deductible.

Plan F

[If you were eligible for Medicare on or before January 1, 2020, you may select Plan F.](#) You'll be entitled to all the coverage of Plan C, plus 100 percent of Medicare Part B excess charges.

Who is Missouri Valley Life and Health Insurance Company?

Missouri Valley Life and Health Insurance Company (MVLH) is a subsidiary of Blue Cross and Blue Shield of Kansas City (Blue KC). These plans are offered and underwritten by MVLH and administered by Blue KC. This means when you have questions about your plan and claims, you'll speak with the people you know and trust at Blue KC.



PLAN A

BENEFITS

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>Hospitalization*</p> <p>Semiprivate room and board, general nursing and miscellaneous services and supplies.</p> <p>– First 60 days</p> <p>– 61st thru 90th day</p> <p>– 91st day and after:</p> <ul style="list-style-type: none"> • While using 60 lifetime reserve days • Once lifetime reserve days are used: <ul style="list-style-type: none"> – Additional 365 days – Beyond the additional 365 days 	<p>All but \$1,556</p> <p>All but \$389 a day</p> <p>All but \$778 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>\$389 a day</p> <p>\$778 a day</p> <p>100% of Medicare eligible expenses</p> <p>\$0</p>	<p>\$1,556 (Part A deductible)</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p>Skilled Nursing Facility Care*</p> <p>You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.</p> <p>– First 20 days</p> <p>– 21st thru 100th day</p> <p>– 101st day and after</p>	<p>All approved amounts</p> <p>All but \$194.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$194.50 a day</p> <p>All costs</p>
<p>Blood</p> <p>– First three pints</p> <p>– Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>Three pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p>Hospice Care</p> <p>You must meet Medicare's requirements, including a doctor's certification of terminal illness.</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

*A benefit period begins on the first day you receive services 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.

**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, 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.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. – First \$233 of Medicare-approved amounts [†]	\$0	\$0	\$233 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	\$0	All costs
Blood – First three pints	\$0	All costs	\$0
– Next \$233 of Medicare-approved amounts [†]	\$0	\$0	\$233 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services – Tests for diagnostic services	100%	\$0	\$0

PARTS A&B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home Healthcare Medicare-approved services – Medically necessary skilled-care services and medical supplies	100%	\$0	\$0
– Durable medical equipment <ul style="list-style-type: none"> • First \$233 of Medicare-approved amounts[†] • Remainder of Medicare-approved amounts 	\$0	\$0	\$233 (Part B deductible)
	80%	20%	\$0

[†]Once you have been billed \$233 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



PLAN F

BENEFITS

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies.			
– First 60 days	All but \$1,556	\$1,556 (Part A deductible)	\$0
– 61 st thru 90 th day	All but \$389 a day	\$389 a day	\$0
– 91 st day and after:			
• While using 60 lifetime reserve days	All but \$778 a day	\$778 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 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
– First 20 days	All approved amounts	\$0	\$0
– 21 st thru 100 th day	All but \$194.50 a day	Up to \$194.50 a day	\$0
– 101 st day and after	\$0	\$0	All costs
Blood			
– First three pints	\$0	Three 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

*A benefit period begins on the first day you receive services 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.

**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, 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 F is available if eligible for Medicare prior to January 1, 2020.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. – First \$233 of Medicare-approved amounts [†] – Remainder of Medicare-approved amounts	\$0 80%	\$233 (Part B deductible) 20%	\$0 \$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	100%	\$0
Blood – First three pints – Next \$233 of Medicare-approved amounts [†] – Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$233 (Part B deductible) 20%	\$0 \$0 \$0
Clinical Laboratory Services – Tests for diagnostic services	100%	\$0	\$0

PARTS A&B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home Healthcare Medicare-approved services – Medically necessary skilled-care services and medical supplies – Durable medical equipment <ul style="list-style-type: none"> • First \$233 of Medicare-approved amounts[†] • Remainder of Medicare-approved amounts 	100% \$0 80%	\$0 \$233 (Part B deductible) 20%	\$0 \$0 \$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 – Remainder of charges	\$0 \$0	\$0 80% to a lifetime max benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime max

[†]Once you have been billed \$233 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



PLAN G

BENEFITS

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>Hospitalization*</p> <p>Semiprivate room and board, general nursing and miscellaneous services and supplies.</p> <p>– First 60 days</p> <p>– 61st thru 90th day</p> <p>– 91st day and after:</p> <ul style="list-style-type: none"> • While using 60 lifetime reserve days • Once lifetime reserve days are used: <ul style="list-style-type: none"> – Additional 365 days – Beyond the additional 365 days 	<p>All but \$1,556</p> <p>All but \$389 a day</p> <p>All but \$778 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$1,556 (Part A deductible)</p> <p>\$389 a day</p> <p>\$778 a day</p> <p>100% of Medicare eligible expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p>Skilled Nursing Facility Care*</p> <p>You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.</p> <p>– First 20 days</p> <p>– 21st thru 100th day</p> <p>– 101st day and after</p>	<p>All approved amounts</p> <p>All but \$194.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$194.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p>Blood</p> <p>– First three pints</p> <p>– Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>Three pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p>Hospice Care</p> <p>You must meet Medicare's requirements, including a doctor's certification of terminal illness.</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

*A benefit period begins on the first day you receive services 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.

**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, 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.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. – First \$233 of Medicare-approved amounts [†] – Remainder of Medicare-approved amounts	\$0 80%	\$0 20%	\$233 (Part B deductible) \$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	100%	\$0
Blood – First three pints – Next \$233 of Medicare-approved amounts [†] – Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$233 (Part B deductible) \$0
Clinical Laboratory Services – Tests for diagnostic services	100%	\$0	\$0

PARTS A&B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home Healthcare Medicare-approved services – Medically necessary skilled-care services and medical supplies – Durable medical equipment <ul style="list-style-type: none"> • First \$233 of Medicare-approved amounts[†] • Remainder of Medicare-approved amounts 	100% \$0 80%	\$0 \$0 20%	\$0 \$233 (Part B deductible) \$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 – Remainder of charges	\$0 \$0	\$0 80% to a lifetime max benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime max

[†]Once you have been billed \$233 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



PLAN N

BENEFITS

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>Hospitalization*</p> <p>Semiprivate room and board, general nursing and miscellaneous services and supplies.</p> <p>– First 60 days</p> <p>– 61st thru 90th day</p> <p>– 91st day and after:</p> <ul style="list-style-type: none"> • While using 60 lifetime reserve days • Once lifetime reserve days are used: <ul style="list-style-type: none"> – Additional 365 days – Beyond the additional 365 days 	<p>All but \$1,556</p> <p>All but \$389 a day</p> <p>All but \$778 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$1,556 (Part A deductible)</p> <p>\$389 a day</p> <p>\$778 a day</p> <p>100% of Medicare eligible expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p>Skilled Nursing Facility Care*</p> <p>You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.</p> <p>– First 20 days</p> <p>– 21st thru 100th day</p> <p>– 101st day and after</p>	<p>All approved amounts</p> <p>All but \$194.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$194.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p>Blood</p> <p>– First three pints</p> <p>– Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>Three pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p>Hospice Care</p> <p>You must meet Medicare's requirements, including a doctor's certification of terminal illness.</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

*A benefit period begins on the first day you receive services 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.

**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, 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.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.</p> <p>– First \$233 of Medicare-approved amounts[†]</p> <p>– Remainder of Medicare-approved amounts</p>	<p>Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</p> <p>\$0</p> <p>80%</p>	<p>Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</p> <p>\$0</p>	<p>\$233 (Part B deductible)</p>
<p>Part B Excess Charges (Above Medicare-approved amounts)</p>	\$0	\$0	All costs
<p>Blood</p> <p>– First three pints</p> <p>– Next \$233 of Medicare-approved amounts[†]</p> <p>– Remainder of Medicare-approved amounts</p>	<p>\$0</p> <p>\$0</p> <p>80%</p>	<p>All costs</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$233 (Part B deductible)</p> <p>\$0</p>
<p>Clinical Laboratory Services</p> <p>– Tests for diagnostic services</p>	100%	\$0	\$0

PARTS A&B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>Home Healthcare Medicare-approved services</p> <p>– Medically necessary skilled-care services and medical supplies</p> <p>– Durable medical equipment</p> <ul style="list-style-type: none"> • First \$233 of Medicare-approved amounts[†] • Remainder of Medicare-approved amounts 	<p>100%</p> <p>\$0</p> <p>80%</p>	<p>\$0</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$233 (Part B deductible)</p> <p>\$0</p>

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>Foreign Travel Not covered by Medicare - medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.</p> <p>– First \$250 each calendar year</p> <p>– Remainder of charges</p>	<p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>80% to a lifetime max benefit of \$50,000</p>	<p>\$250</p> <p>20% and amounts over the \$50,000 lifetime max</p>

[†]Once you have been billed \$233 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

MEDICARE SUPPLEMENT BENEFITS FOR MISSOURI RESIDENTS

DISCLOSURES

This outline shows benefits and premiums of policies sold for effective dates on or after January 1, 2022. Policies sold for effective dates prior to January 1, 2022 may have different benefits and/or premiums.

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 of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to MVLH, P.O. Box 419071, Kansas City, Missouri 64141-6071. 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.

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.

RENEWAL CONDITIONS

You may renew this policy as long as you live by paying the premium on time. We cannot cancel or refuse to renew your policy, or place any restrictions on it, other than for non-payment or for fraudulent misstatements made by you in your application for the policy. The ability to move from one product to another may be restricted.

CANCELLATION BY INSURED

You may cancel this policy at any time by written notice delivered or mailed to the insurer, effective upon receipt of such notice or on such late date as may be specified in such notice. In the event of cancellation or death of the insured, the insurer will promptly return the unearned portion of any premium paid. The earned premium shall be computed on a pro-rata basis. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

RIGHT TO CHANGE PREMIUM

Your benefits are designed to cover cost-sharing amounts under Medicare. These benefits will be changed automatically to coincide with any changes in the applicable Medicare deductible and coinsurance amounts. In addition, premiums may be modified to correspond with such changes at any time by providing you with at least 30 days notice. The notice may be provided via contract rider or some other appropriate means and will be mailed to you at the address which appears on our records. If you continue payment of premium after notice has been provided, it is agreed that such change is acceptable to you.

NOTICE

This policy may not fully cover all of your medical costs.

MVLH IS NOT CONNECTED WITH MEDICARE

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office at 1-800-772-1213 or consult The Medicare Handbook, available online at www.Medicare.gov for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

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

EXCLUSIONS FOR MISSOURI RESIDENTS

We will not make payment for:

1. Services to the extent that Medicare will pay for them.
2. Any service or item for which benefit payment is not available under the provisions of Part A or Part B of Medicare, except for skilled nursing facility benefits, unless specifically covered as a benefit of this contract.
3. Any service or item excluded by Part A or Part B of Medicare.
4. Any charge which exceeds an amount recognized as reasonable by Medicare.
5. Services to the extent they are obtained without cost to you from any federal, state, municipal or other governmental body or agency.
6. Services for injuries or diseases related to your job to the extent you are covered or are required to be covered by a workers' compensation law. If you enter into a settlement giving up your right to recover future medical benefits under a workers' compensation law, we will not pay for those medical services that would have been payable except for that settlement.
7. For services or supplies received from any provider in a country where the terms of any sanction, embargo, boycott, executive order or other legislative or regulatory action taken by the Congress, President or an administrative agency of the United States would prohibit payment or reimbursement by MVLH for such services.

2022 MEDICARE SUPPLEMENT

INSURANCE PREMIUM RATES FOR MISSOURI RESIDENTS PLANS A, F, G & N

ATTAINED AGE ¹	PLAN A Underwritten/ First Eligible		PLAN F Underwritten/ First Eligible		PLAN G Underwritten/ First Eligible		PLAN N Underwritten/ First Eligible	
	MONTHLY PREMIUM		MONTHLY PREMIUM		MONTHLY PREMIUM		MONTHLY PREMIUM	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Disabled	\$172	\$156	\$258	\$234	\$205	\$186	\$205	\$187
65	\$172	\$156	\$258	\$234	\$205	\$186	\$205	\$187
66	\$175	\$159	\$263	\$239	\$209	\$190	\$209	\$190
67	\$178	\$162	\$268	\$244	\$213	\$193	\$214	\$194
68	\$182	\$165	\$273	\$248	\$217	\$197	\$218	\$198
69	\$185	\$169	\$278	\$253	\$221	\$201	\$222	\$202
70	\$188	\$170	\$282	\$256	\$224	\$203	\$224	\$204
71	\$194	\$177	\$292	\$265	\$232	\$211	\$232	\$211
72	\$200	\$182	\$300	\$273	\$238	\$217	\$239	\$217
73	\$205	\$187	\$309	\$280	\$245	\$223	\$246	\$223
74	\$211	\$192	\$317	\$288	\$252	\$229	\$253	\$230
75	\$217	\$197	\$326	\$296	\$259	\$235	\$260	\$236
76	\$223	\$203	\$335	\$305	\$266	\$242	\$267	\$243
77	\$229	\$208	\$344	\$313	\$273	\$248	\$274	\$249
78	\$235	\$214	\$354	\$321	\$281	\$255	\$282	\$256
79	\$242	\$220	\$363	\$330	\$288	\$262	\$289	\$263
80	\$248	\$226	\$373	\$339	\$296	\$269	\$297	\$270
81	\$255	\$232	\$383	\$348	\$304	\$277	\$305	\$277
82	\$262	\$238	\$393	\$358	\$312	\$284	\$313	\$285
83	\$269	\$245	\$404	\$367	\$321	\$292	\$322	\$293
84	\$276	\$251	\$415	\$377	\$329	\$299	\$330	\$300
85+	\$284	\$258	\$426	\$387	\$338	\$307	\$339	\$308

¹ Premium rates are based on the age of the insured on the effective date of the contract. Premiums may change once per 12-month period due to medical costs.

MY PLAN INFORMATION

I have purchased Medicare Supplement plan _____ with a premium of \$ _____ paid on a(n)
_____ basis. This amount does not include any optional riders.

(premium mode)

Name and address of agent/broker:

800-867-9014
BLUEKC.COM/MEDICARE



PLANS UNDERWRITTEN BY MISSOURI VALLEY LIFE AND HEALTH INSURANCE COMPANY, ADMINISTERED BY BLUE KC.

Medicare Supplement plans are offered and underwritten by
Missouri Valley Life and Health Insurance Company
and are administered by Blue Cross and Blue Shield of Kansas City.
Missouri Valley Life and Health (MVLH) and Blue Cross and Blue Shield of Kansas City
are not connected with or endorsed by the U.S. government or the federal Medicare program.

2301 Main Street | Kansas City, MO 64108
800-867-9014 | BlueKC.com



Discrimination is Against the Law

Blue KC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue KC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue KC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service, 844-395-7126 (Toll free), languagehelp@bluekc.com.

If you believe that Blue KC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Appeals Department, PO Box 419169, Kansas City, MO 64141-6169, 816-395-3537, TTY: 816-842-5607, APPEALS@bluekc.com. You can file a grievance in person or by mail, or email. If you need help filing a grievance, the Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you, or someone you're helping, has questions about Blue KC, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-844-395-7126.

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue KC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-395-7126.

Chinese: 如果您, 或是您正在協助的對象, 有關於 Blue KC 方面的問題, 您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員, 請撥電話 1-844-395-7126。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue KC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-395-7126.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue KC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-395-7126 an.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue KC 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-395-7126 로 전화하십시오.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue KC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-844-395-7126.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue KC ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل بـ.1-844-395-7126.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue KC, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-844-395-7126.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue KC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-395-7126.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue KC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-395-7126.

Laotian: ຖ້າ ທ່ານ, ຫຼື ຄົນ ທ່ານ ກຳລັງ ຊ່ວຍ ຫຼື ອ, ມີ ຄຳ ຖາມ ກ່ຽວ ກັບ Blue KC, ທ່ານ ມີ ສິດ ທີ່ ຈະ ໄດ້ ຮັບ ການ ຊ່ວຍ ຫຼື ອະ ດີ ຂໍ ມູ ນ ຂໍ ກວ ສານ ທີ່ ບໍ່ ມາ ສາ ຂອງ ທ່ານ ບໍ່ ມີ ຄ່າ ທີ່ ຈໍ ຈາຍ. ການ ໂອ້ ນຳ ກັບ ນາຍ ພາ ສາ, ໃຫ້ ໂທ ຫາ 1-844-395-7126.

Pennsylvanian Dutch: Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Blue KC, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-844-395-7126 uffrufe.

Persian:

اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Blue KC، داشته باشید حق این را دارید که کمک اطلاعات به زبان خود را به طور رایگان دریافت نمایید. 1-844-395-7126 تماس حاصل نمایید.

Cushite: Isin yookan namni biraa isin deeggartan Blue KC irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-844-395-7126 tiin bilbilaa.

Portuguese: Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue KC, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-395-7126.

For TTY services, please call 1-816-842-5607.



PLAN G AND PLAN N BENEFIT EXTRAS

In 2022, Plan G and Plan N include valuable Benefit Extras beyond your Medicare coverage. These innovative services offer more ways to get the most out of your Medicare Supplement plan.



PHYSICAL FITNESS

SilverSneakers® (Tivity Health) is a fitness program included in your plan. You'll enjoy amenities such as fitness equipment, pools, and classes at participating locations. You can also attend health education seminars and social events with others who share your interest in a healthy lifestyle.



HEARING SERVICES

You can receive a \$0 routine hearing exam and hearing aids are covered for up to two aids per year (one per ear per year for Tier 1 devices), up to \$500 per ear per year when you use our hearing partner, NationsHearing.



EYEWEAR & VISION SERVICES

You can receive a \$0 routine eye exam (up to one visit every year) and enjoy a \$250 eyewear benefit each year that helps for purchase of glasses (lenses and/or frames) or contact lenses.



PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)

We've partnered with Best Buy Lively™ to offer PERS to ensure safety anywhere you go. Not only will this device enable fast responses to emergencies, but it includes the capability to connect directly with a doctor or nurse for 24/7 urgent care.



BALANCE AND COGNITIVE TRAINING

We can all benefit from balance and cognitive training. Our partners offer digital access via your smart device, at no cost to you, to support your balance and cognitive thinking.

Blue Cross and Blue Shield of Kansas City (Blue KC) is an independent licensee of the Blue Cross and Blue Shield Association. Medicare Supplement plans are offered and underwritten by Missouri Valley Life and Health Insurance Company (MVLH) and are administered by Blue Cross and Blue Shield of Kansas City. MVLH is a wholly-owned subsidiary of Blue KC. Missouri Valley Life and Health and Blue Cross and Blue Shield of Kansas City are not connected with or endorsed by the U.S. government or the federal Medicare program. SilverSneakers® is a registered trademark of Tivity Health, Inc. © 2020 Tivity Health, Inc. All rights reserved.