



Kansas City

Missouri Valley  
LIFE AND HEALTH  
INSURANCE COMPANY

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

# 2024 MEDICARE SUPPLEMENT

Outline of Coverage for Missouri Residents

Benefit Plans: A, F, G, N

Rates valid through December 31, 2024



REV 8/24

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# 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, 2024 - DEC. 31, 2024

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 <sup>1</sup> | K <sup>2</sup> | L <sup>2</sup> | M    | N <sup>3</sup>    | C    | F <sup>1</sup> |
|--|------|------|------|----------------|----------------|----------------|------|-------------------|------|----------------|
| 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% <sup>3</sup> | 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  |      |      |      |                | \$7,060        | \$3,530        |      |                   |      |                |

1 Blue KC's plan G also has a high deductible option, which requires first paying a plan deductible 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 counts your payment of the Medicare Part B deductible toward meeting the plan deductible. MVLH only offers High Deductible Plan G.

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>– 61<sup>st</sup> thru 90<sup>th</sup> day</p> <p>– 91<sup>st</sup> day and after:</p> <ul style="list-style-type: none"><li>• While using 60 lifetime reserve days</li><li>• Once lifetime reserve days are used:<ul style="list-style-type: none"><li>– Additional 365 days</li><li>– Beyond the additional 365 days</li></ul></li></ul> | <p>All but \$1,632</p> <p>All but \$408 a day</p> <p>All but \$816 a day</p> <p>\$0</p> <p>\$0</p> | <p>\$0</p> <p>\$408 a day</p> <p>\$816 a day</p> <p>100% of Medicare eligible expenses</p> <p>\$0</p> | <p>\$1,632 (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>– 21<sup>st</sup> thru 100<sup>th</sup> day</p> <p>– 101<sup>st</sup> day and after</p>  | <p>All approved amounts</p> <p>All but \$204 a day</p> <p>\$0</p>                                  | <p>\$0</p> <p>\$0</p> <p>\$0</p>  | <p>\$0</p> <p>Up to \$204 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<br>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 \$240 of Medicare-approved amounts <sup>†</sup>   | \$0           | \$0       | \$240 (Part B deductible) |
| – Remainder of Medicare-approved amounts  | 80%           | 20%       | \$0                       |
| Part B Excess Charges<br>(Above Medicare-approved amounts)  | \$0           | \$0       | All costs                 |
| Blood   |               |           |                           |
| – First three pints   | \$0           | All costs | \$0                       |
| – Next \$240 of Medicare-approved amounts <sup>†</sup>  | \$0           | \$0       | \$240 (Part B deductible) |
| – Remainder of Medicare-approved amounts  | 80%           | 20%       | \$0                       |
| Clinical Laboratory Services<br>– Tests for diagnostic services   | 100%          | \$0       | \$0                       |

## PARTS A&B

| SERVICES   | MEDICARE PAYS | PLAN PAYS | YOU PAY                   |
|--|---------------|-----------|---------------------------|
| Home Healthcare<br>Medicare-approved services                    |               |           |                           |
| – Medically necessary skilled-care services and medical supplies | 100%          | \$0       | \$0                       |
| – Durable medical equipment                                      | \$0           | \$0       | \$240 (Part B deductible) |
| • First \$240 of Medicare-approved amounts <sup>†</sup>          |               |           |                           |
| • Remainder of Medicare-approved amounts                         | 80%           | 20%       | \$0                       |

<sup>†</sup>Once you have been billed \$240 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  |
|--|--|---|--|
| <p>Hospitalization*</p> <p>Semiprivate room and board, general nursing and miscellaneous services and supplies.</p> <p>– First 60 days</p> <p>– 61<sup>st</sup> thru 90<sup>th</sup> day</p> <p>– 91<sup>st</sup> day and after:</p> <ul style="list-style-type: none"><li>• While using 60 lifetime reserve days</li><li>• Once lifetime reserve days are used:<ul style="list-style-type: none"><li>– Additional 365 days</li><li>– Beyond the additional 365 days</li></ul></li></ul> | <p>All but \$1,632</p> <p>All but \$408 a day</p> <p>All but \$816 a day</p> <p>\$0</p> <p>\$0</p> | <p>\$1,632 (Part A deductible)</p> <p>\$408 a day</p> <p>\$816 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>– 21<sup>st</sup> thru 100<sup>th</sup> day</p> <p>– 101<sup>st</sup> day and after</p>  | <p>All approved amounts</p> <p>All but \$204 a day</p> <p>\$0</p>                                  | <p>\$0</p> <p>Up to \$204 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.

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<br>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 \$240 of Medicare-approved amounts <sup>†</sup>   | \$0           | \$240 (Part B deductible) | \$0     |
| – Remainder of Medicare-approved amounts  | 80%           | 20%                       | \$0     |
| Part B Excess Charges<br>(Above Medicare-approved amounts)  | \$0           | 100%                      | \$0     |
| Blood   |               |                           |         |
| – First three pints   | \$0           | All costs                 | \$0     |
| – Next \$240 of Medicare-approved amounts <sup>†</sup>  | \$0           | \$240 (Part B deductible) | \$0     |
| – Remainder of Medicare-approved amounts  | 80%           | 20%                       | \$0     |
| Clinical Laboratory Services<br>– Tests for diagnostic services   | 100%          | \$0                       | \$0     |

## PARTS A&B

| SERVICES   | MEDICARE PAYS | PLAN PAYS                 | YOU PAY |
|--|---------------|---------------------------|---------|
| Home Healthcare<br>Medicare-approved services                    |               |                           |         |
| – Medically necessary skilled-care services and medical supplies | 100%          | \$0                       | \$0     |
| – Durable medical equipment                                      | \$0           | \$240 (Part B deductible) | \$0     |
| • First \$240 of Medicare-approved amounts <sup>†</sup>          |               |                           |         |
| • Remainder of Medicare-approved amounts                         | 80%           | 20%                       | \$0     |

## OTHER BENEFITS - NOT COVERED BY MEDICARE

| SERVICES   | MEDICARE PAYS | PLAN PAYS                                 | YOU PAY  |
|--|---------------|---|--|
| Foreign Travel<br>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 max benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime max |

<sup>†</sup>Once you have been billed \$240 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>– 61<sup>st</sup> thru 90<sup>th</sup> day</p> <p>– 91<sup>st</sup> day and after:</p> <ul style="list-style-type: none"><li>• While using 60 lifetime reserve days</li><li>• Once lifetime reserve days are used:<ul style="list-style-type: none"><li>– Additional 365 days</li><li>– Beyond the additional 365 days</li></ul></li></ul> | <p>All but \$1,632</p> <p>All but \$408 a day</p> <p>All but \$816 a day</p> <p>\$0</p> <p>\$0</p> | <p>\$1,632 (Part A deductible)</p> <p>\$408 a day</p> <p>\$816 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>– 21<sup>st</sup> thru 100<sup>th</sup> day</p> <p>– 101<sup>st</sup> day and after</p>  | <p>All approved amounts</p> <p>All but \$204 a day</p> <p>\$0</p>                                  | <p>\$0</p> <p>Up to \$204 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<br>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 \$240 of Medicare-approved amounts <sup>†</sup>   | \$0           | \$0       | \$240 (Part B deductible) |
| – Remainder of Medicare-approved amounts  | 80%           | 20%       | \$0                       |
| Part B Excess Charges<br>(Above Medicare-approved amounts)  | \$0           | 100%      | \$0                       |
| Blood   |               |           |                           |
| – First three pints   | \$0           | All costs | \$0                       |
| – Next \$240 of Medicare-approved amounts <sup>†</sup>  | \$0           | \$0       | \$240 (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<br>Medicare-approved services                    |               |           |                           |
| – Medically necessary skilled-care services and medical supplies | 100%          | \$0       | \$0                       |
| – Durable medical equipment                                      | \$0           | \$0       | \$240 (Part B deductible) |
| • First \$240 of Medicare-approved amounts <sup>†</sup>          |               |           |                           |
| • Remainder of Medicare-approved amounts                         | 80%           | 20%       | \$0                       |

## OTHER BENEFITS - NOT COVERED BY MEDICARE

| SERVICES   | MEDICARE PAYS | PLAN PAYS                                 | YOU PAY  |
|--|---------------|---|--|
| Foreign Travel<br>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 max benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime max |

<sup>†</sup>Once you have been billed \$240 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>– 61<sup>st</sup> thru 90<sup>th</sup> day</p> <p>– 91<sup>st</sup> day and after:</p> <ul style="list-style-type: none"><li>• While using 60 lifetime reserve days</li><li>• Once lifetime reserve days are used:<ul style="list-style-type: none"><li>– Additional 365 days</li><li>– Beyond the additional 365 days</li></ul></li></ul> | <p>All but \$1,632</p> <p>All but \$408 a day</p> <p>All but \$816 a day</p> <p>\$0</p> <p>\$0</p> | <p>\$1,632 (Part A deductible)</p> <p>\$408 a day</p> <p>\$816 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>– 21<sup>st</sup> thru 100<sup>th</sup> day</p> <p>– 101<sup>st</sup> day and after</p>  | <p>All approved amounts</p> <p>All but \$204 a day</p> <p>\$0</p>                                  | <p>\$0</p> <p>Up to \$204 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                                 |
|--|--|--|---|
| <b>Medical Expenses</b><br>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. | 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. | 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. |   |
| – First \$240 of Medicare-approved amounts <sup>†</sup>  | \$0  | \$0  | \$240 (Part B deductible)               |
| – Remainder of Medicare-approved amounts   | 80%  | ● ←  | ● ←                                     |
| <b>Part B Excess Charges</b><br>(Above Medicare-approved amounts)  | \$0  | \$0  | All costs                               |
| <b>Blood</b><br>– First three pints<br>– Next \$240 of Medicare-approved amounts <sup>†</sup><br>– Remainder of Medicare-approved amounts  | \$0<br>\$0<br>80%  | All costs<br>\$0<br>20%  | \$0<br>\$240 (Part B deductible)<br>\$0 |
| <b>Clinical Laboratory Services</b><br>– Tests for diagnostic services   | 100%   | \$0  | \$0                                     |

## PARTS A&B

| SERVICES   | MEDICARE PAYS      | PLAN PAYS         | YOU PAY                                 |
|--|--------------------|-------------------|---|
| <b>Home Healthcare</b><br>Medicare-approved services<br>– Medically necessary skilled-care services and medical supplies<br>– Durable medical equipment <ul style="list-style-type: none"> <li>• First \$240 of Medicare-approved amounts<sup>†</sup></li> <li>• Remainder of Medicare-approved amounts</li> </ul> | 100%<br>\$0<br>80% | \$0<br>\$0<br>20% | \$0<br>\$240 (Part B deductible)<br>\$0 |

## OTHER BENEFITS - NOT COVERED BY MEDICARE

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

<sup>†</sup>Once you have been billed \$240 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, 2024. Policies sold for effective dates prior to January 1, 2024 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 annually 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](http://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.

# 2024 MEDICARE SUPPLEMENT

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

| ISSUE<br>AGE <sup>1</sup> | PLAN A<br>Underwritten/<br>First Eligible |        | PLAN F<br>Underwritten/<br>First Eligible |        | PLAN G<br>Underwritten/<br>First Eligible |        | PLAN N<br>Underwritten/<br>First Eligible |        |
|---------------------------|---|--------|---|--------|---|--------|---|--------|
|                           | MONTHLY<br>PREMIUM                        |        | MONTHLY<br>PREMIUM                        |        | MONTHLY<br>PREMIUM                        |        | MONTHLY<br>PREMIUM                        |        |
|                           | MALE                                      | FEMALE | MALE                                      | FEMALE | MALE                                      | FEMALE | MALE                                      | FEMALE |
| Disabled                  | \$226                                     | \$226  | \$326                                     | \$326  | \$226                                     | \$226  | \$219                                     | \$219  |
| 65                        | \$184                                     | \$166  | \$276                                     | \$250  | \$219                                     | \$198  | \$219                                     | \$199  |
| 66                        | \$187                                     | \$169  | \$281                                     | \$255  | \$223                                     | \$202  | \$223                                     | \$202  |
| 67                        | \$190                                     | \$172  | \$286                                     | \$260  | \$227                                     | \$205  | \$228                                     | \$207  |
| 68                        | \$194                                     | \$175  | \$291                                     | \$264  | \$231                                     | \$210  | \$232                                     | \$211  |
| 69                        | \$197                                     | \$180  | \$297                                     | \$270  | \$235                                     | \$215  | \$237                                     | \$216  |
| 70                        | \$200                                     | \$181  | \$301                                     | \$273  | \$239                                     | \$217  | \$239                                     | \$218  |
| 71                        | \$207                                     | \$189  | \$312                                     | \$283  | \$248                                     | \$225  | \$248                                     | \$225  |
| 72                        | \$214                                     | \$194  | \$320                                     | \$291  | \$254                                     | \$231  | \$255                                     | \$231  |
| 73                        | \$219                                     | \$199  | \$330                                     | \$299  | \$261                                     | \$238  | \$262                                     | \$238  |
| 74                        | \$225                                     | \$204  | \$339                                     | \$308  | \$269                                     | \$245  | \$270                                     | \$246  |
| 75                        | \$231                                     | \$210  | \$348                                     | \$316  | \$277                                     | \$251  | \$278                                     | \$252  |
| 76                        | \$238                                     | \$217  | \$358                                     | \$326  | \$284                                     | \$258  | \$285                                     | \$259  |
| 77                        | \$245                                     | \$222  | \$368                                     | \$334  | \$291                                     | \$264  | \$292                                     | \$265  |
| 78                        | \$251                                     | \$228  | \$378                                     | \$343  | \$300                                     | \$272  | \$301                                     | \$273  |
| 79                        | \$258                                     | \$234  | \$388                                     | \$352  | \$308                                     | \$280  | \$309                                     | \$281  |
| 80                        | \$264                                     | \$241  | \$399                                     | \$362  | \$316                                     | \$287  | \$317                                     | \$288  |
| 81                        | \$272                                     | \$248  | \$409                                     | \$372  | \$324                                     | \$296  | \$326                                     | \$296  |
| 82                        | \$280                                     | \$254  | \$420                                     | \$382  | \$333                                     | \$303  | \$334                                     | \$304  |
| 83                        | \$287                                     | \$261  | \$432                                     | \$392  | \$343                                     | \$312  | \$344                                     | \$313  |
| 84                        | \$294                                     | \$268  | \$444                                     | \$403  | \$351                                     | \$319  | \$352                                     | \$320  |
| 85+                       | \$303                                     | \$276  | \$455                                     | \$414  | \$361                                     | \$328  | \$362                                     | \$329  |

<sup>1</sup>Premium is based on the age you are when you buy (when you're "issued") the policy. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# MY NOTES

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800-867-9014  
MEDICAREBLUEKC.COM/MEDSUPP



Kansas City

**Missouri Valley**  
LIFE AND HEALTH  
INSURANCE COMPANY

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

Medicare Supplement plans are offered and underwritten by MVLH, a wholly owned subsidiary of Blue Cross and Blue Shield of Kansas City, 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.

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