

December 20, 2019

*****AUTO**ALL FOR AADC 907 T12 P16

STEVEN H SHORR

[REDACTED]

SAN PEDRO CA [REDACTED]



Dear Steven H Shorr,

Nothing matters more than your health. Thank you for the opportunity to continue serving your Medicare Supplement coverage needs. It is our priority to keep you informed of any new information about your plan, which is why I am writing to tell you about upcoming Medicare cost-sharing changes.

Annual Medicare cost-sharing changes

There are no changes to your Blue Shield plan benefits in January, but the federal government has made the following changes to the amount you pay – or “cost share” – for your Medicare benefits. Depending on your plan, some of the changes may not affect you. See the table below. These changes are effective January 1, 2020:

2019	2020	Benefit	Who is affected	Who is not affected
\$135.50	\$144.60	Monthly Part B premium*	Members of all plans	N/A
\$185	\$198	Part B deductible	Plans A, B, D, High Deductible F**, K, N, G, G Extra, H Standard, H Plus Rx, I Standard, I Plus Rx, Golden Coronet Senior Standard, Golden Coronet Senior Plus Rx, and Preferred Senior.	Plans C, F, F Extra, J, Coronet Major Medicare, Coronet Senior Standard, and Coronet Senior Plus Rx.
\$1,364	\$1,408	Part A deductible	Plans A, High Deductible F**, K, Coronet Major Medicare, Coronet Senior Standard, Coronet Senior Plus Rx, Golden Coronet Senior Plus Rx, and Golden Coronet Senior Standard.	Plans B, C, D, F, F Extra, G, G Extra, H Standard, H Plus Rx, I Standard, I Plus Rx, J, N, and Preferred Senior.

* Some beneficiaries may be subject to higher Part B premiums because of their income. Please contact Social Security at (800) 772-1213 to learn more information about your specific Part B premium.

** High Deductible Plan F has a 2020 calendar-year \$2,340 deductible. The member will be responsible for the Medicare Part A and/or Part B deductible(s), as applicable, until out-of-pocket expenses exceed \$2,340.



2019	2020	Benefit	Who is affected	Who is not affected
\$341	\$352	Daily cost to beneficiary for hospital days 61 to 90 in a benefit period	N/A	Members of all plans
\$682	\$704	Daily cost to beneficiary for hospital days beyond the 90th day in a benefit period	N/A	Members of all plans
\$170.50	\$176	Daily cost to beneficiary for skilled nursing facility days 21 to 100	Plans A, B and K.	N/A
\$437	\$458	Monthly Part A premium (<u>fewer than 30 quarters</u>)	Paid by Medicare beneficiaries who have fewer than 30 quarters of Medicare-covered employment, and certain disabled beneficiaries.	N/A
<u>\$240</u>	\$252	Monthly Part A premium (<u>30-39 quarters</u>)	Paid by Medicare beneficiaries with 30 to 39 quarters of Medicare-covered employment, and certain disabled beneficiaries.	N/A

Amendment to Evidence of Coverage and Health Service Agreement

Enclosed is an endorsement to your *Evidence of Coverage and Health Service Agreement (EOC)* for Medicare Supplement High Deductible Plan F. This endorsement reflects the annual change to the plan deductible for Medicare Supplement High Deductible Plan F. Please keep this endorsement with your EOC for your records.

Questions?

If you have any questions about your health plan, please call your sales agent or the Blue Shield of California Medicare Supplement Plan Customer Service department at **(800) 248-2341 [TTY: 711]**. Representatives are available from 8 a.m. to 5:30 p.m., Monday through Friday, excluding holidays.

You can also contact the Health Insurance Counseling and Advocacy Program (HICAP), which provides health insurance counseling for California beneficiaries. Call HICAP's toll-free telephone number at (800) 434-0222 for a referral to your local HICAP office. HICAP services are provided free of charge by the state of California.

Blue Shield of California
Endorsement to the
Medicare Supplement High Deductible Plan F

This Endorsement should be attached to, and is made part of your Evidence of Coverage (EOC) issued by Blue Shield of California. Please retain it for your records.

Effective January 1, 2020, the EOC is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. The following updated Calendar Year Deductible amount has been added to section **Notice to Buyer or New Subscriber**:

The High Deductible Plan F includes a ~~\$2,300~~ \$2,340 Calendar Year Deductible. This means you must pay for the first ~~\$2,300~~ \$2,340 (excluding Dues) for the Medicare covered costs in a Calendar Year before Benefits are provided for covered Services. This Deductible does not include the Plan's separate foreign travel emergency Deductible of \$250.

2. The following updated Calendar Year Deductible amount has been added to section **II. Services Benefits**:

The High Deductible Plan F includes a ~~\$2,300~~ \$2,340 Calendar Year Deductible. You must pay for the first ~~\$2,300~~ \$2,340 (excluding Dues) for the Medicare-covered costs in a Calendar Year before Benefits are provided for covered Services. This Deductible does not include the Plan's separate foreign travel emergency Deductible of \$250.

3. The following updated Calendar Year Deductible amount has been added to section **B. Additional Benefits**:

*Note: The out-of-pocket expenses for Emergency care in a foreign country include a \$250 Deductible which does not accrue towards the Calendar Year ~~\$2,300~~ \$2,340 Deductible.

IN WITNESS WHEREOF, this Agreement is executed by Blue Shield of California through its duly authorized Officer, to take effect on the Subscriber's Effective Date.



Krista Bowers
Vice President & General Manager, Senior Markets