



*Medicare Supplement Coverage offered by
Blue Cross Blue Shield of Michigan*

Legacy MedigapSM

**Outline of Medigap insurance coverage
and enrollment application for**



Plan A and Plan C

Legacy Medigap plan options and premiums

Blue Cross Blue Shield of Michigan offers two Legacy Medigap plans, each offering different levels of benefits. All applicants pay the same premium for the plan they select.

Plan A	Plan C
\$36.57	\$111.16
Monthly premium, per person per month (rates effective 10/1/09; subject to change)	

In all cases, Blue Cross Blue Shield of Michigan will not reject your application based on your age or health status.

This document is the Blue Cross Blue Shield of Michigan Legacy Medigap plan outline of coverage. Details and exceptions of the plan follow. The chart on the following pages outlines the coverage under each plan option.

Your payment options

You may make payments through authorized automatic deductions from your bank account or by personal check, money order, or cashier's check. See the enrollment application in this brochure for details on payment methods.

What is Medigap coverage?

Medigap coverage, also called Medicare supplemental coverage, is a health insurance policy that works in conjunction with Original Medicare to expand your Part A (hospital) and Part B (medical) benefits and lower your out-of-pocket costs. As your primary health coverage, Original Medicare provides comprehensive hospital and medical coverage, but it doesn't cover all health care costs and has deductibles and coinsurance that must be paid before Medicare pays benefits. Medicare also limits coverage for certain services.

Medigap fills in many of the "gaps" in Original Medicare coverage. It expands or eliminates coverage limits and, depending on the plan you select, covers all or a portion of your Medicare deductibles and coinsurances. Blue Cross Blue Shield of Michigan offers Legacy Medigap options for Plans A and C only. Other Michigan insurance carriers may offer other or additional plans, but Medigap plans can be sold in only 10 standard plans plus one high deductible plan (Plans A through D, F, G, K, L, M and N). Every insurer must make Plan A available. Plan A covers 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 insured to pay a portion of Part B coinsurance or copayments.
- **Blood:** First three pints of blood each year
- **Hospice:** Part A coinsurance

BASIC BENEFITS: For Plans A – D, F, G, K, L, M and N

PLAN	A	B	C	D	F/F*	G
Basic Benefits (including 100% Part B coinsurance)	x	x	x	x	x	x
Skilled Nursing			x	x	x	x
Part A Deductible		x	x	x	x	x
Part B Deductible			x		x	
Part B Excess					100%	100%
Foreign Travel Emergency			\$250 ded.	\$250 ded.	\$250 ded.	\$250 ded.
Annual out-of-pocket limit						

*Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year (\$2,000 in 2009) deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed (\$2,000 in 2009). Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

Basic Benefits for Plans K, L, M and N include similar services as plans A-D, F and G, but cost-sharing for the basic benefits is at different levels.

PLAN	K	L	M	N
Basic Benefits	100% of Part A hospitalization coinsurance and preventive care 50% Hospice cost-sharing 50% of Medicare-eligible expenses for the first three pints of blood 50% Part B coinsurance	100% of Part A hospitalization coinsurance and preventive care 75% Hospice cost-sharing 75% of Medicare-eligible expenses for the first three pints of blood 75% Part B coinsurance	100% of Part A hospitalization coinsurance, including hospice 100% of Medicare-eligible expenses for the first three pints of blood	100% of Part A hospitalization coinsurance, including hospice 100% of Medicare-eligible expenses for the first three pints of blood Part B copays up to \$20 for office visits and up to \$50 for emergency room visits
Skilled nursing coinsurance	50% skilled nursing facility coinsurance	75% skilled nursing facility coinsurance	100% skilled nursing facility coinsurance	100% skilled nursing facility coinsurance
Part A Deductible	50% Part A deductible	75% Part A deductible	50% Part A deductible	100% Part A deductible
Part B Deductible				
Part B Excess (100%)				
Foreign Travel Emergency			\$250 deductible	\$250 deductible
	\$4,620 out of pocket Annual Limit**	\$2,310 out of pocket Annual Limit**		

** Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges," You will be responsible for paying excess charges. The out-of-pocket annual limit will increase each year for inflation. The value here is for plan year 2010.

This document is the Legacy Medigap outline of coverage and the details and exceptions of Legacy Medigap follow.

Like Medicare, Legacy Medigap is accepted nationwide and the plan is easy to use. There are no provider networks or referrals. Just use any health care provider who accepts Medicare. Simply present your Blues ID card along with your red, white and blue Medicare health insurance card whenever you get health care services. We'll coordinate payment with Medicare and your health care providers and, in most cases, you'll never have to bother with claim filing or paperwork.

Premium information

All applicants pay the same premium for the plan they select. We can only raise your premium if we raise the premium for all policies like yours in Michigan.

In all cases, Blue Cross Blue Shield of Michigan will not reject your application based on your age or health status.

Coverage replacement

Because Legacy Medigap expands Original Medicare benefits, you need only one Medigap plan. If you have other coverage, such as coverage through an employer-sponsored health plan or another Medigap plan, you should not cancel that coverage until you have actually received your new ID card and are sure you want to keep Legacy Medigap coverage.

If you are currently enrolled in a Medicare Advantage plan and wish to enroll in Medigap, you must disenroll in writing from Medicare Advantage before enrolling in Medigap. You can disenroll from Medicare Advantage only at certain times of the year. Call your Medicare Advantage customer service department for information on how to disenroll from that plan and prevent a lapse in coverage.

Choose a plan option that meets your needs.

This following chart outlines the two coverage options offered by Blue Cross Blue Shield of Michigan Legacy Medigap: Plan A and Plan C. Use the chart and the premium information on page 1 to compare benefits and premiums among policies, certificates of coverage and contracts and premiums offered by Blue Cross Blue Shield of Michigan and other plans. The outline of coverage does not give all the details of Medicare coverage. For information about your Medicare Part A and Part B coverage, contact your local Social Security office or consult the Medicare guidebook, *Medicare & You* (available online at www.medicare.gov/Publications/Pubs/pdf/10050.pdf). Medicare benefits are subject to change. Please consult the latest *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*, which can be found on the Web at www.medicare.gov/medigap.

Note: The Legacy Medigap plan may not fully cover all of your medical costs. When you receive covered services from a provider that does not accept Medicare assignment, you are responsible for the difference between the provider's charge and the Medicare-approved amount, plus any deductible or coinsurance amounts required by the Legacy Medigap plan you select.

Once enrolled in Legacy Medigap, we'll send you a member ID card.

The following is only an outline describing the most important features of Blue Cross Blue Shield of Michigan's certificate of coverage. The certificate of coverage is your contract with Blue Cross Blue Shield. You must read the certificate to understand all of the rights and duties of both you and Blue Cross Blue Shield. For a copy of the certificate of coverage, call Customer Service at 1-888-216-4858.

Outline of coverage

Covered service	Medicare pays+
Medicare Part A Hospital Coverage – includes semi-private room & board, general nursing care, miscellaneous	
Deductible	Nothing
First 60 days of care	All but the \$1,100 Part A deductible
Days 61 – 90	All but the \$275 daily copayment
Days 91 - 150 (Lifetime Reserve Days)	All but the \$550 daily copayment
Day 151 and beyond (additional 365 days after Lifetime Reserve Days used)	Nothing
Blood received during a hospital admission*	All but the first three pints
Skilled Nursing Facility Care – You must meet Medicare’s requirements, including having been in a hospital	
First 20 days of care	100%
Days 21–100	All but \$137.50 daily skilled nursing facility copayment
Hospice care	
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care
Emergency care outside the U.S.	
	No benefits for care outside U.S.
Medicare Part B Physician and Outpatient Services – In or out of the hospital and outpatient hospital physician’s diagnostic treatment, such as tests, durable medical equipment, per calendar year**	
Deductible (annual)	Nothing
Coinsurance	80% of the approved amount after \$155 Part B deductible is met
Blood benefit	All but the first three pints
Clinical laboratory services – tests for diagnostic services	Medicare-approved services
Home health care services – Medicare-approved services	
Medicare-approved medically necessary skilled care services and medical supplies	100%
Durable medical equipment	80% of the approved amount after \$155 deductible is met
Excess benefits	Nothing

+ Based on 2010 Medicare premiums and deductibles.

* Per benefit period. A benefit period begins on the first day you are hospitalized and ends after you have been out of the

** Note: the Part B deductible needs to be met only once each calendar year (Jan. 1 through Dec. 31).

*** After Medicare makes payment up to the Limiting Charge established by law, and shown on your Medicare Explanation

Plan A		Plan C	
Plan pays	You pay	Plan pays	You pay
services and supplies*			
Nothing	\$1,100	\$1,100	Nothing
Nothing	Part A \$1,100 deductible	Part A \$1,100 deductible	Nothing
\$275 daily copay	Nothing	\$275 daily copay	Nothing
\$550 daily copay	Nothing	\$550 daily copay	Nothing
100% of Medicare-eligible expenses	Nothing	100% of Medicare-eligible expenses	Nothing
Your first three pints	Nothing	Your first three pints	Nothing
for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital*			
Nothing (Medicare covers in full)		Nothing (Medicare covers in full)	
Nothing	\$137.50 daily copay	\$137.50 daily copay	Nothing
Medicare copayment/ coinsurance	Nothing	Medicare copayment/ coinsurance	Nothing
No benefits for care outside U.S.	All costs for services	80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance
services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy,			
Nothing	\$155	\$155	Nothing
20% coinsurance after \$155 deductible is met	Nothing	20% coinsurance after \$155 deductible is met	Nothing
Your first three pints	Nothing	Your first three pints	Nothing
Nothing (Medicare covers in full)		Nothing (Medicare covers in full)	
Nothing (Medicare covers in full)		Nothing (Medicare covers in full)	
20% coinsurance after \$155 deductible is met	Nothing	20% coinsurance after \$155 deductible is met	Nothing
Nothing	All costs	Nothing	All costs

hospital and have not received skilled nursing care in any other facility for 60 consecutive days.

of Benefits.

Eligibility for coverage

Anyone who has Medicare Part A and Part B, resides in Michigan for at least six months of the year and has a Michigan driver's license or State ID card is eligible to enroll in the Legacy Medigap plan. You become eligible for Medicare coverage at age 65. Younger individuals may be eligible for Medicare coverage if they are disabled and meet Medicare's eligibility criteria.

Your age or health status does not affect your eligibility for Legacy Medigap coverage or premium costs.

Enrolling in Legacy Medigap is easy

Simply complete an application. Use one application form per person. Mail the completed form to:

Individual Underwriting — Mail Code BP202
Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd.
Detroit, MI 48226-2998

Do not mail payment with the application. We'll send you a bill when your coverage takes effect.

When you fill out the application for this policy, be sure to answer truthfully and completely all questions. Blue Cross Blue Shield of Michigan may cancel your policy and refuse to pay any claims if you leave out or falsify important information.

Please note: It is important to know that Blue Cross Blue Shield of Michigan is not connected with Medicare.

If you're currently covered by a Blue Cross Blue Shield of Michigan or Blue Care Network group plan and you're losing eligibility for that coverage, please call 1-877-4MY-BLUE for information on how to enroll in Legacy Medigap. Indicate that you're switching to a Medigap plan from your current coverage. We'll assist you in filling out your enrollment form to ensure that you have no lapse in coverage.

If you are currently enrolled in a Medicare Advantage plan and wish to enroll in Medigap, you must disenroll in writing from Medicare Advantage before enrolling in Medigap. You can disenroll from Medicare Advantage only at certain times of the year. Call your Medicare Advantage customer service department for information on how to disenroll from that plan and prevent a lapse in coverage.

If you're covered under a health policy from any other insurer, do not cancel that coverage until you receive your Legacy Medigap policy and are sure you want to keep it. If you have questions, please call 1-877-4MY-BLUE (469-2583). TTY users should call 1-800-481-8704.

Changing your coverage

Once enrolled in Legacy Medigap, you may switch to a different Medigap policy at any time. If you choose another form of Medicare coverage, such as a Medicare Advantage plan, you must enroll during Medicare's annual open enrollment period, November 15 through December 31.

You may cancel this coverage if it's not right for you

If you find that you are not satisfied with Blue Cross Blue Shield of Michigan's Legacy Medigap coverage, notify us by phone or write to us at the address below. If you send written notification to us within 30 days after you receive your ID card, we will treat the coverage as if it had never been issued and return all of your payments, less the reasonable cost of any health services paid by Blue Cross Blue Shield of Michigan during that time. You will be responsible for any deductibles or coinsurance for Medicare Part A and Part B claims, or any services not covered by Original Medicare incurred during that 30-day period.

Individual Underwriting — Mail Code BP202
Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd.
Detroit, MI 48226-2998

Do you also need prescription drug coverage?

You may also purchase Medicare Part D drug coverage with Blue Cross Blue Shield of Michigan's Prescription BlueSM PDP plan.

Application for Legacy Medigap Coverage



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Print in black or blue ink or type your information and complete all sections as indicated. Review your application for completeness and accuracy, and sign and date where requested. **We may reject your application if you do not provide all required information or sign this form.** Allow three weeks for processing. The information provided here will be used and disclosed only as permitted by our *Notice of Privacy Practices*, which can be viewed online at www.bcbsm.com/home/privacy_practice.

Step 1. Choose your plan options (check one)

Plan A — \$36.57 per month

Plan C — \$111.16 per month

When do you want your coverage to begin? (mm/dd/yyyy) ___/___/20___ Your coverage effective date is assigned by BCBSM.

Please indicate how you want us to bill you (check one): **DO NOT SEND PAYMENT WITH THIS APPLICATION**

Automatic deduction from your bank account (check your preference below, complete the Automatic Payment Plan form and send it along with this application)

Monthly

Quarterly

Send me a bill in the mail. Note: You will be billed quarterly.

Step 2. Information about you

Last name	First name	M. I.	Suffix (Sr., Jr., etc.)
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Street Address

City	State MI*	ZIP	Primary phone () ___ - _____
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E-mail address (Optional) <i>You may receive e-mails about benefits, wellness and other health topics.</i>	Date of birth (mm/dd/yyyy) ___/___/___	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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9-digit Social Security number	Michigan driver's license or Michigan ID number
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Medicare information

Please refer to your red, white and blue Medicare Health Insurance card to complete this section.

Please fill in these blanks so they match the information on your Medicare card.

MEDICARE			HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)				
NAME OF BENEFICIARY _____				
MEDICARE CLAIM NUMBER _____				
IS ENTITLED TO		EFFECTIVE DATE		
HOSPITAL (PART A)		_____ - _____ - _____		
MEDICAL (PART B)		_____ - _____ - _____		

BCBSM Use only	CRD	Effective date
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* You must be a permanent Michigan resident and reside in the state at least six months of each year.

Step 3. Coverage information

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medigap policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medigap plans (see outline of coverage). Please include a copy of the notice from your prior insurer with your application.

PLEASE ANSWER ALL QUESTIONS. Please mark the Yes or No boxes below with an X. To the best of your knowledge:

Did you turn age 65 in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a permanent resident of Michigan and reside here at least six months of the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or your spouse currently employed? If yes, please provide the name of the employer for you _____ For your spouse _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible for employer-sponsored health care through either employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or your spouse retired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the name and phone number of your employer from where you retired _____ and/or your spouse's former employer _____	
Are you eligible for employer-sponsored health care through either employer as a retiree?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any employer fund any premium or contribute to an HRA for you as an active employee or as a retiree, or as the spouse of an active employee or retiree?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any employer pay for, or reimburse you as an active employee or as a retiree, or as the spouse of an active employee or retiree, for all or part of your health care coverage or provide you with a health care plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently covered by Medicaid? (State assistance) [NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer No to this question.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, will Medicaid pay your premiums for this Medigap policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you had coverage from any Medicare plan other than Original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your Start and End dates. If you're still covered under this plan, leave "End date" blank. (mm/dd/yyyy)	Start date ____/____/____ End date ____/____/____
If you're still covered under the Medicare plan, do you intend to replace your current coverage with this new Medigap policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this your first time in this type of Medicare plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Continue to next page

Step 3. Coverage information, *continued*

<p>Did you cancel a Medigap policy to enroll in the Medicare Advantage plan?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>IMPORTANT: If you are currently enrolled in a Medicare Advantage plan and wish to enroll in Medigap, you must separately disenroll in writing from Medicare Advantage. Submission of this application does not automatically disenroll you from your current Medicare Advantage insurance carrier. Call your Medicare Advantage customer service department for information on how to disenroll from that plan and prevent duplication of coverage and/or a lapse in coverage. Medicare Advantage plans only allow disenrollment at certain times of the year.</p>	
<p>If you had coverage under a Medicare Advantage policy and it is no longer in force, please indicate the reason:</p> <p><input type="checkbox"/> CMS terminated the certification of the organization or plan.</p> <p><input type="checkbox"/> The Medicare Advantage Organization stopped offering Medicare Advantage plans.</p> <p><input type="checkbox"/> The Medicare Advantage Organization stopped offering coverage in the area in which you live.</p> <p><input type="checkbox"/> You moved out of the geographic service area of your Medicare Advantage plan.</p> <p><input type="checkbox"/> Voluntary disenrollment because plan violated a material provision of the policy or insurer materially misrepresented the policy's provisions in marketing the policy to individuals.</p> <p><input type="checkbox"/> Other: _____</p>	
<p>Did you enroll in Medicare Advantage when you became eligible for Medicare Parts A and B, but voluntarily disenrolled from the plan within 12 months of the effective date of enrollment?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you, or did you have, another Medigap policy in force?</p> <p>If yes, with what company? _____</p> <p>Type of plan _____</p> <p>Policy number _____</p> <p>What are your dates of coverage under that policy? (If you are still covered under the other policy, leave "End date" blank.) (mm/dd/yyyy)</p> <p>Start date ____/____/____ End date ____/____/____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Is your Medigap policy no longer in force?</p> <p>If yes, please indicate the reason:</p> <p><input type="checkbox"/> Involuntary disenrollment because insolvency of insurer or bankruptcy of organization offering the coverage.</p> <p><input type="checkbox"/> Voluntary disenrollment because plan violated a material provision of the policy or insurer materially misrepresented the policy's provisions in marketing the policy to individuals. <i>If yes, do you intend to replace your current Medigap policy with the Legacy Medigap policy?</i></p> <p><input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Continue to next page

Step 3. Coverage information, *continued*

Have you had coverage under any other health insurance within the past 63 days?

(For example, an employer, union or individual plan.)

Yes No

If yes, with what company? _____

Type of plan _____

Policy number _____

Is this policy: a group health plan, or an individual policy you purchased on your own?

What are your dates of coverage under that policy? (If you are still covered under the other policy, leave "End date" blank.) (mm/dd/yyyy)

Start date

____/____/____

End date

____/____/____

If the plan is no longer in force, what was the reason your coverage ended?

- Involuntary disenrollment because the group plan sponsor stopped offering the coverage
- Voluntary disenrollment

If available, please include proof of prior coverage termination with this application.

Conditions of coverage

- I am applying for Legacy Medigap coverage. I certify that I am enrolled in both Part A and Part B of Medicare.
- I authorize Blue Cross Blue Shield of Michigan (BCBSM) to obtain from providers of service and hospitals the medical records relating to me necessary to the administration of my contract with BCBSM.
- I assign BCBSM my entire right of recovery of the cost of hospital and medical services paid for by BCBSM against any person or organization as a result of accident or disease, including injuries or disease claimed under worker compensation laws or acts whether by redemption award, voluntary payment or otherwise.
- I understand that the benefits I will be eligible for are described in the Legacy Medigap certificate and that the BCBSM outline of coverage is only a summary.
- I certify that the above information is true, correct and complete to the best of my knowledge and belief. I understand the information will be used in reviewing my application and administering coverage and my failure to provide complete and accurate answers, or my submission of false or misleading information may result in denial of claims or cancellation.
- I certify that I am a permanent resident of Michigan and have a valid Michigan driver's license or Michigan ID card, and reside at least six months of each year at my permanent residence in Michigan.

Continue to next page

Step 4: Please read and sign

- You do not need more than one Medigap policy.
- If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
- If you are age 65 or older, you may be eligible for benefits under Medicaid and may not need a Medigap policy.
- If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medigap policy will be suspended during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medigap policy, or, if that is no longer available, a substantially equivalent policy, will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medigap policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- If, after thinking about it carefully, you still wish to drop your present coverage and replace it with new coverage, be certain to truthfully and completely answer all questions on the application. Failure to include all material information on an application may provide a basis for the insurer to deny any future claims and to refund your premium as though your policy or certificate had never been in force. After the application has been completed, and before you sign it, review it carefully to be certain that all information has been properly recorded.
- Counseling services may be available in your state to provide advice concerning your purchase of Medigap insurance and concerning Medicaid. A copy of the publication *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare* is available on the Medicare website at www.medicare.gov/publications/pubs/pdf/02110.pdf.

I have read and agreed to the terms on this form. I understand that approval of this application and coverage effective date will be determined by Blue Cross Blue Shield of Michigan. If I cancel within the first 30 days of the effective date of this coverage, I will be entitled to a refund of my previous premium payment. **Please note: The reasonable costs for any health services paid by BCBSM during that time period will be deducted from the refund and I will be responsible for payment of reasonable fees for any health care services I received.**

I have received and read (1) the outline of coverage section of this brochure outlining Legacy Medigap coverage, and (2) the information concerning replacement of existing health coverage with the Legacy Medigap certificate.

Your signature

Date

Be sure that you have completed all portions of this application. Mail completed form to:

Individual Underwriting — Mail Code BP210
Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd.
Detroit, MI 48226-2998

If you have questions, please call 1-877-4MY-BLUE (469-2583). TTY users should call 1-800-481-8704.

Note to Applicant: If you are replacing a Medigap or Medicare Advantage policy with this Legacy Medigap policy, you must also complete the following page.

If you wish to enroll in the Automatic Payment program, you must complete the "Authorization Agreement for Automatic Payments" form on the last page of this booklet.



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

**NOTICE TO APPLICANT REGARDING REPLACING
MEDIGAP INSURANCE OR MEDICARE ADVANTAGE
SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE**

Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd.
Detroit, MI 48226-2998

According to your application, you intend to drop or otherwise terminate existing Medigap coverage or Medicare Advantage plan and replace it with a policy or certificate to be issued by Blue Cross Blue Shield of Michigan. Your new policy or certificate provides 30 days within which you may decide without cost whether you desire to keep the policy or certificate.

Your insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods, or probationary periods in the new policy or certificate for similar benefits to the extent such time was spent or depleted under the original coverage.

If, after thinking about it carefully, you still wish to drop your present coverage and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the insurer to deny any future claims and to refund your premium as though your policy or certificate had never been in force. After the application has been completed, and before you sign it, review it carefully to be certain that all information has been properly recorded.

You should review this new coverage carefully, comparing it with all disability and other health coverage you now have and terminate your present coverage only if, after due consideration, you find that purchase of this Medigap coverage is a wise decision. Do not cancel your present policy until you have received your new policy and are sure that you want to keep it. The replacement policy is being purchased for the following reason(s) (check one):

- Additional benefits
- No change in benefits, but lower premiums
- My plan has outpatient prescription drug coverage and I am enrolling in Part D
- Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment:

- Fewer benefits and lower premiums
- Other (Please specify)

Applicant's signature

Date

Applicant's printed name

Applicant's address

Return this form with your application materials. Be sure to save a copy for your records.

Notes



Legacy MedigapSM



**Blue Cross
Blue Shield**
of Michigan

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

www.bcbsm.com

Enrolling is easy:

- Complete the application in this brochure, or
- Call 1-877-469-2583 for assistance
TTY users call 1-800-481-8704