

Why Blue Shield?

At Blue Shield, we recognize the unique needs of people like you who are eligible for Medicare. After all, we've been providing healthcare coverage and excellent customer service to Californians for more than 65 years.

Our Medicare Supplement plans are designed to fit the choices you make and the challenges you may face. We offer you real options in healthcare coverage – including six different supplemental plans, so you can select the one that best meets your needs.

Take a look at these exciting plan features:

- Your choice of doctors, hospitals and specialists without a referral – **you're not limited to any provider network** for these services
- No medical claim forms to file
- Plans designed to fit your needs as well as your budget
- Many "extras" available through *Lifepath Resources*SM to help you manage your health and well-being – in print, on the phone or online

Choose the plan that's right for you

The chart on the right shows the highlights of all our Medicare Supplement plans. A quick look will help you find the plan that best suits your needs – and your budget. Then, if you want more detailed information, we'll send you a Summary of Benefits booklet and an enrollment application right away. To request an enrollment kit, just call your authorized Blue Shield agent at the phone number below:

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Medicare Supplement Plan Comparison Chart – Find the plan that's right for you and what you can expect to pay.¹

YOUR HEALTH PLAN OPTIONS	PLAN A	PLAN B	PLAN C	PLAN D	PLAN F	PLAN K
Often chosen by people who want:	Basic coverage	Supplemental coverage with lower out-of-pocket costs	Supplemental coverage with some extras			Supplemental coverage with lower monthly dues and a limit on your out of pocket costs
Range of monthly plan dues for age 65-66 ²	\$87 to \$92	\$95 to \$109	\$99 to \$126	\$99 to \$114	\$112 to \$129	\$52 to \$64
Part A deductible amount during first 60 days of hospitalization	\$952	\$0	\$0	\$0	\$0	You pay 50% and the plan pays 50%
Additional hospitalization up to 365 days	\$0	\$0	\$0	\$0	\$0	\$0
First \$124 of Medicare-approved medical expense amounts (Part B deductible)	\$124	\$124	\$0	\$124	\$0	\$124
Remainder of Medicare-approved medical expense amounts	\$0	\$0	\$0	\$0	\$0	Generally you pay 10% and the plan pays 10%, except for preventive services for which the plan pays 20% and you pay \$0
Excess charges ³	Not covered	Not covered	Not covered	Not covered	\$0	Not covered
Foreign travel emergency care services beginning during first 60 days of each trip outside United States	Not covered	Not covered	\$250 calendar-year deductible applies; plan pays 80% to a lifetime maximum benefit of \$50,000			Not covered

Notes

¹ Plan K rates are effective January 1, 2006, rates for Plan A, B, C, D and F are effective April 1, 2006, all rates are subject to change.

² Monthly plan dues depend on your age and where you live. The range of dues shown is for people age 65-66 only. Medicare beneficiaries 64 or younger who have end-stage renal disease are not eligible to apply. For the exact rate that applies to you, please refer to Blue Shield's Summary of Benefits.

³ If you choose Plans A, B, C or D, you pay nothing for Medicare-approved physician services, as long as your physician agrees to provide service and accept Medicare assignment charges for the services provided. If your physician does not accept Medicare assignment, however, you must pay the difference between the total amount billed and the Medicare-approved amount. This difference is called "Excess Charges." Currently, physicians who do not accept Medicare assignment cannot bill for more than 115 percent of Medicare-approved charges. Plan F covers Excess Charges.