

Medicare Supplement Frequently Asked Questions

SELECT PLANS

Introduction:

The goal of this document is to provide producers/sales agents with a list of frequently asked questions related to the Select Plans.

Q: What is a Select Plan?

A: Select Plans offer lower rates to members by utilizing a contracted network of hospitals.

Only certain hospitals are network providers under this policy. Members must use a network hospital to receive full benefits for inpatient, non-emergency hospital stays.

This policy does not require members to see network doctors or specialists. Members can see any doctor or specialist that accepts Medicare. However, the member's Part A deductible is not waived if they use an out of network doctor unless it is for emergency services.

Q: What is the benefit of having a Select Plan?

A: A Select Plan fills the gaps in Medicare like our standard option but has lower premiums. With Medicare Select, you are fully covered for emergency care at any hospital. For non-emergency care you need to use any of the Medicare Select contracted hospitals. If you do not use one of these hospitals, you will have to pay the Part A deductible.

Q: What are the current Select Plans available to members if they qualify?

A: As of 4/1/2024, the following Select Plans are available to qualifying members:

- F Select
- G Select
- G Select Secure
- G Plus Select
- G Plus Select Secure
- N Select

Q: Is underwriting required for any Select Plans?

A: Underwriting is required for members that change from Standard, Select, or High Deductible Plans to Secure Plans, which are considered upgraded plans. Therefore, the Secure Select Plans require underwriting. An application will need to be submitted for the upgraded plan and the member will need to complete the Health History and Medical Question section that is included in the Secure Application.

Q: Where can a member find the Select Plan Hospital Listing?

A: The full hospital listing is available on the Medicare Supplement microsite.
<https://www.bcbsil.com/medicare/in-network-providers>

Q: What is the geographical area that a member must reside in to be eligible and utilize a contracted Select hospital?

A: The Medicare Select option requires that you live within 30 miles radius of any Medicare Select hospital.

Q: What happens if a Select member utilizes a contracted Select hospital and the hospital leaves the network and the member no longer qualifies for the Select Plan?

A: The member has the option to choose another plan, however, if the plan is considered to be an upgrade they will have to pass underwriting to enroll in the plan.

Q: What happens if a Select member moves outside the 30-mile radius of the Select Hospital?

A: The member has the option to choose another plan, however, if the plan is considered to be an upgrade, they will have to pass underwriting to enroll in the plan.