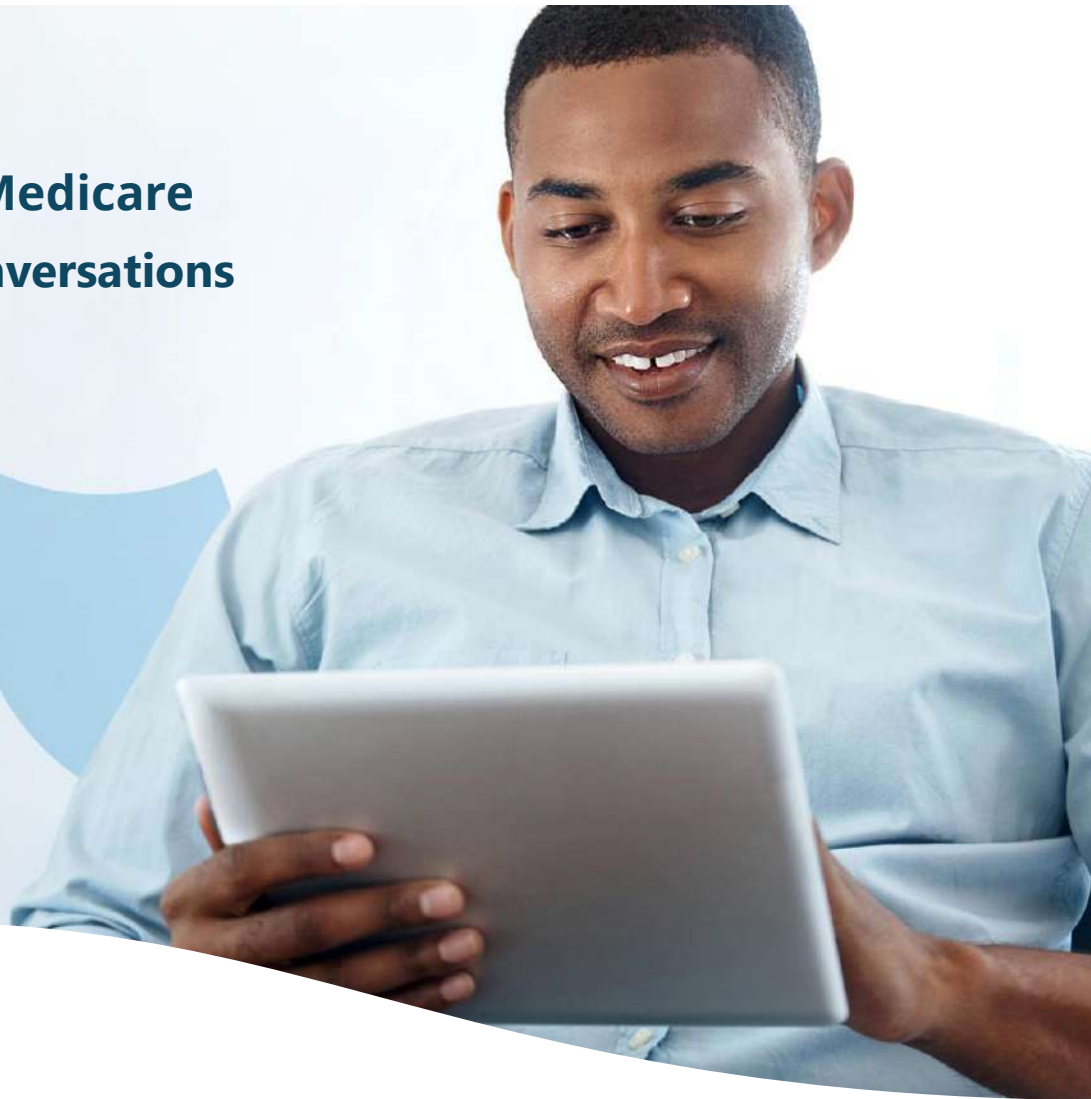




## Supporting Your **Medicare Supplement Conversations**




## Questions & Answers for Producers

Find simple answers to the questions that producers and Medicare beneficiaries ask most about Medicare Supplement.

### What's inside

Blue Family Discount <sup>SM</sup> .....	2	Medicare Select Plans .....	7
Continue with Blue <sup>SM</sup> Discount .....	3	Plan Movement.....	8
Household Discount .....	5	Plus Plans .....	11



# Questions & Answers about The Blue Family Discount<sup>SM</sup>

## What You Need to Know

The Blue Family Discount rewards members who qualify for both the Household Discount and the Continue with Blue Discount with a 12% premium discount amount. It is only available to members with plans effective on or after April 1, 2024.

**Q: If an applicant qualifies for both Household Discount (10%) and the Continue with Blue discount (7%, is the discount 17%?**

**A:** No. The discount is 12%, not the sum of Household discount (10%) and Continue with Blue (7%).

**Q: When does the discount take effect after a new member enrolls in a plan?**

**A:** The discount takes effect on the day their plan starts.

**Q: How long does the Blue Family Discount apply?**

**A:** The Blue Family Discount continues so long as the Medicare Supplement policy holder maintains an active policy.

**Q: Where can I learn more?**

**A:** The member can call [customer service](#).

**Q: If an existing member currently has the Household discount and they also meet the criteria for the Continue with Blue discount, can they switch to the Blue Family Discount?**

**A:** Yes, as long as their Medicare Supplement policy started on or after on or after April 1, 2024.

**Q: Does the Blue Family Discount apply to list bill members?**

**A:** No. That's because the Household Discount does not apply to list bill members, so therefore the Blue Family Discount does not apply either.

**Q: If a member switches their Medicare Supplement policy and has a Blue Family Discount, will their discount transfer?**

**A:** Members who transfer their Medicare Supplement policy will retain their discount.

# Questions & Answers

## The Continue with Blue<sup>SM</sup> Discount



### What You Need to Know

The Continue with Blue discount is a 7% monthly premium discount for former Blue commercial and retail members. It is intended for age-in applicants coming from a Blue-branded plan, encouraging them to stay Blue for life. It is only available for members with an effective date on or after April 1, 2022.

#### Q: How to qualify for Continue with Blue?

**A:** The applicant qualifies if they enrolled in a BCBSIL Medicare Supplement policy issued with an effective date on or after April 1, 2022, and enrolled in a Blue Cross and Blue Shield commercial group or individual health insurance coverage plan and that coverage was within one year of their BCBSIL Medicare Supplement policy starting.

Example of new applicants:

New Medicare Supplement Policy Starts	Commercial/Retail Plans Ended
April 1, 2026	March 31, 2026

#### Q: Is a member eligible if they come from another Medicare plan (i.e. MAPD, PDP)?

**A:** No. Only members coming from commercial or retail plans are eligible.

#### Q: How does the discount appear on the application?

Continue with Blue <sup>SM</sup> Discount		
You may be eligible for a discount if you enrolled in a BCBSIL Medicare Supplement policy issued with an effective date on or after April 1, 2022 and you were enrolled in a Blue Cross and Blue Shield commercial group or individual health insurance coverage plan and that coverage was within one year of your BCBSIL Medicare Supplement policy becoming effective. The discount is 7%.		
Are you applying for this discount?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide your previous commercial group or individual coverage subscriber ID:		

#### Q: Can members qualify for more than one discount?

**A:** Members can only benefit from one discount. If a member qualifies for both Continue with Blue and Household Discount, they should select the Blue Family Discount.

#### Q: How long does the Continue with Blue discount apply?

**A:** The discount continues so long as the Medicare Supplement policyholder maintains an active Medicare Supplement policy with BCBSIL.

#### Q: Can the discount be applied retroactively for an existing member?

**A:** No. The discount will not be applied retroactively. Invoices are generated a month in advance. If a member/agent calls in to have the discount added, it will not be added until the next invoice is generated.

## Continue with Blue

### Questions & Answers Continued

**Q: Can existing members for apply this discount? If so, how do they apply?**

**A:** Current members can apply for the discount by calling into member services and providing their former Blue commercial/retail plan member ID number.

**Q: When does the Continue with Blue discount become effective for an existing member?**

**A:** Once eligibility is confirmed, the discount will show up on their next billing invoice. The member's billing cycle (annually, semi-annual, quarterly, monthly) determines when the next invoice is generated.


For example, if a member is on annual billing Nov. 1, 2025 – Oct. 31, 2026, the discount cannot be added in the middle of their billing cycle. It will take effect on Nov. 1, 2026.

**Q: Which commercial memberships are eligible?**

**A:** All memberships with a Blue plan in the United States. On the application, the member must provide the member ID from their previous Blue plan.

**Q: Where can I learn more about this discount?**

**A:** Members can find out more information on the [BCBSIL website](#) or by calling [customer service](#).



# Questions & Answers about the Household Discount

## What You Need to Know

The Household Discount is a 10% monthly premium discount. It is available to any Medicare Supplement policyholder with a plan effective date on or after May 1, 2019, who resides with a spouse or civil union/domestic partner or has resided with as many as three adults aged 60 or older for the last 12 months.

**Q: If a new member were to apply for the Household Discount on June 15, 2026, with a plan effective date on July 1, 2026, when will their Household Discount be effective?**

**A:** The Household Discount will go into effect on July 1, when their plan starts.

**Q: If a member currently has the Continue with Blue discount, can they switch to the Household Discount if they meet the eligibility criteria?**

**A:** Yes. If they meet the eligibility criteria, they can switch from the Continue with Blue to Household Discount. The member needs to call the Customer Service number on their member ID card to switch.

**Q: Is the 10% discount available on each policy or just one policy?**

**A:** The Household Discount applies to every person in the household that qualifies.

**Q: How do existing members get the discount?**

**A:** If an existing member becomes eligible for the Household Discount, they can call the customer support number on their member ID card. As long as the member meets the eligibility criteria, a customer advocate can apply the discount over the phone.

**Q: For existing members, when will the discount be applied if they add the discount after their plan begins?**

**A:** The Household Discount cannot be applied retroactively. Once eligibility is confirmed, the discount will show up on their next billing invoice. The member's billing cycle determines when the next invoice is generated. For example, if a member is on annual billing Nov. 1, 2025 – Oct. 31, 2026, the discount cannot be added in the middle of their billing cycle. It will take effect on Nov. 1, 2026.

## Household Discount

### Questions & Answers Continued

**Q: Can the discount be applied retroactively for an existing member?**


**A:** No. The discount will not be applied retroactively. Invoices are generated a month in advance. If a member/agent calls in to have the discount added, it will not be added until the next invoice is generated.

**Q: If a couple receives the 10% discount, then one of the two individuals moves to a different residence in the future, would the couple lose their discount?**

**A:** No. We verify addresses for the Household Discount when the member enrolls. If a member of the household leaves the address for any reason (except when resulting in list billing), the Household Discount still applies.

**Q: If a couple has the Household Discount, what happens if one of them passes away?**

**A:** The Household Discount still applies, even if the member switches to a new Medicare Supplement policy.

A photograph of an older man with white hair, wearing a white t-shirt, sitting on a boat. He is looking towards a dog, possibly a Weimaraner, which is sitting on the boat. The background shows a body of water and a line of trees under a blue sky with some clouds.

# Questions & Answers about Medicare Select

## What You Need to Know

Medicare 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.

### **Q: What is the benefit of having a Select plan?**

**A:** Select plans fill 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 Select plans are available?**

- Plan G Select
- Plan G Plus Select
- Plan G Secure Select
- Plan G Plus Secure Select
- Plan N Select

### **Q: Where can a member find the Select Hospital Network Listing?**

**A:** The full hospital listing is available on the [BCBSIL Medicare website](#).

Click:

- Shop Medicare Plans
- Select either Guaranteed Issue or Secure Plans.
- Scroll down to the bottom of the page for Select plan info and a link to the Select plan hospital listing.

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

**A:** The member must live within a 30-mile radius of any Medicare Select contracted hospital.

### **Q: What happens if a Select member uses a contracted Select hospital, and the hospital leaves the network, or the members moves outside the 30-mile limit?**

**A:** The member can choose another contracted facility or change to another plan.



# Questions & Answers about Plan Movement

**Q: How do the benefit offerings vary between Medicare Supplement plans?**

**A:** The table below reflects plan differences from a high level:

Plan Letter	Benefit Offering
<b>A</b>	Does not cover SNF coinsurance, Part A or Part B deductible
<b>F</b>	Covers Part B deductible and Part B excess
<b>G</b>	Covers Part B excess
<b>N</b>	Does not cover Part B excess (otherwise identical to Plan G)
<b>Plus Plans</b>	Auxiliary benefits: vision, dental, fitness

**Q: If a member is eligible/enrolled in Plan F and they change to a different plan but are not satisfied with the plan they moved to, can they return to Plan F (example, a member changes from Plan F to Plan G)?**

**A:** Yes. Once a member is eligible for Plan F their eligibility is permanent. If a member were to transfer to a plan, they can always return to plan F since it is available to anyone that was Medicare effective Jan. 1, 2020.

**Q: If a member applies to change plans and is declined, do they lose current coverage?**

**A:** No. If a member applies to an underwritten policy and is denied, they will be notified via a letter which will include a new application. The member can apply to guaranteed issue without being denied but will have a higher rate.

Members who wish to switch to the new secure plans will need to reapply with the Secure Plan application and undergo underwriting. If a member fails underwriting, they will continue their coverage with their existing plan.

## Plan Movement

### Questions & Answers Continued

#### **Q: What should producers explain about Plan N when recommending a buy-down?**

**A:** With Plan N, expect:

- Up to \$20 copay for most office visits
- Up to \$50 copay for ER visits
- Does not cover Part B excess charges

Plan N is best suited for members who:

- Are comfortable with occasional copays
- Can verify their providers do not bill excess charges
- Want lower premiums with predictable cost sharing

#### **Q: What are High-Deductible plans and when do they make sense?**

**A:** High-Deductible plans provide the same benefits as Standard Medicare Supplement plans but only after the member meets the annual deductible.

Key considerations:

- Lower monthly premium
- Member pays out-of-pocket until deductible is met
- This is a strong option for healthier or lower-utilization members

#### **Q: What are Secure plans and when do they make sense?**

**A:** Secure plans offer the same benefits as Standard Medicare Supplement plans at lower premiums. Secure plans require underwriting and therefore are a good fit for healthier applicants seeking premium savings without reducing benefits.

#### **Q: What documentation is required when replacing a policy?**

**A:** Submit a new application, IL Policy Checklist and Notice of Replacement form. Advise members to continue paying their current premium until the new policy is issued and accepted.

#### **Q: Can members switch to a lower-premium plan anytime?**

**A:** Yes, but underwriting might apply.

New Book members may change plans at any time. Downgrades do not require underwriting, but upgrades do require underwriting.

Old Book members cannot change plans within Old Book. If they want to change plans, they must apply to a new book policy and will be required to go through underwriting.

# Plan Movement

## Questions & Answers Continued

**Q: How do I know if a plan change is an upgrade or downgrade?**

**A:** Refer to the plan movement grids below.

↓	Downgrade - does not require UW
↑	Upgrade - requires UW

		REQUESTED PLAN								
		F+ Secure	F Secure	G+ Secure	Select G+ Secure	G Secure	Select G Secure	N+ Secure	N Secure	A Secure
Current Plan	F+ Secure		↓	↓	↓	↓	↓	↓	↓	↓
	F Secure	↑		↓	↓	↓	↓	↓	↓	↓
	G+ Secure	↑	↑		↓	↓	↓	↓	↓	↓
	Select G+ Secure	↑	↑	↑		↓	↓	↓	↓	↓
	G Secure	↑	↑	↑	↑		↓	↓	↓	↓
	Select G Secure	↑	↑	↑	↑	↑		↓	↓	↓
	N+ Secure	↑	↑	↑	↑	↑	↑		↓	↓
	N Secure	↑	↑	↑	↑	↑	↑	↑		↓
	A Secure	↑	↑	↑	↑	↑	↑	↑	↑	

		REQUESTED PLAN																	
		F+ Standard	F Standard	F Select	G+ Standard	G+ Select	G Standard	G Select	N+ Standard	N Standard	N Select	L Standard	L Select	K Standard	K Select	A Standard	F HD	G+ HD	G HD
Current Plan	F+ Standard		↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
	F Standard	↑		↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
	F Select	↑	↑		↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
	G+ Standard	↑	↑	↑		↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
	G+ Select	↑	↑	↑	↑		↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
	G Standard	↑	↑	↑	↑	↑		↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
	G Select	↑	↑	↑	↑	↑	↑		↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
	N+ Standard	↑	↑	↑	↑	↑	↑	↑		↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
	N Standard	↑	↑	↑	↑	↑	↑	↑	↑		↓	↓	↓	↓	↓	↓	↓	↓	↓
	N Select	↑	↑	↑	↑	↑	↑	↑	↑	↑		↓	↓	↓	↓	↓	↓	↓	↓
	L Standard	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑		↓	↓	↓	↓	↓	↓	↓
	L Select	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑		↓	↓	↓	↓	↓	↓
	K Standard	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑		↓	↓	↓	↓	↓
	K Select	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑		↓	↓	↓	↓
	A Standard	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑		↓	↓	↓
	F HD	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑		↓	↓
	G+ HD	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑		↓
	G HD	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	

\*\*Plans in RED are no longer offered\*\*



# Questions & Answers about Plus Plans

## What You Need to Know

Plus plans are enhanced versions of standardized Medicare Supplement plans that have additional benefits like dental, vision, and the SilverSneakers® fitness program. Members who sign up for a Plus plan will have automatic access to these benefits once their plan becomes effective.

### Q: What products are available in Plus?

- Plan G Plus
- Plan G High Deductible
- Plan G Select
- N Plus
- N Plus Secure
- F Plus
- F Plus Secure

### Q: Do Plus plans have different medical benefits?

**A:** No, Plus plans have the same medical benefits as non-Plus plans.

### Q: What is the contact information for each Plus benefit?

**A:** Contact information can be found on the [Extra Health and Wellness section](#) on the BCBSIL Medicare website.

### Q: Who administers the additional Plus benefits?

**A:** We have different partners for each benefit.

- Dental benefits are administered by Dental Network of America.
- Vision benefits are administered by EyeMed.
- Hearing benefits are provided by TruHearing®
- SilverSneakers Fitness benefits are powered by Tivity.
- 24/7 Nurseline is powered by Carenet.

### Q: Will separate ID cards be issued for these benefits?

**A:** No, separate ID cards will not be issued. Members will receive a welcome mailer from BCBSIL with information about how to access their Plus benefits.

### Q: What do the members need to say when accessing these benefits?

**A:** Eligibility will be checked by each benefit provider using the member's BCBS ID.

## Plus Plans

### Questions & Answers Continued

#### Q: How are Plus benefits accessed?

**A:** Plus members can access their benefits by contacting the benefit vendor or by scheduling an appointment with a provider within the benefit network.

- **Dental benefits:** Contact DNoA at 800-367-6401 or visit [this link](#) to find an in-network provider.
- **Vision benefits:** Contact EyeMed at 833-337-3133 or visit [this link](#) to find an in-network provider.
- **Hearing benefits:** Contact TruHearing at 844-799-3555 to find an in-network provider.
- **SilverSneakers:** Contact 888-423-4632.
- **24/7 Nurseline:** Contact the Nurseline at 800-631-7023.

#### Q: Who should the member contact for issues with claims and grievances?

**A:** Members should be directed to contact the benefit vendor for questions about claims and grievances.

#### Q: What is the difference between value-added benefits and Plus benefits?

**A:** Value-added benefits are additional benefits provided to every Medicare Supplement member at no extra cost. Plus plan benefits are more comprehensive (Vision, Dental, SilverSneakers, etc.) and are only available to members who enroll in Plus options. The cost of the additional benefits is factored into the Plus plan premium.

#### Q: Are there limits on these benefits?

Benefit	Description	Member Pays In-Network	Member Pays Out-of-Network
Dental	<b>Preventative Services Cleanings</b> , 2x per calendar year	0%	50%
	<b>Oral exams</b> , 2x per calendar year	0%	50%
	<b>Dental x-rays</b> , 1x per calendar year	0%	50%
	<b>Oral Cancer Screening</b> , 1x per calendar year	0%	50%
	<b>Extractions</b> (unlimited)	25%	50%
	<b>Restorative (fillings)</b> , 1x per tooth per calendar year	50%	50%
Vision	<b>Routine exam with dilation</b> , 1x every 12 months	\$0	\$40
	<b>Eyeglasses or contact lenses</b> (conventional & disposable)	Remaining balance after \$130 allowance	Remaining balance after \$65 reimbursement
Hearing	<b>Routine exam</b> , 1x every 12 months	\$0	
	Advanced Hearing Aid Member Fee with recharge	\$699/per aid	
	Premium Hearing Aid Member Fee with recharge	\$999/per aid	
Fitness	Access to the SilverSneakers program		

# Contracting & Agent Support



## Medicare Supplement Support

Medicare Supplement Help Desk **(877) 587-6638**

Medicare Supplement Enrollment Fax Line **(855) 867-6714**

Medicare Supplement Sales **(855) 745-6910**

## Technical Support

Blue Access for Producers Help Desk (IT Help Desk) **(888) 706-0583**

Issues with the Compliance Wire website **(888) 706-0583**

TMG Help Desk **(877) 349-9339**

## Marketing Support

Supply and Supply Portal related inquiries **(888) 655-1357** or **[bcbsupport@summitdm.com](mailto:bcbsupport@summitdm.com)**

Supply Website Ordering PDP/MAPD supplies **[www.yourcmsupplyportal.com](http://www.yourcmsupplyportal.com)**

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