

2026

READY TO HELP

Blue Cross Medicare Supplement℠

A health plan that covers all or a portion of Medicare out-of-pocket costs

Blue Cross Medicare Supplement plans give you the freedom to see any Medicare-participating provider across the country plus:

- 24-Hour Nurse Line for around-the-clock access to a registered nurse
- 10% household discount on your monthly premium when you and another person in your home choose Blue Cross Medicare Supplement
- Dental Vision Hearing Package for $37.75 a month includes annual dental cleaning, annual standard lenses and discounted copay for annual hearing aids
- 24/7 access to Blue Cross Well-Being℠ online programs and health resources, such as tobacco cessation, digital health coaching, well-visits, and screening tracking

Your Medicare supplement enrollment timeline

You can enroll for a Medicare supplement plan during your six months starting the month you turn 65, or older, and get Medicare Part B, or are eligible for Medicare due to disability or end stage renal disease.

During this period, you can't be denied a Medicare supplement policy or charged more due to past or present health conditions.

You may enroll outside of your Medigap Open Enrollment Period, although medical underwriting may be required as part of the process.

Some of our most notable plans are:

Plan A

Our leanest benefit plan.

It covers your basic benefits, but you'll be responsible for your Medicare Part A and Part B deductible and any additional charges associated with Part B coverage.

Plan G

Our most popular plan.

This comprehensive plan offers robust coverage. After you pay the $283 Medicare Part B deductible, you'll pay nothing for services covered by Original Medicare.

High-Deductible G

This plan offers a lower monthly premium with a higher annual deductible. Once you satisfy the deductible, you'll receive the same benefits as Plan G.

This plan may be a good choice if you're relatively healthy and want to lower your costs.

Plan N

With slightly leaner benefits, Plan N is a great option if you are looking for an alternative to Plan G.

The 2026 deductibles for Medicare Part A hospital coverage is $1,736 and Medicare Part B physician and outpatient services is $283.

Our two high-deductible plans, HD-F and HD-G, each have an annual deductible of $2,950. You'll pay Medicare-covered costs up to the deductible amount of $2,950 for 2026 before your supplement plan begins to pay.

(All rates are subject to change)

	Plan A[1]	Plan C[1,2]	Plan D[1]	Plans F and HD-F[1,2,3]	Plans G and HD-G[1,3]	Plan N[1,4]
SERVICE	**AMOUNT YOU PAY**					
Medicare Part A hospital coverage — Semi-private room, general nursing care, miscellaneous services and supplies[5]						
Deductible	$1,736	$0	$0	$0	$0	$0
First 60 days of care	$0	$0	$0	$0	$0	$0
Blood benefit	$0	$0	$0	$0	$0	$0
Skilled nursing facility care — You must meet Medicare's requirements, including having been in a hospital for at least three days						
First 20 days of care	$0 (Medicare covers in full)					
Days 21 to 100	$217 daily copay	$0	$0	$0	$0	$0
Hospice care	$0	$0	$0	$0	$0	$0
Emergency care outside the U.S. (with a lifetime maximum of $50,000)	All costs[5] for services	$250 deductible, plus 20% coinsurance	$250 deductible, plus 20% coinsurance	$250 deductible, plus 20% coinsurance	$250 deductible, plus 20% coinsurance	$250 deductible, plus 20% coinsurance
Medicare Part B physician and outpatient services — In- or out-of-the-hospital and outpatient hospital physician's services (such as tests) and durable medical equipment, per calendar year						
Deductible (annual)[6]	$283	$0	$283	$0	$283	$283
Copay	$0	$0	$0	$0	$0	Up to $20 per office visit and up to $50 per emergency room visit
Blood benefit	$0	$0	$0	$0	$0	$0
Clinical laboratory services — test for diagnostic services	$0 (Medicare covers in full)					
Durable medical equipment	$0	$0	$0	$0	$0	$0
Excess charges	All costs	All costs	All costs	$0	$0	All costs

A coinsurance is a percentage of the cost of Medicare-approved services.

[1]See the 2026 Blue Cross Medicare Supplement Outline of Coverage *booklet for eligibility criteria.*

[2]Plans C, F and HD-F are only available for those who have a Medicare start date prior to Jan. 1, 2020.

[3]HD-F and HD-G are high-deductible plans. If you are eligible for either plan and decide to enroll, you'll pay for Medicare-covered costs up to the deductible amount of $2,950 for 2026 before your supplement plan pays anything.

[4]Plan N pays 100% of the Part B coinsurance, except for a copay of up to $20 for some office visits and up to a $50 copay for emergency room visits that don't result in an inpatient admission.

[5]Per benefit period. A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you've been out of the hospital and haven't received skilled nursing care in any other facility for 60 consecutive days.

[6]The Part B deductible needs to be met only once each calendar year (Jan. 1 through Dec. 31). After, Medicare makes payments up to the limiting charge established by law and shown on your Medicare explanation of benefits.

Blue Cross Medicare Supplement Dental Vision Hearing Package

To help with costs for dental, vision and hearing services, add the Dental Vision Hearing Package for $37.75 per month, in addition to your Blue Cross Medicare Supplement or Legacy Medigap plan premium.[3,4]

The Dental Vision Hearing Package is available to **new and existing** members with a Blue Cross Medicare Supplement or Legacy Medigap plan from Blue Cross Blue Shield of Michigan without dental, vision or hearing coverage through another individual or group plan.

New members may add the Dental Vision Hearing Package to their Medicare supplement plan at the time of initial enrollment or within the first 30 days following the policy start date.[1,2] Existing members may apply and submit their application for the Dental Vision Hearing Package between Feb. 1 and April 30.[1]

[1]The premium for the Dental Vision Hearing Package is reevaluated each year and is subject to change.

[2]Dental, vision or hearing benefits aren't sold separately.

[3]Enrollment applications for new members must be received within the first 30 days of a member's policy start date. Coverage will begin on the first of the month following receipt.

[4]Enrollment applications for existing members must be received between Feb. 1 and April 30. Reach out to your agent or apply electronically. Coverage will begin on the first of the month following receipt.

Dental services

	In network	Out of network
Deductible	$0	$0
Exams: Two per calendar year **Cleanings:** Two per calendar year **Fluoride:** Once per calendar year **Brush biopsy:** Once per calendar year **X-rays:** Once every two calendar years **Either** One set of up to four bitewings **Or** Six periapical films	0% coinsurance*	50% coinsurance
Annual maximum Combined in and out of network. Applies to services below.	$1,500	
Amalgam and resin fillings: Once per tooth every 48 months **Root canals:** Once per tooth, per lifetime **Simple extractions** **Crowns:** For permanent teeth, once per tooth every 84 months **Crown repairs**	50% coinsurance	50% coinsurance

**A coinsurance is a percentage of the cost of Medicare-approved services.*

*To check which dentists are in the network, go to **MIBlueDentist.com** and choose Medicare Supplement for in-network dentists.*

Vision services

	In network	Out of network
Frames or elective contact lenses	$300 allowance for frames or elective contact lenses every 12 months	Frames reimbursed up to $70 or elective contact lenses reimbursed up to $105 every 12 months
Lenses	Standard lenses* are covered in full every 12 months	Reimbursement, every 12 months, up to: **Single-vision lenses:** $30 **Bifocal lenses:** $50 **Trifocal lenses:** $65 **Lenticular lenses:** $100
Exams	$20 copayment; offered every 12 months	Reimbursed up to $45 every 12 months

**Standard lenses include single vision lenses, bifocal lenses and trifocal lenses*

*Visit **vsp.com** to find a VSP® network eye doctor or to see if your eye doctor participates.*

VSP Vision Choice is an independent company that provides vision benefit services for Blue Cross Blue Shield of Michigan members. VSP Vision® is a registered trademark of Vision Service Plan.

Hearing services

Hearing exam	One exam every 12 months
Frequency	One hearing aid per ear every 12 months
Network	TruHearing®

Hearing aids

	Basic	Standard	Advanced	Premium
You pay	$495 per ear	$895 per ear	$1,295 per ear	$1,695 per ear
Preferred listening environment	Best for quiet or mild environments, such as 1-on-1 conversations	Best for predictable environments, such as home	Best for more challenging environments, such as offices or when in motion	Best for challenging environments, such as restaurants or when in large groups of people
Features	Limited noise reduction Basic feedback cancellation	Noise reduction Adjustable speech enhancement	Noise reduction Adjustable speech enhancement Artificial intelligence technology	Automatic noise reduction Adjustable speech enhancement Adaptive directional microphone Impulse sound management

*Call TruHearing at **1-844-825-0033** to speak to a hearing consultant who can answer questions.*
You must use a TruHearing provider to receive benefits.

TruHearing is an independent company that provides hearing services to Blue Cross Blue Shield of Michigan members.

The medical coverage deductible, coinsurance and copay amounts listed above are based on the 2026 CMS-approved values and could change for 2027. Like Medicare, Blue Cross Medicare Supplement℠ is accepted nationwide and easy to use. With the medical coverage, there are no provider networks or referrals — just use any health care provider who accepts Original Medicare. Simply present your Blue Cross Medicare Supplement member ID card with your red, white and blue Medicare health insurance card whenever you receive health care services. We'll coordinate payment with Medicare and your providers. In most cases, you'll never have to bother with claim filing or paperwork.

This is a solicitation of insurance. We may contact you about buying insurance. Blue Cross Medicare Supplement isn't connected with or endorsed by the U.S. government or the federal Medicare program.

SCAN ME

This Medicare supplement coverage document is a summary only. Specific provisions for coverage, limitations and exclusions are contained in certificates and, if applicable, riders to those certificates. Although every effort has been made to accurately describe the benefits, if there is a discrepancy between this summary and applicable certificates and riders, the certificates and riders will govern.

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Blue Cross Blue Shield Blue Care Network of Michigan

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