Kansas

Medicare Supplement Information for the State of Kansas Employee Health Plan

All available Medicare Supplement insurance plans:
A, B, C, D, F, G, K, L, M, N

Blue Cross and Blue Shield of Kansas offers multiple plan options including high deductible and select network plans.

Standard Plans: C, G, N

High Deductible Plans: G

Select Network Plans: C, G

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

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Benefit Chart of Medicare Supplement Plans

For plans effective Jan. 1 – Dec. 31, 2027 — This chart shows the benefits included in each of the standard Medicare Supplement plans. **Blue Cross and Blue Shield of Kansas does not offer the plans shaded in grey below.** Plans C and F are only open to applicants who were first eligible for Medicare before 2020.

Key: ✓ The plan covers 100% of this benefit; ✗ This plan doesn't cover this benefit.
% The plan covers that percentage of this benefit, and you're responsible for the rest.

Benefits	A	B	D	G [1,2]	K [3]	L [3]	M	N [4]	C [6]	F [2,6]
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Blood (first three pints each year)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance	✗	✗	✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible	✗	✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible	✗	✗	✗	✗	✗	✗	✗	✗	✓	✓
Medicare Part B excess charges	✗	✗	✗	✓	✗	✗	✗	✗	✗	✓
Foreign travel emergency (up to plan limits)	✗	✗	✓	✓	✗	✗	✗	✓	✓	✓
Out-of-pocket limit in 2027 [3,5]	N/A	N/A	N/A	N/A	$8,000	$4,000	N/A	N/A	N/A	N/A

[1] Medicare Supplement Select affects Plans C & G only.

[2] Plans F and G also have a high deductible option which require first paying a plan deductible of $2,950 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

[3] Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

[4] Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to $20 for some office visits and up to a $50 co-payment for emergency room visits that do not result in an inpatient admission.

[5] The out-of-pocket annual limit will increase each year for inflation. 2027 amounts have not been released.

[6] For Medicare Supplement Plans sold on or after January 1, 2020, only applicants **first eligible** for Medicare before 2020 may purchase Plans C and F.

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

Plan C and Plan C-Select benefits

Medicare Part A — Hospital Services

Per benefit period.

Hospitalization Services

A semi-private room and board, general nursing, miscellaneous services and supplies.[1]

Time Period	Medicare Pays	Plan C Pays	You Pay
First 60 days	All but $1,736[2]	$1,736 (Part A deductible)[2]	$0
61st through 90th day	All but $434 a day	$434 a day	$0
91st day and after — While using 60 lifetime reserve days	All but $868 a day	$868 a day	$0
91st day and after — Once lifetime reserve days are used, for an additional 365 days	$0	100% of Medicare eligible expenses	$0
91st day and after — Once lifetime reserve days are used, after the additional 365 days	$0	$0	All costs

Skilled Nursing Facility Services

You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.[1]

Time Period	Medicare Pays	Plan C Pays	You Pay
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $217 a day	Up to $217 a day	$0
101st day and after	$0	$0	All costs

[1] A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[2] $1,736 is the 2026 Medicare Part A deductible. 2027 amounts have not been released.

[3] Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid, up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan C and Plan C-Select benefits (continued)

Medicare Part A — Hospital Services

Per benefit period.

Blood Services

Amounts	Medicare Pays	Plan C Pays	You Pay
First 3 pints (per calendar year)	$0	3 pints	$0
Addititional amounts	100%	$0	$0

Hospice Services

You must meet Medicare's requirements, including a doctor's certification of terminal illness.

Medicare Pays	Plan C Pays	You Pay
All but limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	$0

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

Plan C and Plan C-Select benefits (continued)

Medicare Part B — Medical Services

Per calendar year.

Medical Expenses

In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment

Amounts	Medicare Pays	Plan C Pays	You Pay
First $283 of Medicare-approved amounts [4,5]	$0	$283 (Part B deductible)[5]	$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges	$0	$0	All costs

Blood Services

Amounts	Medicare Pays	Plan C Pays	You Pay
First 3 pints (per calendar year)	$0	All costs	$0
Next $283 of Medicare-approved amounts [4,5]	$0	$283 (Part B deductible)[5]	$0
Remainder of Medicare-approved amounts	Generally 80%	20%	$0

Clinical Laboratory Services

Tests for diagnostic services

Medicare Pays	Plan C Pays	You Pay
100%	$0	$0

[4] Once you have been billed $283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the year.

[5] $283 is the 2026 Medicare Part B deductible. 2027 amounts have not been released.

Plan C and Plan C-Select benefits (continued)

Medicare Part A and B — Home Health Care

Medicare-Approved Services

Services	Medicare Pays	Plan C Pays	You Pay
Medically necessary skilled care services and medical supplies	100%	$0	$0

Durable Medical Equipment

Services	Medicare Pays	Plan C Pays	You Pay
First $283 of Medicare-approved amounts [4,5]	$0	$283 (Part B deductible)[5]	$0
Remainder of Medicare-approved amounts	80%	20%	$0

Foreign Travel

Medically necessary emergency care services during the first 60 days of each trip outside the USA.

Amounts	Medicare Pays	Plan C Pays	You Pay
First $250 each calendar year	$0	$0	All costs
Remainder of charges	$0	$0	All costs

[4] Once you have been billed $283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the year.

[5] $283 is the 2026 Medicare Part B deductible. 2027 amounts have not been released.

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

Plan G and Plan G-Select benefits

Medicare Part A — Hospital Services

Per benefit period.

Hospitalization Services

A semi-private room and board, general nursing, miscellaneous services and supplies.[1]

Time Period	Medicare Pays	Plan G Pays	You Pay
First 60 days	All but $1,736[2]	$1,736 (Part A deductible)[2]	$0
61st through 90th day	All but $434 a day	$434 a day	$0
91st day and after — While using 60 lifetime reserve days	All but $868 a day	$868 a day	$0
91st day and after — Once lifetime reserve days are used, for an additional 365 days	$0	100% of Medicare eligible expenses	$0[3]
91st day and after — Once lifetime reserve days are used, after the additional 365 days	$0	$0	All costs

Skilled Nursing Facility Services

You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.[1]

Time Period	Medicare Pays	Plan G Pays	You Pay
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $217 a day	Up to $217 a day	$0
101st day and after	$0	$0	All costs

[1] A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[2] $1,736 is the 2026 Medicare Part A deductible. 2027 amounts have not been released.

[3] Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid, up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan G and Plan G-Select benefits (continued)

Medicare Part A — Hospital Services

Per benefit period.

Blood Services

Amounts	Medicare Pays	Plan G Pays	You Pay
First 3 pints (per calendar year)	$0	3 pints	$0
Addititional amounts	100%	$0	$0

Hospice Services

You must meet Medicare's requirements, including a doctor's certification of terminal illness.

Medicare Pays	Plan G Pays	You Pay
All but limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	$0

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

Plan G and Plan G-Select benefits (continued)

Medicare Part B — Medical Services

Per calendar year.

Medical Expenses

In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment

Amounts	Medicare Pays	Plan G Pays	You Pay
First $283 of Medicare-approved amounts [4,5]	$0	$0	$283 (Part B deductible)[5]
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges	$0	100%	$0

Blood Services

Amounts	Medicare Pays	Plan G Pays	You Pay
First 3 pints (per calendar year)	$0	All costs	$0
Next $283 of Medicare-approved amounts [4,5]	$0	$0	$283 (Part B deductible)[5]
Remainder of Medicare-approved amounts	Generally 80%	20%	$0

Clinical Laboratory Services

Tests for diagnostic services

Medicare Pays	Plan G Pays	You Pay
100%	$0	$0

[4] Once you have been billed $283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the year.

[5] $283 is the 2026 Medicare Part B deductible. 2027 amounts have not been released.

Plan G and Plan G-Select benefits (continued)

Medicare Part A and B — Home Health Care

Medicare-Approved Services

Services	Medicare Pays	Plan G Pays	You Pay
Medically necessary skilled care services and medical supplies	100%	$0	$0

Durable Medical Equipment

Services	Medicare Pays	Plan G Pays	You Pay
First $283 of Medicare-approved amounts [4,5]	$0	$0	$283 (Part B deductible)[5]
Remainder of Medicare-approved amounts	80%	20%	$0

Foreign Travel

Medically necessary emergency care services during the first 60 days of each trip outside the USA.

Amounts	Medicare Pays	Plan G Pays	You Pay
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to lifetime max. benefit of $50,000	20% and amounts over $50,000 lifetime max.

[4] Once you have been billed $283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the year.

[5] $283 is the 2026 Medicare Part B deductible. 2027 amounts have not been released.

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

High Deductible Plan G benefits

With High Deductible Plan G coverage, you must pay for Medicare-covered costs (coinsurance, copayments and deductibles) up to the deductible amount of $2,950[1] in 2026 before your plan pays anything. You must also pay a separate deductible ($250 per year) for foreign travel emergency services.

Medicare Part A — Hospital Services

Per benefit period.

Hospitalization Services

A semi-private room and board, general nursing, miscellaneous services and supplies.[2]

Time Period	Medicare Pays	Plan G Pays	You Pay
First 60 days	All but $1,736[3]	$1,736 (Part A deductible)[3]	$0
61st through 90th day	All but $434 a day	$434 a day	$0
91st day and after — While using 60 lifetime reserve days	All but $868 a day	$868 a day	$0
91st day and after — Once lifetime reserve days are used, for an additional 365 days	$0	100% of Medicare eligible expenses	$0[4]
91st day and after — Once lifetime reserve days are used, after the additional 365 days	$0	$0	All costs

Skilled Nursing Facility Services

You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.[2]

Time Period	Medicare Pays	Plan G Pays	You Pay
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $217 a day	Up to $217 a day	$0
101st day and after	$0	$0	All costs

[1] $2,950 is the 2026 HD Plan G deductible. 2027 amounts have not been released.

[2] A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[3] $1,736 is the 2026 Medicare Part A deductible. 2027 amounts have not been released.

[4] Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid, up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

High Deductible Plan G benefits (continued)

With High Deductible Plan G coverage, you must pay for Medicare-covered costs (coinsurance, copayments and deductibles) up to the deductible amount of $2,950[1] in 2026 before your plan pays anything. You must also pay a separate deductible ($250 per year) for foreign travel emergency services.

Medicare Part A — Hospital Services

Per benefit period.

Blood Services

Amounts	Medicare Pays	Plan G Pays	You Pay
First 3 pints (per calendar year)	$0	3 pints	$0
Addititional amounts	100%	$0	$0

Hospice Services

You must meet Medicare's requirements, including a doctor's certification of terminal illness.

Medicare Pays	Plan G Pays	You Pay
All but limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	$0

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

High Deductible Plan G benefits (continued)

With High Deductible Plan G coverage, you must pay for Medicare-covered costs (coinsurance, copayments and deductibles) up to the deductible amount of $2,950[1] in 2026 before your plan pays anything. You must also pay a separate deductible ($250 per year) for foreign travel emergency services.

Medicare Part B — Medical Services

Per calendar year.

Medical Expenses

In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment

Amounts	Medicare Pays	Plan G Pays	You Pay
First $283 of Medicare-approved amounts[5,6]	$0	$0	$283 (Part B deductible)[6]
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges	$0	100%	$0

Blood Services

Amounts	Medicare Pays	Plan G Pays	You Pay
First 3 pints (per calendar year)	$0	All costs	$0
Next $283 of Medicare-approved amounts[5,6]	$0	$0	$283 (Part B deductible)[6]
Remainder of Medicare-approved amounts	Generally 80%	20%	$0

Clinical Laboratory Services

Tests for diagnostic services

Medicare Pays	Plan G Pays	You Pay
100%	$0	$0

[1] $2,950 is the 2026 HD Plan G deductible. 2027 amounts have not been released.

[5] Once you have been billed $283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the year.

[6] $283 is the 2026 Medicare Part B deductible. 2027 amounts have not been released.

High Deductible Plan G benefits (continued)

With High Deductible Plan G coverage, you must pay for Medicare-covered costs (coinsurance, copayments and deductibles) up to the deductible amount of $2,950[1] in 2026 before your plan pays anything. You must also pay a separate deductible ($250 per year) for foreign travel emergency services.

Medicare Part A and B — Home Health Care

Medicare-Approved Services

Services	Medicare Pays	Plan G Pays	You Pay
Medically necessary skilled care services and medical supplies	100%	$0	$0

Durable Medical Equipment

Services	Medicare Pays	Plan G Pays	You Pay
First $283 of Medicare-approved amounts[5,6]	$0	$0	$283 (Part B deductible)[6]
Remainder of Medicare-approved amounts	80%	20%	$0

Foreign Travel

Medically necessary emergency care services during the first 60 days of each trip outside the USA.

Amounts	Medicare Pays	Plan G Pays	You Pay
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to lifetime max. benefit of $50,000	20% and amounts over $50,000 lifetime max.

[1] $2,950 is the 2026 HD Plan G deductible. 2027 amounts have not been released.

[5] Once you have been billed $283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the year.

[6] $283 is the 2026 Medicare Part B deductible. 2027 amounts have not been released.

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

Plan N benefits

Medicare Part A — Hospital Services

Per benefit period.

Hospitalization Services

A semi-private room and board, general nursing, miscellaneous services and supplies.[1]

Time Period	Medicare Pays	Plan N Pays	You Pay
First 60 days	All but $1,736[2]	$1,736 (Part A deductible)[2]	$0
61st through 90th day	All but $434 a day	$434 a day	$0
91st day and after — While using 60 lifetime reserve days	All but $868 a day	$868 a day	$0
91st day and after — Once lifetime reserve days are used, for an additional 365 days	$0	100% of Medicare eligible expenses	$0[3]
91st day and after — Once lifetime reserve days are used, after the additional 365 days	$0	$0	All costs

Skilled Nursing Facility Services

You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.[1]

Time Period	Medicare Pays	Plan N Pays	You Pay
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $217 a day	Up to $217 a day	$0
101st day and after	$0	$0	All costs

[1] A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[2] $1,736 is the 2026 Medicare Part A deductible. 2027 amounts have not been released.

[3] Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid, up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan N benefits (continued)

Medicare Part A — Hospital Services

Per benefit period.

Blood Services

Amounts	Medicare Pays	Plan N Pays	You Pay
First 3 pints (per calendar year)	$0	3 pints	$0
Addititional amounts	100%	$0	$0

Hospice Services

You must meet Medicare's requirements, including a doctor's certification of terminal illness.

Medicare Pays	Plan N Pays	You Pay
All but limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	$0

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

Plan N benefits (continued)

Medicare Part B — Medical Services

Per calendar year.

Medical Expenses

In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment

Amounts	Medicare Pays	Plan N Pays	You Pay
First $283 of Medicare-approved amounts [4,5]	$0	$0	$283 (Part B deductible)[5]
Remainder of Medicare-approved amounts	Generally 80%	Balance, other than copays, $50 copay waived if admitted and is covered as a Part A expense	Up to $20 office visit Up to $50 ER visit
Part B excess charges	$0	$0	All costs

Blood Services

Amounts	Medicare Pays	Plan N Pays	You Pay
First 3 pints (per calendar year)	$0	All costs	$0
Next $283 of Medicare-approved amounts [4,5]	$0	$0	$283 (Part B deductible)[5]
Remainder of Medicare-approved amounts	Generally 80%	20%	$0

Clinical Laboratory Services

Tests for diagnostic services

Medicare Pays	Plan N Pays	You Pay
100%	$0	$0

[4] Once you have been billed $283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the year.

[5] $283 is the 2026 Medicare Part B deductible. 2027 amounts have not been released.

Plan N benefits (continued)

Medicare Part A and B — Home Health Care

Medicare-Approved Services

Services	Medicare Pays	Plan N Pays	You Pay
Medically necessary skilled care services and medical supplies	100%	$0	$0

Durable Medical Equipment

Services	Medicare Pays	Plan N Pays	You Pay
First $283 of Medicare-approved amounts [4,5]	$0	$0	$283 (Part B deductible)[5]
Remainder of Medicare-approved amounts	80%	20%	$0

Foreign Travel

Medically necessary emergency care services during the first 60 days of each trip outside the USA.

Amounts	Medicare Pays	Plan N Pays	You Pay
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to lifetime max. benefit of $50,000	20% and amounts over $50,000 lifetime max.

[4] Once you have been billed $283 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the year.

[5] $283 is the 2026 Medicare Part B deductible. 2027 amounts have not been released.

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

Exclusions (not covered by any Medicare Supplement Plan)

- Custodial nursing home care.
- Intermediate nursing home care costs.
- Most dental care and hospital admissions for such care. Examples are treatment, filling, removal or replacement of teeth, root canal therapy, surgery for impacted teeth and other surgical procedures involving teeth or structures directly supporting the teeth.
- Routine physical examinations and tests, routine foot care, immunizations except injection of pneumococcal vaccine, mammograms and prostate exams. Check your Medicare Part B plan documents for routine care services.
- Hearing aids and examinations for them, or consultations about them.
- Eyeglasses or contact lenses and examinations about them, or consultations about them, unless for replacement of the lens following cataract surgery.
- Benefits considered medically unnecessary by a committee of doctors representing Medicare and Blue Cross and Blue Shield of Kansas will not be paid.

The Medicare Supplement Select hospital network

To receive full Medicare Supplement Select benefits, an individual must obtain non-emergency Medicare Part A hospitalization services from one of the network hospitals. If a provider does not have admitting privileges to a network hospital, the individual must have a primary doctor referral to another doctor who has admitting privileges to a network hospital. Or, the individual may choose another doctor who can admit them to a network hospital.

If an individual receives non-emergency inpatient hospital services at a non-network hospital, and the services could have been provided at a network hospital in your service area, then they will be responsible for payment of the Medicare Part A deductible and applicable coinsurance charges.

If an individual moves outside of the hospital network service area, they may continue to use a network hospital. If the move is permanent and it is no longer convenient to use a network hospital, then the individual will have the opportunity to convert to a non-Select Medicare Supplement policy.



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