

**APP-ATT-E**

**Medicare Supplemental (For Retirees Only)**

Contract Form No. \_\_\_\_\_

Group – Dept. No. \_\_\_\_\_

Select one of two options listed below:

<input type="checkbox"/>	<b>Option 1</b>	BlueSenior Classic - without Rx Nebraska Prescription Drug Coverage
<input type="checkbox"/>	<b>Option 2</b>	BlueSenior Classic + Plan - with Rx Nebraska Prescription Drug Coverage
		<u>Prescription benefit:</u>
		Calendar year prescription deductible: ..... \$250
		Coinsurance percentage for participating pharmacy claims (submitted in-network): ..... 50%
		Coinsurance percentage for nonparticipating pharmacy claims (and participating pharmacy claims submitted outside of network): ..... 60%
		Calendar year drug benefit maximum (in-network and out-of-network combined): ..... \$1,250
	Other:	_____
		_____
		_____

**Rates & Contribution**

Ages	Employer Contribution	Total Monthly Charge
Thru 66	_____	_____
67 thru 69	_____	_____
70 thru 74	_____	_____
75 thru 79	_____	_____
80 thru 84	_____	_____
85 +	_____	_____