

Thank you ...

... for your interest in a Medicare Supplement plan from Anthem Blue Cross.

With a Medicare Supplement plan, you can have peace of mind knowing you have reliable coverage from a trusted company.

- **Freedom to choose your doctor** – See any Medicare-approved doctor, specialist or hospital – no referrals needed.
- **Gap coverage** – Based on the plan you enroll in, it covers costs that are your responsibility with Original Medicare such as copayments, deductibles and coinsurance.
- **Coverage protection** – Your plan travels with you wherever you decide to live in the United States, and some plans include Foreign Travel Emergency benefits.

What's Inside:

- Why a Medicare Supplement plan?
- Programs and services to help you stay healthy
- Dental and vision coverage with Anthem Extras Packages
- Anthem Extras Packages: Benefits at a Glance
- Tips for a successful enrollment

If you have questions about our plans, please call your licensed sales agent. There is also helpful contact information on the last page of this section.

An overview of how Medicare works



Original Medicare Part A is hospital coverage that helps cover the costs for:

- Inpatient care in a hospital or skilled nursing facility (not custodial or long-term care).
- Hospice and some home health care services.



Original Medicare Part B is medical coverage that helps cover the costs for:

- Doctor services, hospital outpatient care and some home health care services, as well as lab tests and durable medical equipment.
- Most preventive services, including an annual wellness exam.



Medicare Part D is stand-alone prescription drug coverage and:

- Helps pay for many brand-name and generic prescribed drugs.
- Gives you access to mail-order options and retail drugstores across the country.



Medicare Supplement plans bridge the “gap” in costs that are not fully covered by Original Medicare, such as:

- Medicare Part A or Part B deductibles, coinsurance or copayments.
- Medicare Part B excess charges.
- Skilled Nursing Facility care coinsurance.
- Foreign Travel Emergencies.

Why a Medicare Supplement plan?

You can have peace of mind.

Original Medicare has substantial deductibles and copayments, which means you can easily spend thousands of dollars each year on medical expenses. You can reduce your out-of-pocket costs when you enroll into one of our plans. A Medicare Supplement plan, based on the plan you choose, provides coverage for these “gaps” in Original Medicare, helping you maintain your retirement savings.

Other reasons to consider a Medicare Supplement plan:

- **Guaranteed Renewable**

Once enrolled into your Medicare Supplement insurance plan, your coverage is guaranteed for the life of the plan with only two exceptions/restrictions: nonpayment of premiums and material misrepresentation.

- **Plan Benefits Won't Change**

They will not change except to keep pace with changes to Original Medicare.

- **Guaranteed Issue Rights¹**

This means companies cannot deny you a policy due to your current health, or place conditions on the policy, such as benefit exclusions for a pre-existing condition, if you enroll during your Guaranteed Issue or Open Enrollment period. Also, you cannot be charged more for the policy because of a past or present health problem.

Medicare Supplement plans can reduce your out-of-pocket costs. Depending on the plan you choose, your Parts A and B Medicare-eligible covered expenses may be covered up to 100%.

¹ 2015 Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare (Accessed November 2014): www.medicare.gov/Publications/Pubs/pdf/02110.pdf.

Medicare Supplement plan options

Now that you have more insight on how you can benefit from having a Medicare Supplement plan, below are the available plans with varying coverage levels to meet your needs.

Benefits	Amount Medicare Pays ¹	Amount Medicare Supplement Plan Pays		
		Plan A	Plan F	Plan N ²
Part A: Hospitalization				
First 60 days (Part A Deductible)	All but \$1,288	\$0	\$1,288	\$1,288
61st – 90th day	All but \$322 a day	\$322 a day	\$322 a day	\$322 a day
91st day and after	All but \$644 a day	\$644 a day	\$644 a day	\$644 a day
Skilled Nursing Facility				
First 20 days	All approved amounts	\$0	\$0	\$0
21st – 100th day	All but \$161 a day	\$0	Up to \$161 a day	Up to \$161 a day
101st day and after	\$0	\$0	\$0	\$0
Part B: Medical Expenses				
Medicare Part B Deductible	All but \$166	\$0	\$166	\$0
Medicare Part B Excess Charges ³	\$0	\$0	100%	\$0
Other Benefits				
Foreign Travel Emergency	\$0	\$0	80% ⁴	80% ⁴



See *Outline of Coverage* for more details.

- 1 The amount Medicare pays of the Medicare-approved amount. Original Medicare deductibles, premiums and coinsurance rates are effective January 1 of every year, based on the Consumer Price Index.
- 2 Pays 100% of Part B coinsurance, except for copay up to \$20 for office visits and up to \$50 copay for emergency room visits that do not result in an inpatient admission.
- 3 If you have Original Medicare, and the amount a doctor or other health care provider is legally permitted to charge is higher than the Medicare-approved amount, the difference is called the excess charge.
- 4 Pays 80% of the Medicare-approved amount and up to a lifetime maximum benefit of \$50,000 after you pay the annual deductible of \$250.

Compare and save

As you can see from the chart on page 4, different Medicare Supplement plans cover different types of medical costs. Let's take a closer look at what your out-of-pocket costs would be with Original Medicare only, and if you have Medicare Supplement Plan F.

Example: You are covered by Original Medicare when you are unexpectedly hospitalized and have major surgery. As a result of the surgery, you spent 15 days in the hospital, followed by 22 days in a Skilled Nursing Facility. You find the physician does not accept Medicare "assignment" (the Medicare-approved amount). As a result, you are responsible for the 20% not covered by your Part B coinsurance and the physicians excess charge up to 15% over the Medicare-approved amount. Let us compare your out-of-pocket costs with Original Medicare only, and then if you had purchased Medicare Supplement Plan F.



Benefits	Out-of-Pocket Costs	
	Original Medicare Only	Medicare Supplement Plan F
Medicare Part A deductible for 15 days of hospitalization	\$1,288*	\$0
Medicare Part A coinsurance for 22 days in Skilled Nursing Facility (\$161/day for days 21-100) (2 days x \$161)	\$322	\$0
Medicare Part B deductible	\$166	\$0
Medicare Part B coinsurance for surgical services, supplies, lab tests and therapy (20% of Medicare-approved amount = \$12,000)	\$2,400	\$0
Medicare Part B Excess amounts above what provider has agreed to accept based on Medicare's approved amount	\$600	\$0
Your total out-of-pocket costs	\$4,776	\$0

(Your out-of-pocket amounts would vary with other plans.)

* Deductible covers first 60-days for extended in-patient stays. You may incur a per-day fee under Original Medicare. The deductible is based on a benefit period that begins on the first day you receive inpatient services 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.

Special values for our members



Enjoy discounts and savings through our online SpecialOffers¹ program

When you become a plan member, you can order online products that range from health and beauty items to eyeglasses and pet supplies such as:

- **Globalfit[®]** – You have a choice of more than 10,000 fitness centers nationwide including Curves, Bally's, Gold's, Anytime Fitness and many more all at the lowest available rate.
- **1-800 CONTACTS** – Get contact lenses quick and easy – plus discounts only available to members, like \$20 off when you spend \$100 or more, and free shipping.
- **Glasses.com** – Try on any five of the 3,500 designer frames – at home, for free – before you buy. It's convenient, plus you get exclusive member savings like \$20 off when you spend \$100 or more, and free shipping and free returns.
- **Beltone[™]** – Receive a free hearing screening, free in-home service and up to 50% off all Beltone hearing aids with a free three-year warranty.
- **LinkWell** – Get coupons for healthier products.
- **ChooseHealthy[™]** – Preferred pricing on fitness club memberships with one-week free trial. Discounts on acupuncture, chiropractors and massage – plus 40% off certain wellness products.
- **Puritan's Pride** – Save 10% and get free shipping on a big selection of vitamins, minerals, herbs, supplements and much more.

For a complete list of our discounts and programs through SpecialOffers, visit www.anthem.com/ca.

¹ Vendors and offers are subject to change without prior notice. Anthem does not endorse and is not responsible for the products, services or information offered by the vendors or providers. We negotiated the arrangements and discounts with each independent vendor or provider in order to assist our members. These discounts are not insurance and are not part of the Medicare Supplement plans.

Enhance your plan with great benefits



Dental and vision coverage with Anthem Extras Packages

Designed with three unique levels of coverage, our Standard, Premium and Premium Plus packages, offer dental and vision coverage plus quality health and wellness services. And if all you are interested in is dental coverage, you can add our Dental Policy Only, which offers the same dental benefits as in the Premium Plus package, but on a stand-alone basis and excluding the other package components. So enhance your Medicare Supplement plan by adding one of our Anthem Extras Packages for an additional monthly premium.



Dental Coverage

Our dental plan offers benefits you can smile about.

When you add dental coverage, you can see any dentist in our network – or outside of our network, no referrals needed. Also, when you use dentists in our network, your costs will be lower than using dentists that are not part of the plan's network. To see if your dentist is in our network, visit www.anthem.com/ca. When prompted, choose the Dental Blue 100 network. Or call Customer Service at **1-877-391-3897** (TTY: 711), 8 a.m. to 5 p.m. local time.

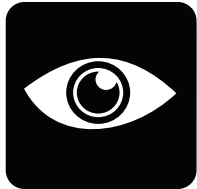
Your dental plan also includes other features such as:

- Coverage options for diagnostic and preventive care plus basic services (fillings) and major services (crowns, dentures, bridges and oral surgery).
- All dental packages cover third cleaning or periodontal maintenance procedures for diabetic members.

Waiting periods

- Diagnostic and preventive services: No waiting period
- Minor restorative services (fillings): 6-month waiting period
- Periodontal, endodontics, oral surgery and prosthodontics: 12-month waiting period

Enhance your plan with great benefits – *continued*



Vision Coverage

Benefits vary by package, but all packages include eye exams, as well as allowances for eyeglass frames and lenses and contact lenses.

- With Blue View Vision, you have access to over 33,000 eye doctors at more than 26,000 locations, including thousands of private practice doctors and retail stores.
- You can call or click online at 1-800 CONTACTS, visit a private practice eye doctor, or go in-store to LensCrafters®, Sears OpticalSM, Target Optical®, JCPenney® Optical and most Pearle Vision® locations.
- Save 15%-40% on noncovered materials such as extra pairs of eyewear, nonprescription sunglasses and other accessories

To see if your vision provider is in our network, visit www.anthem.com/ca. When prompted, choose the Blue View Vision network.



Get fit and be healthy with SilverSneakers®

We offer the Healthways SilverSneakers¹ Fitness program as a plan benefit at no cost to you. Your SilverSneakers membership includes:

- All basic amenities, services and programs at participating locations nationwide.
- Group exercise classes at some sites.
- Access to a secure, members-only online community.

Once you are a member, you can sign up for SilverSneakers. To find fitness locations, request your unique SilverSneakers ID number, enroll in FLEX classes or get additional details, visit www.silversneakers.com, or call SilverSneakers Customer Service at **1-855-741-4985** (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. ET.

¹ The SilverSneakers Fitness Program is provided by Healthways, Inc., an independent company. SilverSneakers® is a registered mark of Healthways, Inc.

Enhance your plan with great benefits – *continued*



Travel Assistance Program²

With travel assistance, you'll get extended service 24 hours a day, seven days a week, no matter where life takes you. If you have an emergency medical situation while traveling abroad, simply call our assistance coordination line from any country to:

- Coordinate and pay for medical evacuation to the nearest appropriate treatment facility or back home when medically necessary.
- Schedule a bedside visit for a family member or friend if you are hospitalized for more than seven days, or if you are in critical condition.
- Access health-related travel planning information and receive assistance in replacing lost prescription medications, eyeglasses or contact lenses while traveling.



² The Travel Assistance Program is provided by HTH Worldwide, an independent company.

Anthem Extras Packages Benefits at a Glance

CALIFORNIA	Standard Package	Premium Package	Premium Plus Package	Dental Only Plan
Dental				
Network	Dental Blue 100	Dental Blue 100	Dental Blue 100	Dental Blue 100
Annual Maximum	\$500	\$1,000	\$1,250	\$1,250
Deductible	No deductible	\$50	\$50	\$50
Diagnostic & Preventive Services	100%	100%	100%	100%
Minor Restorative Services (Fillings)	Not covered	80%	80%	80%
Periodontal Services	Not covered	50%	50%	50%
Endodontics & Oral Surgery	Not covered	50%	50%	50%
Prosthodontics (Crown, dentures, bridges)	Not covered	Not covered	50%	50%
Vision				
Network	Blue View Vision	Blue View Vision	Blue View Vision	Not available
Exam (once every 12 months)	\$20 copay	\$20 copay	\$10 copay	Not available
Frames (once every 24 months)	\$100 allowance	\$100 allowance	\$130 allowance	Not available
Eyeglass Lenses (once every 24 months)	\$20 copay	\$20 copay	\$10 copay	Not available
Contact Lenses	\$80 allowance	\$80 allowance	\$80 allowance	Not available
Additional Programs				
SilverSneakers	Not available	Yes	Yes	Not available
Travel Assistance	Not available	Not available	Yes	Not available
Monthly Premium	\$25.00	\$43.00	\$61.00	\$49.00

Tips for a successful enrollment

Ways to save money on your premiums

- **Save \$48 by paying your premium for the entire year!** (The discount maybe prorated the first year depending on the policy effective date.)
- **Save \$2 on your monthly premium.** Enroll in our Automatic Bank Draft or Electronic Fund Transfer program. (To enroll, complete the Premium Payment form.)
- **Save 5% when more than one member in the household enrolls in a Medicare Supplement plan with us.** The discount is for policies with effective dates of June 1, 2010, or after. All members must reside in the same housing unit.

Open enrollment period

The best time to buy a Medicare Supplement plan is during your open enrollment period. If you apply after your open enrollment period, you may have to go through medical underwriting and may be denied coverage or charged more based on your health status, unless you are eligible to enroll due to a guaranteed issue situation.

The open enrollment period begins on the first day of the month in which you are both 65 or older and enrolled in Medicare Part B, and lasts for six months. Once you enroll in Medicare Part B, your open enrollment period begins and cannot be changed. In some states, there may be additional open enrollment periods. Check the *Outline of Coverage* for additional details.

Tips for a successful enrollment – *continued*

New to Medicare

Enroll in Plan F and SAVE \$180! If you are age 65 or older and within six months of your Part B effective date, you will receive \$15 off your monthly premium for the first 12 months of your policy. This discount is applicable to Plan F policies with an effective date of March 1, 2015, or after.

Enroll now

To get started, just follow these steps:

1. Select the plan that best fits your needs.
2. Complete all sections on the Enrollment application.
3. Select your desired payment option. (Your options are listed on the application.)
4. Sign and date the application.

Your agent can help you fill out the application and answer any questions you may have about adding additional benefits, if available.

Have questions or need help?

Call your licensed sales agent or refer to the “How to reach us” page.

How to reach us

Sales Department¹ 1-888-211-9813

TTY line 711

8 a.m. to 8 p.m., seven days a week

Customer Service 1-800-333-3883

TTY line 711

8 a.m. to 8 p.m., Monday through Friday

Online benefits, discounts and health resources www.anthem.com/ca

- Find a doctor
- Enroll online
- Find a pharmacy
- Find your covered drugs

General information about Medicare www.medicare.gov

In case of emergency, call 911.

TTY lines are for those with hearing or speech loss.

¹ By calling this number, you will reach an authorized licensed insurance agent who can answer questions about our plans and enrollment.



This Policy has exclusions, limitations, and terms under which the Policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent, Anthem or visit us on the web.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company.

This brochure is intended to be a brief summary of coverage and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the Policy. In the event of a conflict between the Policy and this description, the terms of the Policy will prevail.

Anthem Blue Cross is not connected with or endorsed by the U.S. Government or the federal Medicare program.

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