Anthem Health. Join In.

Anthem Blue Cross and Blue Shield – Virginia

Administrative Office: P.O. Box 27401, Richmond, VA 23279-7401
Toll Free Telephone Number: 1-800-916-2583

2011 Outline of Medicare Supplement Coverage

Cover Page (1 of 2)

Plans A, B, F, High Ded F, G & N

Benefit Chart of Medicare Supplement Plans Sold for Effective Dates On or After June 1, 2010

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan "A" available. Some plans may not be available in your state. Plans shown in gray are available for purchase, from Anthem Health Plans of Virginia, Inc.

Plan B is only available to those who are under age 65 and qualify for Medicare due to disability (noted with a diamond '✦') or those over age 65 that do not qualify due to health underwriting.

Basic Benefits:

- **Hospitalization –** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses –** Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.
- **Blood –** First three pints of blood each year.
- **Hospice –** Part A coinsurance.

All plans provide a Voluntary Individual Outcomes Management Program. This program provides benefits for cost-effective alternative treatment options as agreed upon by the policyholder, the provider and Anthem Blue Cross and Blue Shield. See the Plan descriptions within this outline for more information.

PLAN	A	B✦	C	D	F | F*	G	K	L	M	N
Basic coverage	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*	Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to $20 copayment for office visit, and up to $50 copayment for ER

(continued on next page)

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2011 Outline of Medicare Supplement Coverage

Cover Page (2 of 2)

Plans A, B, F, High Ded F, G & N

PLAN	A	B✦	C	D	F | F*	G	K	L	M	N
Skilled Nursing Facility coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Part A Deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B Deductible			✓		✓					
Part B Excess					✓	✓				
Foreign Travel Emergency			✓	✓	✓	✓			✓	✓
Out-of-pocket limit							$4,640; paid at 100% after limit reached	$2,320; paid at 100% after limit reached		

* Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $2,000 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed $2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

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Monthly Rates

Plans A, B, F, High Ded F, G & N
Effective July 1, 2011

Rates are subject to change.

Premium Information — Age 65 and Over

We, Anthem, can only raise your premium if we raise the premium for all plans like yours in the Commonwealth. Your premium rate increases based upon your attained age. We will recalculate your age each year. Your premium rate will increase annually based upon your new attained age. Premium changes due to your attained age occur annually when the Plans renew. To determine your premium, select your age as of your requested policy effective date, then refer to the zip code listing on the following page to determine which area you live in.

Premiums for other Medicare Supplement policies that are issue age or community rated do not increase due to changes in your age. While the cost of this policy at your present age may be lower than the cost of a Medicare Supplement policy that is based on issue age or community rated, it is important to compare the potential cost of these policies over the life of the policy.

Attained Age	A		F		High Ded F		G		N	
	Area 1	Area 2	Area 1	Area 2	Area 1	Area 2	Area 1	Area 2	Area 1	Area 2
65	$ 62.00	$ 62.00	$ 108.00	$ 108.00	$ 32.00	$ 32.00	$ 98.00	$ 98.00	$ 77.00	$ 77.00
66	66.00	66.00	119.00	119.00	35.00	35.00	108.00	108.00	85.00	85.00
67	69.00	69.00	125.00	125.00	38.00	38.00	114.00	114.00	89.00	89.00
68	72.00	72.00	132.00	132.00	40.00	40.00	120.00	120.00	94.00	94.00
69	74.00	74.00	138.00	138.00	43.00	43.00	126.00	126.00	99.00	99.00
70	77.00	77.00	143.00	143.00	46.00	46.00	130.00	130.00	102.00	102.00
71	81.00	81.00	149.00	149.00	48.00	48.00	136.00	136.00	107.00	107.00
72	83.00	83.00	155.00	155.00	51.00	51.00	141.00	141.00	111.00	111.00
73	85.00	85.00	161.00	161.00	54.00	54.00	147.00	147.00	115.00	115.00
74	87.00	87.00	166.00	166.00	57.00	57.00	151.00	151.00	119.00	119.00
75+	90.00	90.00	180.00	180.00	63.00	63.00	164.00	164.00	129.00	129.00

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Premium Information — Guaranteed Issue and Pre-65

We, Anthem can only increase your premium if we raise the premium for all policies like yours in the Commonwealth.

Age at Enrollment	Plan B
Under age 65 and eligible for Medicare.	$ 908.00
Age 65 1/2 or older, enrolled in Medicare Part B for more than 6 months, and do not qualify medically for other plans.	687.00

Save $2 on your monthly premium! Enroll in our Automatic Bank Draft or Electronic Fund Transfer (EFT) program and you will save $2 on your monthly premium. (To enroll, simply complete the Premium Payment Form.)

—OR—

Save $48 by paying your premium for the entire year!
(Note: Based on the policy effective date, the discount may be pro-rated the first year.)

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 and available to those members who occupy the same housing unit.

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Monthly Rates

Plans A, B, F, High Ded F, G & N
Effective July 1, 2011

Rates are subject to change.

5-Digit Zip Code Area Guide

To determine your premium, refer to the zip code listing to determine which area you live in, then select your age as of your requested policy effective date from the prior pages.

1. Go to **Column 1** and locate the first 3 digits of your Zip Code. (P.O. Box addresses are not acceptable.)

2. Then move to **Column 2** and locate the last two digits of your Zip Code.

3. Column 3 is your Area Code.

4. See **Premium Chart** for your area.

NOTE: *ZIP Code spans Rt. 123, please contact your agent or Anthem directly to confirm residency is within our service area.

1 Prefix	2 (5 digits)	3 Area
200	41	M1
201	01-05, 07-13, 17, 18, 20-22, 24, 29, 31, 32-36, 41-43, 46-49, 51-53, 55, 56, 58-60, 63-72, 75-78, 80-82, 89-97, 99	M1
201	06, 15, 16, 19, 28, 30, 37-40, 44, 84-88, 98	M2
220	01, 18, 20-22, 24, 26, 27*, 30-32*, 33, 34-39*, 45, 65-71, 75, 78-80, 90-96	M1
220	02, 16, 17, 19, 25	M2
221	01-03*, 06-09*, 10-11, 17, 23, 24*, 25, 29, 31, 32, 34, 35, 41, 70, 72, 80-85*, 90-95, 99*	M1
221	15, 28, 30, 40, 71, 76, 86	M2
224	01-08, 12, 27, 28, 30, 32, 33, 35-38, 42, 43, 46, 48, 51, 54, 56, 60, 61, 63, 69, 71-73, 76, 80-82, 85, 88	M2
225	01, 03, 04, 07-09, 11, 13, 14, 17, 20, 23, 24, 26, 28-30, 34, 35, 38, 39, 42, 44-49, 51-56, 58, 60, 65, 67, 68, 70, 72, 76-81	M2
226	01-04, 10, 11, 20, 22-27, 30, 37-46, 49-52, 54-57, 60, 63, 64	M2
227	01, 09, 11-16, 18-43, 46-49	M2
228	01, 02, 07, 10-12, 15, 20, 21, 24, 27, 30-35, 40-51, 53	M2
229	01-11, 20, 22-24, 29, 31, 32, 35-40 42, 43, 45-49, 51-54, 57-60, 63-65, 67-69, 71-74, 76, 80, 87, 89	M2
230	01-04, 09, 11, 14, 17, 18, 21-25, 27, 30-32, 35, 38-40, 43, 45, 50, 54-56, 61-68, 70-72, 76, 79-81, 83-86, 89-93	M2
230	05, 15, 47, 58-60, 69, 75	M1
231	01-03, 05-10, 15, 17, 19, 20, 22-31, 38-41, 47-49, 53-56, 60, 61, 63, 68-70, 75-78, 80, 81, 83-88, 90, 91	M2
231	11-14, 16, 46, 50, 62, 73, 92	M1
232	00-99	M1
233	01-03, 06-08, 10, 13, 16, 36, 37, 41, 45, 47, 50, 54, 56-59, 89, 95, 96, 98, 99	M2
233	04, 14, 15, 20-28, 97	M1
234	01, 03-05, 07-10, 12-23, 26, 27, 29, 40-43, 80, 82, 83, 86, 88	M2
234	24, 30-39, 50-71, 79, 87	M1
235	00-99	M1
236	00-12, 28-31, 51-70, 81	M2
236	90-94, 96	M2
237	00-99	M1
238	01-06, 21, 22, 24, 30, 33, 34, 39-43, 45-47, 50, 56, 57, 60, 67, 68, 70, 72, 73, 75, 76, 79, 81-85, 87-91, 93, 94, 97, 99	M2
238	27-29, 31, 32, 36-38, 44, 51, 59, 66, 74, 78, 98	M1

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5-Digit Zip Code Area Guide (Continued)

To determine your premium, refer to the zip code listing to determine which area you live in, then select your age as of your requested policy effective date from the prior pages.

1. Go to **Column 1** and locate the first 3 digits of your Zip Code. (P.O. Box addresses are not acceptable.)

2. Then move to **Column 2** and locate the last two digits of your Zip Code.

3. Column 3 is your Area Code.

4. See **Premium Chart** for your area.

NOTE: *ZIP Code spans Rt. 123, please contact your agent or Anthem directly to confirm residency is within our service area.

1 Prefix	2 (5 digits)	3 Area
239	01, 09, 11, 15, 17, 19-24, 27, 30, 34, 36-39, 41-44, 47, 50, 52, 54, 55, 58-60, 62-64, 66-68, 70, 74, 76	M2
240	00-50, 53-55, 58-70, 72, 73, 76-79, 82-95	M2
241	01, 02, 04, 05, 11-15, 20-22, 24, 26-34, 36-39, 41-43, 46-51, 53, 55-57, 61, 62, 65, 67, 68, 71, 74-79, 84, 85	M2
242	01-03, 09-12, 15-21, 24-26, 28, 30, 36, 37, 39, 43-46, 48, 50, 51, 56, 58, 60, 63, 65, 66, 69-73, 77, 79-83, 85, 89, 90, 92, 93	M2
243	01, 11-19, 22-28, 30, 33, 40, 43, 47, 48, 50-52, 54, 60, 61, 63, 66, 68, 70, 73-75, 77-82	M2
244	01, 02, 07, 11-13, 15, 16, 21, 22, 26, 30-33, 35, 37-42, 44, 45, 48, 50, 57-60, 63-65, 67-69, 71-77, 79, 82-87	M2
245	01-06, 12-15, 17, 20-23, 26-31, 33-36, 38-44, 49-51, 53-58, 62, 63, 65, 66, 69-72, 74, 76-81, 85, 86, 88-90, 92-99	M2
246	01-09, 12-14, 18-20, 22, 24, 27, 28, 30, 31, 34, 35, 37, 39-41, 46, 47, 49, 51, 56-58	M2

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Disclosure Page

Plans A, B, F, High Ded F, G & N

Disclosures

Use this outline to compare benefits and premiums among policies.

Medicare deductibles and coinsurance amounts are effective as of January 1, 2011. Medicare may change their amounts annually.

Read Your Policy Very Carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and Anthem.

Right to Return Policy

If you find that you are not satisfied with your policy, you may return it to us at our Administrative Office: P.O. Box 27401, Richmond, VA 23279-7401. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Policy Replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice

This policy may not fully cover all of your medical costs.

Neither Anthem nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

Complete Answers are Very Important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Retain this outline for your records.

PLAN A
MEDICARE (PART A) HOSPITAL SERVICES — PER BENEFIT PERIOD

PART **A** Services

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,132	$0	$1,132 (Part A deductible)
61st thru 90th day	All but $283 a day	$283 a day	$0
91st day and after: · While using 60 lifetime reserve days	All but $566 a day	$566 a day	$0
· Once lifetime reserve days are used: — Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$0	$0	All costs

(continued on next page)

* A benefit period begins on the first day you receive service 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.

** 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 for 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 A
MEDICARE (PART A) HOSPITAL SERVICES — PER BENEFIT PERIOD

PART **A** Services

Services	Medicare Pays	Plan Pays	You Pay
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $141.50 a day	$0	Up to $141.50 a day
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

* A benefit period begins on the first day you receive service 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.

PLAN A
MEDICARE (PART B) MEDICAL SERVICES — PER CALENDAR YEAR

PART B Services

Services	Medicare Pays	Plan Pays	You Pay
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, durable medical equipment			
First $162 of Medicare Approved Amounts*	$0	$0	$162 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges			
Above Medicare Approved Amounts	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Next $162 of Medicare Approved Amounts*	$0	$0	$162 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for Diagnostic Services	100%	$0	$0

* Once you have been billed $162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN A
MEDICARE (PART A) HOSPITAL & (PART B) MEDICAL SERVICES
OTHER BENEFITS — NOT COVERED BY MEDICARE

PARTS A+B Services

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care — Medicare Approved Services			
· Medically necessary skilled care services and medical supplies	100%	$0	$0
· Durable medical equipment:			
— First $162 of Medicare approved amounts*	$0	$0	$162 (Part B deductible)
— Remainder of Medicare approved amounts	80%	20%	$0

OTHER BENEFITS — Not Covered by Medicare

Voluntary Individual Outcomes Management Program			
Voluntary Individual Outcomes Management Program (if applicable)	Anthem covers the full cost of these alternative treatment options to the extent the costs are not paid by Medicare		$0

* Once you have been billed $162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Note: This policy provides a Voluntary Individual Outcomes Management Program. The program is designed to provide alternative treatment options to benefit the policyholder by coordinating quality care in the most appropriate, cost-effective manner. This program can provide an extension of benefits and is contingent on an agreement among the policyholder (or designee), the provider, and Anthem Blue Cross and Blue Shield. A policyholder's participation does not obligate his or her participation in the program at a later date.

PLAN B

MEDICARE (PART A) HOSPITAL SERVICES — PER BENEFIT PERIOD

PART **A** Services

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,132	$1,132 (Part A deductible)	$0
61st thru 90th day	All but $283 a day	$283 a day	$0
91st day and after: · While using 60 lifetime reserve days	All but $566 a day	$566 a day	$0
· Once lifetime reserve days are used: — Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$0	$0	All costs

(continued on next page)

* A benefit period begins on the first day you receive service 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.

** 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 for 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 B

MEDICARE (PART A) HOSPITAL SERVICES — PER BENEFIT PERIOD

PART **A** Services

Services	Medicare Pays	Plan Pays	You Pay
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $141.50 a day	$0	Up to $141.50 a day
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

* A benefit period begins on the first day you receive service 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.

PLAN B

MEDICARE (PART B) MEDICAL SERVICES — PER CALENDAR YEAR

PART B Services

Services	Medicare Pays	Plan Pays	You Pay
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, durable medical equipment			
First $162 of Medicare Approved Amounts*	$0	$0	$162 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges			
Above Medicare Approved Amounts	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Next $162 of Medicare Approved Amounts*	$0	$0	$162 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for Diagnostic Services	100%	$0	$0

* Once you have been billed $162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN B
MEDICARE (PART A) HOSPITAL & (PART B) MEDICAL SERVICES
OTHER BENEFITS — NOT COVERED BY MEDICARE

PARTS A+B Services

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care — Medicare Approved Services			
· Medically necessary skilled care services and medical supplies	100%	$0	$0
· Durable medical equipment:			
— First $162 of Medicare approved amounts*	$0	$0	$162 (Part B deductible)
— Remainder of Medicare approved amounts	80%	20%	$0

OTHER BENEFITS — Not Covered by Medicare

Voluntary Individual Outcomes Management Program			
Voluntary Individual Outcomes Management Program (if applicable)	Anthem covers the full cost of these alternative treatment options to the extent the costs are not paid by Medicare		$0

* Once you have been billed $162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Note: This policy provides a Voluntary Individual Outcomes Management Program. The program is designed to provide alternative treatment options to benefit the policyholder by coordinating quality care in the most appropriate, cost-effective manner. This program can provide an extension of benefits and is contingent on an agreement among the policyholder (or designee), the provider, and Anthem Blue Cross and Blue Shield. A policyholder's participation does not obligate his or her participation in the program at a later date.

PLAN F

MEDICARE (PART A) HOSPITAL SERVICES — PER BENEFIT PERIOD

PART **A** Services

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,132	$1,132 (Part A deductible)	$0
61st thru 90th day	All but $283 a day	$283 a day	$0
91st day and after: · While using 60 lifetime reserve days	All but $566 a day	$566 a day	$0
· Once lifetime reserve days are used: — Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$0	$0	All costs

(continued on next page)

* A benefit period begins on the first day you receive service 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.

** 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 for 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 F

MEDICARE (PART A) HOSPITAL SERVICES — PER BENEFIT PERIOD

PART **A** Services

Services	Medicare Pays	Plan Pays	You Pay
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $141.50 a day	Up to $141.50 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

* A benefit period begins on the first day you receive service 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.

PLAN F

MEDICARE (PART B) MEDICAL SERVICES — PER CALENDAR YEAR

PART **B** Services

Services	Medicare Pays	Plan Pays	You Pay
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, durable medical equipment			
First $162 of Medicare Approved Amounts*	$0	$162 (Part B deductible)	$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges			
Above Medicare Approved Amounts	$0	100%	$0
Blood			
First 3 pints	$0	All costs	$0
Next $162 of Medicare Approved Amounts*	$0	$162 (Part B deductible)	$0
Remainder of Medicare Approved Amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for Diagnostic Services	100%	$0	$0

* Once you have been billed $162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN F
MEDICARE (PART A) HOSPITAL & (PART B) MEDICAL SERVICES
OTHER BENEFITS — NOT COVERED BY MEDICARE

PARTS A+B Services

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care — Medicare Approved Services			
· Medically necessary skilled care services and medical supplies	100%	$0	$0
· Durable medical equipment:			
— First $162 of Medicare approved amounts*	$0	$162 (Part B deductible)	$0
— Remainder of Medicare approved amounts	80%	20%	$0

OTHER BENEFITS

Not Covered by Medicare

Foreign Travel — Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of Charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum
Voluntary Individual Outcomes Management Program			
Voluntary Individual Outcomes Management Program (if applicable)	Anthem covers the full cost of these alternative treatment options to the extent the costs are not paid by Medicare		$0

* Once you have been billed $162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Note: This policy provides a Voluntary Individual Outcomes Management Program. The program is designed to provide alternative treatment options to benefit the policyholder by coordinating quality care in the most appropriate, cost-effective manner. This program can provide an extension of benefits and is contingent on an agreement among the policyholder (or designee), the provider, and Anthem Blue Cross and Blue Shield. A policyholder's participation does not obligate his or her participation in the program at a later date.

HIGH DEDUCTIBLE PLAN F

MEDICARE (PART A) HOSPITAL SERVICES — PER BENEFIT PERIOD

PART **A** Services

Services	Medicare Pays	After You Pay $2000 Deductible,** Plan Pays	In Addition to $2000 Deductible,** You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,132	$1,132 (Part A deductible)	$0
61st thru 90th day	All but $283 a day	$283 a day	$0
91st day and after: · While using 60 lifetime reserve days	All but $566 a day	$566 a day	$0
· Once lifetime reserve days are used: — Additional 365 days	$0	100% of Medicare eligible expenses	$0***
— Beyond the additional 365 days	$0	$0	All costs

(continued on next page)

* A benefit period begins on the first day you receive service 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.

** This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $2000 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are $2000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

*** 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 for 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 F

MEDICARE (PART A) HOSPITAL SERVICES — PER BENEFIT PERIOD

PART **A** Services

Services	Medicare Pays	After You Pay $2000 Deductible,** Plan Pays	In Addition to $2000 Deductible,** You Pay
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $141.50 a day	Up to $141.50 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

* A benefit period begins on the first day you receive service 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.

** This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $2000 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are $2000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

HIGH DEDUCTIBLE PLAN F

MEDICARE (PART B) MEDICAL SERVICES — PER CALENDAR YEAR

PART **B** Services

Services	Medicare Pays	After You Pay $2000 Deductible,** Plan Pays	In Addition to $2000 Deductible,** You Pay
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, durable medical equipment			
First $162 of Medicare Approved Amounts*	$0	$162 (Part B deductible)	$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges			
Above Medicare Approved Amounts	$0	100%	$0
Blood			
First 3 pints	$0	All costs	$0
Next $162 of Medicare Approved Amounts*	$0	$162 (Part B deductible)	$0
Remainder of Medicare Approved Amounts	80%	20%	$0

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* Once you have been billed $162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

** This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $2000 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are $2000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

HIGH DEDUCTIBLE PLAN F

MEDICARE (PART B) MEDICAL SERVICES – PER CALENDAR YEAR
MEDICARE (PART A) HOSPITAL & (PART B) MEDICAL SERVICES

PART **B** Services

PARTS **A+B** Services

Services	Medicare Pays	After You Pay $2000 Deductible,** Plan Pays	In Addition to $2000 Deductible,** You Pay
Clinical Laboratory Services			
Tests for Diagnostic Services	100%	$0	$0
Home Health Care — Medicare Approved Services			
· Medically necessary skilled care services and medical supplies	100%	$0	$0
· Durable medical equipment:			
— First $162 of Medicare approved amounts*	$0	$162 (Part B deductible)	$0
— Remainder of Medicare approved amounts	80%	20%	$0

* Once you have been billed $162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

** This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $2000 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are $2000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

HIGH DEDUCTIBLE PLAN F
OTHER BENEFITS — NOT COVERED BY MEDICARE

OTHER BENEFITS

Not Covered by Medicare

Services	Medicare Pays	After You Pay $2000 Deductible,** Plan Pays	In Addition to $2000 Deductible,** You Pay
Foreign Travel — Not Covered by Medicare			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of Charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum
Voluntary Individual Outcomes Management Program			
Voluntary Individual Outcomes Management Program (if applicable)	Anthem covers the full cost of these alternative treatment options to the extent the costs are not paid by Medicare		$0

** This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $2000 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are $2000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

Note: This policy provides a Voluntary Individual Outcomes Management Program. The program is designed to provide alternative treatment options to benefit the policyholder by coordinating quality care in the most appropriate, cost-effective manner. This program can provide an extension of benefits and is contingent on an agreement among the policyholder (or designee), the provider, and Anthem Blue Cross and Blue Shield. A policyholder's participation does not obligate his or her participation in the program at a later date.

PLAN G

MEDICARE (PART A) HOSPITAL SERVICES — PER BENEFIT PERIOD

PART **A** Services

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,132	$1,132 (Part A deductible)	$0
61st thru 90th day	All but $283 a day	$283 a day	$0
91st day and after: · While using 60 lifetime reserve days	All but $566 a day	$566 a day	$0
· Once lifetime reserve days are used: — Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$0	$0	All costs

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* A benefit period begins on the first day you receive service 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.

** 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 for 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

MEDICARE (PART A) HOSPITAL SERVICES — PER BENEFIT PERIOD

PART **A** Services

Services	Medicare Pays	Plan Pays	You Pay
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $141.50 a day	Up to $141.50 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

* A benefit period begins on the first day you receive service 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.

PLAN G

MEDICARE (PART B) MEDICAL SERVICES — PER CALENDAR YEAR

PART **B** Services

Services	Medicare Pays	Plan Pays	You Pay
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, durable medical equipment			
First $162 of Medicare Approved Amounts*	$0	$0	$162 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges			
Above Medicare Approved Amounts	$0	100%	$0
Blood			
First 3 pints	$0	All costs	$0
Next $162 of Medicare Approved Amounts*	$0	$0	$162 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for Diagnostic Services	100%	$0	$0

* Once you have been billed $162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN G
MEDICARE (PART A) HOSPITAL & (PART B) MEDICAL SERVICES
OTHER BENEFITS — NOT COVERED BY MEDICARE

PARTS A+B Services

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care — Medicare Approved Services			
· Medically necessary skilled care services and medical supplies	100%	$0	$0
· Durable medical equipment:			
— First $162 of Medicare approved amounts*	$0	$0	$162 (Part B deductible)
— Remainder of Medicare approved amounts	80%	20%	$0

OTHER BENEFITS

Not Covered by Medicare

Foreign Travel — Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of Charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum
Voluntary Individual Outcomes Management Program			
Voluntary Individual Outcomes Management Program (if applicable)	Anthem covers the full cost of these alternative treatment options to the extent the costs are not paid by Medicare		$0

* Once you have been billed $162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Note: This policy provides a Voluntary Individual Outcomes Management Program. The program is designed to provide alternative treatment options to benefit the policyholder by coordinating quality care in the most appropriate, cost-effective manner. This program can provide an extension of benefits and is contingent on an agreement among the policyholder (or designee), the provider, and Anthem Blue Cross and Blue Shield. A policyholder's participation does not obligate his or her participation in the program at a later date.

PLAN N

MEDICARE (PART A) HOSPITAL SERVICES — PER BENEFIT PERIOD

PART **A** Services

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,132	$1,132 (Part A deductible)	$0
61st thru 90th day	All but $283 a day	$283 a day	$0
91st day and after: · While using 60 lifetime reserve days	All but $566 a day	$566 a day	$0
· Once lifetime reserve days are used: — Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$0	$0	All costs

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* A benefit period begins on the first day you receive service 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.

** 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 for 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

MEDICARE (PART A) HOSPITAL SERVICES — PER BENEFIT PERIOD

PART **A** Services

Services	Medicare Pays	Plan Pays	You Pay
Skilled Nursing Facility Care* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $141.50 a day	Up to $141.50 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

* A benefit period begins on the first day you receive service 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.

PLAN N

MEDICARE (PART B) MEDICAL SERVICES — PER CALENDAR YEAR

PART **B** Services

Services	Medicare Pays	Plan Pays	You Pay
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, durable medical equipment			
First $162 of Medicare Approved Amounts*	$0	$0	$162 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Balance, other than up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges			
Above Medicare Approved Amounts	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Next $162 of Medicare Approved Amounts*	$0	$0	$162 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0

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* Once you have been billed $162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN N

MEDICARE (PART B) MEDICAL SERVICES – PER CALENDAR YEAR
MEDICARE (PART A) HOSPITAL & (PART B) MEDICAL SERVICES

PART **B** Services

Services	Medicare Pays	Plan Pays	You Pay
Clinical Laboratory Services			
Tests for Diagnostic Services	100%	$0	$0

PARTS **A+B** Services

Home Health Care — Medicare Approved Services			
· Medically necessary skilled care services and medical supplies	100%	$0	$0
· Durable medical equipment:			
— First $162 of Medicare approved amounts*	$0	$0	$162 (Part B deductible)
— Remainder of Medicare approved amounts	80%	20%	0%

* Once you have been billed $162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN N

OTHER BENEFITS — NOT COVERED BY MEDICARE

OTHER BENEFITS

Not Covered by Medicare

Services	Medicare Pays	Plan Pays	You Pay
Foreign Travel — Not Covered by Medicare			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of Charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum
Voluntary Individual Outcomes Management Program			
Voluntary Individual Outcomes Management Program (if applicable)	Anthem covers the full cost of these alternative treatment options to the extent the costs are not paid by Medicare		$0

* Once you have been billed $162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Note: This policy provides a Voluntary Individual Outcomes Management Program. The program is designed to provide alternative treatment options to benefit the policyholder by coordinating quality care in the most appropriate, cost-effective manner. This program can provide an extension of benefits and is contingent on an agreement among the policyholder (or designee), the provider, and Anthem Blue Cross and Blue Shield. A policyholder's participation does not obligate his or her participation in the program at a later date.

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