



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

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.

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* ¹	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

¹ High Deductible Plan F is not available.



Anthem Blue Cross and Blue Shield - Virginia

2015 Outline of Medicare Supplement Coverage

Cover Page (2 of 2)
Plans A, F & N

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PLAN	A	B	C	D	F F* ¹	G	K	L	M	N
Skilled Nursing Facility coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Part A Deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B Deductible			✓		✓					
Part B Excess (100%)					✓	✓				
Foreign Travel Emergency			✓	✓	✓	✓			✓	✓
Out-of-pocket limit							\$4,940; paid at 100% after limit reached	\$2,470; 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 \$2,180 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,180. 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.

¹ High Deductible Plan F is not available.



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Premium Information

Plans A, F & N
Effective March 1, 2015

Premiums are subject to change.

About Your Premium

Here’s some important information, before we get started:

Premiums are subject to change on or after the Renewal Date in accordance with the terms of the Policy. Renewal Date is defined as generally July 1, subject to state approval. Your Premium Billing Preference does not guarantee your premium for any specific time period. Any state-approved premium changes will be applied starting on your next Renewal Date following your Coverage Effective Date, regardless of your Premium Billing Preference. The selected Premium Billing Preference will take effect on the first day of payment period which immediately follows your Coverage Effective Date. For example, if your Coverage Effective Date is September 1 and you pick the Quarterly Premium Billing Preference, Quarterly premium billing will start on October 1; if you select the Annual Premium Billing Preference, Annual premium billing will start on July 1. Any premiums billed for the period of time from your Coverage Effective Date to the start of your selected Premium Billing Preference will be prorated to reflect the Premium Billing Preference selected.

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.

We, Anthem, can only raise your premium if we raise the premium for all plans like yours in this State. We will recalculate your age each year to determine your new attained age. Your premium may increase annually at your plan renewal based upon your new attained age.*

Don’t miss out on a chance to **SAVE!**

These optional discounts are offered.

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.

LET’S BEGIN 

*Policies that are issue age or community rated do not increase due to changes in your age.



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Premium Information

Plans A, F & N
Effective March 1, 2015

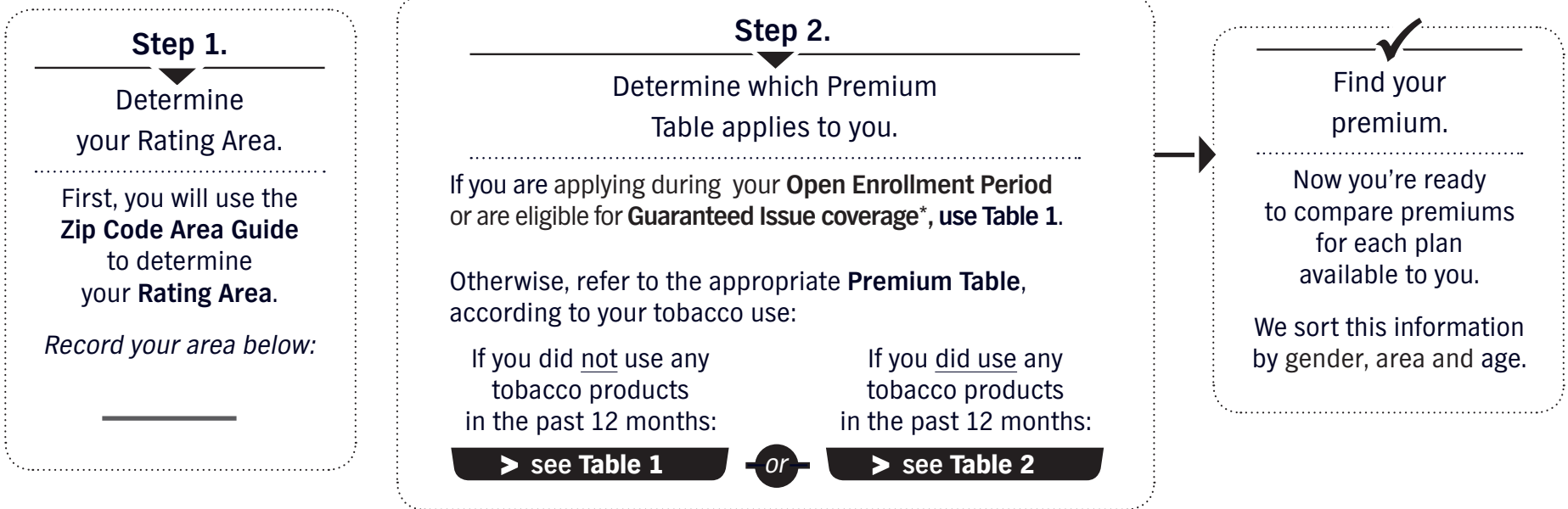
Premiums are subject to change.

Find Your Monthly Premium

We're here to help you make choices to match your coverage needs.

First, you'll need to locate your premium. Premiums (and future changes to premiums) are determined by several factors, including the zip code where you live, whether you are applying during your Open Enrollment Period, your eligibility for Guaranteed Issue coverage, your tobacco use, age, gender, plan, and the costs of medical services and supplies. After locating your monthly premium, you'll refer to individual plan pages. These pages will provide details of coverage and benefits, for comparison purposes.

Here's how to find your premium, step-by-step:



* The most common reason you could qualify for guaranteed issue coverage is, 1) Your coverage will start 3 months before or after your 65th birthday, or 2) Your coverage will start when you are age 65 or older and within 6 months of your Medicare Part B coverage effective date. Other reasons are shown in "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare" available on the Medicare.gov website.



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Monthly Premium

Plans A, F & N
Effective March 1, 2015

Premiums are subject to change.

Step 1: Determine Your Rating Area **5-Digit Zip Code Area Guide**

- **Go to Column 1** and locate the Prefix (first 3 digits of your Zip Code) (P.O. Box addresses are not acceptable.)
 - **Next, move to Column 2** and locate the last two digits of your Zip Code.
 - **Column 3** is your Rating Area. (note: Some zip codes are assigned Multiple Rating Areas.*)
- ✔ **Got it? Now refer to your Premium Table.**

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

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



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Monthly Premium

Plans A, F & N
Effective March 1, 2015

Premiums are subject to change.

Step 1: Determine Your Rating Area **5-Digit Zip Code Area Guide** *(continued)*

- **Go to Column 1** and locate the Prefix (first 3 digits of your Zip Code) (P.O. Box addresses are not acceptable.)
- **Next, move to Column 2** and locate the last two digits of your Zip Code.
- **Column 3** is your Rating Area. **Got it?** Now refer to your Premium Table. (note: Some zip codes are assigned Multiple Rating Areas.*)

1 Prefix	2 (Last two digits of Zip Code)	3 Area	1 Prefix	2 (Last two digits of Zip Code)	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	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
240	00-50, 53-55, 58-70, 72, 73, 76-79, 82-95	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
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			

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



Monthly Premium

Plans A, F & N
Effective March 1, 2015

Premiums are subject to change.

Step 2: Find your Premium Table 1 | Non-Tobacco Users

If you are in your Open Enrollment Period, or are eligible for Guaranteed Issue, use this table. This table is for those who have not used tobacco products in the past 12 months. (Tobacco users should use Table 2.) Premium is based upon your age, gender, area and plan.

Area 1

Age*	Male			Female		
	Plan A	Plan F	Plan N	Plan A	Plan F	Plan N
65	\$ 82.00	\$140.00	\$101.00	\$ 76.00	\$130.00	\$ 94.00
66	88.00	154.00	111.00	81.00	143.00	103.00
67	92.00	162.00	118.00	85.00	150.00	109.00
68	95.00	170.00	123.00	88.00	158.00	114.00
69	97.00	179.00	131.00	90.00	166.00	121.00
70	102.00	185.00	134.00	94.00	172.00	124.00
71	107.00	193.00	142.00	99.00	179.00	131.00
72	109.00	200.00	146.00	101.00	186.00	135.00
73	112.00	209.00	150.00	103.00	193.00	139.00
74	116.00	214.00	157.00	107.00	198.00	145.00
75+	119.00	234.00	170.00	110.00	216.00	158.00

Area 2

Age*	Male			Female		
	Plan A	Plan F	Plan N	Plan A	Plan F	Plan N
65	\$ 76.00	\$130.00	\$ 94.00	\$ 70.00	\$120.00	\$ 87.00
66	81.00	143.00	103.00	75.00	132.00	95.00
67	85.00	150.00	109.00	79.00	139.00	101.00
68	88.00	158.00	114.00	82.00	147.00	106.00
69	90.00	167.00	121.00	84.00	154.00	112.00
70	94.00	172.00	124.00	87.00	159.00	115.00
71	99.00	179.00	131.00	92.00	166.00	122.00
72	101.00	186.00	135.00	94.00	172.00	125.00
73	103.00	193.00	139.00	96.00	179.00	129.00
74	107.00	199.00	145.00	99.00	185.00	135.00
75+	110.00	217.00	158.00	102.00	201.00	146.00

* Premium is determined by your attained age, as of June 30th, within the calendar year you are enrolling. This premium is applied to the entire policy year, which is defined as July 1 - June 30.



Monthly Premium

Plans A, F & N
Effective March 1, 2015

Premiums are subject to change.

Step 2: Find your Premium Table 2 | Tobacco Users

If you have used tobacco products in the past 12 months, use this table –or– if you are not a tobacco user, are in your Open Enrollment Period, or are eligible for Guaranteed Issue, see Table 1. Premium is based upon your age, gender, area and plan.

Area 1

Age*	Male			Female		
	Plan A	Plan F	Plan N	Plan A	Plan F	Plan N
65	\$ 92.00	\$157.00	\$113.00	\$ 85.00	\$146.00	\$105.00
66	99.00	172.00	124.00	91.00	160.00	115.00
67	103.00	181.00	132.00	95.00	168.00	122.00
68	106.00	190.00	138.00	99.00	177.00	128.00
69	109.00	200.00	147.00	101.00	186.00	136.00
70	114.00	207.00	150.00	105.00	193.00	139.00
71	120.00	216.00	159.00	111.00	200.00	147.00
72	122.00	224.00	164.00	113.00	208.00	151.00
73	125.00	234.00	168.00	115.00	216.00	156.00
74	130.00	240.00	176.00	120.00	222.00	162.00
75+	133.00	262.00	190.00	123.00	242.00	177.00

Area 2

Age*	Male			Female		
	Plan A	Plan F	Plan N	Plan A	Plan F	Plan N
65	\$ 85.00	\$146.00	\$105.00	\$ 78.00	\$134.00	\$ 97.00
66	91.00	160.00	115.00	84.00	148.00	106.00
67	95.00	168.00	122.00	88.00	156.00	113.00
68	99.00	177.00	128.00	92.00	165.00	119.00
69	101.00	187.00	136.00	94.00	172.00	125.00
70	105.00	193.00	139.00	97.00	178.00	129.00
71	111.00	200.00	147.00	103.00	186.00	137.00
72	113.00	208.00	151.00	105.00	193.00	140.00
73	115.00	216.00	156.00	108.00	200.00	144.00
74	120.00	223.00	162.00	111.00	207.00	151.00
75+	123.00	243.00	177.00	114.00	225.00	164.00

* Premium is determined by your attained age, as of June 30th, within the calendar year you are enrolling. This premium is applied to the entire policy year, which is defined as July 1 - June 30.

Disclosure Page

Plans A, F & N

Retain this outline for your records.

Disclosures

Use this outline to compare benefits and premiums among policies.

Medicare deductibles and coinsurance amounts are effective as of January 1, 2015. 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 \$1,260	\$0	\$1,260 (Part A deductible)
61 st thru 90 th day	All but \$315 a day	\$315 a day	\$0
91 st day and after: · While using 60 lifetime reserve days	All but \$630 a day	\$630 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
21 st thru 100 th day	All but \$157.50 a day	\$0	Up to \$157.50 a day
101 st 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 \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (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 \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (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 \$147 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 \$147 of Medicare approved amounts*	\$0	\$0	\$147 (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 \$147 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 \$1,260	\$1,260 (Part A deductible)	\$0
61 st thru 90 th day	All but \$315 a day	\$315 a day	\$0
91 st day and after: · While using 60 lifetime reserve days	All but \$630 a day	\$630 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
21 st thru 100 th day	All but \$157.50 a day	Up to \$157.50 a day	\$0
101 st 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 \$147 of Medicare Approved Amounts*	\$0	\$147 (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 \$147 of Medicare Approved Amounts*	\$0	\$147 (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 \$147 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 \$147 of Medicare approved amounts*	\$0	\$147 (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 \$147 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 \$1,260	\$1,260 (Part A deductible)	\$0
61 st thru 90 th day	All but \$315 a day	\$315 a day	\$0
91 st day and after: · While using 60 lifetime reserve days	All but \$630 a day	\$630 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
21 st thru 100 th day	All but \$157.50 a day	Up to \$157.50 a day	\$0
101 st 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 \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (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 \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

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* Once you have been billed \$147 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 \$147 of Medicare approved amounts*	\$0	\$0	\$147 (Part B deductible)
– Remainder of Medicare approved amounts	80%	20%	0%

* Once you have been billed \$147 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

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