



Thank you for your interest in a Medicare Supplement plan from Anthem Blue Cross and Blue Shield.

We understand that Original Medicare can be overwhelming – our objective is to make this process as simple and straightforward as possible. With a Medicare Supplement plan from Anthem Blue Cross and Blue Shield, you can have peace of mind knowing you have coverage from a trusted company to help fill the gaps with Original Medicare. To learn more about our plans, keep reading this brochure. There is also helpful contact information at the back of this brochure.

What's Inside:

- Premium discounts
- Understanding how Original Medicare works
- Plan options to meet your needs
- Importance of a Medicare Supplement plan
- SilverSneakers and SpecialOffers: Products and services
- Anthem Extras Packages: Optional dental and vision coverage
- Enrolling



New to Medicare Discount Program!

Take advantage of our New to Medicare Discount Program.

Now that you are eligible for Original Medicare, you can pick a plan that fits your needs. And if you choose an Anthem Blue Cross and Blue Shield Medicare Supplement Plan F, you can save money too!

Benefits of having a Medicare Supplement Plan F:

- Covers costs Original Medicare doesn't, like Part A/Part B deductibles, coinsurance and more.
 - Freedom to choose any Medicare-approved doctor or hospital
 - Protection from out-of-pocket costs



Don't miss out on a chance to **SAVE** money!

- New to Medicare Discount Program*
 - **SAVE \$15 off your monthly premium for the first 12 months of the policy.** This discount is applicable to Plan F policies with an effective date of January 1, 2016, or after.

- Pay by Automatic Bank Draft or Annual Payment Option
 - **SAVE \$2 off your monthly premium** by paying by Auto Bank Draft or Electronic Funds Transfer (EFT); or
 - **SAVE \$48 by paying your premium for the entire year.** (The discount may be prorated the first year depending on the policy effective date.)

- Share the savings with household members
 - **SAVE 5%** for each family member in your household in a Medicare Supplement plan with us (available on coverage effective dates June 1, 2010 or after and available to those members who occupy the same housing unit).
 - Combine discounts to maximize your savings!

* To qualify for the New to Medicare Discount Program, you must be age 65 or older, and your coverage effective date must be on or after January 1, 2016, and be within six months of your Medicare Part B effective date.

Understanding 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 C, also called Medicare Advantage:

- Replaces Original Medicare Parts A and B.
- Provided by private health insurance companies.
- Requires annual enrollment.
- May have a provider/facility network.



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.

Importance of a Medicare Supplement plan



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.

Have peace of mind knowing the coverage “gaps” are filled.

- Original Medicare has substantial deductibles and copayments that are your responsibility. This means you can easily spend thousands of dollars each year on medical costs (known as the “donut hole”) that are not fully covered by Original Medicare.

Other reasons to consider a Medicare Supplement plan:

- **Financial security:** Based on the plan you enroll in, it provides coverage for “gaps” in Original Medicare, helping you safeguard your retirement savings.
- **Guaranteed renewable:**¹ Once you enroll, **you can keep your plan for life — no annual enrollment!**
- **Portability:** If you move, your Medicare Supplement plan moves with you.
- **Freedom to choose:** No referrals, and you can **go to any** Medicare-approved provider or facility.
- **Plan benefits won’t change:** Plans only change to keep pace with Original Medicare — to keep those “gaps” filled!

¹ 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 options to meet your needs

Now that you're well informed about the benefits of having a Medicare Supplement plan, it's time to consider the type of plan you may need. The next page features our 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 G	Plan N ²
▼ Part A: Hospitalization					
First 60 days (Part A Deductible)	All but \$1,316	\$0	\$1,316	\$1,316	\$1,316
61 st – 90 th day	All but \$329 a day	\$329 a day	\$329 a day	\$329 a day	\$329 a day
91 st day and after	All but \$658 a day	\$658 a day	\$658 a day	\$658 a day	\$658 a day
▼ Skilled Nursing Facility					
First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 st – 100 th day	All but \$164.50 a day	\$0	Up to \$164.50 a day	Up to \$164.50 a day	Up to \$164.50 a day
101 st day and after	\$0	\$0	\$0	\$0	\$0
▼ Part B: Medical Expenses					
Medicare Part B Deductible	All but \$183	\$0	\$183	\$0	\$0
Medicare Part B Excess Charges ³	\$0	\$0	100%	100%	\$0
▼ Other Benefits					
Foreign Travel Emergency	\$0	\$0	80% ⁴	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.

Protecting yourself – covering the gaps in Original Medicare

- As you can see from the chart on the previous page, different Medicare Supplement plans cover different types of medical costs. Let's take a closer look at your out-of-pocket costs with Original Medicare only, and if you have **Medicare Supplement Plan F or Plan G**.
- **Example:** You are covered by Original Medicare when you are unexpectedly hospitalized and have major surgery. After a 15-day stay in the hospital, followed by 22 days in a Skilled Nursing Facility, you learn the physician does not accept the Medicare-approved amount (Medicare Assignment). As a result, you are responsible for the 20% not covered by your Part B coinsurance and the physician's excess charge up to 15% over the Medicare-approved amount. Let's compare your out-of-pocket costs with Original Medicare only, and then if you had purchased Medicare Supplement Plan F or Plan G. For illustrative purposes, the amount remaining after Medicare has paid the 80% under Medicare Part B is \$12,000. You would be responsible for \$2,400, which is 20% of the \$12,000. In addition, since the provider does not accept Medicare as payment in full, we will assume the excess charges are \$600.



Benefits	Out-of-Pocket Costs		
	Original Medicare Only	Medicare Supplement Plan F	Medicare Supplement Plan G
Medicare Part A deductible for 15 days of hospitalization	\$1,316¹	\$0	\$0
Medicare Part A coinsurance for 22 days in Skilled Nursing Facility ² (\$164.50/day for days 21-100) (2 days x \$164.50)	\$329	\$0	\$0
Medicare Part B deductible	\$183	\$0	\$183
Medicare Part B coinsurance for surgical services, supplies, lab tests and therapy (20% cost share of Medicare-approved amount = \$12,000)	\$2,400	\$0	\$0
Medicare Part B Excess amounts above what provider has agreed to accept based on Medicare's approved amount \$600 for illustrative purposes	\$600	\$0	\$0
Your total out-of-pocket costs	\$4,828	\$0	\$183

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

1 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.

2 Original Medicare covers the first 20 days.

Get fit and be healthy with SilverSneakers®



We offer **Healthways SilverSneakers¹** as a value-added fitness program at no cost to you. Once you enroll, you can sign up for SilverSneakers. Your SilverSneakers membership includes:

- Access to more than 13,000 fitness locations.
- All basic amenities, services and programs at participating locations nationwide.
- If you're unable to get to a fitness location, you can select a fitness kit that you can use at home or on the go when you sign up for SilverSneakers Steps.
- Group exercise classes at some sites.
- SilverSneakers FLEX, which includes classes and activities at parks, recreation centers and other local venues.
- Access to a secure, members-only online community.

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. Healthways and SilverSneakers are registered marks of Healthways, Inc., and/or its subsidiaries. ©2016 Healthways, Inc. All rights reserved. SilverSneakers is a value-added program. It is not insurance and not part of the Medicare Supplement insurance plans. It can be changed or withdrawn at any time. Please check with your doctor before you start a physical activity program.

Enjoy perks from SpecialOffers

When you become a member, you can take advantage of discounts and savings through our online SpecialOffers* program such as:



Pharmacy and vitamin offers

- **ScriptSave**[®] – Save up to 80% on all your prescription medications at more than 62,000 participating pharmacies nationwide. And there is no limit to how many times the card can be used to receive a discount. On average the savings is 44% with potential savings of up to 80% – based on 2015 national program savings data.



With your Medicare Supplement enrollment, we have partnered with Medical Security Card Co. to bring to you a Prescription Savings Card. You can get instant savings at the pharmacy register on brand and generic prescription medications for anyone in your household – even your pets. Simply present the pharmacy with the Prescription Savings Card – it is that easy. And even if you enroll into Part D for your drug benefits, you can still take advantage of this card to get discounts on drugs not covered under your Part D plan.

Visit their website at www.123activate.com to use the prescription pricing tool to find the lowest price at a pharmacy near you. An additional benefit – the savings card never expires.

- **Puritan's Pride** – Save 10% and get free shipping on a big selection of discounted vitamins, minerals and supplements.

* Vendors and offers are subject to change without prior notice. Anthem Blue Cross and Blue Shield 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.

SpecialOffers – *continued*



Vision offers

- **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.
- **Premier LASIK** – Save 15% on LASIK with all their in-network providers and prices as low as \$695 per eye with select providers.



Hearing offers

- **Amplifon** – Get a low-price guarantee on the seven top companies that work with Amplifon. Save \$50 on one or \$125 on two hearing aids – plus get a three-year repair/loss/damage warranty and a free two-year supply of batteries.
- **Beltone™** – Hearing screening and in-home service at no additional cost, and up to 50% off all Beltone hearing aids.



Self help offers

- **HelpCare+** – 44% savings on membership that offers savings on chiropractic care, alternative medicine services, vitamins and senior care.
- **Jenny Craig®** – Join Jenny Craig and receive 50% off the All Access enrollment and get 30 days free use.
- **ChooseHealthy™** – Discounts on acupuncture, chiropractors and massage – plus 40% off certain wellness products.
- **SelfHelpWorks programs** – A series of innovative programs to help you quit smoking, manage stress, manage diabetes ... and more. To learn more about these programs, visit SelfHelpWorks at www.selfhelpworks.com/corporate.

Enhance your Medicare Supplement plan with an Anthem Extras Package

Enhance your Medicare Supplement plan by adding one of our Anthem Extras Packages for an additional monthly premium. These Packages are NOT part of the Medicare Supplement insurance policy and require an additional premium. A variety of packages are available to cover dental, vision and even travel assistance.



Anthem Extras Packages

Standard, Premium and Premium Plus packages offer dental and vision coverage. And if all you are interested in is dental coverage, you can add our Dental-only policy.



Dental coverage

Our dental plan offers benefits and features you can smile about, such as:

- Freedom to see any dentist inside or outside of our network – no referrals needed. When you use dentists in our plan, you save money.
- Coverage options for diagnostic and preventive care, plus basic services (fillings) and major services (crowns, dentures, bridges and oral surgery), depending on the package you choose.
- All dental packages cover third cleaning or periodontal maintenance procedures for members with diabetes.
- No waiting period for diagnostic and preventive services.

To see if your dentist is in our network, visit **www.anthem.com**. When prompted, choose the Dental Blue 200 network. Or if you prefer, you can contact customer service for assistance.

Enhance your Medicare Supplement plan with an Anthem Extras Package

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Vision coverage

Benefits vary by Anthem Extras Package, but all packages include an annual eye exam, as well as allowances for eyeglass frames and lenses or 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. When prompted, choose the Blue View Vision network.

Enhance your Medicare Supplement plan with an Anthem Extras Package

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Travel Assistance Program*

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.



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

Anthem Extras Packages benefits at a glance

INDIANA	Standard Package	Premium Package	Premium Plus Package	Dental Only Plan
Monthly Premium	\$23.00	\$39.00	\$51.00	\$44.00
▼ Dental				
Network	Dental Blue 200	Dental Blue 200	Dental Blue 200	Dental Blue 200
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				
Member Assistance Program	Not available	Yes	Yes	Not available
SilverSneakers	Not available	Not available	Not available	Not available
Travel Assistance	Not available	Not available	Yes	Not available

Enrolling – timing is important



Open enrollment period¹

The best time to buy a Medicare Supplement plan is during your open enrollment period. 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. During this period, you do not have to answer medical questions or go through medical underwriting. 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.

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.

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. Complete and return the Premium Payment Form to sign up for Automatic Bank Draft and save \$2 on your monthly premium.
5. Sign and date the application and return it with any additional forms or documents.
6. Be sure to make a copy of your application for your records.

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

¹ 2016 Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare (Accessed April 2016): www.medicare.gov/Publications/Pubs/pdf/02110.pdf.

How to reach us



Sales Department¹ **1-866-803-5169**
TTY line **711**
8 a.m. to 8 p.m., seven days a week

Customer Service **1-866-649-2033**
TTY line **711**
8 a.m. to 8 p.m., Monday through Friday

Online benefits, discounts and health resources **www.anthem.com**

- 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 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.

Not connected with or endorsed by the U.S. Government or the federal Medicare program. The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company.

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, please contact your agent or the health plan.

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