Anthem

Medicare Supplement Outline of Coverage

Plans A, F, Innovative F, G & N

Anthem Blue Cross California 2021

This booklet includes:
2021 Premium Rates
2021 Medicare deductibles, copays and maximum out-of-pocket costs

Call toll-free 1-800-333-3883 with questions.
Administrative Office: P.O. Box 659816, San Antonio, TX 78265-9116

AOOC002M(Rev. 2/19)-CA

Benefit Chart of Medicare Supplement Plans Sold for Effective Dates on or after January 1, 2020

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. Only applicants **first** eligible for Medicare before 2020 may purchase Plans C, F and high deductible F.

Plans shown in gray are available for purchase. These same plans are available to those who are under 65 and qualify for Medicare due to disability (except those that qualify due to ESRD).

Note: A "✓" means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G[1]	K	L	M	N	C	F[1,4]
Medicare Part A coinsurance and hospital coverage *(up to an additional 365 days after Medicare benefits are used up)*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓[1,4]
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply[3]	✓	✓
Blood *(first three pints)*	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency *(up to plan limits)*			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2021[2]					$6,220[2]	$3,110[2]				

1 Plans F and G also have a high deductible option, which require first paying a plan deductible of $2,370 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible. We do not offer **High Deductible Plans F** or **G**.

2 Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

3 Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that do not result in an inpatient admission.

4 **Innovative F** includes additional benefits not contained in other standardized Medicare Supplement Plans as outlined in the following pages.

Premium Information

Plans A, F, Innovative F, G & N | Effective March 1, 2021
Premiums are subject to change.

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

We, Anthem Blue Cross, 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 and adjust your premium based on the new age band in March of each year up to the age cap.

Premiums are subject to change on or after the Renewal Date in accordance with the terms of the Policy. Renewal Date is defined as March 1, subject to state approval. The selected billing preference does not guarantee your premium for any specific period. Approved premium changes are effective as of the Renewal Date.

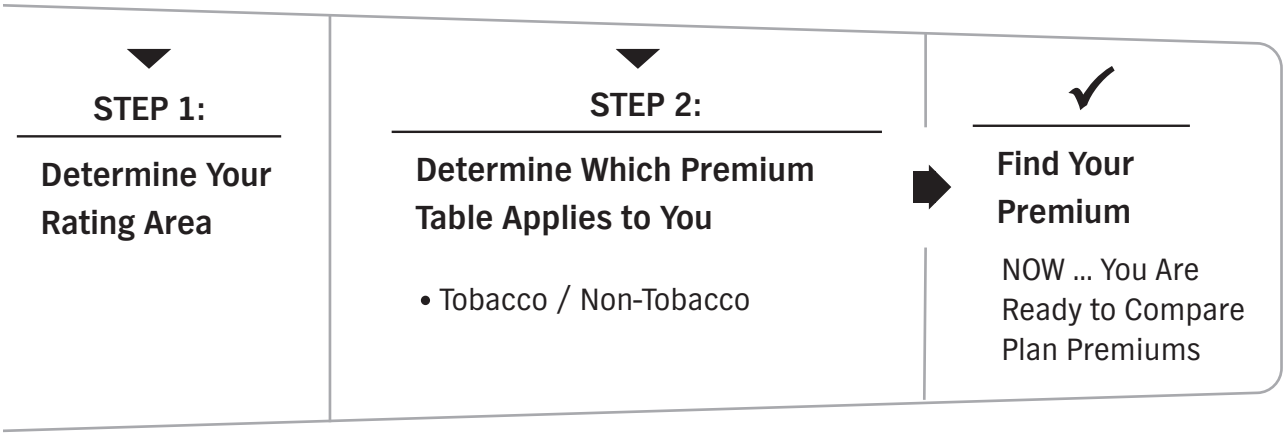
If you select a billing method other than Monthly EFT (Electronic Funds Transfer), the billing frequency takes effect on the first day of the payment period that immediately follows your coverage effective date. Based on your selected billing method and your coverage effective date, we will prorate the initial premium to align you with the quarterly or annual billing. For example, if you select quarterly billing and your coverage effective date is September 1, your quarterly billing will start on October 1. We base annual billing on a calendar year (January-December).

Find Your Premium

Premiums (and future changes to premiums) are determined by several factors, including whether you are applying during your **Open Enrollment Period**, are eligible for **Guaranteed Issue** coverage, the county and/or zip code where you live, tobacco use, age, plan, and the costs of medical services and supplies.

- Your **Open Enrollment period** is the best time to buy a Medicare Supplement plan. The Open Enrollment period automatically starts the month you turn age 65 and enroll in Medicare Part B — this period only occurs once and allows you to enroll in any plan offered. During this period, you do not go through medical underwriting and are **guaranteed** acceptance into the Plan of your choice!
- When outside your Open Enrollment period you may experience a **Guaranteed Issue** right. These rights generally occur when you have other health coverage that changes. In California, you have this period annually based on your birthday. During this period, your Medicare Supplement plan options may be limited.

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



Finding the Right Plan for You

Plans A, F, Innovative F, G & N | Effective March 1, 2021
Premiums are subject to change.

Compare Plans

After locating the monthly premium, you are ready to review the individual plan pages. These pages provide details of the covered services and what each plan pays. Based on your individual needs, these pages will help you determine the plan that is best for you. You are now ready to **ENROLL**!

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 Funds 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.

New to Medicare — Enroll in Plan G and SAVE $300!
If you are age 65 or older, and within six months of your Part B effective date you will receive $25 off your monthly premium for the first 12 months of your policy. This discount is applicable to Plan G policies with an effective date of March 1, 2021 or after.

Ways to Enroll

Sales Department*
Call 1-888-211-9813
(TTY/TDD: **711**)
8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30

Customer Service
Call 1-800-333-3883
(TTY/TDD: **711**)
8 a.m. to 6 p.m. PT Monday - Friday

Visit us Online
www.anthem.com/ca
- Enroll online
- Find a doctor
- Find a pharmacy
- List of covered drugs

Let's Begin

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

Finding Your Monthly Premium

Plans A, F, Innovative F, G & N | Effective March 1, 2021
Premiums are subject to change.

Step 1: Determine Your Rating Area **County Area Guide**

> **Find the county you live in** from the list below.

✓ **Got Your Rating Area?** Now you are ready to go to Step #2.

County	Area	County	Area	County	Area	County	Area
Alameda	3	Los Angeles◊ (For this county, use your zip code to find your area.)		90260-90267	5	90650-90652	5
Alpine	1			90270		90659-90662	
Amador	1			90272		90670	
Butte	1	90001-90084	5	90274		90671	
Calaveras	1	90086-90089		90275		90701-90704	
Colusa	1	90091		90277		90706	
Contra Costa	3	90093-90096		90278		90707	
Del Norte	1	90099		90280		90710-90717	
El Dorado	1	90101-90103		90290-90296		90723	
Fresno	2	90189		90301-90313		90731-90734	
Glenn	1	90201		90397		90744-90749	
Humboldt	1	90202		90398		90755	
Imperial	2	90209-90213		90401-90411		90801-90810	
Inyo	1	90220-90224		90501-90510		90813-90815	
Kern	2	90230-90233		90601-90610		90822	
Kings	1	90239-90242		90612		90831-90835	
Lake	1	90245		90623		90840	
Lassen	1	90247-90251		90630		90842	
		90254		90631		90844-90848	
		90255		90637-90640			

◊ This county spans multiple rating areas.

(see next page for more counties)

Finding Your Monthly Premium

Plans A, F, Innovative F, G & N | Effective March 1, 2021
Premiums are subject to change.

Step 1: Determine Your Rating Area **County Area Guide** *(continued)*

> **Find the county you live in** from the list below.

✓ **Got Your Rating Area?** Now you are ready to go to Step #2.

County	Area	County	Area	County	Area	County	Area
Los Angeles◊ (Contined – For this county, use your zip code to find your area.)		91101-91110	5	91322	5	91436	5
		91114-91118		91324-91331		91470	
		91121		91333-91335		91482	
		91123-91126		91337		91495-91497	
90853	5	91129		91340-91346		91499	
90888		91131		91350-91357		91501-91508	
90895		91182		91361		91510	
90899		91184		91362		91521-91523	
91001		91185		91363-91365		91526	
91003		91188		91367		91601-91612	
91006-91012		91189		91371		91614-91618	
91016		91191		91372		91702	6
91017		91199		91376		91706	
91020		91201-91210		91380-91388		91709	5
91021		91214		91390		91711	
91023-91025		91221		91392-91396		91714-91716	6
91030		91222		91399		91722-91724	
91031		91224-91226		91401-91413		91731-91735	
91040-91043		91301-91311		91416		91740	
91046		91313		91423		91741	5
91066		91316		91426		91744-91749	6
91077		91321					

◊ This county spans multiple rating areas.

(see next page for more counties)

Finding Your Monthly Premium

Plans A, F, Innovative F, G & N | Effective March 1, 2021
Premiums are subject to change.

Step 1: Determine Your Rating Area **County Area Guide** *(continued)*

> **Find the county you live in** from the list below.

✓ **Got Your Rating Area?** Now you are ready to go to Step #2.

County	Area	County	Area	County	Area	County	Area
Los Angeles◊ (Contined – For this county, use your zip code to find your area.)		91801-91804	5	**Madera**	2	**Placer**	1
91750	5	91841		**Marin**	3	**Plumas**	1
91754-91756	6	91896		**Mariposa**	2	**Riverside**	6
91759	5	91899		**Mendocino**	1	**Sacramento**	2
91765	6	93243		**Merced**	2	**San Benito**	1
91766	5	93510	6	**Modoc**	1	**San Bernardino**	6
91767-91769		93532		**Mono**	1	**San Diego**	6
91770-91772	6	93534-93536		**Monterey**	1	**San Francisco**	3
91773	5	93539		**Napa**	2	**San Joaquin**	2
91775	6	93543		**Nevada**	1	**San Luis Obispo**	2
91776		93544		**Orange**	4	**San Mateo**	3
91778		93550-93553					
91780		93560	5				
91788-91793		93563	6				
91795		93584					
91797	5	93586					
91799	6	93590					
		93591					
		93599	5				

◊ This county spans multiple rating areas.

(see next page for more counties)

Finding Your Monthly Premium

Plans A, F, Innovative F, G & N | Effective March 1, 2021
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Step 1: Determine Your Rating Area **County Area Guide** *(continued)*

> **Find the county you live in** from the list below.

✓ **Got Your Rating Area?** Now you are ready to go to Step #2.

County	Area
Santa Barbara◊ (For this county, use your zip code to find your area.)	
93013	3
93014	2
93067	
93101-93103	
93105-93111	
93116-93118	
93120	
93121	
93130	
93140	
93150	
93160	
93190	2
93199	
93252	3
93254	2
93427	
93429	
93434	
93436-93438	
93440	
93441	
93454-93458	
93460	
93463	
93464	
Santa Clara	3
Santa Cruz	2
Shasta	1
Sierra	1
Siskiyou	1
Solano	2
Sonoma	2
Stanislaus	2
Sutter	1
Tehama	1
Trinity	1
Tulare	1
Tuolumne	1
Ventura	6
Yolo	1
Yuba	1

◊ This county spans multiple rating areas.

Finding Your Monthly Premium

Plans A, F, Innovative F, G & N | Effective March 1, 2021
Premiums are subject to change. Premium is based upon your tobacco usage, age, area and plan.

Step 2: Find Your Premium

Table 1 | Non-Tobacco Users and/or Open Enrollment or Guaranteed Issue

Use this table if: *you are in your Open Enrollment Period, or are eligible for Guaranteed Issue;* ***—or—*** *you do not use tobacco products. (Tobacco users should use Table 2.)*

Areas 1, 2 and 3

Age*	Plan A	Plan F	Innovative F	Plan G	Plan N
<65**	$257.65	$540.78	$515.24	$413.73	$334.54
65	109.04	195.09	172.26	130.51	140.29
66	113.47	203.03	179.95	135.80	145.97
67	118.04	211.23	187.90	141.29	151.87
68	122.79	219.71	196.14	146.96	157.98
69	127.71	228.52	204.67	152.88	164.32
70	132.81	237.68	213.54	158.98	170.88
71	138.11	247.13	222.72	165.32	177.69
72	143.60	256.96	232.25	171.87	184.75
73	149.30	267.15	242.13	178.71	192.09
74	155.20	277.71	252.37	185.77	199.68
75	161.31	288.65	262.98	193.08	207.55
76	167.67	300.02	273.99	200.68	215.71
77	174.24	311.76	285.39	208.56	224.17
78	181.05	323.98	297.24	216.73	232.96
79	188.14	336.65	309.52	225.18	242.06
80	195.46	349.77	322.23	233.96	251.48
81+	203.29	363.76	335.80	243.33	261.55

*Attained age at the time of enrollment.
**Plan G is available to those under 65 and newly eligible for Medicare as of January 1, 2020.

(see next page for more areas)

Finding Your Monthly Premium

Plans A, F, Innovative F, G & N | Effective March 1, 2021
Premiums are subject to change. Premium is based upon your tobacco usage, age, area and plan.

Step 2: Find Your Premium

Table 1 | Non-Tobacco Users and/or Open Enrollment or Guaranteed Issue

Use this table if: *you are in your Open Enrollment Period, or are eligible for Guaranteed Issue;* ***—or—*** *you do not use tobacco products. (Tobacco users should use Table 2.)*

Areas 4 and 5

Age*	Plan A	Plan F	Innovative F	Plan G	Plan N
‹65**	$358.10	$705.77	$672.46	$499.92	$464.96
65	137.90	229.82	207.91	151.63	169.51
66	143.50	239.17	217.25	157.78	176.38
67	149.28	248.83	226.90	164.16	183.51
68	155.29	258.82	236.90	170.75	190.89
69	161.51	269.20	247.25	177.62	198.55
70	167.97	279.99	258.02	184.71	206.48
71	174.67	291.12	269.17	192.08	214.71
72	181.61	302.70	280.74	199.69	223.23
73	188.82	314.70	292.73	207.63	232.10
74	196.28	327.14	305.16	215.84	241.27
75	204.01	340.03	318.04	224.33	250.78
76	212.05	353.42	331.40	233.16	260.65
77	220.36	367.25	345.25	242.31	270.87
78	228.98	381.65	359.64	251.81	281.49
79	237.94	396.57	374.55	261.63	292.48
80	247.20	412.03	389.98	271.83	303.87
81+	257.10	428.51	406.45	282.71	316.03

*Attained age at the time of enrollment.
**Plan G is available to those under 65 and newly eligible for Medicare as of January 1, 2020.

(see next page for more areas)

Finding Your Monthly Premium

Plans A, F, Innovative F, G & N | Effective March 1, 2021
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Step 2: Find Your Premium

Table 1 | Non-Tobacco Users and/or Open Enrollment or Guaranteed Issue

Use this table if: *you are in your Open Enrollment Period, or are eligible for Guaranteed Issue;* ***—or—*** *you do not use tobacco products. (Tobacco users should use Table 2.)*

Area 6

Age*	Plan A	Plan F	Innovative F	Plan G	Plan N
<65**	$338.44	$595.78	$567.66	$441.88	$357.28
65	130.33	209.94	186.65	136.71	149.83
66	135.62	218.48	194.93	142.25	155.90
67	141.08	227.30	203.48	148.01	162.20
68	146.76	236.43	212.35	153.95	168.73
69	152.64	245.91	221.53	160.14	175.50
70	158.75	255.77	231.08	166.53	182.51
71	165.08	265.94	240.96	173.18	189.78
72	171.64	276.51	251.21	180.04	197.31
73	178.45	287.48	261.84	187.20	205.15
74	185.50	298.84	272.87	194.60	213.26
75	192.81	310.62	284.27	202.26	221.66
76	200.41	322.85	296.13	210.22	230.39
77	208.26	335.48	308.40	218.47	239.42
78	216.41	348.63	321.14	227.03	248.81
79	224.88	362.27	334.37	235.89	258.52
80	233.63	376.39	348.04	245.08	268.59
81+	242.99	391.44	362.64	254.89	279.34

*Attained age at the time of enrollment.
**Plan G is available to those under 65 and newly eligible for Medicare as of January 1, 2020.

(see next page for Table 2)

Finding Your Monthly Premium

Plans A, F, Innovative F, G & N | Effective March 1, 2021
Premiums are subject to change. Premium is based upon your tobacco usage, age, area and plan.

Step 2: Find Your Premium *(continued)*

Table 2 | For Tobacco Users

Use this table if: *you have used tobacco products in the past 12 months. (If you are not a tobacco user, are in your Open Enrollment Period, or are eligible for Guaranteed Issue, see Table 1.)*

Areas 1, 2 and 3

Age*	Plan A	Plan F	Innovative F	Plan G	Plan N
<65**	$288.57	$605.67	$577.07	$463.38	$374.68
65	122.12	218.50	192.93	146.17	157.12
66	127.08	227.39	201.54	152.10	163.49
67	132.20	236.58	210.45	158.25	170.10
68	137.52	246.08	219.68	164.60	176.94
69	143.03	255.94	229.23	171.22	184.04
70	148.75	266.20	239.16	178.06	191.39
71	154.68	276.79	249.45	185.16	199.02
72	160.83	287.80	260.12	192.50	206.91
73	167.22	299.21	271.19	200.15	215.14
74	173.82	311.04	282.65	208.07	223.64
75	180.67	323.29	294.54	216.25	232.45
76	187.79	336.02	306.87	224.76	241.60
77	195.15	349.17	319.64	233.58	251.07
78	202.78	362.86	332.91	242.74	260.92
79	210.72	377.05	346.66	252.21	271.10
80	218.92	391.74	360.90	262.04	281.66
81+	227.68	407.41	376.10	272.53	292.93

*Attained age at the time of enrollment.
**Plan G is available to those under 65 and newly eligible for Medicare as of January 1, 2020.

(see next page for more areas)

Finding Your Monthly Premium

Plans A, F, Innovative F, G & N | Effective March 1, 2021
Premiums are subject to change. Premium is based upon your tobacco usage, age, area and plan.

Step 2: Find Your Premium *(continued)*

Table 2 | For Tobacco Users

Use this table if: *you have used tobacco products in the past 12 months. (If you are not a tobacco user, are in your Open Enrollment Period, or are eligible for Guaranteed Issue, see Table 1.)*

Areas 4 and 5

Age*	Plan A	Plan F	Innovative F	Plan G	Plan N
<65**	$401.07	$790.46	$753.16	$559.91	$520.76
65	154.45	257.39	232.86	169.83	189.85
66	160.72	267.87	243.32	176.71	197.55
67	167.19	278.69	254.13	183.86	205.53
68	173.92	289.88	265.33	191.24	213.80
69	180.89	301.50	276.92	198.93	222.38
70	188.13	313.59	288.98	206.88	231.26
71	195.63	326.05	301.47	215.13	240.48
72	203.40	339.02	314.43	223.65	250.02
73	211.48	352.47	327.86	232.55	259.95
74	219.83	366.40	341.78	241.74	270.22
75	228.49	380.83	356.20	251.25	280.87
76	237.50	395.83	371.17	261.14	291.93
77	246.80	411.32	386.68	271.39	303.37
78	256.46	427.45	402.80	282.03	315.27
79	266.49	444.16	419.50	293.03	327.58
80	276.86	461.47	436.78	304.45	340.33
81+	287.95	479.93	455.22	316.64	353.95

*Attained age at the time of enrollment.
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(see next page for more areas)

Finding Your Monthly Premium

Plans A, F, Innovative F, G & N | Effective March 1, 2021
Premiums are subject to change. Premium is based upon your tobacco usage, age, area and plan.

Step 2: Find Your Premium *(continued)*

Table 2 | For Tobacco Users

Use this table if: *you have used tobacco products in the past 12 months. (If you are not a tobacco user, are in your Open Enrollment Period, or are eligible for Guaranteed Issue, see Table 1.)*

Area 6

Age*	Plan A	Plan F	Innovative F	Plan G	Plan N
<65**	$379.05	$667.27	$635.78	$494.90	$400.15
65	145.97	235.13	209.05	153.11	167.81
66	151.90	244.70	218.32	159.32	174.61
67	158.01	254.58	227.90	165.77	181.67
68	164.38	264.80	237.83	172.42	188.97
69	170.96	275.42	248.11	179.36	196.56
70	177.80	286.46	258.81	186.52	204.41
71	184.89	297.85	269.88	193.96	212.56
72	192.24	309.70	281.36	201.65	220.99
73	199.87	321.98	293.26	209.66	229.77
74	207.76	334.70	305.61	217.95	238.85
75	215.95	347.89	318.38	226.53	248.26
76	224.46	361.59	331.67	235.44	258.04
77	233.25	375.74	345.41	244.68	268.15
78	242.38	390.47	359.68	254.28	278.67
79	251.86	405.74	374.49	264.19	289.55
80	261.66	421.55	389.80	274.49	300.82
81+	272.14	438.42	406.16	285.48	312.86

*Attained age at the time of enrollment.
**Plan G is available to those under 65 and newly eligible for Medicare as of January 1, 2020.

Important Plan Disclosures

Plans A, F, Innovative F, G & 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, 2021. 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 Blue Cross.

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 659816, San Antonio, TX 78265-9116. 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 Blue Cross 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.

Plan A

Medicare (Part A) – Hospital Services – Per Benefit Period

Services	Medicare Pays	Plan Pays	You Pay
▼ Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,484	$0	$1,484 (Part A deductible)
61st thru 90th day	All but $371 a day	$371 a day	$0
91st day and after: • While using 60 lifetime reserve days	All but $742 a day	$742 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
▼ 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 $185.50 a day	$0	Up to $185.50 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.

** 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.

(continued)

Medicare (Part B) – Medical Services – Per Calendar Year

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 $203 of Medicare Approved Amounts*	$0	$0	$203 (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 $203 of Medicare Approved Amounts*	$0	$0	$203 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
▼ **Clinical Laboratory Services**			
Tests for Diagnostic Services	100%	$0	$0

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 $203 of Medicare approved amounts*	$0	$0	$203 (Part B deductible)
— Remainder of Medicare approved amounts	80%	20%	$0

* Once you have been billed $203 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 Services – Per Benefit Period

Services	Medicare Pays	Plan Pays	You Pay
▼ Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,484	$1,484 (Part A deductible)	$0
61st thru 90th day	All but $371 a day	$371 a day	$0
91st day and after: • While using 60 lifetime reserve days	All but $742 a day	$742 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
▼ 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 $185.50 a day	Up to $185.50 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.

** 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.

(continued)

Medicare (Part B) – Medical Services – Per Calendar Year

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 $203 of Medicare Approved Amounts*	$0	$203 (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 $203 of Medicare Approved Amounts*	$0	$203 (Part B deductible)	$0
Remainder of Medicare Approved Amounts	80%	20%	$0
▼ Clinical Laboratory Services			
Tests for Diagnostic Services	100%	$0	$0

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 $203 of Medicare approved amounts*	$0	$203 (Part B deductible)	$0
— Remainder of Medicare approved amounts	80%	20%	$0

* Once you have been billed $203 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.

(continued)

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

Innovative F

Medicare (Part A) – Hospital Services – Per Benefit Period

Services	Medicare Pays	Plan Pays	You Pay
▼ Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,484	$1,484 (Part A deductible)	$0
61st thru 90th day	All but $371 a day	$371 a day	$0
91st day and after: • While using 60 lifetime reserve days	All but $742 a day	$742 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
▼ 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 $185.50 a day	Up to $185.50 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.

** 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.

Medicare (Part B) – Medical Services – Per Calendar Year

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 $203 of Medicare Approved Amounts*	$0	$203 (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 $203 of Medicare Approved Amounts*	$0	$203 (Part B deductible)	$0
Remainder of Medicare Approved Amounts	80%	20%	$0
▼ **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 $203 of Medicare approved amounts*	$0	$203 (Part B deductible)	$0
— Remainder of Medicare approved amounts	80%	20%	$0
▼ **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

* Once you have been billed $203 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.

Innovative Benefits – Not Covered by Medicare or Standardized Medicare Supplement Plans

Services	Medicare Pays	Plan Pays	You Pay
▼ Routine Vision Benefit Through Blue View Vision Insight network you can maximize your benefits. You may receive covered benefits outside of the Blue View Vision Insight network. You will need to pay the provider at the time of service and submit a claim for reimbursement.			
A. Routine Eye Exam (with dilation as needed) once every 12 months	$0	In Network: 100% after the Copayment Out of Network: Up to $35 allowance	In Network: $25 copay Out of Network: Any amounts remaining after the Plan pays
B. Eyeglass Frames – Allowance toward new frames once every 24 months	$0	In-Network: $100 allowance Out-of-Network: Up to $45 allowance	Any amounts remaining after the Plan pays
C. Lenses: Standard Plastic (CR39) – up to 55 mm in: Single Vision, Bifocal, Trifocal (FT 25-28), Lenticular (once every 12 months)	$0	In Network: 100% after the Copayment Out of Network: Single Vision: Up to $25 Bifocal: Up to $40 Trifocal or Lenticular: Up to $55	In Network: $25 copay Out of Network: Any amounts remaining after the Plan pays
• Contact Lenses (in place of eyeglass lenses) – once every 12 months — Elective (conventional/disposable)	$0	In Network: $100 allowance Out of Network: Up to $80 allowance	Any amounts remaining after the Plan pays
— Non-Elective	$0	In Network: All Costs Out of Network: Up to $210 allowance	
▼ Routine Hearing Benefit Through Hearing Care Solutions network of providers, coverage is provided for an annual hearing exam and hearing aid(s). This is separate from diagnostic hearing examinations and related charges as covered by Medicare.			
Hearing Exam – Coverage for up to (1) routine hearing exam every 12 months.	$0	100%	$0
Hearing Aid(s) – Includes fitting evaluation for a hearing aid(s).	$0	Coverage allowance up to $750 toward a hearing device(s) every year. Includes 1-year supply of batteries (up to 64 cells per hearing aid).	Amounts in excess of Allowance

Plan G

Medicare (Part A) – Hospital Services – Per Benefit Period

Services	Medicare Pays	Plan Pays	You Pay
▼ Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,484	$1,484 (Part A deductible)	$0
61st thru 90th day	All but $371 a day	$371 a day	$0
91st day and after: • While using 60 lifetime reserve days	All but $742 a day	$742 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
▼ 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 $185.50 a day	Up to $185.50 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.

** 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.

(continued)

Medicare (Part B) – Medical Services – Per Calendar Year

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 $203 of Medicare Approved Amounts*	$0	$0	$203 (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 $203 of Medicare Approved Amounts*	$0	$0	$203 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
▼ Clinical Laboratory Services			
Tests for Diagnostic Services	100%	$0	$0

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 $203 of Medicare approved amounts*	$0	$0	$203 (Part B deductible)
— Remainder of Medicare approved amounts	80%	20%	$0

* Once you have been billed $203 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.

(continued)

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

Plan N

Medicare (Part A) – Hospital Services – Per Benefit Period

Services	Medicare Pays	Plan Pays	You Pay
▼ Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,484	$1,484 (Part A deductible)	$0
61st thru 90th day	All but $371 a day	$371 a day	$0
91st day and after: • While using 60 lifetime reserve days	All but $742 a day	$742 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
▼ 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 $185.50 a day	Up to $185.50 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.

** 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.

(continued)

Medicare (Part B) – Medical Services – Per Calendar Year

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 $203 of Medicare Approved Amounts*	$0	$0	$203 (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 co-payment 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 co-payment 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 $203 of Medicare Approved Amounts*	$0	$0	$203 (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 $203 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.

(continued)

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 $203 of Medicare approved amounts*	$0	$0	$203 (Part B deductible)
— Remainder of Medicare approved amounts	80%	20%	$0

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

* Once you have been billed $203 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.

P.O. Box 659816
San Antonio, TX 78265-9116

75801CASENABC (Rev. 12_2020)

Anthem

Attachment

Notice of New or Innovative Benefits

THE PURPOSE OF THIS FORM IS TO NOTIFY CONSUMERS OF THE AVAILABILITY OF MEDICARE SUPPLEMENT PLANS OFFERED FOR SALE BY ANTHEM BLUE CROSS THAT INCLUDE NEW OR INNOVATIVE BENEFITS, IN ADDITION TO THE STANDARDIZED COVERAGE OFFERED BY THE PLAN.

FOR ADDITIONAL INFORMATION PLEASE CONTACT OUR INTERNAL SALES DEPARTMENT AT **1-888-211-9813** (TTY: 711) OR VISIT US ONLINE AT www.anthem.com/ca/medicare.

NEW OR INNOVATIVE BENEFITS ADDED TO MEDICARE SUPPLEMENT PLAN - **INNOVATIVE F**

Innovative F	YOUR OUT-OF-POCKET COSTS (In-Network Provider)	YOUR OUT-OF-POCKET COSTS (Out-of-Network Provider)
▼ **Routine Vision Benefit —** Through Blue View Vision Access network you can maximize your benefits. You may receive covered benefits outside of the Blue View Vision Access network. You will need to pay the provider at the time of service and submit a claim for reimbursement.		
Routine Eye Exam (with dilation as needed) once every 12 months	$25 copay	Any amounts remaining after the Plan pays up to a $35 allowance.
Eyeglass Frames Allowance toward new frames once every 24 months	Any amounts remaining after the Plan pays	Any amounts remaining after the Plan pays up to a $45 allowance.
Lenses Standard Plastic (CR39) – up to 55 mm in: Single Vision, Bifocal, Trifocal (FT 25-28), Lenticular (once every 12 months)	$25 copay	Any amounts remaining after the Plan pays Single Vision: Up to $25 Bifocal: Up to $40 Trifocal or Lenticular: Up to $55
• Contact Lenses (in place of eyeglass lenses) – once every 12 months - Elective (conventional/ disposable) - Non-Elective	Any amounts remaining after the Plan pays $150 allowance. Non-elective you pay no cost.	Any amounts remaining after the Plan pays up to an $80 allowance for elective or up to a $210 allowance for non-elective.

(continued)

Innovative F	YOUR OUT-OF-POCKET COSTS (In-Network Provider)	YOUR OUT-OF-POCKET COSTS (Out-of-Network Provider)
▼ **Routine Hearing Benefit —** Through Hearing Care Solutions network of providers, coverage is provided for an annual hearing exam and hearing aid(s). This is separate from diagnostic hearing examinations and related charges as covered by Medicare. Includes a 60-day evaluation period, returns subject to a $75 restocking fee per hearing aid. Includes 1-year supply of batteries (up to 64 cells per hearing aid).		
Hearing Exam Coverage for up to (1) routine hearing exam every 12 months.	$0	Not covered
Hearing Aid(s) Includes fitting evaluation for a hearing aid(s).	Amounts in excess of the coverage allowance up to $750 toward a hearing device(s) every year.	Not covered
▼ **Nurse Advice Telephone Line —** Access to a Nurse HelpLine, which allows you to contact a registered nurse by telephone for routine support and answers to common health-related questions. This service is available 7 days a week, 24 hours a day, 365 days per year.		
	$0	Not covered
Total annual premium for new or innovative benefits only: $3.74		

Please contact your agent, call our internal Sales Department at **1-888-211-9813** (TTY: 711) or visit us online at www.anthem.com/ca/medicare to find all the Medicare Supplement plans that you may be eligible to enroll in under the annual birthday guaranteed issue right situation.