

Thank you...

for your interest in our Medicare Supplement insurance plans.

They'll help you stay healthy and keep medical costs down.

You get an added layer of peace of mind through benefits such as these:

- **Freedom to choose your doctor** – See any Medicare-approved doctor, specialist or hospital – no referrals needed.
- **Flexible** – Cover the gaps in Medicare you want, based on a wide range of plans and premiums.
- **Portable** – Your plan travels with you wherever you decide to live in the United States, and some plans include Foreign Travel Emergency benefits.
- **Guaranteed renewable** – The Medicare Supplement plan you choose can't be canceled for any reason other than non-payment of premium or material misrepresentation.
- **Stable** – Select a plan once, and you get to keep that same plan year after year unless you want to make changes. Benefits will be adjusted to keep up with Original Medicare's annual changes.
- **Financial security** – Help cover unexpected costs that are your responsibility with Original Medicare such as copays, deductibles and coinsurance.
- **Coverage from a company you trust** – You can feel at ease knowing you are covered by a company that has been a leader for more than 60¹ years.

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

¹ www.anthem.com

Let's talk about ...

Medicare.

**Medicare comes in “Parts.”
This guide gives you a clearer
picture of how those parts,
Original Medicare (Parts A and B)
and prescription drugs plans
(Part D), work with Medicare
Supplement insurance plans,
and how the choices can best fit
your needs and budget.**

Understanding Original Medicare (Parts A and B)



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

- Inpatient care in hospitals and Skilled Nursing Facilities (not custodial or long-term care).
- Hospice and some home health care services.

What are your costs for Medicare Part A?

- **Premium:** You usually won't pay any premium for Part A coverage if you or your spouse paid Medicare taxes while working.
- **Other Costs:** To give you an idea of what to expect, in 2015 the Medicare Part A deductible* for each benefit period is \$1,260. And, after meeting this deductible, you would pay nothing more for up to 60 days in the hospital (semi-private room and board, general nursing and miscellaneous services and supplies). Longer stays may require a daily coinsurance.



Medicare Part B is medical care coverage that helps cover the cost for:

- Doctors' services.
- Hospital outpatient care.
- Some home health care services.
- Some physical and occupational therapy.

What are your costs for Medicare Part B?

- **Premium:** Your monthly premium is on a sliding scale based on your annual income. Most people will pay the standard monthly premium, which in 2015 is \$104.90 per month.
- **Other Costs:** To give you an idea of what to expect, in 2015 the Medicare Part B standard annual deductible is \$147. And, for most covered services, you would pay 20% of the Medicare-approved amount.

* 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.

Understanding Part D and Medicare Supplement



Medicare Part D is for prescription drug coverage.

Medicare Part D is only offered by private insurers approved by the Centers for Medicare & Medicaid Services (CMS). Part D plans, when sold as stand-alone plans, may be combined with Medicare Supplement plans.

Part D plans can:

- Help pay for brand-name and generic prescribed drugs.
- Provide access to retail drugstores as well as mail-order options.

What are your costs for Medicare Part D?

- **Premiums:** Monthly premiums will vary by plan, based on the coverage you choose.
 - Most people will pay only the standard monthly Part D premium. However, if your annual income is above a certain limit, you will pay an income-related monthly adjustment amount in addition to your premium. If it applies, this amount will be billed by Medicare and deducted from your monthly Social Security check.
- **Other Costs:** Deductibles, copays and coinsurance may apply.



Medicare Supplement plans pay expenses that are not fully covered by Original Medicare, such as:

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

What are your costs for Medicare Supplement plans?

- Monthly premiums will vary by plan, based on the insurer and coverage you select.
- Deductibles, copays and coinsurance may apply.

Consider

Medicare Supplement

A Medicare Supplement insurance plan can potentially save you thousands of dollars. Depending on the plan you choose, your Parts A and B Medicare-eligible covered expenses may be covered up to 100%.

A recent survey shows that more than 90% of Medicare Supplement policyholders surveyed said that they would recommend Medicare Supplement plans to a friend or relative when they enroll in Medicare.¹

¹ American Viewpoint, AHIP 2012 Medigap Satisfaction Survey (Accessed April 2013): <http://www.ahip.org/MedigapEnrolleesPresentation.aspx>

How our plans work with Medicare

Bridge the gaps in Original Medicare

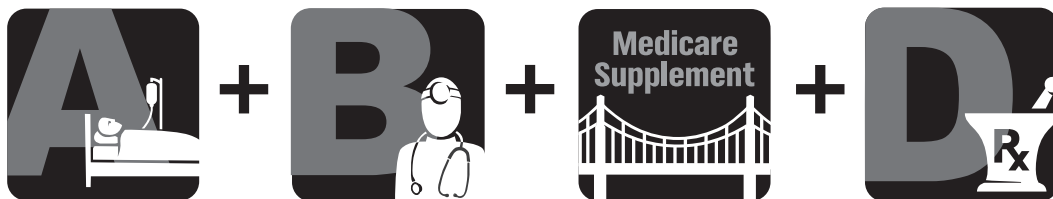
To help close the gaps in Original Medicare, you can buy either a Medicare Supplement plan to add to Original Medicare, or both a Medicare Supplement plan and a Medicare Part D plan that provides you with prescription drug coverage. Below are simple overviews of how both options work with Original Medicare.

Original Medicare + Medicare Supplement



Coverage for basic medical and hospital expenses, plus coverage for expenses that Original Medicare does not fully cover. Prescription drug coverage is not included.

Original Medicare + Medicare Supplement + Prescription Drug Coverage



Coverage for basic medical and hospital expenses, plus coverage for expenses that Original Medicare does not fully cover. Prescription drug coverage is included.

Questions about Medicare?

For answers call: **1-800-MEDICARE (1-800-633-4227)**;
TTY/TDD line **1-877-486-2048**, 24 hours a day, seven days a week.

Three other reasons to consider a Medicare Supplement insurance plan

1

Guaranteed Issue Rights¹

This means in most situations, insurance companies are required by law to sell or offer you a Medicare Supplement policy and can't deny you a policy, or place conditions on the policy, such as exclusions for pre-existing conditions. Also, an insurance company can't charge you more for the policy because of a past or present health problem.

2

Guaranteed Renewable

The Medicare Supplement plan you choose can't be canceled for any reason other than non-payment of premium or material misrepresentation. Once you enroll, you can keep the same plan for life.

3

Access to Care

Anthem Blue Cross and Blue Shield Medicare Supplement plans give you freedom to see the doctors you choose, so you can get the care you need. You can keep your own doctors and travel with confidence knowing that you have access to any Medicare-approved doctors, specialists and hospitals anywhere in the United States ... all with no network restrictions or referrals. You can even choose a plan that covers emergency care anywhere in the world – even when Medicare doesn't. You'll have more ways to get the care you need and how you prefer it.

Need more reasons?

There are other benefits of having a Medicare Supplement plan. You'll see details on the following pages.

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

Take a look ...

Benefits	Amount Medicare Pays ¹
Part A: Hospitalization First 60 days (Part A Deductible)	All but \$1,260
61st – 90th day	All but \$315 a day
91st day and after	All but \$630 a day
Skilled Nursing Facility First 20 days	All approved amounts
21st – 100th day	All but \$157.50 a day
101st day and after	\$0
Part B: Medical Expenses Medicare Part B Deductible	All but \$147
Medicare Part B Excess Charges	\$0
Other Benefits Foreign Travel Emergency	\$0

See *Outline of Coverage* for more details.

¹ The amount Medicare pays of the Medicare-approved amount. Medicare deductibles, premiums and coinsurance rates are effective January 1, 2015, based on the Consumer Price Index.

and see which plan works for you.

Amount Medicare Supplement Plan Pays		
Plan A	Plan F	Plan N ²
\$0	\$1,260	\$1,260
\$315 a day	\$315 a day	\$315 a day
\$630 a day	\$630 a day	\$630 a day
\$0	\$0	\$0
\$0	Up to \$157.50 a day	Up to \$157.50 a day
\$0	\$0	\$0
\$0	\$147	\$0
\$0	100%	\$0
\$0	80%*	80%*

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.

* 80% to a lifetime maximum benefit of \$50,000 after you pay the annual deductible of \$250.

Compare and save



As you can see from the chart on the previous pages, different Medicare Supplement plans cover different types of medical costs. Let's take a closer look at how this plan can save you money. Following are two examples showing what your out-of-pocket cost would be with Original Medicare only and with a Medicare Supplement plan.

Your costs with Original Medicare

Let's say you are 66 years old and were hospitalized. You have Original Medicare, but you do not have a Medicare Supplement plan. You had a major surgical procedure and spent 15 days in the hospital, followed by 22 days in a Skilled Nursing Facility.

Part A deductible for 15 days of hospitalization	\$1,260
Part A coinsurance for 22* days in Skilled Nursing Facility (\$157.50/day for days 21-100)	\$315
Part B deductible	\$147
Part B coinsurance for surgical procedure visits (20% of Medicare-approved amount \$12,000)	\$2,400
Part B Excess charge for surgeon and anesthesiologist charges (15% of Medicare-approved amount)	\$600
Your total cost sharing	\$4,722

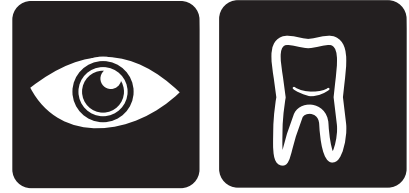
Your costs with a Plan F Medicare Supplement plan

Using the same situation and figures as above, only this time you have Original Medicare plus a Medicare Supplement plan (for example "Plan F"), and you've already satisfied your Part B deductible for the year.

Part A deductible for 15 days of hospitalization	\$0
Part A coinsurance for 22 days in Skilled Nursing Facility	\$0
Part B deductible	\$0
Part B coinsurance for surgical procedure visits	\$0
Part B Excess charge for surgeon and anesthesiologist charges	\$0
Your out-of-pocket cost	\$0

* First 20 days are covered by Medicare at 100%, days 21-100 you pay \$157.50 per day.

Enhance your plan with these great benefits



Anthem Extras Packages: Dental, vision and more

Healthy teeth and eyes help contribute to your overall well-being. That's why we created Anthem Extras Packages – with your overall health in mind. We offer three packages to complement your Medicare Supplement plan. Our Standard, Premium and Premium Plus packages offer valuable benefits and services, such as:

- Packaged dental and vision coverage that offers extra preventive benefits.
- Support services and tools to help you maintain good overall health and well-being.

And best of all, these packages are available for a monthly plan premium ranging from \$20 to \$52.

Dental coverage

It's important to have dental benefits that can help you look after your overall health, such as:

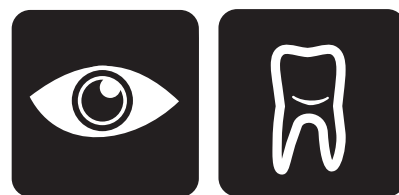
- Coverage for diagnostic and preventive care – which can be key to good long-term oral health.
- Third cleaning or periodontal maintenance procedures are covered for diabetic members on all of our Anthem Extras Packages plans.

And, for your convenience, you'll have:

- Access to more than 1,300 unique dentists with more than 2,300 access points in Colorado, and more than 80,000 access points nationwide.
- Freedom - network dentists file claims, and there are no referrals needed.

Plus, you will automatically have access to the International Emergency Dental Program administered by DeCare Dental, a wholly owned subsidiary of the parent company of Anthem Blue Cross and Blue Shield. With this feature, you have access to emergency dental care while traveling nearly anywhere in the world from our listing of credentialed dentists.

Enhance your plan with these great benefits (continued)



Is your dentist in the network?

To see if your dentist is in our current network, visit us online at www.anthem.com. When prompted, choose the Dental Blue 100 network. Or, if you prefer, you can call our Customer Service Center at **1-877-391-3897** from (8 a.m. – 5 p.m. local time) for assistance.

You might pay more when you visit an out-of-network dentist

Your plan lets you choose any dentist, whether or not that dentist is part of our network. But you may end up paying more for a service if you visit an out-of-network dentist. Here's why:

In-network dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, **out-of-network dentists** don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the “maximum allowed amount” – and the amount they usually charge for a service.

Vision coverage

Regular eye exams can often help detect, early on, some major health conditions like diabetes and cardiovascular disease. And early detection can mean lower health care costs, and – most importantly – a healthier you! That's why our vision plans include:

- Access to our market-leading network of over 30,000 doctors and more than 25,000 locations, including thousands of private practice doctors and the nation's leading retail stores, provides greater convenience for you.
- The network is comprised mainly of independent optometrists and ophthalmologists. But for added convenience, our vision network also includes national retail locations such as LensCrafters®, Pearle Vision®, Sears OpticalSM, Target Optical® and JCPenney® Optical.
- Prescription eyewear that is delivered quickly – in as little as an hour in some retail locations.

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

Ways to reduce your expenses



Savings made easy

Even after benefits have been exhausted, additional savings are offered for non-covered materials such as extra pairs of eyewear, a number of non-prescription sunglasses and other popular accessories. You can save 15%-40% by taking advantage of this unique option. And to add even more value, there is no limit to the number of purchases you can make using the additional savings program.

To enroll in Anthem Extras and take advantage of these great benefits, call your agent or us.

Easy-to-use benefits

Your out-of-pocket expenses may be lower, and you can avoid paperwork hassles when you visit network vision providers. In-network providers verify your benefits and get the information they need to file claims for you. All you need to do is:

- Make an appointment with an in-network provider.
- Present your ID card at the time of service.
- Pay any applicable copays and any balance for noncovered services.

Find a vision provider in the network

To see if your vision provider is in our current network, visit us online at www.anthem.com. When prompted, choose the Blue View Vision network.

More Anthem Extras plan features



Get fit and be healthy with SilverSneakers® fitness program

It's easy and affordable for you to get fit, have fun and make friends using a SilverSneakers fitness membership.

With SilverSneakers you have:

- Access to more than 11,000 participating locations across the country.
- All basic amenities such as exercise equipment and SilverSneakers fitness classes.
- SilverSneakers Online, an easy-to-use wellness resource.
- SilverSneakers Steps for members who don't have convenient access to a SilverSneakers location.

Please consult with your physician before starting a physical activity program.



Travel assistance

What would happen if you got sick in another country? Whom would you call if you couldn't speak the native language? 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.

More Anthem Extras plan features (continued)



Member assistance program (MAP)

Some days you just need someone to talk to. Other times, you may be looking for connections to people who can help you figure things out. Whether you are sweating the small stuff or facing a major life crisis, our MAP services can help. No problem is too small (or too big) for our trained, caring MAP staff.

Older adult care services

Do you have questions about the health care system? Do you want to ensure you remain independent? Your elder care consultant can be accessed through your MAP services, and an experienced care managers can help you every step of the way.

Included free with your benefit:

- Live chat with an experienced care manager to point you in the right direction
- Phone access to a personally assigned care manager to answer your questions
- 24/7 access to a leading, comprehensive online senior knowledge center
- Webinars, articles and self-help tips

We're here when you need us

When you call the MAP, we will talk with you about your issue and work with you to plan your next steps. If needed, you can arrange for several visits with a licensed counselor or care manager. If you have money or legal concerns, we can put you in touch with a financial advisor or a lawyer. If you would benefit from ongoing assistance, we will help connect you with a qualified resource near your work or home.

Special values to make you feel good



Enjoy discounts and savings through our online SpecialOffers program

When you become a plan member, you can order online products that can help you feel good and keep money in your pocket. Discounted products range from health and beauty items to eyeglasses to pet supplies.

Check out some of the programs and savings:

- 1-800 CONTACTS – Get contact lenses quick and easy – plus discounts only available to Anthem members, like \$20 off when you spend \$100 or more, and free shipping.
- Glasses.com – Try on any five of the 3,500 designer frames – at home, for free – before you buy. It's convenient, plus you get exclusive member savings like \$20 off when you spend \$100 or more, and free shipping and free returns.
- Beltone™: Receive a free hearing screening, free in-home service and up to 50% off all Beltone hearing aids with free three-year warranty.
- HearPO®: Get a 40% discount on all audiological services and testing. Guaranteed lowest price on hearing aids backed by a 60-day, money-back, trial period. At HearPO, you get a 60-day trial with no restocking fee, three-year warranty

including loss and damage, and two years of free batteries.

- Globalfit®: You have a choice of more than 10,000 fitness centers nationwide including Curves, Bally's, Gold's, Anytime Fitness and many more all at the lowest available rate.
- Weight Watchers®: Take \$10 off a three-month subscription to Weight Watchers online. You'll pay less than \$5 per week.
- VoiceCare: Save over 25% on the professional emergency response system.
- SeniorLink: Save 15% on elder care advisory services and receive 90 days free service on the HelpLink Emergency Response System.

Check out www.anthem.com for a complete list of our SpecialOffers.

Ask us for details on all our special values

We'll gladly walk you through our full range of no-cost services and programs that can help you on your quest for better health. Just call us.

Once you become our health plan member and register for an online account, you can take advantage of all of these SpecialOffers programs and discounts on our website www.anthem.com/medicare.¹

® Weight Watchers International, Inc., an independent company and owner of the WEIGHT WATCHERS trademark. All rights reserved.

¹ 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.

About

Enrolling



Are you eligible for Original Medicare?

Before you enroll, you'll want to confirm that you are eligible for Medicare program plans.

You are eligible to join this program if one of these items applies:

1. You are 65 or older.
2. You are under 65 with certain disabilities.
3. Original Medicare only: You are any age with end-stage renal disease (ESRD) – permanent kidney failure requiring dialysis or kidney transplant.

Note: If you have ALS (Amyotrophic Lateral Sclerosis, also called Lou Gehrig's disease), you automatically get Part A and Part B the month your disability benefits begin.

And, if both of these items apply:

1. You or your spouse worked and paid Social Security taxes for at least 10 years.
2. You are a permanent resident of the U.S. or a legal citizen who lived in the U.S. for five years in a row.

Are you eligible for a Supplement plan?

You are eligible to enroll if:

1. You are 65 or older; or
2. You are under 65 and eligible for Medicare due to a disability; and
3. You are enrolled in Medicare Parts A and B.

Medicare Supplement reminders and options



You have a guaranteed issue right

If you apply for a Medicare Supplement policy during your Open Enrollment Period, you can buy any policy the company sells, even if you have health problems, for the same price as people with good health. If you apply after your Open Enrollment Period, there's no guarantee that an insurance company will sell you a policy if you don't meet the medical underwriting requirements, unless you're eligible because of a limited situation.¹

Your policy is guaranteed renewable

Medicare Supplement policies cannot be terminated by the insurance company unless you make untrue statements to the insurance company, commit fraud, or don't pay your premiums.

You can avoid ongoing late enrollment penalties

It's also important to understand that your rights may depend on when you choose to enroll in Medicare Part B. If you're 65 or older, your Medigap Open Enrollment Period begins when you enroll in Part B and can't be changed or repeated. In most cases, you should enroll in Part B when you're first eligible, because you might otherwise have to pay a Part B late enrollment penalty.¹

How to submit your enrollment form

When you have made up your mind, you don't need to get a physical exam to sign up. You will need information from your Medicare card to fill out your enrollment form, which you can find in the back of this booklet. Be sure to fill out the form carefully and completely. Your agent can help! You can also sign up online at www.anthem.com.

Select your desired payment option

You choose how you're going to pay your premiums. You have the option to pay monthly, quarterly or annually. See the Outline of Coverage for plan costs and details on discounts.

You can save money if you pay your monthly premiums through automatic bank draft or pay your premiums once a year.² Save even more money when more than one member in the same household (for instance, you and your spouse) enrolls in a Medicare Supplement plan with us.

For additional information, you can also visit us online at www.anthem.com.

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

² This payment option may take up to three months to set up.

How to Reach Us



Sales Department³ 1-877-831-3000
TTY/TDD line 711
8 a.m. to 8 p.m., seven days a week

Customer Service 1-844-660-0434
TTY/TDD line 711
8 a.m. to 6 p.m., Monday – 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/TDD lines are for those with hearing or speech loss.

³ By calling this number, you will reach an authorized licensed insurance agent who can answer questions about our plans and enrollment.



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

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

All Medicare Supplement plans are offered to Medicare qualified individuals under the age of 65.

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

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

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