



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

Medicare Supplement Plan

Free to be confident

Dear Prospective Member,

You're at a wonderful age. An age of freedom. An age of choices. Life after 65 can mean a whole new world of wonderful opportunities. It also means that if you're eligible for Medicare due to age or disability, you'll need to decide what type of Medicare plan will be the right fit for you and your lifestyle.

With a Medicare Supplement policy from Anthem Blue Cross and Blue Shield, you're free to go to any doctor, specialist or hospital in the country that is Medicare-approved – without having to worry about referrals. In fact, nine out of 10 Anthem Blue Cross and Blue Shield Medicare Supplement members tell us they are satisfied with access to the doctors and hospitals of their choice.* You're free to rely on coverage for coinsurance and deductibles that Original Medicare doesn't cover. And enjoy the security of knowing your benefits won't change, even if your health needs do.

You're even free to choose from plans that offer 100 percent coverage of basic benefits, including preventive care services. Feel free to select plans that cover skilled nursing facilities, Medicare Part B Excess charges, and even foreign travel emergencies when you're out exploring the world. Just as important, you're free to enjoy the reliability, reputation and service that only Anthem Blue Cross and Blue Shield can offer. With more than 60 years of experience¹ behind you, you're free to be a very wise consumer indeed.

See why more than four out of five members are satisfied with their Anthem Blue Cross and Blue Shield Medicare Supplement plan.* Call our benefit experts at 1-800-232-1261 (TTY/TDD: 711) 8 a.m. – 8 p.m., seven days a week. They're here to help you understand all the possibilities and benefits available to you once you become eligible for Medicare. You can visit us online at www.anthem.com.

Krista Bowers
President, Senior Business

Call today to schedule your no-obligation, in-home visit!

1-800-232-1261

¹ www.anthem.com

* 2009 Mid-Year Pulse Update - Senior Medicare Supplement members. The information in this package is about our Medicare Supplement plans.

Medicare Supplement plans are a great option for you if you:

- Plan to keep Original Medicare as your primary coverage.
- Enjoy the flexibility of seeing any Medicare approved health care professional.
- Want to select a plan once and then keep the same benefits year after year.
- Want a health plan that will cover coinsurance amounts not covered by Original Medicare.
- Don't want to spend a lot of time completing paperwork and filing claims.

Keep your doctor, leave paperwork behind

You keep your own doctor and hospital and choose your own specialists and other health care providers. And as long as your doctor is a Medicare-approved provider, you are free from paperwork and filing claims – your doctor and your Medicare Supplement plan take care of it for you.

Stay well, save money

You'll also receive valuable special offers and discounts as an Anthem Blue Cross and Blue Shield plan member – including vision and hearing discounts, fitness club memberships, home safety and more.

When you enroll in one of our Medicare Supplement plans you:

- Can't be denied enrollment into any Medicare Supplement policy we sell.
- Won't be charged more based on your health.
- May be eligible for discounts.

Time tested - generation approved

When you're with Anthem Blue Cross and Blue Shield, you're getting more than 60 years of trust and experience.¹

Collectively, the Blue Cross and Blue Shield System provides healthcare coverage for 100 million people or one-in-three Americans.² Chances are you have had health benefits with us before. While times may have changed, we're still helping people feel secure with the right coverage for their individual needs. As you approach that all-important milestone of becoming eligible for Medicare, we'll continue to bring you reliable, quality coverage and flexible options as your health care needs evolve. You have our word on it.

Now's the time to enroll

The best time to enroll in a Medicare Supplement Plan is during your initial eligibility period. This period lasts for six months and begins on the first day of the month in which you are:

- Age 65 or older
- and*
- Enrolled in Medicare Part B
- or*
- Under 65 and eligible for Medicare due to a disability.

Call 1-800-232-1261 today to schedule your no-obligation in-home visit

¹ www.anthem.com

² www.bcbs.com/about/

You have questions – we have the answers

What is Medicare?

Medicare is health insurance for people 65 or older and for people younger than 65 with certain disabilities. Medicare was introduced in 1965 as a way for Americans to have more affordable access to health care after retirement. Many of us who are just reaching retirement have had social security and Medicare payroll taxes deducted from our paychecks for most of our working lives.

Who is eligible for Medicare?

Generally, you are eligible for Medicare if:

- You or your spouse worked for at least 10 years in Medicare-covered employment

and

- You are 65 or older OR you are under 65 and qualify for Medicare due to a disability

and

- You are a citizen or permanent resident of the United States.

Medicare has two parts:

Part A (Hospital Insurance) – most people don't have to pay for this coverage

Helps pay for:

- Care in hospitals as an inpatient
- Critical access hospitals (small facilities that give limited outpatient and inpatient services to people in rural areas)
- Skilled nursing facilities (not custodial or long-term care)
- Hospice care
- Some home health care

Part B (Medical Insurance) – Most people pay for this coverage through a deduction in their social security check.

Helps pay for medically necessary services and supplies, including:

- Doctors' services
- Outpatient hospital care
- Some other medical services that Part A doesn't cover, such as the services of physical and occupational therapists
- Some home health care

You can find out if you have Part A and/or Part B by looking at your red, white and blue Medicare card.

Medicare Supplement plans help pay for health care costs not covered by Original Medicare

Count on consistent coverage

Medicare Supplement policies are guaranteed renewable. The Medicare Supplement plan you choose can't be canceled for any reason other than non-payment of premium or material misrepresentation.

Guaranteed acceptance

With our Medicare Supplement plans your acceptance is guaranteed into your choice of the plans that we offer. That means there are no health questions asked and you cannot be turned down for health reasons.

About pre-existing conditions

If you have had at least six months of prior creditable coverage or are in a guaranteed issue situation, you don't have to wait for coverage to start for a pre-existing condition. Many types of health care coverage count as creditable coverage, but they only count if you did not have a break for more than 63 days. This prior coverage can be used to eliminate or shorten waiting periods for pre-existing conditions. A pre-existing condition is a condition either treated or diagnosed six months prior to the effective date of your policy. Remember, for Medicare-covered services, Original Medicare will still cover the condition, even if you are responsible for out-of-pocket costs during the pre-existing condition waiting period.

What are the costs associated with Original Medicare?

Premiums:

Typically you will not have to pay a premium for Part A, but you will have to pay a premium for Part B. The cost of the Medicare Part B premium may be adjusted annually.

You can get Part A at age 65 without having to pay premiums if:

- You already get retirement benefits from Social Security or the Railroad Retirement Board.
- You are eligible to get Social Security or Railroad benefits but haven't yet filed for them.
- You or your spouse had Medicare-covered government employment.

If you are younger than 65, you can get Part A without having to pay premiums if you have:

- Received Social Security or Railroad Retirement Board disability benefits for 24 months.
- Medicare eligibility due to disability.

While you don't have to pay a premium for Part A if you meet one of those conditions, you must pay for Part B if you want it. It is deducted from your Social Security, Railroad Retirement, or Civil Service Retirement check. If you don't get any of the above payments, Medicare sends you a bill for your Part B premium every three months. You will be eligible for Medicare when you turn 65 even if you are not eligible for Social Security retirement benefits.

Medicare Supplement plans give you choice and flexibility

You'll be responsible for a monthly premium in addition to the monthly Part B premium you pay to Medicare. The monthly premium rates can be found in the Outline of Coverage in this booklet. There may be some out-of-pocket fees for covered health care services, depending on the plan you choose.

Medicare Supplement plans give you choice and flexibility. Keeping monthly premiums as low as possible is important to some people, while others want to save as much as possible on out-of-pocket costs. Still others want to ensure that they have emergency medical coverage when they travel outside the United States. Your local agent or Anthem service representative can help you make the choice that is right for you; you also can use the information in this brochure to guide your decision. Remember, you can call our benefit experts at 1-800-232-1261 (TTY/TDD: 711) 8 a.m.–8 p.m., seven days a week. They'll help you understand all the possibilities and benefits available to you once you become eligible for Medicare.

Convenient billing options

Once you are enrolled, you can choose to pay your premiums in any of the following ways:

- Monthly
- Quarterly
- Annually

See your application for billing methods.

Receive a discount for using Automatic Bank Draft when you pay monthly. Receive a discount for paying your premium annually.

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.

Costs Medicare Does NOT Cover:

- Deductibles
- Coinsurance and copayments
- Dental care
- Cosmetic surgery
- Custodial care
- Acupuncture
- Hearing aids, hearing exams and screenings
- Routine eye care and most glasses
- Non-skilled care in nursing homes
- Most health care while traveling outside the United States
- Most outpatient prescription drugs

With Original Medicare, health care costs can quickly add up to thousands of dollars.

Upon reaching Medicare-eligibility, many people have found that while Medicare provides basic health care coverage, it's not always enough.

- **Medicare Part A** provides hospital insurance, yet it does not cover the benefit period deductible or the coinsurance required for hospital care.
- **Medicare Part B** has an annual deductible and typically covers only 80 percent of Medicare's approved amount for medical care.

Medicare Supplement plans shield you from the unexpected

We offer a range of Medicare Supplement products so whether you just want to supplement the basics or want to ensure you have a wide range of supplemental coverage, we have a plan that will work for you. What each plan covers is summarized here. Please see the Outline of Coverage for more detail.

Medicare Supplement Benefits	Plan A	Plan F	Plan F High Deductible ¹	Plan G	Plan N ²
Medicare Part A Coinsurance plus coverage for 365 additional days after Medicare benefits end					
<ul style="list-style-type: none"> • Medicare Part B Coinsurance • Blood (First 3 pints) and • Hospice (under Part A Coinsurance) 	✓	✓	✓	✓	✓
Skilled Nursing Facility Care Coinsurance		✓	✓	✓	✓
Medicare Part A Deductible		✓	✓	✓	✓
Medicare Part B Deductible		✓	✓		
Medicare Part B Excess Charges		100%	100%	100%	
Foreign Travel Emergency		✓	✓	✓	✓

Note: If you are under age 65 and qualify for Medicare due to disability your choice of plans may be limited. See Outline of Coverage for available plans.

¹ You must pay for Medicare-covered costs up to the high-deductible amount (\$2,000 in 2010) before your Medicare Supplement policy pays anything.

² 100% Part B coinsurance, except up to \$20 copayment for office visit and up to \$50 copayment for ER.

The right Medicare Supplement plan means you are ready for the expected – and the unexpected

When you pick the Anthem Blue Cross and Blue Shield Medicare Supplement plan that's right for you, you can expect to have those same benefits year after year after year. We won't change the benefits that are covered every year like other types of plans do. The premiums, coinsurance and deductibles may be adjusted every year, but the plan itself will not change. The plan you pick today will be the same plan you have 10 years from now – unless YOU decide to make a change.

What to expect

When you visit your doctor:

Have a doctor you like? Let's keep it that way. Your Medicare Supplement plan allows you to see any doctor who is a Medicare-approved provider, anywhere. If you need to see a specialist, there is no need to get a referral to see a Medicare-approved provider. If your travels take you outside of the United States, a number of our plans cover emergency medical care for foreign travel.

- **Costs:** You get the highest level of coverage when you see a Medicare-approved provider. Some of our plans will even protect you from Medicare Part B Excess Charges, which you could incur if you saw a doctor who does not accept Medicare assignment.
- **ID cards:** Present both your red, white and blue Medicare card and your Anthem Blue Cross and Blue Shield Medicare Supplement ID card. Your Medicare card contains the information your doctor will need to file your medical claim with Medicare.
- **Paperwork:** It's all taken care of by your Anthem Blue Cross and Blue Shield Medicare Supplement plan, your doctor and Medicare when you see a Medicare-approved provider.

Freedom to choose, easy to use

- See any doctor or go to any hospital that is Medicare-approved.
- Show your red, white and blue Medicare card and your Anthem Blue Cross and Blue Shield Medicare Supplement card.
- Receive the Medicare- approved care you need.
- Leave the paperwork to your doctor and us!

If you are hospitalized:

With a Medicare Supplement plan, you can anticipate your health care costs even when the unexpected happens, such as a hospitalization. You won't be responsible for lifetime reserve days or benefit periods as with Original Medicare alone. Choose a plan that covers deductibles and annual out-of-pocket maximums and help protect yourself from the many unexpected costs during a hospital stay.

- **Costs:** Your Medicare Supplement plan pays up to 100 percent of Medicare-eligible expenses not covered by Original Medicare. Our low-premium, high-deductible plans require that a deductible be met before the plan begins to pay for all Medicare-approved costs.
- **ID cards:** Present both your red, white and blue Medicare card and your Anthem Blue Cross and Blue Shield Medicare Supplement ID card. Your Medicare Supplement ID card contains the information the hospital will need to file your medical claim with Medicare.
- **Paperwork:** As long as the hospital is Medicare approved, it will be taken care of by your Anthem Blue Cross and Blue Shield Medicare Supplement plan and the hospital.

Free to rest assured you've made the right choice

- Nine out of 10 Anthem Blue Cross and Blue Shield Medicare Supplement members say they are satisfied with access to the doctors and hospitals of their choice.
- More than four out of five members are satisfied with their Anthem Blue Cross and Blue Shield Medicare Supplement plan.

Source: 2009 Mid-Year Pulse Update – Senior Medicare Supplement members

It pays to choose an Anthem Blue Cross and Blue Shield Medicare Supplement plan

- Most plans pay Medicare Part A and Part B deductibles.
- Some plans pay the 20 percent coinsurance for physician services.
- Some plans pay Medicare Part B Excess fees for physicians who do not accept the Medicare-approved amount as full payment.
- Some plans pay for health care from any doctor or hospital in the United States that is Medicare-approved.
- Some plans pay for some preventive care services
- Some plans pay for health care you may need if you travel outside the United States.

An Anthem Blue Cross and Blue Shield Medicare Supplement plan lets you keep your own doctor and hospital and choose your own specialists

Countdown to Medicare coverage

1. Before you turn 65, give us a call at 1-800-232-1261 to schedule a no obligation, in-home visit. We'll go over how Medicare works as well as timelines and due dates associated with Medicare Parts A and B. www.anthem.com is a great place to access Medicare information.
2. Select and enroll in a Medicare Supplement plan after you enroll in Medicare Part B.
3. Enjoy this liberating stage of your life!

Website designed for you

When it comes to your health, you want information fast, and you want to keep it all in one easy-to-access place. That's why we've improved our member website especially with YOU in mind. This new site makes it easier for you to find critical information with quick access to commonly used tools and data.

- Compare hospitals and find and rate doctors.
- Receive clinical health alerts.
- Maintain your personal health record.
- Share your secure information online with doctors, family members or others involved in your care if you choose to do so.
- View your enrollment, benefits information and claims history.
- Print temporary Medicare Supplement ID cards.
- Change your mailing address.

Saving money can be good for your health.

You'll receive valuable special offers and discounts as an Anthem Blue Cross and Blue Shield member.

Staying as fit and healthy as possible is your key to living life to the fullest. That's why Anthem Blue Cross and Blue Shield offers discounts on a wide range of products and services designed to improve your health and enhance your quality of life.

Vision and hearing discounts

EyeMed: Discounts on eyeglasses and non-prescription sunglasses.

LASIK Laser Vision Correction: Save 15% on LASIK with all in-network providers and prices as low as \$695 per eye with select providers.

HearPO: Get a 40% discount on audiology services, testing, and hearing aids.

Health and wellness

Alternative Service Providers: Get discounts on health and wellness products, fitness club memberships, visits to massage therapists, acupuncturists, and more through ChooseHealthy™.

Barnes and Noble: Save 5% on your health and wellness order along with free standard shipping on orders more than \$25.

drugstore.com: Save 5% on health, beauty, wellness and personal care products, and receive free shipping on orders of \$49 or more.

National Allergy Supply: Save 15% on products that can help relieve your allergy, asthma and sinus symptoms.

Self-help Programs: Receive a 30-day free guest pass and a 30% discount on smoking cessation, online weight loss and stress or alcohol management programs through Self Help Works.

Fitness club memberships

GlobalFit™: Fitness club discounts.

Elder care support

SeniorLink: Save 15% on elder care advisory services and receive 90 days free service on the HelpLink Emergency Response System.

Home safety products

Safe Beginnings®: Attention grandparents! Baby proof your home while saving 15%.

Weight loss programs

Jenny Craig®: Join and receive a free 30-day trial and 50% off.

Lindora Lean for Life®: Save 20% on weight loss programs.

Weight Watchers®: Take \$10 off a 3-month subscription to Weight Watchers online.

For more information and a complete list of available discounts go to www.anthem.com

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 provided by the SpecialOffers vendors.



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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