

Outline of Coverage

Medicare Supplement plan benefits

Plans A, F, Innovative F, G & N

Anthem Blue Cross
California 2024

This booklet includes:

- 2024 Premium Rates
- 2024 Medicare deductibles, copays, and maximum out-of-pocket costs

Call toll-free **888-211-9813** with questions.

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



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 2024 ²					\$7,060 ²	\$3,530 ²				

1 Plans F and G also have a high deductible option, which require first paying a plan deductible of \$2,800 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.

Finding the right plan for you



Plans A, F, Innovative F, G & N | Effective March 1, 2024

Premiums can change.

Next steps

- Compare the individual plan pages
- Choose the plan that meets your needs

Find your premium

Premiums for the plan you choose are determined by several factors, including age, county you live in, and tobacco use. Premium may adjust in the future as a result of the cost of medical services and supplies.

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. Those eligible to enroll into Plan F or Innovative F that meet the requirements will receive \$20 off.

How to find your premium



Step 1: Find your county and/or zip code



Step 2: Use the premium table that applies to you (non-tobacco/tobacco)



Start comparing premiums

Ready to enroll?

Go to the application section of this booklet.

How to save on your monthly premium

Pay yearly or with automatic bank draft

- Save up to \$48 when you pay your premium for the year.
- Save \$2 a month when you pay by automatic bank draft.

Household Discount Program

- Save 10% when more than one member in your household is enrolled in one of our Medicare Supplement insurance plans.†

† If you live with someone that has a Medicare Supplement plan with us, that individual's discount is based on their original coverage effective date. Members with an original coverage effective date on or after March 1, 2023 will receive a 10 percent Household Discount. Members with an original coverage effective date between June 1, 2010, and February 28, 2023, will receive a 5 percent Household Discount. To be eligible, individuals must occupy the same household. A household does not include assisted living facilities, retirement communities, group homes, senior-only apartment complexes, nursing home or any other health residential facilities. You may be required to provide additional documentation to verify eligibility.

Finding your monthly premium

Plans A, F, Innovative F, G & N | Effective March 1, 2024

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

◇ This county spans multiple rating areas.

Finding your monthly premium

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Step 1: Determine your Rating Area | County Area Guide



Find the county you live in
from the list below.



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County	Area	County	Area	County	Area	County	Area
Los Angeles ◇ (Continued — 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	
		91129		91340-91346		91499	
90853	5	91131		91350-91357		91501-91508	
90888		91182		91361		91510	
90895		91184		91362		91521-91523	
90899		91185		91363-91365		91526	
91001		91188		91367		91601-91612	
91003		91189		91371		91614-91618	
91006-91012		91191		91372		91702	6
91016		91199		91376		91706	
91017		91201-91210		91380-91388		91709	5
91020		91214		91390		91711	
91021		91221		91392-91396		91714-91716	6
91023-91025		91222		91399		91722-91724	
91030		91224-91226		91401-91413		91731-91735	
91031		91301-91311		91416		91740	
91040-91043		91313		91423		91741	5
91046		91316		91426		91744-91749	6
91066		91321					
91077							

◇ This county spans multiple rating areas.

Finding your monthly premium

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from the list below.



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

◇ This county spans multiple rating areas.

Finding your monthly premium

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Step 1: Determine your Rating Area | County Area Guide



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from the list below.



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

◇ This county spans multiple rating areas.

Finding your monthly premium

Plans A, F, Innovative F, G & N | Effective March 1, 2024

Premiums can 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 [◇]	\$283.16	\$666.96	\$612.12	\$549.18	\$410.93
65	118.04	219.32	201.02	159.63	165.15
66	122.84	228.25	210.00	166.10	171.83
67	127.79	237.47	219.26	172.82	178.78
68	132.92	247.00	228.88	179.75	185.97
69	138.25	256.90	238.83	186.98	193.44
70	143.78	267.20	249.20	194.45	201.16
71	149.51	277.83	259.90	202.20	209.18
72	155.45	288.87	271.02	210.22	217.48
73	161.63	300.33	282.55	218.57	226.12
74	168.02	312.20	294.50	227.22	235.06
75	174.63	324.50	306.88	236.16	244.32
76	181.51	337.28	319.72	245.45	253.94
77	188.63	350.48	333.03	255.09	263.89
78	196.01	364.22	346.87	265.08	274.24
79	203.68	378.46	361.19	275.42	284.95
80	211.61	393.21	376.02	286.16	296.04
81+	220.08	408.94	391.86	297.61	307.89

* Attained age as of the coverage effective date.

◇ Plan G is available to those under 65 and Medicare eligible for reason other than age and those newly eligible for Medicare as of January 1, 2020.

Finding your monthly premium

Plans A, F, Innovative F, G & N | Effective March 1, 2024

Premiums can change. Premium is based upon your tobacco usage, age, area and plan.

Step 2: Find your premium

(continued)

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 [◇]	\$393.55	\$870.45	\$798.89	\$663.58	\$571.13
65	149.29	258.36	242.62	185.46	199.55
66	155.36	268.88	253.52	192.98	207.63
67	161.61	279.74	264.77	200.79	216.02
68	168.11	290.97	276.44	208.84	224.71
69	174.85	302.63	288.53	217.24	233.74
70	181.84	314.76	301.09	225.92	243.07
71	189.09	327.28	314.11	234.93	252.76
72	196.60	340.29	327.61	244.24	262.78
73	204.41	353.79	341.59	253.95	273.22
74	212.49	367.77	356.10	263.99	284.03
75	220.86	382.26	371.13	274.38	295.21
76	229.56	397.32	386.73	285.18	306.84
77	238.56	412.87	402.89	296.37	318.86
78	247.89	429.05	419.69	307.98	331.37
79	257.59	445.83	437.08	320.00	344.31
80	267.62	463.20	455.08	332.47	357.71
81+	278.33	481.73	474.30	345.78	372.03

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Finding your monthly premium

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Premiums can change. Premium is based upon your tobacco usage, age, area and plan.

Step 2: Find your premium

(continued)

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 [◇]	\$371.94	\$734.79	\$674.39	\$586.54	\$438.86
65	141.09	236.01	217.81	167.21	176.38
66	146.83	245.62	227.47	173.99	183.52
67	152.74	255.54	237.45	181.03	190.94
68	158.88	265.80	247.80	188.29	198.62
69	165.25	276.45	258.51	195.86	206.60
70	171.86	287.53	269.65	203.69	214.85
71	178.71	298.97	281.19	211.81	223.41
72	185.81	310.85	293.15	220.21	232.27
73	193.19	323.19	305.55	228.96	241.50
74	200.82	335.96	318.42	238.01	251.05
75	208.73	349.19	331.73	247.38	260.94
76	216.96	362.95	345.57	257.12	271.22
77	225.46	377.15	359.88	267.21	281.84
78	234.28	391.94	374.76	277.67	292.90
79	243.45	407.26	390.19	288.51	304.34
80	252.93	423.13	406.15	299.75	316.18
81+	263.05	440.06	423.18	311.76	328.84

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Finding your monthly premium

Plans A, F, Innovative F, G & N | Effective March 1, 2024

Premiums can change. Premium is based upon your tobacco usage, age, area and plan.

Step 2: Find your premium

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 [◇]	\$317.14	\$747.00	\$685.57	\$615.08	\$460.24
65	132.21	245.64	225.14	178.78	184.97
66	137.58	255.64	235.20	186.03	192.45
67	143.12	265.97	245.57	193.56	200.23
68	148.88	276.64	256.35	201.32	208.29
69	154.84	287.73	267.49	209.42	216.66
70	161.03	299.26	279.10	217.78	225.30
71	167.46	311.17	291.09	226.47	234.29
72	174.11	323.53	303.54	235.44	243.57
73	181.02	336.37	316.46	244.80	253.25
74	188.18	349.66	329.84	254.48	263.27
75	195.59	363.44	343.71	264.50	273.63
76	203.29	377.75	358.09	274.91	284.41
77	211.26	392.54	372.99	285.70	295.56
78	219.53	407.93	388.49	296.89	307.15
79	228.12	423.88	404.53	308.47	319.15
80	237.00	440.40	421.14	320.50	331.57
81+	246.48	458.01	438.88	333.33	344.84

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Finding your monthly premium

Plans A, F, Innovative F, G & N | Effective March 1, 2024

Premiums can 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 [◇]	\$440.78	\$974.90	\$894.76	\$743.21	\$639.67
65	167.20	289.36	271.73	207.72	223.50
66	174.00	301.14	283.94	216.14	232.55
67	181.00	313.31	296.54	224.88	241.94
68	188.28	325.88	309.61	233.90	251.68
69	195.83	338.94	323.15	243.31	261.79
70	203.66	352.53	337.22	253.03	272.24
71	211.78	366.56	351.80	263.12	283.09
72	220.19	381.12	366.92	273.55	294.31
73	228.94	396.24	382.58	284.42	306.01
74	237.99	411.90	398.83	295.67	318.11
75	247.36	428.13	415.67	307.31	330.64
76	257.11	444.99	433.14	319.40	343.66
77	267.19	462.41	451.24	331.93	357.12
78	277.64	480.54	470.05	344.94	371.13
79	288.50	499.32	489.53	358.40	385.63
80	299.73	518.79	509.69	372.37	400.64
81+	311.73	539.54	531.22	387.27	416.67

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Finding your monthly premium

Plans A, F, Innovative F, G & N | Effective March 1, 2024

Premiums can 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 [◇]	\$416.58	\$822.96	\$755.32	\$656.92	\$491.52
65	158.03	264.33	243.95	187.28	197.55
66	164.45	275.09	254.77	194.87	205.55
67	171.07	286.21	265.94	202.76	213.85
68	177.95	297.69	277.54	210.88	222.46
69	185.08	309.62	289.53	219.37	231.40
70	192.48	322.04	302.01	228.13	240.63
71	200.15	334.85	314.93	237.23	250.22
72	208.10	348.16	328.33	246.63	260.14
73	216.37	361.97	342.22	256.44	270.48
74	224.92	376.27	356.63	266.57	281.18
75	233.78	391.10	371.54	277.07	292.25
76	242.99	406.50	387.04	287.97	303.76
77	252.52	422.41	403.07	299.27	315.66
78	262.39	438.97	419.73	311.00	328.05
79	272.66	456.13	437.01	323.13	340.86
80	283.28	473.91	454.89	335.73	354.12
81+	294.62	492.87	473.96	349.17	368.30

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Important plan disclosures

Plans A, F, Innovative F, G & N

Retain this outline for your records.

Premium information

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, up to the age cap.

Disclosures

Use this outline to compare benefits and premiums among policies.

Medicare deductibles and coinsurance amounts are effective as of January 1, 2024. 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 \$1,632	\$0	\$1,632 (Part A deductible)
61 st thru 90 th day	All but \$408 a day	\$408 a day	\$0
91 st day and after:			
• While using 60 lifetime reserve days	All but \$816 a day	\$816 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
21 st thru 100 th day	All but \$204 a day	\$0	Up to \$204 a day
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan A

(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 \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (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 \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (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 \$240 of Medicare approved amounts*	\$0	\$0	\$240 (Part B deductible)
– Remainder of Medicare approved amounts	80%	20%	\$0

* Once you have been billed \$240 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 \$1,632	\$1,632 (Part A deductible)	\$0
61 st thru 90 th day	All but \$408 a day	\$408 a day	\$0
91 st day and after:			
• While using 60 lifetime reserve days	All but \$816 a day	\$816 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
21 st thru 100 th day	All but \$204 a day	Up to \$204 a day	\$0
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan F

(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 \$240 of Medicare Approved Amounts*	\$0	\$240 (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 \$240 of Medicare Approved Amounts*	\$0	\$240 (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 \$240 of Medicare approved amounts*	\$0	\$240 (Part B deductible)	\$0
– Remainder of Medicare approved amounts	80%	20%	\$0

* Once you have been billed \$240 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

(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 \$1,632	\$1,632 (Part A deductible)	\$0
61 st thru 90 th day	All but \$408 a day	\$408 a day	\$0
91 st day and after:			
• While using 60 lifetime reserve days	All but \$816 a day	\$816 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
21 st thru 100 th day	All but \$204 a day	Up to \$204 a day	\$0
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** 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 \$240 of Medicare Approved Amounts*	\$0	\$240 (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 \$240 of Medicare Approved Amounts*	\$0	\$240 (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 \$240 of Medicare approved amounts*	\$0	\$240 (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 \$240 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
<p>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.</p>			
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
<ul style="list-style-type: none"> • Contact Lenses (in place of eyeglass lenses) – once every 12 months <ul style="list-style-type: none"> – Elective (conventional/disposable) – Non-Elective 	\$0	In Network: \$100 allowance Out of Network: Up to \$80 allowance	Any amounts remaining after the Plan pays
	\$0	In Network: All Costs Out of Network: Up to \$210 allowance	
<p>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.</p>			
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
<p>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.</p>			
	\$0	100%	\$0

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 \$1,632	\$1,632 (Part A deductible)	\$0
61 st thru 90 th day	All but \$408 a day	\$408 a day	\$0
91 st day and after:			
• While using 60 lifetime reserve days	All but \$816 a day	\$816 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
21 st thru 100 th day	All but \$204 a day	Up to \$204 a day	\$0
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan G

(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 \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (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 \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (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 \$240 of Medicare approved amounts*	\$0	\$0	\$240 (Part B deductible)
– Remainder of Medicare approved amounts	80%	20%	\$0

* Once you have been billed \$240 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 G

(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 \$1,632	\$1,632 (Part A deductible)	\$0
61 st thru 90 th day	All but \$408 a day	\$408 a day	\$0
91 st day and after:			
• While using 60 lifetime reserve days	All but \$816 a day	\$816 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
21 st thru 100 th day	All but \$204 a day	Up to \$204 a day	\$0
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan N

(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 \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (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 \$240 of Medicare Approved Amounts*	\$0	\$0	\$240 (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 \$240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Plan N

(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 \$240 of Medicare approved amounts*	\$0	\$0	\$240 (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 \$240 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

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