



Underwritten by Community Insurance Company or Anthem Insurance Companies, Inc.

Anthem Blue Cross and Blue Shield – Ohio

Outline of Medicare Supplement Coverage (Cover Page: 1 of 1) Benefit Chart of Medicare Supplement Plans Sold for Effective Dates On or After June 1, 2010

Plans A, G, N, Select G and Select N are offered by Community Insurance Company.
Plan F and Select F are offered by Anthem Insurance Companies, Inc.

This chart shows the benefits included in each of the standard Medicare supplement plans with an effective date for coverage on or after June 1, 2010. Every company must make Plan "A" available. Some plans may not be available in your state. Plans shown in gray are available for purchase.

Basic Benefits:

- **Hospitalization** – Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses** – Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.
- **Blood** – First three pints of blood each year.
- **Hospice** – Part A coinsurance.

Plan A	B	C	D	F F* ¹	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*	Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
		Skilled Nursing Facility coinsurance	Skilled Nursing Facility coinsurance	Skilled Nursing Facility coinsurance	Skilled Nursing Facility coinsurance	50% Skilled Nursing Facility coinsurance	75% Skilled Nursing Facility coinsurance	Skilled Nursing Facility coinsurance	Skilled Nursing Facility coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out-of-pocket limit \$5,240; paid at 100% after limit reached	Out-of-pocket limit \$2,620; paid at 100% after limit reached		

* Plan F also has an option called a High Deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,240 deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses exceed \$2,240. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

¹ High Deductible Plan F is not available.

Monthly Premium

Plans A, G & N Effective July 1, 2018

Plan F Effective May 1, 2018

Premiums are subject to change.

Anthem Medicare Supplement Plans - Ohio

FIND YOUR PREMIUM

Premium is based upon your age, gender, area and plan.

AREA 1

Age*	MALE				FEMALE			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	\$112.17	\$142.06	\$112.52	\$102.29	\$102.24	\$127.72	\$102.57	\$93.24
66	115.06	151.82	119.32	108.47	104.88	136.62	108.76	98.87
67	117.55	161.59	126.09	114.63	107.15	145.52	114.93	104.48
68	122.89	171.35	132.87	120.79	112.01	154.42	121.12	110.11
69	128.16	181.12	139.65	126.95	116.82	163.32	127.29	115.72
70	133.74	190.88	146.43	133.12	121.91	172.22	133.47	121.34
71	139.30	200.65	153.21	139.28	126.98	181.12	139.66	126.96
72	144.78	210.40	159.99	145.44	131.97	190.02	145.83	132.57
73	150.35	220.17	166.77	151.61	137.05	198.92	152.01	138.19
74	155.82	229.93	173.55	157.77	142.04	207.82	158.20	143.82
75	160.85	239.70	180.33	163.93	146.62	216.72	164.37	149.43
76	165.88	248.24	187.11	170.10	151.21	224.51	170.55	155.05
77	170.90	256.36	193.88	176.26	155.78	231.91	176.73	160.66
78	175.94	264.51	200.68	182.43	160.37	239.33	182.92	166.29
79	180.62	272.12	207.45	188.59	164.64	246.27	189.10	171.90
80	184.81	278.81	214.23	194.76	168.46	252.37	195.28	177.53
81+	188.30	284.48	214.23	194.76	171.64	257.54	195.28	177.53

- **Area 1:** Allen, Ashland, Athens, Auglaize, Belmont, Champaign, Clark, Clinton, Coshocton, Crawford, Defiance, Delaware, Fairfield, Fayette, Franklin, Gallia, Greene, Guernsey, Hancock, Hardin, Henry, Hocking, Holmes, Huron, Jefferson, Knox, Lawrence, Licking, Logan, Madison, Marion, Meigs, Mercer, Miami, Monroe, Morgan, Morrow, Muskingum, Noble, Paulding, Perry, Pickaway, Putnam, Richland, Ross, Seneca, Shelby, Union, Van Wert, Washington, Wayne, Williams, Wyandot

* Attained age at the time of enrollment.

Monthly Premium

Plans A, G & N Effective July 1, 2018

Plan F Effective May 1, 2018

Premiums are subject to change.

FIND YOUR PREMIUM

(continued)

Premium is based upon your age, gender, area and plan.

AREA 2

Age*	MALE				FEMALE			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	\$119.12	\$152.11	\$119.50	\$108.64	\$108.58	\$136.88	\$108.93	\$99.02
66	122.19	162.47	126.71	115.19	111.38	146.33	115.50	105.00
67	124.84	172.85	133.91	121.73	113.80	155.79	122.06	110.96
68	130.51	183.21	141.11	128.28	118.96	165.23	128.63	116.93
69	136.11	193.59	148.31	134.82	124.06	174.69	135.18	122.89
70	142.03	203.95	155.51	141.37	129.47	184.14	141.75	128.86
71	147.94	214.33	162.71	147.92	134.85	193.60	148.32	134.83
72	153.76	224.69	169.91	154.46	140.16	203.04	154.87	140.79
73	159.68	235.07	177.11	161.01	145.55	212.50	161.44	146.76
74	165.48	245.43	184.31	167.56	150.84	221.95	168.01	152.73
75	170.82	255.81	191.51	174.10	155.71	231.40	174.56	158.69
76	176.17	264.87	198.71	180.65	160.58	239.67	181.13	164.66
77	181.50	273.50	205.91	187.19	165.44	247.53	187.69	170.63
78	186.85	282.15	213.12	193.74	170.31	255.42	194.26	176.60
79	191.82	290.23	220.31	200.28	174.85	262.79	200.82	182.56
80	196.27	297.34	227.52	206.83	178.91	269.26	207.39	188.53
81+	199.97	303.36	227.52	206.83	182.28	274.75	207.39	188.53

■ Area 2: Adams, Brown, Butler, Clermont, Darke, Hamilton, Highland, Jackson, Montgomery, Pike, Preble, Scioto, Vinton, Warren

* Attained age at the time of enrollment.

Monthly Premium

Plans A, G & N Effective July 1, 2018

Plan F Effective May 1, 2018

Premiums are subject to change.

FIND YOUR PREMIUM

(continued)

Premium is based upon your age, gender, area and plan.

AREA 3

Age*	MALE				FEMALE			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	\$126.92	\$163.38	\$127.32	\$115.75	\$115.69	\$147.15	\$116.06	\$105.51
66	130.19	174.42	135.01	122.74	118.68	157.22	123.07	111.88
67	133.02	185.48	142.68	129.70	121.25	167.30	130.05	118.23
68	139.05	196.52	150.35	136.68	126.75	177.36	137.05	124.59
69	145.02	207.57	158.02	143.65	132.19	187.44	144.03	130.94
70	151.33	218.62	165.69	150.63	137.95	197.50	151.03	137.30
71	157.63	229.67	173.37	157.61	143.68	207.58	158.03	143.66
72	163.83	240.71	181.03	164.57	149.33	217.65	165.01	150.01
73	170.13	251.77	188.71	171.55	155.08	227.72	172.01	156.37
74	176.32	262.81	196.38	178.53	160.72	237.79	179.01	162.73
75	182.01	273.86	204.05	185.50	165.90	247.86	185.99	169.09
76	187.71	283.53	211.72	192.47	171.10	256.67	192.99	175.45
77	193.38	292.72	219.39	199.44	176.27	265.05	199.98	181.80
78	199.08	301.93	227.07	206.43	181.47	273.45	206.98	188.17
79	204.38	310.55	234.74	213.40	186.30	281.30	213.97	194.52
80	209.13	318.12	242.41	220.38	190.62	288.20	220.97	200.88
81+	213.06	324.53	242.41	220.38	194.21	294.05	220.97	200.88

■ Area 3: Ashtabula, Carroll, Columbiana, Cuyahoga, Erie, Fulton, Geauga, Harrison, Lake, Lorain, Lucas, Mahoning, Medina, Ottawa, Portage, Sandusky, Stark, Summit, Trumbull, Tuscarawas, Wood

* Attained age at the time of enrollment.