



Medicare Supplement Outline of Coverage

Plans A, F, G & N

**Anthem Blue Cross and Blue Shield
Indiana 2019**

This booklet includes premium rates, Medicare deductibles,
copays and maximum out-of-pocket costs.

Call toll-free 1-866-649-2033 with questions.

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

Benefit Chart of Medicare Supplement Plans Sold on or After June 1, 2010

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 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.

Benefits	A	B	C	D	F F ^{*1}	G	K	L	M	N
Basic Coverage, Including 100% Part B Coinsurance	✓	✓	✓	✓	✓ [*]	✓			✓	✓ [▲]
Hospitalization & Preventative Care /Other Basic Benefits							100% /50%	100% /75%		
Skilled Nursing Facility Coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Part A Deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B Deductible			✓		✓					
Part B Excess (100%)					✓	✓				
Foreign Travel Emergency			✓	✓	✓	✓			✓	✓
Out-of-pocket Limit; Paid at 100% after Limit is Reached							\$5,560	\$2,780		

* 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 \$2,300 deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses exceed \$2,300. 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.

▲ Basic benefits, EXCEPT up to \$20 copayment for office visit, and up to \$50 copayment for emergency room visit.

Premium Information

Plans A, F, G & N | Effective January 1, 2019

Premiums are subject to change.

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

We, Anthem, 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 January of each year up to the age cap.

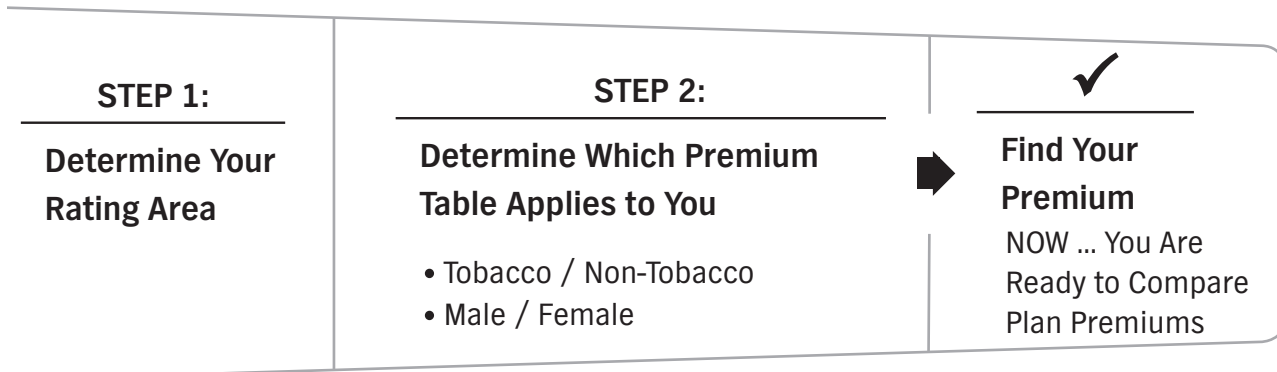
Premiums are subject to change on or after the Renewal Date in accordance with the terms of the Policy. Renewal Date is defined as January 1, subject to state approval. The selected billing preference does not guarantee your premium for any specific period. Approved premium changes are effective as of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

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

Find Your Premium

Premiums (and future changes to premiums) are determined by several factors, including the county where you live, tobacco use, age, gender, plan, and the costs of medical services and supplies.

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



Finding the Right Plan for You

Plans A, F, G & N | Effective January 1, 2019

Premiums are subject to change.

Compare Plans

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

Don't miss out on a chance to **SAVE!**

These optional discounts are offered.

SAVE \$2 on your monthly premium!

Enroll in our Automatic Bank Draft or Electronic Fund Transfer (EFT) program and you will save \$2 on your monthly premium. (To enroll, simply complete the Premium Payment Form.)

|
OR
|

SAVE \$48 by paying your premium for the entire year!

(Note: Based on the policy effective date, the discount may be pro-rated the first year.)

SAVE 5% when more than one member in the household enrolls in a Medicare Supplement plan with us. The discount is for policies with effective dates of June 1, 2010 or after and available to those members who occupy the same housing unit.

New to Medicare – Enroll in Plan F and **SAVE \$240!**

If you are age 65 or older, and within six months of your Part B effective date you will receive \$20 off your monthly premium for the first 12 months of your policy. This discount is applicable to Plan F policies with an effective date of May 1, 2018 or after.

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

Finding Your Monthly Premium

Plans A, F, G & N | Effective January 1, 2019
Premiums are subject to change.

Step 1: Determine Your Rating Area

County Area Guide

► Find the county you live in from the list below.

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

Area 1

- Boone
- Hamilton
- Hancock
- Johnson
- Monroe
- Morgan
- Shelby
- St Joseph

Area 2

All counties
outside of
Areas 1 & 3

Area 3

- Jasper
- La Porte
- Lake
- Newton
- Porter
- Starke

Finding Your Monthly Premium

Plans A, F, G & N | Effective January 1, 2019

Premiums are subject to change. Premium is based upon your tobacco usage, age, area, gender and plan.

Find Your Premium

Table 1 | Non-tobacco

If you have not used tobacco products in the past 12 months, use this table.

Area 1

Age*	Male				Female			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	\$137.54	\$138.85	\$113.40	\$107.21	\$124.26	\$123.02	\$102.46	\$ 96.87
66	144.76	148.61	119.69	113.16	130.78	131.85	108.13	102.23
67	151.98	158.34	125.97	119.10	137.31	140.65	113.81	107.60
68	159.18	168.11	132.25	125.04	143.81	149.47	119.49	112.96
69	166.38	177.85	138.54	130.98	150.32	158.28	125.16	118.34
70	173.58	187.61	144.82	136.92	156.83	167.08	130.84	123.71
71	180.80	197.36	151.11	142.86	163.34	175.90	136.53	129.08
72	187.99	207.12	157.38	148.79	169.84	184.72	142.19	134.43
73	195.20	216.86	163.66	154.73	176.35	193.52	147.86	139.80
74	202.40	226.63	169.95	160.68	182.87	202.34	153.54	145.16
75	209.62	236.37	176.24	166.63	189.39	211.14	159.23	150.54
76	216.81	246.13	182.51	172.56	195.88	219.96	164.89	155.90
77	224.03	255.88	188.80	178.50	202.40	228.77	170.57	161.26
78	231.24	265.63	195.09	184.44	208.93	237.58	176.26	166.64
79	238.45	275.39	201.37	190.38	215.43	246.38	181.93	172.01
80+	245.66	285.15	207.64	196.31	221.95	255.21	187.59	177.36

Questions call 916-682-1117

* Attained age at the time of enrollment.

Finding Your Monthly Premium

Plans A, F, G & N | Effective January 1, 2019

Premiums are subject to change. Premium is based upon your tobacco usage, age, area, gender and plan.

Find Your Premium

(continued)

Table 1 | Non-tobacco

If you have not used tobacco products in the past 12 months, use this table.

Area 2

Age*	Male				Female			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	\$147.16	\$150.29	\$121.32	\$114.70	\$132.94	\$133.37	\$109.62	\$103.64
66	154.88	160.74	128.05	121.07	139.92	142.80	115.69	109.38
67	162.59	171.15	134.77	127.42	146.90	152.22	121.76	115.12
68	170.30	181.61	141.49	133.78	153.86	161.66	127.84	120.86
69	178.01	192.03	148.22	140.13	160.83	171.09	133.91	126.61
70	185.70	202.46	154.94	146.48	167.79	180.51	139.98	132.35
71	193.43	212.90	161.67	152.85	174.76	189.93	146.07	138.10
72	201.12	223.34	168.37	159.19	181.71	199.37	152.12	143.82
73	208.84	233.76	175.09	165.55	188.68	208.79	158.19	149.56
74	216.55	244.21	181.82	171.90	195.64	218.23	164.27	155.30
75	224.27	254.63	188.55	178.27	202.62	227.63	170.35	161.05
76	231.96	265.07	195.26	184.61	209.57	237.07	176.41	166.80
77	239.68	275.51	201.99	190.98	216.55	246.50	182.49	172.54
78	247.40	285.94	208.72	197.33	223.53	255.93	188.57	178.29
79	255.11	296.37	215.44	203.68	230.48	265.35	194.64	184.03
80+	262.83	306.82	222.15	210.03	237.46	274.78	200.70	189.75

Questions call 916-682-1117

* Attained age at the time of enrollment.

Finding Your Monthly Premium

Plans A, F, G & N | Effective January 1, 2019

Premiums are subject to change. Premium is based upon your tobacco usage, age, area, gender and plan.

Find Your Premium

(continued)

Table 1 | Non-tobacco

If you have not used tobacco products in the past 12 months, use this table.

Area 3

Age*	Male				Female			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	\$173.35	\$181.49	\$153.07	\$144.72	\$156.60	\$161.55	\$138.30	\$130.75
66	182.44	193.80	161.56	152.74	164.83	172.67	145.96	138.00
67	191.54	206.06	170.03	160.76	173.05	183.76	153.62	145.25
68	200.62	218.38	178.51	168.77	181.24	194.88	161.28	152.48
69	209.70	230.66	187.00	176.80	189.45	205.99	168.95	159.73
70	218.75	242.95	195.48	184.82	197.65	217.08	176.61	166.97
71	227.86	255.24	203.97	192.84	205.86	228.19	184.28	174.23
72	236.91	267.54	212.43	200.84	214.05	239.31	191.92	181.46
73	246.01	279.82	220.91	208.85	222.26	250.40	199.59	188.70
74	255.09	292.12	229.40	216.88	230.46	261.52	207.25	195.95
75	264.18	304.40	237.89	224.91	238.69	272.60	214.92	203.20
76	273.25	316.70	246.35	232.92	246.86	283.72	222.57	210.43
77	282.34	328.99	254.84	240.94	255.09	294.82	230.24	217.68
78	291.43	341.28	263.33	248.97	263.31	305.93	237.91	224.93
79	300.52	353.57	271.81	256.98	271.50	317.02	245.57	232.18
80+	309.61	365.88	280.27	264.98	279.72	328.14	253.21	239.40

* Attained age at the time of enrollment.

Finding Your Monthly Premium

Plans A, F, G & N | Effective January 1, 2019

Premiums are subject to change. Premium is based upon your tobacco usage, age, area, gender and plan.

Find Your Premium

(continued)

Table 2 | For Tobacco Users

If you have used tobacco products in the past 12 months, use this table.

Area 1

Age*	Male				Female			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	\$154.04	\$155.51	\$127.01	\$120.08	\$139.17	\$137.79	\$114.76	\$108.49
66	162.13	166.44	134.05	126.74	146.47	147.67	121.11	114.50
67	170.22	177.34	141.08	133.39	153.79	157.53	127.47	120.51
68	178.28	188.29	148.12	140.04	161.07	167.41	133.83	126.52
69	186.35	199.20	155.16	146.70	168.36	177.28	140.18	132.54
70	194.41	210.12	162.20	153.35	175.65	187.13	146.54	138.56
71	202.50	221.04	169.24	160.00	182.94	197.00	152.91	144.57
72	210.55	231.98	176.26	166.64	190.22	206.88	159.25	150.56
73	218.62	242.89	183.30	173.30	197.51	216.74	165.61	156.58
74	226.69	253.82	190.34	179.96	204.81	226.62	171.96	162.58
75	234.77	264.73	197.39	186.63	212.12	236.47	178.33	168.60
76	242.83	275.66	204.41	193.27	219.39	246.35	184.68	174.61
77	250.91	286.59	211.45	199.92	226.69	256.22	191.04	180.61
78	258.99	297.51	218.50	206.57	234.00	266.09	197.41	186.64
79	267.06	308.43	225.53	213.23	241.28	275.95	203.76	192.65
80+	275.14	319.37	232.55	219.87	248.58	285.83	210.10	198.64

* Attained age at the time of enrollment.

Finding Your Monthly Premium

Plans A, F, G & N | Effective January 1, 2019

Premiums are subject to change. Premium is based upon your tobacco usage, age, area, gender and plan.

Find Your Premium

(continued)

Table 2 | For Tobacco Users

If you have used tobacco products in the past 12 months, use this table.

Area 2

Age*	Male				Female			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	\$164.82	\$168.33	\$135.88	\$128.46	\$148.89	\$149.37	\$122.77	\$116.08
66	173.47	180.03	143.42	135.60	156.71	159.94	129.57	122.51
67	182.10	191.69	150.94	142.71	164.53	170.49	136.37	128.93
68	190.74	203.40	158.47	149.83	172.32	181.06	143.18	135.36
69	199.37	215.07	166.00	156.95	180.13	191.62	149.98	141.80
70	207.98	226.76	173.53	164.06	187.92	202.17	156.78	148.23
71	216.64	238.44	181.07	171.19	195.73	212.73	163.59	154.67
72	225.25	250.14	188.58	178.29	203.52	223.30	170.37	161.08
73	233.90	261.81	196.10	185.42	211.32	233.84	177.18	167.51
74	242.54	273.51	203.64	192.53	219.12	244.41	183.98	173.94
75	251.18	285.18	211.18	199.66	226.93	254.95	190.79	180.38
76	259.80	296.88	218.69	206.76	234.72	265.52	197.58	186.82
77	268.44	308.57	226.23	213.90	242.54	276.08	204.39	193.24
78	277.09	320.25	233.76	221.01	250.35	286.64	211.20	199.68
79	285.72	331.94	241.29	228.12	258.14	297.19	218.00	206.11
80+	294.37	343.64	248.80	235.23	265.96	307.76	224.78	212.52

* Attained age at the time of enrollment.

Finding Your Monthly Premium

Plans A, F, G & N | Effective January 1, 2019

Premiums are subject to change. Premium is based upon your tobacco usage, age, area, gender and plan.

Find Your Premium

(continued)

Table 2 | For Tobacco Users

If you have used tobacco products in the past 12 months, use this table.

Area 3

Age*	Male				Female			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
65	\$194.15	\$203.27	\$171.43	\$162.09	\$175.39	\$180.94	\$154.89	\$146.44
66	204.33	217.05	180.94	171.07	184.61	193.39	163.47	154.56
67	214.52	230.79	190.44	180.05	193.82	205.82	172.06	162.68
68	224.69	244.58	199.93	189.02	202.99	218.27	180.64	170.78
69	234.86	258.34	209.44	198.02	212.18	230.71	189.22	178.90
70	245.00	272.10	218.93	207.00	221.37	243.13	197.80	187.01
71	255.20	285.87	228.44	215.98	230.56	255.57	206.40	195.14
72	265.34	299.64	237.92	224.94	239.74	268.02	214.95	203.24
73	275.53	313.40	247.42	233.91	248.93	280.45	223.54	211.34
74	285.70	327.18	256.92	242.91	258.12	292.90	232.12	219.46
75	295.88	340.93	266.43	251.90	267.33	305.31	240.71	227.58
76	306.04	354.71	275.91	260.87	276.48	317.76	249.28	235.68
77	316.22	368.47	285.42	269.85	285.70	330.20	257.86	243.80
78	326.40	382.24	294.93	278.85	294.91	342.64	266.46	251.92
79	336.58	396.00	304.42	287.82	304.08	355.07	275.04	260.04
80+	346.76	409.78	313.90	296.78	313.29	367.52	283.60	268.13

* Attained age at the time of enrollment.

Important Plan Disclosures

Plans A, F, G & N

Retain this outline for your records.

Disclosures

Use this outline to compare benefits and premiums among policies.

Medicare deductibles and coinsurance amounts are effective as of January 1, 2019. 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.

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 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.