



Medicare Supplement Outline of Coverage

Plans A, F, Innovative F, G & N

**Anthem Blue Cross
California 2021**

This booklet includes:

2021 Premium Rates

2021 Medicare deductibles, copays and maximum out-of-pocket costs

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 2021 ²					\$6,220 ²	\$3,110 ²				

¹ Plans F and G also have a high deductible option, which require first paying a plan deductible of \$2,370 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.

Premium Information

Plans A, F, Innovative F, G & N | Effective March 1, 2021

Premiums are subject to change.

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

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 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 March 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.

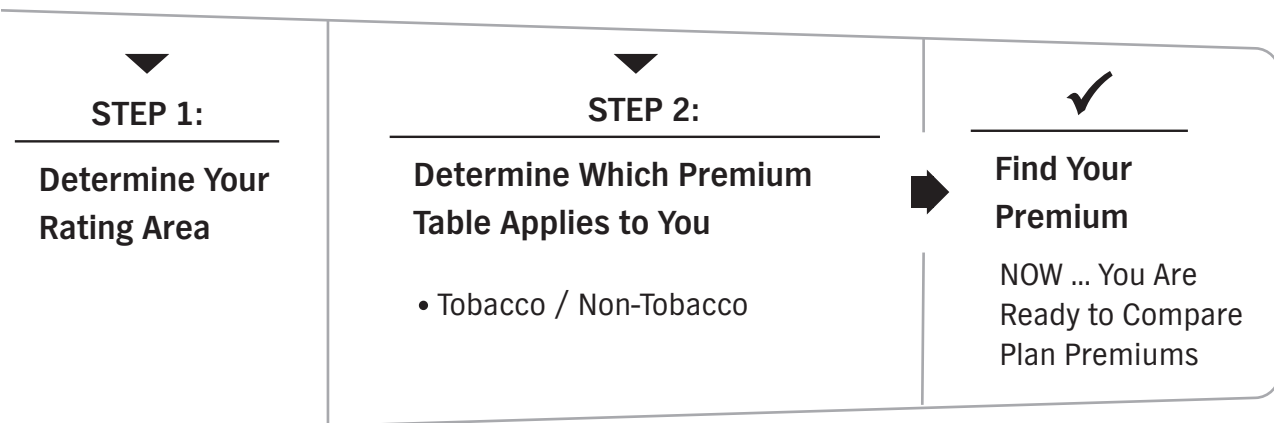
If you select a billing method other than Monthly EFT (Electronic Funds Transfer), the billing frequency takes effect on the first day of the payment period that immediately follows your coverage effective date. Based on your selected billing method and your coverage effective date, we will prorate the 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 whether you are applying during your **Open Enrollment Period**, are eligible for **Guaranteed Issue** coverage, the county and/or zip code where you live, tobacco use, age, plan, and the costs of medical services and supplies.

- Your **Open Enrollment period** is the best time to buy a Medicare Supplement plan. The Open Enrollment period automatically starts the month you turn age 65 and enroll in Medicare Part B — this period only occurs once and allows you to enroll in any plan offered. During this period, you do not go through medical underwriting and are **guaranteed** acceptance into the Plan of your choice!
- When outside your Open Enrollment period you may experience a **Guaranteed Issue** right. These rights generally occur when you have other health coverage that changes. In California, you have this period annually based on your birthday. During this period, your Medicare Supplement plan options may be limited.

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



Finding the Right Plan for You

Plans A, F, Innovative F, G & N | Effective March 1, 2021

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 Funds 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 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.

* 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, Innovative F, G & N | Effective March 1, 2021
 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.

County	Area	County	Area	County	Area	County	Area
Alameda	3	Los Angeles [◇] (For this county, use your zip code to find your area.)	5	90260-90267	5	90650-90652	5
Alpine	1			90270		90659-90662	
Amador	1			90272		90670	
Butte	1			90274		90671	
Calaveras	1			90001-90084		90701-90704	
Colusa	1			90086-90089		90706	
Contra Costa	3			90091		90707	
Del Norte	1			90093-90096		90280	
El Dorado	1			90099		90290-90296	
Fresno	2			90101-90103		90301-90313	
Glenn	1			90189		90397	
Humboldt	1			90201		90398	
Imperial	2			90202		90401-90411	
Inyo	1			90209-90213		90501-90510	
Kern	2			90220-90224		90601-90610	
Kings	1			90230-90233		90612	
Lake	1			90239-90242		90623	
Lassen	1	90245		90630			
		90247-90251		90631			
		90254		90637-90640			
		90255					

◇ This county spans multiple rating areas.

Finding Your Monthly Premium

Plans A, F, Innovative F, G & N | Effective March 1, 2021
 Premiums are subject to change.

Step 1: Determine Your Rating Area

County Area Guide

(continued)

► 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	
Los Angeles [◇] (Continued – For this county, use your zip code to find your area.)	5	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		
		91131		91350-91357		91501-91508		
		91182		91361		91510		
		91184		91362		91521-91523		
		91185		91363-91365		91526		
		91188		91367		91601-91612		
		91189		91371		91614-91618		
		91191		91372		91702		6
		91199		91376		91706		
		91201-91210		91380-91388		91709		5
		91214		91390		91711		
		91221		91392-91396		91714-91716		6
		91222		91399		91722-91724		
		91224-91226		91401-91413		91731-91735		
		91301-91311		91416		91740		
		91313		91423		91741		5
91316	91426	91744-91749	6					
91321								

◇ This county spans multiple rating areas.

Finding Your Monthly Premium

Plans A, F, Innovative F, G & N | Effective March 1, 2021
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Step 1: Determine Your Rating Area

County Area Guide

(continued)

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Got Your Rating Area?
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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	
	91750	5	93243		Merced	2	San Benito	1
	91754-91756	6	93510	6	Modoc	1	San Bernardino	6
	91759	5	93532		Mono	1	San Diego	6
	91765	6	93534-93536		Monterey	1	San Francisco	3
	91766	5	93539		Napa	2	San Joaquin	2
	91767-91769		93543		Nevada	1	San Luis Obispo	2
	91770-91772	6	93544		Orange	4	San Mateo	3
	91773	5	93550-93553					
	91775	6	93560	5				
	91776		93563	6				
	91778		93584					
	91780		93586					
	91788-91793		93590					
	91795		93591					
	91797	5	93599	5				
91799	6							

◇ This county spans multiple rating areas.

Finding Your Monthly Premium

Plans A, F, Innovative F, G & N | Effective March 1, 2021
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Step 1: Determine Your Rating Area

County Area Guide

(continued)

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

◇ This county spans multiple rating areas.

Finding Your Monthly Premium

Questions: 916-682-1117

Plans A, F, Innovative F, G & N | Effective March 1, 2021

Premiums are subject to 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**	\$257.65	\$540.78	\$515.24	\$413.73	\$334.54
65	109.04	195.09	172.26	130.51	140.29
66	113.47	203.03	179.95	135.80	145.97
67	118.04	211.23	187.90	141.29	151.87
68	122.79	219.71	196.14	146.96	157.98
69	127.71	228.52	204.67	152.88	164.32
70	132.81	237.68	213.54	158.98	170.88
71	138.11	247.13	222.72	165.32	177.69
72	143.60	256.96	232.25	171.87	184.75
73	149.30	267.15	242.13	178.71	192.09
74	155.20	277.71	252.37	185.77	199.68
75	161.31	288.65	262.98	193.08	207.55
76	167.67	300.02	273.99	200.68	215.71
77	174.24	311.76	285.39	208.56	224.17
78	181.05	323.98	297.24	216.73	232.96
79	188.14	336.65	309.52	225.18	242.06
80	195.46	349.77	322.23	233.96	251.48
81+	203.29	363.76	335.80	243.33	261.55

*Attained age at the time of enrollment.

**Plan G is available to those under 65 and newly eligible for Medicare as of January 1, 2020.

Finding Your Monthly Premium

Questions: 916-682-1117

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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**	\$358.10	\$705.77	\$672.46	\$499.92	\$464.96
65	137.90	229.82	207.91	151.63	169.51
66	143.50	239.17	217.25	157.78	176.38
67	149.28	248.83	226.90	164.16	183.51
68	155.29	258.82	236.90	170.75	190.89
69	161.51	269.20	247.25	177.62	198.55
70	167.97	279.99	258.02	184.71	206.48
71	174.67	291.12	269.17	192.08	214.71
72	181.61	302.70	280.74	199.69	223.23
73	188.82	314.70	292.73	207.63	232.10
74	196.28	327.14	305.16	215.84	241.27
75	204.01	340.03	318.04	224.33	250.78
76	212.05	353.42	331.40	233.16	260.65
77	220.36	367.25	345.25	242.31	270.87
78	228.98	381.65	359.64	251.81	281.49
79	237.94	396.57	374.55	261.63	292.48
80	247.20	412.03	389.98	271.83	303.87
81+	257.10	428.51	406.45	282.71	316.03

*Attained age at the time of enrollment.

**Plan G is available to those under 65 and newly eligible for Medicare as of January 1, 2020.

Finding Your Monthly Premium

Plans A, F, Innovative F, G & N | Effective March 1, 2021

Premiums are subject to 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.)

Area 6

Age*	Plan A	Plan F	Innovative F	Plan G	Plan N
<65**	\$338.44	\$595.78	\$567.66	\$441.88	\$357.28
65	130.33	209.94	186.65	136.71	149.83
66	135.62	218.48	194.93	142.25	155.90
67	141.08	227.30	203.48	148.01	162.20
68	146.76	236.43	212.35	153.95	168.73
69	152.64	245.91	221.53	160.14	175.50
70	158.75	255.77	231.08	166.53	182.51
71	165.08	265.94	240.96	173.18	189.78
72	171.64	276.51	251.21	180.04	197.31
73	178.45	287.48	261.84	187.20	205.15
74	185.50	298.84	272.87	194.60	213.26
75	192.81	310.62	284.27	202.26	221.66
76	200.41	322.85	296.13	210.22	230.39
77	208.26	335.48	308.40	218.47	239.42
78	216.41	348.63	321.14	227.03	248.81
79	224.88	362.27	334.37	235.89	258.52
80	233.63	376.39	348.04	245.08	268.59
81+	242.99	391.44	362.64	254.89	279.34

*Attained age at the time of enrollment.

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Finding Your Monthly Premium

Plans A, F, Innovative F, G & N | Effective March 1, 2021

Premiums are subject to 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 1, 2 and 3

Age*	Plan A	Plan F	Innovative F	Plan G	Plan N
<65**	\$288.57	\$605.67	\$577.07	\$463.38	\$374.68
65	122.12	218.50	192.93	146.17	157.12
66	127.08	227.39	201.54	152.10	163.49
67	132.20	236.58	210.45	158.25	170.10
68	137.52	246.08	219.68	164.60	176.94
69	143.03	255.94	229.23	171.22	184.04
70	148.75	266.20	239.16	178.06	191.39
71	154.68	276.79	249.45	185.16	199.02
72	160.83	287.80	260.12	192.50	206.91
73	167.22	299.21	271.19	200.15	215.14
74	173.82	311.04	282.65	208.07	223.64
75	180.67	323.29	294.54	216.25	232.45
76	187.79	336.02	306.87	224.76	241.60
77	195.15	349.17	319.64	233.58	251.07
78	202.78	362.86	332.91	242.74	260.92
79	210.72	377.05	346.66	252.21	271.10
80	218.92	391.74	360.90	262.04	281.66
81+	227.68	407.41	376.10	272.53	292.93

*Attained age at the time of enrollment.

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Finding Your Monthly Premium

Plans A, F, Innovative F, G & N | Effective March 1, 2021

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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**	\$401.07	\$790.46	\$753.16	\$559.91	\$520.76
65	154.45	257.39	232.86	169.83	189.85
66	160.72	267.87	243.32	176.71	197.55
67	167.19	278.69	254.13	183.86	205.53
68	173.92	289.88	265.33	191.24	213.80
69	180.89	301.50	276.92	198.93	222.38
70	188.13	313.59	288.98	206.88	231.26
71	195.63	326.05	301.47	215.13	240.48
72	203.40	339.02	314.43	223.65	250.02
73	211.48	352.47	327.86	232.55	259.95
74	219.83	366.40	341.78	241.74	270.22
75	228.49	380.83	356.20	251.25	280.87
76	237.50	395.83	371.17	261.14	291.93
77	246.80	411.32	386.68	271.39	303.37
78	256.46	427.45	402.80	282.03	315.27
79	266.49	444.16	419.50	293.03	327.58
80	276.86	461.47	436.78	304.45	340.33
81+	287.95	479.93	455.22	316.64	353.95

*Attained age at the time of enrollment.

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Finding Your Monthly Premium

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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**	\$379.05	\$667.27	\$635.78	\$494.90	\$400.15
65	145.97	235.13	209.05	153.11	167.81
66	151.90	244.70	218.32	159.32	174.61
67	158.01	254.58	227.90	165.77	181.67
68	164.38	264.80	237.83	172.42	188.97
69	170.96	275.42	248.11	179.36	196.56
70	177.80	286.46	258.81	186.52	204.41
71	184.89	297.85	269.88	193.96	212.56
72	192.24	309.70	281.36	201.65	220.99
73	199.87	321.98	293.26	209.66	229.77
74	207.76	334.70	305.61	217.95	238.85
75	215.95	347.89	318.38	226.53	248.26
76	224.46	361.59	331.67	235.44	258.04
77	233.25	375.74	345.41	244.68	268.15
78	242.38	390.47	359.68	254.28	278.67
79	251.86	405.74	374.49	264.19	289.55
80	261.66	421.55	389.80	274.49	300.82
81+	272.14	438.42	406.16	285.48	312.86

*Attained age at the time of enrollment.

**Plan G is available to those under 65 and newly eligible for Medicare as of January 1, 2020.



Attachment

Notice of New or Innovative Benefits

THE PURPOSE OF THIS FORM IS TO NOTIFY CONSUMERS OF THE AVAILABILITY OF MEDICARE SUPPLEMENT PLANS OFFERED FOR SALE BY ANTHEM BLUE CROSS THAT INCLUDE NEW OR INNOVATIVE BENEFITS, IN ADDITION TO THE STANDARDIZED COVERAGE OFFERED BY THE PLAN.

NEW OR INNOVATIVE BENEFITS ADDED TO MEDICARE SUPPLEMENT PLAN - INNOVATIVE F

Innovative F	YOUR OUT-OF-POCKET COSTS (In-Network Provider)	YOUR OUT-OF-POCKET COSTS (Out-of-Network Provider)
▼ Routine Vision Benefit — Through Blue View Vision Access network you can maximize your benefits. You may receive covered benefits outside of the Blue View Vision Access network. You will need to pay the provider at the time of service and submit a claim for reimbursement.		
Routine Eye Exam (with dilation as needed) once every 12 months	\$25 copay	Any amounts remaining after the Plan pays up to a \$35 allowance.
Eyeglass Frames Allowance toward new frames once every 24 months	Any amounts remaining after the Plan pays	Any amounts remaining after the Plan pays up to a \$45 allowance.
Lenses Standard Plastic (CR39) - up to 55 mm in: Single Vision, Bifocal, Trifocal (FT 25-28), Lenticular (once every 12 months)	\$25 copay	Any amounts remaining after the Plan pays Single Vision: Up to \$25 Bifocal: Up to \$40 Trifocal or Lenticular: Up to \$55
<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 	Any amounts remaining after the Plan pays \$150 allowance. Non-elective you pay no cost.	Any amounts remaining after the Plan pays up to an \$80 allowance for elective or up to a \$210 allowance for non-elective.

(continued)

Innovative F	YOUR OUT-OF-POCKET COSTS (In-Network Provider)	YOUR OUT-OF-POCKET COSTS (Out-of-Network Provider)
▼ 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. Includes 1-year supply of batteries (up to 64 cells per hearing aid).		
Hearing Exam Coverage for up to (1) routine hearing exam every 12 months.	\$0	Not covered
Hearing Aid(s) Includes fitting evaluation for a hearing aid(s).	Amounts in excess of the coverage allowance up to \$750 toward a hearing device(s) every year.	Not covered
▼ 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.		
	\$0	Not covered

Total annual premium for new or innovative benefits only: \$3.74