



## **Anthem Blue Cross and Blue Shield Connecticut 2023 Plans A, F, G and N**

### **Booklet includes:**

2023 Premium Rates  
(Effective January 1, 2023)  
2023 Medicare Cost-Sharing Amounts  
(Deductibles, Copays)

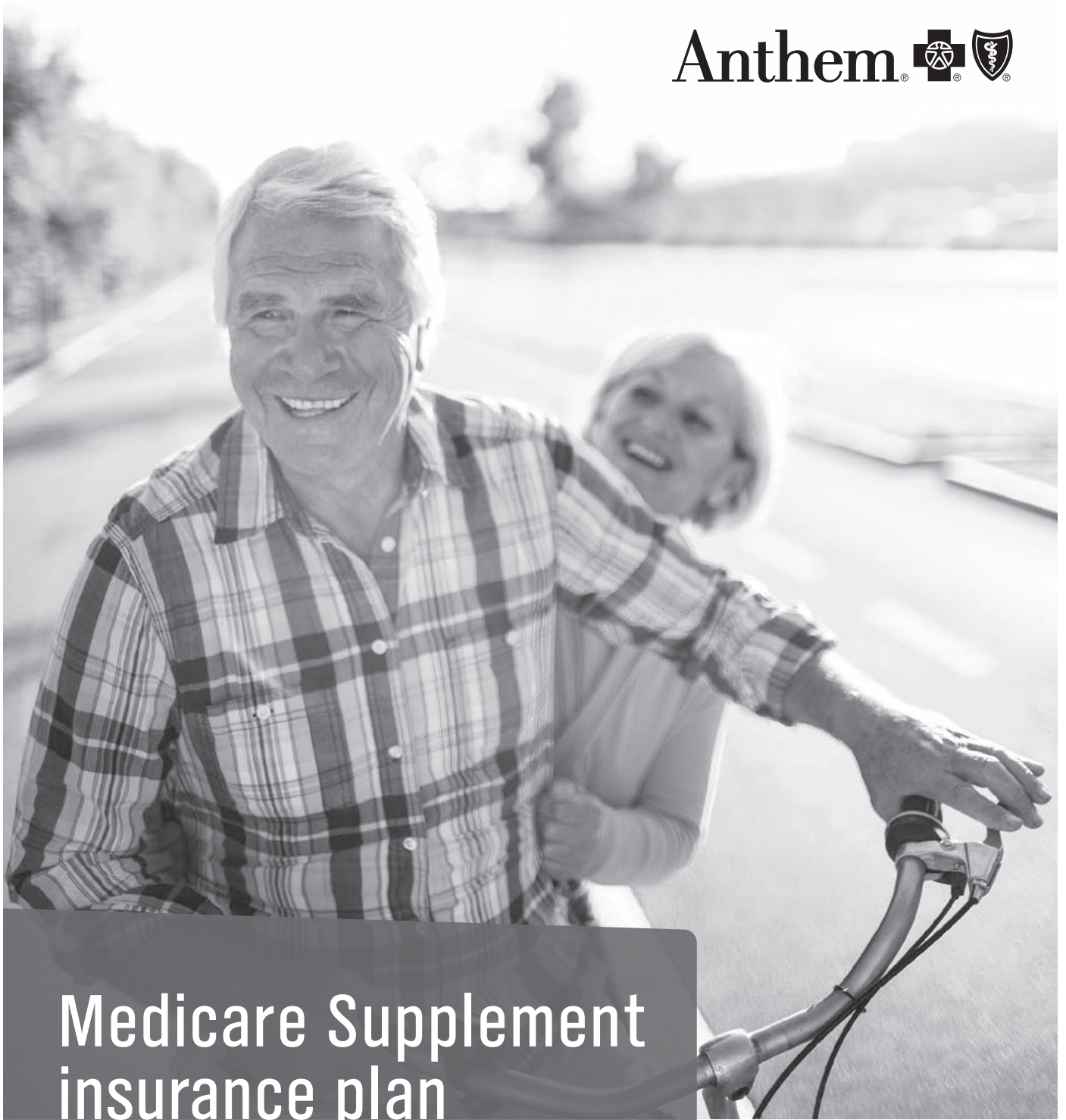
23CTMSABCBS (LAST REVISED 10/2022)

For more information, visit our website at [www.anthem.com](http://www.anthem.com).

The person who is discussing plan options with you is either employed by or contracted with Anthem Blue Cross and Blue Shield. The person may be compensated based on your enrollment in a plan.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. Independent licensee of the Blue Cross Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.





# Medicare Supplement insurance plan

## **Anthem Blue Cross and Blue Shield Connecticut 2023**

# Upgrade your health plan with Medicare Supplement insurance from Anthem Blue Cross and Blue Shield.

Medicare doesn't cover everything. A Medicare Supplement insurance plan can help you cover what Medicare does not.

## A Medicare Supplement plan gives you:

- **More coverage:** Medicare does not cover everything. A Medicare Supplement insurance plan helps cover deductibles, coinsurance, and copayments.
- **Freedom:** You can see any doctor who's accepting new Medicare patients. You don't need a referral and you won't have to fill out claim forms. Some plans even offer coverage when you're traveling out of the country.
- **Consistency:** Once you enroll, you have guaranteed benefits for life.‡ Your coverage cannot be canceled and you don't need to worry about re-enrolling.
- **Portability:** If you move, your Medicare Supplement insurance plan moves with you.
- **Flexibility:** You can add optional Dental or Vision benefits through Anthem Extras Packages.



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‡ Your policy cannot be terminated for any reason other than non-payment of premium or material misrepresentation in the application for insurance.

## With Anthem Blue Cross and Blue Shield, you will have:

- **Competitive rates:** Our size and commitment to innovation allows us to offer you competitive rates.
- **Premium Rate Guarantee:** Concerned your Medicare Supplement premium will increase within the first six months of membership? Not with us. Anthem will hold any premium rate increase for six months, making it easier for you to budget your premium costs. After the initial six month rate guarantee period ends, premiums are subject to change in accordance with the terms of your policy.
- **Service:** We believe your coverage shouldn't be hard to figure out. We deliver clear, easy-to-read communications and a dedicated customer service team that will help answer all your health plan questions.
- **Dependability:** As one of the nation's largest health coverage providers, we're here with a focus on stability – of your coverage, and your rates – so you can plan for the future.
- **Convenience:** We offer a variety of health and separate prescription drug coverages so you have the convenience of all your plans coming from one company.
- **Overall health:** We offer special member-only programs, discounts and offers that can help you get and stay your healthiest.



# SilverSneakers® fitness program

Get connected to like-minded people and events, at no extra charge to you.

## **SilverSneakers fitness program:**

Access to thousands of participating fitness centers across the country, including exercise equipment, pools, and SilverSneakers fitness classes.



**SilverSneakers.com** lists participating locations and SilverSneakers class descriptions with sample videos. SilverSneakers articles cover exercise, health, nutrition, community, and living well. If you can't go to a SilverSneakers location, you can work out at home with SilverSneakers On-Demand™ videos, and sign up for the SilverSneakers GO™ app.

To join the program, visit [www.SilverSneakers.com/Check](http://www.SilverSneakers.com/Check) or call **888-423-4632 (TTY: 711)**.

**Always check with your doctor before you start an exercise program.**

# How to choose a plan that's right for you

Medicare Supplement insurance plans vary in benefits and cost, so it all comes down to choosing one that best fits your health needs and budget.

The enclosed Outline of Coverage shows the plans we offer and how much they cost. Things to consider:

- **Plan G** is our most popular plan. *Plan G covers all out-of-pocket costs not covered by Medicare for Medicare-approved services, except for the Medicare Part B deductible (\$226 for 2023).*
- **Plan N** is a good option if you want to save on monthly premiums in exchange for sharing the cost. With Plan N, you have a set copay for covered doctor and emergency room visits.
- **Plan F** is only available if you first became eligible for Medicare before January 1, 2020.

## How to save on your monthly premium

### Pay yearly or with automatic bank draft

- Save up to 2.85% when you pay your premium for the year.
- Save \$2 a month when you pay by automatic bank draft or electronic funds transfer.



### Household Discount Program

- Save 5% when more than one member in your household is enrolled in one of our Medicare Supplement insurance plans.‡

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‡ Available on coverage effective dates June 1, 2010 or after. Members must occupy the same housing unit.

# Plan comparison and opportunities to save

Here are the potential savings with a Medicare Supplement insurance plan versus Medicare only.

<b>Medical care</b>	<b>Costs with Medicare only</b>	<b>Costs with Medicare Supplement Plan F<sup>◇</sup></b>	<b>Costs with Medicare Supplement Plan G<sup>◇</sup></b>	<b>Costs with Medicare Supplement Plan N<sup>◇</sup></b>
\$4,000 in physician costs and tests (such as an MRI) <sup>1</sup>	<b>\$1,026</b>	<b>\$0</b>	<b>\$226</b>	<b>\$246</b>
15 days in the hospital, 22 days in a skilled nursing facility, and \$12,000 for doctors, surgeons, and tests <sup>2</sup>	<b>\$4,626</b>	<b>\$0</b>	<b>\$226</b>	<b>\$246</b>
75 days in the hospital, 60 days in a skilled nursing facility, \$100,000 for doctors, surgeons and tests <sup>3</sup>	<b>\$35,226</b>	<b>\$0</b>	<b>\$226</b>	<b>\$246</b>

◇ These estimates are based on 2023 Medicare cost-sharing amounts. Your cost will vary with other Medicare Supplement insurance plans.

1 Cost represents \$226 Part B Deductible and 20% of the Medicare covered services (Plan N = lessor of 20% or \$20 copay)

2 Cost represents \$1,600 Part A Deductible, \$226 Part B Deductible, 2-days of Skilled Nursing at \$200 per day and 20% of the Medicare covered services (Plan N = lessor of 20% or \$20 copay)

3 Cost represents \$1,600 Part A Deductible, \$226 Part B Deductible, 14-days of hospitalization over covered days \$400 per day, 39-days of Skilled Nursing over covered days at \$200 per day and 20% of the Medicare covered services (Plan N = lessor of 20% or \$20 copay)



## Added value from Anthem

### **ScriptSave® prescription savings program:**

Save up to 80% on your prescriptions at more than 65,000 participating pharmacies nationwide. You can use the card as many times as you want. Savings average 65%, and in some cases 80% or more — based on 2020 national program savings data.



We partnered with ScriptSave to offer this Prescription Savings Card. You will have instant savings at the pharmacy on brand and generic prescription for anyone in your household, even your pets. Present your Prescription Savings Card at the pharmacy — it is that easy. Even if you have Part D for your drug benefits, you can use this card for discounts on drugs your Part D plan doesn't cover.

After you enroll in a Medicare Supplement insurance plan, we will send a Prescription Savings Card to you at no cost.

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DISCOUNT ONLY - NOT INSURANCE. Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the prescription and the pharmacy chosen. This program does not make payments directly to pharmacies. Members are required to pay for all prescription purchases. You may contact customer care anytime with questions or concerns, to cancel your registration, or to obtain further information. This program is administered by Medical Security Card Company, LLC of Tucson, AZ.

## Added value from Anthem *(continued)*

### Vision discounts

- **Glasses.com:** \$20 off when you spend \$100 or more. Free shipping.
- **Premier LASIK:** \$800 off when you choose a “featured” Premier LASIK Network provider, and 15% off other in-network providers.



### Hearing discounts

- **Amplifon:** 25% off, plus an extra \$50 off one Amplifon hearing aid; \$125 off two.
- **NationsHearing:** Call 877-391-8625 to schedule a free exam and save thousands on hearing aids with a 60-day, 100% money-back guarantee.
- **Hearing Care Solutions:** Discounted hearing aids and a free hearing exam, with a 3 year warranty, 2 years of batteries, and unlimited visits for 1 year.



### Healthy lifestyle discounts

- **Fitbit:** Save up to 22% on select Fitbit devices you can use to improve your health by tracking your activity, sleep, and food.
- **Jenny Craig®:** Join for free. Jenny Craig weight loss program provides you with everything you need, so it's easier to reach your goals. You can save \$200 in food, in addition to free coaching, with minimum purchase. Save an extra 5% off your full menu purchase.
- **ChooseHealthy™:** Discounts are available on acupuncture, chiropractic, massage, podiatry, physical therapy and nutritional services. You also have discounts on fitness equipment, wearable trackers and health products, such as vitamins and nutrition bars.



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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 offered by the vendors or providers. We negotiated the arrangements and discounts with each independent vendor or provider in order to assist our members. **These discounts are not insurance and are not part of the Medicare Supplement insurance plans.**

# An Anthem Blue Cross and Blue Shield prescription drug plan can help you save

## Complement your Medicare Supplement insurance with a Part D drug plan

Some Medicare plans only cover Part B prescription drugs, but you can add a standalone Part D plan to cover drug costs. Ask your agent or broker about enrolling in an Anthem Blue Cross and Blue Shield Part D plan.



# Save on dental and vision costs with an Anthem Extras Package

When you add an Anthem Extras Package to your Medicare Supplement insurance plan, you can see any dentist or eye doctor you choose. You'll save even more when you choose one in the plan.

## Anthem Extras Packages come with the following benefits:

### Dental

- A \$0 to \$50 deductible
- Covered diagnostic and preventive care
- Choice of more than 80,000 dentists nationwide<sup>1</sup>
- Emergency dental care when traveling



### Vision

- A \$10 to \$20 copay for eye exams
- A \$100 to \$130 allowance for eyeglass frames
- 15% to 40% savings on non-covered items like extra glasses
- Online and national retail locations



**Call or visit our website today for more information.**

### Contact Member Services

**877-391-3897,**  
(TTY: **711**) Monday – Friday,  
8 a.m. – 5 p.m., local time



### Find a doctor

Check to see  
if your dentist  
or vision provider is in our  
network at **anthem.com**.



<sup>1</sup> Internal data, 2019

# Anthem Extras Packages – your options

Connecticut	Standard	Premium	Premium Plus	Premium Plus Dental Plan Only
<b>Dental</b>				
Network	Dental Blue 100/200/300	Dental Blue 100/200/300	Dental Blue 100/200/300	Dental Blue 100/200/300
Annual Maximum	\$500	\$1,000	\$1,250	\$1,250
Deductible	No deductible	\$50	\$50	\$50
Diagnostic & Preventive Services (routine cleanings, exams and X-rays)	100%	100%	100%	100%
Minor Restorative Services (fillings)	Not covered	80% <sup>◇</sup>	80% <sup>◇</sup>	80% <sup>◇</sup>
Periodontal Services (scaling and root planing)	Not covered	50%*	50%*	50%*
Endodontics (root canals) & Oral Surgery (tooth extractions)	Not covered	50%*	50%*	50%*
Prosthodontics (crown, dentures, bridges)	Not covered	Not covered	50%*	50%*
<b>Vision</b>				
Network	Blue View Vision	Blue View Vision	Blue View Vision	Not available
Exam (once every 12 months)	\$20 copay	\$20 copay	\$10 copay	Not available
Frames (once every 24 months)	\$100 allowance	\$100 allowance	\$130 allowance	Not available
Eyeglass Lenses (once every 24 months)	\$20 copay	\$20 copay	\$10 copay	Not available
Contact Lenses	\$80 allowance	\$80 allowance	\$80 allowance	Not available
<b>Additional Programs</b>				
Member Assistance Program	Not available	Yes	Yes	Not available
Travel Assistance	Not available	Not available	Yes	Not available
<b>Monthly Premium</b>	<b>\$27.00</b>	<b>\$44.00</b>	<b>\$59.00</b>	<b>\$54.00</b>

<sup>◇</sup> After a 6-month waiting period. Waiting period may be waived or reduced with prior coverage.

\* After a 12-month waiting period. Waiting period may be waived or reduced with prior coverage.

## When to enroll

- **You are turning 65 and have Medicare Parts A and B:**

You can apply for a Medicare Supplement insurance plan during the six months after you enroll in Medicare Part B. In some states, plan(s) may be available to persons younger than 65 who are eligible for Medicare.

- **If you're already 65:**

You are welcome to apply at any time.

- **Pre-existing Conditions:**

If you 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. You can use this prior coverage to remove or shorten waiting periods for pre-existing conditions. A pre-existing condition means you were treated or diagnosed six months before the start date of your policy. Remember, for Medicare-covered services, Original Medicare will cover the condition, even if you are responsible for out-of-pocket costs during the pre-existing condition waiting period.

**If you want to learn more about Medicare Supplement insurance (Medigap) policies, please see the *Choosing a Medigap Policy* guide included with your kit.**



### **Ready to enroll?**

Go to the Application section of this booklet.

# How to reach us

TTY lines are available for those with hearing or speech loss.

## Sales Department‡

- **800-238-1143 (TTY: 711)**  
8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30



## Customer Service

- **888-596-0270 (TTY: 711)**  
8 a.m. to 5 p.m. ET, Monday - Friday

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## Online benefits, discounts and health resources

- **[anthem.com](https://www.anthem.com)**



## General Medicare information

- **[medicare.gov](https://www.medicare.gov)**
- **[anthem.com/medicare](https://www.anthem.com/medicare)**

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

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.

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Not connected with or endorsed by the U.S. Government or the federal Medicare program. The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company.

This policy has exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, please contact your agent or the health plan.

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# Medicare Supplement Insurance plan benefits

(Outline of Coverage)

## Plans A, F, G & N

**Anthem Blue Cross and Blue Shield  
Connecticut 2023**

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This booklet includes:

2023 Premium Rates

2023 Medicare deductibles, copays and maximum out-of-pocket costs

Call toll-free 888-596-0270 with questions.

Administrative Office: 108 Leigus Road, Wallingford, CT 06492

# 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.** Plan A is available to those who are under age 65 and qualify for Medicare due to disability (noted with a diamond ‘◆’).

Note: A “✓” means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A <sup>+</sup>	B	D	G <sup>1</sup>	K	L	M	N	C	F <sup>1</sup>
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ <sup>1</sup>
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply <sup>3</sup>	✓	✓
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 2023 <sup>2</sup>					\$6,940 <sup>2</sup>	\$3,470 <sup>2</sup>				

<sup>1</sup> Plans F and G also have a high deductible option, which require first paying a plan deductible of \$2,700 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.**

<sup>2</sup> 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.

<sup>3</sup> 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.

## Finding the right plan for you

Plans A, F, G, & N | Effective January 1, 2023  
Premiums can change.

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### Next steps

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

### Find your premium

Premium may adjust in the future as a result of the cost of medical services and supplies and other factors.



### Ready to enroll?

Go to the Application section of this booklet.

## Finding your monthly premium

Plans A, F, G, & N | Effective January 1, 2023

Premiums can change.

### Find your premium

Modernized Plans	Monthly	Quarterly	Annual
A	\$1,211.93	\$3,626.70	\$14,128.68
F	\$300.39	\$898.92	\$3,501.96
G	\$230.85	\$690.81	\$2,691.24
N	\$175.73	\$525.87	\$2,048.64

#### As a member, you will have three choices for billing:

**Monthly** — Save \$2 a month when you pay by automatic bank draft

**Quarterly** — Quarterly billing includes a 0.25% discount

**Annually** — Annual billing includes a 2.85% discount

#### Household Discount Program

- Save 5% when more than one member in your household is enrolled in one of our Medicare Supplement insurance plans.†

If you are under age 65 and on Medicare due to disability, you are eligible for Plan A.

† Available on coverage effective dates June 1, 2010 or after. Members must occupy the same housing unit.

# Important plan disclosures

## Plans A, F, G, & N

Retain this outline for your records.

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### Premium information

We, Anthem, can only raise your premium if we raise the premium for all plans like yours in this State.

### Disclosures

Use this outline to compare benefits and premiums among policies.

Medicare deductibles and coinsurance amounts are effective as of January 1, 2023. 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. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important 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
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,600	\$0	\$1,600 (Part A deductible)
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$400 a day	\$400 a day	\$0
91 <sup>st</sup> day and after: • While using 60 lifetime reserve days	All but \$800 a day	\$800 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
<b>Skilled Nursing Facility care*</b> 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 <sup>st</sup> thru 100 <sup>th</sup> day	All but \$200 a day	\$0	Up to \$200 a day
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice care</b>			
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
<b>Medical Expenses – in or out of the hospital and outpatient hospital treatment</b> , such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$226 of Medicare Approved Amounts*	\$0	\$0	\$226 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b>			
Above Medicare Approved Amounts	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$226 of Medicare Approved Amounts*	\$0	\$0	\$226 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>			
Tests for Diagnostic Services	100%	\$0	\$0

## Parts A & B Services

Services	Medicare pays	Plan pays	You pay
<b>Home Health Care – Medicare approved services</b>			
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0
• Durable medical equipment:			
– First \$226 of Medicare approved amounts*	\$0	\$0	\$226 (Part B deductible)
– Remainder of Medicare approved amounts	80%	20%	\$0

\* Once you have been billed \$226 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
<b>Hospitalization*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,600	\$1,600 (Part A deductible)	\$0
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$400 a day	\$400 a day	\$0
91 <sup>st</sup> day and after:			
<ul style="list-style-type: none"> <li>◦ While using 60 lifetime reserve days</li> </ul>	All but \$800 a day	\$800 a day	\$0
<ul style="list-style-type: none"> <li>◦ Once lifetime reserve days are used:</li> <li>— Additional 365 days</li> </ul>	\$0	100% of Medicare eligible expenses	\$0**
<ul style="list-style-type: none"> <li>— Beyond the additional 365 days</li> </ul>	\$0	\$0	All costs
<b>Skilled Nursing Facility care*</b>			
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 <sup>st</sup> thru 100 <sup>th</sup> day	All but \$200 a day	Up to \$200 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice care</b>			
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
<b>Medical Expenses – in or out of the hospital and outpatient hospital treatment</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$226 of Medicare Approved Amounts*	\$0	\$226 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b>			
Above Medicare Approved Amounts	\$0	100%	\$0
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$226 of Medicare Approved Amounts*	\$0	\$226 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>			
Tests for Diagnostic Services	100%	\$0	\$0

## Parts A & B Services

Services	Medicare pays	Plan pays	You pay
<b>Home Health Care – Medicare approved services</b>			
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0
• Durable medical equipment:			
– First \$226 of Medicare approved amounts*	\$0	\$226 (Part B deductible)	\$0
– Remainder of Medicare approved amounts	80%	20%	\$0

\* Once you have been billed \$226 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
<b>Foreign Travel – not covered by Medicare</b> 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 G

### Medicare (Part A) – Hospital Services – per benefit period

Services	Medicare pays	Plan pays	You pay
<b>Hospitalization*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,600	\$1,600 (Part A deductible)	\$0
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$400 a day	\$400 a day	\$0
91 <sup>st</sup> day and after:			
<ul style="list-style-type: none"> <li>◦ While using 60 lifetime reserve days</li> </ul>	All but \$800 a day	\$800 a day	\$0
<ul style="list-style-type: none"> <li>◦ Once lifetime reserve days are used:</li> <li>– Additional 365 days</li> </ul>	\$0	100% of Medicare eligible expenses	\$0**
<ul style="list-style-type: none"> <li>– Beyond the additional 365 days</li> </ul>	\$0	\$0	All costs
<b>Skilled Nursing Facility care*</b>			
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 <sup>st</sup> thru 100 <sup>th</sup> day	All but \$200 a day	Up to \$200 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice care</b>			
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
<b>Medical Expenses – in or out of the hospital and outpatient hospital treatment</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$226 of Medicare Approved Amounts*	\$0	\$0	\$226 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b>			
Above Medicare Approved Amounts	\$0	100%	\$0
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$226 of Medicare Approved Amounts*	\$0	\$0	\$226 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>			
Tests for Diagnostic Services	100%	\$0	\$0

## Parts A & B Services

Services	Medicare pays	Plan pays	You pay
<b>Home Health Care – Medicare approved services</b>			
◦ Medically necessary skilled care services and medical supplies	100%	\$0	\$0
◦ Durable medical equipment:			
– First \$226 of Medicare approved amounts*	\$0	\$0	\$226 (Part B deductible)
– Remainder of Medicare approved amounts	80%	20%	\$0

\* Once you have been billed \$226 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
<b>Foreign Travel – not covered by Medicare</b> 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
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,600	\$1,600 (Part A deductible)	\$0
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$400 a day	\$400 a day	\$0
91 <sup>st</sup> day and after: <ul style="list-style-type: none"> <li>While using 60 lifetime reserve days</li> </ul>	All but \$800 a day	\$800 a day	\$0
<ul style="list-style-type: none"> <li>Once lifetime reserve days are used: <ul style="list-style-type: none"> <li>— Additional 365 days</li> <li>— Beyond the additional 365 days</li> </ul> </li> </ul>	\$0	100% of Medicare eligible expenses	\$0**
	\$0	\$0	All costs
<b>Skilled Nursing Facility care*</b> 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 <sup>st</sup> thru 100 <sup>th</sup> day	All but \$200 a day	Up to \$200 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice care</b>			
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
<b>Medical Expenses – in or out of the hospital and outpatient hospital treatment</b> , such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$226 of Medicare Approved Amounts*	\$0	\$0	\$226 (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.
<b>Part B Excess Charges</b>			
Above Medicare Approved Amounts	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$226 of Medicare Approved Amounts*	\$0	\$0	\$226 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>			
Tests for Diagnostic Services	100%	\$0	\$0

\* Once you have been billed \$226 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
<b>Home Health Care — Medicare approved services</b>			
◦ Medically necessary skilled care services and medical supplies	100%	\$0	\$0
◦ Durable medical equipment:			
— First \$226 of Medicare approved amounts*	\$0	\$0	\$226 (Part B deductible)
— Remainder of Medicare approved amounts	80%	20%	\$0

## Other Benefits – not covered by Medicare

Services	Medicare pays	Plan pays	You pay
<b>Foreign Travel — not covered by Medicare</b> 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 \$226 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.



108 Leigus Road  
Wallingford, CT 06492

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# Enrollment Instructions



## 4 ways you can enroll



Fill out your application online at **anthem.com** (fastest).



Give us a call at **800-238-1143**.



Work directly with your insurance agent.



Fill out the paper application and fax or mail it.

## Application checklist

- Find the plan you want.
- Fill out all sections that apply to you.
- Choose how to pay your monthly premium. If you choose Automatic Bank Draft, please send the Premium Payment Form.
- Sign and date the application and submit it. (It's a good idea to keep a copy for your own records.)

If you're faxing or mailing the application, please include any additional forms.

**Fax (preferred)**  
844-236-7967

**Mail**  
Anthem Blue Cross and Blue Shield  
P.O. Box 659816  
San Antonio, TX 78265-9116

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**We're here to help  
if you have questions  
800-238-1143**

### PLEASE NOTE

- You must live in Connecticut for this plan.
- You will want to submit your application within 90 days of the signature date. Your requested effective date must be within 180 days of application signature.



# Application for Medicare Supplement and Anthem Extras – Connecticut

Anthem Blue Cross and Blue Shield  
P.O. Box 659816 • San Antonio, TX 78265-9116

Do you currently have an Anthem Medicare Supplement Plan? .....  Yes  No

## SECTION 1

### 1A. Applicant information (Use black ink and print your name as it appears on your Medicare ID card.)

Last name		First name		MI	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Home street address (physical address, not a P.O. Box)					Apt #
City	County	State	Zip code		
Mailing address (if different than above)	City	State	Zip code		
Billing address (if different than above)	City	State	Zip code		
Date of birth (MM/DD/YYYY) / /		Phone number ( )			
Email address					

Language Preference:  English  Spanish  Chinese  Vietnamese  Other \_\_\_\_\_

### 1B. Eligibility and plan choice

Requested policy effective date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

**1** Coverage is effective as of the 1st of the month following approval of your completed application unless continuation of coverage requires you to request a date other than the 1st of the month.

Please complete the information below using your Medicare ID card (include all letters and numbers).

Medicare number: \_\_\_\_\_

Hospital (Part A) effective date: \_\_\_\_ / **01** / \_\_\_\_  
MM DD YYYY

Medical (Part B) effective date: \_\_\_\_ / **01** / \_\_\_\_  
MM DD YYYY

Select from the following:

- Plan A\*  Plan F<sup>‡</sup>  Plan G  Plan N

\*If you are under age 65 and eligible for Medicare due to disability, Plan A is available to you.

<sup>‡</sup>Plan F is available to those who first became eligible for Medicare before **January 1, 2020**.

**➔** If replacing a Medicare Supplement or Medicare Advantage plan, please be sure to complete and return the **Notice of Replacement of Coverage** form and submit with your application.



**SECTION 2**

**2A. How do you wish to pay your premium? (SEND NO MONEY NOW!)**

**Automated bank draft**

- I would like my payment to be deducted automatically.
- My Premium Payment Form** will be attached to this application.

**Paper bill** (Using billing address in **Section 1A**)

- Monthly
- Quarterly
- Annual

**Household discount (other household member) – save 5%:**

When more than one member in the same household enrolls in a Medicare Supplement plan with us, both parties may qualify for our Household Discount.

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Medicare number: \_\_\_\_\_

**Anthem** Member ID number (or application date): \_\_\_\_\_

**2B. Anthem Extras Packages (optional benefits – additional premiums apply)**

To be eligible for this coverage, you must be at least 65 years of age or older when the policy becomes effective. If you currently have dental coverage through Anthem Blue Cross and Blue Shield, please check the type of coverage.

- Individual dental
- Group dental
- Identification number: \_\_\_\_\_

If you are still covered under this plan, leave “END” blank. .... START \_\_\_\_ / \_\_\_\_ / \_\_\_\_ END \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The **effective date** will be the same as the effective date in **Section 1B** of this application.

**Anthem Extras offerings:**

- Standard
- Premium Plus
- Premium
- Premium Plus Dental (**only**)

**Billing/payment options:**

- Select One:  Monthly  Quarterly  Semi-annual  Annual
- Select One:  Paper statement (mailed to **billing address** in **Section 1A**)
- Automatic bank draft (premium deducted same day as your effective date – **Premium Payment Form required**)

**2C. Other coverage information**

**Important Statements**

*Please read the statements below, then answer all questions to the best of your knowledge.*

1. You do not need more than one Medicare Supplement policy.
2. If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.

**2C. Other coverage information** (continued)

3. You may be eligible for benefits under Medicaid and may not need a Medicare Supplement policy. If you are enrolled in the Qualified Medicare Beneficiary (QMB) Program you cannot purchase a Medicare Supplement plan as it duplicates coverage.
4. If after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested during your entitlement to benefits under Medicaid, for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
5. If you are eligible for, and have enrolled in a Medicare Supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
6. Counseling services may be available in your state to provide advice concerning your purchase of Medicare Supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

**RESPONSES TO THE FOLLOWING QUESTIONS ARE REQUIRED FOR YOUR PROTECTION.**

To the best of your knowledge, please answer all questions by marking "Yes" or "No" with an "X". If you recently lost, are losing or replacing other health insurance coverage and received a notice stating you were eligible for guaranteed issue of a Medicare Supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare Supplement plans. **Please include a copy of the notice with your application.**

1. **A.** Did you turn age 65 in the last 6 months? .....  Yes  No  
**B.** Did you enroll in Medicare Part B in the last 6 months? .....  Yes  No

**If yes,** what is the effective date? \_\_\_\_\_

2. Are you covered for medical assistance through the state Medicaid program? .....  Yes  No  
NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your Share of Cost, please answer "NO" to this question.

**If yes,**

- A.** Will Medicaid pay your premiums for this Medicare Supplement policy? .....  Yes  No
- B.** Do you receive any benefits from Medicaid **OTHER THAN** payments toward your Medicare Part B premium? .....  Yes  No

**2C. Other coverage information (continued)**

3. A. If you had coverage from any Medicare plan other than Original Medicare within the past 63 days (for example, a Medicare Advantage plan, like a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave "END" blank. (If you know your upcoming coverage end date, then enter that date).

..... START \_\_\_\_ / \_\_\_\_ / \_\_\_\_ END \_\_\_\_ / \_\_\_\_ / \_\_\_\_

B. **If ending**, indicate reason why your coverage is ending: \_\_\_\_\_

C. If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare Supplement policy? .....  Yes  No

D. Was this your first time in this type of Medicare plan? .....  Yes  No

E. Did you drop a Medicare Supplement policy to enroll in the Medicare plan? .....  Yes  No

4. A. Do you currently have a Medicare Supplement policy in force? .....  Yes  No

B. **If yes**, Company: \_\_\_\_\_ Plan: \_\_\_\_\_

Do you intend to replace your current Medicare Supplement policy with this policy? .....  Yes  No

C. **If yes**, what is your "START" and expected "END" Date? .....

..... START \_\_\_\_ / \_\_\_\_ / \_\_\_\_ END \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. Have you had coverage under any other health insurance within the past 63 days? .....  Yes  No  
(for example, an employer, union or individual plan)

A. **If yes**, Company: \_\_\_\_\_ Policy type: \_\_\_\_\_

B. **If yes**, what are your dates of coverage under the other policy? (If you are still covered under the other policy, leave "END" blank. If you know your coverage end date, then enter that date.)

..... START \_\_\_\_ / \_\_\_\_ / \_\_\_\_ END \_\_\_\_ / \_\_\_\_ / \_\_\_\_

C. **If ending**, indicate reason why your coverage is ending: \_\_\_\_\_

Voluntary  Involuntary

**2D. Authorizations and agreements**

I, the applicant or my authorized representative:

1. affirm all answers provided on this application are true, complete and correct **(including information relating to Medicare coverage) and that any false statement or misrepresentation on the application may result in loss of coverage under the policy** and that it is my/our responsibility for accurately completing this application;

2. understand it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits;

---

**2D. Authorizations and agreements**

---

3. understand if coverage is rescinded for fraud or intentionally misleading statements Anthem Blue Cross and Blue Shield will reimburse any premium paid less any claims paid and I/we will be responsible for claims paid exceeding any premium paid;

---

4. understand that I/we are responsible for notifying Anthem Blue Cross and Blue Shield in writing of any new/changes to information on this application before coverage becomes effective that makes my application incorrect or incomplete;

---

5. understand if there is a six-month benefit waiting period for any condition that I received medical treatment or advice in the six months prior to the effective date of this Medicare Supplement policy. Prior health insurance coverage will be counted toward this 6-month benefit waiting period, if there is not a break in health insurance coverage greater than 63 days;

---

6. understand the selling agent (if applicable) has no authority to promise coverage or to modify the Company's underwriting policy, premium or terms of any Company coverage and that he/she may be compensated based on my enrollment;

---

7. understand upon acceptance that my application will become part of the agreement between the Company and myself;

---

8. authorize Anthem Blue Cross and Blue Shield to use and disclose my personal information when necessary for the operation of my health or other related activities and that Anthem Blue Cross and Blue Shield will comply with the HIPAA Privacy Rules and any disclosures will be done in accordance with applicable laws;

---

9. understand that my payment by check (or resubmission due to insufficient funds) may be converted to an electronic Automated Clearinghouse (ACH) debit transaction, that my check will not be returned to me and that this process will not enroll me in any automatic debit process;

---

10. acknowledge responsibility for any overdraft fees permitted by state law;

---

11. acknowledge receipt of:
  - Choosing a Medigap Policy: *A Guide to Health Insurance for People with Medicare*,
  - the *Outline of Coverage*, and a copy of this application

---

**2E. Policy issuance** Email is the fastest, easiest way to get important plan information.

---

**I agree to receive electronically the following materials based on my email address provided in Section 1A:**

- ✓ **General information about my benefits, health programs and other services offered by Anthem that are available to me**
- ✓ **Important Plan documents:**
  - Medicare's annual Notice of Change (includes upcoming changes to Medicare amounts)
  - Welcome Kit (including my Plan Policy)
  - Renewal Notices (including upcoming premium changes)
  - No thanks, I prefer to get my important plan documents by paper mail.
- ✓ **Medicare Supplement Explanation of Benefits (EOBs) (claims information)**
  - No thanks, I prefer to get my EOBs by paper mail.

**2E. Policy issuance** *(continued)*

I understand I can change my email preference at any time by logging into my secure member profile at [www.anthem.com](http://www.anthem.com) or calling the customer service number on the back of my Medicare Supplement plan ID card.

**!** *IMPORTANT: This application cannot be processed until the applicant signs below. By signing below, the applicant certifies that he/she understands and agrees to the Authorizations and Agreements outlined in this application.*

**Please do not cancel your present coverage, if any, until you receive documentation from Anthem Blue Cross and Blue Shield, such as an ID card or written notification, showing that your application has been approved.**

**SEND NO MONEY NOW — PAYMENT IS NOT DUE UNTIL YOUR APPLICATION IS APPROVED.**

Signature of applicant, or authorized representative (if applicable)\*

Date



\*If signed by an authorized representative, a copy of the authority to represent applicant must be attached to application (such as a Power of Attorney).

**SECTION 3: AGENT/BROKER ONLY**

**3A. Agent/broker information**

Before this form can be processed the agent/broker must be appointed with us.

Agent/broker's printed name:

Agent/broker #:

Agency #:

Agency name:

(Any commission will be processed using these identification numbers.)

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

**Attestation – please check one of the following:**

- I did not assist this applicant in completing and/or submitting this application by phone, e-mail or in person.
- I certify that the applicant has read, or I have read to the applicant, the completed application. To the best of my knowledge, the information on this application is complete and accurate. I explained to the applicant, in easy-to-understand language, the risk to the applicant of providing inaccurate information and the applicant understood the explanation. I certify that the applicant realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy.

**Agent:** If you state any material fact that you know to be false, you are subject to a civil penalty.

**3A. Agent/broker information** *(continued)*

List all health insurance policies sold to the applicant in the past five (5) years, either in force or not:

Company name	Policy/ certificate number	Type of coverage	Policy effective date	Policy term date (if applicable)

I have requested and received documentation that indicates that the policy applied for will not duplicate any health insurance coverage. I have verified the information in the Replacement Notice section.

Signature of agent/broker



Date

**If you are a current Anthem Blue Cross and Blue Shield member and enrolling in a Medicare Supplement policy and have dependents that need to retain current coverage, please call the Customer Service number on the back of your ID Card. If you purchased your Anthem policy through the ACA Marketplace, you will need to call the ACA Marketplace to cancel your policy and to retain coverage for your dependents.**

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**Notice to Applicant Regarding Replacement of  
Medicare Supplement Insurance or Medicare Advantage**

**Anthem Blue Cross and Blue Shield**  
108 Leigus Road • Wallingford, CT 06492

**Save this notice! It may be important to you in the future.**

According to information you have furnished, you intend to terminate your existing Medicare Supplement insurance or Medicare Advantage and replace it with a policy to be issued by Anthem Blue Cross and Blue Shield. Your new policy will provide thirty (30) days within which you may decide, without cost, whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare Supplement coverage is a wise decision, you should terminate your present Medicare Supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

**Statement to applicant by issuer, agent, broker or other representative:**

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare Supplement policy will not duplicate your existing Medicare Supplement or, if applicable, Medicare Advantage coverage, because you intend to terminate your existing Medicare Supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason (check one):

- Additional benefits.
- No change in benefits, but lower premiums.
- Fewer benefits and lower premiums.
- My plan has outpatient prescription drug coverage and I am enrolling in Medicare Part D.
- Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment.

Other. (please specify) \_\_\_\_\_

- 1. Note:** If the issuer of the Medicare Supplement policy being applied for does not, or is otherwise prohibited from imposing pre-existing condition limitations, please skip to Statement 2 below. Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.
3. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the Application concerning your medical and health history. Failure to include all material medical information on an Application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the Application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.



\_\_\_\_\_  
(Signature of agent, broker or other representative)\*  
Typed name and address of issuer, agent or broker



\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)

\*Signature not required for direct response sales

**Notice to Applicant Regarding Replacement of  
Medicare Supplement Insurance or Medicare Advantage**

**Anthem Blue Cross and Blue Shield**  
108 Leigus Road • Wallingford, CT 06492

**Save this notice! It may be important to you in the future.**

According to information you have furnished, you intend to terminate your existing Medicare Supplement insurance or Medicare Advantage and replace it with a policy to be issued by Anthem Blue Cross and Blue Shield. Your new policy will provide thirty (30) days within which you may decide, without cost, whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare Supplement coverage is a wise decision, you should terminate your present Medicare Supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

**Statement to applicant by issuer, agent, broker or other representative:**

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare Supplement policy will not duplicate your existing Medicare Supplement or, if applicable, Medicare Advantage coverage, because you intend to terminate your existing Medicare Supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason (check one):

- Additional benefits.
- No change in benefits, but lower premiums.
- Fewer benefits and lower premiums.
- My plan has outpatient prescription drug coverage and I am enrolling in Medicare Part D.
- Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment.

Other. (please specify) \_\_\_\_\_

- 1. Note:** If the issuer of the Medicare Supplement policy being applied for does not, or is otherwise prohibited from imposing pre-existing condition limitations, please skip to Statement 2 below. Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.
3. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the Application concerning your medical and health history. Failure to include all material medical information on an Application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the Application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.



\_\_\_\_\_  
(Signature of agent, broker or other representative)\*  
Typed name and address of issuer, agent or broker



\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)

\*Signature not required for direct response sales





# Premium Payment Form for Medicare Supplement and Anthem Extras Packages

**Anthem Blue Cross and Blue Shield**

P.O. Box 659816 • San Antonio, TX 78265-9116 • Fax: 1-844-236-7967

### Simplify Your Life! It saves you valuable time and money.

When enrolling in a Medicare Supplement plan, sign up for monthly Automatic Bank Draft (ABD) and save \$2 per month. Drafts are made to your account on the 5th day of the month.

### To ensure proper payment setup, this form **MUST** be returned with your Application.

Please print and use black ink.

Please print your name as it appears on your Medicare card.

Medicare Number:

### I understand that the premium I have selected to pay through ABD is for my:

- Medicare Supplement plan     
  Anthem Extras plan

*Premiums are subject to change on or after the policy renewal date in accordance with the terms of the Policy. Your premium billing preference selection does not guarantee your premium for any specific time period.*

### Banking Information for ABD Withdrawals

(See next page for help locating bank routing and account numbers. To ensure proper set-up, please include the routing number from a check and not a deposit slip.)

**Deduct premium:** Start date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- Monthly**   
  **Quarterly**   
  **Annual**

### Deduct premium from:

**Checking:**  Personal     Business    **- OR -**    **Savings:**  Personal     Business

Account holder name(s)

Name of financial institution

Bank Routing/Transit Number (9 digits)

Bank Account Number

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**Automatic Bank Draft Payment:** I hereby authorize the Company to make withdrawals from the account indicated above for the then-current premium(s), and the designated financial institution named above to debit the same account.

I understand that I am responsible to pay my premiums on schedule until set up on Automatic Bank Draft. If any premiums are owed to Anthem when set up, I authorize my bank to draft both the past due premium along with current premium(s) to ensure my coverage stays in effect. I understand if changes I make to my plan impact my auto withdrawal amount and the change occurs close to the auto withdrawal date, Anthem may not be able to notify me of the new auto withdrawal amount before the withdrawal is made. If I close this account, it is my responsibility to provide notification at least two weeks in advance of closing the account. I acknowledge responsibility for any overdraft fees permitted by state law.

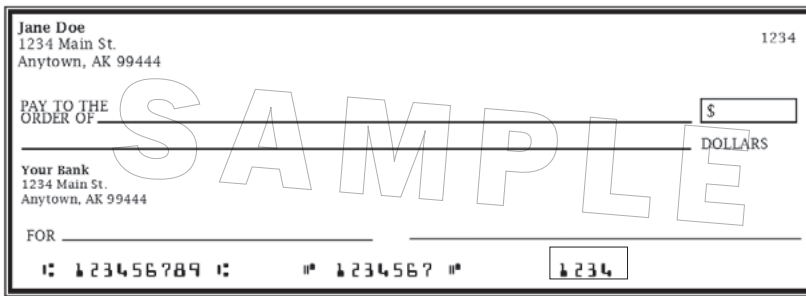
**Banking Information** *(continued)*

I understand that this authorization is in effect until I either submit written notification or by phone, allowing reasonable time to act upon my notification. **(Exception:** In the event payment is returned due to insufficient funds, you will be converted to paper billing.) I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account. I understand Anthem and my financial institution have the right to discontinue the bank draft if they wish to do so. I understand my monthly bank statement will reflect the premium transaction and that I will not receive a bill.

Return this authorization as indicated above. **No service fees apply when paying by ABD.**

Account holder's signature (as it appears on your bank account) <b>X</b>	Date
-----------------------------------------------------------------------------	------

**To find the Bank Routing and Account Numbers:**



**Routing Number**

*(9-digits: Be sure to use the routing number from an actual check. **Do not use** the routing number from a bank deposit slip.)*



**Account Number**

*(Sometimes the check number and Account Number are reversed.)*



**Check number**

*(Do not include the check number as part of the Routing or Account Number.)*

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