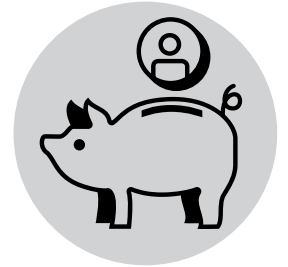


Improved household discounts

Sign up for Medicare Supplement and save more

We are excited to announce an increase to our Household Discount* for **new** Anthem Blue Cross Medicare Supplement members. Those with a coverage effective date of **March 1, 2023 or later and eligible for the Household Discount will get a 10 percent discount.**



To be eligible for the Household Discount, enrollees must live with another Anthem Blue Cross Medicare Supplement member. Members with an **original** Anthem Blue Cross Medicare Supplement coverage effective date between June 1, 2010 and February 28, 2023 will get the current Household Discount of 5 percent.

Thank you for considering a Medicare Supplement plan with Anthem Blue Cross.

* Household Discount does not include: assisted living facilities, retirement communities, group homes, senior-only apartment complexes, nursing home or any other health residential facilities.



Medicare Supplement plan benefits

(Outline of Coverage)

Plans A, F, Innovative F, G & N

**Anthem Blue Cross
California 2023**

This booklet includes:
2023 Premium Rates
2023 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%	✓	✓	✓	✓
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 ²					\$6,940 ²	\$3,470 ²				

¹ 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**.

² Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

³ Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

⁴ **Innovative F** includes additional benefits not contained in other standardized Medicare Supplement Plans as outlined in the following pages.

Finding the right plan for you

Plans A, F, Innovative F, G & N | Effective March 1, 2023

Premiums can change.

Next steps

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

Find your premium

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

How to find your premium



Step 1:

Find your county and/or zip code



Step 2:

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



Start comparing premiums

New to Medicare — Enroll in Plan G and SAVE \$300

If you are age 65 or older, and within six months of your Part B effective date you will receive \$25 off your monthly premium for the first 12 months of your policy. This discount is applicable to Plan G policies with an effective date of March 1, 2021 or after. Those eligible to enroll into Plan F or Innovative F that meet the requirements will receive \$20 off.

How to save on your monthly premium

Pay yearly or with automatic bank draft

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

Household Discount Program

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



Ready to enroll?

Go to the Application section of this booklet.

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

Finding your monthly premium

Plans A, F, Innovative F, G & N | Effective March 1, 2023

Premiums can change.

Step 1: Determine your Rating Area | County Area Guide



Find the county you live in from the list below.



Got your Rating Area? Now you are ready to go to **Step 2**.

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

◇ This county spans multiple rating areas.

Finding your monthly premium

Plans A, F, Innovative F, G & N | Effective March 1, 2023

Premiums can 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		
		90853		91340-91346		91499		
		90888		91350-91357		91501-91508		
		90895		91361		91510		
		90899		91362		91521-91523		
		91001		91363-91365		91526		
		91003		91367		91601-91612		
		91006-91012		91371		91614-91618		
		91016		91372		91702		6
		91017		91376		91706		
		91020		91380-91388		91709		5
		91021		91390		91711		
		91023-91025		91392-91396		91714-91716		6
		91030		91399		91722-91724		
		91031		91401-91413		91731-91735		
		91040-91043		91416		91740		
		91046		91423		91741		5
91066	91426	91744-91749	6					
91077	91321							

◇ This county spans multiple rating areas.

Finding your monthly premium

Plans A, F, Innovative F, G & N | Effective March 1, 2023

Premiums can 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.)		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, 2023

Premiums can 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
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

Plans A, F, Innovative F, G & N | Effective March 1, 2023

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

Step 2: Find your premium

Table 1 | Non-tobacco users and/or Open Enrollment or Guaranteed Issue

Use **this table** if: you are in your Open Enrollment Period, or are eligible for Guaranteed Issue; **—or—** you do not use tobacco products. (Tobacco users should use Table 2.)

Areas 1, 2 and 3

Age*	Plan A	Plan F	Innovative F	Plan G	Plan N
<65 [◇]	\$283.16	\$606.88	\$612.12	\$499.70	\$373.91
65	112.64	202.70	182.91	145.24	150.27
66	117.21	210.95	191.08	151.14	156.36
67	121.93	219.47	199.51	157.25	162.67
68	126.84	228.28	208.26	163.56	169.22
69	131.92	237.43	217.32	170.13	176.01
70	137.19	246.95	226.75	176.93	183.04
71	142.67	256.77	236.49	183.99	190.34
72	148.34	266.98	246.61	191.28	197.89
73	154.23	277.57	257.10	198.88	205.75
74	160.32	288.54	267.97	206.75	213.88
75	166.63	299.91	279.24	214.88	222.31
76	173.20	311.72	290.92	223.34	231.07
77	179.99	323.92	303.03	232.10	240.12
78	187.03	336.62	315.62	241.20	249.54
79	194.35	349.78	328.65	250.61	259.28
80	201.91	363.41	342.15	260.38	269.38
81+	209.99	377.95	356.56	270.80	280.16

*Attained age as of the coverage effective date.

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

Finding your monthly premium

Plans A, F, Innovative F, G & N | Effective March 1, 2023

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

Step 2: Find your premium

(continued)

Table 1 | Non-tobacco users and/or Open Enrollment or Guaranteed Issue

Use **this table** if: you are in your Open Enrollment Period, or are eligible for Guaranteed Issue; **—or—** you do not use tobacco products. (Tobacco users should use Table 2.)

Areas 4 and 5

Age*	Plan A	Plan F	Innovative F	Plan G	Plan N
<65 [◇]	\$393.55	\$792.04	\$798.89	\$603.80	\$519.68
65	142.45	238.78	220.76	168.75	181.57
66	148.24	248.50	230.68	175.60	188.93
67	154.21	258.54	240.92	182.70	196.56
68	160.41	268.91	251.54	190.03	204.47
69	166.84	279.69	262.54	197.67	212.68
70	173.51	290.91	273.97	205.57	221.17
71	180.43	302.48	285.81	213.77	229.99
72	187.60	314.50	298.10	222.24	239.11
73	195.05	326.98	310.82	231.07	248.61
74	202.76	339.90	324.02	240.21	258.44
75	210.74	353.29	337.70	249.66	268.62
76	219.05	367.21	351.89	259.49	279.20
77	227.63	381.58	366.60	269.67	290.14
78	236.54	396.54	381.88	280.24	301.52
79	245.79	412.04	397.71	291.17	313.29
80	255.36	428.10	414.09	302.52	325.49
81+	265.58	445.23	431.57	314.63	338.52

*Attained age as of the coverage effective date.

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

Finding your monthly premium

Plans A, F, Innovative F, G & N | Effective March 1, 2023

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

Step 2: Find your premium

(continued)

Table 1 | Non-tobacco users and/or Open Enrollment or Guaranteed Issue

Use **this table** if: you are in your Open Enrollment Period, or are eligible for Guaranteed Issue; **—or—** you do not use tobacco products. (Tobacco users should use Table 2.)

Area 6

Age*	Plan A	Plan F	Innovative F	Plan G	Plan N
<65 [◇]	\$371.94	\$668.60	\$674.39	\$533.70	\$399.32
65	134.63	218.13	198.19	152.15	160.49
66	140.10	227.00	206.98	158.32	167.00
67	145.74	236.17	216.06	164.72	173.74
68	151.60	245.65	225.48	171.33	180.73
69	157.68	255.50	235.22	178.22	187.99
70	163.98	265.74	245.36	185.34	195.49
71	170.52	276.31	255.86	192.74	203.29
72	177.30	287.30	266.74	200.37	211.35
73	184.34	298.69	278.03	208.33	219.75
74	191.63	310.50	289.74	216.57	228.44
75	199.17	322.73	301.85	225.09	237.43
76	207.02	335.44	314.44	233.96	246.78
77	215.13	348.57	327.46	243.13	256.45
78	223.55	362.24	341.00	252.66	266.51
79	232.30	376.40	355.04	262.52	276.92
80	241.34	391.07	369.56	272.75	287.70
81+	251.00	406.71	385.06	283.67	299.22

*Attained age as of the coverage effective date.

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

Important plan disclosures

Plans A, F, Innovative F, G & N

Retain this outline for your records.

Premium information

We, Anthem Blue Cross, can only raise your premium if we raise the premium for all plans like yours in this State. We will recalculate your age each year and adjust your premium based on the new age band in March, up to the age cap.

Disclosures

Use this outline to compare benefits and premiums among policies.

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

Right to Return policy

If you find that you are not satisfied with your policy, you may return it to us at our Administrative Office: P.O. Box 659816, San Antonio, TX 78265-9116. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Policy replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice

This policy may not fully cover all of your medical costs.

Neither Anthem Blue Cross nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult Medicare and You for more details.

Complete answers are very important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Innovative Benefits – not covered by Medicare or Standardized Medicare Supplement plans

Services	Medicare pays	Plan pays	You pay
Routine Vision Benefit — Through Blue View Vision Insight network you can maximize your benefits. You may receive covered benefits outside of the Blue View Vision Insight network. You will need to pay the provider at the time of service and submit a claim for reimbursement.			
A. Routine Eye Exam (with dilation as needed) once every 12 months	\$0	In Network: 100% after the Copayment Out of Network: Up to \$35 allowance	In Network: \$25 copay Out of Network: Any amounts remaining after the Plan pays
B. Eyeglass Frames – Allowance toward new frames once every 24 months	\$0	In-Network: \$100 allowance Out-of-Network: Up to \$45 allowance	Any amounts remaining after the Plan pays
C. Lenses: Standard Plastic (CR39) – up to 55 mm in: Single Vision, Bifocal, Trifocal (FT 25-28), Lenticular (once every 12 months)	\$0	In Network: 100% after the Copayment Out of Network: Single Vision: Up to \$25 Bifocal: Up to \$40 Trifocal or Lenticular: Up to \$55	In Network: \$25 copay Out of Network: Any amounts remaining after the Plan pays
<ul style="list-style-type: none"> • Contact Lenses (in place of eyeglass lenses) – once every 12 months <ul style="list-style-type: none"> – Elective (conventional/disposable) – Non-Elective 	\$0	In Network: \$100 allowance Out of Network: Up to \$80 allowance	Any amounts remaining after the Plan pays
	\$0	In Network: All Costs Out of Network: Up to \$210 allowance	
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 \$0 restocking fee per hearing aid.			
Hearing Exam – Coverage for up to (1) routine hearing exam every 12 months.	\$0	100%	\$0
Hearing Aid(s) – Includes fitting evaluation for a hearing aid(s).	\$0	Coverage allowance up to \$750 toward a hearing device(s) every year. Includes 1-year supply of batteries (up to 64 cells per hearing aid).	Amounts in excess of Allowance
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	100%	\$0