



For value conscious seniors, Anthem Blue Cross and Blue Shield offers our most affordable Medicare supplement plans.

Medicare Select Plans



 **For Indiana residents**

Medicare Select Plans

Anthem's select hospital network makes these supplement plans more affordable.

The Protection You Need at a Price You Can Afford

If you need protection against the gaps in your Medicare coverage, Anthem's Medicare Select Plans may be for you. Our Plans meet state and federal Medicare Supplement regulations, and are "select" because our network of hospitals keeps costs down. All plans give you these advantages:

- Choose your own doctor
- Free 30-day look period
- Guaranteed renewable
- Automatic claims payment
- No pre-existing waiting periods

Anthem Blue Cross and Blue Shield gives you a choice of Benefit Plan A or Select Plans C or F. Plan A is the basic benefit package and is not a Select plan. Each of the other plans includes the basic Plan A package plus a different combination of additional benefits.



Read the **Outline of Medicare Select Coverage** that follows to compare premiums and plan benefits. Then look at our list of **Medicare Select Network Hospitals** in your community.

Benefit Plan A

This supplemental coverage pays basic benefits for your Part A hospital copayments for days 61 through 150. It also covers the 20 percent of Part B services not covered by Medicare. Plan A is not a Select plan so hospitals are not limited.

Select Plan C

Your Part A deductible is covered each benefit period when you use a Medicare Select Network Hospital. Plan C pays your annual Part B deductible in full. It also provides benefits for skilled nursing facility care and covers you for medically necessary emergency care outside the United States.

Select Plan F

You get all the benefits of Select Plan C, plus the Part B excess charges for providers who bill beyond Medicare-approved amounts. These added benefits can be important. If you are traveling and need emergency care, you may not be able to choose a doctor who accepts Medicare assignment.

The Security You Want

Blue Cross and Blue Shield has symbolized quality health care coverage to millions of people since the 1930s. Anthem Blue Cross and Blue Shield is proud to offer you value, freedom, quality service and peace of mind when you need it most.

Select Simplicity and Convenience

Medicare Select Coverage Has Many Advantages

- Freedom to choose your doctor
- No medical exam is required.
- Automatic claims filing for fast payment of claims
- You cannot be singled out for a rate increase because of your health or the number of claims you might file.
- Money-back guarantee! Enroll now and take 30 days to review your policy. If this isn't the protection you want, you can cancel the plan and we'll return your money, minus any claims paid.

Guaranteed Acceptance

- If you are age 65 or over and are applying for Medicare Select coverage within six months of first enrolling in Medicare Part B, you are guaranteed acceptance into any of our Supplement and Select plans, regardless of your health history.
- If you have been enrolled in Medicare Part B for more than six months, your application and health history will be reviewed to determine your eligibility and acceptance into the plan you selected.
- If you are replacing an existing Medicare Supplement plan, there is no waiting period before pre-existing conditions are covered.

Five Convenient Payment Options

- Automatic Bank Draft, which transfers funds from your bank account
- Monthly payments
- Quarterly payments
- Semi-annual payments
- Annual payments

It's Easy to Apply

Complete the application forms and return them in the enclosed envelope, or mail them to:

Anthem Blue Cross and Blue Shield
P.O. Box 37810
Louisville, KY 40233-7810

- Please use a ballpoint pen.
- Complete the **application**. Sign and date it.
- Complete the **Medicare Supplement Insurance Replacement Notice** (if necessary).
- Include the appropriate premium payment.

If you have questions as you fill out the application, please call your agent.

Thank you for choosing Anthem Blue Cross and Blue Shield.

Open All Night at anthem.com

Log onto **anthem.com** to access many of the convenient services offered 24 hours a day by Anthem Blue Cross and Blue Shield. Once you become a member, you can register at **MyAnthem™**, a secure, individually tailored site that offers you the convenience of accessing your health plan services online. It also provides quicker, easier access to personalized features and content, including health and wellness information and special offers just for you.



Medicare Select Disclosure Statement

The following information provides full and fair disclosure of the provisions, restrictions and limitations of Anthem's Medicare Select Plan designed for Indiana residents.

Outline of Medicare Select coverage

Provided for your review. Use it to compare plans and premiums.

Provider network

Please refer to the Medicare Select Network Hospital listing to see which providers are part of our network.

Hours of operation

Network provider services are available and accessible 24 hours per day, seven days per week.

Restricted network provisions

Inpatient services

Under Anthem's Medicare Select Plan, if you are admitted to a Network Hospital for inpatient care, you will not be required to pay the Medicare Part A deductible. However, if you are admitted to a hospital other than a Network Hospital, Medicare Select will not

cover the Medicare Part A deductible, unless:

- you receive services for symptoms requiring emergency care. Emergency care is defined as a physical condition requiring immediate diagnosis and treatment that occurs suddenly and unexpectedly and could become a threat to life or limb if medical services are not rendered immediately.
- you receive services for medically necessary care immediately required for an unforeseen illness, injury, or condition.
- it is not reasonable to obtain services through a network provider. For example, you are outside the network service area on vacation and have a medical need that cannot be postponed until the out-of-area travel is complete.
- covered services are not available through the network provider.

Outpatient services

You are not required to use a network hospital for outpatient services, including outpatient surgery.

Referrals

As long as inpatient care is received from a network hospital under a Select Plan, it does not matter which physician made the referral. Full benefits will be paid.

Plan availability

You have the option to purchase either a Medicare Select Plan, which requires the use of network hospitals to obtain maximum supplemental benefits, or a standardized policy which does not limit hospital choice.

Plan replacement

If you prefer an unrestricted Plan (that is, a plan without select network hospitals), Anthem Blue Cross and Blue Shield offers Medicare Supplement Plans A, B, C, D, E, F and G on a non-restricted basis. If coverage has been maintained under the Select Plan for at least six months, no medical underwriting will apply in changing coverage to a non-restricted plan of equal or lesser benefits.

Quality assurance program

All Anthem Medicare Select Network Hospitals are licensed by the state of Indiana and have been credentialed for participation in the network. In addition, the hospitals will be recredentialed on a routine basis.

Grievance procedure

You are encouraged to seek resolution of any issues you may have with Anthem or any of our programs or processes. If you have questions, or if you have a grievance, you may contact us in writing or by telephone at:

Inquiries and Complaints

**Anthem Blue Cross
and Blue Shield**
P.O. Box 37110
Louisville, KY 40233-7110
(866) 649-2034

If the problem is not resolved at the level stated above, you should contact us in writing at:

Grievances and Appeals
**Anthem Blue Cross
and Blue Shield**
P.O. Box 6227
Indianapolis, IN 46206-6227

All grievances will be resolved by us as soon as possible, but within no more than 20 business days after they are filed. (A grievance is considered filed on the day it is received either in writing or over the phone.)



Within five business days after the grievance is resolved, we will send a letter to you notifying you of the decision reached.

If you (a) need the assistance of the governmental agency that regulates insurance; or

(b) have a complaint you have been unable to resolve with us, you may contact the Department of Insurance by mail, telephone or e-mail:

**State of Indiana Department
of Insurance**
Suite 300
Consumer Services Division
311 W. Washington Street,
Indianapolis, IN 46204

Consumer Hotline:
(800) 622-4461 or
(317) 232-2395

**Complaints can be filed
electronically at**
www.in.gov/idoi.

**IMPORTANT NOTICE: Your
signature on the application
confirms that you have read
and understand this
Disclosure Statement.**

Anthem Blue Cross and Blue Shield

Outline of Medicare Select Coverage — Cover Page 1 of 2 Benefit Plans A, Select C and F (not high deductible Plan F.)

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A". Some plans may not be available in your state. See the Outline of Coverage sections for details about ALL plans.

BASIC BENEFITS FOR PLANS A-J.

Hospitalization: Part A co-insurance plus coverage for 365 additional days after Medicare benefits end.

Medical expenses: Part B co-insurance (generally 20% of Medicare approved expenses), or copayments for hospital outpatient services.

Blood: First three pints of blood each year.

A	B	C	D	E	F	F*	G	H	I	J	J*
Basic benefits	Basic benefits	Basic benefits	Basic benefits	Basic benefits	Basic benefits	Basic benefits	Basic benefits	Basic benefits	Basic benefits	Basic benefits	Basic benefits
		Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance
	Part A deductible	Part A deductible	Part A deductible	Part A deductible	Part A deductible	Part A deductible	Part A deductible	Part A deductible	Part A deductible	Part A deductible	Part A deductible
		Part B deductible	Part B deductible		Part B deductible	Part B deductible				Part B deductible	Part B deductible
					Part B excess (100%)	Part B excess (100%)	Part B excess (80%)		Part B excess (100%)	Part B excess (100%)	Part B excess (100%)
		Foreign travel emergency	Foreign travel emergency	Foreign travel emergency	Foreign travel emergency	Foreign travel emergency	Foreign travel emergency	Foreign travel emergency	Foreign travel emergency	Foreign travel emergency	Foreign travel emergency
			At-home recovery				At-home recovery		At-home recovery	At-home recovery	At-home recovery
				Preventive care NOT covered by Medicare							Preventive care NOT covered by Medicare

**Plans F and J also have an option called a high deductible plan F and a high deductible plan J. These high deductible plans offer the same benefits as Plans F and J after one has paid a calendar year \$1,790 deductible. Benefits from high deductible plans F and J will not begin until out-of-pocket expenses exceed \$1,790. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.*

Anthem Blue Cross and Blue Shield

Outline of Medicare Select Coverage — Cover Page 2 of 2

Basic Benefits for Plans K and L include similar services as plans A-J, but cost sharing for the basic benefits is at different levels.

J	K**	L**
Basic benefits	100% of Part A hospitalization coinsurance plus coverage for 365 days after Medicare benefits end 50% hospice cost sharing 50% of Medicare-eligible expenses for the first three pints of blood 50% Part B coinsurance, except 100% coinsurance for Part B preventive services	100% of Part A hospitalization coinsurance plus coverage for 365 days after Medicare benefits end 75% hospice cost sharing 75% of Medicare-eligible expenses for the first three pints of blood 75% Part B coinsurance, except 100% coinsurance for Part B preventive services
Skilled nursing facility coinsurance	50% skilled nursing facility coinsurance	75% skilled nursing facility coinsurance
Part A deductible	50% Part A deductible	75% Part A deductible
Part B deductible		
Part B excess (100%)		
Foreign travel emergency		
At-home recovery		
Preventive care NOT covered by Medicare		
	\$4,000 Out-of-pocket annual limit***	\$2,000 Out-of-pocket annual limit***

**Plans K and L provide for different cost sharing for items and services than Plans A-J. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges". You will be responsible for paying excess charges.

***The out-of-pocket annual limit will increase each year for inflation.

See Outline of Coverage for details and exceptions.

Medicare Select Premium Information

We, Anthem Blue Cross and Blue Shield, can only raise your premium if we raise the premium for all policies like yours in this state. Your premium will increase each year based upon changes in your age. We may also increase premium because of a rise in overall health care costs and changes in the Medicare program. We will not increase your premium for any reason without giving you at least 30 days' written notice.

For all ZIP codes EXCLUDING 460-462, 463-464, and 469

Age	Plan C Monthly	Plan C Semi-Annual	Plan C Annual	Plan F Monthly	Plan F Semi-Annual	Plan F Annual
65	\$95.14	\$562.24	\$1,104.48	\$ 97.36*	\$575.37	\$1,130.29
66	101.54	600.07	1,178.80	103.91**	614.08	1,206.33
67	108.33	640.21	1,257.66	110.87	655.18	1,287.06
68	114.51	676.71	1,329.36	117.19	692.52	1,360.42
69	119.66	707.16	1,389.18	122.46	723.68	1,421.63
70	122.65	724.80	1,423.82	125.52	741.76	1,457.14
71	125.10	739.30	1,452.32	128.03	756.60	1,486.29
72	128.15	757.32	1,487.71	131.15	775.04	1,522.52
73	130.71	772.47	1,517.47	133.77	790.53	1,552.95
74	133.33	787.92	1,547.82	136.45	806.35	1,584.03
75	137.73	813.91	1,598.88	140.95	832.94	1,636.27
76	142.13	839.95	1,650.04	145.46	859.59	1,688.62
77	146.68	866.84	1,702.85	150.11	887.10	1,742.66
78	148.88	879.84	1,728.40	152.36	900.40	1,768.78
79	149.63	884.23	1,737.02	153.13	904.90	1,777.63
80	150.27	888.04	1,744.50	153.79	908.81	1,785.30
81+	150.27	888.04	1,744.50	153.79	908.81	1,785.30

***If you are age 65 and applying for coverage during open enrollment, you will receive a 10% discount off the current rate. Your discounted rate will be \$87.63. You will receive a 5% discount off the second year rate at age 66.**

**** If you are 66 and applying for coverage during open enrollment, you will receive a 5% discount off the current rate. Your discounted rate will be \$98.72.**

Five convenient payment options:

- **Automatic Bank Draft, which transfers funds from your bank account (bank must be participating)**
- **Monthly payments**
- **Quarterly payments**
- **Semi-annual payments**
- **Annual payments**

Rates are effective Jan. 1, 2006.

Medicare Select Premium Information

We, Anthem Blue Cross and Blue Shield, can only raise your premium if we raise the premium for all policies like yours in this state. Your premium will increase each year based upon changes in your age. We may also increase premium because of a rise in overall health care costs and changes in the Medicare program. We will not increase your premium for any reason without giving you at least 30 days' written notice.

For ZIP codes 460-462, 463-464, and 469.

Counties include, but not limited to: Boone, Carroll, Cass, Clinton, Fulton, Grant, Hamilton, Hancock, Harrison, Hendricks, Howard, Jasper, Johnson, Lake, LaPorte, Madison, Marion, Miami, Morgan, Newton, Porter, Pulaski, Putnam, Rush, Shelby, Tipton, and Wabash.

Age	Plan C Monthly	Plan C Semi-Annual	Plan C Annual	Plan F Monthly	Plan F Semi-Annual	Plan F Annual
65	\$103.13	\$609.44	\$1,197.21	\$105.55*	\$623.73	\$1,225.28
66	110.07	650.44	1,277.75	112.65**	665.69	1,307.71
67	117.43	693.98	1,363.28	120.19	710.24	1,395.23
68	124.12	733.52	1,440.96	127.03	750.72	1,474.74
69	129.71	766.53	1,505.80	132.75	784.50	1,541.11
70	132.95	785.65	1,543.37	136.06	804.08	1,579.56
71	135.61	801.37	1,574.25	138.78	820.16	1,611.15
72	138.91	820.91	1,612.64	142.17	840.16	1,650.44
73	141.69	837.33	1,644.88	145.01	856.95	1,683.43
74	144.52	854.07	1,677.78	147.91	874.09	1,717.10
75	149.29	882.24	1,733.12	152.79	902.93	1,773.75
76	154.07	910.48	1,788.58	157.68	931.82	1,830.51
77	159.00	939.61	1,845.81	162.73	961.64	1,889.08
78	161.38	953.71	1,873.50	165.17	976.07	1,917.43
79	162.19	958.46	1,882.85	165.99	980.94	1,927.00
80	162.89	962.60	1,890.97	166.71	985.16	1,935.29
81+	162.89	962.60	1,890.97	166.71	985.16	1,935.29

*If you are age 65 and applying for coverage during open enrollment, you will receive a 10% discount off the current rate. Your discounted rate will be \$94.99. You will receive a 5% discount off the second year rate at age 66.

** If you are 66 and applying for coverage during open enrollment, you will receive a 5% discount off the current rate. Your discounted rate will be \$107.01.

Five convenient payment options:

- Automatic Bank Draft, which transfers funds from your bank account (bank must be participating)
- Monthly payments
- Quarterly payments
- Semi-annual payments
- Annual payments

Rates are effective Jan. 1, 2006.

Medicare Select Premium Information

We, Anthem Blue Cross and Blue Shield, can only raise your premium if we raise the premium for all policies like yours in this state. Your premium will automatically increase as you enter a new age band. We may also increase premium because of a rise in overall health care costs and changes in the Medicare program. We will not increase your premium for any reason without giving you at least 30 days' written notice.

For all ZIP codes EXCLUDING 460-462, 463, 464, and 469

Plan	Attained Age	Monthly Premium	Semi-Annual Premium	Annual Premium
Plan A	65 - 69	\$ 83.84	\$495.45	\$ 973.28
	70 - 74	99.15	585.92	1,151.01
	75+	113.48	670.64	1,317.44

For ZIP codes 460-462, 463, 464, and 469.

Counties include, but not limited to: Boone, Carroll, Cass, Clinton, Fulton, Grant, Hamilton, Hancock, Harrison, Hendricks, Howard, Jasper, Johnson, Lake, LaPorte, Madison, Marion, Miami, Morgan, Newton, Porter, Pulaski, Putman, Rush, Shelby, Tipton and Wabash.

Plan	Attained Age	Monthly Premium	Semi-Annual Premium	Annual Premium
Plan A	65 - 69	\$ 83.84	\$495.45	\$ 973.28
	70 - 74	99.15	585.92	1,151.01
	75+	113.48	670.64	1,317.44

Five convenient payment options:

- **Automatic Bank Draft, which transfers funds from your bank account (bank must be participating)**
- **Monthly payments**
- **Quarterly payments**
- **Semi-annual payments**
- **Annual payments**

Rates are effective Jan. 1, 2006.

Medicare Select Outline of Coverage

Anthem Blue Cross and Blue Shield
Underwritten by:
Anthem Insurance Companies, Inc.
120 Monument Circle
Indianapolis, Indiana 46204

Disclosures

Use this outline to compare benefits and premiums among policies.

Medicare Select plans require you to use network hospitals. If you use other hospitals, the plan may not pay the Medicare Part A deductible.

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 the rights and duties of both you and Anthem Blue Cross and Blue Shield.



Right to cancel this policy

If you are not satisfied with your plan, you may send a written request to cancel the policy to:

**Anthem Blue Cross and Blue Shield
P.O. Box 37730
Louisville, KY 40233-7730**

If you send the written request to us within 30 days after you receive your policy or from when the policy is available to you electronically (whichever is earlier), we will treat the policy as if it had never been issued and return all of your payments, less any claims paid during that period.

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.

Anthem Blue Cross and Blue Shield is not 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 & You** for more details.

Complete answers are very important

When you fill out the application for the new policy, please 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.

Medicare (Part A) — Hospital Services — Per Benefit Period

*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.

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days			
1. Plan A only	All but \$952	\$0	\$952 (Part A deductible)
2. Plans C, F only First 60 days	All but \$952	\$952 (Part A deductible)	\$0
61st through 90th day	All but \$238 a day	\$238 a day	\$0
91st day and after:			
• while using 60 lifetime reserve days	All but \$476 a day	\$476 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
SKILLED NURSING FACILITY CARE*			
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
21st through 100th day			
1. Plan A only	All but \$119 a day	\$0	Up to \$119 a day
2. Plans C, F only	All but \$119 a day	Up to \$119 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services			
	All but very limited co-insurance for outpatient drugs and inpatient respite care	\$0	Balance

*****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.

Medicare (Part B) — Medical Services — Per Calendar Year

*Once you have been billed \$124 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.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$124 of Medicare-approved amounts*			
1. Plan A only	\$0	\$0	\$124 (Part B deductible)
2. Plans C, F only	\$0	\$124 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
PART B EXCESS CHARGES (above Medicare-approved amounts)			
1. Plans A, C only	\$0	\$0	All costs
2. Plan F only	\$0	100%	\$0
BLOOD First 3 pints Next \$124 of Medicare-approved amounts*	\$0	All costs	\$0
1. Plan A only	\$0	\$0	\$124 (Part B deductible)
2. Plans C, F only	\$0	\$124 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES — TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

Medicare (Part B) — Medical Services — Per Calendar Year

*Once you have been billed \$124 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.

Services	Medicare Pays	Plan Pays	You Pay
HOME HEALTH CARE MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment First \$124 of Medicare-approved amounts*	100%	\$0	\$0
1. Plan A only	\$0	\$0	\$124 (Part B deductible)
2. Plans C, F only	\$0	\$124 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

Other Benefits — Not Covered by Medicare

Services	Medicare Pays	Plan Pays	You Pay
FOREIGN TRAVEL — NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
1. Plan A only — Not a covered benefit	\$0	\$0	All costs
2. Plans C, F only — 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



**For more information,
visit our Web site at
anthem.com.**