



Medicare Supplement Plans

A choice of Medicare supplement plans that offer freedom, convenience and affordability.

Medicare Supplement Plans

To meet the level of security you need, Anthem Blue Cross and Blue Shield offers a choice of plans that are convenient and affordable.

The Protection You Need

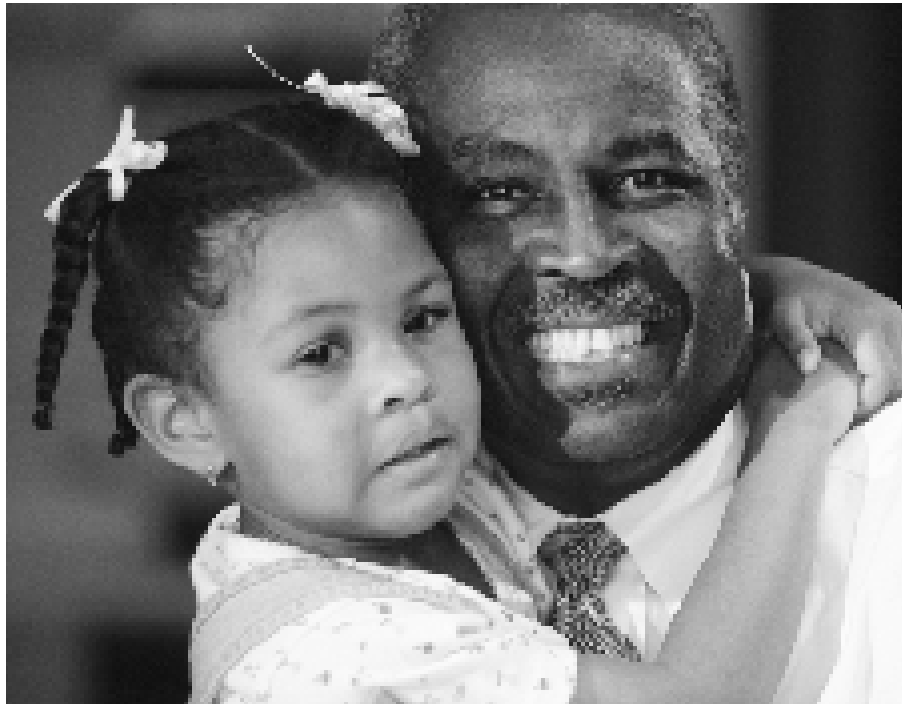
Anthem's Medicare Supplement Plans can help protect you against the gaps in your Medicare coverage. Our Plans meet state and federal regulations, and all give you these advantages:

- Choose your own doctor
- No medical exam required
- Guaranteed renewable
- No pre-existing waiting periods

Anthem Blue Cross and Blue Shield gives you a choice of Plan A, B, C, D, E, F or G. Plan A is the basic benefit package. Each of the other plans includes the basic Plan A package plus a different combination of additional benefits. Read the Outline of Medicare Supplement Coverage that follows to find the Plan that is right for you and to compare premiums.

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.



Convenience, Simplicity, Reliability

Anthem Medicare Supplement Coverage has many advantages

Money-back Guarantee

Every Plan comes with a 30-day "free look" period, so you have 30 days after purchase to decide whether or not to keep the Plan.

Open Enrollment and Guaranteed Acceptance

If you are age 65 or over and are applying for Medicare Supplement coverage within six months of first enrolling in Medicare Part B, you are guaranteed acceptance into any of our Supplement plans, regardless of your health history. Plus, there is no waiting period before pre-existing conditions will be covered.

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.

Choose From 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 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.



Anthem Blue Cross and Blue Shield

Outline of Medicare Supplement Coverage — Cover Page 1 of 2

Basic Benefits for Plans A, B, C, D, E, F, G (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 coinsurance plus coverage for 365 additional days after Medicare benefits end.

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

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 coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance
	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 excess (100%)		Part B excess (80%)		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	
				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.*

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Outline of Medicare Supplement 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 Supplement 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.

Age	Plan C Monthly	Plan C Semi-Annual	Plan C Annual	Plan D Monthly	Plan D Semi-Annual	Plan D Annual
65	\$ 114.00	\$ 673.71	\$1,323.47	\$ 123.17	\$ 727.89	\$1,429.90
66	121.67	719.04	1,412.51	126.43	747.13	1,467.70
67	129.82	767.15	1,507.03	132.38	782.28	1,536.75
68	137.21	810.88	1,592.92	138.39	817.84	1,606.60
69	143.39	847.37	1,664.62	144.41	853.40	1,676.46
70	151.36	894.48	1,757.15	150.64	890.22	1,748.78
71	154.39	912.36	1,792.27	156.87	927.03	1,821.09
72	158.15	934.60	1,835.97	163.10	963.84	1,893.40
73	161.31	953.30	1,872.70	169.33	1,000.64	1,965.70
74	164.54	972.36	1,910.14	175.56	1,037.46	2,038.04
75	172.46	1,019.14	2,002.04	181.22	1,070.92	2,103.77
76	177.98	1,051.76	2,066.13	186.88	1,104.39	2,169.52
77	183.67	1,085.41	2,132.23	192.55	1,137.86	2,235.26
78	186.43	1,101.69	2,164.21	198.21	1,171.33	2,301.01
79	187.36	1,107.20	2,175.03	203.45	1,202.28	2,361.82
80	188.16	1,111.97	2,184.40	208.12	1,229.89	2,416.05
81+	188.16	1,111.97	2,184.40	212.08	1,253.32	2,462.07

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 Supplement 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.

Age	Plan E Monthly	Plan E Semi-Annual	Plan E Annual	Plan F Monthly	Plan F Semi-Annual	Plan F Annual
65	\$ 118.63	\$ 701.04	\$1,377.16	\$ 119.08*	\$703.69	\$1,382.36
66	121.77	719.59	1,413.59	127.09**	751.04	1,475.38
67	127.49	753.42	1,480.06	135.59	801.29	1,574.09
68	133.29	787.67	1,547.34	143.32	846.97	1,663.82
69	139.08	821.92	1,614.61	149.77	885.08	1,738.68
70	145.08	857.38	1,684.27	153.52	907.21	1,782.16
71	151.08	892.83	1,753.92	156.58	925.35	1,817.79
72	157.08	928.28	1,823.56	160.40	947.91	1,862.11
73	163.08	963.73	1,893.20	163.61	966.86	1,899.34
74	169.08	999.19	1,962.86	166.88	986.20	1,937.33
75	174.54	1,031.43	2,026.18	172.39	1,018.75	2,001.28
76	179.99	1,063.65	2,089.49	177.91	1,051.35	2,065.31
77	185.44	1,095.89	2,152.81	183.60	1,084.98	2,131.39
78	190.90	1,128.12	2,216.12	186.35	1,101.26	2,163.37
79	195.94	1,157.94	2,274.71	187.28	1,106.77	2,174.19
80	200.44	1,184.53	2,326.95	188.09	1,111.53	2,183.53
81+	204.26	1,207.09	2,371.26	188.09	1,111.53	2,183.53

*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 \$107.17. 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 \$120.73.

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 Supplement 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 the 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.

Age	Plan A Monthly	Plan A Semi-Annual	Plan A Annual
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

Age	Plan B Monthly	Plan B Semi-Annual	Plan B Annual
65-69	\$111.85	\$661.01	\$1,298.51
70-74	132.33	782.02	1,536.23
75+	151.40	894.70	1,757.58

Age	Plan G Monthly	Plan G Semi-Annual	Plan G Annual
65-69	\$103.89	\$613.92	\$1,206.02
70-74	122.90	726.26	1,426.69
75+	140.63	831.08	1,632.61

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 Supplement 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.

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 Supplement Coverage — Benefit Plans A, B, C, D, E, F, G

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 B, C, D, E, F, G 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. Plans A, B only	All but \$119 a day	\$0	Up to \$119 a day
2. Plans C, D, E, F, G only	All but \$119 a day	Up to \$119 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD First 3 pints Additional amounts			
	\$0	3 pints	\$0
	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. Plans A, B, D, E, G 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, B, C, D, E only	\$0	\$0	All costs
2. Plan F only	\$0	100%	\$0
3. Plan G only	\$0	80%	20%
BLOOD First 3 pints Next \$124 of Medicare-approved amounts*	\$0	All costs	\$0
1. Plans A, B, D, E, G 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 Supplement Coverage — Benefit Plans A, B, C, D, E, F, G

Parts A & B

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. Plans A, B, D, E, G 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
AT HOME RECOVERY SERVICES NOT COVERED BY MEDICARE Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan Benefit for each visit			
Plans D, G only	\$0	Actual charges to \$40 a visit	Balance
Number of visits covered (must be received within 8 weeks of last Medicare-approved visit)			
Plans D, G only	\$0	Up to the number of Medicare-approved visits, not to exceed 7 each week	Balance
Calendar year maximum	\$0	\$1,600	Balance

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. Plans A, B only — Not a covered benefit	\$0	\$0	All costs
2. Plans C, D, E, F, G 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
PREVENTIVE MEDICAL CARE BENEFIT — NOT COVERED BY MEDICARE Annual physical and preventive tests and services such as: fecal occult blood test, digital rectal exam, mammogram, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, influenza shot, tetanus and diphtheria booster and education, administered or ordered by your doctor when not covered by Medicare			
1. Plans A, B, C, D, F, G only — Not a covered benefit	\$0	\$0	All costs
2. Plan E only — First \$120 each calendar year	\$0	\$120	\$0
Additional charges	\$0	\$0	All costs

Notes

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