



**Anthem Blue Cross and Blue Shield
New Hampshire 2020
Plans A, F, G and N**

Booklet includes:

2020 Premium Rates
(Effective January 1, 2020)
2020 Medicare Cost-Sharing Amounts
(Deductibles, Copays)

20NHMSABCBS (LAST REVISED 03/2020)

For more information, visit our website at **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 of New Hampshire, Inc. Medicare Supplement plans are offered by Anthem Health Plans of New Hampshire, Inc. Independent licensee of the Blue Cross Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company.

Medicare Supplement insurance plans

Enrolling in coverage that works for you



**Anthem Blue Cross and Blue Shield
New Hampshire 2020**



Thank you for your interest in a Medicare Supplement insurance plan from Anthem Blue Cross and Blue Shield.

A Medicare Supplement insurance (also known as Medigap) plan can enhance your health coverage from Medicare. We offer a variety of Medicare Supplement insurance plans that vary in price and coverage to fit your needs and budget.



Why choose a Medicare Supplement insurance plan?

- **Coverage:** Medicare does not cover the cost of all the services and supplies you may need. A Medicare Supplement insurance plan allows you to fill some gaps left uncovered by Medicare coverage alone like deductibles, co-insurance and co-payments.
- **Freedom:** Go to any provider or facility that is accepting new Medicare patients. No referrals needed. No claim forms to fill out and coverage travels with you throughout the U.S. Some plans even offer benefits for foreign emergency medical care.
- **Dependability:** Once you enroll, you have guaranteed coverage 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.

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

Why choose Anthem Blue Cross and Blue Shield?

- **Affordability:** Our size and commitment to innovation allows us to offer you competitive rates.
- **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 coverages so you have the convenience of all your plans coming from one company.
 - Medicare Part D prescription drug plans to pair up with your Medicare Supplement insurance plan.
- **Overall health:** We offer special member-only programs, discounts and offers that can help you get and stay your healthiest.



How can you save on your monthly premium?



Pay by annual payment or Automatic Bank Draft

- Save up to \$48 by paying your premium for the entire year
- Save \$2 per month by paying by Auto Bank Draft or Electronic Funds Transfer (EFT)

Household Discount Program

- Share the savings with household members
- Save 5% when more than one member in your household is enrolled in one of our Medicare Supplement insurance plans.[‡]

Which Medicare Supplement insurance plan is right for you?

Medicare Supplement insurance plans vary in coverage and cost, so you'll want to think about the level of coverage you want and your health needs. The enclosed Outline of Coverage shows which Medicare Supplement insurance plans we offer and how much they cost. We can help walk you through the options, but here are some things you may want to consider:

- Plan G is our most popular plan. *Plan G covers all of the out-of-pocket costs not covered by Medicare for Medicare-approved services, with the exception of the Medicare Part B deductible (\$198 for 2020).*
- Plan N is a good option for those looking to save on the monthly premiums in exchange for sharing the cost. As a Plan N member, you pay a set co-payment for covered doctor and emergency room visits.
- Plan F is only available if you first became eligible for Medicare prior to January 1, 2020.

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

Comparison Chart

Let's take a look at some potential savings of having a Medicare Supplement insurance plan vs. having Medicare coverage only.

Medical Care	Your costs with only Medicare	Your costs with Medicare Supplement Plan F [◇]	Your costs with Medicare Supplement Plan G [◇]	Your costs with Medicare Supplement Plan N [◇]
\$4,000 in physician costs and tests (such as MRI) ¹	\$998	\$0	\$198	\$218
15 days in the hospital, 22 days in a Skilled Nursing Facility and \$12,000 for physicians, surgeons, and tests ²	\$4,358	\$0	\$198	\$218
75 days in the hospital, 60 days in a Skilled Nursing Facility, \$100,000 for physicians, surgeons and tests ³ and \$600 for a provider that does not accept Medicare's payment in full (excess charges)	\$33,398	\$0	\$198	\$818

◇ These estimates are based on 2020 Medicare cost-sharing amounts. Your cost will vary with other Medicare Supplement insurance plans.

- 1 Cost represents \$198 Part B Deductible and 20% of the Medicare covered services (Plan N = lessor of 20% or \$20 copay)
- 2 Cost represents \$1,408 Part A Deductible, \$198 Part B Deductible, 2-days of Skilled Nursing at \$176 per day and 20% of the Medicare covered services (Plan N = lessor of 20% or \$20 copay)
- 3 Cost represents \$1,408 Part A Deductible, \$198 Part B Deductible, 14-days of hospitalization over covered days \$352 per days, 39-days of Skilled Nursing over covered days at \$176 per day and 20% of the Medicare covered services (Plan N = lessor of 20% or \$20 copay)

What are the perks of being an Anthem Blue Cross and Blue Shield Medicare Supplement insurance plan member?



SilverSneakers® fitness program: §

- Access to more than 16,000 participating fitness locations across the country, including exercise equipment, pools and SilverSneakers fitness classes.



Membership also includes access to SilverSneakers online, an easy-to-use online wellness resource and community, and SilverSneakers Steps, a self-guided program if you don't have access to a fitness location. To find fitness locations, visit www.silversneakers.com.

§ Please check with your doctor before you start a physical activity program. SilverSneakers is a value-added program. It is not insurance and not part of the Medicare Supplement insurance plans. It can be changed or withdrawn at any time. SilverSneakers and the SilverSneakers logotype are registered trademarks of Tivity Health, Inc. © 2019. Tivity Health, Inc. All rights reserved.



ScriptSave[®] pharmacy and vitamin savings:

- Save up to 80% on all your prescription medications at more than 62,000 participating pharmacies nationwide. And there is no limit to how many times the card can be used to receive a discount. Savings average 54%, and in some cases can be 80% or more — based on 2017 national program savings data.



With your Medicare Supplement insurance plan enrollment, we have partnered with Medical Security Card Co. to offer a Prescription Savings Card. You can get instant savings at the pharmacy register on brand and generic prescription medications for anyone in your household — even your pets. Simply present the pharmacy with the Prescription Savings Card — it is that easy. And even if you enroll into Part D for your drug benefits, you can still take advantage of this card to get discounts on drugs not covered under your Part D plan.

Once you enroll into one of our Medicare Supplement insurance plans, a Prescription Savings Card will be sent to you and as long as the program is in place, the savings card won't expire.

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. Members may cancel their registration at any time or file a complaint by contacting Customer Care. This program is administered by Medical Security Card Company, LLC of Tucson, AZ.

Based on 2017 national program savings.



Vision discounts

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



Hearing discounts

- **Amplifon:** 25% off – plus an extra \$50 off one Amplifon hearing aid; \$125 off two.
- **NationsHearing, powered by the Beltone™ network:** No-charge hearing tests and discounted hearing aids, and
- **Hearing Care Solutions:** Discounted hearing aids and free hearing exam. 3 year warranty, 2 years of batteries, unlimited visits for 1 year.



Self help offers

- **FitBit:** Get fit your way with Fitbit trackers and smartwatches that fit with your lifestyle, budget and goals. Save up to 22% on select Fitbit devices.
- **Jenny Craig®:** Take advantage of a free, three-month program (food not included) plus \$120 in food savings (purchase required), or save 50% off premium programs (food cost separate).
- **ChooseHealthy™:** Discounts on acupuncture, chiropractors and massage – plus 40% off certain wellness products.

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 plans.**

When to enroll

You are turning 65:

and covered by Medicare Part A & Part B.

Your acceptance is guaranteed into a Medicare Supplement insurance plan during the six months after you enroll into Medicare Part B at age 65 or older. In some states, a plan(s) may be available to persons under age 65 who are eligible for Medicare by reason of disability or End-Stage Renal Disease.

Already 65?

You are welcome to apply at any time.◇

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

◇ Medical underwriting for current health status and tobacco usage may apply.

Ready to enroll?

Go to the Application section of this booklet.

How to reach us

Sales Department:‡

1-800-232-1261 (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:

1-888-596-0272 (TTY: 711)

8 a.m. to 5 p.m. ET,
Monday - Friday

Online benefits, discounts and health resources:

www.anthem.com

General information about Medicare:

www.medicare.gov

In case of emergency, call 911.

TTY lines are for those with hearing or speech loss.

‡ 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.

Not connected with or endorsed by the U.S. Government or the federal Medicare program.

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.

The policy form numbers are: WPPLANAM(09)-NH; WPPLANFM(09)-NH; WPPLANNM(09)-NH and WPPLANGM(09)-NH.

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It's important we treat you fairly

That's why we follow Federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call Customer Service for help (TTY: 711).

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 4361 Irwin Simpson Rd, Mailstop: OH0205-A537; Mason, Ohio 45040-9498. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TTY: 1- 800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Get help in your language

Separate from our language assistance program, we make documents available in alternate formats. If you need a copy of this document in an alternate format, please call Customer Service.

English: You have the right to get this information and help in your language for free. Call Customer Service for help.

Spanish: Tiene el derecho de obtener esta información y ayuda en su idioma de forma gratuita. Llame al número de Servicios para Miembros para obtener ayuda.

Arabic:

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل بخدمة العملاء للمساعدة.

Chinese: 您有權使用您的語言免費獲得該資訊和協助。請致電客戶服務部尋求協助。

French: Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour obtenir de l'aide, veuillez appeler le service client.

Greek: Έχετε το δικαίωμα να λάβετε αυτές τις πληροφορίες και αυτή τη βοήθεια στη γλώσσα σας δωρεάν. Καλέστε το Τμήμα Υπηρεσιών Πελατών (Customer Service) για βοήθεια.

Haitian: Ou gen dwa resevwa enfòmasyon sa a ak asistans nan lang ou pale a pou gratis. Rele nimewo Sèvis Kliyan an pou jwenn èd.

Indonesian: Anda berhak untuk mendapatkan informasi ini dan bantuan dalam bahasa Anda secara gratis. Hubungi Layanan Pelanggan untuk mendapat bantuan.

Kirundi: Ufise uburenganzira bwo kuronswa aya makuru no gufashwa mu rurimi rwawe nta kiguzi. Hamagara ushinzwe kwakira abantu kugira ngo ufashwe.

Korean: 귀하께는 본 정보와 도움을 비용없이 귀하의 언어로 받으실 권리가 있습니다. 도움을 받으시려면 고객 서비스부로 연락해 주십시오.

Nepali: यो जानकारी तथा सहयोग तपाईंले आफ्नो भाषामा निःशुल्क प्राप्त गर्ने तपाईंको अधिकार हो।
सहायताको लागि ग्राहक सेवामा कल गर्नुहोस्।

Polish: Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. Zadzwoń pod numer Działu Obsługi Klienta w celu uzyskania pomocy.

Portuguese: Você tem o direito de receber gratuitamente estas informações e ajuda no seu idioma. Ligue para o Atendimento ao Cliente para obter ajuda.

Russian: Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания клиентов.

Serbian: Imate pravo da ove informacije i pomoć dobijete besplatno na svom jeziku. Za pomoć pozovite službu za korisnike.

Vietnamese: Bạn có quyền được biết về thông tin này và được hỗ trợ bằng ngôn ngữ của bạn miễn phí. Hãy liên hệ với Dịch vụ khách hàng để được hỗ trợ.

Outline of Coverage

An easy-to-read overview of your benefit options



Medicare Supplement Outline of Coverage

Plans A, F, G & N

**Anthem Blue Cross and Blue Shield
New Hampshire 2020**

This booklet includes premium rates, Medicare deductibles, copays and maximum out-of-pocket costs.

Call toll-free 1-888-596-0272 with questions.

Administrative Office: 3000 Goffs Falls Road, Manchester, NH 03111-0001

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.

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
Medicare Part A coinsurance and hospital coverage (<i>up to an additional 365 days after Medicare benefits are used up</i>)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ ¹
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply ³	✓	✓
Blood (<i>first three pints</i>)	✓	✓	✓	✓	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 (<i>up to plan limits</i>)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2020 ²					\$5,880 ²	\$2,940 ²				

¹ Plans F and G also have a high deductible option, which require first paying a plan deductible of \$2,340 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.

Finding Your Monthly Premium

Plans A, F, G & N | Effective January 1, 2020

Premiums are subject to change.

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

We, Anthem, can only raise your premium if we raise the premium for all plans like yours in this State. Premiums will be based on your gender and age during open enrollment and guaranteed issue right periods. Outside these enrollment periods, Anthem can ask health questions and premiums will be based on your gender, age, and tobacco usage. Premiums are subject to change on or after the Renewal Date in accordance with the terms of the Policy.

Find Your Premium

Premiums (and future changes to premiums) are determined by several factors, including whether you are applying during your **open enrollment period** or have a guaranteed issue right situation. Other factors include your age, tobacco usage, gender and the plan you are enrolling.

- Your **open enrollment period** is the best time to buy a Medicare Supplement plan. The **open enrollment period** automatically starts the month you turn age 65 and enroll in Medicare Part B — this period only occurs once and allows you to enroll in any plan offered. During this period, you do not go through medical underwriting and are guaranteed acceptance into the plan of your choice!
- When outside your open enrollment period you may experience a guaranteed issue right. These rights generally occur when you have other health coverage that changes. During this period, we cannot ask health questions or about tobacco usage and you are guaranteed acceptance; however, your plan options may be limited.

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

Determine Which Premium Table Applies to You

- Tobacco / Non-Tobacco
- Male / Female



Find Your Premium

NOW ... You Are Ready to Compare Plan Premiums

Finding Your Monthly Premium

Plans A, F, G & N | Effective January 1, 2020

Premiums are subject to change.

Compare Plans

After locating the monthly premium, you are ready to review the individual plan pages. These pages provide details of the covered services and what each plan pays. Based on your individual needs, these pages will help you determine the plan that is best for you. You are now ready to **ENROLL!**

Don't miss out on a chance to **SAVE!**

These optional discounts are offered for all of the following Premium Tables, for ages 65 and over.

SAVE \$2 on your monthly premium!

Enroll in our Automatic Bank Draft or Electronic Fund Transfer (EFT) program and you will save \$2 on your monthly premium. (To enroll, simply complete the Premium Payment Form.)

OR

SAVE \$48 by paying your premium for the entire year!

(Note: Based on the policy effective date, the discount may be pro-rated the first year.)

SAVE 5% when more than one member in the household enrolls in a Medicare Supplement plan with us. The discount is for policies with effective dates of June 1, 2010 or after and available to those members who occupy the same housing unit.

Ways to Enroll

Sales Department*

Call 1-888-211-9813
(TTY/TDD: **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

Call 1-800-333-3883
(TTY/TDD: **711**)
8 a.m. to 5 p.m. ET
Monday - Friday

Visit us Online

www.anthem.com

- Enroll online
- Find a doctor
- Find a pharmacy
- List of covered drugs

Let's Begin

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

Finding Your Monthly Premium

Plans A, F, G & N | Effective January 1, 2020

Premiums are subject to change. Premium is based upon your tobacco usage, age, gender and plan.

Table 1 | Non-Tobacco

*If you are in your Open Enrollment Period, or are eligible for Guaranteed Issue, use this table.
If you have not used tobacco products in the past 12 months, use this table.*

PREMIUM INFORMATION

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

Age*	Male				Female			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
<65	\$392.64	\$604.32	\$442.79	\$419.94	\$356.94	\$549.38	\$402.55	\$381.78
65	137.87	212.21	155.48	147.46	125.34	192.92	141.36	134.06
66	148.67	228.82	167.65	159.00	135.14	208.01	152.41	144.54
67	152.34	234.47	171.80	162.93	138.49	213.16	156.18	148.12
68	156.24	240.47	176.20	167.10	142.02	218.59	160.18	151.91
69	160.28	246.71	180.77	171.44	145.71	224.26	164.32	155.83
70	164.84	253.72	185.90	176.29	149.86	230.67	169.00	160.28
71	168.91	259.97	190.49	180.66	153.55	236.35	173.16	164.22
72	173.15	266.51	195.28	185.20	157.41	242.27	177.51	168.35
73	176.69	271.96	199.28	188.99	160.63	247.24	181.16	171.81
74	180.26	277.44	203.29	192.79	163.87	252.23	184.81	175.27
75	183.81	282.89	207.30	196.60	167.10	257.18	188.43	178.70
76	187.42	288.45	211.35	200.44	170.38	262.24	192.14	182.23
77	190.94	293.86	215.31	204.20	173.57	267.14	195.75	185.65
78	193.80	298.28	218.54	207.27	176.18	271.16	198.68	188.43
79	196.66	302.69	221.78	210.33	178.79	275.17	201.63	191.22
80	214.48	330.11	241.86	229.38	194.98	300.10	219.89	208.54
81	232.29	357.53	261.95	248.43	211.18	325.04	238.15	225.86
82	250.11	384.96	282.07	267.51	227.38	349.94	256.43	243.19
83	267.93	412.38	302.16	286.57	243.57	374.88	274.68	260.50
84	285.76	439.80	322.25	305.61	259.77	399.82	292.96	277.84
85	303.56	467.24	342.34	324.67	275.97	424.75	311.21	295.15
86	321.38	494.63	362.42	343.72	292.14	449.67	329.49	312.48
87	339.19	522.07	382.52	362.77	308.34	474.60	347.75	329.81
88	357.01	549.49	402.62	381.84	324.54	499.53	366.02	347.12
89	374.84	576.90	422.71	400.89	340.74	524.44	384.26	364.43
90+	392.64	604.32	442.79	419.94	356.94	549.38	402.55	381.78

* Age as of the date the plan is issued.

Finding Your Monthly Premium

Plans A, F, G & N | Effective January 1, 2020

Premiums are subject to change. Premium is based upon your tobacco usage, age, gender and plan.

Table 2 | For Tobacco Users

If you have used tobacco products in the past 12 months, use this table —or— if you are not a tobacco user, are in your Open Enrollment Period, or are eligible for Guaranteed Issue, see Table 1.)

PREMIUM INFORMATION

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

Age*	Male				Female			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
<65	\$439.76	\$676.84	\$495.92	\$470.33	\$399.77	\$615.31	\$450.86	\$427.59
65	154.41	237.68	174.14	165.16	140.38	216.07	158.32	150.15
66	166.51	256.28	187.77	178.08	151.36	232.97	170.70	161.88
67	170.62	262.61	192.42	182.48	155.11	238.74	174.92	165.89
68	174.99	269.33	197.34	187.15	159.06	244.82	179.40	170.14
69	179.51	276.32	202.46	192.01	163.20	251.17	184.04	174.53
70	184.62	284.17	208.21	197.44	167.84	258.35	189.28	179.51
71	189.18	291.17	213.35	202.34	171.98	264.71	193.94	183.93
72	193.93	298.49	218.71	207.42	176.30	271.34	198.81	188.55
73	197.89	304.60	223.19	211.67	179.91	276.91	202.90	192.43
74	201.89	310.73	227.68	215.92	183.53	282.50	206.99	196.30
75	205.87	316.84	232.18	220.19	187.15	288.04	211.04	200.14
76	209.91	323.06	236.71	224.49	190.83	293.71	215.20	204.10
77	213.85	329.12	241.15	228.70	194.40	299.20	219.24	207.93
78	217.06	334.07	244.76	232.14	197.32	303.70	222.52	211.04
79	220.26	339.01	248.39	235.57	200.24	308.19	225.83	214.17
80	240.22	369.72	270.88	256.91	218.38	336.11	246.28	233.56
81	260.16	400.43	293.38	278.24	236.52	364.04	266.73	252.96
82	280.12	431.16	315.92	299.61	254.67	391.93	287.20	272.37
83	300.08	461.87	338.42	320.96	272.80	419.87	307.64	291.76
84	320.05	492.58	360.92	342.28	290.94	447.80	328.12	311.18
85	339.99	523.31	383.42	363.63	309.09	475.72	348.56	330.57
86	359.95	553.99	405.91	384.97	327.20	503.63	369.03	349.98
87	379.89	584.72	428.42	406.30	345.34	531.55	389.48	369.39
88	399.85	615.43	450.93	427.66	363.48	559.47	409.94	388.77
89	419.82	646.13	473.44	449.00	381.63	587.37	430.37	408.16
90+	439.76	676.84	495.92	470.33	399.77	615.31	450.86	427.59

* Age as of the date the plan is issued.

Important Plan Disclosures

Plans A, F, G & N

Retain this outline for your records.

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 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: 3000 Goffs Falls Road, Manchester, NH 03111-0001. 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

* 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	All but \$1,408	\$0	\$1,408 (Part A deductible)
61 st thru 90 th day	All but \$352 a day	\$352 a day	\$0
91 st day and after:			
• While using 60 lifetime reserve days	All but \$704 a day	\$704 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
21 st thru 100 th day	All but \$176 a day	\$0	Up to \$176 a day
101 st day and after	\$0	\$0	All costs
▼ Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
▼ Hospice Care			
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

** 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

* Once you have been billed \$198 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 \$198 of Medicare Approved Amounts*	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
▼ Part B Excess Charges			
Above Medicare Approved Amounts	\$0	\$0	All costs
▼ Blood			
First 3 pints	\$0	All costs	\$0
Next \$198 of Medicare Approved Amounts*	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
▼ Clinical Laboratory Services			
Tests for Diagnostic Services	100%	\$0	\$0

Parts A & B Services

Services	Medicare Pays	Plan Pays	You Pay
▼ Home Health Care — Medicare Approved Services			
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0
• Durable medical equipment:			
— First \$198 of Medicare approved amounts*	\$0	\$0	\$198 (Part B deductible)
— Remainder of Medicare approved amounts	80%	20%	\$0

Plan F

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	All but \$1,408	\$1,408 (Part A deductible)	\$0
61 st thru 90 th day	All but \$352 a day	\$352 a day	\$0
91 st day and after:			
• While using 60 lifetime reserve days	All but \$704 a day	\$704 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
21 st thru 100 th day	All but \$176 a day	Up to \$176 a day	\$0
101 st day and after	\$0	\$0	All costs
▼ Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
▼ Hospice Care			
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

*** 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

* Once you have been billed \$198 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 \$198 of Medicare Approved Amounts*	\$0	\$198 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
▼ Part B Excess Charges			
Above Medicare Approved Amounts	\$0	100%	\$0
▼ Blood			
First 3 pints	\$0	All costs	\$0
Next \$198 of Medicare Approved Amounts*	\$0	\$198 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
▼ Clinical Laboratory Services			
Tests for Diagnostic Services	100%	\$0	\$0

Parts A & B Services

Services	Medicare Pays	Plan Pays	You Pay
▼ Home Health Care — Medicare Approved Services			
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0
• Durable medical equipment:			
— First \$198 of Medicare approved amounts*	\$0	\$198 (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			
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

* 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	All but \$1,408	\$1,408 (Part A deductible)	\$0
61 st thru 90 th day	All but \$352 a day	\$352 a day	\$0
91 st day and after:			
• While using 60 lifetime reserve days	All but \$704 a day	\$704 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
21 st thru 100 th day	All but \$176 a day	Up to \$176 a day	\$0
101 st day and after	\$0	\$0	All costs
▼ Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
▼ Hospice Care			
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

** 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

* Once you have been billed \$198 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 \$198 of Medicare Approved Amounts*	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
▼ Part B Excess Charges			
Above Medicare Approved Amounts	\$0	100%	\$0
▼ Blood			
First 3 pints	\$0	All costs	\$0
Next \$198 of Medicare Approved Amounts*	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
▼ Clinical Laboratory Services			
Tests for Diagnostic Services	100%	\$0	\$0

Parts A & B Services

Services	Medicare Pays	Plan Pays	You Pay
▼ Home Health Care — Medicare Approved Services			
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0
• Durable medical equipment:			
— First \$198 of Medicare approved amounts*	\$0	\$0	\$198 (Part B deductible)
— 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			
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

* 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	All but \$1,408	\$1,408 (Part A deductible)	\$0
61 st thru 90 th day	All but \$352 a day	\$352 a day	\$0
91 st day and after:			
• While using 60 lifetime reserve days	All but \$704 a day	\$704 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
21 st thru 100 th day	All but \$176 a day	Up to \$176 a day	\$0
101 st day and after	\$0	\$0	All costs
▼ Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
▼ Hospice Care			
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

** 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

* Once you have been billed \$198 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 \$198 of Medicare Approved Amounts*	\$0	\$0	\$198 (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.
▼ Part B Excess Charges			
Above Medicare Approved Amounts	\$0	\$0	All costs
▼ Blood			
First 3 pints	\$0	All costs	\$0
Next \$198 of Medicare Approved Amounts*	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
▼ Clinical Laboratory Services			
Tests for Diagnostic Services	100%	\$0	\$0

Plan N

(continued)

Parts A & B Services

* Once you have been billed \$198 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	100%	\$0	\$0
• Durable medical equipment:			
— First \$198 of Medicare approved amounts*	\$0	\$0	\$198 (Part B deductible)
— 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			
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



3000 Goffs Falls Road
Manchester, NH 03111-0001

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc. Medicare Supplement plans are offered by Anthem Health Plans of New Hampshire, Inc. Independent licensee of the Blue Cross Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

Enrollment Application

Ready to enroll? Here are some options.

- Fill out your application online at **anthem.com** (the fastest way).
- Give us a call at **1-800-232-1261**.
- Work directly with your insurance agent.
- Fill out the paper application and fax or mail it back.

Have questions?

We're here to help.
Just give us a call:
1-800-232-1261

It's easy to get started. Here's what to do:

- ① Pick the plan that's best for you.
- ② Fill out all sections on the application that apply to you.
- ③ Select how you want to pay your monthly premium.
**If you choose Automatic Bank Draft, don't forget to send us the Premium Payment Form.*
- ④ Sign and date the application and send it to us. It's a good idea to keep a copy for your own records.

Please send the entire Application (including any additional forms):

Fax to (preferred):
1-844-236-7967

OR, mail to:
Anthem Blue Cross and Blue Shield
P.O. Box 659816
San Antonio, TX 78265-9116

PLEASE NOTE

You must live in New Hampshire to be considered for coverage.

Please answer all questions fully, and submit your application within 90 days of the signature date. Your requested effective date must be within 180 days of application signature for guaranteed acceptance applicants and 90 days for applicants subject to medical underwriting.

The application has two sections. If you're applying outside of your open enrollment or a guaranteed issue period, you'll need to complete Section 2 of the application.

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Application for Medicare Supplement – New Hampshire

Anthem Blue Cross and Blue Shield

1155 Elm St., Ste. 200 • Manchester, NH 03101-1505

- ☐ New Enrollment
☐ Change to Existing Anthem Medicare Supplement Plan

Section 1a: Applicant Information

(Please print your name as it appears on your Medicare ID card and use black ink only.)

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 ()		
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____			

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

Section 1b: Plan Selection

If applying due to a Guaranteed Issue (GI) situation, see **Section 1e** as your Plan options may be limited.

I would like to apply for Medicare Supplement Plan* (check only one box):

- ☐ Plan A ☐ Plan F[▲] ☐ Plan G ☐ Plan N

* If you are under age 65, and eligible for Medicare due to disability and within six (6) months of your enrollment into Medicare Part B, all plans are available to you.

▲ You may enroll in Plan F only if you first became eligible for Medicare before **January 1, 2020**.

Requested Policy Effective Date: _____ / _____ / _____
MM DD YYYY

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.

Have you purchased a stand-alone Prescription Drug Plan (PDP)? ☐ Yes ☐ No

a. If yes, with what company? _____ PDP Effective Date: ____ / ____ / ____

Section 1c: How Do You Wish to Pay Your Premium? (SEND NO MONEY NOW!)

Automated Bank Draft*

- ☐ Monthly – save \$2 per month
☐ Quarterly
☐ Annual – save \$48 per year

Paper Bill (Send to **Billing Address** in Section A)

- ☐ Monthly
☐ Quarterly
☐ Annual – save \$48 per year

* Please complete the **Premium Payment Form**.

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: _____

Section 1d: 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.
3. You may be eligible for benefits under Medicaid and may not need a Medicare Supplement policy. If you are eligible for 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 reinstituted 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 reinstituted 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 reinstituted 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 reinstituted 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).

Section 1d: Other Coverage Information *(continued)*

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

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 expected “END” Date? 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: _____

Section 1d: Other Coverage Information *(continued)*

- 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

Section 1e: Open Enrollment/Guaranteed Issue

- ☐ Turning age 65 or enrolling in Medicare Part B for the first time
- ☐ Qualify due to a Guaranteed Issue situation. Provide **situation #** _____ from the Guaranteed Issue Guidelines included.

If you did not check one of the above boxes, you will need to complete Section 2 of the Application. 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 1f: Authorizations and Agreements

I, the applicant or my authorized representative:

1. represent to the best of my knowledge and belief all answers provided on this application are true, complete and correct **(including information relating to Medicare coverage) and any material 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;
3. understand if coverage is canceled or non-renewed due to material misrepresentation 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 that 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;

Section 1f: Authorizations and Agreements *(continued)*

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

Section 1g: Policy Issuance

eDelivery: Email is the fastest, easiest way to get important information about your Medicare Supplement plan. By giving my email address (print email): _____

I agree to receive electronically:

- General information about my benefits, health programs and other services offered by Anthem that are available to me
- Important Plan documents, such as my Welcome Kit (including my Plan Policy), Renewal Notices (including upcoming premium changes), and Medicare's annual Notice of Change (includes upcoming changes to Medicare amounts)
☐ 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.

I understand I can change my email preference at any time by logging into my member profile at 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 to the best of his/her knowledge and belief understands and agrees to the Authorizations and Agreements outlined in the 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.

Signature of Applicant, or Authorized Representative (if applicable)*

Date

X

*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).

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

Section 1h: Agent/Broker Information Only

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

Agent/Broker's Printed Name: _____

Agent/Broker No.: _____

Agency No.: _____

Agency Name: _____

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

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone No.: (_____) _____

Fax No.: (_____) _____

Email Address: _____

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.

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.

Agent/Broker's Signature: **X** _____ Date of Signature: _____

STOP

**IF YOU NOTED ON PAGE 4 THAT YOU QUALIFY FOR GUARANTEED ACCEPTANCE,
YOU CAN SKIP SECTION 2 OF THIS APPLICATION.**

Section 2: Health History and Medical Provider Information

IF YOU ANSWER YES TO ANY QUESTION BELOW, PLEASE PROVIDE COMPLETE DETAILS.

1. Are you currently confined, or has confinement been recommended to a bed, hospital, nursing facility or other care facility, or do you need the assistance of a wheelchair for any daily activity? ☐ Yes ☐ No
2. Within the past two years, have you been:
 - a. Hospitalized two or more times, been confined to a nursing home for a total of two weeks or longer, or been to the emergency room more than three times? ☐ Yes ☐ No
 - b. Advised to have surgery that has not yet been done, or advised that you will need to be admitted to a hospital, skilled nursing facility or rehabilitation facility? ☐ Yes ☐ No
3. Do you currently have or within the last three years have you been advised by a physician that you need treatment or surgery for, taken or been advised by a physician to take prescription drugs for any of the following conditions:
 - a. Heart conditions, **including but not limited to**, Carotid Artery Disease, heart attack, open heart surgery, heart bypass surgery, heart valve replacement, angioplasty, aneurysm, any type of heart failure or rhythm disorders, peripheral vascular disease, transient ischemic attack (TIA), stroke or placement of a pacemaker? ☐ Yes ☐ No
 - b. Alzheimer's disease, Parkinson's disease, multiple sclerosis, senile dementia, organic brain disorder or other senility disorder? ☐ Yes ☐ No
 - c. Any respiratory condition, **including but not limited to**, chronic obstructive pulmonary disease (COPD), emphysema or asthma? ☐ Yes ☐ No
 - d. Cancer, leukemia, Hodgkin's disease, diabetes, chronic kidney disease (including end-stage renal disease), kidney/renal failure, kidney/renal dialysis, cirrhosis of the liver, any organ transplant (except cornea), ALS (Lou Gehrig's disease), amputation, paralysis, or joint replacement due to disease? ☐ Yes ☐ No
 - e. Sought medical treatment or consultation for bipolar illness, major depression, schizophrenia, psychosis, alcoholism or drug abuse? ☐ Yes ☐ No
4. Have you ever tested positive for exposure to the HIV infection, been diagnosed as having acquired immune deficiency syndrome (AIDS) or AIDS-related complex (ARC)? ☐ Yes ☐ No
5. Are you taking any prescription medications? (provide details below) ☐ Yes ☐ No
6. In the past year, have you visited the same medical provider for 8 or more consecutive months for medical advice or treatment for the same condition? ☐ Yes ☐ No
7. Have you used tobacco products of any form (including e-cigs) in the past 12 months? ☐ Yes ☐ No

Section 2: Health History and Medical Provider Information *(continued)*
(If this section applies to you, answer all questions.)

For each question you answered “YES” above, please provide complete details below.

If additional space is needed, **attach separate sheet(s)** as needed. Remember to sign and date each sheet.

Enter dates in format: MM/YYYY and enter “Current” for any condition or medication without an end date.

Question #	Medical Condition (including hospitalization) and treatment date(s)	Medication and Date(s)	Provider Info (address, phone and fax numbers (including area code)
	Dates:	Dates:	
	Dates:	Dates:	
	Dates:	Dates:	
	Dates:	Dates:	
	Dates:	Dates:	

Primary Physician _____

Address _____

Phone (_____) _____ FAX (_____) _____

To the best of my knowledge and belief, all information on this application, including all information provided in the Health History and Medical Provider Information section, is accurate, true, and complete. I understand that coverage may be cancelled or rescinded if Anthem Blue Cross and Blue Shield determines that information on this application is materially inaccurate, not true, or incomplete. I further understand that I must provide Anthem Blue Cross and Blue Shield with any new information that arises after the submission of this application but before my enrollment begins.

I understand that Anthem Blue Cross and Blue Shield may need to collect personal information about me from outside sources in order to approve my Medicare Supplement Application. Personal and privileged information may only be disclosed to outside parties without my authorization if such disclosure is permitted by both the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations (45 C.F.R. Parts 160 and 164) and state law. I also understand that under the HIPAA Privacy Regulations and state law, I have a right to see and correct personal information that Anthem Blue Cross and Blue Shield collects about me, and that I may receive a more detailed description of my rights under these laws by writing to Anthem Blue Cross and Blue Shield.

Section 2: Health History and Medical Provider Information *(continued)*

I hereby authorize, at the request of Anthem Blue Cross and Blue Shield, any medical professional, hospital, clinic or other medical or medically related facility, government agency or other medical person or firm, to disclose information, including copies of records concerning advice, care or treatment provided to me in order for Anthem Blue Cross and Blue Shield to review and evaluate my Medicare Supplement Application. This authorization does not extend to the disclosure of a provider's notes taken during psychotherapy sessions that are maintained separately from the provider's other medical records. This authorization will expire upon completion of the Application process. I understand that I may revoke this authorization at any time by giving written notice of my revocation to: Anthem Blue Cross and Blue Shield, P.O. Box 659816, San Antonio, TX 78265-9116.

I understand that revocation of this authorization will not affect any action taken in reliance on this authorization before you received my written notice of revocation.

Signature of Applicant, or Authorized Representative (if applicable)*

Date

X

*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).

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.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc. Medicare Supplement plans are offered by Anthem Health Plans of New Hampshire, Inc. Independent licensee of the Blue Cross Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

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

Anthem Blue Cross and Blue Shield

1155 Elm St., Ste. 200 • Manchester, NH 03101-1505

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.

X _____

(Signature of Agent, Broker or Other Representative)*
Typed Name and Address of Issuer, Agent or Broker

X _____

(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

1155 Elm St., Ste. 200 • Manchester, NH 03101-1505

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.

X _____

(Signature of Agent, Broker or Other Representative)*
Typed Name and Address of Issuer, Agent or Broker

X _____

(Applicant's Signature)

(Date)

*Signature not required for direct response sales

**Medicare Supplement Insurance
Guaranteed Issue Guidelines**

Anthem Blue Cross and Blue Shield

1155 Elm St., Ste. 200 • Manchester, NH 03101-1505

The following situations may qualify you for guaranteed-issuance. **Please find the situation number that applies to you and note the number on the Application under the section titled Open Enrollment/ Guaranteed Issue.**

During guaranteed-issue periods, companies must sell you one of the required Medicare Supplement insurance policies at the best price for your age, without a pre-existing condition benefit waiting period. Based on the **situation number**, your plan options may vary.

Guaranteed issue right situation...	Anthem offers the following Medicare Supplement insurance plans, if you are eligible for Medicare when turning age 65 or by disability...	When to apply for a Medicare Supplement insurance (Medigap) policy... (Days are Calendar Days)
# 1: You have a Medicare Advantage Plan, (like a HMO or PPO) and your plan is being discontinued or you move out of the plan's service area.	<ul style="list-style-type: none">• Prior to 1/1/2020, Plan A or F. In addition, Anthem allows you to enroll into Plan N.• On or after 1/1/2020, Plan A or G. In addition, Anthem allows you to enroll into Plan N.	As early as 60 calendar days before the date your health care coverage will end, but no later than 63 calendar days after your health care coverage ends.
# 2: You have Original Medicare and an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare and that plan is involuntarily ending.	<ul style="list-style-type: none">• Prior to 1/1/2020, Plan A or F. In addition, Anthem offers Plan G and N.• On or after 1/1/2020, Plan A or G. In addition, Anthem allows you to enroll into Plan N.	No later than 63 calendar days after the latest of these 3 dates: <ul style="list-style-type: none">• Date the coverage ends.• Date on the notice you get telling you that coverage is ending (if you get one).• Date on a claim denial, if this is the only way you know that your coverage ended.
# 3: You have Original Medicare and a Medicare SELECT policy. You move out of the Medicare SELECT policy's service area. You can keep your Medicare Supplement insurance policy, or you may want to switch to another Medicare Supplement insurance policy.	<ul style="list-style-type: none">• Prior to 1/1/2020, Plan A or F. In addition, Anthem allows you to enroll into Plan N.• On or after 1/1/2020, Plan A or G. In addition, Anthem allows you to enroll into Plan N.	As early as 60 calendar days before the date your health care coverage will end, but no later than 63 calendar days after your health care coverage ends.

Medicare Supplement Insurance Guaranteed Issue Guidelines

Anthem Blue Cross and Blue Shield

1155 Elm St., Ste. 200 • Manchester, NH 03101-1505

Guaranteed issue right situation...	Anthem offers the following Medicare Supplement insurance plans, if you are eligible for Medicare when turning age 65 or by disability...	When to apply for a Medicare Supplement insurance (Medigap) policy... (Days are Calendar Days)
<p># 4: (Trial Right) You joined a Medicare Advantage Plan (like an HMO or PPO) or Programs of All-inclusive Care for the Elderly (PACE) when you were first eligible for Medicare Part A at 65, and within the first year of joining, you decide you want to switch to Original Medicare.</p>	<ul style="list-style-type: none"> • Prior to 1/1/2020, Plan A, F, G or N. • On or after 1/1/2020, Plan A, G or N. 	<p>As early as 60 calendar days before the date your coverage will end, but no later than 63 calendar days after your coverage ends.</p> <p>Note: Your rights may last for an extra 12 months under certain circumstances.</p>
<p># 5: (Trial Right) You dropped a Medicare Supplement insurance policy to join a Medicare Advantage Plan (or to switch to a Medicare SELECT policy) for the first time; you have been in the plan less than a year, and you want to switch back.</p>	<p>The Medicare Supplement policy you had before you joined the Medicare Advantage Plan or Medicare SELECT policy, if the same insurance company you had before still sells it. If your former Medicare Supplement policy isn't available, you can buy a Plan from any carrier based on when you became eligible for Medicare when turning age 65 or by disability:</p> <ul style="list-style-type: none"> • Prior to 1/1/2020, Plan A or F. In addition, Anthem allows you to enroll into Plan N. • On or after 1/1/2020, Plan A or G. In addition, Anthem allows you to enroll into Plan N. 	<p>As early as 60 calendar days before the date your coverage will end, but no later than 63 calendar days after your coverage ends.</p> <p>Note: Your rights may last for an extra 12 months under certain circumstances.</p>
<p># 6: Your Medicare Supplement insurance company goes bankrupt and you lose your coverage, or your Medicare Supplement insurance policy coverage otherwise ends through no fault of your own.</p>	<ul style="list-style-type: none"> • Prior to 1/1/2020, Plan A or F. In addition, Anthem allows you to enroll into Plan N. • On or after 1/1/2020, Plan A or G. In addition, Anthem allows you to enroll into Plan N. 	<p>No later than 63 calendar days from the date your coverage ends.</p>

Medicare Supplement Insurance Guaranteed Issue Guidelines

Anthem Blue Cross and Blue Shield

1155 Elm St., Ste. 200 • Manchester, NH 03101-1505

Guaranteed issue right situation...	Anthem offers the following Medicare Supplement insurance plans, if you are eligible for Medicare when turning age 65 or by disability...	When to apply for a Medicare Supplement insurance (Medigap) policy... (Days are Calendar Days)
<p># 7: You leave a Medicare Advantage Plan or drop a Medicare Supplement insurance policy because the company hasn't followed the rules, or it misled you.</p>	<ul style="list-style-type: none"> • Prior to 1/1/2020, Plan A or F. In addition, Anthem allows you to enroll into Plan N. • On or after 1/1/2020, Plan A or G. In addition, Anthem allows you to enroll into Plan N. 	<p>No later than 63 calendar days from the date your coverage ends.</p>
<p># 8: You enroll in a Medicare Part D plan during the initial enrollment period, and at the time you are enrolled in a Medicare Supplement insurance policy that covers outpatient prescription drugs. You enroll into a Medicare Supplement insurance policy without outpatient prescription drug coverage.</p>	<p>New enrollment is permitted into a policy without outpatient prescription drug coverage by the same issuer who issued the Medicare Supplement policy with outpatient prescription drug coverage. If not available by the same insurer, we offer the following plans, if you are eligible for Medicare when turning age 65 or by disability:</p> <ul style="list-style-type: none"> • Prior to 1/1/2020, Plan A or F. In addition, Anthem allows you to enroll into Plan N. • On or after 1/1/2020, Plan A or G. In addition, Anthem allows you to enroll into Plan N. 	<p>As early as 60 calendar days immediately proceeding the initial Part D enrollment period and ends on the date that is 63 calendar days after the effective date of the individual's coverage under Medicare Part D.</p>



Premium Payment Form for Medicare Supplement

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

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

--	--	--	--	--	--	--	--	--

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)

X

Date

To find the Bank Routing and Account Numbers:

Jane Doe
1234 Main St.
Anytown, AK 99444

1234

PAY TO THE ORDER OF \$ DOLLARS

Your Bank
1234 Main St.
Anytown, AK 99444

FOR

⑆ 123456789 ⑆ ⑆ 1234567 ⑆ 1234

⑆ 123456789 ⑆

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.)

⑆ 1234567 ⑆

Account Number

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

ⓧ 1234

Check number

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

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