

Anthem  

 **BlueHorizons**<sup>SM</sup>  
Medicare Supplement



# Medicare Supplement Plans

*For residents of 85 counties in eastern and southern Missouri*

Medicare Supplement plans offer freedom,  
convenience and affordability.

# A Wide Choice of Medicare Supplement Plans

## **Anthem Blue Cross and Blue Shield Offers a Wide Choice of Medicare Supplement Plans with 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.

If you are a Missouri resident enrolled in both Medicare Part A and Part B, Anthem offers the choice of Plans A, B, C, D or F, plus two high-deductible Plan F options — SmartChoice and SmartChoice Preferred.

### **Plan A**

Plan A is the basic benefit package. Each of the other plans includes Plan A with a different combination of additional benefits.

### **Plan B**

Plan B covers your basic benefits. In addition, it covers your Part A deductible for each Part A benefit period.

### **Plan C**

Plan C covers your Part A deductible, as well as your annual Part B deductible in full. This plan also helps cover medically necessary emergency care outside the United States.

### **Plan D**

Plan D also covers your Part A deductible. Like Plan C, it also helps cover skilled nursing facility care and medically necessary emergency care outside the United States.

In addition, it helps cover assistance with bathing, dressing, eating and other activities of daily living while you recover at home during or after Medicare-approved skilled home health care.

### **Plan F**

With Plan F, you get all the benefits of Plan C, plus coverage for the Part B excess charges for providers who do not accept assignment and bill beyond Medicare-approved amounts. These benefits could be useful in many situations. For example, if an emergency occurs while traveling, you may not be able to choose a doctor who accepts Medicare assignment.

## High-Deductible Plan F — SmartChoice and SmartChoice *Preferred*

SmartChoice offers the same benefits as Plan F, but it has a high annual deductible. So it is known as High-Deductible Plan F. Because of its high deductible, it has a lower premium.

SmartChoice *Preferred* is similar to SmartChoice but offers benefits for physician office visits, an annual physical, chiropractic services and vision care for only small copays. You don't have to meet the high deductible of SmartChoice before being eligible for benefits for these services.

For more information about SmartChoice and SmartChoice *Preferred*, see the next page.



## All Plans

Whichever Anthem Medicare Supplement plan you choose, you enjoy the following advantages:

- You can choose your own doctor.
- You are not required to have a medical exam.
- Claims are filed automatically for faster payment.
- You do not have a waiting period for coverage of pre-existing conditions.
- Your coverage cannot be cancelled due to your age or benefit use. Your coverage can be cancelled only if you fail to pay premiums or you make any material misrepresentations regarding your policy.
- A money-back guarantee gives you 30 days after purchase to decide whether to keep the plan.

# SmartChoice — the Right Choice for You?

## SmartChoice May Be the Right Plan for You:

- **If you want a Medicare Supplement plan with lower premiums.** For people age 70 and under, SmartChoice costs less than \$2 a day.
- **If you're in good health.** If you can pay for occasional medical costs, SmartChoice's lower premium can save you money in the long run. Yet, if you have a major illness or injury, SmartChoice will provide the protection you need.

## Here's How SmartChoice Works

Like Medicare Supplement Plan F, SmartChoice (also known as High-Deductible Plan F) pays covered charges that Medicare doesn't pay, including Medicare deductibles and coinsurance.

But before you are eligible for benefits, you need to meet the annual Plan F calendar-year deductible. In 2007, the deductible is \$1,860. The federal government determines the deductible amount each year.

With SmartChoice, you pay for covered services not paid by Medicare until your covered expenses reach the Plan F deductible amount.

## SmartChoice *Preferred* Provides Up-Front Benefits

SmartChoice *Preferred* is the same plan as SmartChoice (also known as High Deductible Plan F) — except SmartChoice *Preferred* provides immediate, up-front coverage for physicians' office visits and some other services. You simply pay a copay for these services.

You don't have to meet the annual Plan F deductible before being eligible for benefits for these covered services:

- **Physician Office Visits:** You can see any physician for only a \$5 copay per office visit, with no limit on the number of visits.

All care you receive during the office visit (including office surgery) will be covered after you pay your \$5 copay. You do not have to meet your deductible first.

- **Annual Physical Exam:** You can have an annual physical in the physician's office for only a \$10 copay.

This is in addition to the introductory physical Medicare covers within the first six months of enrollment in Part B.

- **Vision Care Benefits:** For an annual routine eye exam, SmartChoice *Preferred* will pay up to \$100 in benefits, after you pay a \$20 copay.

Also, during any 24-month period, the plan will pay up to \$200 for one pair of standard eyeglass lenses and up to \$75 for one pair of frames, or up to \$95 for one pair of contact lenses.

- **Chiropractic Services:** For Medicare approved chiropractic services (manual manipulation of the spine to correct subluxation), you pay only a \$10 copay per visit, as long as the services are legal in the state where they are performed.

# Simple and Convenient Coverage

## Anthem's Medicare Supplement Plans Offer Security, Convenience and Simplicity.

### The Security You Want

The Blue Cross and Blue Shield identification card is accepted by physicians and hospitals across the state, the country and the world. Anthem Blue Cross and Blue Shield is proud to offer you value, freedom, quality service and peace of mind when and where you need it the most.

### Open Enrollment and Guaranteed Acceptance

If you apply for Medicare Supplement coverage prior to or within six months of first enrolling in Medicare Part B, your acceptance is guaranteed.

If you have been enrolled in Medicare Part B for more than six months, your health history will be reviewed to determine your eligibility for the plan you selected.

### Choose From Our Convenient Payment Options

You can choose how you make your premium payment:

- Monthly
- Quarterly
- Semi-annually, or
- Annually.

You can also choose:

- Direct billing to the address you provide, or
- Automatic bank withdrawal, which transfers funds from your bank account automatically when your premium is due. (Your bank must be participating.)

### It's Easy to Apply

Complete the enclosed forms and return them in the envelope provided. When filling out the forms, please:

- Use a ballpoint pen.
- Complete the Medicare Supplement/Medicare Select Application. Sign and date it.
- Complete the Notice to Applicant Regarding Replacement of Medicare Supplement Insurance, if necessary.

**If you have questions as you fill out the application, you can call your independent agent or call us at 1-800-652-6387.**

### Open All Night at [Anthem.com](http://Anthem.com)

Log on to [www.anthem.com](http://www.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.

**MyAnthem** also provides quicker, easier access to personalized features and content, including health and wellness information and special offers just for you.

## Outline of Medicare Supplement Coverage — Page 1

The chart on this page and the following page shows the benefits included in each of the standard Medicare supplement plans — Plan A through Plan J. Every company must make available Plan A. Some plans may not be available in your state. Anthem Blue Cross and Blue Shield offers Plans A, B, C, D, F and High-Deductible Plan F. See the Outline of Coverage sections for details about all plans.

The following Basic Benefits are Included in all Plans A-J:

**For Hospitalization:** Full coverage of your Part A coinsurance, plus coverage for 365 additional days after Medicare benefits end.

**For Medical expenses:** Full coverage of your Part B coinsurance (generally 20% of Medicare-approved expenses), or copayments for hospital outpatient services.

**For Blood:** Full coverage of the first three pints of blood each year.

<b>A</b>	Basic Benefits						
<b>B</b>	Basic Benefits		Part A deductible				
<b>C</b>	Basic Benefits	Skilled nursing facility coinsurance	Part A deductible	Part B deductible		Foreign travel emergency	
<b>D</b>	Basic Benefits	Skilled nursing facility coinsurance	Part A deductible			Foreign travel emergency	At-home recovery
<b>E</b>	Basic Benefits	Skilled nursing facility coinsurance	Part A deductible			Foreign travel emergency	Preventative care NOT covered by Medicare
<b>F</b>	Basic Benefits	Skilled nursing facility coinsurance	Part A deductible	Part B deductible	Part B excess (100%)	Foreign travel emergency	
<b>F*</b>							
<b>G</b>	Basic Benefits	Skilled nursing facility coinsurance	Part A deductible		Part B excess (80%)	Foreign travel emergency	At-home recovery
<b>H</b>	Basic Benefits	Skilled nursing facility coinsurance	Part A deductible			Foreign travel emergency	
<b>I</b>	Basic Benefits	Skilled nursing facility coinsurance	Part A deductible		Part B excess (100%)	Foreign travel emergency	At-home recovery
<b>J</b>	Basic Benefits	Skilled nursing facility coinsurance	Part A deductible	Part B deductible	Part B excess (100%)	Foreign travel emergency	At-home recovery
<b>J*</b>							Preventative care NOT covered by Medicare

\*Plans F and J also have an option called a High-Deductible Plan F (SmartChoice) and a High-Deductible Plan J. These high-deductible plans offer the same benefits as Plans F and J after you have paid a deductible each calendar year (\$1,860 in 2007). Benefits from High-Deductible Plans F and J will not begin until out-of-pocket expenses exceed \$1,860. Out-of-pocket expenses that apply to this deductible are expenses that would ordinarily be paid by the plan. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

## Outline of Medicare Supplement Coverage — Page 2

Basic Benefits for Plans K and L include similar services covered by Plans A-J, but cost-sharing for the basic benefits is at different levels. Anthem Blue Cross and Blue Shield does not offer Plans K and L.

J	K**	L**
<b>Basic benefits</b>	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 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
<b>Skilled nursing facility coinsurance</b>	50% skilled nursing facility coinsurance	75% skilled nursing facility coinsurance
<b>Part A deductible</b>	50% Part A deductible	75% Part A deductible
<b>Part B deductible</b>		
<b>Part B excess (100%)</b>		
<b>Foreign travel emergency</b>		
<b>At-home recovery</b>		
<b>Preventive care NOT covered by Medicare</b>		
	\$4,140 out-of-pocket annual limit***	\$2,070 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.

## Monthly Issue-Age Rates for 2007

With issue-age rates, if you buy the policy at age 65, you will always pay the premium the company charges 65-year-old customers who originally bought the same plan at the same time you did. The rates for all ages are subject to change each year.

	SmartChoice						
	Plan A	Plan B	Plan C	Plan D	Plan F	High Ded. Plan F	Preferred
64 and under	\$94.61	\$129.30	\$157.04	\$134.37	\$156.45	\$54.93	\$75.94
65	\$87.35	\$119.30	\$144.65	\$129.40	\$150.35	\$48.80	\$72.80
66	\$88.40	\$120.50	\$146.05	\$130.80	\$151.90	\$50.35	\$75.15
67	\$90.30	\$123.50	\$149.80	\$134.05	\$155.70	\$51.80	\$77.30
68	\$92.50	\$126.45	\$153.50	\$137.40	\$159.65	\$53.25	\$79.45
69	\$94.80	\$129.85	\$157.45	\$141.10	\$163.75	\$54.55	\$81.40
70	\$97.35	\$133.50	\$161.95	\$145.10	\$168.35	\$55.75	\$83.20
71	\$99.65	\$136.85	\$166.00	\$148.70	\$172.50	\$57.00	\$85.05
72	\$101.95	\$140.15	\$170.10	\$152.35	\$176.80	\$58.25	\$86.90
73	\$103.95	\$143.00	\$173.50	\$155.50	\$180.45	\$59.35	\$88.55
74	\$105.95	\$145.70	\$177.00	\$158.50	\$184.00	\$60.30	\$90.00
75	\$107.85	\$148.50	\$180.50	\$161.65	\$187.65	\$61.65	\$92.00
76	\$109.85	\$151.30	\$183.90	\$164.75	\$191.30	\$62.90	\$93.85
77	\$111.85	\$154.05	\$187.30	\$167.90	\$194.85	\$64.15	\$95.75
78	\$113.50	\$156.35	\$190.15	\$170.45	\$197.80	\$65.40	\$97.60
79	\$115.10	\$158.75	\$193.00	\$173.10	\$200.70	\$66.60	\$99.40
80	\$116.75	\$161.10	\$195.85	\$175.55	\$203.60	\$67.85	\$101.25
81	\$118.35	\$163.40	\$198.75	\$178.25	\$206.60	\$69.30	\$103.45
82	\$120.00	\$165.80	\$201.65	\$180.85	\$209.45	\$70.90	\$105.80
83	\$121.40	\$167.65	\$203.90	\$182.95	\$212.00	\$72.45	\$108.10
84	\$122.75	\$169.65	\$206.25	\$185.05	\$214.50	\$74.00	\$110.45
85	\$124.10	\$171.45	\$208.70	\$187.20	\$217.00	\$75.45	\$112.60
86	\$125.50	\$173.45	\$211.05	\$189.20	\$219.45	\$77.05	\$115.00
87	\$126.85	\$175.30	\$213.45	\$191.35	\$222.05	\$78.50	\$117.15
88	\$129.25	\$178.20	\$216.80	\$194.45	\$225.55	\$79.95	\$119.30
89	\$131.15	\$180.90	\$220.25	\$197.45	\$229.10	\$81.40	\$121.45
90	\$133.05	\$183.75	\$223.65	\$200.55	\$232.65	\$82.75	\$123.50
91	\$134.95	\$186.45	\$227.00	\$203.70	\$236.30	\$84.35	\$125.85
92	\$136.80	\$189.35	\$230.40	\$206.70	\$239.75	\$85.80	\$128.05
93	\$164.65	\$228.75	\$278.65	\$250.35	\$290.05	\$87.25	\$130.20



## Monthly Community Rates for 2007

With community rates, the premium is the same for all customers age 65 and over who buy the plan, regardless of their age. Rates for those age 64 and under are the same as those listed above as issue-age rates. The rates for all ages are subject to change each year.

Plan A	Plan B	Plan C	Plan D	Plan F
\$105.71	\$161.46	\$205.48	\$161.08	\$176.72

## Medicare Supplement Outline of Coverage

### Disclosures

Use this information and the outline that follows to compare the benefits and premiums of each plan we offer.

### Read Your Policy Carefully

This outline describes your policy's most important features. You must read the policy to understand your rights and duties, as well as those of Anthem Blue Cross and Blue Shield.

### Right to Cancel the 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 after 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, minus any claims paid during that period.

### Policy Replacement

If you are replacing a health insurance policy, do not cancel it until you receive your new policy and decide to keep it.

### Notice

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

Neither Anthem Blue Cross and Blue Shield 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 & You** for more details.

### Complete Answers are Important

When completing the application for the new policy, be sure to completely and truthfully answer all questions regarding your medical and health history. Omitting or falsifying important medical information can lead to cancellation of your policy or refusal to pay claims.

Before signing the application, review it to ensure that all information is properly recorded.

### Premium Information

Anthem Blue Cross and Blue Shield can only raise your premium if we raise the premium for all policies like yours in the state.

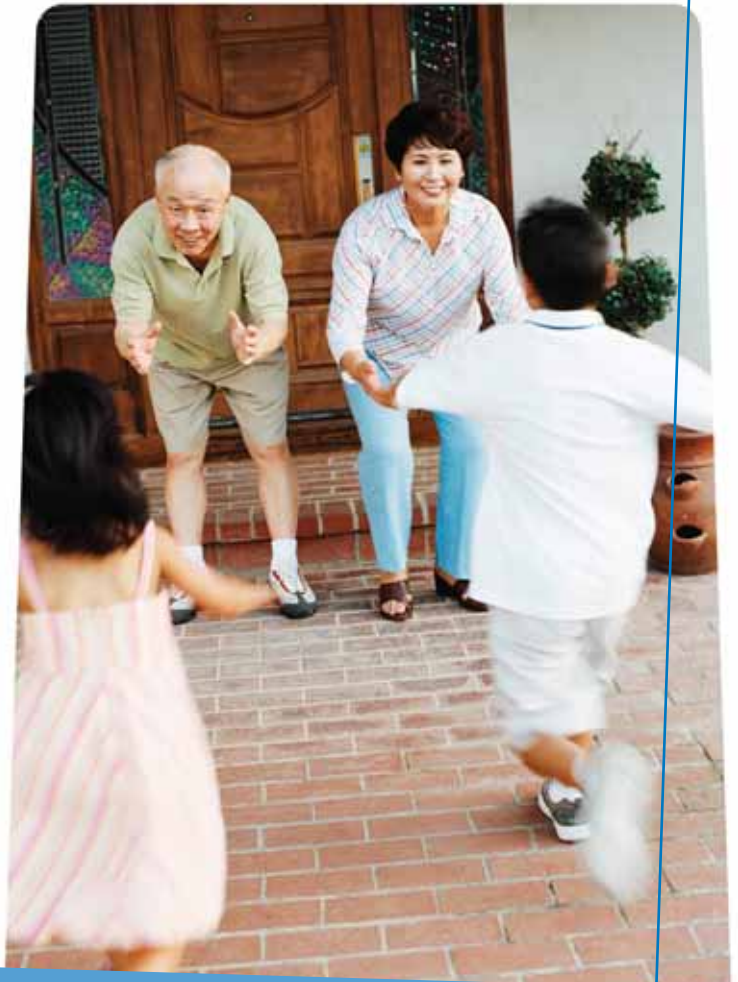
**Important Notice:** Your signature on the application confirms that you have read and understood this Disclosure information.

## Medicare Supplement Coverage — Benefit Plans A, B, C, D, F and High-Deductible Plan F (SmartChoice and SmartChoice Preferred)

**Note:** This Outline of Coverage shows benefits paid by Medicare and by Medicare Supplement plan from Anthem Blue Cross and Blue Shield. Differences among plans A, B, C, D, F and High-Deductible Plan F (SmartChoice and SmartChoice Preferred) are indicated in the shaded areas below. Benefits not shaded are the same for all plans sold.

SmartChoice offers the same benefits as Plan F after you have paid a deductible each calendar year. The deductible amount in 2007 is \$1,860. Benefits will not begin until Medicare-approved amounts for covered services reach \$1,860. This amount can change each year. The \$250 deductible for foreign travel benefits is in addition to the \$1,860 deductible.

SmartChoice Preferred is the same as SmartChoice, except it offers benefits for physician office visits for a \$5 copay and an annual physical and covered chiropractic care for a \$10 copay. For all other covered services, you have to meet the \$1,860 deductible before being eligible for benefits. In addition, SmartChoice Preferred provides some routine vision care. See p. 14.



## 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
<b>Hospitalization*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days			
1. Plan A only	All but \$992	\$0	\$992 (Part A deductible)
2. Plans B, C, D, F and SmartChoice and SmartChoice Preferred only	All but \$992	\$992 (Part A deductible)	\$0*
61st through 90th day			
91st day and after:			
• while using 60 lifetime reserve days	All but \$496 a day	\$496 a day	\$0
• once lifetime reserve days are used: — additional 365 days	\$0	100% of Medicare-eligible expenses	\$0
— beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care*</b>			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days			
21st through 100th day			
1. Plans A, B only	All but \$124 a day	\$0	Up to \$124 a day
2. Plans C, D, F and SmartChoice and SmartChoice Preferred only	All but \$124 a day	Up to \$124 a day	\$0*
101st day and after			
	\$0	\$0	All costs

\*For SmartChoice and SmartChoice Preferred, you pay \$1,860 for covered services before you are eligible for benefits.

## Medicare (Part A) Hospital Services (continued) – Per Benefit Period

Services	Medicare Pays	Plan Pays	You Pay
<b>Blood</b>			
First 3 pints	\$0	3 pints	\$0*
Additional Amounts	100%	\$0	\$0
<b>Hospice Care</b>			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

\*For SmartChoice and SmartChoice Preferred, you pay \$1,860 for covered services before you are eligible for benefits.



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

\*Once you have been billed \$131 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
<b>Medical Expenses</b>			
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 \$131 of Medicare-approved amounts*			
1. Plans A, B, D only	\$0	\$0	\$131 (Part B deductible)
2. Plans C, F, SmartChoice and SmartChoice Preferred only	\$0	\$131 (Part B deductible)	\$0*
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (above Medicare-approved amounts)			
1. Plans A, B, C, D only	\$0	\$0	All costs
2. Plans F, SmartChoice, SmartChoice Preferred only	\$0	100%	\$0*
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$131 of Medicare-approved amounts*			
1. Plans A, B, D only	\$0	\$0	\$131 (Part B deductible)
2. Plans C, F, SmartChoice and SmartChoice Preferred only	\$0	\$131 (Part B deductible)	\$0*
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b> Tests for Diagnostic Services			
	100%	\$0	\$0

\*For SmartChoice, you pay \$1,860 for covered services before you are eligible for benefits.

\*For SmartChoice Preferred, you pay a \$5 copay for physician's office visits and a \$10 copay for annual physicals or covered chiropractic services, and you pay \$1,860 before you are eligible for benefits for all other covered Part B services.

## Medicare Parts A & B

Services	Medicare Pays	Plan Pays	You Pay
<b>Home Health Care</b> Medicare-Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$131 of Medicare-approved amounts*			
1. Plans A, B, D only	\$0	\$0	\$131 (Part B deductible)
2. Plans C,F, SmartChoice and SmartChoice Preferred only	\$0	\$131 (Part B deductible)	\$0*
Remainder of Medicare-approved amounts	80%	20%	\$0

\*For SmartChoice and SmartChoice Preferred, you pay \$1,860 for covered services before you are eligible for benefits.



## Other Benefits — Not Covered by Medicare

Services	Medicare Pays	Plan Pays	You Pay
<b>Foreign Travel</b> 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, F, SmartChoice and SmartChoice Preferred 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
<b>Vision Care</b> Not Covered by Medicare			
1. Plans A, B, C, D, F, SmartChoice	\$0	\$0	All costs
2. SmartChoice Preferred only Annual Routine Eye Exam	\$0	Up to \$100	\$20 copay, plus balance of cost
Eyeglass lenses – one pair of standard lenses once each 24 months	\$0	Up to \$200	Balance of cost over \$200
Eyeglass frames – one pair once each 24 months	\$0	Up to \$75	Balance of cost over \$75
Contact lenses – one pair instead of eyeglasses	\$0	Up to \$95	Balance of cost over \$95

\*For SmartChoice and SmartChoice Preferred, you pay \$1,860 for covered services before you are eligible for benefits.









For more information, visit our Web site at [anthem.com](http://anthem.com).  
You can also call your independent agent, or call us at 1-800-652-6387.



Anthem Blue Cross and Blue Shield is the trade name of RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensees of the Blue Cross and Blue Shield Association. ® Anthem is a registered trademark. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.