

Important Information About Premiums and Other Costs



Q. What may cause Medicare Supplement premiums to change?

A. Premiums may change for several reasons. The federal government determines when the Medicare deductible and coinsurance amounts are modified. Our plans that cover the deductible and coinsurance amounts will cover the modified amount, which means the amount we pay out in benefits will change. Also, the cost of providing health care services continues to increase each year as people tend to use more health care services.

Q. Do Medicare Supplement premiums increase based on the number of claims a member has had during the year?

A. No. The purpose of health insurance or a health care plan is to make health care coverage more affordable by spreading the risk over a large group of people. We don't look at an individual's use of benefits when we determine rates – we look at the use of benefits by everyone in that program. Premium increases are applied across the board for everyone who has the same plan.

Q. Are all insurance or health care companies changing their Medicare Supplement premiums?

A. The timing of other companies' rate increases may be different from ours. However, all companies are affected by increased costs and will adjust their premiums accordingly.

Q. When the company's enrollment increases, does that benefit the members?

A. Yes. When our membership numbers increase, that is an indication that our current members are keeping their coverage because they are pleased with their benefits and service, and that we are attracting new members by providing quality products at affordable prices. With a larger membership base, we can continue to work to improve our benefits and service and to hold down the cost of coverage.

Medicare Deductibles, Coinsurance and Out-of-Pocket Limits Starting January 1, 2017		
Medicare Part A Deductible*	\$1,316	\$28 increase
Part A Coinsurance:* Inpatient Hospital Care (Days 61-90)	\$329 per day	\$7 increase
Lifetime Reserve Coinsurance:* Inpatient Hospital Care (Days 91-150)	\$658 per day	\$14 increase
Skilled Nursing Facility (SNF) Coinsurance:* (Days 21-100)	\$164.50 per day	\$3.50 increase
Medicare Part B Annual Deductible	\$183	\$17 increase
Medicare Supplement High Deductible Plan F Annual Deductible	\$2,200	\$20 increase
Medicare Supplement Plan K Annual Out-of-Pocket Limit	\$5,120	\$160 increase
Medicare Supplement Plan L Annual Out-of-Pocket Limit	\$2,560	\$80 increase
* Per benefit period – A benefit period begins on the first day you receive service as an inpatient in the 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.		

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC). RIT and certain affiliates administer benefits underwritten by HALIC. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

PROTECTING YOUR PRIVACY

Where to find our Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law governing the privacy of individually identifiable health information. We are required by HIPAA to notify you of the availability of our Notice of Privacy Practices. The notice describes our privacy practices, legal duties and your rights concerning your Protected Health Information. We must follow the privacy practices described in the notice while it is in effect (it will remain in effect unless and until we publish and issue a new notice).

We may use publicly and/or commercially available data about you to provide you with information about available health plan benefits and services. We, including our affiliates and/or vendors, may call or text you by using an automatic telephone dialing system and/or an artificial voice. But we only do this in accordance with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be contacted by phone, just let the caller know, and we won't reach out this way anymore, or call **1-844-203-3796** to add your phone number to our Do Not Call list.

You may obtain a copy of our Notice of Privacy Practices by contacting Customer Service using the contact information on your identification card.

State Notice of Privacy Practices

As we indicate in our HIPAA Notice of Privacy Practices, we must follow state laws that are more strict than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law.

Your personal information

We may collect, use and share your nonpublic personal information (PI) as described in this notice. PI is information that identifies a person and is often gathered in an insurance matter.

If we use or disclose PI for underwriting purposes, we are prohibited from using or disclosing PI that is genetic information of an individual for such purposes. We may collect PI about you from other persons or entities such as doctors, hospitals or other carriers. We may share PI with persons or entities outside of our company without your OK in some cases. If we take part in an activity that would require us to give you a chance to opt-out of that activity, we will contact you. We will tell you how you can let us know that you do not want us to use or share your PI for a given activity. You have the right to access and correct your PI. Because PI is defined as any information that can be used to make judgments about your health, finances, character, habits, hobbies, reputation, career and credit, we take reasonable safety measures to protect the PI we have about you.

A more detailed state notice is available upon request. Please call the phone number printed on your ID card.

This Notice is provided by the following company: **Anthem Blue Cross and Blue Shield.**

Breast reconstruction surgery benefits

If you ever need a benefit-covered mastectomy, we hope it will give you some peace of mind to know that your Anthem benefits comply with the Women's Health and Cancer Rights Act of 1998, which provides for:

- Reconstruction of the breast(s) that underwent a covered mastectomy.
- Surgery and reconstruction of the other breast to provide a symmetrical appearance.
- Prostheses and coverage for physical complications during all stages of the covered mastectomy, including lymphedemas.

All applicable benefit provisions will apply, including existing deductibles, copayments and/or coinsurance. Contact your plan administrator for more information.

For more information about the Women's Health and Cancer Rights Act, you can go to the federal Department of Labor website at www.dol.gov/ebsa/publications/whcra.html.

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 the Customer Service number on your ID card 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, P.O. Box 27401, Richmond, VA 23279. 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 www.hhs.gov/ocr/office/file/index.html.

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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.

Amharic:

ይህንን መረጃ የማግኘትና በቋንቋዎ እርዳታ የማግኘት መብት አለዎት። እርዳታ ለማግኘት የደንበኞች አገልግሎት ይደውሉ።

Arabic:

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

Bassa: ɔ m̀ò nì kpé b́é à ké m̀ b́ǎ nìà kɛ kè gbo-kpá-kpá nyí pídyi dé nì bídí-wùdù mú. Dá à nyo-gbo-kpá-nyò b́éò b́é wa ké m̀ gbo kpá.

Bengali: এই তথ্যাবলি পাওয়ার বিষয়ে এবং বিনামূল্যে আপনার ভাষায় সহযোগিতা পাওয়ার অধিকার আপনার আছে। সাহায্যের জন্য কাস্টমার সার্ভিসে কল করুন।

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。

Farsi:

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک با مرکز خدمات مشتریان تماس بگیرید.

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.

German: Sie haben das Recht, diese Informationen und Unterstützung kostenfrei in Ihrer eigenen Sprache zu erhalten. Bitte rufen Sie den Kundendienst an, um Hilfe anzufordern.

Hindi: आपके पास इस जानकारी और सहायता को अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सहायता के लिए सदस्य सेवा पर कॉल करें।

Igbo: I nwere ikike inweta ozi na enyemaka a n'asusu gi n'efu. Kpoo akara Oru Ndi Ahia di na kaadi NJ gi maka enyemaka.

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

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

Tagalog: May karapatan kang makuha ang impormasyon at tulong na ito sa sarili mong wika ng walang kabayaran. Tumawag sa Serbisyo para sa mga Kustomer para matulungan ka.

Urdu:

آپ کو اپنی زبان میں یہ معلومات اور مدد مفت حاصل کرنے کا حق ہے۔ مدد کے لیے کسٹمر سروس کو کال کریں۔

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.

Yoruba: O ní ẹ̀tọ́ láti gba ìwífún yí láti ẹ̀rànwọ́ ní èdè ẹ̀ lófẹ̀ẹ̀. Pe Iṣẹ́ Oníbàrà fún ìrànwọ́.