

## Finding the Right Plan for You

**Plans A, F, Innovative F, G & N | Effective March 1, 2021**

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.

#### **SAVE \$2 on your monthly premium!**

Enroll in our Automatic Bank Draft or Electronic Funds 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.

#### **New to Medicare — Enroll in Plan G and SAVE \$300!**

If you are age 65 or older, and within six months of your Part B effective date you will receive \$25 off your monthly premium for the first 12 months of your policy. This discount is applicable to Plan G policies with an effective date of March 1, 2021 or after.

### 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 6 p.m. PT  
Monday - Friday

#### **Visit us Online**

**[www.anthem.com/ca](http://www.anthem.com/ca)**

- 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

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### Step 1: Determine Your Rating Area

### County Area Guide

► Find the county you live in from the list below.



**Got Your Rating Area?**

Now you are ready to go to Step #2.

County	Area	County	Area	County	Area	County	Area
Alameda	3	Los Angeles <sup>◇</sup> (For this county, use your zip code to find your area.)	5	90260-90267	5	90650-90652	5
Alpine	1			90270		90659-90662	
Amador	1			90272		90670	
Butte	1			90274		90671	
Calaveras	1			90275		90701-90704	
Colusa	1			90277		90706	
Contra Costa	3			90278		90707	
Del Norte	1			90280		90710-90717	
El Dorado	1			90290-90296		90723	
Fresno	2			90301-90313		90731-90734	
Glenn	1			90397		90744-90749	
Humboldt	1			90398		90755	
Imperial	2			90401-90411		90801-90810	
Inyo	1			90501-90510		90813-90815	
Kern	2			90601-90610		90822	
Kings	1			90612		90831-90835	
Lake	1			90623		90840	
Lassen	1			90630		90842	
				90631		90844-90848	
				90637-90640			

◇ This county spans multiple rating areas.

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### Step 1: Determine Your Rating Area

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(continued)

► Find the county you live in from the list below.



**Got Your Rating Area?**

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County	Area	County	Area	County	Area	County	Area
<b>Los Angeles</b> ♦ (Continued— For this county, use your zip code to find your area.)		91101-91110	<b>5</b>	91322	<b>5</b>	91436	<b>5</b>
		91114-91118		91324-91331		91470	
		91121		91333-91335		91482	
		91123-91126		91337		91495-91497	
90853	<b>5</b>	91129		91340-91346		91499	
90888		91131		91350-91357		91501-91508	
90895		91182		91361		91510	
90899		91184		91362		91521-91523	
91001		91185		91363-91365		91526	
91003		91188		91367		91601-91612	
91006-91012		91189		91371		91614-91618	
91016		91191		91372		91702	<b>6</b>
91017		91199		91376		91706	
91020		91201-91210		91380-91388		91709	<b>5</b>
91021		91214		91390		91711	
91023-91025		91221		91392-91396		91714-91716	<b>6</b>
91030		91222		91399		91722-91724	
91031		91224-91226		91401-91413		91731-91735	
91040-91043		91301-91311		91416		91740	
91046		91313		91423		91741	<b>5</b>
91066		91316		91426		91744-91749	<b>6</b>
91077		91321					

♦ This county spans multiple rating areas.

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### Step 1: Determine Your Rating Area

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(continued)

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County	Area	County	Area	County	Area	County	Area
<b>Los Angeles</b> <sup>◇</sup> (Continued — For this county, use your zip code to find your area.)		91801-91804	5	Madera	2	Placer	1
		91841		Marin	3	Plumas	1
		91896		Mariposa	2	Riverside	6
		91899		Mendocino	1	Sacramento	2
91750	5	93243		Merced	2	San Benito	1
91754-91756	6	93510	6	Modoc	1	San Bernardino	6
91759	5	93532		Mono	1	San Diego	6
91765	6	93534-93536		Monterey	1	San Francisco	3
91766	5	93539		Napa	2	San Joaquin	2
91767-91769		93543		Nevada	1	San Luis Obispo	2
91770-91772	6	93544		Orange	4	San Mateo	3
91773	5	93550-93553					
91775	6	93560	5				
91776		93563	6				
91778		93584					
91780		93586					
91788-91793		93590					
91795		93591					
91797	5	93599	5				
91799	6						

◇ This county spans multiple rating areas.

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### Step 1: Determine Your Rating Area

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(continued)

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County	Area	County	Area	County	Area
<b>Santa Barbara</b> ♦ (For this county, use your zip code to find your area.)		93190	2	<b>Santa Clara</b>	3
		93199		<b>Santa Cruz</b>	2
		93252	3	<b>Shasta</b>	1
93013	3	93254	2	<b>Sierra</b>	1
93014	2	93427		<b>Siskiyou</b>	1
93067		93429		<b>Solano</b>	2
93101-93103		93434		<b>Sonoma</b>	2
93105-93111		93436-93438		<b>Stanislaus</b>	2
93116-93118		93440		<b>Sutter</b>	1
93120		93441		<b>Tehama</b>	1
93121		93454-93458		<b>Trinity</b>	1
93130		93460		<b>Tulare</b>	1
93140		93463		<b>Tuolumne</b>	1
93150		93464		<b>Ventura</b>	6
93160				<b>Yolo</b>	1
				<b>Yuba</b>	1

♦ This county spans multiple rating areas.

## Finding Your Monthly Premium

### Plans A, F, Innovative F, G & N | Effective March 1, 2021

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

#### Step 2: Find Your Premium

#### Table 1 | Non-Tobacco Users and/or Open Enrollment or Guaranteed Issue

*Use this table if: you are in your Open Enrollment Period, or are eligible for Guaranteed Issue; —or— you do not use tobacco products. (Tobacco users should use Table 2.)*

#### Areas 1, 2 and 3

Age*	Plan A	Plan F	Innovative F	Plan G	Plan N
<65**	\$257.65	\$540.78	\$515.24	\$413.73	\$334.54
65	109.04	195.09	172.26	130.51	140.29
66	113.47	203.03	179.95	135.80	145.97
67	118.04	211.23	187.90	141.29	151.87
68	122.79	219.71	196.14	146.96	157.98
69	127.71	228.52	204.67	152.88	164.32
70	132.81	237.68	213.54	158.98	170.88
71	138.11	247.13	222.72	165.32	177.69
72	143.60	256.96	232.25	171.87	184.75
73	149.30	267.15	242.13	178.71	192.09
74	155.20	277.71	252.37	185.77	199.68
75	161.31	288.65	262.98	193.08	207.55
76	167.67	300.02	273.99	200.68	215.71
77	174.24	311.76	285.39	208.56	224.17
78	181.05	323.98	297.24	216.73	232.96
79	188.14	336.65	309.52	225.18	242.06
80	195.46	349.77	322.23	233.96	251.48
81+	203.29	363.76	335.80	243.33	261.55

\*Attained age at the time of enrollment.

\*\*Plan G is available to those under 65 and newly eligible for Medicare as of January 1, 2020.

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#### Step 2: Find Your Premium

#### Table 1 | Non-Tobacco Users and/or Open Enrollment or Guaranteed Issue

*Use this table if: you are in your Open Enrollment Period, or are eligible for Guaranteed Issue; —or— you do not use tobacco products. (Tobacco users should use Table 2.)*

#### Areas 4 and 5

Age*	Plan A	Plan F	Innovative F	Plan G	Plan N
<65**	\$358.10	\$705.77	\$672.46	\$499.92	\$464.96
65	137.90	229.82	207.91	151.63	169.51
66	143.50	239.17	217.25	157.78	176.38
67	149.28	248.83	226.90	164.16	183.51
68	155.29	258.82	236.90	170.75	190.89
69	161.51	269.20	247.25	177.62	198.55
70	167.97	279.99	258.02	184.71	206.48
71	174.67	291.12	269.17	192.08	214.71
72	181.61	302.70	280.74	199.69	223.23
73	188.82	314.70	292.73	207.63	232.10
74	196.28	327.14	305.16	215.84	241.27
75	204.01	340.03	318.04	224.33	250.78
76	212.05	353.42	331.40	233.16	260.65
77	220.36	367.25	345.25	242.31	270.87
78	228.98	381.65	359.64	251.81	281.49
79	237.94	396.57	374.55	261.63	292.48
80	247.20	412.03	389.98	271.83	303.87
81+	257.10	428.51	406.45	282.71	316.03

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#### Step 2: Find Your Premium

#### Table 1 | Non-Tobacco Users and/or Open Enrollment or Guaranteed Issue

*Use this table if: you are in your Open Enrollment Period, or are eligible for Guaranteed Issue; —or— you do not use tobacco products. (Tobacco users should use Table 2.)*

#### Area 6

Age*	Plan A	Plan F	Innovative F	Plan G	Plan N
<65**	\$338.44	\$595.78	\$567.66	\$441.88	\$357.28
65	130.33	209.94	186.65	136.71	149.83
66	135.62	218.48	194.93	142.25	155.90
67	141.08	227.30	203.48	148.01	162.20
68	146.76	236.43	212.35	153.95	168.73
69	152.64	245.91	221.53	160.14	175.50
70	158.75	255.77	231.08	166.53	182.51
71	165.08	265.94	240.96	173.18	189.78
72	171.64	276.51	251.21	180.04	197.31
73	178.45	287.48	261.84	187.20	205.15
74	185.50	298.84	272.87	194.60	213.26
75	192.81	310.62	284.27	202.26	221.66
76	200.41	322.85	296.13	210.22	230.39
77	208.26	335.48	308.40	218.47	239.42
78	216.41	348.63	321.14	227.03	248.81
79	224.88	362.27	334.37	235.89	258.52
80	233.63	376.39	348.04	245.08	268.59
81+	242.99	391.44	362.64	254.89	279.34

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## Finding Your Monthly Premium

### Plans A, F, Innovative F, G & N | Effective March 1, 2021

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

#### Step 2: Find Your Premium

(continued)

#### Table 2 | For Tobacco Users

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

#### Areas 1, 2 and 3

Age*	Plan A	Plan F	Innovative F	Plan G	Plan N
<65**	\$288.57	\$605.67	\$577.07	\$463.38	\$374.68
65	122.12	218.50	192.93	146.17	157.12
66	127.08	227.39	201.54	152.10	163.49
67	132.20	236.58	210.45	158.25	170.10
68	137.52	246.08	219.68	164.60	176.94
69	143.03	255.94	229.23	171.22	184.04
70	148.75	266.20	239.16	178.06	191.39
71	154.68	276.79	249.45	185.16	199.02
72	160.83	287.80	260.12	192.50	206.91
73	167.22	299.21	271.19	200.15	215.14
74	173.82	311.04	282.65	208.07	223.64
75	180.67	323.29	294.54	216.25	232.45
76	187.79	336.02	306.87	224.76	241.60
77	195.15	349.17	319.64	233.58	251.07
78	202.78	362.86	332.91	242.74	260.92
79	210.72	377.05	346.66	252.21	271.10
80	218.92	391.74	360.90	262.04	281.66
81+	227.68	407.41	376.10	272.53	292.93

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## Finding Your Monthly Premium

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#### Step 2: Find Your Premium

(continued)

#### Table 2 | For Tobacco Users

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

#### Areas 4 and 5

Age*	Plan A	Plan F	Innovative F	Plan G	Plan N
<65**	\$401.07	\$790.46	\$753.16	\$559.91	\$520.76
65	154.45	257.39	232.86	169.83	189.85
66	160.72	267.87	243.32	176.71	197.55
67	167.19	278.69	254.13	183.86	205.53
68	173.92	289.88	265.33	191.24	213.80
69	180.89	301.50	276.92	198.93	222.38
70	188.13	313.59	288.98	206.88	231.26
71	195.63	326.05	301.47	215.13	240.48
72	203.40	339.02	314.43	223.65	250.02
73	211.48	352.47	327.86	232.55	259.95
74	219.83	366.40	341.78	241.74	270.22
75	228.49	380.83	356.20	251.25	280.87
76	237.50	395.83	371.17	261.14	291.93
77	246.80	411.32	386.68	271.39	303.37
78	256.46	427.45	402.80	282.03	315.27
79	266.49	444.16	419.50	293.03	327.58
80	276.86	461.47	436.78	304.45	340.33
81+	287.95	479.93	455.22	316.64	353.95

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#### Step 2: Find Your Premium

(continued)

#### Table 2 | For Tobacco Users

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

#### Area 6

Age*	Plan A	Plan F	Innovative F	Plan G	Plan N
<65**	\$379.05	\$667.27	\$635.78	\$494.90	\$400.15
65	145.97	235.13	209.05	153.11	167.81
66	151.90	244.70	218.32	159.32	174.61
67	158.01	254.58	227.90	165.77	181.67
68	164.38	264.80	237.83	172.42	188.97
69	170.96	275.42	248.11	179.36	196.56
70	177.80	286.46	258.81	186.52	204.41
71	184.89	297.85	269.88	193.96	212.56
72	192.24	309.70	281.36	201.65	220.99
73	199.87	321.98	293.26	209.66	229.77
74	207.76	334.70	305.61	217.95	238.85
75	215.95	347.89	318.38	226.53	248.26
76	224.46	361.59	331.67	235.44	258.04
77	233.25	375.74	345.41	244.68	268.15
78	242.38	390.47	359.68	254.28	278.67
79	251.86	405.74	374.49	264.19	289.55
80	261.66	421.55	389.80	274.49	300.82
81+	272.14	438.42	406.16	285.48	312.86

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