Summary of Benefits

for **Anthem MediBlue Select (HMO)** and **Anthem MediBlue Plus (HMO)**

Available in: Los Angeles County

Plan year: January 1, 2018 – December 31, 2018

In this section, you'll learn about some of the benefits and services we cover and other important details to help you choose the right Medicare Advantage plan for you. While the Summary of Benefits do not list every service, limit or exclusion, the *Evidence of Coverage* does. Just give us a call and request a copy.

Have questions? Here's how to reach us and our hours of operation:

- If you **are not** a member of this plan, please call us toll-free **1-888-211-9813** (TTY: **711**), and follow the instructions to be connected to a representative.
- If you **are** a member of this plan, please call us toll-free at **1-888-230-7338** (TTY: **711**). 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30.
- You can learn more about us on our website at **https://shop.anthem.com/medicare/ca**.

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What you should know about our plans

Anthem MediBlue Select (HMO) and Anthem MediBlue Plus (HMO) are Medicare Advantage and prescription drug plans. They include hospital, medical and prescription drug benefits in one plan. To join these plans, you must:

- Be entitled to Medicare Part A,
- Enrolled in Medicare Part B, and
- Live in our service area (see below).

Our service area includes: Los Angeles

With these plans, you must use doctors and facilities in our plan. If you use a doctor or facility not in our plan, we may not cover the services.

You can find a doctor in our plan online.

Go to **https://shop.anthem.com/medicare/ca** and choose *Find a Doctor (be sure to check that the doctor displays as "In-Network" for these plans).* Or you can call us and ask for a copy of the *Provider Directory*.

What do we cover?

- Like all Medicare health plans, we cover everything that Original Medicare covers — Part A (hospital services) and Part B (medical services), plus more. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less (see benefits section for more details).
- Medicare Part D drugs and Part B drugs (such as chemotherapy and some drugs administered by your provider).
- To see if your prescription drugs are covered, you can view our *Formulary* (list of covered Part D prescription drugs) and any restrictions on our website at **https://shop.anthem.com/medicare/ca**. Or you can call us and ask for a copy of the *Formulary*.

What are my drug costs?

Our plan groups each drug into "tiers." The amount you pay depends on the drug's tier and what stage of the benefit you have reached (refer to **The four stages of coverage**).

How to find out what your covered drugs will cost:

Step 1: Find your drug on the *Formulary*.

Step 2: Identify the drug tier.

Step 3: Go to the *Summary of 2018 prescription drug coverage* section in this guide to match the tier.

Can I use any pharmacy to fill my covered prescriptions?

To get the best savings on your covered Part D drugs, you must generally use a pharmacy in our plan. You may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan.

Save even more money at pharmacies with preferred cost sharing

To help you save even more money on your covered drugs, we worked with certain pharmacies *(preferred pharmacies)* to further reduce prices. At preferred pharmacies, your copays and share of the cost may be lower than pharmacies with standard cost sharing. You can use a preferred pharmacy or a pharmacy with standard cost sharing; the choice is yours.

To find a pharmacy in our plan, see our online *Pharmacy Directory* on our website at **https://shop.anthem.com/medicare/ca** (under *Useful Tools*, select *Find a Pharmacy*). Next to the pharmacy name, you will see a preferred cost-sharing indicator (a ◆ symbol). Or you can give us a call and we'll send you a copy.

How can I learn more about Medicare?

If you're still a little unclear about what Medicare is and how it works, refer to your current *Medicare & You* handbook. If you do not have a copy, you can view it online at www.medicare.gov or call Medicare for a copy at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

If you want to compare our plan with other Medicare health plans, call and ask the other plans for a copy of their Summary of Benefits booklets.

Now that you are familiar with how Medicare works and some of the benefits included in our plans, it's time to consider the type of plan you may need. On the following pages, you can review more about our plans benefits to help you choose the right plan for you.

Summary of 2018 medical benefits

Medicare coverage that goes beyond original Medicare

Our plans provide even more benefits than you get with Original Medicare. Make sure to check out the extra health benefits available to you in the *More Benefits* section toward the back of this guide.

Be in the know

Before you continue, here are some important things to know as you review our plan options:

- Services with a [1] may require prior authorization (pre-approval).

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
How much is my premium (monthly payment)?	
$0.00 per month	$0.00 per month

You must continue to pay your Medicare Part B premium.

How much is my deductible?	
This plan does not have a medical deductible.	This plan does not have a medical deductible.

Is there a limit on how much I will pay for my covered medical services? (does not include Part D drugs)	
$1,900 per year from doctors and facilities in our plan.	$6,700 per year from doctors and facilities in our plan.

Like all Medicare health plans, our plans protect you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Your limit for services you get from doctors or facilities in our plan, goes toward the yearly limit. If you reach the limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for the rest of the year. This applies to covered, Part A and Part B services (in our plan).

You will still need to pay your monthly payment (if you have one) and cost-sharing for your Part D prescription drugs.

Inpatient Hospital[1]	
Facilities in our plan: • $0.00 per stay	**Facilities in our plan:** • Days 1 - 5: $350 per day, per admission / Days 6 - 90: $0 per day, per admission

Both plans cover an unlimited number of days for an inpatient hospital stay.

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
Outpatient Hospital [1]	
Doctors and facilities in our plan: $0.00 copay	**Doctors and facilities in our plan:** $0.00 - $350.00 copay

What you will pay depends on the service and where you are treated. Please refer to the *Evidence of Coverage* for additional information.

Doctor's Office Visits[1]	
Primary care physician (PCP) visit:	
PCPs in our plan: $0.00 copay	**PCPs in our plan:** $20.00 copay
Specialist visit:	
Doctors in our plan: $0.00 copay	**Doctors in our plan:** $50.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Preventive Care Screenings and Annual Physical Exams	
Preventive care screenings:	
Doctors in our plan: $0.00 copay	**Doctors in our plan:** $0.00 copay
Annual physical exam:	
Doctors in our plan: $0.00 copay	**Doctors in our plan:** $0.00 copay

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
Preventive Care Screenings and Annual Physical Exams - continued	
Covered Preventive care screenings:	

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual "wellness" visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes prevention program
- Diabetes screenings and monitoring
- HIV screening
- Lung cancer screenings
- Medical nutrition therapy services
- Obesity screenings and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including flu shots, hepatitis B shots, pneumococcal shots
- "Welcome to Medicare" preventive visit (one-time)

Any extra preventive services approved by Medicare during the contract year will be covered. When you use doctors in these plans, 100% of the cost of preventive care screenings and annual physical exams is covered.

Emergency Care	
$100.00 copay Outside the U.S., this plan may cover emergency care, urgent care and ground transportation up to a $25,000 limit. If the cost of the service is more than $25,000, you will have to pay the difference.	$80.00 copay

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
Urgently Needed Services	
$30.00 copay	$50.00 copay

Diagnostic Radiology Services (such as MRIs, CT scans)[1]	
Doctors and facilities in our plan: $85.00 copay	**Doctors and facilities in our plan:** $250.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

What you pay for these services may vary based on where you are treated.

Diagnostic Tests and Procedures[1]	
Doctors and facilities in our plan: $0.00 copay	**Doctors and facilities in our plan:** $0.00 - $235.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

What you pay for these services may vary based on where you are treated.

Lab Services[1]	
Doctors and facilities in our plan: $0.00 copay	**Doctors and facilities in our plan:** $0.00 - $15.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
Outpatient X-rays[1]	
Doctors and facilities in our plan: $0.00 copay	**Doctors and facilities in our plan:** $65.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

What you pay for these services may vary based on where you are treated.

Therapeutic Radiology Services (such as radiation treatment for cancer)[1]	
Doctors and facilities in our plan: 20% coinsurance	**Doctors and facilities in our plan:** 20% coinsurance

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

What you pay for these services may vary based on where you are treated.

Hearing Services[1]	
Medicare-covered hearing services (Exam to diagnose and treat hearing and balance issues):	
Doctors in our plan: $0.00 copay	**Doctors in our plan:** $50.00 copay

Routine hearing services:	
This plan covers 1 routine hearing exam(s) and hearing aid fitting/evaluation(s) every year. $3,000.00 maximum plan benefit for hearing aids every year.	Not Covered

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
Hearing Services[1] - continued	
Doctors in our plan: $0.00 copay for routine hearing exam(s). $0.00 copay for hearing aids.	

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Hearing benefits are offered through Hearing Care Solutions . Please call customer service for more details.

Dental Services	
Medicare-covered dental services (this does not include services for care, treatment, filling, removal or replacement of teeth):	
Doctors and dentists in our plan: $0.00 copay	**Doctors and dentists in our plan:** $50.00 copay

Preventive dental services:	
This plan covers: 1 oral exam(s) every year, 1 cleaning(s) every year. **Dentists in our plan:** $0.00 copay	This plan covers: 1 oral exam(s) every year, 1 cleaning(s) every year. **Dentists in our plan:** $0.00 copay

Comprehensive dental services:	
Not Covered	Not Covered

Dental benefits are offered through Liberty Dental. Please call customer service for more details.

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
Vision Services	
Medicare-covered vision services:	
Exam to diagnose and treat diseases and conditions of the eye	
Doctors in our plan: $0.00 copay	**Doctors in our plan:** $0.00 - $50.00 copay
Eyeglasses or contact lenses after cataract surgery	
Doctors in our plan: $0.00 copay	**Doctors in our plan:** $0.00 copay
Routine vision services:	
Routine vision exam	
This plan covers 1 routine eye exam(s) every year. **Doctors in our plan:** $0.00 copay	This plan covers 1 routine eye exam(s) every year. **Doctors in our plan:** $0.00 copay
Routine eye wear (lenses and frames)	
Not Covered	Not Covered

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Vision benefits are offered through Blue View Vision. Please call customer service for more details.

Mental Health Care	
Inpatient visit:[1]	
Doctors and facilities in our plan: $0.00 per stay	**Doctors and facilities in our plan:** Days 1-5: $324 per day, per admission/ Days 6-90: $0 per day, per admission

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
Mental Health Care - continued	

Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital.

Both plans cover unlimited inpatient days.

Outpatient psychiatric individual and group therapy services:[1]	
Doctors and facilities in our plan: $30.00 copay	**Doctors and facilities in our plan:** $40.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Skilled Nursing Facility (SNF)[1]	
Doctors and facilities in our plan: SNF: Days 1 - 20: $0 per day / Days 21 - 100: $160 per day	**Doctors and facilities in our plan:** Preferred Participating SNF: Days 1 - 20: $0 per day / Days 21 - 100: $137.50 per day; All Other Participating SNF: Days 1 - 20: $0 per day / Days 21 - 100: $167.50 per day

Both plans cover up to 100 days in a Skilled Nursing Facility (SNF).

Your copays for SNF benefits are based on benefit periods. A benefit period starts on the first day you go into a hospital or SNF and ends when you haven't had any inpatient hospital care or skilled nursing care for 60 days in a row. If you go into a SNF after one benefit period has ended, a new benefit period starts. There's no limit to the number of benefit periods you can have.

Physical Therapy[1]	
Doctors and facilities in our plan: $0.00 copay	**Doctors and facilities in our plan:** $40.00 copay

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
Ambulance[1]	
Ground/Water Ambulance:	
Emergency transportation services in our plan: $200.00 copay per trip	**Emergency transportation services in our plan:** $365.00 copay per trip
Air Ambulance:	
Emergency transportation services in our plan: $200.00 copay per trip	**Emergency transportation services in our plan:** 20% coinsurance per trip
Transportation[1]	
Transportation services in our plan:$0.00 copay. This plan offers coverage for 12, one-way, routine transportation services every year. Trips are limited to 60 miles.	Not Covered

Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by our contracted vendor, LogistiCare. If you need a ride, call customer service at least 48 hours ahead of time.

Medicare Part B Drugs[1]	
Other Part B Drugs:	
Drugs in our plan: 20% coinsurance	**Drugs in our plan:** 20% coinsurance
Chemotherapy drugs:	
Drugs in our plan: 20% coinsurance	**Drugs in our plan:** 20% coinsurance

More benefits and ways we support your health

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
Chiropractic Care[1]	
Medicare-covered chiropractic services:	
Providers in our plan: $0.00 copay	**Providers in our plan:** $20.00 copay

Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).

Home Health Care[1]	
Doctors and facilities in our plan: $0.00 copay	**Doctors and facilities in our plan:** $0.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Outpatient Substance Abuse[1]	
Individual & Group therapy visit:	
Doctors and facilities in our plan: $30.00 copay	**Doctors and facilities in our plan:** $40.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
Outpatient Surgery[1]	
Ambulatory surgical center:	
Doctors and facilities in our plan: $0.00 copay	**Doctors and facilities in our plan:** $300.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Over-the-Counter Items	
This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to $30 every quarter. Unused OTC amounts do roll over to the next quarter. Unused OTC amounts do not roll over to the next calendar year. Catalog orders are limited to one per month. Please visit our website to see a list of covered over-the-counter items.	Not Covered

Renal Dialysis	
Doctors and facilities in our plan: 20% coinsurance	**Doctors and facilities in our plan:** 20% coinsurance

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
Outpatient Rehabilitation[1]	
Cardiac (heart) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period):	
Doctors and facilities in our plan: $0.00 copay	**Doctors and facilities in our plan:** $50.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Pulmonary (lung) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):	
Doctors and facilities in our plan: $0.00 copay	**Doctors and facilities in our plan:** $30.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Occupational therapy visit:	
Doctors and facilities in our plan: $0.00 copay	**Doctors and facilities in our plan:** $40.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Foot Care (podiatry services)[1]	
Medicare-covered podiatry:	
Doctors in our plan: $0.00 copay	**Doctors in our plan:** $50.00 copay

Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
Foot Care (podiatry services)[1] - continued	
Routine foot care:	
Doctors in our plan: $0.00 copay This plan covers: 24 routine foot care visit(s) every year.	**Doctors in our plan:** $0.00 copay This plan covers: 24 routine foot care visit(s) every year.

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Medical Equipment/Supplies[1]	
Durable Medical Equipment (wheelchairs, oxygen, etc.)	
Suppliers in our plan: $0.00 copay for DME items less than $100, 20% coinsurance for DME items greater than or equal to $100	**Suppliers in our plan:** 20% coinsurance

Medical supplies and prosthetic devices (braces, artificial limbs, etc.)	
Suppliers in our plan: $0.00 copay	**Suppliers in our plan:** 20% coinsurance

Diabetic supplies and services:[1]	
Suppliers in our plan: $0.00 copay	**Suppliers in our plan:** $0.00 copay

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
Personal Emergency Response System (PERS) coverage	
$0.00 copay Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you. Please refer to the *Evidence of Coverage* for additional information.	Not Covered
LiveHealth Online	
Lets you talk to a doctor by live, two-way video on a computer, smartphone or tablet. Please refer to the *Evidence of Coverage* for additional information.	Lets you talk to a doctor by live, two-way video on a computer, smartphone or tablet. Please refer to the *Evidence of Coverage* for additional information.
24/7 Nurse HelpLine	
24-hour access to a nurse helpline, 7 days a week, 365 days a year. Please refer to the *Evidence of Coverage* for additional information.	24-hour access to a nurse helpline, 7 days a week, 365 days a year. Please refer to the *Evidence of Coverage* for additional information.

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
SilverSneakers®* Fitness program	
$0.00 copay When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **www.silversneakers.com** or call SilverSneakers at **1-855-741-4985** (TTY: **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.	$0.00 copay When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **www.silversneakers.com** or call SilverSneakers at **1-855-741-4985** (TTY: **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

* The SilverSneakers Fitness Program is provided by Tivity Health, an independent company. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.

Summary of 2018 prescription drug coverage

Know where to go:

Once you become a member of our plan, Chapters 5 and 6 of your *Evidence of Coverage* include lots of important details about your pharmacy benefit.

The four stages of drug coverage

What you pay for your covered drugs depends, in part, on which coverage stage you are in.

Stage 1	Stage 2	Stage 3	Stage 4
Deductible	**Initial Coverage**	**Coverage Gap**	**Catastrophic Coverage**
If you have a deductible, you will pay **100%** of your drug cost until you meet your deductible. (If you have no deductible, or if a specific drug tier does not apply to the deductible, you will skip to Stage 2.)	You will pay a copay or a percentage of the cost, and your plan pays the rest for your covered drugs.	In this stage, you pay a greater share of the costs. It begins after you and your plan have paid a certain amount on covered drugs during Stages 1 and 2 (this can vary by plan). See Stage 2: Initial Coverage below for the exact amount. After you enter the coverage gap, you pay **35%** of the plan's cost for covered brand-name drugs and **44%** of the plan's cost for covered generic drugs until your costs total **$5,000**. Some plans have extra coverage. See the Coverage Gap section for more details.	In this stage, after your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach **$5,000**, you pay the greater of: • **5%** of the cost, or • **$3.35** copay for generic (including brand-name drugs treated as generic) and an **$8.35** copay for all other drugs.

Which coverage stage am I in?

You will get an ***Explanation of Benefits*** **(EOB)** each month you fill a prescription. It will show which coverage stage you're in and how close you are to entering the next one.

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
How much do I pay for Part D drugs?	
Stage 1: Deductible	
This plan does not have a deductible	This plan does not have a deductible
Stage 2: Initial Coverage	
After you pay your yearly deductible (if your plan has one), you pay the amount listed in the table on the following pages, until your total yearly drug costs reach $3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.	After you pay your yearly deductible (if your plan has one), you pay the amount listed in the table on the following pages, until your total yearly drug costs reach $3,500. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your covered drugs at retail pharmacies and mail-order pharmacies in our plan.

Generally, you may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan.

If you live in a long-term care facility, you pay the same as at a standard retail pharmacy.

Stage 2: Initial Coverage

Anthem MediBlue Select (HMO)

Preferred Retail Cost Sharing	One-month supply	Three-month supply
Tier 1: Preferred Generic	$0.00	$0.00
Tier 2: Generic	$10.00	$30.00
Tier 3: Preferred Brand	$42.00	$126.00
Tier 4: Nonpreferred Drugs	$95.00	$285.00
Tier 5: Specialty Tier	33%	Not available for a long-term supply

Standard Retail Cost Sharing	One-month supply	Three-month supply
Tier 1: Preferred Generic	$0.00	$0.00
Tier 2: Generic	$15.00	$45.00
Tier 3: Preferred Brand	$47.00	$141.00
Tier 4: Nonpreferred Drugs	$100.00	$300.00
Tier 5: Specialty Tier	33%	Not available for a long-term supply

Standard Mail Order Cost Sharing	One-month supply	Three-month supply
Tier 1: Preferred Generic	$0.00	$0.00
Tier 2: Generic	$10.00	$30.00
Tier 3: Preferred Brand	$42.00	$126.00
Tier 4: Nonpreferred Drugs	$95.00	$285.00
Tier 5: Specialty Tier	33%	Not available for a long-term supply

Stage 2: Initial Coverage

Anthem MediBlue Plus (HMO)

Preferred Retail Cost Sharing	One-month supply	Three-month supply
Tier 1: Preferred Generic	$7.00	$21.00
Tier 2: Generic	$15.00	$45.00
Tier 3: Preferred Brand	$42.00	$126.00
Tier 4: Nonpreferred Drugs	$95.00	$285.00
Tier 5: Specialty Tier	33%	Not available for a long-term supply
Tier 6: Select Care Drugs	$0.00	$0.00

Standard Retail Cost Sharing	One-month supply	Three-month supply
Tier 1: Preferred Generic	$12.00	$36.00
Tier 2: Generic	$20.00	$60.00
Tier 3: Preferred Brand	$47.00	$141.00
Tier 4: Nonpreferred Drugs	$100.00	$300.00
Tier 5: Specialty Tier	33%	Not available for a long-term supply
Tier 6: Select Care Drugs	$0.00	$0.00

Standard Mail Order Cost Sharing	One-month supply	Three-month supply
Tier 1: Preferred Generic	$7.00	$21.00
Tier 2: Generic	$15.00	$45.00
Tier 3: Preferred Brand	$42.00	$126.00
Tier 4: Nonpreferred Drugs	$95.00	$285.00
Tier 5: Specialty Tier	33%	Not available for a long-term supply
Tier 6: Select Care Drugs	$0.00	$0.00

Stage 3: Coverage Gap

Anthem MediBlue Select (HMO)

After you enter the coverage gap, you pay 35% of the plan's cost for covered brand name drugs and 44% of the plan's cost for covered generic drugs until your costs total $5,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.

To learn more about your extra gap coverage, see the following chart to find out how much you will pay for your covered drugs

Preferred Retail Cost Sharing	One-month supply	Three-month supply
Tier 1: Preferred Generic Covered Drugs: All	$0.00	$0.00

Standard Retail Cost Sharing	One-month supply	Three-month supply
Tier 1: Preferred Generic Covered Drugs: All	$0.00	$0.00

Standard Mail Order Cost Sharing	One-month supply	Three-month supply
Tier 1: Preferred Generic Covered Drugs: All	$0.00	$0.00

Stage 3: Coverage Gap

Anthem MediBlue Plus (HMO)

After you enter the coverage gap, you pay 35% of the plan's cost for covered brand name drugs and 44% of the plan's cost for covered generic drugs until your costs total $5,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.

To learn more about your extra gap coverage, see the following chart to find out how much you will pay for your covered drugs.

Preferred Retail Cost Sharing	One-month supply	Three-month supply
Tier 6: Select Care Drugs Covered Drugs: All	$0.00	$0.00

Standard Retail Cost Sharing	One-month supply	Three-month supply
Tier 6: Select Care Drugs Covered Drugs: All	$0.00	$0.00
Standard Mail Order Cost Sharing	**One-month supply**	**Three-month supply**
Tier 6: Select Care Drugs Covered Drugs: All	$0.00	$0.00

Stage 4: Catastrophic Coverage	
Anthem MediBlue Select (HMO)	**Anthem MediBlue Plus (HMO)**
After your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach $5,000, you pay the greater of: • 5% of the cost, or • $3.35 copay for generic (including brand name drugs treated as generic) and an $8.35 copay for all other drugs.	After your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach $5,000, you pay the greater of: • 5% of the cost, or • $3.35 copay for generic (including brand name drugs treated as generic) and an $8.35 copay for all other drugs.

Optional supplemental dental and vision plans

Adding an optional supplemental benefit plan to your Medicare Advantage plan is good for your health in more ways than one:

- No yearly deductibles
- No waiting periods
- Large number of dentists and vision care providers in our plan

Package 1: Preventive Dental Package

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
How much is the monthly payment?	
An extra $12.00 per month. You must keep paying your Medicare Part B monthly payment.	An extra $12.00 per month. You must keep paying your Medicare Part B monthly payment.
How much is the deductible?	
This package does not have a deductible.	This package does not have a deductible.
Is there a limit on how much the plan will pay?	
Doctors in our plan: The plan will pay up to $500 for the following preventive dental benefits each year (benefit maximum).	**Doctors in our plan:** The plan will pay up to $500 for the following preventive dental benefits each year (benefit maximum).

Talk to your doctor and confirm all coverage, costs and codes before you receive services.

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
Benefits included:	
Doctors in our plan: You pay no copay for: • Two exams • Two cleanings • Dental X-rays: include one full-mouth **or** panoramic X-ray **and** one set/series of bitewing X-rays each year **and** up to seven periapical images per calendar year • Two fluoride treatments Exclusions & Limits for this benefit package: • Coverage is only available from Liberty Dental providers.	**Doctors in our plan:** You pay no copay for: • Two exams • Two cleanings • Dental X-rays: include one full-mouth **or** panoramic X-ray **and** one set/series of bitewing X-rays each year **and** up to seven periapical images per calendar year • Two fluoride treatments Exclusions & Limits for this benefit package: • Coverage is only available from Liberty Dental providers.

Since these services are not normally covered under Original Medicare, we offer them as a Supplemental Benefit for an extra monthly payment through this Optional Supplemental Package 1: Preventive Dental Package. Please refer to the *Evidence of Coverage* for more details about this package.

Package 2: Dental and Vision Package

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
How much is the monthly payment?	
An extra $31.00 per month. You must keep paying your Medicare Part B payment.	An extra $31.00 per month. You must keep paying your Medicare Part B payment.
How much is the deductible?	
This package does not have a deductible.	This package does not have a deductible.
Is there a limit on how much the plan will pay?	
Doctors in our plan: Dental limits: The plan will pay up to $1,000 for dental benefits each year (benefit maximum).	**Doctors in our plan:** Dental limits: The plan will pay up to $1,000 for dental benefits each year (benefit maximum).

Talk to your doctor and confirm all coverage, costs and codes before you receive services.

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
Benefits included:	
DENTAL:	
Doctors in our plan: You pay no copay for: • Two exams • Two cleanings • Dental X-rays: include one full-mouth **or** panoramic X-ray **and** one set/series of bitewing X-rays each year **and** up to seven periapical images per calendar year • Two fluoride treatments You pay 20% of the covered charges for certain restorative dental services (fillings). You pay 50% of the covered charges for certain endodontic, periodontic, and oral surgery dental services which include, but are not limited to, the following: • Root canal treatment • Periodontal scaling and root planing • Simple and surgical extractions Exclusions & Limits for this benefit package:	**Doctors in our plan:** You pay no copay for: • Two exams • Two cleanings • Dental X-rays: include one full-mouth **or** panoramic X-ray **and** one set/series of bitewing X-rays each year **and** up to seven periapical images per calendar year • Two fluoride treatments You pay 20% of the covered charges for certain restorative dental services (fillings). You pay 50% of the covered charges for certain endodontic, periodontic, and oral surgery dental services which include, but are not limited to, the following: • Root canal treatment • Periodontal scaling and root planing • Simple and surgical extractions Exclusions & Limits for this benefit package:

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
Benefits included: - continued	
• Dentures and crowns are excluded. • Coverage is only available from Liberty Dental providers.	• Dentures and crowns are excluded. • Coverage is only available from Liberty Dental providers.
VISION:	
This package offers a $150 reimbursement allowance toward the purchase of eyewear. The benefit applies to corrective (prescription) glasses, lenses, frames and/or contact lenses. Talk to your provider and confirm all coverage, costs and codes prior to services being rendered. Exclusions & Limits for this benefit package: • Safety eyewear, non-prescription sunglasses, glass lenses, non-prescription lenses or contacts, or lens treatments are not covered. • Coverage is only available from Blue View Vision Insight providers.	This package offers a $150 reimbursement allowance toward the purchase of eyewear. The benefit applies to corrective (prescription) glasses, lenses, frames and/or contact lenses. Talk to your provider and confirm all coverage, costs and codes prior to services being rendered. Exclusions & Limits for this benefit package: • Safety eyewear, non-prescription sunglasses, glass lenses, non-prescription lenses or contacts, or lens treatments are not covered. • Coverage is only available from Blue View Vision Insight providers.

Since these services are not normally covered under Original Medicare, we offer them as a Supplemental Benefit for an extra monthly payment through this Optional Supplemental Package 2: Dental and Vision Package. Please refer to the *Evidence of Coverage* for more details about this package.

Package 3: Enhanced Dental and Vision Package

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
How much is the monthly payment?	
An extra $40.00 per month. You must keep paying your Medicare Part B payment.	An extra $40.00 per month. You must keep paying your Medicare Part B payment.
How much is the deductible?	
This package does not have a deductible.	This package does not have a deductible.
Is there a limit on how much the plan will pay?	
Doctors in our plan: Dental limits: The plan will pay up to $1,500 for dental benefits each year (benefit maximum).	**Doctors in our plan:** Dental limits: The plan will pay up to $1,500 for dental benefits each year (benefit maximum).

Talk to your doctor and confirm all coverage, costs and codes prior to receiving services.

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
Benefits included:	
DENTAL:	
Doctors in our plan: You pay no copay for: • Two exams • Two cleanings • Dental X-rays: include one full-mouth **or** panoramic X-ray **and** one set/series of bitewing X-rays each year **and** up to seven periapical images per calendar year • Two fluoride treatments. You pay 20% of the covered charges for certain restorative dental services (fillings). You pay 50% of the covered charges for certain endodontic, periodontic, and oral surgery dental services which include, but are not limited to, the following:	**Doctors in our plan:** You pay no copay for: • Two exams • Two cleanings • Dental X-rays: include one full-mouth **or** panoramic X-ray **and** one set/series of bitewing X-rays each year **and** up to seven periapical images per calendar year • Two fluoride treatments. You pay 20% of the covered charges for certain restorative dental services (fillings). You pay 50% of the covered charges for certain endodontic, periodontic, and oral surgery dental services which include, but are not limited to, the following:

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
Benefits included: - continued	
• Root canal treatment • Periodontal scaling and root planing • Simple and surgical extractions • Crowns (once per tooth every five years) • Complete denture, immediate denture, or partial denture (one set of dentures every five years) • Denture adjustment, repair, replacement, rebasing and relining • Local anesthesia (a drug to numb a part of the body) or regional block anesthesia Exclusions & Limits for this benefit package: • Coverage is only available from Liberty Dental providers.	• Root canal treatment • Periodontal scaling and root planing • Simple and surgical extractions • Crowns (once per tooth every five years) • Complete denture, immediate denture, or partial denture (one set of dentures every five years) • Denture adjustment, repair, replacement, rebasing and relining • Local anesthesia (a drug to numb a part of the body) or regional block anesthesia Exclusions & Limits for this benefit package: • Coverage is only available from Liberty Dental providers.

Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)
Benefits included: - continued	
VISION:	
This package offers a $200 reimbursement allowance toward the purchase of eyewear. The benefit applies to corrective (prescription) glasses, lenses, frames and/or contact lenses. Talk to your provider and confirm all coverage, costs and codes prior to services being rendered. Exclusions & Limits for this benefit package: • Safety eyewear, non-prescription sunglasses, glass lenses, non-prescription lenses or contacts, or lens treatments are not covered. • Coverage is only available from Blue View Vision Insight providers.	This package offers a $200 reimbursement allowance toward the purchase of eyewear. The benefit applies to corrective (prescription) glasses, lenses, frames and/or contact lenses. Talk to your provider and confirm all coverage, costs and codes prior to services being rendered. Exclusions & Limits for this benefit package: • Safety eyewear, non-prescription sunglasses, glass lenses, non-prescription lenses or contacts, or lens treatments are not covered. • Coverage is only available from Blue View Vision Insight providers.

Since these services are not normally covered under Original Medicare, we offer them as a Supplemental Benefit for an extra monthly payment through this Optional Supplemental Package 3: Enhanced Dental and Vision Package. Please refer to the *Evidence of Coverage* for more details about this package.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-888-230-7338** (TTY: **711**). Our office hours are from 8 a.m. to 8 p.m., seven days a week, October 1 to February 14 (except holidays); 8 a.m. to 8 p.m., Monday – Friday, February 15 to September 30 (except holidays).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-230-7338** (TTY: **711**), de 8 a. m. a 8 p. m., los 7 días de la semana (excepto los días feriados) desde el 1° de octubre hasta el 14 de febrero, y de 8 a. m. a 8 p. m., de lunes a viernes (excepto los días feriados) del 15 de febrero hasta el 30 de septiembre.

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Anthem Blue Cross is an HMO plan with a Medicare contract. Enrollment in Anthem Blue Cross depends on contract renewal.

Anthem Blue Cross - H0544

2018 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.

2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2018, Anthem Blue Cross received the following Overall Star Rating from Medicare.


4.5 Stars

We received the following Summary Star Rating for Anthem Blue Cross's health/drug plan services:

Health Plan Services:	 4.5 Stars
Drug Plan Services:	 5 Stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

We do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability in our health programs and activities.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 1-844-316-0357 (toll-free) or 711 (TTY), from October 1 to February 14. Our hours of operation from February 15 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-844-316-0357 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-316-0357 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-316-0357（TTY：711）。

Current members please call 1-888-230-7338 (toll-free) or 711 (TTY).

*Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next.

Anthem Blue Cross is an HMO plan with a Medicare contract. Enrollment in Anthem Blue Cross depends on contract renewal.

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.

Armenian: Դուք իրավունք ունեք Ձեր լեզվով ստանալու այս տեղեկատվությունը և ցանկացած օգնություն՝ անվճար: Օգնություն ստանալու համար զանգահարեք հաճախորդների սպասարկման կենտրոն:

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।

Hmong: Koj muaj cai tau txais cov ntaub ntawv no thiab tau txais kev pab txhais ua koj hom lus pub dawb rau koj. Yog xav tau kev pab hu rau Lub Chaw Muab Kev Pabcuam Rau Cov Neeg Tuaj Siv Peb Qhov Kev Pab (Customer Service).

Ilocano: Adda karbengam a mangala iti daytoy nga impormasion ken tulong iti bukodmo a lengguahe nga awan bayadna. Tumawagka iti Serbisio para kadagiti Kostumer tapno matulongandaka.

Japanese: この情報と支援を希望する言語で無料で受けることができます。サポートが必要な場合はカスタマー サービスにお電話ください。

Khmer:
លោកអ្នកមានសិទ្ធិទទួលព័ត៌មាននិងជំនួយជាភាសារបស់លោកអ្នក ដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទទៅសេវាអតិថិជន ដើម្បីសុំជំនួយ។

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

Punjabi: ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫ਼ਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਗਾਹਕ ਸੇਵਾ ਨੂੰ ਕਾਲ ਕਰੋ।

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

Samoan: E iai lou aiā tatau ete mauaina ai nei fa’amatalaga ma le fesoasoani I lau gagana e aunoa ma se totogi. Vala’au le Tautua mo Tagata e Fa’aaogāina ‘Au’aunaga mo se fesoasoani.

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.

Thai: คุณมีสิทธิ์รับข้อมูลนี้และรับความช่วยเหลือในภาษาของคุณได้ฟรี
ติดต่อฝ่ายบริการลูกค้าสำหรับความช่วยเหลือ

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.