Anthem BlueCross BlueShield

# Summary of Benefits

## for **Anthem MediBlue Access (PPO)**

**Available in:** Select Counties* in Wisconsin *See Page 2 for a list of counties.

**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 **1-888-211-9815** (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 **1-855-690-7802** (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**.

# What you should know about our plan

Anthem MediBlue Access (PPO) is a Medicare Advantage and prescription drug plan. It includes hospital, medical and prescription drug benefits in one plan. To join this plan, 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:** Brown, Calumet, Fond du Lac, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Lincoln, Manitowoc, Milwaukee, Outagamie, Ozaukee, Rock, Shawano, Sheboygan, Taylor, Walworth, Washington, Waukesha, Winnebago

With this plan, you can go to any doctor or facility in or outside of our plan. If you go to a doctor or facility in our plan, your out-of-pocket costs may be lower than using providers not in our plan. Ask your current doctor if he or she is in our plan.

You can find a doctor in our plan online.

Go to **https://shop.anthem.com/medicare** 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**. 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** (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 plan, it's time to consider the type of plan you may need. On the following pages, you can review more about our plan 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 Access (PPO)

### How much is my premium (monthly payment)?

$37.00 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.

### Is there a limit on how much I will pay for my covered medical services? (does not include Part D drugs)

$4,000 per year from doctors and facilities in our plan.

$9,000 per year from any doctor or facility.

Like all Medicare health plans, our plan protects 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, both in and out of our plan, goes toward your 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 or outside of 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:**

- Days 1 - 5: $295 per day, per admission / Days 6 - 90: $0 per day, per admission

**Facilities not in our plan:**

- 35% coinsurance per stay

## Anthem MediBlue Access (PPO)

### Inpatient Hospital[1] - continued

Our plan covers an unlimited number of days for an inpatient hospital stay.

Per-day cost sharing applies to each new inpatient admission to facilities both in and out of our plan. (Note: transfers to an inpatient rehabilitation hospital is considered a new admission and cost sharing per day applies).

### Outpatient Hospital [1]

**Doctors and facilities in our plan:** $0.00 copay - 20% coinsurance
**Doctors and facilities not in our plan:** 40% coinsurance

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:** $15.00 copay
**PCPs not in our plan:** $40.00 copay

**Specialist visit:**

**Doctors in our plan:** $40.00 copay
**Doctors not in our plan:** $60.00 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 not in our plan:** 40% coinsurance

## Preventive Care Screenings and Annual Physical Exams - continued

### Annual physical exam:

**Doctors in our plan:** $0.00 copay
**Doctors not in our plan:** $60.00 copay

### 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 this plan, 100% of the cost of preventive care screenings and annual physical exams are covered.

## Anthem MediBlue Access (PPO)

### Emergency Care

$80.00 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.

### Urgently Needed Services

$35.00 copay

### **Diagnostic Radiology Services** (such as MRIs, CT scans)[1]

**Doctors and facilities in our plan:** $130.00 - $150.00 copay
**Doctors and facilities not in our plan:** 35% 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.

### **Diagnostic Tests and Procedures**[1]

**Doctors and facilities in our plan:** $0.00 - $150.00 copay
**Doctors and facilities not in our plan:** 35% 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.

## Lab Services[1]

**Doctors and facilities in our plan:** $0.00 - $10.00 copay
**Doctors and facilities not in our plan:** 35% coinsurance

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

## Outpatient X-rays[1]

**Doctors and facilities in our plan:** $90.00 - $110.00 copay
**Doctors and facilities not in our plan:** 35% 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.

## **Therapeutic Radiology Services** (such as radiation treatment for cancer)[1]

**Doctors and facilities in our plan:** 20% coinsurance
**Doctors and facilities not 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:** $40.00 copay
**Doctors not in our plan:** 40% coinsurance

## Hearing Services[1] - continued

### Routine hearing services:

This plan covers 1 routine hearing exam(s) and hearing aid fitting/evaluation(s) every year. $59.00 maximum plan benefit for routine hearing exam(s) every year. $3,000.00 maximum plan benefit for hearing aids every year.

**Doctors in our plan:** $0.00 copay for routine hearing exam(s). $0.00 copay for hearing aids.
**Doctors not in our plan:** 20% coinsurance for routine hearing exam(s). 50% coinsurance 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 not in our plan:** $0.00 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
**Dentists not in our plan:** 20% coinsurance

### Comprehensive dental services:

Not Covered

## Dental Services - continued

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

## Vision Services

### Medicare-covered vision services:

**Exam to diagnose and treat diseases and conditions of the eye**

**Doctors in our plan:** $0.00 - $40.00 copay
**Doctors not in our plan:** 40% coinsurance

**Eyeglasses or contact lenses after cataract surgery**

**Doctors in our plan:** $0.00 copay
**Doctors not in our plan:** $0.00 copay

### Routine vision services:

**Routine vision exam**

This plan covers 1 routine eye exam(s) every year. $69.00 maximum eye exam coverage amount.

**Doctors in our plan:** $0.00 copay
**Doctors not in our plan:** $0.00 copay

**Routine eye wear (lenses and frames)**

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.

## Anthem MediBlue Access (PPO)

### Mental Health Care

**Inpatient visit:**[1]

**Doctors and facilities in our plan:** Days 1-5: $250 per day, per admission/ Days 6-90: $0 per day, per admission
**Doctors and facilities not in our plan:** 35% per stay

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.

Our plan covers unlimited inpatient days.

Per day cost sharing applies to each new inpatient admission to facilities both in and out of our plan. (Note: transfers to an inpatient rehabilitation hospital is considered a new admission and cost sharing per day applies).

**Outpatient psychiatric individual and group therapy services:**[1]

**Doctors and facilities in our plan:** $40.00 copay

**Doctors and facilities not in our plan:** $60.00 copay

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

| Anthem MediBlue Access (PPO) |
|---|
| **Skilled Nursing Facility** (SNF)[1] |
| **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<br>**Doctors and facilities not in our plan:** 35% per stay |

Our plan covers 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:** $35.00 copay<br>**Doctors and facilities not in our plan:** $60.00 copay |

| Ambulance[1] |
|---|
| **Ground/Water Ambulance:** |
| **Emergency transportation services in our plan:** $295.00 copay per trip<br>**Emergency transportation services not in our plan:** $295.00 copay per trip |

| Air Ambulance: |
|---|
| **Emergency transportation services in our plan:** 20% coinsurance per trip<br>**Emergency transportation services not in our plan:** 20% coinsurance per trip |

| Anthem MediBlue Access (PPO) |
| --- |
| **Transportation** |
| Not Covered |

| Medicare Part B Drugs[1] |
| --- |
| **Other Part B Drugs:** |
| **Drugs in our plan:** 20% coinsurance<br>**Drugs not in our plan:** 40% coinsurance |

| **Chemotherapy drugs:** |
| --- |
| **Drugs in our plan:** 20% coinsurance<br>**Drugs not in our plan:** 40% coinsurance |

# More benefits and ways we support your health

| Anthem MediBlue Access (PPO) |
|---|
| **Chiropractic Care**[1] |
| **Medicare-covered chiropractic services:** |
| **Providers in our plan:** $20.00 copay<br>**Providers not in our plan:** $60.00 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<br>**Doctors and facilities not in our plan:** 40% coinsurance |

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:** $40.00 copay<br>**Doctors and facilities not in our plan:** 40% coinsurance |

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

## Outpatient Surgery[1]

**Ambulatory surgical center:**

**Doctors and facilities in our plan:** $225.00 copay
**Doctors and facilities not in our plan:** 40% coinsurance

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

## Renal Dialysis

**Doctors and facilities in our plan:** 20% coinsurance
**Doctors and facilities not in our plan:** 20% coinsurance

## 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:** $35.00 copay
**Doctors and facilities not in our plan:** 40% coinsurance

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:** $30.00 copay
**Doctors and facilities not in our plan:** 40% coinsurance

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

**Outpatient Rehabilitation**[1] - continued

**Occupational therapy visit:**

**Doctors and facilities in our plan:** $35.00 copay
**Doctors and facilities not in our plan:** $60.00 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:** $40.00 copay
**Doctors not in our plan:** $60.00 copay

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

**Routine foot care:**

**Doctors in our plan:** $0.00 copay
**Doctors not in our plan:** $60.00 copay

This plan covers: 6 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:** 20% coinsurance
**Suppliers not in our plan:** 40% coinsurance

**Medical Equipment/Supplies** - continued

**Medical supplies and prosthetic devices** (braces, artificial limbs, etc.)

**Suppliers in our plan:** 20% coinsurance
**Suppliers not in our plan:** 40% coinsurance

**Diabetic supplies and services:**[1]

**Suppliers in our plan:** $0.00 copay
**Suppliers not in our plan:** 40% coinsurance

**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.

**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.

## Anthem MediBlue Access (PPO)

### 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.

* 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:<br>• **5%** of the cost, or<br>• **$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 Access (PPO)

## How much do I pay for Part D drugs?

### Stage 1: 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.

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 Access (PPO)

| Preferred Retail Cost Sharing | One-month supply | Three-month supply |
|---|---|---|
| **Tier 1: Preferred Generic** | $5.00 | $15.00 |
| **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** | $10.00 | $30.00 |
| **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** | $5.00 | $15.00 |
| **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 Access (PPO)

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**<br>Covered Drugs: All | $0.00 | $0.00 |

| Standard Retail Cost Sharing | One-month supply | Three-month supply |
|---|---|---|
| **Tier 6: Select Care Drugs**<br>Covered Drugs: All | $0.00 | $0.00 |

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

## Stage 4: Catastrophic Coverage

### Anthem MediBlue Access (PPO)

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 Access (PPO)**

**How much is the monthly payment?**

An extra $21.00 per month. You must keep paying your Medicare Part B monthly payment and your $37.00 monthly plan payment.

**How much is the deductible?**

This package does not have a deductible.

**Is there a limit on how much the plan will pay?**

**Doctors in and out of 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 Access (PPO)**

**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

**Doctors not in our plan:**

You pay 20% of the covered charges 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:

- In-network 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 Access (PPO)**

**How much is the monthly payment?**

An extra $30.00 per month. You must keep paying your Medicare Part B payment and your $37.00 monthly plan payment.

**How much is the deductible?**

This package does not have a deductible.

**Is there a limit on how much the plan will pay?**

**Doctors in and out of 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 Access (PPO)

### 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

**Doctors not in our plan:**

You pay 30% of the covered charges 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 60% of the covered charges for certain restorative dental services (fillings).

**Anthem MediBlue Access (PPO)**

**Benefits included:** - continued

You pay 75% 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:

- Dentures and crowns are excluded.
- In-network 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.
- In-network 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 Access (PPO)**

## How much is the monthly payment?

An extra $42.00 per month. You must keep paying your Medicare Part B payment and your $37.00 monthly plan payment.

## How much is the deductible?

This package does not have a deductible.

## Is there a limit on how much the plan will pay?

**Doctors in and out of 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 Access (PPO)

### 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
- 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.

**Doctors not in our plan:**

You pay 30% of the covered charges for:

## Anthem MediBlue Access (PPO)

**Benefits included:** - continued

- 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 60% of the covered charges for certain restorative dental services (fillings).

You pay 75% 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
- 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:

- In-network coverage is only available from Liberty Dental providers.

**Anthem MediBlue Access (PPO)**

**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.
- In-network 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 **1-855-690-7802** (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).

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.

Out-of-network/non-contracted providers are under no obligation to treat Anthem MediBlue Access (PPO) members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

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

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

Anthem Insurance Companies, Inc. (AICI) is the legal entity that has contracted with the Centers for Medicare & Medicaid Services (CMS) to offer the LPPO plan noted above or herein. AICI is the risk-bearing entity licensed under applicable state law to offer the LPPO plan(s) noted. AICI has retained the services of its related companies and the authorized agents/brokers/producers to provide administrative services and/or to make the LPPO plan(s) available in this region.

Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield of Wisconsin (BCBSWi), Compcare Health Services Insurance Corporation (Compcare) and Wisconsin Collaborative Insurance Company (WCIC). BCBSWi underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare or WCIC; Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. 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.

**Anthem Blue Cross and Blue Shield - H4036**

**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 and Blue Shield received the following Overall Star Rating from Medicare.


4 Stars

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

| | |
|---|---|
| Health Plan Services: |  4 Stars |
| Drug Plan Services: |  4 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. Eastern time at 1-800-797-5940 (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. Eastern time.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-797-5940 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-797-5940 (TTY: 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-797-5940 (TTY: 711).

Current members please call 1-855-690-7802 (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 and Blue Shield is an LPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield 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.

**Albanian:** Keni të drejtën të merrni falas këtë informacion dhe ndihmë në gjuhën tuaj. Telefononi shërbimin për klientët nëqoftëse keni nevojë për ndihmë.

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

**Burmese:** သင်သည် ဤသတင်းအချက်အလက်များနှင့် ပက်သက်ပြီး သင့်ဘာသာစကားဖြင့် အခမဲ့အကူအညီ ရပိုင်ခွင့်ရှိသည်။ အကူအညီအတွက် သုံးစွဲသူ ဖန်ဆောင်မှုကို ခေါ်ဆိုပါ။

**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。

**Dutch:** U hebt het recht om deze informatie en hulp gratis in uw taal te krijgen. Bel de klantenservice voor hulp.

**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).

**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。

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

**Lao:**
ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄຳແນະນຳເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການລູກຄ້າສຳລັບຄຳແນະນຳ.

**Pennsylvania Dutch:** Du hoscht es Recht fer des Information un koschdefrei Hilf in dei eengi Schprooch griege. Du kannscht Customer Service fer Hilf uffrufe.

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

**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.

**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.

**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.