

Summary of Benefits



Medicare Advantage

Plan year: January 1 – December 31, 2019

Wisconsin

Select counties in Wisconsin. See page 2 for a full list of counties.

Anthem MediBlue Access Core (PPO)*

19WIH4036016

Thank you for your interest in our Medicare Advantage plans

Anthem Blue Cross and Blue Shield offers a variety of benefits designed to help keep you healthy while protecting you from unexpected medical costs. This booklet tells you what we cover, what you may pay and more. If you have questions, please call your agent.

***This plan has no prescription drug coverage.**

Anthem MediBlue Access Core (PPO)

Our service area includes the following counties: Adams, Brown, Calumet, Clark, Dodge, Door, Florence, Fond du Lac, Forest, Green, Green Lake, Iowa, Iron, Jefferson, Juneau, Kenosha, Kewaunee, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Price, Rock, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago

Have questions?



- If you **are not** a member of our 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 our plan, please call us toll-free at **1-855-690-7802** (TTY: **711**). We are open 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.



- You can learn more about us on our website at <https://shop.anthem.com/medicare>.

While the Summary of Benefits does not include every service, limit or exclusion, the *Evidence of Coverage* does. Just give us a call to request a copy.

Anthem MediBlue Access Core (PPO) is a Medicare Advantage plan. It includes hospital and medical 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.

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.

Medicare coverage that goes beyond Original Medicare

- Like all Medicare Advantage 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 B drugs (such as chemotherapy and some drugs administered by your provider). However, this plan does not cover Part D prescription drugs.

This is a Preferred Provider Organization (PPO) plan. That means:

- You can see any doctor or specialist, in or out of our plan,¹ no referrals needed.
- You can use doctors in or outside your plan, but your costs may be higher if you use doctors outside your plan.¹

¹ Doctors not in our plan or not contracted with us, do not have to treat Anthem Blue Cross and Blue Shield members, unless it's an emergency. If you want to find out if we'll cover an out-of-network service, we encourage you or your doctor to ask us for a pre-service organization determination (prior approval) before you get the service. For more details or to find out if you will have a share of the cost, please call us or see your Evidence of Coverage.

Is your PCP in our plan's network of doctors?



If, for any reason, you need to change your PCP, give us a call – we can help you! A doctor or PCP can join or leave our plan at any time, so be sure to ask if he or she is in our Medicare Advantage plan, taking new patients and accepts Medicare. You can find a PCP in our plan or check their status online. Just follow the steps below.

How to find a doctor/PCP in our plan:



- Go to <https://shop.anthem.com/medicare>
 1. Scroll to the *Useful Tools* section and choose the tab labeled **Find a Doctor**.
 2. Enter your ZIP code, county and the date you want your coverage to begin and select **Continue**.
 3. Fill in the details of your search (city, doctor's name, distance, etc.).
 4. 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*. The phone number is on page 2.

Optional supplemental dental and/or vision benefits



You can add an Optional Supplemental Benefits (OSB) package to our plan for an additional monthly premium. (Optional Supplemental Benefits may not be available with every Medicare Advantage plan in this enrollment guide. See the "Optional Supplemental Dental and Vision Plans" section of the medical benefits chart for more details, including costs.)



Summary of 2019 medical benefits



On the following pages, you can review more about our plan benefits to help you choose the right plan for you. 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.

Be in the know

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

- Services listed on the following pages with a ¹ may require prior authorization (pre-approval).
- ³ Medicare-covered services from providers or facilities that are not in our plan, are subject to the medical deductible.

Anthem MediBlue Access Core (PPO)

How much is my premium (monthly payment)?

\$0.00 per month

You must continue to pay your Medicare Part B premium.

How much is my deductible?

\$500 for out-of-network Medicare-covered services per year

This plan has a deductible that applies to Medicare-covered hospital and medical services from doctors and facilities that are not in our plan. These services will have a ³ next to the benefit throughout this Summary of Benefits.

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

\$5,900 per year from doctors and facilities in our plan.

\$10,000 per year from doctors or facilities both in and out of our plan.

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

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 covered Part A and Part B services (in or outside of our plan) for the rest of the year.

Anthem MediBlue Access Core (PPO)

Inpatient Hospital^{1,3}

Facilities in our plan: Days 1 - 6: \$295.00 per day, per admission / Days 7 - 90: \$0.00 per day, per admission

Facilities not in our plan: 30% coinsurance per stay

Our plan covers an unlimited number of days for an inpatient hospital stay. Per-day cost sharing applies to each new inpatient admission (Note: transfers to an inpatient rehabilitation hospital is considered a new admission and cost sharing per day applies).

Outpatient Hospital^{1,3}

Doctors and facilities in our plan: \$280.00 copay

Doctors and facilities not in our plan: 50% 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^{1,3}

Primary care physician (PCP) visit:

PCPs in our plan: \$10.00 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.

Anthem MediBlue Access Core (PPO)

Preventive Care Screenings and Annual Physical Exams³

Preventive care screenings:

Doctors in our plan: \$0.00 copay

Doctors not in our plan: 40% coinsurance

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
- 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
- Hepatitis C Screening
- High Intensity Behavioral Counseling
- 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)

Preventive Care Screenings and Annual Physical Exams³ - continued

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.

Emergency Care

\$90.00 copay

This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000.00 per year for worldwide emergency services. \$90.00 copay

Urgently Needed Services

\$35.00 copay

Diagnostic Radiology Services (such as MRIs, CT scans)^{1,3}

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^{1,3}

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.

Anthem MediBlue Access Core (PPO)

Lab Services^{1,3}

Doctors and facilities in our plan: \$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.

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

Outpatient X-rays^{1,3}

Doctors and facilities in our plan: \$50.00 - \$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)^{1,3}

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^{1,3}

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

Anthem MediBlue Access Core (PPO)

Hearing Services^{1,3} - 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).

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

Dental Services³

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: 2 oral exam(s), 2 cleaning(s), 1 dental X-ray(s), 1 fluoride treatment(s) every year.

Dentists in our plan: \$0.00 copay

Dentists not in our plan: 20% coinsurance

Comprehensive dental services:

Not Covered

Anthem MediBlue Access Core (PPO)

Vision Services³

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 eyewear (lenses and frames)

This plan covers up to \$150.00 for eyeglasses or contact lenses every year.

Doctors in our plan: \$0.00 copay

Doctors not in our plan: \$0.00 copay

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

Anthem MediBlue Access Core (PPO)

Mental Health Care

Inpatient visit:^{1,3}

Doctors and facilities in our plan: Days 1-6: \$260 per day, per admission/ Days 7-90: \$0 per day, per admission

Doctors and facilities not in our plan: 30% coinsurance per stay

Our plan covers unlimited inpatient days.

Per day cost sharing applies to each new inpatient admission. (Note: transfers to an inpatient rehabilitation hospital is considered a new admission and cost sharing per day applies).

Outpatient individual and group therapy services:^{1,3}

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.

Skilled Nursing Facility (SNF)^{1,3}

Doctors and facilities in our plan: Preferred Participating SNF: Days 1 - 20: \$0 per day / Days 21 - 100: \$142 per day; All Other Participating SNF: Days 1 - 20: \$0 per day / Days 21 - 100: \$172 per day

Doctors and facilities not in our plan: 50% 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.

Anthem MediBlue Access Core (PPO)

Physical Therapy^{1,3}

Doctors and facilities in our plan: \$35.00 copay

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

Ambulance¹

Ground/Water Ambulance:

Emergency transportation services in and out of our plan: \$265.00 copay per trip

Air Ambulance:

Emergency transportation services in and out of our plan: 20% coinsurance per trip

Transportation

Not Covered

Medicare Part B Drugs^{1,3}

Other Part B Drugs:

Drugs in our plan: 20% coinsurance

Drugs not in our plan: 40% coinsurance

Our plan does not cover Part D prescription drugs.

Chemotherapy drugs:

Drugs in our plan: 20% coinsurance

Drugs not in our plan: 40% coinsurance

More benefits and ways we support your health



Anthem MediBlue Access Core (PPO)

Chiropractic Care^{1,3}

Medicare-covered chiropractic services:

Providers in our plan: \$20.00 copay

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).

Foot Care (podiatry services)^{1,3}

Medicare-covered podiatry:

Doctors in our plan: \$0.00 - \$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.

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

You pay nothing for Medicare-covered *routine* podiatry services. For all other Medicare-covered podiatry services, you pay the higher amount shown above.

Routine foot care:

Doctors in our plan: \$0.00 copay

Doctors not in our plan: \$60.00 copay

This plan covers: Unlimited supplemental routine foot care visit(s) every year.

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

Anthem MediBlue Access Core (PPO)

Home Health Care^{1,3}

Doctors and facilities in our plan: \$0.00 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.

LiveHealth Online

Lets you talk to a board-certified doctor, or licensed psychologist or therapist, by live, two-way video on a computer, smartphone or tablet.

Please refer to the *Evidence of Coverage* for additional information.

Medical Equipment/Supplies^{1,3}

Durable Medical Equipment (wheelchairs, oxygen, etc.):

Suppliers in our plan: 20% coinsurance

Suppliers not in our plan: 40% coinsurance

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:^{1,3}

Suppliers in our plan: \$0.00 copay

Suppliers not in our plan: 40% coinsurance

Anthem MediBlue Access Core (PPO)

Outpatient Rehabilitation^{1,3}

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.

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.

Outpatient Substance Abuse^{1,3}

Individual & Group therapy visit:

Doctors and facilities in our plan: \$40.00 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.

Anthem MediBlue Access Core (PPO)

Outpatient Surgery^{1,3}

Ambulatory surgical center:

Doctors and facilities in our plan: \$230.00 copay

Doctors and facilities not in our plan: 50% coinsurance

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

Renal Dialysis³

Doctors and facilities in our plan: 20% coinsurance

Doctors and facilities not in our plan: 20% coinsurance

SilverSneakers®* Fitness program

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.

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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.



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 Core (PPO)

How much is the monthly payment?

An extra \$15.00 per month. You must keep paying your Medicare Part B monthly payment.

How much is the deductible?

This package does not have a deductible.

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.

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

Anthem MediBlue Access Core (PPO)

Benefits included: - continued**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 network 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. Please refer to the *Evidence of Coverage* for more details about this package.

Package 2: Dental and Vision Package

Anthem MediBlue Access Core (PPO)

How much is the monthly payment?

An extra \$28.00 per month. You must keep paying your Medicare Part B monthly payment.

How much is the deductible?

This package does not have a deductible.

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

Doctors in and out of our plan:

- The plan will pay up to \$1000 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.

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).

Anthem MediBlue Access Core (PPO)

Benefits included: - continued

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:

- Dentures and crowns are excluded.
- Coverage is only available from network providers.

Doctors not in our plan:

You pay 30% of the covered charges for:

- Two exams
- Two cleanings
- 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 planning
 - Simple and surgical extractions

Exclusions & Limits for this benefit package:

- Dentures and crowns are excluded.
- In-network coverage is only available from network dental providers.

Anthem MediBlue Access Core (PPO)

Benefits included: - continued

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 network 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. Please refer to the *Evidence of Coverage* for more details about this package.

Package 3: Enhanced Dental and Vision Package

Anthem MediBlue Access Core (PPO)

How much is the monthly payment?

An extra \$45.00 per month. You must keep paying your Medicare Part B monthly payment.

How much is the deductible?

This package does not have a deductible.

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

Doctors in and out of our plan:

- The plan will pay up to \$2000 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.

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

Anthem MediBlue Access Core (PPO)

Benefits included: - continued

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

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).

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

Anthem MediBlue Access Core (PPO)

Benefits included: - continued

- 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 network providers.

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 network 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. Please refer to the *Evidence of Coverage* for more details about this package.

Ways we support your health

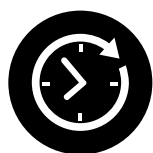
Get fit and be healthy with SilverSneakers®

We offer the SilverSneakers¹ fitness program as a plan benefit at no cost to you. SilverSneakers includes:



- All basic amenities at participating locations nationwide.
- Group exercise classes at some sites.
- Fun social activities.
- Access to a secure, members-only online community.

How to get started: When you become our member, you have SilverSneakers. Go to www.silversneakers.com to find over 14,000 nationwide fitness locations and SilverSneakers FLEX classes, and get your unique SilverSneakers ID number. Just show your ID number at the fitness location front desk or to the SilverSneakers FLEX instructor to start working out! You can use more than one location at a time. If you already have a gym membership, SilverSneakers does not replace it or your gym privileges. For more details, visit www.silversneakers.com or call SilverSneakers Customer Service at **1-855-741-4985** (TTY: **711**), Monday through Friday, 8 a.m. to 8 p.m. Eastern Time.



24/7 Nurse HelpLine

You can talk with a registered nurse (RN) for non-emergencies any time of the day or night year-round. HelpLine RNs:

- Answer basic health questions.
- Help assess your symptoms and determine the appropriate level of care.

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LiveHealth Online[†]

Using LiveHealth Online, you can visit with a board-certified doctor or licensed psychologist or therapist from the comfort and privacy of your home using your smartphone, tablet or computer for a \$0 copay. Doctors are available 24 hours a day, 7 days a week to assess common health conditions like the flu, a cold, sinus infection, pink eye, sore throat and more. When you're having a tough time coping or feeling stressed, you can make an appointment and visit with a therapist in four days or less. Getting started is easy. You can sign up at <https://livehealthonline.com> or by downloading our free mobile app.



Need dental and/or vision care?

Add an Optional Supplemental Benefits (OSB) package to your plan. These expanded benefits, which aren't covered under Medicare Advantage plans or Original Medicare, are good for your health in more ways than one:

- No yearly deductibles
- No waiting periods; use them immediately after your start date
- Offer large networks of dentists and vision care providers

How to add OSBs to your plan: Up to 90 days after your effective date, you can add the package of your choice to most Medicare Advantage plans for an additional monthly premium. Your options are listed on the Enrollment form included in this guide. To learn more, see the "Optional Supplemental Dental and Vision Plans" section of the medical benefits chart or talk to your agent.

[†] LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of our plan.

An overview of how Medicare works

If you're new to Medicare, this information can help you decide what option is right for you.

ORIGINAL MEDICARE (PARTS A and B) is offered by the federal government. It helps cover the costs for:

A
+
B



- Inpatient care in hospitals and skilled nursing facilities (not custodial or long-term care).
- Hospice and some home health care services.
- Doctors' services, hospital outpatient care and some home health care services, as well as lab tests, medical equipment and supplies.
- Most preventive services, including a yearly wellness exam.

But Original Medicare doesn't cover everything. Parts A and B don't cover:

- Prescription drugs.
- Routine vision, dental or hearing care.

How Medicare works - continued

Option 1 Choose all your coverage in one plan

C
D+



MEDICARE PART C (offered by private insurers) can also be called a “Medicare Advantage” plan and:

- Includes all of Part A (hospital) and Part B (medical) coverage.
- Usually includes Part D prescription drug coverage.
- Often offers extra services and benefit options.
- Has yearly limits on your out-of-pocket costs for medical services.

- OR -

Option 2 Choose one or both of the following

D



MEDICARE PART D (offered by private insurers) is stand-alone prescription drug coverage and:

- Helps pay for many of your prescribed drugs.
- Gives you access to mail-order options and retail drug stores across the country.

Medicare
Supplement



MEDICARE SUPPLEMENT (offered by private insurers) bridges the gap in costs that are not fully covered by Original Medicare, such as:

- Medicare Part A or Part B deductibles, coinsurance or copayments.
- Medicare Part B excess charges.
- Skilled Nursing Facility care coinsurance.
- Foreign Travel Emergencies.

Medicare ID cards

The Medicare plan option you choose will determine the plan ID card or cards you will need to carry with you at all times.

- **If you choose one of our Medicare Advantage (MA) plans:**

You should put away your red, white and blue Medicare ID card because all you'll need to carry is one card. Just present your MA plan ID card for all your covered medical benefits.

How can I learn more about Medicare?



Medicare & You – a helpful tool

We strongly recommend you obtain a copy of the official U.S. government's *Medicare & You* handbook to get the answers to all of your questions about Medicare. 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**.

When you can enroll



Initial coverage period



You can sign up for a Medicare Advantage or Part D plan when you are first eligible for Medicare. Your initial enrollment phase is a 7-month period that includes the 3 months before you turn 65, the month you turn 65 and the 3 months after you turn 65.



Annual election period - October 15 to December 7

This is the time frame each year that you can enroll in or change your Medicare Advantage or Part D plan. You may also switch to Original Medicare (Parts A and B). New coverage begins January 1 of each year, after you've enrolled.



Open enrollment period - January 1 to March 31

If you're enrolled in a MA-PD plan, you may switch to another MA-PD plan; an MA-only plan; or Original Medicare with or without a PDP.



Special enrollment period

You can sign up for a Medicare Advantage or Part D plan outside of the time frame above if certain events occur in your life or if you're eligible for low-income subsidy (also called "Extra Help").



Avoid late-enrollment penalties

It's important to enroll in a Medicare plan when you're first eligible. If you don't, you may have to pay the following penalties:

- **Medicare Part A:** Your monthly premium, if you have one, may increase by 10% per year for twice the number of years you could have had Part A but didn't sign up.
- **Medicare Part B:** Your monthly premium may increase 10% for each 12-month period that you could have had Part B but didn't sign up. You'll have to pay this penalty for as long as you have Part B.
- **Medicare Part D:** If you don't sign up when you're first eligible, you may have to pay this penalty for as long as you are enrolled in Part D, and it may increase every year. (You may not have to pay if you receive Extra Help or can provide proof of other creditable coverage.)

This information is not a complete description of benefits. Call **1-855-690-7802** (TTY: **711**) for more information.

Out-of-network/non-contracted providers are under no obligation to treat Anthem MediBlue Access Core (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.

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.

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 for members with visual impairments. If you need a copy of this document in an alternate format, please call the Customer Service number on the back of your ID card.

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.

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.

Haitian: Ou gen dwa resevwa enfòmasyon sa a ak asistans nan lang ou pale a pou gratis. Rele nimewo Sèvis Kliyan an pou jwenn èd.

Italian: Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il Servizio clienti.

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.

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

Portuguese: Você tem o direito de receber gratuitamente estas informações e ajuda no seu idioma. Ligue para o Atendimento ao Cliente para obter ajuda.

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.

Anthem Blue Cross and Blue Shield - H4036

2019 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 2019, Anthem Blue Cross and Blue Shield received the following Overall Star Rating from Medicare.








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

Health Plan Services:  3.5 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 March 31. Our hours of operation from April 1 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).

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.

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative 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 March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit <https://shop.anthem.com/medicare> or call 1-855-690-7802 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2020.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

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