



Evidence of Coverage

The Evidence of Coverage tells you how to use your plan and get the most out of your benefits. Inside, you can find information about things such as:

- How your Medicare health plan and prescription drug coverage works
- Which services are covered and which are not
- How to get help if you don't understand part of your plan
- How you can get help if you have a problem with your plan or a health care provider
- Your member rights and responsibilities
- How we keep your information private
- How to reach us during business hours and after hours

Quality Assurance

The Evidence of Coverage tells you about your plan's quality assurance policies and procedures, such as our programs on drug safety and managing medications. We conduct drug use reviews for our members to help make sure that they are getting safe and appropriate care. These reviews are especially important for members who have more than one provider who prescribes their drugs.

We also have a program that can help make sure our members safely use their prescription opioid medications, or other medications that are frequently abused. This program is called a Drug Management Program (DMP). If you use opioid medications that you get from several doctors or pharmacies, we may talk to your doctors to make sure your use is appropriate and medically necessary. Working with your doctors, if we decide you are at risk for misusing or abusing your opioid or benzodiazepine medications, we may limit how you can get those medications. Please refer to your Evidence of Coverage for additional information.

Drug Utilization Management

The Evidence of Coverage tells you about the management tools your plan uses to control utilization of services and expenditures, including:

- **Prior authorization** – Approval in advance to get services or certain drugs that may or may not be on your plan's formulary.
- **Quantity limits** – Limits the use of selected drugs for quality, safety or utilization reasons. Limits may be on the amount of the drug that is covered per prescription or for a defined period of time.

- **Step therapy** – Requires you first to try another drug to treat your medical condition before your plan covers the drug your physician may have initially prescribed.
- **Generic drugs** – The plan may cover a generic version of a drug rather than the brand version.

Medication Therapy Management (MTM) Program

The Evidence of Coverage tells you about your plan's Medication Therapy Management Program that can help you with complex health needs and medication concerns. Your plan's Medication Therapy Management Program is available at no cost for members who meet specific criteria. Members, who have multiple medical conditions, take certain prescription drugs and have high drug costs, may be eligible for the program.

For more information, please refer to your Evidence of Coverage or contact Pharmacy Member Services at the number on your member ID card.

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