

Summary of Benefits



Medicare Advantage and Part D

Plan year: January 1 – December 31, 2021

Indiana and Kentucky

Indiana and Kentucky

Anthem MediBlue Access Basic (Regional PPO)

21IKR4487001

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 costs. This plan includes your hospital, medical and drug benefits in one plan.

Anthem MediBlue Access Basic (Regional PPO)

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Our service area includes the states of Indiana and Kentucky.

Have questions?



- Please call us toll-free **1-866-803-5169** (TTY: **711**), and follow the instructions to be connected to a representative.
- Hours of operation: 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 Basic (Regional 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.

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).
- This plan covers 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, follow the instructions in the “Know Your Drug Plan” section of this booklet.

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

- You can see any doctor or specialist, in or out of our plan, no referrals needed.¹
- 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.

Shop smart and save



If you use a doctor in our plan, your costs will be lower than using doctors not in our plan. A doctor 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 doctor 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.

Know your drug plan

Prescription drugs are an important part of health and wellness

Our plan gives you access to the drugs you need to get healthy and stay active.

What is a formulary?



The formulary is a list of drugs covered by our plan that tells you:

- Which drugs require prior authorization from your plan before you fill your prescription.
- If there is a quantity limit on the frequency, amount or dosage.
- If you need to try other drugs first (called step therapy).
- The cost-sharing tier a drug is in.

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. Learn more by going to the “Summary of 2021 prescription drug coverage” section in this guide.

How to find if your drugs (or an acceptable alternative) are covered and what they’ll cost:



- Visit <https://shop.anthem.com/medicare>
 1. Scroll to the *Useful Tools* section and choose the tab labeled **Find Your Covered Drugs**.
 2. Enter your ZIP code, county and beginning coverage date; then select **Continue**.
 3. Enter the name of your drug, dosage, quantity and refill frequency, and select **Add Drug**.
 4. Select your pharmacy.
 5. Select **View All Plans**.
 6. Make sure to choose **Show drug cost details** to view what tier your drugs are in, specific costs and coverage details.
- You can also call us at the number on page 2 to get a copy of the *Formulary*.

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 that are **not** in our plan, but 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 work 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.

Preferred pharmacies include: Albertsons/Safeway, Bartell Drugs, CVS Pharmacy, Costco, Giant Eagle Pharmacy, Harris Teeter Pharmacy, H-E-B PHARMACY, Kinney Drugs, Kroger, Publix, Roundy's, Walmart and more than 5,000 independent pharmacies.

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**, and enter your location and search details).



Preferred pharmacies are indicated above the pharmacy name. Or you can give us a call and we'll send you a copy.

Don't miss out on some "Extra Help"¹

If you qualify for **Medicare's "Extra Help,"** you can get help with paying your drug plan's monthly payment (premium), yearly deductible, coinsurance and copays for covered prescription drugs. Plus:

- The coverage gap stage will not apply to you and
- There are no late enrollment penalties.

¹ You can't get Medicare Coverage Gap Discounts on brand-name drugs if you receive "Extra Help."



To find out if you qualify for “Extra Help,” call:

- 1-800-MEDICARE** (TTY: **1-877-486-2048**), 24 hours a day/7 days a week.
- The Social Security Administration at **1-800-772-1213** (TTY: **1-800-325-0778**) between 7 a.m. and 7 p.m., Monday through Friday.
- Your state Medicaid office.
- Our helpful representatives at **1-866-803-5169**.

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 2021 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.

Are there any restrictions on my coverage?

Prior Authorization:

Anthem Blue Cross and Blue Shield requires you or your physician to get prior authorization (pre-approval) for certain services. This means that you will need to get approval from our plan before you receive some covered services. Services that may require prior approval are noted with a * in the benefit title.

Be in the know

Before you continue, here is some important information to know as you review our plan benefits:

- ¹ Your medical deductible will apply for Medicare-covered services from providers or facilities that are not in our plan's network.

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How much is my premium (monthly payment)?

\$84.00 per month

You must continue to pay your Medicare Part B premium.

If you get "Extra Help" from Medicare, your monthly plan premium will be lower or you might pay nothing.

How much is my deductible?

\$500.00 for out-of-network Medicare-covered services per year

\$100.00 deductible per year for Part D prescription drugs.

Drugs listed on Tier 3: Preferred Brand, Tier 4: Nonpreferred Drug, Tier 5: Specialty Tier are included in the Part D deductible.

This plan has a deductible that applies to Medicare-covered hospital and medical services from providers and facilities that are not in our plan. These services will have a ¹ 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)

\$6,400.00 per year from doctors and facilities in our plan.

\$10,000.00 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, go 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.

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Inpatient Hospital^{1*}

Facilities in our plan: Days 1 - 7: **\$290.00** per day, per admission / Days 8 - 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*}

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

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

What you will pay depends on the service and where you are treated.

Ambulatory Surgical Center^{1*}

Doctors and facilities in our plan: **\$265.00** 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.

Doctor's Office Visits¹

Primary care physician (PCP) visit:

PCPs in our plan: **\$10.00** copay

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

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Doctor's Office Visits¹

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 Exams¹

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

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Preventive Care Screenings and Annual Physical Exams¹

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)

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

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Emergency Care

\$90.00 copay

Emergency and Urgent Care Worldwide Coverage

\$90.00 copay

This plan covers urgent care and emergency services when traveling outside of the United States for less than six months. This benefit is limited to **\$100,000.00** per year.

Your emergency room copay will be waived if you receive care from a primary care provider, urgent care provider, or LiveHealth Online 24 hours prior to the emergency room visit.

Urgently Needed Services

\$35.00 copay

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

Doctors and facilities in our plan: **\$105.00 - \$175.00** 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 - \$145.00** 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.

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Lab Services^{1*}

Doctors and facilities in our plan: **\$10.00** copay

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.

Outpatient X-rays^{1*}

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*}

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 Services¹

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: **\$60.00** copay

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Hearing Services¹

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. **\$2,000.00** 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 up to the maximum plan benefit amount.

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 Services¹

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), 1 cleaning(s) every year.

Dentists in our plan: **\$0.00** copay

Dentists not in our plan: **20%** coinsurance

Comprehensive dental services:

Not Covered

To find a dental provider in our plan, follow the same steps as the "How to find a doctor/PCP in our plan" box at the beginning of this booklet. Then select **Dental Provider** under **Provider Type**.

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Vision Services¹

Medicare-covered vision services:

Exam to diagnose and treat diseases and conditions of the eye

Doctors in our plan: **\$40.00** copay

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

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)

Not Covered

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

To find a vision provider in our plan, follow the same steps as the "How to find a doctor/PCP in our plan" box at the beginning of this booklet. Then select **Vision Provider** under **Provider Type**.

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Mental Health Care

Inpatient visit:^{1*}

Doctors and facilities in our plan: Days 1-5: **\$260.00** per day, per admission/ Days 6-90: **\$0.00** 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*}

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

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

Skilled Nursing Facility (SNF)^{1*}

Doctors and facilities in our plan: SNF Days 1 - 20: **\$0.00** per day / Days 21 - 100: **\$184.00** per day

Doctors and facilities not in our plan: **50%** coinsurance 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.

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Physical Therapy^{1*}

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

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

Ambulance*

Ground/Water Ambulance:

Emergency transportation services in and out of our plan: **\$295.00** 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*}

Other Part B Drugs:

Drugs in our plan: **20%** coinsurance

Drugs not in our plan: **20%** coinsurance

Chemotherapy drugs:

Drugs in our plan: **20%** coinsurance

Drugs not in our plan: **20%** coinsurance

Additional benefits

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Chiropractic Care^{1*}

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*}

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 routine foot care visits each year.

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

Home Health Care^{1*}

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.

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LiveHealth Online

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

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

Medical Equipment/Supplies¹

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:*

Suppliers in our plan: **\$0.00** copay

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

Outpatient Rehabilitation¹

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: **\$40.00** copay

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

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Outpatient Rehabilitation¹

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

Occupational therapy visit: *

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.

Outpatient Substance Abuse^{1*}

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.

Over-the-Counter Items

This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **\$35** every quarter. Unused OTC amounts do roll over to the next quarter. Unused OTC amounts do not roll over to the next calendar year.

There are many ways to access your benefit:

- Shop online or use the mobile app and have items sent to your home or to a store location near you for pickup
- Shop at more than 4,600 Walmart and Neighborhood Market stores and other participating retailers
- Call to place an order and have items sent to your home

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Renal Dialysis¹

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.

[†]The SilverSneakers Fitness Program is provided by Tivity Health, an independent company. SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. © 2020 Tivity Health, Inc. All rights reserved.

24/7 NurseLine

24-hour access to a nurse helpline, 7 days a week, 365 days a year.

Summary of 2021 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 many important details about your pharmacy benefit.



To find a pharmacy in our plan:

- Visit <https://shop.anthem.com/medicare> (under *Useful Tools*, select **Find a Pharmacy**, and enter your location and search details).
- Give us a call and we will send you a copy of the Pharmacy Directory.

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Stage 1: How much is my deductible?

\$100.00 deductible per year for Part D prescription drugs. Drugs listed on Tier 3: Preferred Brand, Tier 4: Nonpreferred Drug, Tier 5: Specialty Tier are included in the Part D 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 **\$4,130**. 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.

If you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program, the amount you pay may be different in this Stage.

Stage 2: Initial Coverage	
Cost Sharing	Anthem MediBlue Access Basic (Regional PPO)
Tier 1: Preferred Generic	
Preferred retail one-month supply	\$6.00*
Standard retail one-month supply	\$11.00*
Mail order three-month supply	\$12.00*
Tier 2: Generic	
Preferred retail one-month supply	\$15.00*
Standard retail one-month supply	\$20.00*
Mail order three-month supply	\$30.00*
Tier 3: Preferred Brand	
Preferred retail one-month supply	\$37.00
Standard retail one-month supply	\$47.00
Mail order three-month supply	\$74.00
Tier 4: Nonpreferred Brand	
Preferred retail one-month supply	46%
Standard retail one-month supply	47%
Mail order three-month supply	46%
Tier 5: Specialty Tier	
Preferred retail one-month supply	31%
Standard retail one-month supply	31%
Mail order three-month supply	Not available

Stage 2: Initial Coverage**Cost Sharing****Anthem MediBlue Access Basic (Regional PPO)****Tier 6: Select Care Drugs**

Preferred retail one-month supply

\$0.00*

Standard retail one-month supply

\$0.00*

Mail order three-month supply

\$0.00^{*100}

*Your deductible will not apply for these drugs.

¹⁰⁰The three-month supply for this tier on this plan is 100 days.

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Stage 3: Coverage Gap

For drugs on Tier 6, you pay the same cost-sharing that is listed in Stage 2 above. For all other drugs, you pay **25%** of the plan's cost for covered brand name drugs and **25%** of the plan's cost for covered generic drugs until your costs total **\$6,550**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Stage 4: Catastrophic Coverage

After your yearly out-of-pocket drug costs reach **\$6,550**, you pay the greater of: a **\$3.70** copay for generic (including brand drugs treated as generic) and a **\$9.20** copay for all other drugs, or **5%** coinsurance.

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

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How much is the monthly payment?

An extra **\$19.00** per month. You must keep paying your Medicare Part B monthly payment and your **\$84.00** 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 **\$500.00** 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

Doctors not in our plan:

You pay **20%** of the covered charges for:

- Two exams

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Benefits included:

- 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.

Package 2: Dental and Vision Package

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How much is the monthly payment?

An extra **\$27.00** per month. You must keep paying your Medicare Part B monthly payment and your **\$84.00** 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 **\$1,000.00** 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 Basic (Regional PPO)

Benefits included:

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 Basic (Regional PPO)

Benefits included:

Vision:

This package offers a **\$150.00** 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.

Package 3: Enhanced Dental and Vision Package

Anthem MediBlue Access Basic (Regional PPO)

How much is the monthly payment?

An extra **\$56.00** per month. You must keep paying your Medicare Part B monthly payment and your **\$84.00** 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 **\$2000.00** 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 Basic (Regional PPO)

Benefits included:

You pay **50%** of the covered charges for certain endodontic, periodontic, prosthodontic 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
- Dental implants

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, prosthodontic 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
- Dental implants

Anthem MediBlue Access Basic (Regional PPO)

Benefits included:

Exclusions & Limits for this benefit package:

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

Vision:

This package offers a **\$200.00** 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.

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



Here are your options:

OPTION 1 - Choose all your coverage in one Medicare Advantage Plan:

Medicare Part C

C+D+Extras

- 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

OPTION 2 - Choose one or both of the following:

Medicare Supplement



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

Prescription Drug Coverage





Part D



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

The four stages of drug coverage

This page is for educational purposes. To understand your plan's specific coverage for each of the stages, see the Summary of 2021 prescription drug coverage section of this Summary of Benefits.

 Stage 1	 Stage 2	 Stage 3	 Stage 4
Deductible	Initial Coverage	Coverage Gap	Catastrophic Coverage
<p>If you have a deductible, you will pay 100% of your drug cost until you meet your deductible.</p> <p>If you have no deductible, or if a specific drug tier does not apply to the deductible, you will skip to Stage 2.</p>	<p>You will pay a copay or a percentage of the cost, and your plan pays the rest for your covered drugs.</p>	<p>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 in the prescription drug coverage section of this Summary of Benefits for the exact amount.</p> <p>After you enter the coverage gap, you pay a percentage of the plan's cost for covered brand-name drugs and/or covered generic drugs until your costs total \$6,550.</p> <p>Some plans have extra coverage. See the Stage 3: Coverage Gap section for more details.</p>	<p>In this stage, after your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach \$6,550, the plan pays most, or in some cases all, of the cost of your covered Part D prescription drugs. This stage lasts until the end of the plan year.</p> <p>See the Stage 4: Catastrophic Coverage section for what you pay with this plan.</p>

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.

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 Medicare Advantage Drug (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 frames above if certain events occur in your life or if you're eligible for low-income subsidy (also called "Extra Help").

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 and Prescription Drug (MAPD) plans:

One Card for ALL!



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 MAPD plan ID card for all your covered medical and drug benefits.



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.)

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**.

Out-of-network/non-contracted providers are under no obligation to treat Anthem MediBlue Access Basic (Regional 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 RPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Anthem Blue Cross and Blue Shield is the trade name of: in Indiana: Anthem Insurance Companies, Inc. and in Kentucky: Anthem Health Plans of Kentucky, Inc. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Anthem Blue Cross and Blue Shield - R4487 2020 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 2020, Anthem Blue Cross and Blue Shield received the following Overall Star Rating from Medicare.

★★★★
3.5 Stars

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: ★★★★
3.5 Stars

The number of stars shows how well our plan performs.

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

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

We do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability in our health programs and activities. You may also contact us at 1-866-803-5169 (toll-free) or 711 (TTY), 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.

Current members please call 1-800-467-1199 (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 RPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Enrollment Checklist

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 **1-866-803-5169** 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 for which you routinely see a doctor. Visit <https://shop.anthem.com/medicare> or call **1-866-803-5169** 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, 2022.
- 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.