Summary of Benefits

Medicare Advantage

Plan year: January 1 – December 31, 2022

Missouri

St Charles, St Louis, St Louis City, Greene and other Missouri counties as listed on page 2.

Anthem MediBlue Service (PPO)†

22MOH4909021

Thank you for your interest in our Medicare Advantage plans

Anthem Blue Cross and Blue Shield offers benefits to help you stay healthy while protecting you from unexpected costs. This plan includes your hospital and medical benefits in one plan.

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

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Anthem MediBlue Service (PPO)

Anthem MediBlue Service (PPO)

Our service area includes these counties in MO: Adair, Audrain, Barry, Barton, Bollinger, Boone, Butler, Callaway, Camden, Cape Girardeau, Carter, Cedar, Chariton, Christian, Clark, Cole, Cooper, Crawford, Dade, Dallas, Dent, Douglas, Dunklin, Franklin, Gasconade, Greene, Hickory, Howard, Howell, Iron, Jasper, Jefferson, Knox, Laclede, Lawrence, Lewis, Lincoln, Linn, Macon, Madison, Maries, Marion, McDonald, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Newton, Oregon, Osage, Ozark, Pemiscot, Perry, Phelps, Pike, Polk, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Schuyler, Scotland, Scott, Shannon, Shelby, St. Charles, St. Francois, St. Louis, St. Louis City, Ste. Genevieve, Stoddard, Stone, Sullivan, Taney, Texas, Warren, Washington, Wayne, Webster, Wright

Do you have questions?

- You can learn more on our website, **https://shop.anthem.com/medicare**.

- Or call us toll-free **1-800-652-6387** (TTY: **711**).
- 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.

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

Anthem MediBlue Service (PPO) is a Medicare Advantage plan. It includes hospital and medical benefits in one plan. To join this plan, the following must apply to you:

- You're entitled to Medicare Part A.
- You're enrolled in Medicare Part B.
- You live in our service area.

You can go to any doctor or facility. However, if you stay inside the network, your out-of-pocket costs may be lower. Ask your current doctor if they are in this plan.

Medicare coverage that goes beyond Original Medicare

- ☐ This plan covers everything that Original Medicare covers — Part A (hospital services) and Part B (medical services) — plus more.
- ☐ This plan covers Medicare Part B drugs (such as chemotherapy and certain drugs your doctor administers). 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, no referrals needed.
- ☐ Your costs may be higher if you use doctors outside the plan.

Shop smart and save

If you use a doctor in our plan, your costs will be lower. A doctor can join or leave this plan at any time, so check if they're in-network with our Find a Doctor tool online. Just follow the steps below.

How to find a doctor/PCP in our plan:

- ☐ Go to **https://shop.anthem.com/medicare**
  1. Select **Useful Tools** and choose **Find a Doctor**.
  2. Enter your ZIP code, county and the date you want your coverage to begin.
  3. Fill in the details (city, doctor's name, distance, etc.).
  4. Be sure to check that the doctor is listed as "In-Network" for this plan.
- ☐ Or you can ask us for 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 the 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.

Summary of 2022 medical benefits

The next pages have more details about plan benefits, so you can choose the right plan for you.

Anthem MediBlue Service (PPO)

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

$0.00 per month

You must continue to pay your Medicare Part B premium.

Medicare Part B premium reduction

$50.00 per month

How much is my deductible?

This plan does not have a medical deductible.

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

$6,700.00 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 receive 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.

Anthem MediBlue Service (PPO)

Inpatient Hospital[1]

Facilities in our plan: Days 1-7: **$295.00** 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: **$275.00** copay
Doctors and facilities not in our plan: **30%** coinsurance

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

Ambulatory Surgical Center[1]

Doctors and facilities in our plan: **$245.00** copay
Doctors and facilities not in our plan: **30%** coinsurance

Doctor's Office Visits

Primary care physician (PCP) visit:

PCPs in our plan: **$20.00** copay

PCPs not in our plan: **30%** coinsurance

Anthem MediBlue Service (PPO)

Doctor's Office Visits

Specialist visit:[1]

Doctors in our plan: **$50.00** copay

Doctors not in our plan: **30%** coinsurance

Preventive Care Screenings and Annual Physical Exams

Preventive care screenings:

Doctors in our plan: **$0.00** copay

Doctors not in our plan: **30%** coinsurance

Annual physical exam:

Doctors in our plan: **$0.00** copay

Doctors not in our plan: **30%** coinsurance

Preventive Care Screenings and Annual Physical Exams

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, hepatitis B, pneumococcal, and COVID-19 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 is covered.

Anthem MediBlue Service (PPO)

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

$25.00 copay

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

Doctors and facilities in our plan: **$180.00** - **$275.00** copay
Doctors and facilities not in our plan: **30%** coinsurance

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** - **$100.00** copay
Doctors and facilities not in our plan: **30%** coinsurance

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

Anthem MediBlue Service (PPO)

Lab Services[1]

Doctors and facilities in our plan: **$0.00** - **$50.00** copay
Doctors and facilities not in our plan: **30%** coinsurance

What you pay may be based on the service received and/or 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: **30%** coinsurance

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

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

Hearing Services

Medicare-covered hearing services (Exam to diagnose and treat hearing and balance issues):[1]

Doctors in our plan: **$50.00** copay

Doctors not in our plan: **30%** coinsurance

Anthem MediBlue Service (PPO)

Hearing Services

Routine hearing services:[1]

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 up to the maximum plan benefit amount.

Doctors not in our plan: **20%** coinsurance for routine hearing exam(s).

Dental Services

Medicare-covered dental services (this does not include services for care, treatment, filling, removal or replacement of teeth):[1]

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: **$0.00** copay

Anthem MediBlue Service (PPO)

Dental Services

Comprehensive dental services:[1]

This plan covers up to a **$2,000.00** allowance for covered comprehensive dental services every year.

Doctors and dentists in our plan: **$0.00** copay

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

We cover more dental care than what Original Medicare covers. You can use our coverage for these services and more: extra exams, cleanings, X-rays, fillings and repairs, root canals (endodontics), dental crowns (caps), bridges and implants, and dentures.

Any amount not used at the end of the calendar year will expire.

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**.

Vision Services

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

Anthem MediBlue Service (PPO)

Vision Services

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 **$200.00** for eyeglasses or contact lenses every year.

Doctors in our plan: **$0.00** copay

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

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**.

Mental Health Care

Inpatient visit:[1]

Doctors and facilities in our plan: Days 1-6: **$295.00** per day, per admission / Days 7-90: **$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).

Anthem MediBlue Service (PPO)

Mental Health Care

Outpatient individual and group therapy services:[1]

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

Doctors and facilities not in our plan: **30%** coinsurance

Skilled Nursing Facility (SNF)[1]

Doctors and facilities in our plan: SNF Days 1 - 20: **$0.00** per day / Days 21 - 100: **$188.00** per day

Doctors and facilities not in our plan: **30%** 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.

Physical Therapy[1]

Doctors and facilities in our plan: **$40.00** copay
Doctors and facilities not in our plan: **30%** coinsurance

Ambulance[1]

Ground/Water Ambulance:

Emergency transportation services in and out of our plan: **$290.00** copay per trip

Anthem MediBlue Service (PPO)

Ambulance[1]

Air Ambulance:

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

Transportation

$0.00 copay. This plan offers coverage for 24, one-way, routine transportation services every year. Trips are limited to 60 miles.

Routine transportation coverage is limited to plan-approved locations (within the local service area) and transportation vendors in our plan. If you need a ride, call us or your transportation vendor at least 48 hours ahead of time.

Before you schedule a ride from a transportation vendor not in our plan, please call us. We can help you schedule a ride from a transportation vendor in our plan.

Medicare Part B Drugs[1]

Other Part B Drugs:

Drugs obtained from doctors and facilities in our plan: **20%** coinsurance

Drugs obtained from doctors and facilities not in our plan: **30%** coinsurance

Our plan does not cover Part D prescription drugs.

Chemotherapy drugs:

Drugs obtained from doctors and facilities in our plan: **20%** coinsurance

Drugs obtained from doctors and facilities not in our plan: **30%** coinsurance

Additional benefits

Anthem MediBlue Service (PPO)

Chiropractic Care[1]

Medicare-covered chiropractic services:

Providers in our plan: **$20.00** copay

Providers not in our plan: **30%** coinsurance

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** - **$50.00** copay

Doctors not in our plan: **30%** coinsurance

Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.
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: **30%** coinsurance

This plan covers: Unlimited routine foot care visits each year.

Healthy Meals-Post Discharge

$0.00 copay for up to 2 meals a day for 7 days following your discharge from the hospital or skilled nursing facility (SNF).

Anthem MediBlue Service (PPO)

Home Health Care[1]

Doctors and facilities in our plan: **$0.00** copay
Doctors and facilities not in our plan: **30%** coinsurance

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/Supplies

Durable Medical Equipment (wheelchairs, oxygen, etc.):[1]

Suppliers in our plan: **20%** coinsurance
Suppliers not in our plan: **30%** coinsurance

Medical supplies and prosthetic devices (braces, artificial limbs, etc.):[1]

Suppliers in our plan: **20%** coinsurance
Suppliers not in our plan: **30%** coinsurance

Diabetic supplies and services:

Suppliers in our plan: **$0.00** copay
Suppliers not in our plan: **30%** coinsurance

Anthem MediBlue Service (PPO)

Outpatient Rehabilitation

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):[1]

Doctors and facilities in our plan: **$20.00** copay

Doctors and facilities not in our plan: **30%** coinsurance

Pulmonary (lung) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):[1]

Doctors and facilities in our plan: **$20.00** copay

Doctors and facilities not in our plan: **30%** coinsurance

Occupational therapy visit:[1]

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

Doctors and facilities not in our plan: **30%** coinsurance

Outpatient Substance Abuse[1]

Individual & Group therapy visit:

Doctors and facilities in our plan: **$50.00** - **$100.00** copay

Doctors and facilities not in our plan: **30%** coinsurance

Anthem MediBlue Service (PPO)

Over-the-Counter Items

This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **$150** 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 three ways to access your benefit:

- Shop online or use the app and have items sent to your home or to a store location near you for pickup.
- Shop at more than 4,700 Walmart and Neighborhood Market stores and other participating retailers.
- Call to place an order and have items sent to your home.

Personal Emergency Response System (PERS) coverage[1]

Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you.

Renal Dialysis

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 to Friday, 8 a.m. to 8 p.m. ET.

†The SilverSneakers Fitness Program is provided by Tivity Health, an independent company. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.

Anthem MediBlue Service (PPO)

24/7 NurseLine
24-hour access to a nurse helpline, seven days a week, 365 days a year

Services with a 1 may need prior authorization (preapproval) from the plan.

Optional supplemental dental and vision plans

You can add an optional supplemental benefit plan to this plan, and take advantage of:

- No yearly deductibles.
- No waiting periods for coverage.
- Your choice of many dentists and vision care providers.

Package 1: Preventive Dental Package

Anthem MediBlue Service (PPO)

How much is the monthly payment?

An extra **$18.00** 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 **$500.00** 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:

Anthem MediBlue Service (PPO)

Benefits included:

- 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.

Package 2: Dental and Vision Package

Anthem MediBlue Service (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 **$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 Service (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 Service (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 Service (PPO)

How much is the monthly payment?

An extra **$58.00** 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 **$2000.00** 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 Service (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

Anthem MediBlue Service (PPO)

Benefits included:

- Dental implants

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 can help you decide what is right for you.

Original Medicare (Parts A and B) is a federal government program that helps cover:

A + B

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

Original Medicare (Parts A and B) does not cover:

- ☐ Prescription drugs.
- ☐ Vision, dental, or hearing care.

Here are your options

Option 1: an all-in-one Medicare Advantage plan	Option 2: One or both of the following
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 benefits ☐ Caps what you'll pay out-of-pocket for medical services	**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 home delivery services and pharmacies across the country

When you can enroll

Initial Enrollment Period

You can sign up for a Medicare Advantage or Part D plan when you are first eligible for Medicare. Your Initial Enrollment Period is a seven-month period that includes the three months before your 65th birthday month, the month you turn 65, and the three months after your 65th birthday month.

Annual Enrollment Period - October 15 to December 7

This is the time each year to enroll in or change your Medicare Advantage or Part D plan. You may also switch to only Original Medicare (Parts A and B). New coverage begins January 1 of each year.

Open Enrollment Period - January 1 to March 31

This is an extra time each year when you can make one enrollment change to your existing Medicare Advantage plan. You can do one of the following:

- ☐ Move to a different Medicare Advantage plan
- ☐ Drop your Medicare Advantage plan to stay with Original Medicare. If you do this and need drug coverage, you have until March 31 to add a Medicare Part D (prescription drug) plan.

Special Enrollment Period

You can sign up for a Medicare Advantage or Part D plan outside of the standard time frames if certain events occur in your life. These events may include (but aren't limited to) a change in employment, circumstances, or location.

If you choose a Medicare Advantage plan:

You will not need your red, white and blue Medicare ID card. Just present your member ID card for all your covered medical 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: You may have to buy Part A if you don't qualify for premium-free Part A. If you do not buy it when you're first eligible for Medicare, your monthly premium may go up 10%. You will have to pay the higher premium for twice the number of years you didn't sign up.

For example, if you delayed enrollment for one year and your monthly Part A premium was $100, then you would have to pay a $110 (10% increase) premium for two years (two times the one year you didn't have Medicare Part A).

Medicare Part B: Your monthly premium may increase 10% for each 12-month period 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 it if you receive Extra Help or have proof of other creditable (as good as Medicare's) coverage.

How can I learn more about Medicare?

Medicare & You, a helpful tool

The United States government's *Medicare & You* handbook is a great way to learn about Medicare and find answers to your questions. If you do not have a copy, you can view it online at **medicare.gov** or call Medicare for a copy at **1-800-MEDICARE (1-800-633-4227)**, 24/7. TTY users can call **1-877-486-2048**.

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

In Missouri (excluding 30 counties in the Kansas City area): Anthem Blue Cross and Blue Shield is the trade name of RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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IMPORTANT INFORMATION:
2022 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Anthem Blue Cross and Blue Shield - H4909

For 2022, Anthem Blue Cross and Blue Shield - H4909 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★☆

Health Services Rating: ★★★★½

Drug Services Rating: ★★★½☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important
Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

★★★★★	EXCELLENT
★★★★☆	ABOVE AVERAGE
★★★☆☆	AVERAGE
★★☆☆☆	BELOW AVERAGE
★☆☆☆☆	POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at **medicare.gov/plan-compare.**

Questions about this plan?

Contact Anthem Blue Cross and Blue Shield 7 days a week from 8 a.m. to 8 p.m., (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30 at 1-800-652-6387 (toll-free) or 711 (TTY).
Current members please call 1-855-690-7798 (toll-free) or 711 (TTY).

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.

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 **1-800-652-6387** 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 **1-800-652-6387** 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, 2023.
- [ ] 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.