Summary of Benefits

Medicare Advantage and Part D

Plan year: January 1 – December 31, 2022

Kentucky

Bourbon, Clark, Fayette, Jessamine, Madison, Scott, Woodford counties

Anthem MediBlue Plus (HMO)

22KYH9525133

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, medical, and drug benefits in one plan.

Anthem MediBlue Plus (HMO)

Anthem MediBlue Plus (HMO)

Our service area includes these counties in KY: Bourbon, Clark, Fayette, Jessamine, Madison, Scott, Woodford

Do you have questions?

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

- Or call us toll-free **1-866-803-5169** (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 Plus (HMO) is a Medicare Advantage plan. It includes hospital, medical, and prescription drug benefits. 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 need to visit doctors and facilities in this plan's network. This is very important. If you go outside the network, the services may not be covered.

Medicare coverage that goes beyond Original Medicare

- This plan covers everything Original Medicare covers — Part A (hospital services) and Part B (medical services) — plus more.
- This plan covers Medicare Part D drugs and Part B drugs (such as chemotherapy and certain drugs your doctor administers).

This is a Health Maintenance Organization (HMO) plan. That means:

- You must choose a primary care physician (PCP) in the plan's network of doctors for covered services. Your PCP provides most of your medical care, including routine care and hospitalizations. They can help you save time and money by directing you to specialists when needed.
- Before you visit a specialist, we recommend you talk to your PCP first. They know your health history and can help you find the right care.

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

If you need to change your primary care physician (PCP), give us a call and we'll help. Doctors can join or leave the network 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.

Know your drug plan

Prescription drugs are an important part of health and wellness

Anthem MediBlue Plus (HMO) covers medications that help you stay your healthiest, at the lowest cost possible. Check the plan's drug list, or *Formulary*, to see if your prescriptions are covered and at what price.

How to check if your prescriptions (or an acceptable alternative) are covered and what they'll cost:

- ☐ Visit **https://shop.anthem.com/medicare**
  1. Select **Useful Tools** and choose **Find Your Covered Drugs**.
  2. Enter your ZIP code, county and beginning coverage date.
  3. Enter your drug name, dosage, quantity and refill frequency, and select **Add Drug** or **Next**.
  4. Select your pharmacy, and then select **View All Plans**.
  5. Choose **Plan Details** and then **Drug Cost** to view the drug's tier, specific cost, and coverage details.
- ☐ You can also call us at the number on page 2 for a copy of the *Formulary*.

Find a pharmacy

Our plans include the majority of pharmacies in America, so you're likely to find one near you. If your pharmacy is not in this plan, you could end up paying more for your drugs.

To confirm your pharmacy is in the plan (or find a new one) see the *Pharmacy Directory* on our website at **https://shop.anthem.com/medicare**. Under **Useful Tools**, choose **Find a Pharmacy** to enter your location and search details. Preferred pharmacies are noted to the right of the pharmacy name. Or you can give us a call and we'll send you the directory.

Save money through mail order or at preferred pharmacies

Use mail order or certain retail pharmacies *(preferred pharmacies)* to reduce costs. Using mail order or a preferred pharmacy can lower your copays and share of the cost, but the choice is yours.

Preferred pharmacies include Albertsons/Safeway, 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.

Don't miss out on some Extra Help

Medicare offers Extra Help, a program with prescription drug assistance for people who qualify. Extra Help can cover prescription drug plan deductibles, premiums, copays, and coinsurance. Plus:

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

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

- Our helpful representatives at **1-866-803-5169**.
- **1-800-MEDICARE (1-800-633-4227)** (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**) Monday to Friday, 7 a.m. to 7 p.m.
- Your state Medicaid office.

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 Plus (HMO)

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?

This plan does not have a medical deductible.

This plan does not have a Part D deductible.

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

$5,300.00 per year from doctors and facilities in 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 in 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 for the rest of the year.

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

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).

Anthem MediBlue Plus (HMO)

Outpatient Hospital[1]

Doctors and facilities in our plan: **$275.00** copay

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

Ambulatory Surgical Center[1]

Doctors and facilities in our plan: **$225.00** copay

Doctor's Office Visits

Primary care physician (PCP) visit:

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

Specialist visit:[1]

Doctors in our plan: **$35.00** copay

Preventive Care Screenings and Annual Physical Exams

Preventive care screenings:

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

Annual physical exam:

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

Anthem MediBlue Plus (HMO)

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 Plus (HMO)

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

$30.00 copay

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

Doctors and facilities in our plan: **$180.00** - **$225.00** copay

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** - **$225.00** copay

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

Anthem MediBlue Plus (HMO)

Lab Services[1]

Doctors and facilities in our plan: **$0.00** - **$25.00** copay

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** - **$130.00** copay

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

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: **$35.00** copay

Routine hearing services:[1]

This plan covers 1 routine hearing exam(s) and hearing aid fitting/evaluation(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.

Anthem MediBlue Plus (HMO)

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

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

Comprehensive dental services:[1]

This plan covers up to a **$1,000.00** allowance for covered comprehensive dental services every year.

Doctors and dentists in our plan: **50%** coinsurance for Restorative and Extraction services. **70%** coinsurance for Endodontics, Periodontics, Crowns, and Denture services.

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**.

Anthem MediBlue Plus (HMO)

Vision Services

Medicare-covered vision services:

Exam to diagnose and treat diseases and conditions of the eye[1]

Doctors in our plan: **$35.00** copay

Eyeglasses or contact lenses after cataract surgery

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

Routine vision services:

Routine vision exam[1]

This plan covers 1 routine eye exam(s) every year.

Doctors 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

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**.

Anthem MediBlue Plus (HMO)

Mental Health Care

Inpatient visit:[1]

Doctors and facilities in our plan: Days 1-6: **$275.00** per day, per admission / Days 7-90: **$0.00** per day, per admission

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: **$35.00** copay

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

Our plan covers up to 100 days in a Skilled Nursing Facility (SNF).

Your copays for SNF benefits are based on benefit periods. A benefit period starts on the first day you go into a hospital or SNF and ends when you haven't had any inpatient hospital care or skilled nursing care for 60 days in a row. If you go into a SNF after one benefit period has ended, a new benefit period starts. There's no limit to the number of benefit periods you can have.

Physical Therapy[1]

Doctors and facilities in our plan: **$35.00** copay

Anthem MediBlue Plus (HMO)

Ambulance[1]

Ground/Water Ambulance:

Emergency transportation services in our plan: **$260.00** copay per trip

Air Ambulance:

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

Transportation

Not Covered.
You may be able to select transportation coverage through this plan's Essential Extras benefit. See that benefit description for more information.

Medicare Part B Drugs[1]

Other Part B Drugs:

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

Chemotherapy drugs:

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

Additional benefits

Essential Extras

We want you to have not just the best possible health, but comfort in your daily life. Choose any one of the following innovative benefits as part of a comprehensive plan that we will help you create.

Assistive Devices

You could receive an annual allowance of **$500** for assistive and safety devices, such as hand rails, shower stools, raised toilet seats, and temporary mobility ramps.

Flex Account – Dental, Vision, Hearing

Enjoy up to **$500** per year in additional coverage for your dental, vision, or hearing needs. You get to choose how to spend your annual allowance - towards out-of-pocket costs or additional services.

Health & Fitness Tracker

You could enjoy a fitness tracking device (every other year), plus access to online programs to help you achieve your mental acuity and fitness goals.

Healthy Groceries

If you have a diagnosed chronic condition, you can save on the cost of healthy groceries with **$50** each month - good toward purchases at participating stores near you.

Healthy Meals

If you have a diagnosed chronic condition, you can enjoy healthy meals delivered directly to your home. You could receive up to two meals a day for up to 90 days to support your nutritional needs.

In-Home Support

Enjoy up to 60 hours per calendar year of companionship and independent activities of daily living, such as helping with light chores, errands, tech support, and more.

Personal Home Helper

Provides up to 31 visits (up to four hours each visit) of home health aide services if you need help with two or more activities of daily living, such as mobility help around the home, bathing, dressing, or meal prep, or to provide respite care.

Pest Control

If you have a diagnosed chronic condition, you could have your home treated every three months for standard pests or receive a one-time treatment for certain infestations if they are having a direct impact on your health.

Transportation

If you need a ride to plan-approved locations, this benefit gives you 60 one-way trips per year.

Anthem MediBlue Plus (HMO)

Chiropractic Care[1]

Medicare-covered chiropractic services:

Providers in our plan: **$20.00** 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** - **$35.00** copay

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

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

Anthem MediBlue Plus (HMO)

Healthy Meals-Post Discharge

$0.00 copay for up to 2 meals a day for 10 days following your discharge from the hospital or skilled nursing facility (SNF).

Healthy Pantry

If you have a diagnosed chronic condition, you could receive monthly nutritional counseling sessions and monthly delivery of non-perishable pantry staples to help you make important changes to your diet.

Home Health Care[1]

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

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

Anthem MediBlue Plus (HMO)

Medical Equipment/Supplies

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

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

Diabetic supplies and services:

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

Medicare Community Resource Support

We assist you right over the phone by providing you with health-related information and by connecting you to local community-based services and support programs. We'll help you coordinate these services based on your unique needs. Call us at the number listed on your plan ID card and ask for the Medicare Community Resource Support team for more details.

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: **$45.00** copay

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: **$30.00** copay

Occupational therapy visit:[1]

Doctors and facilities in our plan: **$35.00** copay

Anthem MediBlue Plus (HMO)

Outpatient Substance Abuse[1]

Individual & Group therapy visit:

Doctors and facilities in our plan: **$35.00** copay

Over-the-Counter Items

This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **$100** 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

Service Dog Support

If you have a diagnosed chronic condition, you can receive up to **$500** per year to help pay for items used to care for your ADA service dog, such as food, leashes, or vests.

Anthem MediBlue Plus (HMO)

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.

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.

Summary of 2022 prescription drug coverage

Ways to save

1. Choose generic drugs on tiers 1 and 2 when available.
2. Use mail order.
3. Use a preferred pharmacy. To find a preferred pharmacy in this plan:
   - Visit **https://shop.anthem.com/medicare** (select **Useful Tools**, and choose **Find a Pharmacy**). Preferred pharmacies are noted to the right of the pharmacy name.
   - Give us a call and we will send you a copy of the *Pharmacy Directory*.

Anthem MediBlue Plus (HMO)

Stage 1: How much is my deductible?

This plan does not have a 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 **$4,430**. 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 Plus (HMO)**
Tier 1: Preferred Generic	
Preferred retail one-month supply	**$2.00**
Standard retail one-month supply	**$7.00**
Mail order three-month supply	**$0.00**
Tier 2: Generic	
Preferred retail one-month supply	**$9.00**
Standard retail one-month supply	**$14.00**
Mail order three-month supply	**$0.00**
Tier 3: Preferred Brand	
Preferred retail one-month supply	**$42.00**
Standard retail one-month supply	**$47.00**
Mail order three-month supply	**$84.00**
Tier 4: Non-Preferred Drug	
Preferred retail one-month supply	**$95.00**
Standard retail one-month supply	**$100.00**
Mail order three-month supply	**$190.00**
Tier 5: Specialty Tier	
Preferred retail one-month supply	**33%**
Standard retail one-month supply	**33%**
Mail order three-month supply	**Not available**

Stage 2: Initial Coverage	
Cost Sharing	**Anthem MediBlue Plus (HMO)**
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]

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

Anthem MediBlue Plus (HMO)

Stage 3: Coverage Gap

After your total yearly drug costs reach **$4,430,** you receive limited coverage by the plan on certain drugs. You will continue to pay your ICL cost share for Tier 6 select care drugs in the coverage gap. You will also receive a discount on brand name drugs and generally pay no more than **25%** of the plan's costs for formulary brand drugs and **25%** of the plan's costs for other formulary generic drugs until your yearly out-of-pocket drug costs reach **$7,050.**

Stage 4: Catastrophic Coverage

After your yearly out-of-pocket drug costs reach **$7,050,** you pay the greater of: a **$3.95** copay for generic (including brand drugs treated as generic) and a **$9.85** copay for all other drugs, or **5%** coinsurance.

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 Plus (HMO)

How much is the monthly payment?

An extra **$19.00** 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 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

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 Plus (HMO)

How much is the monthly payment?

An extra **$26.00** 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 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 Plus (HMO)

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.

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.
- 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 Plus (HMO)

How much is the monthly payment?

An extra **$48.00** 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 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 Plus (HMO)

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

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.
- 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:

- ☐ 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

The four stages of drug coverage

To understand your plan's specific coverage for each stage, see the **Summary of 2022 prescription drug coverage** section in this Summary of Benefits.

Stage 1	Stage 2	Stage 3	Stage 4
Deductible	**Initial Coverage**	**Coverage Gap**	**Catastrophic Coverage**
If you have a deductible, you pay **100%** of your drug costs until you meet your deductible. If you have no deductible, or if a specific drug tier does not apply to the deductible, you will skip to Stage 2.	You pay a copay or a percentage of the cost, and your plan pays the rest for your covered drugs.	In this stage, you pay a greater share of the costs. It begins after you and your plan have paid a certain amount on covered drugs during Stages 1 and 2 (this can vary by plan). See **Stage 2: Initial Coverage** in the prescription drug coverage section in this Summary of Benefits for the exact amount. 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 **$7,050**. Some plans have extra coverage. See the **Stage 3: Coverage Gap** section for more details.	In this stage, after your yearly out-of-pocket drug costs (including drugs purchased through home delivery and pharmacy) reach **$7,050**, the plan pays most, or in some cases, all, of your covered drug costs. This stage lasts until the end of the plan year. See the **Stage 4: Catastrophic Coverage** section for what you pay with this plan.

Which coverage stage am I in?

You will receive 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 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:

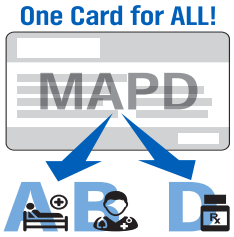
- Move to a different Medicare Advantage plan
- Drop your Medicare Advantage plan to stay with Original Medicare. If you do this and need drug coverage, you have until March 31 to add a Medicare Part D (prescription drug) plan.

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.

Medicare ID cards

If you choose a Medicare Advantage and Prescription Drug plan:



You will not need your red, white and blue Medicare ID card. Just present your member 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: 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**.

If you need emergency or urgent care, call 911 or go to the nearest doctor or facility that can help you. Most times, you must use doctors in our plan to receive covered medical care, except for emergencies and urgently needed care when doctors in our plan are not available or dialysis services when you are out of the service area. If you receive routine care from doctors outside our plan, neither Medicare nor Anthem Blue Cross and Blue Shield will pay for it.

Anthem Blue Cross and Blue Shield is an HMO 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 Anthem Health Plans of Kentucky, Inc. Independent licensee of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

IMPORTANT INFORMATION:
2022 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Anthem Blue Cross and Blue Shield - H9525

For 2022, Anthem Blue Cross and Blue Shield - H9525 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★☆

Health Services Rating: ★★★★☆

Drug Services Rating: ★★★★☆

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 1-866-803-5169 (toll-free) or 711 (TTY).
Current members please call 1-855-558-1439 (toll-free) or 711 (TTY).

Anthem Blue Cross and Blue Shield is an HMO 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, 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).