

Summary of Benefits



Thank you for your interest in our Prescription Drug plans.

Anthem Blue Cross and Blue Shield (Anthem) offers prescription drug plans to help you with your drug needs and to help protect you from unexpected drug costs.

Prescription Drug Plan

Plan year: January 1 – December 31, 2024

Ohio

Anthem MediBlue Rx Standard (PDP)

Anthem MediBlue Rx Plus (PDP)

Anthem MediBlue Rx Standard (PDP) and Anthem MediBlue Rx Plus (PDP)

Anthem MediBlue Rx Standard (PDP) and Anthem MediBlue Rx Plus (PDP) are prescription drug plans. They include prescription drug benefits only. To join these plans, the following must apply to you:

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

Our service area includes this state: Ohio.

Do you have questions?

You can learn more on our website, **<https://shop.anthem.com/medicare>**. Please call us toll-free at **1-800-243-3363** (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.

Know your drug plan

Prescription drugs are an important part of health and wellness

These prescription drug plans give you coverage for the drugs you need at predictable prices.

Check the plan's drug list, or *Formulary*, to find out:

- ☐ If your prescriptions are covered.
- ☐ The cost-sharing tier for your drugs.
- ☐ Whether your drugs are available through mail order.
- ☐ If your drugs need prior approval from the plan, or other limitations.

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*.



Know your drug plan - continued

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 at preferred pharmacies

Use certain retail pharmacies (*preferred pharmacies*) to reduce costs. Using 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 about 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.

Know your drug plan - continued

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

- ☐ Our helpful representatives at **1-800-243-3363**.
- ☐ **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.

For more information about Medicare, you can read the *Medicare & You* handbook. If you don't have a copy of this booklet, you can access it online at the Medicare website (www.medicare.gov) or request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



Summary of 2024 prescription drug coverage

Ways to save

1. Choose generic drugs on tiers 1 and 2 when available.
2. 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 Rx Standard (PDP)

Anthem MediBlue Rx Plus (PDP)

How much is my premium (monthly payment)?

\$66.80 per month

\$102.20 per month

You must continue to pay your Medicare Part B premium.

Stage 1: How much is my deductible?

\$545.00 deductible per year for Part D prescription drugs. Drugs listed on Tier 3: Preferred Brand , Tier 4: Non-Preferred Drug, Tier 5: Specialty Tier are included in the Part D deductible.

The Part D deductible does not apply to Insulin drugs.

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 **\$5,030**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

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 **\$5,030**. 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.

Stage 2: Initial Coverage

Cost Sharing	Anthem MediBlue Rx Standard (PDP)	Anthem MediBlue Rx Plus (PDP)
Tier 1: Preferred Generic		
Preferred retail one-month supply	\$1.00*	\$1.00
Standard retail one-month supply	\$4.00*	\$19.00
Mail order three-month supply	\$3.00*	\$3.00
Tier 2: Generic		
Preferred retail one-month supply	\$4.00*	\$4.00
Standard retail one-month supply	\$6.00*	\$20.00
Mail order three-month supply	\$12.00*	\$12.00

Stage 2: Initial Coverage

Cost Sharing	Anthem MediBlue Rx Standard (PDP)	Anthem MediBlue Rx Plus (PDP)
Tier 3: Preferred Brand and Covered Insulin Drugs		
Preferred retail one-month supply	19%	\$47.00
Preferred retail one-month Insulin supply	\$35.00	\$35.00
Standard retail one-month supply	20%	\$47.00
Standard retail one-month Insulin supply	\$35.00	\$35.00
Mail order three-month supply	19%	\$141.00
Mail order three-month Insulin supply	\$105.00	\$105.00

Stage 2: Initial Coverage

Cost Sharing	Anthem MediBlue Rx Standard (PDP)	Anthem MediBlue Rx Plus (PDP)
Tier 4: Non-Preferred Drug and Covered Insulin Drugs		
Preferred retail one-month supply	39%	50%
Preferred retail one-month Insulin supply	\$35.00	\$35.00
Standard retail one-month supply	40%	50%
Standard retail one-month Insulin supply	\$35.00	\$35.00
Mail order three-month supply	39%	50%
Mail order three-month Insulin supply	\$105.00	\$105.00
Tier 5: Specialty Tier		
Preferred retail one-month supply	25%	33%
Standard retail one-month supply	25%	33%
Mail order three-month supply	Not available	Not available

* Your deductible will not apply for these drugs.

Anthem MediBlue Rx Standard (PDP)

Anthem MediBlue Rx Plus (PDP)

Stage 3: Coverage Gap

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 **\$8,000**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

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 **\$8,000**, 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 **\$8,000**, the plan will pay all of your Medicare covered Part D drug costs for the rest of the year.

After your yearly out-of-pocket drug costs reach **\$8,000**, the plan will pay all of your Medicare covered Part D drug costs for the rest of the year.

Anthem Blue Cross and Blue Shield is a PDP 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 Community Insurance Company. Independent licensee of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-866-755-2776** (TTY: **711**). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-866-755-2776** (TTY: **711**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险計劃的任何疑问。如果您需要此翻译服务，请致电 **1-866-755-2776** (TTY: **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險計劃可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-866-755-2776** (TTY: **711**)。我們講粵語的工作人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-866-755-2776** (TTY: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-866-755-2776** (TTY: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-866-755-2776** (TTY: **711**) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-866-755-2776** (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-866-755-2776** (TTY: **711**) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-866-755-2776** (TTY: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة تتعلق بالخطة الصحية أو الأدوية. للحصول على مترجم، فوري ما عليك سوى الاتصال بنا على الرقم **1-866-755-2776** (TTY: **711**) يمكن لشخص يتحدث الإنجليزية أن يساعدك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-866-755-2776** (TTY: **711**) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-866-755-2776** (TTY: **711**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-866-755-2776** (TTY: **711**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-866-755-2776** (TTY: **711**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-866-755-2776** (TTY: **711**). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-866-755-2776** (TTY: **711**) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Anthem / Anthem or Blue KC in Missouri - S5596

For 2024, Anthem / Anthem or Blue KC in Missouri - S5596 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

Health Services Rating: Service not offered

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](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Anthem / Anthem or Blue KC in Missouri 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 1-800-243-3363 (toll-free) or 711 (TTY). Current members please call 1-866-755-2776 (toll-free) or 711 (TTY).

Anthem Blue Cross and Blue Shield is a PDP plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Pre-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 **1-800-243-3363** 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

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit <https://shop.anthem.com/medicare> or call **1-800-243-3363** to view a copy of the EOC.
- ☐ 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.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ 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, 2025.