

Summary of Benefits



Medicare Advantage and Part D

Plan year: January 1 – December 31, 2021

California

San Bernardino county

Anthem MediBlue Plus (HMO)*

Anthem MediBlue Select (HMO)*

21CAH0544MP9

Thank you for your interest in our Medicare Advantage plans

Anthem Blue Cross offers a variety of benefits designed to help keep you healthy while protecting you from unexpected costs. This plan includes your hospital, medical and drug benefits in one plan.

*** This plan uses a focused network of providers.**

Summary of 2021 medical benefits



On the following pages, you can review more about our plan benefits to help you choose the right plan for you. If you want to compare our plan with other Medicare health plans, call and ask the other plans for a copy of their Summary of Benefits.

Are there any restrictions on my coverage?

Prior Authorization:

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

Anthem MediBlue Plus (HMO)**Anthem MediBlue Select (HMO)****How much is my premium** (monthly payment)?**\$0.00** per month**\$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 medical deductible.

This plan does not have a Part D 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)**\$5,000.00** per year from doctors and facilities in our plan.**\$1,800.00** 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 get 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*Facilities in our plan: Days 1 - 5: **\$320.00** per day, per admission / Days 6 - 90: **\$0.00** per day, per admissionFacilities in our plan: **\$0.00** copay 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).

Our plan covers an unlimited number of days for an inpatient hospital stay.

| Anthem MediBlue Plus (HMO) | Anthem MediBlue Select (HMO) |
|--|--|
| Outpatient Hospital* | |
| Doctors and facilities in our plan: \$300.00 copay | Doctors and facilities in our plan: \$100.00 copay |
| What you will pay depends on the service and where you are treated. | |
| Ambulatory Surgical Center* | |
| Doctors and facilities in our plan: \$250.00 copay | Doctors and facilities in our plan: \$0.00 copay |
| Note: We highly recommend you talk to your PCP first, before you get care from a specialist. | |
| Doctor's Office Visits | |
| Primary care physician (PCP) visit: | |
| PCPs in our plan: \$0.00 copay | PCPs in our plan: \$0.00 copay |
| Specialist visit:* | |
| Doctors in our plan: \$10.00 copay | Doctors in our plan: \$0.00 copay |
| Note: We highly recommend you talk to your PCP first, before you get care from a specialist. | |
| Preventive Care Screenings and Annual Physical Exams | |
| Preventive care screenings: | |
| Doctors in our plan: \$0.00 copay | Doctors in our plan: \$0.00 copay |
| Annual physical exam: | |
| Doctors in our plan: \$0.00 copay | Doctors in our plan: \$0.00 copay |

Anthem MediBlue Plus (HMO)

Anthem MediBlue Select (HMO)

Preventive Care Screenings and Annual Physical Exams

Covered preventive care screenings:

- | | |
|--|---|
| <input type="checkbox"/> Abdominal aortic aneurysm screening | <input type="checkbox"/> Hepatitis C Screening |
| <input type="checkbox"/> Annual “wellness” visit | <input type="checkbox"/> High Intensity Behavioral Counseling |
| <input type="checkbox"/> Bone mass measurement | <input type="checkbox"/> HIV screening |
| <input type="checkbox"/> Breast cancer screening (mammogram) | <input type="checkbox"/> Lung cancer screenings |
| <input type="checkbox"/> Cardiovascular disease (behavioral therapy) | <input type="checkbox"/> Medical nutrition therapy services |
| <input type="checkbox"/> Cardiovascular screening | <input type="checkbox"/> Obesity screenings and counseling |
| <input type="checkbox"/> Cervical and vaginal cancer screening | <input type="checkbox"/> Prostate cancer screenings (PSA) |
| <input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) | <input type="checkbox"/> Sexually transmitted infections screenings and counseling |
| <input type="checkbox"/> Depression screening | <input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) |
| <input type="checkbox"/> Diabetes prevention program | <input type="checkbox"/> Vaccines, including flu shots, hepatitis B shots, pneumococcal shots |
| <input type="checkbox"/> Diabetes screenings and monitoring | <input type="checkbox"/> “Welcome to Medicare” preventive visit (one-time) |

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

| Anthem MediBlue Plus (HMO) | Anthem MediBlue Select (HMO) |
|--|---|
| Emergency Care | |
| <p>\$90.00 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Emergency and Urgent Care Worldwide Coverage</p> <p>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.</p> | <p>\$120.00 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Emergency and Urgent Care Worldwide Coverage</p> <p>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.</p> |
| Urgently Needed Services | |
| <p>\$35.00 copay</p> | <p>\$25.00 copay</p> |
| Diagnostic Radiology Services (such as MRIs, CT scans)* | |
| <p>Doctors and facilities in our plan: \$100.00 - \$150.00 copay</p> | <p>Doctors and facilities in our plan: \$50.00 copay</p> |
| <p>Note: We highly recommend you talk to your PCP first, before you get care from a specialist. What you pay for these services may vary based on where you are treated.</p> | |
| Diagnostic Tests and Procedures* | |
| <p>Doctors and facilities in our plan: \$0.00 - \$100.00 copay</p> | <p>Doctors and facilities in our plan: \$0.00 copay</p> |
| <p>Note: We highly recommend you talk to your PCP first, before you get care from a specialist. What you pay for these services may vary based on where you are treated.</p> | |

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Anthem MediBlue Select (HMO)

Lab Services*

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

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

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

Outpatient X-rays*

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

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

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.
What you pay for these services may vary based on where you are treated.

Therapeutic Radiology Services (such as radiation treatment for cancer)*

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

Doctors and facilities in our plan:
\$50.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.
What you pay for these services may vary based on where you are treated.

Anthem MediBlue Plus (HMO)

Anthem MediBlue Select (HMO)

Hearing Services

Medicare-covered hearing services (Exam to diagnose and treat hearing and balance issues):*

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

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

Routine hearing services:*

This plan covers 1 routine hearing exam(s) and hearing aid fitting/evaluation(s) every year. **\$500.00** 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.

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.

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

Dental Services

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

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

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

Preventive dental services:

Not Covered

This plan covers: 2 oral exam(s), 2 cleaning(s), 1 dental X-ray(s) every year.
Dentists in our plan: **\$0.00** copay

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Anthem MediBlue Select (HMO)

Dental Services

Comprehensive dental services:

Not Covered

This plan covers up to a **\$100.00** 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, 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.

Vision Services

Medicare-covered vision services:

Exam to diagnose and treat diseases and conditions of the eye

Doctors in our plan: **\$10.00** copayDoctors in our plan: **\$0.00** copay

Eyeglasses or contact lenses after cataract surgery

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

Anthem MediBlue Plus (HMO)

Anthem MediBlue Select (HMO)

Vision Services

Routine vision services:

Routine vision exam

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

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

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 **\$100.00** for eyeglasses or contact lenses every year.

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

This plan covers up to **\$150.00** for eyeglasses or contact lenses every year.

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

Note: We highly recommend you talk to your PCP first, before you get care from a specialist. To find a vision provider in our plan, follow the same steps as the "How to find a doctor/PCP in our plan" box at the beginning of this booklet. Then select **Vision Provider** under **Provider Type**.

Mental Health Care

Inpatient visit:*

Doctors and facilities in our plan: Days 1-5: **\$324.00** per day, per admission/
Days 6-90: **\$0.00** per day, per admission

Doctors and facilities in our plan: **\$900.00** copay per stay

Our plan covers unlimited inpatient days. Per day cost sharing applies to each new inpatient admission. (Note: transfers to an inpatient rehabilitation hospital is considered a new admission and cost sharing per day applies).

Outpatient individual and group therapy services:*

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

Doctors and facilities in our plan: **\$25.00** copay

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Anthem MediBlue Select (HMO)

Skilled Nursing Facility (SNF)*

Doctors and facilities in our plan: SNF
Days 1 - 20: **\$0.00** per day / Days 21 -
100: **\$140.00** per day

Doctors and facilities in our plan: SNF
Days 1 - 20: **\$0.00** per day / Days 21 -
100: **\$50.00** 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*

Doctors and facilities in our plan:
\$10.00 copay

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

Ambulance***Ground/Water Ambulance:**

Emergency transportation services in
our plan: **\$290.00** copay per trip

Emergency transportation services in
our plan: **\$200.00** copay per trip

Air Ambulance:

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

Emergency transportation services in
our plan: **\$200.00** copay per trip

Transportation*

Not Covered

\$0.00 copay. This plan offers coverage for 20, one-way, routine transportation services every year. Trips are limited to 60 miles.

Anthem MediBlue Plus (HMO)

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Transportation*

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

Medicare Part B Drugs*

Other Part B Drugs:

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

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

Chemotherapy drugs:

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

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

Additional benefits

Anthem MediBlue Plus (HMO)

Anthem MediBlue Select (HMO)

Acupuncture

Not Covered

Providers in our plan: **\$0.00** copay per visit. This plan offers coverage for 24 visits every year.

Chiropractic Care*

Medicare-covered chiropractic services:

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

Providers in our plan: **\$0.00** 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).

Routine chiropractic services:

Not Covered

Providers in our plan: **\$0.00** copay for 12 visits each year.

Enhanced Drug Coverage

Not Covered

Our plan offers additional coverage of some prescription drugs not normally covered in a Medicare prescription drug plan. Covered drugs include:

- Sildenafil. Limit 4 tablets per month.

Please refer to your Tier 1: Preferred Generic copay later in this Summary of Benefits for how much you will pay. Your plan's *Formulary* includes additional information about all drugs covered under this benefit.

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Foot Care (podiatry services)*

Medicare-covered podiatry:

Doctors in our plan: **\$0.00 - \$10.00** copay

Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.
 Note: We highly recommend you talk to your PCP first, before you get care from a specialist. You pay nothing for Medicare-covered *routine* podiatry services. For all other Medicare-covered podiatry services, you pay the higher amount shown above.

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

Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.
 Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Routine foot care:

Doctors in our plan: **\$0.00** copay
 This plan covers: 24 routine foot care visits each year.

Doctors in our plan: **\$0.00** copay
 This plan covers: Unlimited routine foot care visits each year.

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

Healthy Meals-Chronic Condition*

Not Covered

\$0.00 copay for up to 2 meals a day for 90 days to support your chronic condition nutritional needs.

Requires a referral, and you must use network providers.

Home Health Care*

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

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

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

Anthem MediBlue Plus (HMO)**Anthem MediBlue Select (HMO)****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.

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.):*

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

Suppliers in our plan: **\$0.00** copay applies for DME less than **\$100.00**. **20%** coinsurance applies for DME greater than or equal to **\$100.00**.

Medical supplies and prosthetic devices (braces, artificial limbs, etc.):*

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

Suppliers in our plan: **\$0.00** copay for prosthetics & supplies less than **\$100.00**. **20%** coinsurance for prosthetics and supplies greater than or equal to **\$100.00**.

Diabetic supplies and services:*

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

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

Anthem MediBlue Plus (HMO)

Anthem MediBlue Select (HMO)

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.

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):*

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

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

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

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

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

Occupational therapy visit:*

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

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

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

Anthem MediBlue Plus (HMO)

Anthem MediBlue Select (HMO)

Outpatient Substance Abuse***Individual & Group therapy visit:**

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

Doctors and facilities in our plan: **\$25.00** copay

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

Over-the-Counter Items

Not Covered

This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **\$75 every quarter**. Unused OTC amounts do roll over to the next quarter. Unused OTC amounts do not roll over to the next calendar year.

There are many ways to access your benefit:

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

Personal Emergency Response System (PERS) coverage*

Not Covered

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

| Anthem MediBlue Plus (HMO) | Anthem MediBlue Select (HMO) |
|--|--|
| Personal Home Helper* | |
| <p>Not Covered</p> <p>Requires a referral. You must use network providers.</p> | <p>Provides up to 31 days (up to 4 hours each day) 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 and dressing, meal prep, light chores like laundry or dishes, or to provide respite care.</p> |
| Pest Control* | |
| <p>Not Covered</p> <p>Requires a referral.</p> | <p>If you have a diagnosed chronic condition, you could have your home treated every three months for standard pests or a 1-time treatment for certain infestations, if they are having a direct impact on your health.</p> |
| Renal Dialysis | |
| <p>Doctors and facilities in our plan: 20% coinsurance</p> | <p>Doctors and facilities in our plan: 20% coinsurance</p> |

Anthem MediBlue Plus (HMO)**Anthem MediBlue Select (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 through Friday, 8 a.m. to 8 p.m. ET.

When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **www.silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. ET.

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

24/7 NurseLine

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

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

Summary of 2021 prescription drug coverage



Know where to go:

Once you become a member of our plan, Chapters 5 and 6 of your *Evidence of Coverage* include many important details about your pharmacy benefit.



To find a pharmacy in our plan:

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

Anthem MediBlue Plus (HMO)**Anthem MediBlue Select (HMO)****Stage 1: How much is my deductible?**

This plan does not have a Part D 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 **\$4,130**. 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 **\$4,130**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your covered drugs at retail pharmacies and mail-order pharmacies in our plan. Generally, you may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan. If you live in a long-term care facility, you pay the same as at a standard retail pharmacy.

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

| Stage 2: Initial Coverage | | |
|-----------------------------------|-----------------------------------|-------------------------------------|
| Cost Sharing | Anthem MediBlue Plus (HMO) | Anthem MediBlue Select (HMO) |
| Tier 1: Preferred Generic | | |
| Preferred retail one-month supply | \$0.00 | \$0.00 |
| Standard retail one-month supply | \$0.00 | \$0.00 |
| Mail order three-month supply | \$0.00¹⁰⁰ | \$0.00¹⁰⁰ |
| Tier 2: Generic | | |
| Preferred retail one-month supply | \$15.00 | \$5.00 |
| Standard retail one-month supply | \$20.00 | \$10.00 |
| Mail order three-month supply | \$45.00 | \$0.00 |
| Tier 3: Preferred Brand | | |
| Preferred retail one-month supply | \$42.00 | \$42.00 |
| Standard retail one-month supply | \$47.00 | \$47.00 |
| Mail order three-month supply | \$126.00 | \$84.00 |

Stage 2: Initial Coverage

| Cost Sharing | Anthem MediBlue Plus (HMO) | Anthem MediBlue Select (HMO) |
|-----------------------------------|-----------------------------------|-------------------------------------|
| Tier 4: Nonpreferred Brand | | |
| Preferred retail one-month supply | \$95.00 | \$95.00 |
| Standard retail one-month supply | \$100.00 | \$100.00 |
| Mail order three-month supply | \$285.00 | \$190.00 |
| Tier 5: Specialty Tier | | |
| Preferred retail one-month supply | 33% | 33% |
| Standard retail one-month supply | 33% | 33% |
| Mail order three-month supply | Not available | Not available |

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

| Anthem MediBlue Plus (HMO) | Anthem MediBlue Select (HMO) |
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|------------------------------|--|
| Stage 3: Coverage Gap | |
|------------------------------|--|

| | |
|--|--|
| <p>For drugs on Tier 1, you pay the same cost-sharing that is listed in Stage 2 above.</p> <p>For all other drugs, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> | <p>For drugs on Tier 1, you pay the same cost-sharing that is listed in Stage 2 above.</p> <p>For all other drugs, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> |
|--|--|

| | |
|---------------------------------------|--|
| Stage 4: Catastrophic Coverage | |
|---------------------------------------|--|

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|---|---|
| <p>After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of: a \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs, or 5% coinsurance.</p> | <p>After your yearly out-of-pocket drug costs reach \$6,550: For tier 1, you pay \$0.00. For tiers 2 - 5, you pay the greater of: \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs, or 5% coinsurance.</p> |
|---|---|

Optional supplemental dental and vision plans



Adding an optional supplemental benefit plan to your Medicare Advantage plan is good for your health in more ways than one:

- No yearly deductibles
- No waiting periods
- Large number of dentists and vision care providers in our plan

Package 1: Preventive Dental Package

Anthem MediBlue Plus (HMO)

Anthem MediBlue Select (HMO)

How much is the monthly payment?

An extra **\$13.00** per month. You must keep paying your Medicare Part B monthly payment.

An extra **\$13.00** per month. You must keep paying your Medicare Part B monthly payment.

How much is the deductible?

This package does not have a deductible.

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).

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

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

Anthem MediBlue Plus (HMO)

Anthem MediBlue Select (HMO)

Benefits included:

set/series of bitewing X-rays each year **and** up to seven periapical images per calendar year

- Two fluoride treatments

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)

Anthem MediBlue Select (HMO)

How much is the monthly payment?

An extra **\$32.00** per month. You must keep paying your Medicare Part B monthly payment.

An extra **\$32.00** per month. You must keep paying your Medicare Part B monthly payment.

How much is the deductible?

This package does not have a deductible.

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).

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

Doctors in our plan:

You pay no copay for:

- Two exams
- Two cleanings

Anthem MediBlue Plus (HMO)

Anthem MediBlue Select (HMO)

Benefits included:

- 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).

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.

- 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).

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.

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.

Anthem MediBlue Plus (HMO)**Anthem MediBlue Select (HMO)****Benefits included:**

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.

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)

Anthem MediBlue Select (HMO)

How much is the monthly payment?

An extra **\$53.00** per month. You must keep paying your Medicare Part B monthly payment.

An extra **\$53.00** per month. You must keep paying your Medicare Part B monthly payment.

How much is the deductible?

This package does not have a deductible.

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).

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

Doctors in our plan:

You pay no copay for:

- Two exams
- Two cleanings

Anthem MediBlue Plus (HMO)

Anthem MediBlue Select (HMO)

Benefits included:

- 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).

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

- 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).

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:

Anthem MediBlue Plus (HMO)

Anthem MediBlue Select (HMO)

Benefits included:

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.

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 information can help you decide what option is right for you.

ORIGINAL MEDICARE (PARTS A and B) is offered by the federal government. It helps cover the costs for:

A
B



- Inpatient care in hospitals and skilled nursing facilities (not custodial or long-term care)
- Hospice and some home health care services
- Doctors' services, hospital outpatient care and some home health care services, as well as lab tests, medical equipment and supplies
- Most preventive services, including a yearly wellness exam

But Original Medicare doesn't cover everything. Parts A and B don't cover:

- Prescription drugs
- Routine vision, dental or hearing care



Here are your options:

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

Medicare Part C

C+D+Extras

- Includes all of Part A (hospital) and Part B (medical) coverage
- Usually includes Part D prescription drug coverage
- Often offers extra services and benefit options
- Has yearly limits on your out-of-pocket costs for medical services

OPTION 2 - Choose one or both of the following:

Medicare Supplement



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

Prescription Drug Coverage

Part D



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

The four stages of drug coverage

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



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

Which coverage stage am I in?

You will get an **Explanation of Benefits (EOB)** each month you fill a prescription. It will show which coverage stage you're in and how close you are to entering the next one.

When you can enroll

Initial coverage period



You can sign up for a Medicare Advantage or Part D plan when you are first eligible for Medicare. Your initial enrollment phase is a 7-month period that includes the 3 months before you turn 65, the month you turn 65 and the 3 months after you turn 65.

Annual election period - October 15 to December 7



This is the time frame each year that you can enroll in or change your Medicare Advantage or Part D plan. You may also switch to Original Medicare (Parts A and B). New coverage begins January 1 of each year, after you've enrolled.

Open enrollment period - January 1 to March 31



If you're enrolled in a Medicare Advantage Drug (MA-PD) plan, you may switch to another MA-PD plan; an MA-only plan; or Original Medicare with or without a PDP.

Special enrollment period



You can sign up for a Medicare Advantage or Part D plan outside of the time frames above if certain events occur in your life or if you're eligible for low-income subsidy (also called "Extra Help").

Medicare ID cards

The Medicare plan option you choose will determine the plan ID card or cards you will need to carry with you at all times.

If you choose one of our Medicare Advantage and Prescription Drug (MAPD) plans:

One Card for ALL!



You should put away your red, white and blue Medicare ID card because all you'll need to carry is one card. Just present your MAPD plan ID card for all your covered medical and drug benefits.

