Summary of Benefits

Anthem®

Prescription Drug Plan

Plan year: January 1 – December 31, 2023

Indiana and Kentucky

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

23IKS5596M1

Thank you for your interest in our Prescription Drug plans.

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

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 these states: Indiana and Kentucky

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.

Know your drug plan - continued

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.

Know your drug plan - continued

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.

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.

Summary of 2023 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)?	
$54.00 per month You must continue to pay your Medicare Part B premium.	**$58.20** per month
Stage 1: How much is my deductible?	
$505.00 per year for Part D prescription drugs. Drugs listed on Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug and Tier 5: Specialty Tier are included in the Part D deductible. If you qualify for low-income subsidy (LIS), also known as Medicare's Extra Help program, your annual Part D deductible will be lower or you might pay nothing.	This plan does not have a Part D deductible. If you qualify for low-income subsidy (LIS), also known as Medicare's Extra Help program, your annual Part D deductible will be lower or you might pay nothing.
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 **$4,660**. 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 **$4,660**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

	This plan participates in the Part D Senior Savings Model – Insulin Savings Program, which offers lower, predictable, and stable out of pocket costs for select insulins through the different Part D benefit coverage stages. You will pay a maximum of $35 for a one-month supply of plan-covered select insulins during the deductible (if applicable), initial coverage and coverage gap stages of your benefit. See the plan Formulary to determine which select insulin drugs are covered. **This cost-sharing only applies to beneficiaries who do not qualify for a program that helps pay for your drugs (Extra Help).**

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 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	**$3.00***	**$19.00**
Mail order three-month supply	**$3.00***	**$3.00**

Stage 2: Initial Coverage		
Cost Sharing	**Anthem MediBlue Rx Standard (PDP)**	**Anthem MediBlue Rx Plus (PDP)**
Tier 2: Generic		
Preferred retail one-month supply	**$3.00***	**$4.00**
Standard retail one-month supply	**$5.00***	**$20.00**
Mail order three-month supply	**$9.00***	**$12.00**
Tier 3: Preferred Brand		
Preferred retail one-month supply	**$43.00**	**$47.00**
Standard retail one-month supply	**$44.00**	**$47.00**
Select Insulin drugs, Preferred or Standard retail one-month supply	**Not applicable**	**$35.00**
Mail order three-month supply	**$129.00**	**$141.00**
Select Insulin drugs, Mail order three-month supply	**Not applicable**	**$105.00**

Stage 2: Initial Coverage		
Cost Sharing	**Anthem MediBlue Rx Standard (PDP)**	**Anthem MediBlue Rx Plus (PDP)**
Tier 4: Non-Preferred Drug		
Preferred retail one-month supply	**40%**	**50%**
Standard retail one-month supply	**40%**	**50%**
Mail order three-month supply	**40%**	**50%**
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 **$7,400**, 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 **$7,400**, which is the end of the coverage gap. Not everyone will enter the coverage gap. This plan offers additional gap coverage for select insulins. Your out-of-pocket

	costs for select insulins will be **$35** for a one-month supply.
Stage 4: Catastrophic Coverage	
After your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach **$7,400**, you pay the greater of: □ **5%** of the cost, or □ **$4.15** copay for generic (including brand name drugs treated as generic) and a **$10.35** copay for all other drugs.	After your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach **$7,400**, you pay the greater of: □ **5%** of the cost, or □ **$4.15** copay for generic (including brand name drugs treated as generic) and a **$10.35** copay for all other drugs.

Understanding Medicare - The four stages of drug coverage




Stage 1	Stage 2	Stage 3	Stage 4
Deductible	**Initial Coverage**	**Coverage Gap**	**Catastrophic Coverage**
If you have a deductible, you will pay **100%** of your drug cost 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 of 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 **$7,400.** 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 mail order and your pharmacy) reach **$7,400**, 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.

Understanding Medicare - 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 Period is a seven-month period that includes the three months before you turn 65, the month you turn 65 and the three months after you turn 65.

Annual Election 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

If you're enrolled in a Medicare Advantage Prescription Drug (MA-PD) plan, and you're switching to Original Medicare, you can enroll in a Part D plan during this time.

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).

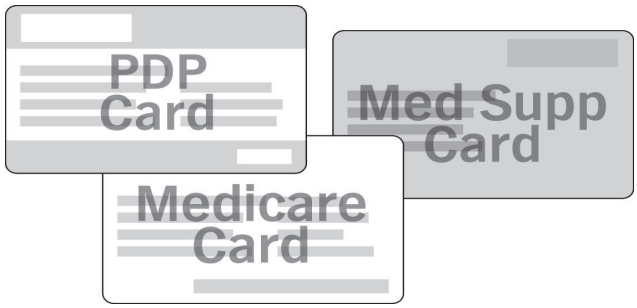
How can I learn more about Medicare?

Medicare & You – a helpful tool

The U.S. 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 at **www.medicare.gov** or call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24/7. TTY users can call **1-877-486-2048**.

Understanding Medicare - ID cards

If you choose one of our prescription drug plans (PDP):



You'll need your PDP card at the pharmacy for prescriptions. You may need another card for your medical benefits, depending on what kind of medical coverage you have (for example, your Medicare Supplement Insurance plan card, or your Medicare card).

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 $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 that you could have had Part B but didn't sign up. You'll have to pay this penalty for as long as you have Part B.

Medicare Part D: If you don't sign up when you're first eligible, you may have to pay this penalty for as long as you are enrolled in Part D, and it may increase every year. You may not have to pay if you receive Extra Help or have proof of other creditable (as good as Medicare's) coverage.

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

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. Someone who speaks English/Language 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. 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的任何疑 问。如果您需要此翻译服务，请致电 1-866-755-2776。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。我們講中文的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. 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. 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 quí vị cần thông dịch viên xin gọi 1-866-755-2776 sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-755-2776번으로 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. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: **إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري ليس عليك سوى الاتصال بنا على 1-866-755-2776. سيقوم شخص ما يتحدث العربية بمساعدتك. 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 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. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: 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. 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. 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. 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ございます。通訳をご用命になるには、1-866-755-2776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:
2022 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Anthem / Anthem or Blue KC in Missouri - S5596

For 2022, Anthem / Anthem or Blue KC in Missouri - S5596 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★☆

Health Services Rating: 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.**

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.

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

- ☐ 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, 2024.