Summary of Benefits

Medicare Advantage and Part D

Plan year: January 1 – December 31, 2023

Connecticut

Fairfield, Hartford, Litchfield, Middlesex, New Haven, Windham counties

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

23CTH5854M3

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.

*** This plan uses a focused network of doctors and hospitals.**

Anthem MediBlue Plus (HMO) and Anthem MediBlue Select (HMO)

Anthem MediBlue Plus (HMO)
Our service area includes this county in CT: Hartford

Anthem MediBlue Select (HMO)
Our service area includes these counties in CT: Fairfield, Hartford, Litchfield, Middlesex, New Haven, Windham

Do you have questions?

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

- Or call us toll-free **1-800-238-1143** (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) and Anthem MediBlue Select (HMO) are Medicare Advantage plans. They include hospital, medical, and prescription drug benefits. To join one of these plans, 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

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

These are Health Maintenance Organization (HMO) plans. 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) and Anthem MediBlue Select (HMO) cover 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 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 **1-800-238-1143**.
- **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 2023 medical benefits

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

Anthem MediBlue Plus (HMO)	Anthem MediBlue Select (HMO)
How much is my premium (monthly payment)**?**	
$26.00 per month	**$0.00** per month
You must continue to pay your Medicare Part B premium. If you receive Extra Help from Medicare, your monthly plan premium will be lower or you might pay nothing.	
How much is my deductible?	
This plan does not have a medical deductible. **$505.00** 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.	This plan does not have a medical deductible. **$275.00** 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 deductible does not apply to select Insulin drugs.
Is there a limit on how much I will pay for my covered medical services? (does not include Part D drugs)	
$6,700.00 per year from doctors and facilities in our plan	**$7,300.00** 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.	

Anthem MediBlue Plus (HMO)	Anthem MediBlue Select (HMO)
Inpatient Hospital[1]	
Facilities in our plan: Days 1-4: **$430.00** per day, per admission / Days 5-90: **$0.00** per day, per admission	Facilities in our plan: Days 1-5: **$400.00** per day, per admission / Days 6-90: **$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).	
Outpatient Hospital[1]	
Doctors and facilities in our plan: **30%** coinsurance	Doctors and facilities in our plan: **30%** coinsurance
What you will pay may depend on the service and where you are treated.	
Ambulatory Surgical Center[1]	
Doctors and facilities in our plan: **15%** coinsurance	Doctors and facilities in our plan: **15%** coinsurance
Doctor's Office Visits	
Primary care physician (PCP) visit:	
PCPs in our plan: **$20.00** copay	PCPs in our plan: **$5.00** copay
Specialist visit:[1]	
Doctors in our plan: **$50.00** copay	Doctors in our plan: **$45.00** copay

Anthem MediBlue Plus (HMO)	Anthem MediBlue Select (HMO)

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

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)	Anthem MediBlue Select (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.	**$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.
Urgently Needed Services	
$60.00 copay	**$50.00** copay

Diagnostic Services, Labs, and Imaging[1]		
	Anthem MediBlue Plus (HMO)	**Anthem MediBlue Select (HMO)**
Diagnostic Radiology Services (such as MRIs, CT scans)		
Doctors' offices in our plan:	$200.00 copay	$75.00 copay
Outpatient facilities in our plan:	$275.00 copay	$100.00 copay
Diagnostic Tests and Procedures		
Doctors' offices in our plan:	$40.00 copay	$40.00 copay
Outpatient facilities in our plan:	$60.00 copay	$70.00 copay

Anthem MediBlue Plus (HMO)	Anthem MediBlue Select (HMO)
Diagnostic Services, Labs, and Imaging[1]	
Lab Services	
Doctors' offices in our plan:	$20.00 copay / $10.00 copay
Outpatient facilities in our plan:	$20.00 copay / $10.00 copay
Outpatient X-rays	
Doctors' offices in our plan:	$35.00 copay / $25.00 copay
Outpatient hospitals or facilities in our plan:	$80.00 copay / $70.00 copay
Freestanding facility or at-home portable x-ray services in our plan:	$35.00 copay / $25.00 copay
Therapeutic Radiology Services (such as radiation treatment for cancer)	
Doctors and facilities in our plan:	20% coinsurance / 20% coinsurance

Anthem MediBlue Plus (HMO)	Anthem MediBlue Select (HMO)
Hearing Services	
Medicare-covered hearing services (Exam to diagnose and treat hearing and balance issues):[1]	
Doctors in our plan: **$50.00** copay	Doctors in our plan: **$45.00** copay
Routine hearing services:[1]	
Not Covered	This plan covers 1 routine hearing exam(s) and hearing aid fitting/ evaluation(s) every year. **$2,000.00** maximum plan benefit coverage amount applies to prescribed hearing aids covered by the plan 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.
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: **$0.00** copay	Doctors and dentists in our plan: **$0.00** copay
Preventive dental services:	
Not Covered	This plan covers: 1 oral exam(s), 1 cleaning(s) every year. Dentists in our plan: **$0.00** copay

Anthem MediBlue Plus (HMO)	Anthem MediBlue Select (HMO)
Dental Services	
Comprehensive dental services:	
Not Covered	Not Covered
Vision Services	
Medicare-covered vision services:	
Exam to diagnose and treat diseases and conditions of the eye	
Doctors in our plan: **$50.00** copay	Doctors in our plan: **$45.00** copay
Eyeglasses or contact lenses after cataract surgery	
Doctors in our plan: **$0.00** copay	Doctors in our plan: **$0.00** copay
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)	
Not Covered	This plan covers up to **$125.00** 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)	Anthem MediBlue Select (HMO)
Mental Health Care	
Inpatient visit:[1]	
Doctors and facilities in our plan: Days 1-4: **$415.00** per day, per admission / Days 5-90: **$0.00** per day, per admission	Doctors and facilities in our plan: Days 1-4: **$440.00** per day, per admission / Days 5-90: **$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).

Anthem MediBlue Plus (HMO)	Anthem MediBlue Select (HMO)
Outpatient individual and group therapy services:[1]	
Doctors and facilities in our plan: **$40.00** copay	Doctors and facilities in our plan: **$40.00** copay
Skilled Nursing Facility (SNF)[1]	
Doctors and facilities in our plan: SNF Days 1 - 20: **$0.00** per day / Days 21 - 100: **$196.00** per day	Doctors and facilities in our plan: SNF Days 1 - 20: **$0.00** per day / Days 21 - 100: **$196.00** 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.

Anthem MediBlue Plus (HMO)	Anthem MediBlue Select (HMO)
Physical Therapy[1]	
Doctors and facilities in our plan: **$40.00** copay	Doctors and facilities in our plan: **$40.00** copay

Anthem MediBlue Plus (HMO)	Anthem MediBlue Select (HMO)
Ambulance[1]	
Ground/Water Ambulance:	
Emergency transportation services in our plan: **$330.00** copay per trip	Emergency transportation services in our plan: **$325.00** copay per trip
Air Ambulance:	
Emergency transportation services in our plan: **20%** coinsurance per trip	Emergency transportation services in our plan: **20%** coinsurance per trip
Transportation	
Not Covered	Not Covered
Medicare Part B Drugs[1]	
Other Part B Drugs:	
Drugs obtained from doctors and facilities in our plan: **20%** coinsurance	Drugs obtained from doctors and facilities in our plan: **20%** coinsurance
Chemotherapy drugs:	
Drugs obtained from doctors and facilities in our plan: **20%** coinsurance	Drugs obtained from doctors and facilities in our plan: **20%** coinsurance

Additional benefits

Anthem MediBlue Plus (HMO)	Anthem MediBlue Select (HMO)
Chiropractic Care[1]	
Medicare-covered chiropractic services:	
Providers in our plan: **$20.00** copay	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: **$50.00** copay	Doctors in our plan: **$45.00** copay
Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.	
Home Health Care[1]	
Doctors and facilities in our plan: **$0.00** copay	Doctors and facilities in our plan: **$0.00** copay

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.):[1]	
Suppliers in our plan: **20%** coinsurance	Suppliers in our plan: **20%** coinsurance
Medical supplies and prosthetic devices (braces, artificial limbs, etc.):[1]	
Suppliers in our plan: **20%** coinsurance	Suppliers in our plan: **20%** coinsurance
Diabetic supplies and services:	
Suppliers in our plan: **$0.00** copay	Suppliers in our plan: **$0.00** copay
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: **$40.00** copay	Doctors and facilities in our plan: **$40.00** copay

Anthem MediBlue Plus (HMO)	Anthem MediBlue Select (HMO)
Outpatient Rehabilitation	
Pulmonary (lung) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):[1]	
Doctors and facilities in our plan: **$20.00** copay	Doctors and facilities in our plan: **$20.00** copay
Occupational therapy visit:[1]	
Doctors and facilities in our plan: **$40.00** copay	Doctors and facilities in our plan: **$40.00** copay
Outpatient Substance Abuse[1]	
Individual & Group therapy visit:	
Doctors and facilities in our plan: **$40.00** copay	Doctors and facilities in our plan: **$40.00** copay
Over-the-Counter Items	
Not Covered	Get a spending allowance of **$35** every quarter for certain approved, non-prescription, over-the-counter drugs and health-related items. Here are the ways you can use your benefit: ☐ Shop at participating stores near you. ☐ Shop online, use the app, or call to place an order and have items delivered to your home.

Anthem MediBlue Plus (HMO)	Anthem MediBlue Select (HMO)
Renal Dialysis	
Doctors and facilities in our plan: **20%** coinsurance	Doctors and facilities in our plan: **20%** coinsurance
SilverSneakers®† Fitness program	
When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **www.silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 8 a.m. to 8 p.m. ET.	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.
24/7 NurseLine	
24-hour access to a nurse helpline, seven days a week, 365 days a year	24-hour access to a nurse helpline, seven days a week, 365 days a year

†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.

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

Summary of 2023 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)	Anthem MediBlue Select (HMO)
Stage 1: How much is my deductible?	
$505.00 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. 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.	**$275.00** 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 deductible does not apply to select Insulin drugs. 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 $35.00 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.**

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	**$10.00***	**$0.00***
Standard retail one-month supply	**$15.00***	**$5.00***
Mail order three-month supply	**$0.00***	**$0.00***
Tier 2: Generic		
Preferred retail one-month supply	**$15.00***	**$14.00***
Standard retail one-month supply	**$20.00***	**$19.00***
Mail order three-month supply	**$0.00***	**$0.00***
Tier 3: Preferred Brand (and Select Insulin Drugs[SI] for Anthem MediBlue Select (HMO))		
Preferred retail one-month supply	**$41.00**	**$35.00**
Standard retail one-month supply	**$46.00**	**$35.00**
Mail order three-month supply	**$123.00**	**$105.00**

Stage 2: Initial Coverage		
Cost Sharing	**Anthem MediBlue Plus (HMO)**	**Anthem MediBlue Select (HMO)**
Tier 4: Non-Preferred Drug		
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**	**$285.00**
Tier 5: Specialty Tier		
Preferred retail one-month supply	**25%**	**28%**
Standard retail one-month supply	**25%**	**28%**
Mail order three-month supply	**Not available**	**Not available**
Tier 6: Select Care Drugs		
Preferred retail one-month supply	**$0.00***	**$0.00***
Standard retail one-month supply	**$0.00***	**$0.00***
Mail order three-month supply	**$0.00*[100]**	**$0.00*[100]**

* Your deductible will not apply for these drugs.

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

[SI]Only Anthem MediBlue Select (HMO) participates in the Senior Savings Model - Insulin Savings program. What you pay for Select Insulin drugs may vary if you receive Extra Help, and if the plan has a Part D deductible, it will not apply to these Select Insulin drugs.

Anthem MediBlue Plus (HMO)	Anthem MediBlue Select (HMO)
Stage 3: Coverage Gap	
After your total yearly drug costs reach **$4,660,** 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 **$7,400.**	After your total yearly drug costs reach **$4,660,** you receive limited coverage by the plan on certain drugs. You will continue to pay your ICL cost share for some Tier 3 preferred brand drugs and 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 **$7,400.**
Stage 4: Catastrophic Coverage	
After your yearly out-of-pocket drug costs reach **$7,400,** you pay the greater of: a **$4.15** copay for generic (including brand drugs treated as generic) and a **$10.35** copay for all other drugs, or **5%** coinsurance.	After your yearly out-of-pocket drug costs reach **$7,400,** you pay the greater of: a **$4.15** copay for generic (including brand drugs treated as generic) and a **$10.35** 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)	Anthem MediBlue Select (HMO)
How much is the monthly payment?	
An extra **$16.00** per month. You must keep paying your Medicare Part B monthly payment and your **$26.00** monthly plan payment.	An extra **$16.00** 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	**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	☐ 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)	Anthem MediBlue Select (HMO)
How much is the monthly payment?	
An extra **$28.00** per month. You must keep paying your Medicare Part B monthly payment and your **$26.00** monthly plan payment.	An extra **$28.00** per month. You must keep paying your Medicare Part B monthly payment.
How much is the deductible?	
This package does not have a deductible.	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:	**Doctors in our plan:** You pay no copay for:

Anthem MediBlue Plus (HMO)	Anthem MediBlue Select (HMO)
Benefits included:	
☐ Two exams ☐ Two cleanings ☐ Dental X-rays: include one full-mouth **or** panoramic X-ray **and** one set/series of bitewing X-rays each year **and** up to seven periapical images per calendar year ☐ Two fluoride treatments 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.	☐ 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). 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.	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.

Anthem MediBlue Plus (HMO)	Anthem MediBlue Select (HMO)
Benefits included:	
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.	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)	Anthem MediBlue Select (HMO)
How much is the monthly payment?	
An extra **$39.00** per month. You must keep paying your Medicare Part B monthly payment and your **$26.00** monthly plan payment.	An extra **$39.00** 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 **$2,000.00** for the following preventive dental benefits each year (benefit maximum).	**Doctors in our plan:** ☐ The plan will pay up to **$2,000.00** 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:	**Doctors in our plan:** You pay no copay for:

Anthem MediBlue Plus (HMO)	Anthem MediBlue Select (HMO)
Benefits included:	
☐ Two exams ☐ Two cleanings ☐ Dental X-rays: include one full-mouth **or** panoramic X-ray **and** one set/series of bitewing X-rays each year **and** up to seven periapical images per calendar year ☐ Two fluoride treatments 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	☐ 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). 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

Anthem MediBlue Plus (HMO)	Anthem MediBlue Select (HMO)
Benefits included:	
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.	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 2023 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 **$7,400**. 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 home delivery and 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.

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:

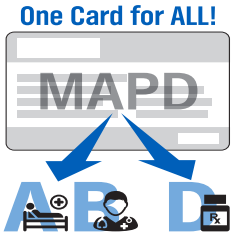
- Move to a different Medicare Advantage plan
- Drop your Medicare Advantage plan to stay with Original Medicare. If you do this and need drug coverage, you have until March 31 to add a Medicare Part D (prescription drug) plan.

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**.

Hay disponibles servicios de traducción; póngase en contacto con el plan o su agente.

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.

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 1-866-673-4157. 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 1-866-673-4157. 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 1-866-673-4157。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 1-866-673-4157。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 1-866-673-4157. 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 1-866-673-4157. 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 1-866-673-4157 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 1-866-673-4157. 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 1-866-673-4157번으로 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 1-866-673-4157. 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 1-866-673-4157. 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 1-866-673-4157 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 1-866-673-4157. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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 1-866-673-4157. 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 1-866-673-4157. 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 1-866-673-4157. 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、1-866-673-4157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 Blue Cross and Blue Shield - H5854

For 2022, Anthem Blue Cross and Blue Shield - H5854 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★½

Health Services Rating: ★★★★½

Drug Services Rating: ★★★★½

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

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

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

Star Ratings are based on factors that include:

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

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

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

Get More Information on Star Ratings Online

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

Questions about this plan?

Contact Anthem Blue Cross and Blue Shield 7 days a week from 8 a.m. to 8 p.m., (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30 at 1-800-238-1143 (toll-free) or 711 (TTY).
Current members please call 1-844-469-6744 (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 **1-800-238-1143** 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 **1-800-238-1143** 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.
- ☐ 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.
- ☐ 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).