

**Anthem Medicare Preferred (PPO) with Senior
Rx Plus Group Medicare Advantage PPO and
Part D with Senior Rx Plus Drug Coverage**

Contra Costa Community College District

October 27, 2017

Agenda

- About Anthem Blue Cross
- What is a Medicare Advantage (MA) plan?
- What is a Medicare Advantage PPO plan?
- Are you eligible?
- Finding a doctor
- Anthem Medicare Preferred (PPO) with Senior Rx Plus medical benefits
- Prescription drug benefits
- Programs for a healthier you
- Questions



About Anthem Blue Cross

- A provider of health care coverage plans for more than 75 years
- One in three Americans carries a Blue Cross Blue Shield Association card to access health care*.
- Quality products, information and services that give you access to what you need.
- Innovative wellness and preventive care programs at no cost to you.
- Resources you need to help you understand and use your benefits.

*www.bcbsa.com



Medicare Basics

Most people get their Medicare health care coverage in one of two ways:

Original Medicare

Part A
(Hospital) **Part B**
(Medical)

Medicare provides this coverage.
Part B is optional.

+

Part D
(Prescription Drug Coverage)

+

Medicare Supplement

OR

Medicare Advantage Part C

Combines Part A and Part B

Medicare contracts with private insurance companies to provide this coverage

Medicare pays a demographically based capitated rate per member, per month

Plan types include HMO and PPO

+

Part D
(Prescription Drug Coverage)

Note: A Medicare Advantage plan is not a Medicare Supplement (also called Medigap) plan, Medicare Select or Prescription Drug plan.

What is a Medicare Advantage (MA) plan?

- Health plan options (like PPOs and HMOs) offered by private insurers that have been approved by Medicare. Also called “Medicare Part C.”
- Coverage for basic hospital and medical expenses (replaces Part A and Part B) and often combined with Part D prescription drug coverage. May include additional benefits such as vision, dental and wellness programs.
- Many preventive care services at no cost to you.
- Out-of-pocket limits to protect you from high, unexpected medical costs.
- One plan and one card for your covered medical, hospital and Part D drug benefits.

What is a Medicare Advantage PPO plan?

- A PPO plan uses a network of health care providers, and you may choose any doctor or specialist as long as they accept Medicare.
- Freedom to see specialists without getting a referral.
- Provides out-of-network services if covered by Medicare.



In-network vs. out-of-network providers

In-network providers

- Providers and other health care professionals who participate in our network and agree to accept our payment plus the member's cost-share amount as payment in full.

Out-of-network providers

- Providers and other health care professionals who do *not* participate in our network and are not required to provide services to retirees.
- If the provider accepts Medicare and agrees to treat you, then the provider will bill the local Blue plan for reimbursement.
- You will pay the in-network cost share and deductible amounts.

Note - We can only pay providers who accept Medicare, please check with your provider if they accept Medicare.

Are you eligible?

To enroll in a MA plan, you must:

- Be enrolled in Medicare Part A and Medicare Part B.
- Continue to pay your monthly Part B premium (unless otherwise paid for under Medicaid or by another third party, if applicable).
- Live in our service area, which includes all 50 states, Washington, D.C. and Puerto Rico.
- Be eligible for your group's retiree health benefits.

Note: If you enroll in a different Medicare Advantage or Part D plan, Medicare will automatically disenroll you from your employer sponsored plan.

In order to re-enroll in your sponsored plan you will need to complete a new enrollment election for a future effective date.

Finding your doctor in our network

Here are a few ways to see if your doctor participates in our network:

- Check your Anthem Medicare Preferred (PPO) with Senior Rx Plus Provider Directory.
- Call our toll-free Customer Service number listed on your membership card.
- Call 1-800-810-Blue.
- Visit the “Doctor & Hospital Finder” at www.anthem.com/ca to find a Blue Medicare Advantage PPO provider.

Anthem Medicare Preferred (PPO) with Senior Rx Plus medical benefits summary



Covered services	In-network	Out-of-network
Physician services, including doctor's office visits (Medicare-covered services): <ul style="list-style-type: none"> Physician visits Specialist visits 	<p>\$15</p> <p>\$15</p>	<p>\$15</p> <p>\$15</p>
<ul style="list-style-type: none"> Deductible 	\$0	
Inpatient hospital care <ul style="list-style-type: none"> Hospital days are unlimited. Covered services include, but are not limited to a semi-private room (or a private room if medically necessary) 	<p>\$100</p> <p>copay per admission</p>	<p>\$100</p> <p>copay per admission</p>
Emergency outpatient care (waived if admitted within 72 hours)	\$50	\$50

Anthem Medicare Preferred (PPO) with Senior Rx Plus medical benefits summary



Covered services	In-network	Out-of-network
<p>Preventive care and screenings</p> <ul style="list-style-type: none"> • Bone mass measurement • Colorectal screening • Cardiovascular screening • Diabetes screening • Mammogram screening • Prostate screening 	<p>\$0 copay</p>	<p>\$0 copay</p>
<ul style="list-style-type: none"> • Physical exams • Annual wellness visit 	<p>\$0 copay</p>	<p>\$0 copay</p>
<p>Routine hearing services</p> <ul style="list-style-type: none"> • Routine exams <ul style="list-style-type: none"> - Maximum benefit every 12 months • Hearing aids <ul style="list-style-type: none"> - Maximum benefit every 12 months 	<p>\$0 copay \$70 maximum benefit \$0 copay \$500 benefit towards hearing aids</p>	<p>\$0 copay \$70 maximum benefit \$0 copay \$500 benefit towards hearing aids</p>

Anthem Medicare Preferred (PPO) with Senior Rx Plus medical benefits summary



Covered services	In-network	Out-of-network
Vision care <ul style="list-style-type: none">• Routine exams	\$15 copay	\$15 copay
Out-of-pocket maximum Annual	\$1,500	

The benefit information provided is a brief summary, not a complete description, of benefits. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and co-payments/co-insurance may change upon renewal or on January 1 of each year. See your Benefit Chart for a complete description of your plan including a list of services that require prior authorization and services that apply to your out-of-pocket maximum. All coinsurance and copays are accrued toward the out-of-pocket maximum with the exception of routine vision, routine hearing, the foreign travel deductible and emergency and urgently needed care coinsurance specific to foreign travel. Part D prescription drug deductibles and copays do not apply to the medical plan out-of-pocket maximum.

Medicare Part D – how it works

- Helps pay for many brand-name and generic prescribed drugs.
- Gives you access to a robust pharmacy network with retail pharmacies across the U.S. as well as mail-order options.
- Helps you better predict and control your costs at the pharmacy.
- What you pay for your prescription depends, in part, on what drug you choose. Generic or preferred drugs can save you money.
- Anthem Blue Cross publishes a list of drugs that your plan covers called a formulary, which will help you determine how your drugs will be covered.

Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA)

- If you have a higher income you will have to pay an additional amount called the Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA).
- Income limits are \$85,000 for a beneficiary filing an individual income tax return or married and filing a separate return, and \$170,000 for a beneficiary filing a joint tax return.
- There are two ways you can pay the Part D-IRMAA:
 - Having it deducted from your Social Security
 - Paying CMS directly

Medicare Extra Help Program

- *Extra Help* is a program to help people with limited resources pay for their prescription drugs.
- If you qualify for Medicare's *Extra Help* and are enrolled in a Part D plan, Medicare can pay up to 100% of your prescribed drug costs.
- Costs covered can include help toward your drug plan's monthly premium, yearly deductible, coinsurance and copays for covered prescription drugs. Other benefits of the program include no coverage gap and no late-enrollment penalty.
- For more information, call or visit:
 - **1-800-MEDICARE (1-800-633-4227)**. TTY users should call 1-877-486-2048, 24 hours a day/7 days a week.
 - **www.medicare.gov** and "Programs for People with Limited Income and Resources" in the publication *Medicare & You*.
 - The Social Security Administration at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or Your State Medicaid Office.

Summary of Your Cost for Covered Drugs



Retail services (30-day supply)	What you pay in 2017
Select Generics	\$0 copay
Generics	\$5 copay
Preferred Brands	\$15 copay
Non-Preferred Brands and Non-Formulary Drugs	\$15 copay

Mail-order services (90 -day supply)	What you pay in 2017
Select Generics	\$0 copay
Generics	\$10 copay
Preferred Brands	\$30 copay
Non-Preferred Brands and Non-Formulary Drugs	\$30 copay

Prescription Drug Initial and Gap Coverage Phases

Initial Coverage Phase

- You pay your copay/coinsurance and your plan pays the rest of the cost of your covered drugs – until the total cost of your covered Part D drugs reaches \$3,700.

Coverage Gap Phase

- **Generic drugs:** You pay your copay/coinsurance after your group Medicare plan and Senior Rx Plus have paid benefits.
- **Brand drugs:** You pay your copay/coinsurance after your group Medicare plan, the Coverage Gap Discount and Senior Rx Plus have paid benefits.

Prescription Drug Catastrophic Coverage Phase

Once your out-of-pocket drug cost, Part D TrOOP drug cost (including the Coverage Gap Discount) reaches \$4,950, you will then pay:

- Generic drugs: 5% with a minimum copay of \$3.30, and maximum copay of \$5.00.
- Brand drugs: 5% with a minimum copay of \$8.25, and maximum copay of \$15.00.



Select Generics at no cost to you:

- These are specific drugs that have a proven track record of effectiveness and value in treating many medical conditions.

Examples Include:

Cardiovascular

Atenolol tablet
Benazepril hcl tablet
Bisoprolol-hydrochlorothiazide tablet
Captopril tablet
Chlorthalidone tablet
Enalapril maleate tablet
Hydrochlorothiazide capsule/tablet
Lisinopril tablet
Losartan potassium tablet
Metoprolol tartrate tablet
Ramipril tablet

Cholesterol

Lovastatin tablet
Pravastatin sodium tablet
Simvastatin tablet

Diabetes

Glimepiride tablet
Glipizide ER/XL tablet
Glipizide/metformin hcl tablet
Metformin hcl ER tablet
Metformin hcl tablet

Osteoporosis

Alendronate sodium tablet

These are examples of some of the drug categories and drugs covered under your Select Generics benefit. Please see your drug list for a full list of Select Generics. Not all generic drugs within a drug category are included in your \$0 copay Select Generics benefit.

How do I get my covered prescriptions?

Using in-network pharmacies:

- Go to your network retail pharmacy, show your membership card, pay your copay or coinsurance and receive your medication.
- Have your medications delivered to you by using a network mail-order pharmacy. You may receive medications by simply calling or ordering online.

Using out-of-network pharmacies:

- In certain circumstances, you may be reimbursed for drug costs when you must get a covered prescription filled at an out-of-network pharmacy.
- You will have to pay the cost of the drug and submit a claim to us. You will be responsible for all amounts over our negotiated cost, plus any deductible, copay or coinsurance listed in this benefit chart.



How do I get started with the mail-order pharmacy?

You will receive a patient order form in your post-enrollment materials. You also may contact Customer Service to receive an order form.

- Complete the form, including your prescription information.
- Return the form and prescriptions to the address listed on the form.
- Once you are registered, you may order medications online at www.anthem.com/ca or by calling the Customer Service toll-free number.

Programs for a healthier you

Care Management

- You'll receive a call to complete a Health Survey. That way, we can assist you with any medical conditions and get you the care that you need.
- Care management is available to help you manage ongoing health conditions and increase quality of life.
- We offer an integrated care plan that addresses your physical, social and emotional well-being.

MyHealth Advantage

MyHealth Advantage

- Helps you keep track of your health and progress.
- Program reviews your health claims, routine tests and checkups on a regular basis.
 - If risk issues are detected from the drugs you're taking, we will alert you and/or your doctor.
 - Program includes reminders about making needed appointments for preventive care.

MyHealth Advantage

- Personalized messages
- List recent service dates and prescriptions
- Reminders about tests and prescription refills

Front

Member name, mailing date and notice of confidentiality

Eye-catching symbols with bold headlines linked to messages inside



MyHealth Note
A confidential health care summary for

Jane W. Public
January 2015

Suggestions for You (details inside)

- Call Your Doctor** Ask your doctor about medication to prevent migraines.
- Health Tip** Ask your doctor about a mammogram.
- Save Money** Save money by switching from Coumadin
- Helpful Info** Exercise regularly to stay healthy

Share this report with your doctors.

MyHealth Advantage - Inside of MyHealth Note

MyHealth Note includes a list of recent claims, personalized suggestions and money-saving tips.

Report for: <Jane W. Public>
Ref #: <00123456-01>

Your Personal Health Summary

Based on your available claims as of <November 28, 2010>

Date	Service/Rx	Qty Days Doctor/Prescriber(†)
<Visits> <Insert claims>		
<Prescriptions> <Insert claims>		
<Other Medical Services> <Insert claims>		

† Doctor/prescriber listed may be another name from that of medical office/practice.

Suggestions For You

Based on your available claims as of <November 28, 2010>



<Keep taking Alendronate Sodium exactly as directed. [12006]*>
<Your prescription claims suggest you recently stopped taking Alendronate Sodium. The National Osteoporosis Foundation recommends regular use of medication to treat osteoporosis (thinning bones). Talk to your doctor soon if you think your medication is not helping you, or if cost or side effects are a problem. Keep taking Alendronate Sodium as directed unless you have samples or talked to your doctor.>



<Don't miss out on your glaucoma screening. [1305]*>
<Glaucoma may cause vision loss or blindness if it is not treated early. Early detection is often the key to successful treatment. If you have not seen an eye doctor for a glaucoma screening in the last 2 years, call to schedule it today. Your plan may cover glaucoma screenings – so we don't want you to miss out.>

Go to <brand url> to see your claims and benefit information.



More Information For You From Harvard Medical School
Visit www.harvard.resolutionhealth.com and enter the number shown in [] to get information on your conditions, treatments and medications.

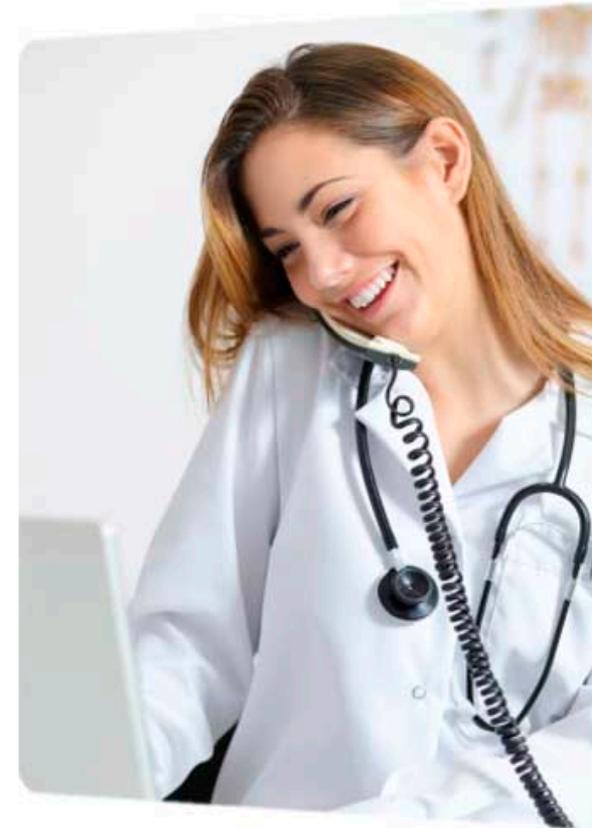
Health and Wellness

24/7 Nurse HelpLine

Our professionals are only a phone call away.

Talk with a registered nurse day or night

- Helps assess symptoms.
- Increases understanding of a condition or course of treatment.
- Ensures you receive the right care in the right setting.
- Puts your mind at ease!



SilverSneakers options

- Access to 13,000+ fitness locations nationwide
- Use of amenities plus SilverSneakers group fitness classes
- SilverSneakers FLEX™ Community Fitness Classes and Healthways BOOM® Fitness Classes
- Member website to stay connected with the SilverSneakers community



SilverSneakers Gives You Options

Member Experience

Network

Programming

Data & Web

Social Interaction

SIGNATURE CLASSES*

LEGACY FITNESS

- SilverSneakers Classic™
- SilverSneakers Circuit™
- SilverSneakers Cardio™
- SilverSneakers Yoga™
- SilverSneakers Splash™

NEXT GENERATION FITNESS

- BOOM Move It™
- BOOM Mind™
- BOOM Muscle™
- SilverSneakers Stability™

EXPANDED FITNESS CHOICES

- Tai Chi
- Pole Walking
- Zumba®
- and more!

FLEX™
Community
Fitness Classes

GYM CLASSES

- Les Mills®
- Spin
- Jazzercise®
- Pilates
- and more!

*Signature class offerings are continually in development

Save money with Special Offers

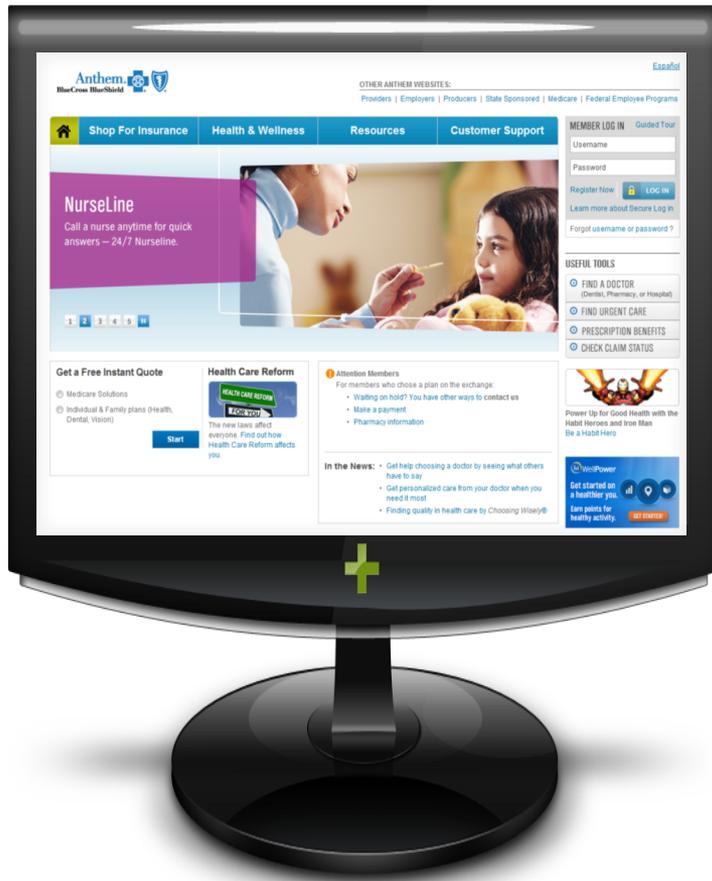
You have online access to health and wellness product and service discounts to help you reach your health goals and save money:

- Diet/nutrition and fitness: Jenny Craig®, Lindora®, Living Lean®
- Vitamins and personal care: Puritan's Pride, HelpCare Plus, SelfHelpWorks
- Vision and hearing: 1-800 CONTACTS®, Glasses.com™, TruVision™, Premier LASIK, Amplifon®, Beltone™
- Healthy habits: Living Free™, Living Smart™

Vendors and offers are subject to change without prior notice. Anthem Blue Cross does not endorse and is not responsible for the products, services or information offered by the vendors or providers. We negotiated the arrangements and discounts with each independent vendor or provider in order to assist our members.

The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the grievance process.

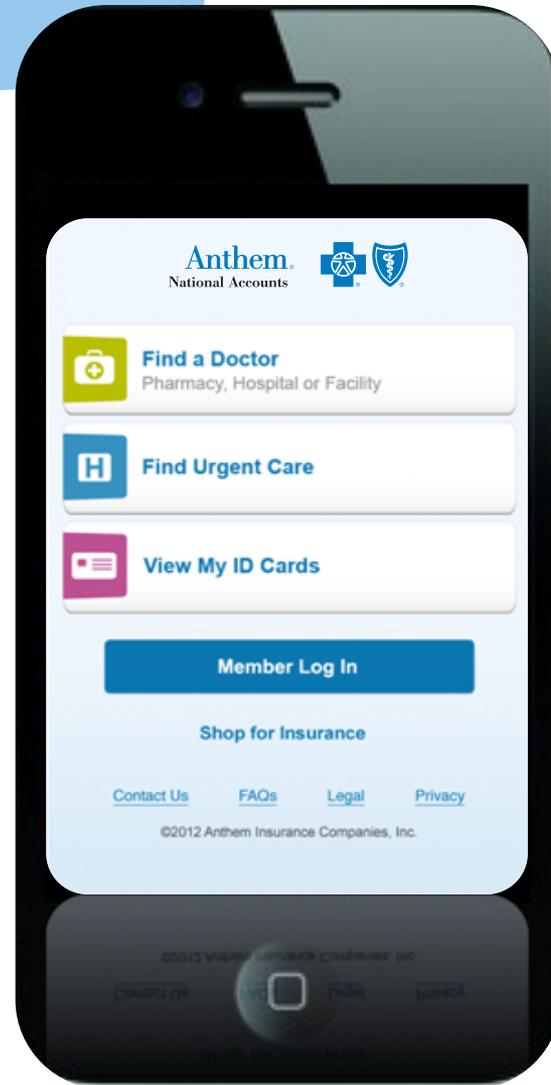
www.anthem.com/ca



- Easy to use
- Friendly language
- No insurance jargon
- One-click access to high-value tools

Mobile Health Features

-  **Secure Login**
-  **ID CARD**
-  **Find a Doctor**
-  **Estimate Your Costs**
-  **View Claims**



How to get a Provider Directory

Requesting a printed provider directory is easy!

- Call the customer service number on the back of your membership card.
- Log into www.anthem.com/ca and follow the instructions you received in your Welcome Kit.

Using your Anthem Medicare Preferred (PPO) with Senior Rx Plus plan

Dedicated Customer Service Team

- The toll-free Customer Service and TTY numbers are listed on the membership card.
- Caring Customer Service professionals are available to help answer your benefit questions.

Hours of operation:

8 a.m. to 9 p.m. ET, Monday through Friday, except holidays

1-877-411-1640

Questions?



Thank you for joining us.

Anthem Blue Cross Life and Health Insurance Company is an LPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross Life and Health Insurance Company depends on contract renewal.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

Limitations, copayments, and restrictions may apply.

Benefits, formulary, pharmacy network, provider network, premium and co-payments/co-insurance may change upon renewal or on January 1 of each year.

Anthem Blue Cross Life and Health Insurance Company is an independent licensee of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

We do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability in its health programs and activities.

Spanish: Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Chinese: 您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)