Your Medicare Advantage Enrollment Booklet

Anthem Medicare Preferred (PPO) with Senior Rx Plus Group Plan
01/01/2020 - 12/31/2020
Teachers’ Retirement Fund (TRF)
Here is what's inside

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Medicare is a federal government health insurance program offered to people 65 years of age or older, people under age 65 with certain disabilities and anyone with end-stage renal disease (ESRD).

The ABCDs of Medicare
You may have heard about the different parts of Medicare. Here's a quick look at what they mean to your medical coverage:

- **Medicare Parts A + B** = Original Medicare, the government program.
- **Medicare Part C** = Original Medicare + additional benefits. Part C is also called Medicare Advantage (MA).
- **Medicare Part D** = the prescription drug benefit. Your plan includes Part D, so your plan name includes MA + Part D, or MAPD.

<table>
<thead>
<tr>
<th>Medicare Part</th>
<th>Medicare Part</th>
<th>Medicare Part</th>
<th>Medicare Part</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>Inpatient care in</td>
<td>Doctor services and</td>
<td>Additional benefits</td>
<td>Prescription drug</td>
</tr>
<tr>
<td>hospitals, skilled</td>
<td>outpatient care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>nursing facilities (SNFs) and hospice</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Learn more about Medicare
Download the booklet *Medicare & You* at [www.medicare.gov](http://www.medicare.gov). Or you can order a printed copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users, call **1-877-486-2048**.
What is a deductible?
When applicable, a deductible is the amount of money you pay for health care services before your plan starts paying. After you reach your deductible, you’ll still have to pay toward your cost share for services. Some plans have no deductible and will cover your health care services from the start. Some services will be covered by your plan before you reach the deductible.

What is a copay?
When applicable, a copay is a fixed dollar amount that you pay for covered services. A copay is often charged to you after your appointment.

What is coinsurance?
Coinsurance is the percentage of a covered health care cost that you would pay after you meet your deductible, while the plan pays the rest of the covered cost. If you have not yet met your deductible, you pay the full allowed amount.

What is an annual out-of-pocket maximum (or Max OOP)?
Another feature of Medicare Advantage is the Max OOP. It is the maximum total amount you may pay every plan year for your covered health care costs, including copays, coinsurance and deductibles. Once you reach the Max OOP, you pay nothing for your covered health care costs until the start of the next plan year.

Not all of your medical costs add to the annual out-of-pocket maximum. For more details and what services are covered by this plan, please call the First Impressions Welcome Team at 1-833-848-8729, TTY: 711, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays.

How is inpatient care different from outpatient care?
Inpatient care is medical treatment that is provided when you have been formally admitted to the hospital or other facility with a doctor’s order. If you are not admitted with a doctor’s order, you may be considered to be receiving outpatient care, even if you stay in the hospital overnight.

Outpatient care is any health care services provided to a patient who is not admitted to a facility. Outpatient care may be provided in a doctor’s office, clinic or hospital outpatient department.

What is a primary care provider (PCP)?
A primary care provider (PCP) is a general practice doctor who treats basic medical conditions. Primary care doctors do physicals or checkups and give vaccinations. They can help diagnose health problems and either provide care or refer patients to specialists if the condition requires. They are often the first doctor most patients see when they have a health concern.

What are preventive services?
Preventive care and services help you avoid an illness or injury. Common examples of preventive care are immunizations and annual physicals. Any screening test done in order to catch a disease early is considered a preventive service. Advice or counseling, such as nutrition and exercise guidance, are also examples of preventive care and services.
Harry broke his leg and was admitted to his local hospital for two days for treatment.

The monthly premium for the Anthem Medicare Preferred (PPO) with Senior Rx Plus plan is $62. Based on this monthly premium, examples of amounts Harry paid for services during his treatment are shown below. The person, situation and dollar amounts noted below are high level examples and are not real. Your actual experience may vary. The examples are only used to show how the plan works.

### Anthem Medicare Preferred (PPO) with Senior Rx Plus

<table>
<thead>
<tr>
<th></th>
<th>Hospital charge</th>
<th>Doctor charge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$4,000.00</td>
<td>$2,000.00</td>
</tr>
<tr>
<td><strong>Anthem Medicare PPO pays:</strong></td>
<td><strong>$3,450.00</strong></td>
<td><strong>$2,000.00</strong></td>
</tr>
<tr>
<td><strong>Harry pays:</strong></td>
<td><strong>$550.00</strong></td>
<td><strong>$0.00</strong></td>
</tr>
</tbody>
</table>

* Based on 2019 Original Medicare deductible amounts.

### Original Medicare

<table>
<thead>
<tr>
<th></th>
<th>Hospital charge</th>
<th>Doctor charge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$4,000.00</td>
<td>$2,000.00</td>
</tr>
<tr>
<td><strong>Medicare pays:</strong></td>
<td><strong>$2,660.00</strong></td>
<td><strong>$1,453.30</strong></td>
</tr>
<tr>
<td><strong>Harry pays:</strong></td>
<td><strong>$1,364.00</strong></td>
<td><strong>$548.00</strong></td>
</tr>
<tr>
<td>(Medicare deductible and coinsurance)</td>
<td>(Includes $185* deductible and 20% of all other charges)</td>
<td></td>
</tr>
</tbody>
</table>
Anthem's Medicare Advantage with Part D (prescription drug) coverage, is designed to cover a wide range of services not covered or with limited coverage under Original Medicare, so you have less out-of-pocket expenses to worry about.

<table>
<thead>
<tr>
<th>Prescription drug charge</th>
<th>Total Harry pays:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$75.00</td>
<td>$592.00</td>
</tr>
<tr>
<td><strong>Anthem Medicare PPO pays:</strong></td>
<td><strong>Harry pays:</strong></td>
</tr>
<tr>
<td>$33.00</td>
<td>$42.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescription drug charge</th>
<th>Total Harry pays:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$75.00</td>
<td>$1,987.00</td>
</tr>
<tr>
<td><strong>Medicare pays:</strong></td>
<td><strong>Harry pays:</strong></td>
</tr>
<tr>
<td>$0.00</td>
<td>$75.00</td>
</tr>
</tbody>
</table>
### Covered Services

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>What you must pay for these Covered Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Premium</td>
<td>$62</td>
</tr>
<tr>
<td>Deductibles</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$6,000 combined in or out of network.</td>
</tr>
<tr>
<td></td>
<td>All copays, coinsurance and deductibles</td>
</tr>
<tr>
<td></td>
<td>listed in this benefits chart are accrued</td>
</tr>
<tr>
<td></td>
<td>toward the medical plan out-of-pocket</td>
</tr>
<tr>
<td></td>
<td>maximum with the exception of the routine</td>
</tr>
<tr>
<td></td>
<td>hearing services, foreign travel emergency</td>
</tr>
<tr>
<td></td>
<td>and urgently needed care copay or coinsurance</td>
</tr>
<tr>
<td>Inpatient Hospital Coverage</td>
<td>$275 copay per day, days 1-7, per admission.</td>
</tr>
<tr>
<td>Non-Mental*</td>
<td>$0 copay for Medicare-covered physician</td>
</tr>
<tr>
<td></td>
<td>services received while an inpatient.</td>
</tr>
<tr>
<td></td>
<td>No limit to the number of days covered.</td>
</tr>
</tbody>
</table>

**PLAN NAME:** Anthem Medicare Preferred (PPO) with Senior Rx Plus  
**PLAN YEAR:** January 1, 2020 – December 31, 2020

*Please note, you must be enrolled in both Medicare Parts A and B to enroll in the Anthem Medicare Preferred (PPO) with Senior Rx Plus plan.*
<table>
<thead>
<tr>
<th>Covered Services</th>
<th>What you must pay for these Covered Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient Hospital Coverage</strong>*</td>
<td><strong>Non-surgical:</strong> $10 copay for a visit to an in-network primary care physician in an outpatient hospital setting/clinic for Medicare-covered non-surgical services</td>
</tr>
<tr>
<td></td>
<td>$40 copay for a visit to an in-network specialist in an outpatient hospital setting/clinic for Medicare-covered non-surgical services</td>
</tr>
<tr>
<td></td>
<td>$225 copay for each Medicare-covered outpatient observation room visit</td>
</tr>
<tr>
<td></td>
<td><strong>Surgical:</strong> $225 copay for a visit to an in-network primary care physician in an outpatient hospital setting/clinic for Medicare-covered non-surgical services</td>
</tr>
<tr>
<td></td>
<td>$40 copay for a visit to an in-network specialist in an outpatient hospital setting/clinic for Medicare-covered non-surgical services</td>
</tr>
<tr>
<td></td>
<td>$225 copay for each Medicare-covered outpatient observation room visit</td>
</tr>
<tr>
<td><strong>Doctor Visits (Primary Care and Specialists)</strong>*</td>
<td>$10 copay for a visit to an in- or out-of-network primary care physician. No referral is needed.</td>
</tr>
<tr>
<td></td>
<td>$40 copay for a visit to an in- or out-of-network specialist. No referral is needed.</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>There is no coinsurance, copayment or deductible for Medicare-covered visits, tests, therapy or benefits, in or out of network.</td>
</tr>
<tr>
<td>*For abdominal aortic aneurysm screening, bone mass measurement, colorectal cancer screening/services, HIV screening, sexually transmitted disease (STI) screening, breast cancer screening, cervical/vaginal cancer screening, prostate cancer screening, cardiovascular disease risk reduction visit, cardiovascular disease testing. &quot;Welcome to Medicare&quot; preventive visit, annual wellness visit, depression screening, diabetes screening, Medicare Diabetes Prevention Program (MDPP), obesity screening/therapy to promote sustained weight loss, screening/counseling to reduce alcohol misuse, lung cancer screening with low dose computed tomography (LDCT), medical nutrition therapy, smoking/tobacco cessation.</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td>$90 copay for each Medicare-covered emergency room visit worldwide in or out of network. Services received outside of the United States are limited to what is allowed under the Medicare fee schedule for the services performed/received in the United States.</td>
</tr>
<tr>
<td>*Services that are: *</td>
<td><strong>Furnished by a provider qualified to furnish emergency services, and</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Needed to evaluate or stabilize an emergency medical condition.</strong></td>
</tr>
<tr>
<td>Covered Services</td>
<td>What you must pay for these Covered Services</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td><strong>Urgently Needed Services</strong></td>
<td>$35 copay for each Medicare-covered urgently needed care visit worldwide in or out of network.</td>
</tr>
<tr>
<td><strong>Diagnostic Services/Labs/Imaging</strong></td>
<td>$40 copay for each Medicare-covered X-ray visit and/or simple diagnostic test.</td>
</tr>
<tr>
<td>Urgently Needed Services</td>
<td>$125 copay for Medicare-covered complex diagnostic test and/or radiology visit.</td>
</tr>
<tr>
<td>Diagnostic Services/Labs/Imaging</td>
<td>20% coinsurance for each Medicare-covered radiation therapy treatment.</td>
</tr>
<tr>
<td>Diagnostic Services/Labs/Imaging</td>
<td>$0 copay for Medicare-covered testing to confirm chronic obstructive pulmonary disease.</td>
</tr>
<tr>
<td>Diagnostic Services/Labs/Imaging</td>
<td>20% coinsurance for Medicare-covered supplies.</td>
</tr>
<tr>
<td>Diagnostic Services/Labs/Imaging</td>
<td>$0 copay for each Medicare-covered clinical/diagnostic lab test.</td>
</tr>
<tr>
<td>Diagnostic Services/Labs/Imaging</td>
<td>$0 copay per Medicare-covered pint of blood.</td>
</tr>
<tr>
<td>Diagnostic Services/Labs/Imaging</td>
<td><strong>Outpatient</strong>: $40 copay for each Medicare-covered individual/group therapy visit, professional partial hospitalization visit, outpatient hospital facility individual/group therapy visit.</td>
</tr>
<tr>
<td>Diagnostic Services/Labs/Imaging</td>
<td>$0 copay for each Medicare-covered partial hospitalization facility visit.</td>
</tr>
<tr>
<td>Diagnostic Services/Labs/Imaging</td>
<td><strong>Inpatient</strong>: $235 copay per day, days 1-6 per admission for Medicare-covered hospital stays received while an inpatient.</td>
</tr>
<tr>
<td>Diagnostic Services/Labs/Imaging</td>
<td>No limit to the number of days covered by the plan.</td>
</tr>
<tr>
<td>Diagnostic Services/Labs/Imaging</td>
<td><strong>Physician</strong>: $0 copay for physician services received while an inpatient.</td>
</tr>
</tbody>
</table>

*Covered services include, but are not limited to:*
- X-rays
- Complex diagnostic tests and radiology services
- Radiation (radium and isotope) therapy, including technician materials and supplies
- Testing to confirm chronic obstructive pulmonary disease (COPD)
- Surgical supplies, such as dressings
- Splints, casts and other devices used to reduce fractures and dislocations
- Laboratory tests
- Blood - including storage and administration. Coverage of whole blood, packed red cells and all other components of blood begins with the first pint
- Other outpatient diagnostic tests

*Certain diagnostic tests and radiology services are considered complex and include heart catheterizations, sleep studies, computed tomography (CT), magnetic resonance procedures (MRIs and MRAs), and PET scans.*

*Includes mental health services provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, or other Medicare-qualified mental health care professional as allowed under applicable state laws.*
<table>
<thead>
<tr>
<th>Covered Services</th>
<th>What you must pay for these Covered Services</th>
</tr>
</thead>
</table>
| **Skilled Nursing Facility (SNF)**<sup>*</sup>  
Covered services include semi-private room (or a private room if medically necessary); meals, including special diets; skilled nursing services; physical therapy, occupational therapy, and speech language therapy; drugs administered to you as part of your plan of care (this includes substances that are naturally present in the body, such as blood clotting factors); blood - including storage and administration; medical/surgical supplies, laboratory tests, X-rays and other radiology services and use of appliances, such as wheelchairs, ordinarily provided by SNFs; and physician/practitioner services. | **$0 copay**  
per day for Medicare-covered SNF stays, for days 1-20 per benefit period in or out of network.  
No prior hospital stay required.  
**$172 copay**  
per day for Medicare-covered SNF stays, for days 21-100 per benefit period in or out of network. |
| **Physical Therapy**<sup>*</sup>  
Part of outpatient rehabilitation services which includes physical, occupational and speech language therapy. | **$40 copay**  
for Medicare-covered physical therapy, occupational therapy and speech language therapy visits in or out of network. |
| **Ambulance**  
Your provider must get an approval from the plan before you get ground, air or water transportation that is not an emergency. This is called getting prior authorization.  
Non-emergency transportation by ambulance is appropriate if it is documented that the member’s condition is such that other means of transportation could endanger the person’s health and that transportation by ambulance is medically required. | **$265 copay**  
for Medicare-covered ambulance services in or out of network. |
| **Medicare Part B Immunizations**<sup>*</sup>  
Covered services include: Pneumonia vaccine; flu shots, including H1N1, once each flu season in the fall and winter, with additional flu shots if medically necessary; Hepatitis B vaccine if you are at high or intermediate risk of getting Hepatitis B; other vaccines if you are at risk and they meet Medicare Part B coverage rules. If you have Part D prescription drug coverage, some vaccines are covered under your Part D benefit (for example, the shingles vaccine). Please refer to your Part D prescription drug benefits. | **$0 copay**  
for the pneumonia, influenza, Hepatitis B, or other Medicare-covered vaccines when you are at risk and meet Medicare Part B rules, in or out of network. |
<table>
<thead>
<tr>
<th>Covered Services</th>
<th>What you must pay for these Covered Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicare Part B drugs</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Covered drugs include: Substances that are naturally present in the body, such as blood clotting factors; drugs that usually are not self-administered by the patient and are injected or infused while receiving physician, hospital outpatient, or ambulatory surgical center services; drugs you take using durable medical equipment (such as nebulizers) that was authorized by the plan; clotting factors you give yourself by injection if you have hemophilia; immunosuppressive drugs, if you were enrolled in Medicare Part A at the time of the organ transplant; injectable osteoporosis drugs, if you are homebound, have a bone fracture that a doctor certifies was related to post-menopausal osteoporosis and cannot self-administer the drug; antigens; certain oral anti-cancer drugs and anti-nausea drugs; certain drugs for home and outpatient dialysis, including heparin, the antidote for heparin when medically necessary, topical anesthetics and erythropoiesis-stimulating agents such as Erythropoietin (Epogen®), Procrit® or Epoetin Alfa and Darboetin Alfa (Aranesp®); Intravenous Immune Globulin for the home treatment of primary immune deficiency diseases. If you have Part D prescription drug coverage, please refer to your Evidence of Coverage for information on your Part D prescription drug benefits.</td>
<td>for Medicare-covered Part B drugs, drug administration, chemotherapy, chemotherapy drug administration.</td>
</tr>
<tr>
<td><strong>Hearing Services</strong></td>
<td>$0 copay</td>
</tr>
<tr>
<td>Routine exams, hearing aids and fittings.</td>
<td>for routine hearing exams, hearing aid fittings and devices in or out of network.</td>
</tr>
<tr>
<td></td>
<td>Routine hearing exams are limited to 1 every 12 months, and a $70 maximum benefit every 12 months.</td>
</tr>
<tr>
<td></td>
<td>Hearing aids are $500 per ear maximum benefit every 12 months, in or out of network.</td>
</tr>
<tr>
<td></td>
<td>Free battery supply first 3 years, with a 64 cell limit per year, per hearing aid.</td>
</tr>
<tr>
<td><strong>Medicare Community Resource Support</strong></td>
<td>$0 copay</td>
</tr>
<tr>
<td>As a member, your plan provides the support of a community resource outreach team to help bridge the gap between your medical benefits and the resources available to you in your community. Our team will assist you by providing information and education about community-based services and support programs in your area.</td>
<td>for Medicare community resource support in or out of network.</td>
</tr>
<tr>
<td><strong>Chiropractic Services</strong></td>
<td>$20 copay</td>
</tr>
<tr>
<td>For manual manipulation of the spine to correct subluxation only.</td>
<td>for each Medicare-covered visit in or out of network.</td>
</tr>
</tbody>
</table>
**Covered Services**

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>What you must pay for these Covered Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthy Food Deliveries</strong></td>
<td>$0 copay for healthy food deliveries.</td>
</tr>
<tr>
<td>Provides up to 14 meals per qualifying event, allows up to four (4) events each year (56 meals in total).</td>
<td></td>
</tr>
<tr>
<td>A qualifying event includes when you are in the hospital and are discharged home or if you have a Body Mass Index (BMI) of more than 25 and/or an A1C level more than 9.0 as determined by your provider.</td>
<td></td>
</tr>
<tr>
<td>Depending on your health care needs, diagnosis, and recommendations made by your provider, you may be eligible for a meal program to assist you in maintaining a healthy diet to support your medical condition or nutritional needs.</td>
<td></td>
</tr>
<tr>
<td>You must get prior approval from the plan and a nutritional assessment or support by your health care provider may be required.</td>
<td></td>
</tr>
</tbody>
</table>

**The Anthem Medicare Preferred (PPO) with Senior Rx Plus plan also has benefits that cover Dental and Vision for specific medical services and situations. Please see descriptions and coverage below.**

| Dental Services                              | $0 copay limited to $75 max per year combined in and out of network. |
| Routine dental services.                     |                                                             |

| Vision Services                              | $0 copay limited to $50 max benefit per year combined in and out of network. Routine exams limited to one per year. |
| Routine vision services.                     |                                                             |

| Vision Services                              | $10 copay for visits to an in-network primary care physician for Medicare-covered exams to diagnose and treat diseases of the eye. |
| Includes outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration; one glaucoma screening each year for people who are at high risk; screening for diabetic retinopathy once per year for people with diabetes; and one pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens. | |
| Vision Services                              | $40 copay for visits to an in-network specialist for Medicare-covered exams to diagnose and treat diseases of the eye. |

While the Summary of Benefits does not list every service, limitation or exclusion, the Evidence of Coverage (EOC) does. If you have questions or would like to request a copy of the EOC, please call our First Impressions Team at 1-833-848-8729, TTY: 711, Monday - Friday, 8 a.m. to 9 p.m. ET, except holidays.

* Some services that fall within this benefit category require prior authorization. Based on the service you are receiving, your provider will know if prior authorization is needed. This means an approval in advance is needed, by your plan, to get covered services. In the network portion of a PPO, some in-network medical services are covered only if your doctor or other in-network provider gets prior authorization from our plan. In a PPO, you do not need prior authorization to obtain out-of-network services. However, we recommend you ask for a pre-visit coverage decision to confirm that the services you are getting are covered and medically necessary. Benefit categories that include services that require prior authorization are marked with an asterisk in the Benefits Chart.
Your 2020 Prescription Drug Benefits Chart

The Prescription Drug Benefits Chart gives you all of the details about the many prescription drug benefits this Anthem Medicare Preferred (PPO) with Senior Rx Plus plan offers, including:

- Select Generics at $0 copay
- What we cover
- The amount of your copay, if any
- Out-of-pocket costs
Your 2020 Prescription Drug Benefits Chart
Basic $4/$12/$42/$95/33% (Generic Gap) (with Senior Rx Plus)
Teachers' Retirement Fund (TRF)

Your retiree drug coverage includes Medicare Part D drug benefits and non-Medicare supplemental drug benefits. The cost shown below is what you pay after all benefits under your retiree drug coverage have been provided.

<table>
<thead>
<tr>
<th>Formulary</th>
<th>Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Supplemental Gap Coverage</strong></td>
<td>Tier 1 and 2 Generics</td>
</tr>
<tr>
<td><strong>Covered Services</strong></td>
<td>What you pay</td>
</tr>
</tbody>
</table>

**Part D Initial Coverage**
Below is your payment responsibility from the time you meet your deductible, if you have one, until the amount paid by you and your retiree drug plan for covered Part D prescriptions reaches your Initial Coverage Limit of $4,020.

<table>
<thead>
<tr>
<th>Retail Pharmacy</th>
<th>per 30-day supply</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Specialty limited to a 30-day supply)</td>
</tr>
<tr>
<td>• Select Generics</td>
<td>$0 copay</td>
</tr>
<tr>
<td>• Preferred Generics</td>
<td>$4 copay</td>
</tr>
<tr>
<td>• Generics</td>
<td>$12 copay</td>
</tr>
<tr>
<td>• Preferred Brands</td>
<td>$42 copay</td>
</tr>
<tr>
<td>• Non-Preferred Brands</td>
<td>$95 copay</td>
</tr>
<tr>
<td>• Specialty Drugs (Generic and Brand)</td>
<td>33% coinsurance</td>
</tr>
</tbody>
</table>

Typically retail pharmacies dispense a 30-day supply of medication. Many of our retail pharmacies can dispense more than a 30-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will need to pay one copay for each full or partial 30-day supply filled. For example, if you order a 90-day supply, you will need to pay three 30-day supply copays. If you get a 45-day or 50-day supply, you will need to pay two 30-day copays.

<table>
<thead>
<tr>
<th>Mail-Order Pharmacy</th>
<th>per 90-day supply</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Specialty limited to a 30-day supply; 30-day Retail copay or coinsurance applies)</td>
</tr>
<tr>
<td>• Select Generics</td>
<td>$0 copay</td>
</tr>
<tr>
<td>• Preferred Generics</td>
<td>$0 copay</td>
</tr>
<tr>
<td>• Generics</td>
<td>$24 copay</td>
</tr>
<tr>
<td>• Preferred Brands</td>
<td>$84 copay</td>
</tr>
<tr>
<td>• Non-Preferred Brands</td>
<td>$190 copay</td>
</tr>
<tr>
<td>• Specialty Drugs (Generic and Brand)</td>
<td>33% coinsurance</td>
</tr>
<tr>
<td>Covered Services</td>
<td>What you pay</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Part D Gap Coverage</strong></td>
<td>Your payment responsibility changes once you reach your Initial Coverage Limit of $4,020. Below is your payment responsibility during the period after you meet your Initial Coverage Limit and until you meet your True Out of Pocket limit.</td>
</tr>
<tr>
<td><strong>Retail Pharmacy</strong></td>
<td>per 30-day supply (Specialty limited to a 30-day supply)</td>
</tr>
<tr>
<td>• Select Generics</td>
<td>$0 copay</td>
</tr>
<tr>
<td>• Preferred Generics</td>
<td>$4 copay</td>
</tr>
<tr>
<td>• Generics</td>
<td>$12 copay</td>
</tr>
<tr>
<td>• Preferred Brands</td>
<td>25% coinsurance</td>
</tr>
<tr>
<td>• Non-Preferred Brands</td>
<td>25% coinsurance</td>
</tr>
<tr>
<td>• Specialty Drugs (Generic)</td>
<td>25% coinsurance</td>
</tr>
<tr>
<td>• Specialty (Brand)</td>
<td>25% coinsurance</td>
</tr>
<tr>
<td><strong>Mall-Order Pharmacy</strong></td>
<td>per 90-day supply (Specialty limited to a 30-day supply; 30-day Retail copay or coinsurance applies)</td>
</tr>
<tr>
<td>• Select Generics</td>
<td>$0 copay</td>
</tr>
<tr>
<td>• Preferred Generics</td>
<td>$0 copay</td>
</tr>
<tr>
<td>• Generics</td>
<td>$24 copay</td>
</tr>
<tr>
<td>• Preferred Brands</td>
<td>25% coinsurance</td>
</tr>
<tr>
<td>• Non-Preferred Brands</td>
<td>25% coinsurance</td>
</tr>
<tr>
<td>• Specialty Drugs (Generic)</td>
<td>25% coinsurance</td>
</tr>
<tr>
<td>• Specialty Drugs (Brand)</td>
<td>25% coinsurance</td>
</tr>
<tr>
<td><strong>Part D Catastrophic Coverage</strong></td>
<td>Up to a 90-day supply (Specialty limited to a 30-day supply)</td>
</tr>
<tr>
<td><strong>Retail and Mall-Order Pharmacies</strong></td>
<td></td>
</tr>
<tr>
<td>• Select Generics</td>
<td>$0 copay</td>
</tr>
<tr>
<td>• Generic Drugs</td>
<td>5% coinsurance with a minimum copay of $3.60</td>
</tr>
<tr>
<td>• Brand-Name Drugs</td>
<td>5% coinsurance with a minimum copay of $8.95</td>
</tr>
</tbody>
</table>
• **Coverage Gap Discount Program:** If you are not receiving help to pay your share of drug cost through the Low Income Subsidy or PACE programs, you qualify for a discount on the cost you pay for most covered brand drugs through the Medicare Coverage Gap Discount Program. For prescriptions filled in 2020, once the cost paid by you and your retiree drug plan reaches $4,020 the cost share you pay will reflect all benefits provided by your retiree drug coverage and the Coverage Gap Discount. The Coverage Gap Discount applies until the cost paid by you and the Discount reaches $6,350. Drug manufacturers have agreed to provide a discount on brand drugs which Medicare considers Part D qualified drugs. **Please note:** Your retiree drug plan may cover some brand drugs beyond those covered by Medicare. The discount will not apply to drugs listed as “Extra Covered Drugs” in your benefits.

• **Vaccines:** Medicare covers some vaccines under Part B medical coverage and other vaccines under Part D drug coverage. Vaccines for Flu, including H1N1, and Pneumonia are covered under Medicare medical coverage. Vaccines for Chicken Pox, Shingles, Tetanus, Diphtheria, Meningitis, Rabies, Polio, Yellow Fever, and Hepatitis A are covered under Medicare drug coverage. Hepatitis B is covered under medical coverage if you fall into a high risk category and under drug coverage for everyone else. Other common vaccines are also covered under Medicare drug coverage for Medicare-eligible individuals under 65.

• **Senior Rx Plus:** Your supplemental drug benefit is non-Medicare coverage that reduces the amount you pay, after your Group Part D benefits and the Coverage Gap Discount. The copay or coinsurance shown in this benefits chart is the amount you pay for covered drugs filled at network pharmacies.
The Anthem Medicare Preferred (PPO) with Senior Rx Plus plan includes a wide variety of programs and tools to help you make choices toward better health in all aspects of your life. All of these resources are available at no additional cost to you.

Information and care when you need it
- Online health tools
- 24/7 NurseLine
- Find a Doctor tool
- LiveHealth Online
- House Call program
- MyHealth Advantage
- Compassionate Support

Preventive health and wellness
- Annual routine physical — talk to your doctor
- SilverSneakers

Stay well and save money with SpecialOffers

Read on for more information on all the programs, tools and services listed here!
Information and care when you need it

As a member, you will have direct access to information resources and services that are available outside regular office hours and beyond the doctor’s exam room. Call the First Impressions Welcome Team for more details.

💡 Online health tools¹
With the Anthem Medicare Preferred (PPO) with Senior Rx Plus plan, you’re always just a click away from information that can help you:

- Take control of your health.
- Stay fit.
- Avoid getting sick.

Our online resources provide 24/7 access to thousands of helpful articles and videos to help you learn all about self-care and medicines, plus various conditions, tests and treatments.

⏰ 24/7 NurseLine²
When health issues arise after hours, or if it’s inconvenient or impractical to see a provider, you can still get the answers and assurance you need — right away. Our 24/7 NurseLine puts you in touch with a registered nurse anytime of the day or night. Call our 24/7 NurseLine at 1-800-700-9184, TTY: 711.

🔍 Find a Doctor tool
Choosing the right doctor can and should be a personal thing. With the Anthem Medicare Preferred (PPO) with Senior Rx Plus plan, it’s also a very easy thing. Use our online Find a Doctor tool to look for doctors, hospitals, pharmacies, labs and other health care providers in your plan.

➠ LiveHealth Online³
Using LiveHealth Online, you can visit with a doctor, therapist or psychologist through live video on your smartphone, tablet or computer with a webcam. It’s a great way to:

- Access a board-certified doctor 24/7: Doctors can help with common conditions like the flu, colds, sinus infections, pink eye and skin rash. They can also send prescriptions to the pharmacy, if needed.
- Get help when you’re feeling depressed, anxious or stressed: Set up a 45-minute counseling session with a therapist.

Video visits using LiveHealth Online are $0 with your plan. Sign up today at livehealthonline.com. Or use the free LiveHealth Online mobile app.

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1 Website tools are offered to Anthem Blue Cross and Blue Shield plan members as extra services. They are not part of the contract and can change or stop.
2 The information contained in this program is for general guidelines only. Your doctor will be specific regarding recommendations for your individual circumstances. Recommended treatments may not be covered under your health plan.
3 LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of this plan.
The House Call, MyHealth Advantage and Compassionate Support programs are available to members who qualify as a part of their case management. Members who qualify are contacted directly by their case managers.

House Call program*

The House Call program offers a personalized visit in your home or other appropriate health care setting that can lead to a treatment plan tailored just for you. The House Call program is available at no additional cost for members who qualify, based on their health needs.

MyHealth Advantage program

MyHealth Advantage is a program that helps to find and suggest ways to both improve your health and help save you money, including:

- Regular reminders about needed care, tests or preventive health steps you can take.
- Prescription drug cost-cutting tips.
- Access to health specialists ready to answer your questions, at no additional cost.

Compassionate Support program

This program provides access to thoughtful, compassionate support by highly trained specialists at no additional cost to members who qualify, based on their health needs. These specialists help to improve communication among members, family and providers to empower members to fulfill their personal wishes in their end-of-life decision-making.

* House Call program is administered by an independent vendor. It is available to members who qualify.
The Anthem Medicare Preferred (PPO) with Senior Rx Plus plan is here to help you on your journey to better health with programs and services that let you take an active role in your health — at no additional cost to you.

SilverSneakers®
Get in shape or stay in shape with this popular program that includes:

- Access to more than 16,000 locations nationwide, with all basic amenities and signature SilverSneakers classes.
- Adjustable workout programs tailored to individual fitness levels, schedule reminders for favorite activities, the option to find convenient locations and more with the SilverSneakers G0™ app.
- SilverSneakers On-Demand™ online videos, plus health and nutrition tips.

Find a location near you. Visit www.SilverSneakers.com. Or call SilverSneakers at 1-888-423-4632, TTY: 711, Monday to Friday, 8 a.m. to 8 p.m. ET.

Annual health exams and preventive care
The plan offers the following and more with no additional cost, as long as you see a doctor who accepts Medicare and our plan as an out-of-network provider.

- Annual routine physical
- Preventive care services
- Flu and pneumonia shots
- Tobacco cessation counseling

* SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2019 Tivity Health, Inc. All rights reserved.
Stay well and save money with SpecialOffers

**Saving money is good. Saving money on things that are good for you is even better.** With SpecialOffers,* you can get discounts on products and services that help promote better health and well-being. These are just a few of the many offers available to Anthem Medicare Preferred (PPO) with Senior Rx Plus members.

### Vision, hearing and dental

**1-800 CONTACTS® or Glasses.com™**
- $20 off orders of $100 or more for the latest contact lenses or brand-name frames
- Free shipping

**Premier LASIK**
- Save $800 on LASIK when you choose any featured Premier LASIK Network provider
- Save 15% with all other in-network providers

**Hearing Care Solutions**
- Digital instruments starting at $500
- Free hearing exam
- 3,100 locations and eight manufacturers
- Three-year warranty
- Two years of batteries
- Unlimited visits for one year

**NationsHearing, powered by the Beltone® network**
- Call 1-877-391-8625 to schedule your no-charge hearing test
- Hearing aids start at $599 each

**Amplifon®**
- 25% off Amplifon hearing aids for qualified members, plus an extra $50 off one hearing aid or $125 off two hearing aids
- A three-year repair/loss/damage warranty
- A free two-year supply of batteries

**TruVision**
- Save up to 40% on LASIK eye surgery at over 1,000+ locations
- Over 6.5 million procedures performed in the network

**ProClear™ Aligners**
Get $1,200 off your set of custom aligners. Improving your smile shouldn’t cost a fortune. Now you can get a beautiful, professional smile in the comfort of your own home. All at a 50% savings. No metal braces; no time-consuming dentist visits; no hidden fees. Order now and get a free whitening kit along with your great-looking smile.

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*SpecialOffers is a discount program that is not part of your Part D plan. It is a value-added online service we provide to give our Part D members access to discounts offered by different vendors. Vendors and offers are subject to change without prior notice. Anthem Blue Cross and Blue Shield does not endorse and is not responsible for the products, services or information provided by SpecialOffers vendors. Arrangements and discounts were negotiated between vendors and Anthem Blue Cross and Blue Shield for the benefit of our members. The products and services described on this page are not part of our contract with Medicare. They are not subject to the Medicare appeals process. Any disputes about these products or services may be subject to the Anthem Blue Cross and Blue Shield grievance process.*
Family and home

Allergy Control Products
- 20% off Allergy Control encasings for your bed
- 20% off doctor-recommended home products
- Free shipping for orders of $79 or more in the contiguous U.S.

National Allergy Supply®
15% off mattress covers, compressors and air filtration systems

23andMe
- $40 off each Health + Ancestry Service kit
- 20% off one 23andMe kit — learn about your wellness, ancestry and more

* The ChooseHealthy program is provided by ChooseHealthy, Inc. and the Active&Fit Direct program is provided by American Specialty Health Fitness, Inc. (ASH Fitness). ChooseHealthy, Inc. and ASH Fitness are subsidiaries of American Specialty Health Incorporated (ASH). ChooseHealthy and Active&Fit Direct are trademarks of ASH and used with permission herein. The ChooseHealthy program is a discount program; it is not insurance. You can access services from any ChooseHealthy participating provider; referral from a primary care physician is not required. You are responsible for paying the discounted fee directly to the contracted provider.

Fitness and healthy living

The ChooseHealthy® program*
- Up to 25% off services such as acupuncture, chiropractic care, therapeutic massage and more from a nationwide network of health care providers.
- Up to 55% off fitness and wellness products such as activity trackers, equipment and more. Get access to online health and wellness classes at no additional cost.

SelfHelpWorks
Choose one of the online Living programs and save 15% on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep or face an alcohol problem.

The Active&Fit Direct™ program*
- Choose from 10,000+ participating fitness centers nationwide
- $25/month membership (plus $25 enrollment fee and applicable taxes)
- No long-term contracts

GlobalFit™
Discounts on gym memberships, fitness equipment, coaching and more

Jenny Craig®
Free three-month program (food not included), plus $120 in food savings (purchase required) or save 50% off our premium programs (food cost separate)

Puritan’s Pride
10% off vitamins, supplements and minerals

LifeMart®
Deals on beauty/skin care, diet plans, fitness clubs, spas, yoga, sports gear and more

Fitbit
Get fit your way with Fitbit trackers and smartwatches that fit with your lifestyle, budget and goals. Save up to 22% on select Fitbit devices!

Garmin
Get 25% off select Garmin wellness devices

* The ChooseHealthy program is provided by ChooseHealthy, Inc. and the Active&Fit Direct program is provided by American Specialty Health Fitness, Inc. (ASH Fitness). ChooseHealthy, Inc. and ASH Fitness are subsidiaries of American Specialty Health Incorporated (ASH). ChooseHealthy and Active&Fit Direct are trademarks of ASH and used with permission herein. The ChooseHealthy program is a discount program; it is not insurance. You can access services from any ChooseHealthy participating provider; referral from a primary care physician is not required. You are responsible for paying the discounted fee directly to the contracted provider.
How you qualify for this plan
To qualify for Anthem Medicare Preferred (PPO) with Senior Rx Plus, you must meet all of these conditions:

- You are now entitled to Medicare Part A and enrolled in Part B.
- You are now enrolled in Medicare Part B and your Group Sponsor has made arrangements to cover Part A benefits as part of this plan.
- You are a permanent resident in the plan’s service area. (Our service area includes coverage in our CMS-defined geographic service area of all 50 states, Washington, D.C., and all U.S. territories.)
- You are a U.S. citizen or are lawfully present here.
- You keep paying your Medicare Part B premiums, unless they are paid by Medicaid or through another third party.
- You qualify for coverage under your or your spouse’s group-sponsored health plan.
- You do not have end-stage renal disease (ESRD), with limited exceptions, such as if you develop ESRD when you are already a member of a plan that we offer, or you were a member of a different plan that was terminated.

How to enroll
When you are ready to enroll, complete the Enrollment Election Form included in this booklet.

Once you’re enrolled
Once your enrollment in the Anthem Medicare Preferred (PPO) with Senior Rx Plus plan is processed, we’ll send you:

- Acknowledgement of your enrollment request and your effective start date.
- A letter showing proof of membership — until your Anthem Medicare Preferred (PPO) with Senior Rx Plus membership card arrives.
- Your Anthem Medicare Preferred (PPO) with Senior Rx Plus membership card.
- A Welcome Kit containing important information, plus instructions for ordering an Evidence of Coverage (EOC) and a Provider Directory.

We care enough to ask about your health
About 90 days after your health plan starts, we will contact you to complete a simple health survey. Answering these questions helps us care for your health needs in the best way possible.

For more information on enrollment, call the First Impressions Welcome Team at 1-833-848-8729, TTY: 711, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays.
As a Medicare beneficiary, you have many rights and options put in place to protect you as a consumer

You have choices. As a Medicare beneficiary, you can choose between:

• The Original ( Fee-for-Service) Medicare plan.
• A Medicare health plan like this one — Anthem Medicare Preferred (PPO) with Senior Rx Plus.

You may have other options, too
The important thing to remember is that the choice is yours, keeping in mind that you may be able to join or leave a plan only at certain times. Please note that if you do not take your retiree benefits, it may impact other retiree benefits your employer offers. No matter what you decide, you may still be eligible for the Original Medicare program.

Your Medicare protections
Your Anthem Medicare Preferred (PPO) with Senior Rx Plus plan must offer Medicare benefits to you for a full calendar year at a time, although benefits and cost sharing may change from year to year.
Anthem Blue Cross and Blue Shield can decide each year whether to keep participating with Medicare Advantage, or whether or not to continue offering plans in specific geographic areas like yours.
Also, Medicare may decide to end our contract. But rest assured, even if this happens or if your plan is discontinued, you will not lose coverage.
If for some reason this plan is discontinued, we will send you a letter at least 90 days before your coverage ends explaining your options for Medicare coverage in your area.

For more information on the options and rights you have as a Medicare Advantage member with Anthem Medicare Preferred (PPO) with Senior Rx Plus, please contact our First Impressions Welcome Team and ask for a copy of the Evidence of Coverage (EOC).

Geographic service areas covered by this plan
Our service area includes coverage in our CMS-defined geographic service area of all 50 states, Washington, D.C., and all U.S. territories.

Get extra help from Medicare
You may be able to get help to pay for your prescription drugs and other Medicare costs. If you qualify for Medicare's Extra Help and are enrolled in a Part D plan like this one, Medicare can pay up to 100% of your prescribed drugs. This can help offset your drug plan’s monthly premium, plus coinsurance and copays for covered prescription drugs.

Extra Help can also close any drug coverage gaps and stop late enrollment penalties. For more information, visit www.medicare.gov or www.ssa.gov, or call:

• 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
• The Social Security Administration at 1-800-772-1213, Monday – Friday, 7 a.m. to 7 p.m. ET. TTY users should call 1-800-325-0778.
• Your state Medicaid office.
Pay your Medicare Part B premiums
Once you enroll in this plan, you must still pay your Medicare Part B premiums. If you don’t, Medicare will terminate your coverage and then you may have to pay a late enrollment penalty (LEP) if you decide to re-enroll.

Enrolling in other plans
If you decide to enroll in other plans, you will be disenrolled from your current plan.

What to know about a drug list
A drug list is a list of drugs covered by your plan. Ours is carefully chosen to ensure our outpatient prescription coverage is clinically sound while providing a good value to you as well.

Your full Benefits Charts will tell you if you have an open or closed drug list plan. Open plans cover almost all Medicare Part D eligible drugs, while closed plans cover most.

When new drugs come to market, we conduct a clinical and cost review and may add them to the drug list. To keep plans affordable, every year we may also remove drugs or change the cost you pay for them the following year. But don’t worry; we’ll notify you first and send you a new drug list when we make these changes.

Important: Check to see if your drug is on the drug list before you go to the pharmacy.
If the drug you take is not on our drug list, you will have to pay the full price of the drug. If that’s the case, or if your drug comes with additional requirements or limits, you may be able to get a temporary supply. Contact your doctor and ask if you can switch to a different drug listed on our drug list.

Notifying your group sponsor
To ensure a smooth enrollment, make sure your group sponsor has your most up-to-date information and that it matches your Social Security information.

If you have end-stage renal disease
If you have end-stage renal disease (ESRD), you could be covered under this plan. But you may not be eligible to enroll. Please contact our First Impressions Welcome Team to learn about possible exceptions. Call 1-833-848-8729, TTY: 711, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays.

About IRMAA and your income level
If your modified adjusted gross income on your IRS tax return from two years ago is above a certain limit, you must pay an income-related monthly adjustment amount (IRMAA) in addition to your monthly plan premium.

The Social Security Administration will contact you if you have to pay Part D-IRMAA, which you must pay to them, not us.

High-income surcharges
If you must pay a high-income surcharge on your Medicare Part B premium to the Social Security Administration, please be sure to do so to avoid a mandatory disenrollment.
Appendix: Required information for 2020

Our plan has free language interpreter services available to answer questions from non-English speaking members. Please call the First Impressions Welcome Team at the number listed in this booklet to request interpreter services.

Out-of-network/non-contracted providers are under no obligation to treat Anthem Medicare Preferred (PPO) with Senior Rx Plus members, except in emergency situations. Out-of-network coverage is part of your Anthem Medicare Preferred (PPO) medical plan and you do not need prior authorization to obtain out-of-network services. However, we recommend you ask for a pre-visit coverage decision to confirm that the service you are receiving is covered and medically necessary. Please call the First Impressions Welcome Team for more information, including the cost sharing that applies to out-of-network services.

This information is not a complete description of benefits. Contact the plan for more information. Every year, Medicare evaluates plans based on a 5-star rating system.

This booklet is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the Benefits Chart and Evidence of Coverage (EOC), which are received upon enrollment. In the event of a conflict between the Benefits Chart/EOC and this booklet, the terms of the Benefits Chart and EOC will prevail.
I understand that the effective date of coverage is when I can begin using the plan services, and the Medicare Advantage plan will send me written notification of the effective date of my enrollment in the plan. I understand that this Medicare Advantage plan is offered under a contract with the Centers for Medicare & Medicaid Services (CMS) and CMS' review of its benefits. I understand that my coverage will come into effect only if this enrollment is approved by the plan and CMS.

I understand that I need to keep my Medicare Parts A & B. I must maintain my Medicare Part B insurance by continuing to pay the Part B premium, if applicable.

I understand that by enrolling in this Medicare Advantage plan, I will automatically be disenrolled by CMS from any other Medicare Advantage plan or Medicare Part D Prescription Drug plan of which I am currently a member. I can only be in one Medicare Advantage plan at a time. It is my responsibility to inform you of any other prescription drug coverage that I have or may get in the future.

I understand that enrollment in this plan is generally for the entire year. I may leave this plan only at certain times of the year if an enrollment period is available, or under certain special circumstances. I may disenroll from this Medicare Advantage plan by sending a written request to my group sponsor. Prior to sending a written request, I will discuss my disenrollment with my group sponsor to ensure that my retiree benefits are not jeopardized.

I understand that if I leave this plan and do not have or obtain other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.

I will read the Evidence of Coverage document for this Medicare Advantage plan to know which rules I must follow in order to receive coverage with this Medicare Advantage plan.

This Medicare Advantage plan serves a specific service area, which includes all 50 states, Washington, DC, American Samoa, Guam, Northern Mariana Islands, US Virgin Islands, and Puerto Rico. If I move out of the area the plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area.

I understand that as a member of this plan, I have the right to ask about the plan's decision about payments or coverage for services I receive. I also have the right to appeal plan decisions about payment or services if I disagree.

Release of Information: By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations.

I also acknowledge that this Medicare Advantage plan will release my information to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. I understand that if false enrollment information is provided, I will be disenrolled from this Medicare Advantage plan.
Anthem Blue Cross and Blue Shield - H4909

2019 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. A Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2019, Anthem Blue Cross and Blue Shield received the following Overall Star Rating from Medicare.

![4.5 Stars]

We received the following Summary Star Rating for Anthem BC Health Insurance Company’s health/drug plan services:

Health Plan Services:

![4 Stars]

Drug Plan Services:

![4 Stars]

The number of stars shows how well our plan performs.

- 5 stars - excellent
- 4 stars - above average
- 3 stars - average
- 2 stars - below average
- 1 star - poor

Learn more about our plan and how we are different from other plans at [www.medicare.gov](http://www.medicare.gov).

You may also contact us Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at [833-848-8729](tel:8338488729) (toll-free) or [711](tel:711) (TTY).

Current members please call [833-848-8730](tel:8338488730) (toll-free) or [711](tel:711) (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

Anthem Blue Cross and Blue Shield is an LPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.
Anthem Blue Cross and Blue Shield Group-Sponsored Health Plan Enrollment Election Form

To enroll in Anthem Medicare Preferred (PPO) with Senior Rx Plus plan, please provide the following information:

<table>
<thead>
<tr>
<th>Group sponsor name</th>
<th>Group #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers' Retirement Fund (TRF)</td>
<td>INEGR000</td>
</tr>
</tbody>
</table>

- **☑ Anthem Medicare Preferred (PPO) with Senior Rx Plus** - $62.00 monthly premium.

<table>
<thead>
<tr>
<th>Requested effective date of coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>(<em><strong>/</strong></em>/<strong><strong>/</strong><em>/</em></strong>/___)</td>
</tr>
<tr>
<td>(M  M / D  D / Y  Y  Y  Y)</td>
</tr>
</tbody>
</table>

Generally, the effective date of enrollment will be the first of the month following the enrollment receipt date, unless a future date is requested and is allowed.

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle initial</th>
<th>Sex</th>
<th>Home phone number ( )</th>
<th>Alternate phone number ( )</th>
</tr>
</thead>
</table>

- **Permanent residence street address** (P.O. Box is not allowed)

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP code</th>
</tr>
</thead>
</table>

- **Mailing address** (only if different from your permanent residence address)

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP code</th>
</tr>
</thead>
</table>

- **Email address**

Your email address will be used for communications only from Anthem Blue Cross and Blue Shield. We will not share your email address.

<table>
<thead>
<tr>
<th>Please provide your Medicare insurance information</th>
</tr>
</thead>
</table>

- **Please take out your red, white and blue Medicare card to complete this section.**
  - Please fill out this information as it appears on your Medicare card.
  - OR -
  - Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

You must have Medicare Part A and Part B to join a Medicare Advantage plan.
You will need to keep Medicare Parts A and B.

<table>
<thead>
<tr>
<th>Name (as it appears on your Medicare card):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Number:</td>
</tr>
<tr>
<td>Is Entitled To:</td>
</tr>
<tr>
<td>Effective Date:</td>
</tr>
<tr>
<td>HOSPITAL (Part A)</td>
</tr>
<tr>
<td>MEDICAL (Part B)</td>
</tr>
</tbody>
</table>

Y0114_20_107567_I_M_ISTRF 05/07/2019
Please read and answer these important questions

1. Are you the retiree? □ Yes □ No
   If “yes,” retirement date (month/date/year) ______________________
   If “no,” name of retiree ____________________________________ Retiree Medicare ID #________________

2. Do you have end-stage renal disease (ESRD)? □ Yes □ No
   If you have had a successful kidney transplant and/or you don’t need regular dialysis anymore, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don’t need dialysis; otherwise, we may need to contact you to obtain additional information.

3. Do you have other medical insurance? □ Yes □ No
   If “yes,” what is the name of the health plan (e.g., Aetna, Humana, Cigna)? ______________________
   What are the effective dates of coverage? ______________________

4. Some individuals may have other drug coverage, including other private insurance, Workers’ Compensation, VA benefits or coverage from state pharmaceutical assistance programs. Will you have other **prescription** drug coverage in addition to Anthem Medicare Preferred (PPO) with Senior Rx Plus?
   □ Yes □ No
   If “yes,” please list your other coverage and your identification (ID) number(s) for this coverage.
   Name of other coverage ____________________________________ ID number for coverage
       ____________________________________

5. Are you a resident in a long-term care facility, such as a nursing home? □ Yes □ No
   If “yes,” please provide the following information:
   Name of institution _______________________________________
   Address (number and street) and phone number of institution _______________________________________
   _______________________________________

This document may be available in an alternate format, for individuals with visual impairments. If you need a copy of this document in an alternate format, please call the First Impressions Welcome Team number listed in this document for additional information.
By completing this enrollment application, I agree to the following:

Anthem Medicare Preferred (PPO) with Senior Rx Plus is a Medicare Advantage plan and has a contract with the federal government. I will need to keep my Medicare Part A and Part B. I can only be in one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform Anthem Medicare Preferred (PPO) with Senior Rx Plus of any prescription drug coverage that I have or may get in the future. If my plan does not include prescription drug coverage, I understand that if I don’t have other Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare’s), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year if an enrollment period is available (example: Annual Election Period from October 15 - December 7) or under certain special circumstances.

Anthem Medicare Preferred (PPO) with Senior Rx Plus serves a specific service area. If I move out of the area that Anthem Medicare Preferred (PPO) with Senior Rx Plus serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Anthem Medicare Preferred (PPO) with Senior Rx Plus, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage (EOC) document from Anthem Blue Cross and Blue Shield when I get it to know which rules I must follow in order to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren’t usually covered under Medicare while out of the country, except for limited coverage near the U.S. border.

I understand that generally the effective date of enrollment will be the first of the month following the enrollment receipt date, unless a future date is requested and is allowed. Beginning on the date Anthem Blue Cross and Blue Shield coverage begins, I must get all of my health care from Anthem Blue Cross and Blue Shield, with the exception of emergency or urgently needed services or out-of-area dialysis services. Services authorized by Anthem Blue Cross and Blue Shield and other services contained in my Anthem Medicare Preferred (PPO) with Senior Rx Plus Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR ANTHEM BLUE CROSS AND BLUE SHIELD WILL PAY FOR THE SERVICES.

Release of information: By joining this Medicare health plan, I acknowledge that Anthem Blue Cross and Blue Shield will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Anthem Blue Cross and Blue Shield will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge.

I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan. I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature required to process your application

<table>
<thead>
<tr>
<th>Applicant signature</th>
<th>Today’s date</th>
</tr>
</thead>
</table>

If you are the authorized representative, you must sign above and provide the following information:

Name _________________________________________________
Address ________________________________________________
City ___________________________ State _______ ZIP code ________
Phone number (_____) ____ – _________
Relationship to enrollee _________________________________________
If you would like to authorize an individual to have the ability to speak with us and/or obtain protected health information (PHI) on your account, please select “yes” below and complete the HIPAA (Health Insurance Portability and Accountability Act) Member Authorization Form on the next page and return it with your application. This form is valid for one year from the signature date.* If you select “no,” a future request for this form can be made by contacting Member Services at the telephone number on the back of your membership card.

Yes ☐  No ☐

Applicant signature ___________________________     Date ________________

* If you wish to continue having the authorized representative on your account, a new form is required annually.

TRF/PID

Note: If Pension deduction is selected and not available, Direct Billing will apply and an invoice including any retroactive premiums due will be sent to the address on file.

Please refer to the Anthem Blue Cross and Blue Shield Evidence of Coverage for a complete listing of all plan benefits, conditions, limitations and exclusions of coverage.

For people whose primary language isn’t English, we offer free language assistance services through interpreters. Please call the First Impressions Welcome Team number listed in this document to request interpreter services.

Anthem Blue Cross and Blue Shield is an LPPO 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 Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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It's important we treat you fairly

That's why we follow Federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters. Interested in these services? Call Member Services for help (TTY: 711).

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 4361 Irwin Simpson Rd, Mailstop: OH0205-A537; Mason, Ohio 45040-9498. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TTY: 1-800-537-7697) or online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Get help in your language

Separate from our language assistance program, we make documents available in alternate formats. If you need a copy of this document in an alternate format, please call Member Services.

**English:** You have the right to get this information and help in your language for free. Call Member Services for help. (TTY: 711)

**Spanish:** Tiene el derecho de obtener esta información y ayuda en su idioma de forma gratuita. Llame al número de Servicios para Miembros para obtener ayuda. (TTY: 711)

**Arabic:**

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجانًا. اتصل بخدمة العملاء للمستهلك. (TTY: 711)

**Armenian:** Դուք իրավունք ունեք ձեր լեզվով ստանալու այս տեղեկությունները և ցանկացած օգնություն անվճար. Օգնություն ստանալու համար զանգահարեք հաճախորդների սպասարկման կենտրոն: (TTY: 711)

**Chinese:** 您有权使用您的语言免费获得该资讯和协助。请致电客户服务部寻求协助。 (TTY: 711)

**Farsi:**

شما این حق را دارید که این اطلاعات و کمک‌ها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک با مراکز خدمات مشتریان تماس بگیرید. (TTY: 711)

**French:** Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour obtenir de l’aide, veuillez appeler le service client. (TTY: 711)
Haitian: Ou gen dwa resevwa enfòmasyon sa a ak asistans nan lang ou pale a pou gratis. Rele nimewo Sèvis Kliyan an pou jwenn èd. (TTY: 711)

Italian: Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il Servizio clienti. (TTY: 711)

Japanese: この情報と支援を希望する言語で無料で受けることができます。サポートが必要な場合はカスタマー サービスにお電話ください。 (TTY: 711)

Korean: 귀하께는 본 정보와 도움을 비용없이 귀하의 언어로 받으실 권리가 있습니다. 도움을 받으시려면 고객 서비스부로 연락해 주십시오. (TTY: 711)

Polish: Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. Zadzwoń pod numer Działu Obsługi Klienta w celu uzyskania pomocy. (TTY: 711)

Portuguese: Você tem o direito de receber gratuitamente estas informações e ajuda no seu idioma. Ligue para o Atendimento ao Cliente para obter ajuda. (TTY: 711)

Russian: Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания клиентов. (TTY: 711)

Tagalog: May karapatan kang makuha ang impormasyon at tulong na ito sa sarili mong wika ng walang kabayaran. Tumawag sa Serbisyo para sa mga Kustomer para matulungan ka. (TTY: 711)

Vietnamese: Bạn có quyền được biết về thông tin này và được hỗ trợ bằng ngôn ngữ của bạn miễn phí. Hãy liên hệ với Dịch vụ khách hàng để được hỗ trợ. (TTY: 711)
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