

California



California 2019 Service Area

2019 MA Service Area

- CSNP
- HMO
- HMO, CSNP
- HMO, CSNP, DSNP, DSNP Plus
- HMO, CSNP, DSNP, DSNP-LAL, ISNP, LIS Focused
- HMO, CSNP, DSNP, ISNP
- HMO, CSNP, DSNP-LAL
- HMO, DSNP, DSNP Plus
- HMO, DSNP-LAL
- HMO, LPPO, CSNP, DSNP-LAL, ISNP

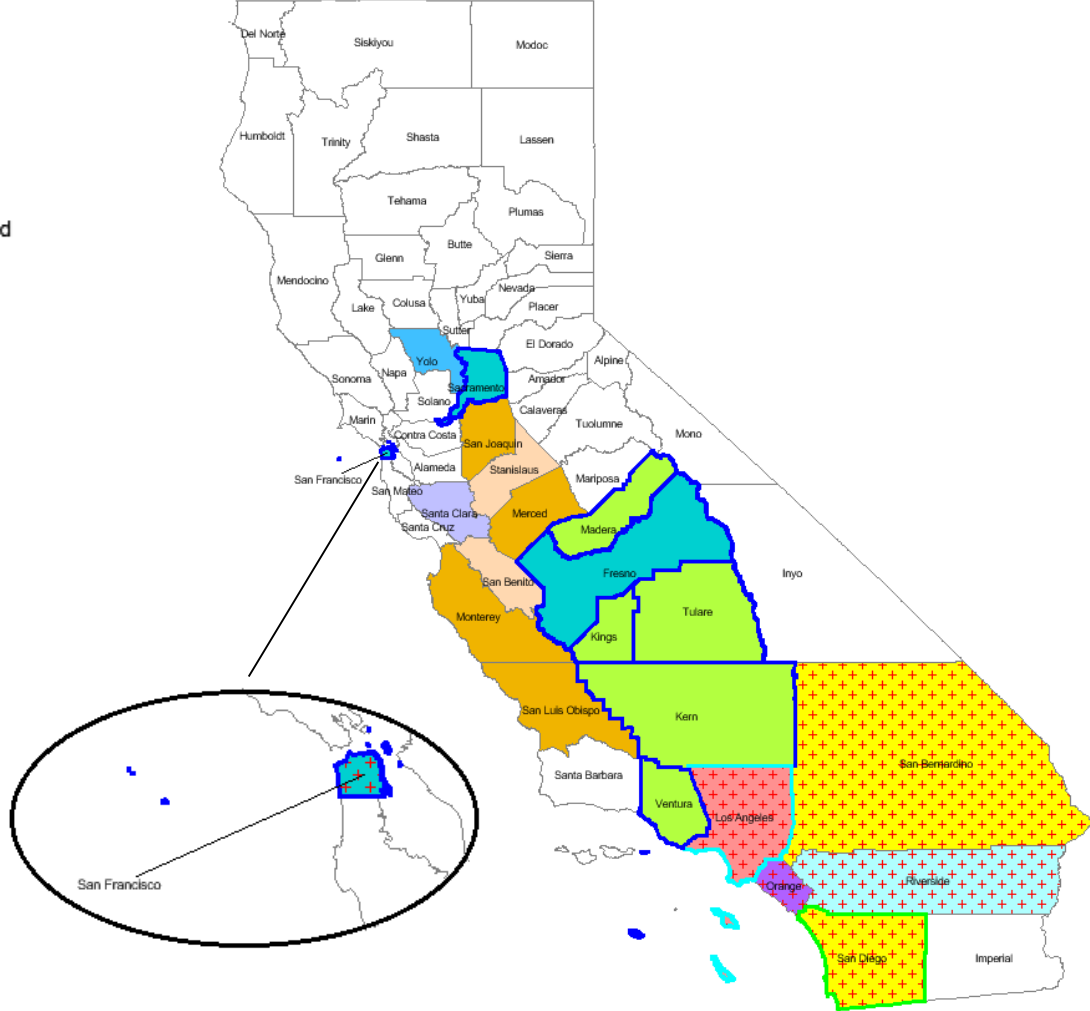
2019 YOY SA Changes

- New DSNP Plus
- New LIS Focused
- New Select HMO

2019 Select Network

- HMO Select

2019 Medicare Supplement plans offered (A, F, G, N and Innovative F)



California Market Highlights



Anthem Blue Cross continues to be competitive in CA with \$0 HMO and DSNP plans in most markets. Low OOP maximums for many plans, improved Part D benefits, and increased focus on supplemental benefits such as OTC make us a great choice for your clients.



\$0 HMO Select plan in San Diego

Low Income Subsidy (LIS) – focused plan in Los Angeles

New DSNPs with a different focus on supplemental benefits

New Medicare Community Resource Support line added to all non-CareMore plans



Advantage formulary improvements – 600+ drugs and drug strengths moved to lower tiers

Additions to many plans include:

- Generic Erectile Dysfunction (ED) drug to Tier 1
- Lower Tier 2 copays
- 2x copay for Mail-Order



Our Medicare Supplement strategy is to improve our attractiveness by providing competitive rates, introducing new products (i.e. Plan G and Innovative F), and continuing to offer Silver Sneakers and continuing to offer additional discounts (New to Medicare, Household, etc.) in our plans.



Grow your business by taking advantage of our “Age In” capabilities! We can help you move commercial members turning 65 and provide options for late retirees.

California Market Highlights – CareMore Featured Plans



Anthem Blue Cross CareMore network plans continue to be competitive in CA with \$0 HMO, CSNP and ISNP plans in most markets. Low MOOP, competitive medical and prescription benefits and the CareMore clinical care model make us a great choice for your clients.



New SilverSneakers® plus existing Nifty after Fifty
New OTC \$125/Q benefit for generic drugs
New Post-Discharge Meals benefit
Plus six new health-related supplemental benefits



Maintain 1 formulary for all CareMore network plans
Formulary remains stable with modest additions, removals and tier changes
Continue with strong Rx Gap coverage including Insulin
Maintain 2x copay for Mail-Order




Remember: CareMore network plans feature \$0 copay for all services at our care centers.
Plus, \$0 PCP copays, Tiered \$0/\$x specialist copays and Tiered DME
Strong supplemental benefits continue including transportation, podiatry, Nifty After Fifty, dental, vision and \$0 hearing aids!

California Market Highlights – CareMore Featured Plans


Area	Plan(s)	New for 2019
In-Home Support Services	All (except ISNP)	\$0 / 4 four-hour shifts. Upon discharge from hospital or nursing facility, members may receive in-home assistance with performing daily living activities. Case Management will coordinate.
Respite Care	All (except ISNP)	\$0 / 40 hours per year. Members with chronic disease and have unpaid caregiver providing care assistance are eligible.
Adult Day Care	All (except ISNP)	\$0 / 1 day per week. Members receive adult day care services for those who need supervision, assistance with ADLs and social work services. Requires assistance with 2 or more ADLs.
Prescribed Meals	All (except ISNP)	\$0 / 2 meals per day for 90 days. Based on qualifying clinical criteria, members receive a prescription for meals & periodic appointments with a Registered Dietitian.
Pain Management	All	\$0 / 24 visits per year. Members receive a combination of acupuncture/pressure, chiropractic and/or therapeutic massage.
Outreach Support Program (aka Togetherness Program)	All	\$0 / Unlimited interactions Program provides awareness and education specifically designed to elevate and treat the clinical issue of senior loneliness.

Northern California 2019 Plan Highlights


	Anthem Value Plus (HMO) H0544-027	Anthem Diabetes, Heart, & Breathe (HMO C-SNP) H0544-032, -036, -031
Service Area	Stanislaus County- Full County	
Monthly Premium	\$48	\$59
Max Out-of-Pocket	\$3,400	
Primary Care Physician	\$0 copay	
Specialist	\$0-\$20 copay	\$0-\$15 copay
Inpatient Hospital	\$100 (Per day 1-5) \$0 (Per day 6-90)	
Emergency Room	\$100 copay (Waived if admitted)	
Urgent Care	\$20 copay	\$15 copay
Skilled Nursing Facility	Days 1 - 20: \$0 per day Days 21 - 100: \$100 per day	
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$0 / \$9.50 / \$40 / \$85 / 33% / \$0 (Mail-Order – 2 copays for 3 month supply)	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 (Mail-Order – 2 copays for 3 month supply)
Rx Gap Coverage	Tiers 1, 2, & partial 6	
Rx Deductible / Formulary	\$0 / CareMore	



Northern California 2019 Plan Highlights

	Anthem Value Plus (HMO) H0544-027	Anthem Diabetes, Heart, & Breathe (HMO C-SNP) H0544-032, -036, -031
Outpatient Surgery Hospital	\$100 copay	
Ambulatory Surgical Center	\$50 copay	
Ambulance	\$195 copay (Waived if admitted)	
Diagnostic Radiologic Procedures	\$0 copay	
Diagnostic Procedures/Tests	\$0 - \$150 copay, 20% coinsurance for Therapeutic Radiology	
X-rays	\$0 copay	
Outpatient Lab	\$0 copay	
Durable Medical Equipment	0% coinsurance \$0 - \$499 per item per month 20% coinsurance \$500+	
Diabetic Supplies	20% coinsurance	\$0 copay
Therapeutic Shoes	\$50 copay	\$0 copay
Dialysis	\$0 copay	

Northern California 2019 Plan Highlights

	Anthem Value Plus (HMO) H0544-027	Anthem Diabetes, Heart, & Breathe (HMO C-SNP) H0544-032, -036, -031
Emergency / Urgent Care Worldwide Coverage	This benefit is limited to \$10,000 per year for worldwide emergency and urgent care services combined.	
Routine Preventive Dental	Not Covered Optional Supplemental Benefits, including Liberty Dental \$9/month & Dental \$35/month	\$0 copay for 2 oral exam(s), 2 cleaning(s), & 1 X-ray per year Optional Supplemental Benefits, including Liberty Dental \$9/month & Dental \$35/month
Exercise Program	Nifty After Fifty & SilverSneakers®	
Routine Eye Exams	\$0 copay for 1 routine eye exam every year	
Routine Eye Wear	Glass Lenses - \$20 copay Frames, Contacts - \$0 copay \$100 Benefit Limit per 2 Years	
Routine Hearing Exams	\$0 copay for 1 routine hearing exam every year	
Hearing Aids	\$0 copay	
Over the Counter (OTC)	\$125 quarterly allowance	
Post Discharge Meals	\$0 copay for 2 meals for up to 7 days per discharge	
Care Model Programs	\$0 copay	
Transportation Benefit	Limited Clinical Benefit	



Northern California 2019 Plan Highlights



Anthem StartSmart Plus (HMO)
H0544-021

Service Area	Santa Clara, San Benito, & Stanislaus – Full County
Monthly Premium	\$0
Max Out-of-Pocket	\$3,400
Primary Care Physician	\$0 copay
Specialist	\$0 - \$35 copay
Inpatient Hospital	Days 1-5: \$175 copay per day Days 6-90: \$0 copay per day
Emergency Room	\$100 copay (Waived if admitted)
Urgent Care	\$20 copay



Northern California 2019 Plan Highlights




Anthem StartSmart Plus (HMO)
H0544-021

Emergency / Urgent Care Worldwide Coverage	This benefit is limited to \$10,000 per year for worldwide emergency and urgent care services combined.
Skilled Nursing Facility	Days 1 - 20: \$0 copay per day Days 21 - 100: \$125 copay per day
Outpatient Surgery Hospital	\$135 copay
Ambulatory Surgical Center	\$50 copay
Rx Copays / Formulary (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$5 / \$12.50 / \$40 / \$90 / 33% / \$10 (Mail-Order – 2 copays for 3 month supply) CareMore
Rx Coverage Gap	Not covered
Routine Preventive Dental	Not Covered Optional Supplemental Benefits, including Liberty Dental \$9/month & Dental \$35/month
Over the Counter (OTC)	\$125 quarterly allowance
Post Discharge Meals	\$0 copay for 2 meals for up to 7 days per discharge
Additional Programs	SilverSneakers®, Nifty After Fifty, \$20 copay Routine Chiropractic 12 visits/year, \$0 copay Care Model Programs, \$0 copay Hearing Aids



Northern California 2019 Plan Highlights

	Anthem Value Plus (HMO) H0544-012	Anthem Diabetes, Heart, & Breathe (HMO C-SNP) H0544-025, -037, -024
Service Area	Santa Clara & San Benito – Full County	Santa Clara & San Benito – Full County
Monthly Premium	\$54	\$55
Max Out-of-Pocket	\$3,000	
Primary Care Physician	\$0 copay	
Specialist	\$0-\$20 copay	\$0-\$20 copay
Inpatient Hospital	Days 1-5: \$125 per day Days 6-90: \$0 per day	
Emergency Room	\$100 copay (Waived if admitted)	
Urgent Care	\$20 copay	
Skilled Nursing Facility	Days 1 - 20: \$0 per day Days 21 - 100: \$100 per day	
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$0 / \$9.50 / \$40 / \$85 / 33% / \$0 (Mail-Order – 2 copays for 3 month supply)	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 (Mail-Order – 2 copays for 3 month supply)
Rx Gap Coverage	Tiers 1, 2, & partial 6	
Rx Deductible / Formulary	\$0 / CareMore	



Northern California 2019 Plan Highlights



Anthem Value Plus (HMO)
H0544-012

Anthem Diabetes, Heart, & Breathe (HMO C-SNP)
H0544-025, -037, -024

Outpatient Surgery Hospital	\$125 copay	
Ambulatory Surgical Center	\$50 copay	
Ambulance	\$195 copay (Waived if admitted)	
Diagnostic Radiologic Procedures	\$0 copay	
Diagnostic Procedures/Tests	\$0 - \$150 copay, 20% coinsurance for Therapeutic Radiology	
X-rays	\$0 copay	
Outpatient Lab	\$0 copay	
Durable Medical Equipment	0% coinsurance \$0 - \$499 per item per month 20% coinsurance \$500+	
Diabetic Supplies	20% coinsurance	\$0 copay
Therapeutic Shoes	\$50 copay	\$0 copay
Dialysis	\$0 copay	



Northern California 2019 Plan Highlights



Anthem Value Plus (HMO)
H0544-012

Anthem Diabetes, Heart, & Breathe (HMO C-SNP)
H0544-025, -037, -024

Emergency / Urgent Care Worldwide Coverage	This benefit is limited to \$10,000 per year for worldwide emergency and urgent care services combined.	
Routine Preventive Dental	Not Covered Optional Supplemental Benefits, including Liberty Dental \$9/month & Dental \$35/month	\$0 copay for 2 oral exam(s), 2 cleaning(s), & 1 X-ray per year Optional Supplemental Benefits, including Liberty Dental \$9/month & Dental \$35/month
Exercise Program	Nifty After Fifty & SilverSneakers®	
Routine Eye Exams	\$0 copay for 1 routine eye exam every year	
Routine Eye Wear	Frames, Contacts - \$0 copay Glass Lenses - \$20 copay \$100 Benefit Limit per 2 Years	
Routine Hearing Exams	\$0 copay for 1 routine hearing exam every year	
Over the Counter	\$125 quarterly allowance	
Post Discharge Meals	\$0 copay for 2 meals per day for up to 7 days per discharge	
Hearing Aids	\$0 copay	
Care Model Programs	\$0 copay	
Transportation Benefit	Limited Clinical Benefit	



Northern California 2019 Plan Highlights



Anthem Connect Plus (HMO)*
H0544-049

Service Area	Santa Clara & San Benito – Full County (also Los Angeles, Orange, and San Bernardino- Full County in Southern California)	
Medicaid Status	With Medicare & Full Medicaid Eligibility, You Pay	With Medicare Only, You Pay
Monthly Premium	\$0	\$33
Max Out-of-Pocket	\$6,700	\$6,700
Primary Care Physician	\$0 copay	20% coinsurance
Specialist	\$0 copay	20% coinsurance
Inpatient Hospital	\$0 copay	Medicare fee-for-service cost
Emergency Room	\$0 copay	20% coinsurance up to \$90
Urgent Care	\$0 copay	20% coinsurance up to \$65
Rx Deductible / Formulary	\$0 / CareMore	\$415 / CareMore
Rx Copays	Tier 1 & 2 - \$0, \$1.25, or \$3.40 Tier 3, 4, 5, & 6 - \$0, \$3.80 , or \$8.50	25% coinsurance

*NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.



Northern California 2019 Plan Highlights



Anthem Connect Plus (HMO)*
H0544-049

Medicaid Status	With Medicare & Full Medicaid Eligibility	With Medicare Only
Transportation	40 one-way trips to plan approved locations Unlimited trips to CareMore Care Centers	
Routine Eye Exams	\$0 copay for 1 routine eye exam every year	
Routine Eye Wear	Frames, Contacts - \$0 copay Glass Lenses - \$20 copay \$100 Benefit Limit per 2 Years	
Routine Hearing Exams	\$0 copay for 1 routine hearing exam every year	
Hearing Aids	\$2,000 allowance every year	
Routine Preventive Dental	\$0 copay for 2 oral exam(s), 2 cleaning(s), & 1 X-ray per year with \$170 quarter allowance Optional Supplemental Benefits Liberty Dental PPO \$35/month	
Post Discharge Meals	\$0 copay for 2 meals per day for up to 7 days per discharge	
Over the Counter (OTC)	\$125 quarterly allowance	
Additional Programs	SilverSneakers®, Nifty After Fifty, \$0 copay Routine Chiropractic 20 visits/year, \$0 copay Care Model Programs	



Northern California 2019 Plan Highlights

	<p>Anthem Care On Site (HMO I-SNP) H0544-050</p>
<p>Service Area:</p>	<p>Santa Clara</p>
<p>CareMore offers a plan specially designed for Medicare beneficiaries living in a nursing home, in a community or assisted living facility requiring the same level of care as someone in a nursing home.</p> <p>Anthem Care on Site (HMO SNP) offers benefits, services and care designed to enhance the overall health and well being of nursing home residents.</p> <p>This plan is sold exclusively through the CareMore Care Onsite team.</p>	



Southern California 2019 Plan Highlights




Anthem Value Plus (HMO)
H0544-002

Service Area	Los Angeles/Orange County – Full County
Monthly Premium	\$0
Max Out-of-Pocket	\$1,500
Primary Care Physician	\$0 copay
Specialist	\$0 copay
Inpatient Hospital	\$0 each stay
Emergency Room	\$100 copay (Waived if admitted)
Urgent Care	\$0 copay
Skilled Nursing Facility	Days 1-20: \$0 per day Days 21-100: \$25 per day
Rx Copays (T1 / T2 / T3 / T4 / T5 / T6)	\$0 / \$9.50 / \$37.50 / \$85 / 33% / \$0 (Mail-Order – 2 copays for 3 month supply)
Rx Gap Coverage	Tiers 1,2, & partial 6
Rx Deductible / Formulary	\$0 / CareMore



Southern California 2019 Plan Highlights

	Anthem Value Plus (HMO) H0544-002
Outpatient Surgery Hospital	\$0 copay
Ambulatory Surgical Center	\$0 copay
Ambulance	\$100 copay (Waived if admitted)
Diagnostic Radiologic Procedures	\$0 copay
Diagnostic Procedures/Tests	\$0 - \$75 copay; \$60 copay for Therapeutic Radiology
X-rays	\$0 copay
Outpatient Lab	\$0 copay
Durable Medical Equipment	0% coinsurance \$0 - \$499 per item per month 20% coinsurance \$500+
Diabetic Supplies	20% coinsurance
Therapeutic Shoes	\$50 copay
Dialysis	\$25 copay



Southern California 2019 Plan Highlights



Anthem Value Plus (HMO)
H0544-002

Emergency / Urgent Care Worldwide Coverage	This benefit is limited to \$10,000 per year for worldwide emergency and urgent care services combined.
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Routine Preventive Dental	\$0 copay for 2 oral exam(s), 2 cleaning(s), & 1 X-ray every year Optional Supplemental Benefits, including Liberty Dental \$9/month & Dental \$35/month
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Exercise Program	Nifty After Fifty & (SilverSneakers®)
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Routine Eye Exams	\$0 copay for 1 routine eye exam every year
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Routine Eye Wear	Glass Lenses - \$20 copay Frames, Contacts - \$0 copay \$100 Benefit Limit per 2 Years
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Routine Hearing Exams	\$0 copay for 1 routine hearing exam every year
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Hearing Aids	\$0 copay
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Care Model Programs	\$0 copay
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Transportation Benefit	22 one-way trips to plan approved locations Unlimited trips to CareMore Care Centers
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Over the Counter (OTC)	\$125 quarterly allowance
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Post Discharge Meals	\$0 copay for 2 meals per day for up to 7 days per discharge
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Southern California 2019 Plan Highlights

	Anthem Diabetes, Heart, Breathe (HMO C-SNP) H0544-004, -013, -014
Service Area	Los Angeles/Orange County – Full County
Monthly Premium	\$0
Max Out-of-Pocket	\$1,500
Primary Care Physician	\$0 copay
Specialist	\$0 copay
Inpatient Hospital	\$0 each stay
Emergency Room	\$100 copay (Waived if admitted)
Urgent Care	\$0 copay
Skilled Nursing Facility	Days 1-31: \$0 per day Days 32 -100: \$25 per day
Rx Copays (T1 / T2 / T3 / T4 / T5 / T6)	\$0 / \$7.50 / \$37.50 / \$85 / 33% / \$0 (Mail-Order – 2 copays for 3 month supply)
Rx Coverage Gap	Tiers 1, 2, & partial 6
Rx Deductible / Formulary	\$0 / CareMore



Southern California 2019 Plan Highlights

	Anthem Diabetes, Heart, Breathe (HMO C-SNP) H0544-004, -013, -014
Outpatient Surgery Hospital	\$0 copay
Ambulatory Surgical Center	\$0 copay
Ambulance	\$100 copay (Waived if admitted)
Diagnostic Radiologic Procedures	\$0 copay
Diagnostic Procedures/Tests	\$0 - \$75 copay; \$60 copay for Therapeutic Radiology
X-rays	\$0 copay
Outpatient Lab	\$0 copay
Durable Medical Equipment	0% coinsurance \$0 - \$499 per item per month 20% coinsurance \$500+
Diabetic Supplies	\$0 copay
Therapeutic Shoes	\$0 copay
Dialysis	\$0 copay



Southern California 2019 Plan Highlights



Anthem Diabetes, Heart, Breathe (HMO C-SNP)
H0544-004, -013, -014

Emergency / Urgent Care Worldwide Coverage	This benefit is limited to \$10,000 per year for worldwide emergency and urgent care services combined.
Routine Preventive Dental	\$0 copay for 2 oral exam(s), 2 cleaning(s), and 1 X-ray every 3 years Optional Supplemental Benefits, including Liberty Dental \$9/month & Dental \$35/month
Exercise Program	Nifty After Fifty & SilverSneakers®
Routine Eye Exams	\$0 copay for 1 routine eye exam every year
Routine Eye Wear	Glass Lenses - \$20 copay Frames, Contacts - \$0 copay \$100 Benefit Limit per 2 Years
Routine Hearing Exams	\$0 copay for 1 routine hearing exam every year
Hearing Aids	\$0 copay
Care Model Programs	\$0 copay
Over the Counter (OTC)	\$125 quarterly allowance
Post Discharge Meals	\$0 copay for 2 meals per day for up to 7 days per discharge
Transportation Benefit	44 one-way trips to plan approved locations Unlimited trips to CareMore Care Centers



Southern California 2019 Plan Highlights



Anthem Connect Plus (HMO)*
H0544-049

Service Area	Los Angeles/Orange County & San Bernardino – Full County (also Santa Clara and San Benito in Northern California)	
Medicaid Status	With Medicare & Full Medicaid Eligibility, You Pay	With Medicare Only, You Pay
Monthly Premium	\$0	\$33
Max Out-of-Pocket	\$6,700	\$6,700
Primary Care Physician	\$0 copay	20% coinsurance
Specialist	\$0 copay	20% coinsurance
Inpatient Hospital	\$0 copay	Medicare fee-for-service cost
Emergency Room	\$0 copay	20% coinsurance up to \$90
Urgent Care	\$0 copay	20% coinsurance up to \$65
Rx Deductible / Formulary	\$0 / CareMore	\$415 / CareMore
Rx Copays	Tier 1 & 2 - \$0, \$1.25, or \$3.35 Tier 3, 4, 5, & 6 - \$0, \$3.70, or \$8.35	25% coinsurance

*NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.



Southern California 2019 Plan Highlights

	Anthem Connect Plus (HMO)* H0544-049	
Medicaid Status	With Medicare & Full Medicaid Eligibility	With Medicare Only
Transportation	40 one-way trips to Plan Approved Locations Unlimited trips to CareMore Care Centers	
Routine Eye Exams	\$0 copay for 1 routine eye exam every year	
Routine Eye Wear	Glass Lenses - \$20 copay Frames, Contacts - \$0 copay \$100 Benefit Limit per 2 Years	
Routine Hearing Exams	\$0 copay for 1 routine hearing exam every year	
Hearing Aids	\$2,000 allowance every year	
Routine Preventive Dental	\$0 copay for 2 oral exam(s), 2 cleaning(s), & 1 X-ray every year with \$170 per quarterly allowance	
Over the Counter (OTC)	\$125 quarterly allowance	
Post Discharge Meals	\$0 copay for up to 2 meals per day for 7 days per discharge	
Additional Programs	SilverSneakers®, Nifty After Fifty, \$0 copay Routine Chiropractic 20 visits/year, \$0 copay Care Model Programs	

*NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.



Southern California 2019 Plan Highlights



Anthem StartSmart (HMO)
H0544-007

Service Area	Los Angeles/Orange County & San Bernardino – Full County
Monthly Premium	\$0
Part B Premium Reduction	\$52
Max Out-of-Pocket	\$3,000
Primary Care Physician	\$5 copay
Specialist	\$0 - \$20 copay
Inpatient Hospital	Days 1-5: \$125 copay per day Days 6-90: \$0 copay per day
Emergency Room	\$100 copay (Waived if admitted)
Urgent Care	\$20 copay
Skilled Nursing Facility	Days 1 - 20: \$0 per day Days 21 - 100: \$100 per day
Rx Copays / Formulary (T1 / T2 / T3 / T4 / T5 / T6)	\$5 / \$14.50 / \$45 / \$95 / 33% / \$10 (Mail-Order – 2 copays for 3 month supply) CareMore Formulary
Rx Gap Coverage	Not Covered



Southern California 2019 Plan Highlights



Anthem StartSmart (HMO)
H0544-007

Transportation

4 one-way trips to Plan Approved Locations

Over the Counter (OTC)

\$125 quarterly allowance

Post Discharge Meals

\$0 copay for 2 meals per day for up to 7 days per discharge

Routine Preventive Dental

\$0 copay for 2 cleanings, 2 oral exams, & 1 x-ray every 3 years.
2 Optional Supplemental Benefits, including Liberty Dental HMO \$9/month & Dental PPO \$35/month

Additional Programs

SilverSneakers®, Nifty After Fifty, \$20 copay Routine Chiropractic 12 visits/year,
\$0 copay Care Model Programs, \$0 copay Hearing Aids



Southern California 2019 Plan Highlights




Anthem Value Plus (HMO)
H0544-008

Service Area	San Bernardino – Full County
Monthly Premium	\$0
Max Out-of-Pocket	\$1,900
Primary Care Physician	\$0 copay
Specialist	\$0-\$10 copay
Inpatient Hospital	\$0 each stay
Emergency Room	\$100 copay (Waived if admitted)
Urgent Care	\$0 copay
Skilled Nursing Facility	Days 1 - 20: \$0 per day Days 21 - 100: \$100 per day
Rx Copays (T1/T2/T3/T4/T5/T6)	Preferred Network \$0 / \$9.50 / \$40 / \$85 / 33% / \$0 (Mail-Order – 2 copays for 3 month supply) Standard Network \$5 / \$14.50 / \$45 / \$95 / 33% / \$0
Rx Gap Coverage	Tiers 1, 2, & 6
Rx Deductible / Formulary	\$0 / CareMore



Southern California 2019 Plan Highlights

	Anthem Value Plus (HMO) H0544-008
Outpatient Surgery Hospital	\$0 copay
Ambulatory Surgical Center	\$0 copay
Ambulance	\$195 copay (Waived if admitted)
Diagnostic Radiologic Procedures	\$0 copay
Diagnostic Procedures/Tests	\$0 - \$150 copay, 20% coinsurance for Therapeutic Radiology
X-rays	\$0 copay
Outpatient Lab	\$0 copay
Durable Medical Equipment	0% coinsurance \$0 - \$499 per item per month 20% coinsurance \$500+
Diabetic Supplies	20% coinsurance
Therapeutic Shoes	\$50 copay
Dialysis	20% coinsurance



Southern California 2019 Plan Highlights



Anthem Value Plus (HMO)
H0544-008

Emergency / Urgent Care Worldwide Coverage	This benefit is limited to \$10,000 per year for worldwide emergency and urgent care services combined.
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Routine Preventive Dental	\$0 copay for 2 cleanings, 2 oral exams & 1 X-ray every 3 years. Optional Supplemental Benefits, including Liberty Dental \$9/month & Dental \$35/month
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Exercise Program	Nifty After Fifty & SilverSneakers®
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Routine Eye Exams	\$0 copay for 1 routine eye exam every year
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Routine Eye Wear	Frames, Contacts - \$0 copay Glass Lenses - \$20 copay \$100 Benefit Limit per 2 Years
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Routine Hearing Exams	\$0 copay for 1 routine hearing exam every year
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Hearing Aids	\$0 copay
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Care Model Programs	\$0 copay
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Over the Counter	\$125 quarterly allowance
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Post Discharge Meals	\$0 copay for 2 meals for up to 7 days per discharge
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Transportation Benefit	Unlimited trips to CareMore Care Centers
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Southern California 2019 Plan Highlights



Anthem Diabetes, Heart, Breathe (HMO C-SNP)
H0544-010, -038, -019

Service Area	San Bernardino – Full County
Monthly Premium	\$0
Max Out-of-Pocket	\$1,900
Primary Care Physician	\$0 copay
Specialist	\$0 copay
Inpatient Hospital	Days 1-10: \$25 per day Days 11-90: \$0 per day
Emergency Room	\$100 copay (Waived if admitted)
Urgent Care	\$0 copay
Skilled Nursing Facility	Days 1 - 20: \$0 per day Days 21 - 100: \$100 per day
Rx Copays (T1/T2/T3/T4/T5/T6)	Preferred Network \$0 / \$9.50 / \$40 / \$85 / 33% / \$0 (Mail-Order – 2 copays for 3 month supply) Standard Network \$5 / \$14.50 / \$45 / \$95 / 33% / \$0
Rx Gap Coverage	Tiers 1, 2, & 6
Rx Deductible / Formulary	\$0 / CareMore



Southern California 2019 Plan Highlights



Anthem Diabetes, Heart, Breathe (HMO C-SNP)
H0544-010, -038, -019

Outpatient Surgery Hospital	\$0 copay
Ambulatory Surgical Center	\$0 copay
Ambulance	\$195 copay (Waived if admitted)
Diagnostic Radiologic Procedures	\$0 copay
Diagnostic Procedures/Tests	\$0 - \$150 copay, 20% coinsurance for Therapeutic Radiology
X-rays	\$0 copay
Outpatient Lab	\$0 copay
Durable Medical Equipment	0% coinsurance \$0 - \$499 per item per month 20% coinsurance \$500+
Diabetic Supplies	\$0 copay
Therapeutic Shoes	\$0 copay
Dialysis	\$0 copay



Southern California 2019 Plan Highlights



Anthem Diabetes, Heart, Breathe (HMO C-SNP)
H0544-010, -038, -019

Emergency / Urgent Care
Worldwide Coverage

This benefit is limited to \$10,000 per year for worldwide emergency and urgent care services combined.

Routine Preventive Dental

Not Covered
Optional Supplemental Benefits, including Liberty Dental HMO \$9/month & Dental PPO \$35/month

Exercise Program

Nifty After Fifty & SilverSneakers®

Routine Eye Exams

\$0 copay for 1 routine eye exam every year

Routine Eye Wear

Frames, Contacts - \$0 copay
Glass Lenses - \$20 copay
\$100 Benefit Limit per 2 Years

Routine Hearing Exams

\$0 copay for 1 routine hearing exam every year

Hearing Aids

\$0 copay

Care Model Programs

\$0 copay

Transportation Benefit

10 one-way trips to plan approved locations
Unlimited trips to CareMore Care Centers

Over the Counter (OTC)


\$125 quarterly allowance

Post Discharge Meals

\$0 copay for 2 meals per day for up to 7 days per discharge




Southern California 2019 Plan Highlights

	Anthem ESRD (HMO C-SNP) H0544-015	Anthem ESRD (HMO C-SNP) H0544-020
Service Area	Los Angeles/Orange County – Full County	San Bernardino – Full County
Monthly Premium	\$0	
Part B Premium Reduction	\$0	\$7
Max Out-of-Pocket	\$1,500	\$1,900
Primary Care Physician	\$0 copay	
Specialist	\$0 copay	
Inpatient Hospital	Days 1-5: \$50 per day Days 6-90: \$0 per day	Days 1-5: \$100 per day Days 6-90: \$0 per day
Emergency Room	\$100 copay (Waived if admitted)	
Urgent Care	\$0 copay	
Skilled Nursing Facility	Days 1-31: \$0 per day Days 32 -100: \$25 per day	Days 1 - 20: \$0 per day Days 21 - 100: \$100 per day
Rx Copays (T1 / T2 / T3 / T4 / T5 / T6)	\$0 / \$7.50 / \$37.50 / \$85 / 33% / \$0 (Mail Order – 2 copays for 3 month supply)	Preferred Network \$0 / \$9.50 / \$40 / \$85 / 33% / \$0 (Mail Order – 2 copays for 3 month supply) Standard Network \$5 / \$14.50 / \$45 / \$95 / 33% / \$0
Rx Gap Coverage	Tiers 1,2, & 6	Tiers 1 & 2, partial 6
Rx Deductible / Formulary	\$0 / CareMore	\$0 / CareMore




Southern California 2019 Plan Highlights

	Anthem ESRD (HMO C-SNP) H0544-015	Anthem ESRD (HMO C-SNP) H0544-020
Outpatient Surgery Hospital	\$0 copay	\$50 copay
Ambulatory Surgical Center	\$0 copay	
Ambulance	\$100 copay (Waived if admitted)	\$195 copay (Waived if admitted)
Diagnostic Radiologic Procedures	\$0 copay	
Diagnostic Procedures/Tests	\$0 - \$75 copay, \$60 copay for Therapeutic Radiology	\$0 - \$150 copay, 20% Coinsurance for Therapeutic Radiology
X-rays	\$0 copay	
Outpatient Lab	\$0 copay	\$0 copay
Durable Medical Equipment	0% Coinsurance \$0 - \$499 per item per month 20% Coinsurance \$500+	
Diabetic Supplies	\$0 copay	
Therapeutic Shoes	\$0 copay	
Dialysis	\$0 copay	



Southern California 2019 Plan Highlights

	Anthem ESRD (HMO C-SNP) H0544-015	Anthem ESRD (HMO C-SNP) H0544-020
Emergency / Urgent Care Worldwide Coverage	This benefit is limited to \$10,000 per year for worldwide emergency and urgent care services combined.	
Routine Preventive Dental	Unlimited oral exams, unlimited cleanings, & 1 X-ray every 3 years Optional Supplemental Benefits, including Liberty Dental \$35/month	
Exercise Program	Nifty After Fifty & SilverSneakers®	
Routine Eye Exams	\$0 copay for 1 routine eye exam every year	\$0 copay for 1 routine eye exam every year
Routine Eye Wear	Glass Lenses - \$20 copay Frames, Contacts - \$0 copay \$100 Benefit Limit per 2 Years	
Routine Hearing Exams	\$0 copay for 1 routine hearing exam every year	\$0 copay for 1 routine hearing exam every year
Hearing Aids	\$0 copay (\$1,000 allowance every 3 years)	
Over the Counter (OTC)	\$125 quarterly allowance	
Care Model Programs	\$0 copay	\$0 copay
Post Discharge Meals	\$0 copay for 2 meals for up to 7 days per discharge	
Transportation Benefit	150 one way trips to plan approved locations	Limited Clinical Benefit



Northern California 2019 Plan Highlights

	Anthem MediBlue Plus (HMO) H0544-064	Anthem MediBlue Plus (HMO) H0544-074
Service Area	Sacramento	Yolo
Monthly Premium	\$0	\$0
Max Out-of-Pocket	\$6,700	\$5,500
Primary Care Physician	\$10	
Specialist	\$25	
Inpatient Hospital	\$275 (6 days)	
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$5 / \$10 / \$42 / \$95 / 33% / \$0	\$5 / \$15 / \$42 / \$95 / 33% / \$0
Rx Deductible / Formulary	\$0 / Core	



Northern California 2019 Plan Highlights

	Anthem MediBlue Plus (HMO) H0544-064	Anthem MediBlue Plus (HMO) H0544-074
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 per day / Days 21 - 100: \$142 per day (Preferred) Days 1 - 20: \$0 per day / Days 21 - 100: \$172 per day (INN)	
Outpatient Surgery Hospital	\$275 copay	\$260 copay
Ambulatory Surgical Center	\$240 copay	\$230 copay
Emergency Room	\$90 copay	
Ambulance	\$250 copay (Air Ambulance - 20% coinsurance)	\$350 copay (Air Ambulance - 20% coinsurance)
Urgent Care	\$40 copay	
Diagnostic Radiologic Procedures	\$150 copay (doctor office) \$150 copay (outpatient facility)	
Diagnostic Procedures/Tests	\$25 copay (doctor office) \$50 copay (outpatient facility)	
X-rays	\$10 copay	
Outpatient Lab	\$0 - \$10 copay	



Northern California 2019 Plan Highlights

	Anthem MediBlue Plus (HMO) H0544-064	Anthem MediBlue Plus (HMO) H0544-074
Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.	
Routine Preventive Dental	\$0 copay for 1 oral exam; 1 cleaning every year. Optional Supplemental Benefits are also available for an additional premium	
Routine Eye Exams	\$0 copay for 1 routine eye exam every year. Optional Supplemental Benefits are also available for an additional premium	
Routine Eye Wear	N/A	
Routine Hearing Exams/Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year	
Podiatry	Unlimited routine foot care visit(s) every year	
Transportation Benefit	N/A	
LiveHealth Online	Covered	
Fitness	Covered (SilverSneakers®)	
OTC	\$100 per quarter	
Medicare Community Resource Support	Covered	



Northern California 2019 Plan Highlights

	Anthem MediBlue Dual Advantage (HMO SNP) H0544-054	Anthem MediBlue Dual Plus (HMO SNP) H0544-089
Service Area	Sacramento, San Francisco	Sacramento, San Francisco
Premium	\$0	\$0
Dental	\$0 copay for 2 exams, 2 cleanings & 1 X-ray; per year \$1,100 comprehensive*	\$0 copay for 1 exam & 1 cleaning per year
Routine Eye Exams/ Eye Wear	\$0 copay for 1 exam per year \$50 for hardware per year	\$0 copay for 1 exam per year \$300 for hardware per year
Routine Hearing Exams/ Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year
Podiatry	Unlimited routine foot care visit(s) every year	Unlimited routine foot care visit(s) every year
LiveHealth Online	Covered	Covered
Over the Counter (OTC)	\$15 per quarter	\$145 per quarter
Transportation	N/A	48 one-way trips limited to 60 miles
Fitness	Covered (SilverSneakers®)	Covered (SilverSneakers®)
Acupuncture	\$0 copay. 24 visits per year	\$0 copay. 24 visits per year
Personal Emergency Response System (PERS)	Covered	Covered
Formulary	Core	Advantage
Medicare Community Resource Support	Covered	

*\$275 per quarter



Northern California 2019 Plan Highlights

	Anthem MediBlue Select (HMO) H0544-069	Anthem MediBlue Plus (HMO) H0544-057
Service Area	San Francisco	San Francisco
Monthly Premium	\$0	\$29
Max Out-of-Pocket	\$6,700	\$4,400
Primary Care Physician	\$10	\$0
Specialist	\$25	\$10
Inpatient Hospital	\$350 (4 days)	\$250 (5 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$0 / \$10 / \$42 / \$95 / 33%	\$0 / \$8 / \$42 / \$95 / 33%
Rx Deductible / Formulary	\$0 / Advantage	\$0 / Advantage
Durable Medical Equipment	\$0-\$100 per item; 20% coinsurance \$100+	20% coinsurance



Northern California 2019 Plan Highlights

	Anthem MediBlue Select (HMO) H0544-069	Anthem MediBlue Plus (HMO) H0544-057
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 per day / Days 21 - 100: \$142 per day (Preferred) Days 1 - 20: \$0 per day / Days 21 - 100: \$172 per day (INN)	
Outpatient Surgery Hospital	\$360 copay	\$250 copay
Ambulatory Surgical Center	\$325 copay	\$200 copay
Emergency Room	\$90 copay	
Ambulance	\$300 copay (Air Ambulance - 20% coinsurance)	\$250 copay (Air Ambulance - 20% coinsurance)
Urgent Care	\$40 copay	\$20 copay
Diagnostic Radiologic Procedures	\$60 copay (doctor office) \$100 copay (outpatient facility)	\$60 copay (doctor office) \$60 copay (outpatient facility)
Diagnostic Procedures/Tests	\$60 copay (doctor office) \$100 copay (outpatient facility)	\$0 copay (doctor office) \$60 copay (outpatient facility)
X-rays	\$0 copay (doctor office) \$50 copay (outpatient facility)	\$0 copay (doctor office) \$50 copay (outpatient facility)
Outpatient Lab	\$0 - \$5 copay	\$0 copay



Northern California 2019 Plan Highlights

Anthem MediBlue Select (HMO)
H0544-069

Anthem MediBlue Plus (HMO)
H0544-057

Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.	
Routine Preventive Dental	\$0 copay for 1 oral exam; 1 cleaning every year Optional Supplemental Benefits are also available for an additional premium	
Routine Eye Exams	\$0 copay for 1 routine eye exam every year Optional Supplemental Benefits are also available for an additional premium	
Routine Eye Wear	N/A	
Routine Hearing Exams/Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year	
Podiatry	Unlimited routine foot care visit(s) every year	
LiveHealth Online	Covered	
Transportation Benefit	N/A	N/A
Fitness	Covered (SilverSneakers®)	
Personal Emergency Response System (PERS)	Covered	N/A
Over the Counter (OTC)	\$35 per quarter	N/A
Medicare Community Resource Support	Covered	



Northern California ESRD 2019 Plan Highlights

Anthem MediBlue ESRD (PPO SNP)* H8552-028	
Service Area	Merced, Monterey, San Joaquin, Stanislaus, (also Fresno, Kern, Kings, Madera, San Diego, San Luis Obispo, Tulare, Ventura)
Monthly Premium	\$35
Routine Preventive Dental	\$0 copay for 2 exams; 2 cleanings & 1 X-ray \$1,500 comprehensive**
Routine Eye Exams/ Eye Wear	\$0 copay for 1 exam per year \$200 for hardware per year
Routine Hearing Exams	N/A
Podiatry	Unlimited routine foot care visit(s) every year
Transportation	52 one-way trips. Trips limited to 60 miles
Live Health Online	Covered
Formulary	ESRD

*Enrollment for this plan will be executed by Anthem Field Representatives only.

**\$375 per quarter



Northern California 2019 Plan Highlights

Anthem MediBlue Plus (HMO) H0544-056	
Service Area	Fresno, Kings, Madera, Tulare
Monthly Premium	\$0
Max Out-of-Pocket	\$6,700
Primary Care Physician	\$5
Specialist	\$15
Inpatient Hospital	\$270 (7 days)
Rx Copays (preferred cost shares) (T1 / T2 / T3 / T4 / T5 / T6)	\$5 / \$15 / \$42 / \$95 / 33% / \$0
Rx Deductible / Formulary	\$0 / Core



Northern California 2019 Plan Highlights

Anthem MediBlue Plus (HMO) H0544-056	
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 per day / Days 21 - 100: \$142 per day (Preferred) Days 1 - 20: \$0 per day / Days 21 - 100: \$172 per day (INN)
Outpatient Surgery Hospital	\$295 copay
Ambulatory Surgical Center	\$200 copay
Emergency Room	\$90 copay
Ambulance	\$295 copay (Air Ambulance - 20% coinsurance)
Urgent Care	\$40 copay
Diagnostic Radiologic Procedures	\$220 copay (doctor office) \$220 copay (outpatient facility)
Diagnostic Procedures/Tests	\$0 copay (doctor office) \$200 copay (outpatient facility)
X-rays	\$0 copay (doctor office) \$50 copay (outpatient facility)
Outpatient Lab	\$0 - \$10 copay



Northern California 2019 Plan Highlights

Anthem MediBlue Plus (HMO) H0544-056	
Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.
Routine Preventive Dental	\$0 copay for 1 oral exam; 1 cleaning every year Optional Supplemental Benefits are also available for an additional premium
Routine Eye Exams	\$0 copay for 1 routine eye exam every year Optional Supplemental Benefits are also available for an additional premium
Routine Eye Wear	N/A
Routine Hearing Exams/Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$500 for hearing aids per year
Podiatry	Unlimited routine foot care visit(s) every year
LiveHealth Online	Covered
Transportation Benefit	N/A
Fitness	Covered (SilverSneakers®)
Over the Counter (OTC)	\$125 per quarter
Medicare Community Resource Support	Covered



Northern California 2019 Plan Highlights

	Anthem MediBlue Dual Plus (HMO SNP) H0544-087	Anthem MediBlue Dual Advantage (HMO SNP) H0544-052
Service Area	Fresno, Kings, Madera, Tulare	Fresno, Kings, Madera, Tulare
Monthly Premium	\$0	\$0
Routine Preventive Dental	\$0 copay 1 exam & cleaning	\$0 copay for 2 exam(s), 2 cleaning(s), & 1 X-ray; \$1,100 comprehensive*
Routine Eye Exam/ Eye Wear	\$0 copay for 1 exam per year \$250 for hardware per year	\$0 copay for 1 exam per year \$50 for hardware per year
Routine Hearing Exams/Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year
Podiatry	Unlimited routine foot care visit(s) every year	Unlimited routine foot care visit(s) every year
LiveHealth Online	Covered	Covered
Over the Counter (OTC)	\$145 per quarter	\$15 per quarter
Transportation	48 one-way trips (limited to 60 miles)	N/A
Fitness	Covered (SilverSneakers®)	Covered (SilverSneakers®)
Personal Emergency Response System (PERS)	Covered	Covered
Formulary	Advantage	Advantage
Medicare Community Resource Support	Covered	Covered



Southern California 2019 Plan Highlights

Anthem MediBlue Dual Advantage (HMO SNP) H0544-053		Anthem MediBlue Dual Plus (HMO SNP) H0544-088
Service Area	Kern	Kern
Routine Preventive Dental	\$0 copay for 2 exam(s), 2 cleaning(s), 1 fluoride \$ 1 X-ray per year ;\$1100 comprehensive*	\$0 copay for 1 exam & 1 cleaning per year
Routine Eye Exam/ Eye Wear	\$0 copay for 1 exam \$50 for hardware per year	\$0 copay for 1 exam \$250 for hardware per year
Routine Hearing Exam/ Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year
Podiatry	Unlimited routine foot care visit(s) every year	Unlimited routine foot care visit(s) every year
Over the Counter (OTC)	\$15 per quarter	\$145 per quarter
Transportation	N/A	48 one-ways (limited to 60 miles)
Fitness	Covered (SilverSneakers®)	Covered (SilverSneakers®)
Formulary	Advantage	Advantage
Personal Emergency Response System (PERS)	Covered	Covered
LiveHealth Online	Covered	Covered
Medicare Community Resource Support		Covered

**\$275 per quarter



Southern California 2019 Plan Highlights

	Anthem MediBlue Plus (HMO) H0544-062	Anthem MediBlue Plus (HMO) H0544-063
Service Area	Kern	Ventura
Monthly Premium	\$0	
Max Out-of-Pocket	\$3,100	\$6,700
Primary Care Physician	\$0	\$5
Specialist	\$0	\$15
Inpatient Hospital	\$0	\$330 (3 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$0 / \$10 / \$42 / \$95 / 33% (90 day mail-order savings on certain tiers)	\$5 / \$15 / \$42 / \$95 / 33% / \$0
Rx Deductible / Formulary	\$0 / Advantage	\$0 / Core



Southern California 2019 Plan Highlights

	Anthem MediBlue Plus (HMO) H0544-062	Anthem MediBlue Plus (HMO) H0544-063
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 per day Days 21 - 100: \$100 per day	Days 1 - 20: \$0 per day / Days 21 - 100: \$142 per day (Preferred) Days 1 - 20: \$0 per day / Days 21 - 100: \$172 per day (INN)
Outpatient Surgery Hospital	\$0 copay	\$310 copay
Ambulatory Surgical Center	\$0 copay	\$255 copay
Emergency Room	\$120 copay	\$90 copay
Ambulance	\$130 copay (Air Ambulance - 20% coinsurance)	\$380 copay (Air Ambulance - 20% coinsurance)
Urgent Care	\$10 copay	\$50 copay
Outpatient Diagnostic Radiologic Procedures	\$50 copay	20% coinsurance
Outpatient Diagnostic Procedures/Tests	\$0 copay (doctor office) \$15 copay (outpatient facility)	\$0 copay (doctor office) 20% coinsurance (outpatient facility)
X-rays		\$0 copay
Outpatient Lab		\$0 copay



Southern California 2019 Plan Highlights

	Anthem MediBlue Plus (HMO) H0544-062	Anthem MediBlue Plus (HMO) H0544-063
Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.	
Routine Preventive Dental	\$0 copay for 1 oral exam; 1 cleaning every year. Optional Supplemental Benefits are also available for an additional premium.	
Routine Eye Exams	\$0 copay for 1 routine eye exam every year. Optional Supplemental Benefits are also available for an additional premium.	
Routine Eye Wear	N/A	
Routine Hearing Exams/Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year	
Podiatry	Unlimited routine foot care visit(s) every year	
LiveHealth Online	Covered	
Transportation Benefit	12 one-way routine trips every year Trips are limited to 60 miles.	N/A
Fitness	Covered (SilverSneakers®)	
Personal Emergency Response System (PERS)	Covered	N/A
Over the Counter (OTC)	\$27 per quarter	N/A
Medicare Community Resource Support	Covered	



Southern California 2019 Plan Highlights

Anthem MediBlue Dual Advantage (HMO SNP) H0544-055		Anthem MediBlue Dual Plus (HMO SNP) H0544-090	
Service Area	Ventura	Ventura	
Dental	\$0 copay for 2 exams, 2 cleanings, & 1 X-ray; \$1,800 comprehensive**	\$0 copay for 1 exam & 1 cleaning per year	
Vision	\$0 copay for 1 exam per year \$50 for hardware per year	\$0 copay for 1 exam per year \$250 for hardware per year	
Hearing	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year	
Podiatry	Unlimited routine foot care visit(s) every year	Unlimited routine foot care visit(s) every year	
Over the Counter (OTC)	\$15 per quarter	\$145 per quarter	
Transportation	N/A	48 one-ways (limited to 60 miles)	
Fitness	Covered (SilverSneakers®)	Covered (SilverSneakers®)	
Formulary	Advantage	Advantage	
Personal Emergency Response System (PERS)	Covered	Covered	
LiveHealth Online	Covered	Covered	
Medicare Community Resource Support	Covered		

**\$450 per quarter



Southern California 2019 Plan Highlights

Anthem MediBlue Coordination Plus (HMO*) H0544-071*		
Service Area	Riverside, San Bernardino	
Medicaid Status	With Medicare & Full Medicaid Eligibility, You Pay	With Medicare Only, You Pay
Monthly Premium	\$0	\$35
Max Out-of-Pocket	\$6,700	\$6,700
Primary Care Physician	\$0 copay	20% coinsurance
Specialist	\$0 copay	20% coinsurance
Inpatient Hospital	\$0 copay	Medicare fee-for-service cost
Emergency Room	\$0 copay	\$80 copay
Urgent Care	\$0 copay	\$65 copay
Rx Deductible / Formulary	\$0 / Advantage	\$415 / Advantage
Rx Copays	Tier 1 & 2 - \$0, \$1.25, or \$3.40 Tier 3, 4, 5 - \$0, \$3.80 , or \$8.50	\$0 / \$8 / \$47 / \$95 / 25%

*NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.



Southern California 2019 Plan Highlights

Anthem MediBlue Coordination Plus (HMO*) H0544-071*		
Medicaid Status	With Medicare & Full Medicaid Eligibility, You Pay	With Medicare Only, You Pay
Acupuncture	24 visits per year	
Routine Preventive Dental	\$0 copay for 2 exams; 2 cleanings & 1 X-ray per year \$2,000 comprehensive**	
Routine Eye Exam/ Eyewear	\$0 copay for 1 exam; \$350 for hardware per year	
Routine Hearing Exams/ Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year	
Podiatry	Unlimited routine foot care visit(s) every year	
Over the Counter (OTC)	\$110 per quarter	
Transportation	48 one-way trips. Trips limited to 60 miles	
Fitness	Covered (SilverSneakers®)	
Personal Emergency Response System (PERS)	Covered	
LiveHealth Online	Covered	
Medicare Community Resource Support	Covered	

*NOT a DSNP. Members without dual eligibility will receive these benefits but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.

**\$500 per quarter



Southern California 2019 Plan Highlights

	Anthem MediBlue Select (HMO) H0544-066	Anthem MediBlue Plus (HMO) H0544-060-003
Service Area	San Bernardino	San Bernardino
Monthly Premium	\$0	\$0
Max Out-of-Pocket	\$2,500	\$5,000
Primary Care Physician	\$0	\$0
Specialist	\$0	\$10
Inpatient Hospital	\$0	\$320 (5 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$0 / \$5 / \$42 / \$95 / 33% (90 day mail-order savings on certain tiers / Erectile Dysfunction drugs covered)	\$7 / \$15 / \$42 / \$95 / 33% / \$0
Rx Deductible / Formulary	\$0 / Advantage	\$0 / Core



Southern California 2019 Plan Highlights

	Anthem MediBlue Select (HMO) H0544-066	Anthem MediBlue Plus (HMO) H0544-060-003
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 per day Days 21 - 100: \$50 per day	Days 1 - 20: \$0 per day / Days 21 - 100: \$142 per day (Preferred) Days 1 - 20: \$0 per day / Days 21 - 100: \$172 per day (INN)
Outpatient Surgery Hospital	\$45 copay	\$300 copay
Ambulatory Surgical Center	\$0 copay	\$250 copay
Emergency Room	\$120 copay	\$90 copay
Ambulance	\$200 copay	\$290 copay (Air Ambulance – 20% coinsurance)
Urgent Care	\$40 copay	\$50 copay
Diagnostic Radiologic Procedures	\$50 copay	\$65 copay (doctor office) \$100 copay (outpatient facility)
Diagnostic Procedures/Tests	\$0 copay	\$25 copay (doctor office) \$100 copay (outpatient facility)
X-rays		\$0 copay
Outpatient Lab		\$0 copay
Medicare Community Resource Support		Covered



Southern California 2019 Plan Highlights

	Anthem MediBlue Select (HMO) H0544-066	Anthem MediBlue Plus (HMO) H0544-060-003
Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.	
Routine Preventive Dental	\$0 copay for 1 oral exam; 1 cleaning every year Optional Supplemental Benefits are also available for an additional premium.	N/A Optional Supplemental Benefits are also available for an additional premium.
Routine Eye Exams/Eye Wear	\$0 copay for 1 routine eye exam every year/ \$100 limit for eye glasses or contact lenses every year Optional Supplemental Benefits are also available for an additional premium	\$0 copay for 1 routine eye exam every year Optional Supplemental Benefits are also available for an additional premium
Routine Hearing Exams/Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$500 for hearing aids per year
Podiatry	Unlimited routine foot care visit(s) every year	
LiveHealth Online	Covered	
Transportation	12 routine one-way trips. Trips limited to 60 miles	N/A
Fitness	Covered (SilverSneakers®)	
Personal Emergency Response System (PERS)	Covered	N/A
Over the Counter (OTC)	\$100 per quarter	N/A



Southern California 2019 Plan Highlights

	Anthem MediBlue Select (HMO) H0544-067	Anthem MediBlue Plus (HMO) H0544-060-004
Service Area	Riverside	Riverside
Monthly Premium	\$0	\$0
Max Out-of-Pocket	\$2,900	\$6,700
Primary Care Physician	\$0	\$20
Specialist	\$0	\$45
Inpatient Hospital	\$0	\$300 (5 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$0 / \$5 / \$42 / \$95 / 33% (90 day mail-order savings on certain tiers / Erectile Dysfunction drugs covered)	\$7 / \$15 / \$42 / \$95 / 33% / \$0
Rx Deductible / Formulary	\$0 / Advantage	\$0 / Core
Durable Medical Equipment	\$0-\$100 per item; 20% coinsurance \$100+	20% coinsurance



Southern California 2019 Plan Highlights

	Anthem MediBlue Select (HMO) H0544-067	Anthem MediBlue Plus (HMO) H0544-060-004
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 per day Days 21 - 100: \$100 per day	Days 1 - 20: \$0 per day / Days 21 - 100: \$142 per day (Preferred) Days 1 - 20: \$0 per day / Days 21 - 100: \$172 per day (INN)
Outpatient Surgery Hospital	\$45 copay	20% coinsurance
Ambulatory Surgical Center	\$0 copay	20% coinsurance
Emergency Room	\$120 copay	\$90 copay
Ambulance	\$200 copay (Air Ambulance – \$200 copay)	\$350 copay (Air Ambulance – 20% coinsurance)
Urgent Care	\$40 copay	\$50 copay
Diagnostic Radiologic Procedures	\$50 copay	\$272 copay
Diagnostic Procedures/Tests	\$0 copay	\$85 copay (doctor office) \$255 copay (outpatient facility)
X-rays	\$0 copay	\$85 copay
Outpatient Lab	\$0 copay	\$0 - \$10 copay



Southern California 2019 Plan Highlights

Anthem MediBlue Select (HMO) H0544-067		Anthem MediBlue Plus (HMO) H0544-060-004
Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.	
Routine Preventive Dental	\$0 copay for 1 oral exam; 1 cleaning every year Optional Supplemental Benefits are also available for an additional premium.	N/A Optional Supplemental Benefits are also available for an additional premium.
Routine Eye Exams/ Eye Wear	\$0 copay for 1 routine eye exam every year/\$100 limit for eye glasses or contact lenses every year Optional Supplemental Benefits are also available for an additional premium.	\$0 copay for 1 routine eye exam every year. Optional Supplemental Benefits are also available for an additional premium.
Routine Hearing Exams/Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$350 for hearing aids per year
Podiatry	Unlimited routine foot care visit(s) every year	
LiveHealth Online	Covered	
Transportation Benefit	12 routine one-way trips. Trips limited to 60 miles	N/A
Fitness	Covered (SilverSneakers®)	
Personal Emergency Response System (PERS)	Covered	N/A
Over the Counter (OTC)	\$100 per quarter	N/A
Medicare Community Resource Support	Covered	



Southern California 2019 Plan Highlights

Anthem MediBlue Extra (HMO) H0544-081					
Service Area		Los Angeles			
WITH MEDICARE AND					
LIS Eligibility	No LIS, You Pay	100% Subsidy, LIS 3 You Pay	75% Subsidy, LIS 2 You Pay	50% Subsidy, LIS 1 You Pay	25% Subsidy, LIS 4 You Pay
Monthly Premium	\$31.60	\$0	\$7.90	\$16	\$23.70
Max Out-of-Pocket	\$6,700				
Primary Care Physician	\$0				
Specialist	\$0				
Inpatient Hospital	\$195 (5 days)				
Rx Copays (preferred cost shares) T1 / T2/ T3/ T4/ T5/ T6	\$0 / \$2 / \$47 / \$95 / %25	Tier 1 & 2 - \$0 Tier 3, 4, & 5 - \$0	Tier 1 - \$0 Tier 2 - \$1.25 Tier 3, 4 & 5 - \$3.80	Tier 1 - \$0 Tier 2 - \$3.40 Tier 3, 4, & 5 - \$8.50	Tier 1 - \$3.40/\$8.50 Tier 2, 3, 4 & 5 - 15%
Rx Deductible	\$415 (Tiers 2-5)	\$0	\$0	\$0	\$85



Southern California 2019 Plan Highlights

Anthem MediBlue Extra (HMO)

H0544-081

Skilled Nursing Facility
(Preferred / INN)

Days 1 - 20: \$0 copay per day / Days 21 - 100: \$142 copay per day (Preferred)
Days 1 - 20: \$0 copay per day / Days 21 - 100: \$172 copay per day (INN)

Outpatient Surgery Hospital

\$195 copay

Ambulatory Surgical Center

\$100 copay

Emergency Room

\$90 copay

Ambulance

\$250 copay
(Air Ambulance - 20% coinsurance)

Urgent Care

\$65 copay

Diagnostic Radiologic Procedures

\$100 copay (doctor office)
\$100 copay (outpatient facility)

Diagnostic Procedures/Tests

\$100 copay (doctor office)
\$100 copay (outpatient facility)

X-rays

20% coinsurance

Outpatient Lab

\$0 - \$5 copay



Southern California 2019 Plan Highlights

Anthem MediBlue Extra (HMO) H0544-081	
Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.
Routine Preventive Dental	\$0 copay for 2 exam(s), 2 cleaning(s), 1 fluoride & 1 X-ray per year \$1,000 comprehensive**
Routine Eye Exams/Eye Wear	\$0 copay for 1 routine eye exam(s) every year \$200 allowance for eyewear per year
Routine Hearing Exams/Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year
Podiatry	Unlimited routine foot care visit(s) every year
LiveHealth Online	Covered
Transportation Benefit	24 one-way trips per year
Fitness	Covered (SilverSneakers®)
Over the Counter (OTC)	\$125 per quarter
Medicare Community Resource Support	Covered

**\$250 per quarter



Southern California 2019 Plan Highlights

	Anthem MediBlue Select (HMO) H0544-058*	Anthem MediBlue Select (HMO) H0544-059*	Anthem MediBlue Plus (HMO) H0544-061
Service Area	Los Angeles	Orange	Los Angeles, Orange
Monthly Premium		\$0	
Max Out-of-Pocket	\$1,900		\$6,700
Primary Care Physician	\$0		\$20
Specialist	\$0		\$50
Inpatient Hospital	\$0		\$350 (5 days)
Rx Copays (preferred cost shares) (T1 / T2 / T3 / T4 / T5 / T6)	\$0 / \$5 / \$42 / \$95 / 33% (90 day mail-order savings on certain tiers / Erectile Dysfunction drugs covered)		\$7 / \$15 / \$42 / \$95 / 33% / \$0
Rx Deductible / Formulary	\$0 / Advantage		\$0 / Core
Durable Medical Equipment	\$0-\$100 per item; 20% coinsurance \$100+		20% coinsurance



Southern California 2019 Plan Highlights

	Anthem MediBlue Select (HMO) H0544-058	Anthem MediBlue Select (HMO) H0544-059	Anthem MediBlue Plus (HMO) H0544-061
Skilled Nursing Facility	Days 1 - 20: \$0 per day Days 21 - 100: \$160 per day	Days 1 - 20: \$0 per day Days 21 - 100: \$145 per day	Days 1 - 20: \$0 per day / Days 21 - 100: \$142 per day (Preferred) Days 1 - 20: \$0 per day / Days 21 - 100: \$172 per day (INN)
Outpatient Surgery Hospital	\$0 copay		\$325 copay
Ambulatory Surgical Center	\$0 copay		\$275 copay
Emergency Room	\$120 copay		\$90 copay
Ambulance	\$200 copay		\$365 copay (Air Ambulance - 20% coinsurance)
Urgent Care	\$30 copay		\$50 copay
Diagnostic Radiologic Procedures	\$85 copay	\$85 copay	\$250 copay
Diagnostic Procedures/Tests	\$0 copay		\$65 copay (doctor office) \$235 copay (outpatient facility)
X-rays	\$0 copay		\$65 copay
Outpatient Lab	\$0 copay		\$0 - \$15 copay



Southern California 2019 Plan Highlights

	Anthem MediBlue Select (HMO) H0544-058	Anthem MediBlue Select (HMO) H0544-059	Anthem MediBlue Plus (HMO) H0544-061
Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.		N/A
Routine Preventive Dental	\$0 copay for 1 oral exam & 1 cleaning every year Optional Supplemental Benefits are also available for an additional premium		
Routine Eye Exams/Eye Wear	\$0 copay for 1 routine eye exam every year/ \$150 limit for eye glasses or contact lenses every year Optional Supplemental Benefits are also available for an additional premium		N/A
Routine Hearing Exams/Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year		N/A
Podiatry	Unlimited routine foot care visit(s) every year		
LiveHealth Online	Covered		
Transportation Benefit	12 one-way routine trips every year Trips are limited to 60 miles		N/A
Fitness	Covered (SilverSneakers®)		
Personal Emergency Response System (PERS)	Covered		N/A
Over the Counter (OTC)	\$125 per quarter	\$125 per quarter	N/A
Medicare Community Resource Support	Covered		



Southern California 2019 Plan Highlights

Anthem MediBlue Coordination Plus (HMO*) H0544-072		
Service Area	Los Angeles, Orange	
Medicaid Status	With Medicare & Full Medicaid Eligibility, You Pay	With Medicare Only, You Pay
Monthly Premium	\$0	\$31.60
Max Out-of-Pocket	\$6,700	\$6,700
Primary Care Physician	\$0 copay	20% coinsurance
Specialist	\$0 copay	20% coinsurance
Inpatient Hospital	\$0 copay	Medicare fee-for-service cost
Emergency Room	\$0 copay	\$90 copay
Urgent Care	\$0 copay	\$65 copay
Rx Deductible / Formulary	\$0 / Advantage	\$415 / Advantage
Rx Copays	Tier 1 & 2 - \$0, \$1.25, or \$3.40 Tier 3, 4, 5 - \$0, \$3.80, or \$8.50	\$0 / \$9 / \$47 / \$95 / 25%

*NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.



Southern California 2019 Plan Highlights

Anthem MediBlue Coordination Plus (HMO*) H0544-072		
Medicaid Status	With Medicare & Full Medicaid Eligibility, You Pay	With Medicare Only, You Pay
Dental	\$0 copay for 2 exam(s), 2 cleaning(s), & 1 X-ray per year \$2,000 comprehensive**	
Routine Eye Exam/ Eye Wear	\$0 copay for 1 exam; \$300 per year for hardware per year	
Routine Hearing Exam/ Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year	
Podiatry	Unlimited routine foot care visit(s) every year.	
LiveHealth Online	Covered	
Over the Counter (OTC)	\$125 per quarter	
Acupuncture	24 visits per year	
Transportation	48 one-way trips. Trips limited to 60 miles	
Fitness	Covered (SilverSneakers®)	
Personal Emergency Response System (PERS)	Covered	
Medicare Community Resource Support	Covered	

*NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.

**500 per quarter



Southern California 2019 Plan Highlights

Anthem MediBlue Access (LPPO) H8552-020	
Service Area	Orange
Monthly Premium	\$161
Max Out-of-Pocket	\$6,700 IN \$10,000 IN/OON
Primary Care Physician	\$10 INN \$30 OON
Specialist	\$35 INN \$50 OON
Inpatient Hospital	\$175 (7 days) INN 40% OON
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$4 / \$12 / \$42 / \$95 / 25% / \$0
Rx Deductible / Formulary	\$370 applies to tiers 2-5 / Core



Southern California 2019 Plan Highlights

Anthem MediBlue Access (LPPO) H8552-020	
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 per day / Days 21 - 100: \$60 per day (Preferred) Days 1 - 20: \$0 per day / Days 21 - 100: \$90 per day (INN) 15% coinsurance OON
Outpatient Surgery Hospital	\$175 copay INN 40% coinsurance OON
Ambulatory Surgical Center	\$100 copay INN 40% coinsurance OON
Emergency Room	\$80 copay INN & OON
Ambulance	\$325 copay, (Air Ambulance - 20% coinsurance) INN & OON
Urgent Care	\$30 copay INN & OON
Diagnostic Radiologic Procedures	\$100 copay INN 50% coinsurance OON
Diagnostic Procedures/Tests	\$0 copay (doctor office) INN & OON \$100 copay (outpatient facility) INN 50% coinsurance (outpatient facility) OON
X-rays	\$25 copay INN 50% coinsurance OON
Outpatient Lab	\$0 - \$10 copay INN 50% coinsurance OON



Southern California 2019 Plan Highlights

Anthem MediBlue Access (LPPO) H8552-020	
Emergency / Urgent Care Worldwide Coverage	N/A
Routine Preventive Dental	\$0 copay for 1 oral exam & 1 cleaning every year Optional Supplemental Benefits are also available for an additional premium
Routine Eye Exams	\$0 copay for 1 routine eye exam every year \$69 maximum eye exam coverage amount Optional Supplemental Benefits are also available for an additional premium
Routine Eye Wear	N/A
Routine Hearing Exams	N/A
Hearing Aids	N/A
Transportation Benefit	N/A
Fitness	Covered (SilverSneakers®)
LiveHealth Online	Covered
Medicare Community Resource Support	Covered



Southern California 2019 Plan Highlights

Anthem MediBlue Coordination Plus (HMO*) H0544-070*		
Service Area	San Diego	
Medicaid Status	With Medicare & Full Medicaid Eligibility, You Pay	With Medicare Only, You Pay
Monthly Premium	\$0	\$31.60
Max Out-of-Pocket	\$6,700	\$6,700
Primary Care Physician	\$0 copay	20% coinsurance
Specialist	\$0 copay	20% coinsurance
Inpatient Hospital	\$0 copay	Medicare fee-for-service cost
Emergency Room	\$0 copay	\$80 copay
Urgent Care	\$0 copay	\$65 copay
Rx Deductible / Formulary	\$0 / Advantage	\$415 / Advantage
Rx Copays	Tier 1 & 2 - \$0, \$1.25, or \$3.40 Tier 3, 4, 5 - \$0, \$3.80, or \$8.50	\$0 / \$9 / \$47 / \$95 / 25%

*NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.



Southern California 2019 Plan Highlights

Anthem MediBlue Coordination Plus (HMO*) H0544-070*		
Medicaid Status	With Medicare & Full Medicaid Eligibility, You Pay	With Medicare Only, You Pay
Routine Preventive Dental	\$0 copay for 2 exam(s), 2 cleaning(s), & 1 X-ray per year \$2,000 comprehensive**	
Routine Eye Exam/ Eyewear	\$0 copay for 1 exam per year \$200 for hardware per year	
Routine Hearing Exam/Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year	
Podiatry	Unlimited routine foot care visit(s) every year.	
LiveHealth Online	Covered	
Over the Counter (OTC)	\$63 per quarter	
Transportation	24 one-way trips. Trips limited to 60 miles	
Fitness	Covered (SilverSneakers®)	
Personal Emergency Response System (PERS)	Covered	
Acupuncture	24 visits	
Medicare Community Resource Support	Covered	

*NOT a DSNP. Members without dual eligibility will receive these benefits but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.
**\$500 per quarter



Southern California 2019 Plan Highlights

Anthem MediBlue Select (HMO) H0544-091	
Service Area	San Diego
Monthly Premium	\$0
Max Out-of-Pocket	\$3,400
Primary Care Physician	\$0
Specialist	\$0
Inpatient Hospital	\$150 (7 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5	\$0 / \$7 / \$42 / \$95 / 33% (90 day mail-order savings on certain tiers)
Rx Deductible / Formulary	\$0 / Advantage



Southern California 2019 Plan Highlights

Anthem MediBlue Select (HMO) H0544-091	
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 per day / Days 21 - 100: \$100 per day (Preferred) Days 1 - 20: \$20 per day / Days 21 - 100: \$100 per day (INN)
Outpatient Surgery Hospital	\$225 copay
Ambulatory Surgical Center	\$225 copay
Emergency Room	\$120 copay
Ambulance	\$250 copay (Air Ambulance – 20% coinsurance)
Urgent Care	\$40 copay
Diagnostic Radiologic Procedures	\$10 copay (office setting) \$10 copay (outpatient facility)
Diagnostic Procedures/Tests	\$0 copay (office setting) \$0 copay (outpatient setting)
X-rays	\$0 copay
Outpatient Lab	\$0 copay



Southern California 2019 Plan Highlights

Anthem MediBlue Select (HMO)

H0544-091

Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.
Routine Preventive Dental	\$0 copay for 2 oral exam(s), 2 cleaning(s), & 1 X-ray every year \$1,800 comprehensive*
Routine Eye Exams/Eye Wear	\$0 copay for 1 routine eye exam every year/ \$250 for contact lenses or glasses Optional Supplemental Benefits are also available for an additional premium.
Routine Hearing Exams/Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year
Transportation Benefit	30 one-way trips
Podiatry	Unlimited routine foot care visit(s) every year
LiveHealth Online	Covered
Fitness	Covered (SilverSneakers®)
Personal Emergency Response System (PERS)	Covered
Over the Counter (OTC)	\$105 per quarter
Medicare Community Resource Support	Covered



Southern California 2019 Plan Highlights

Anthem MediBlue Plus (HMO) H0544-065	
Service Area	San Diego
Monthly Premium	\$0
Max Out-of-Pocket	\$3,400
Primary Care Physician	\$15
Specialist	\$35
Inpatient Hospital	\$295 (7 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$0 / \$7 / \$42 / \$95 / 33% / \$0
Rx Deductible / Formulary	\$0 / Core



Southern California 2019 Plan Highlights

Anthem MediBlue Plus (HMO) H0544-065	
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 per day / Days 21 - 100: \$142 per day (Preferred) Days 1 - 20: \$20 per day / Days 21 - 100: \$172 per day (INN)
Outpatient Surgery Hospital	\$325 copay
Ambulatory Surgical Center	\$250 copay
Emergency Room	\$90 copay
Ambulance	\$250 copay (Air Ambulance – 20% coinsurance)
Urgent Care	\$40 copay
Diagnostic Radiologic Procedures	20% coinsurance
Diagnostic Procedures/Tests	20% coinsurance
X-rays	\$10 copay
Outpatient Lab	\$0-\$5 copay



Southern California 2019 Plan Highlights

Anthem MediBlue Plus (HMO) H0544-065

Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.
Routine Preventive Dental	\$0 copay for 1 oral exam; 1 cleaning every year Optional Supplemental Benefits are also available for an additional premium.
Routine Eye Exams	\$0 copay for 1 routine eye exam every year. Optional Supplemental Benefits are also available for an additional premium.
Routine Eye Wear	N/A
Routine Hearing Exams/ Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year
Podiatry	Unlimited routine foot care visit(s) every year
LiveHealth Online	Covered
Transportation Benefit	N/A
Fitness	Covered (SilverSneakers®)
Personal Emergency Response System (PERS)	Covered
Over the Counter (OTC)	\$32 per quarter
Medicare Community Resource Support	Covered



California ESRD CSNP 2019 Plan Highlights


Anthem MediBlue ESRD (PPO SNP)* H8552-028	
Service Area	Fresno, Kern, Kings, Madera, San Diego, San Luis Obispo, Tulare, Ventura (also Merced, Monterey, San Joaquin, Stanislaus)
Monthly Premium	\$35
Routine Preventive Dental	\$0 copay for 2 exam(s), 2 cleaning(s), & 1 X-ray per year \$1,500 comprehensive**
Routine Eye Exam/Eye Wear	\$0 copay for 1 exam per year \$200 per year for hardware per year
Routine Hearing Exam/ Hearing Aids	N/A
Podiatry	Unlimited routine foot care visit(s) every year
Transportation	52 one-way trips. Trips limited to 60 miles
Live Health Online	Covered
Formulary	ESRD

*Enrollment for this plan will be executed by Anthem Field Representatives only.

**\$625 per quarter

California 2019 OSB Premiums

	Optional Supplemental Benefits (OSB) HMO	Optional Supplemental Benefits (OSB) PPO
Preventative Dental	\$12	\$22
Dental and Vision	\$32	\$35
Enhanced Dental and Vision	\$47	\$50

	Optional Supplemental Benefits (OSB) HMO	Optional Supplemental Benefits (OSB) PPO
	Preventative Dental	\$9

California Medicare Supplement Plans

MEDICARE SUPPLEMENT RATING FACTORS					
	Plan Choices	Area	Age	Gender	Tobacco Use
CA	Plan A Plan F Innovative F Plan G Plan N	Yes	Attained	No	Yes

- Anthem Blue Cross offers a New to Medicare Discount on Plan F and Innovative F (\$20 monthly premium savings during the first 12 months of enrollment. Discount applies for Applicant 65+ and within 6 months of Part B effective date as of coverage effective date)
- Anthem BCBS Innovative F offers vision (exam and up to \$100 allowance), hearing benefits (\$750 allowance) and a 24/7 Nurse HelpLine
- SilverSneakers® is included with each Plan
- SpecialOffers@Anthem: Discounts help members save money from various vendors for things like:
 - Vision and Hearing
 - Eldercare Support
 - Health and Wellness
 - Weight Loss Programs
 - Rx Drug Discounts through Medical Security Card