# Connecticut



#### **Connecticut Market Highlights**



Anthem Blue Cross Blue Shield has the broadest product portfolio in Connecticut with HMO, DSNP, CSNP, MS and PDP products. Offering diverse and state-wide coverage, Anthem's products deliver excellent value to meet the needs of this complex market.



Our \$0 premium Select Network HMO gives your clients, broker or internal, access to our Enhanced Personal Health Care (EPHC) and NEW for 2019, a \$40 per quarter OTC allowance and lower inpatient cost per day.



Stable Medicare Supplement plan pricing paired with our Part D & Anthem Extras plan provides comprehensive and flexible coverage to your clients. Lowest Plan N rates in the state; competitive Plan F; Reintroduced Plan G 1/1/18 with very competitive rate.



Part D benefits on all HMO plans include \$0 Tier 6 gap coverage at both preferred and non-preferred pharmacies Prescription Drug Plan benefits TBD



Anthem BCBS continues to engage strong provider partnerships including OptumCare (fka Pro Health), St. Francis, Value Care Alliance (including St. Vincent's), Community Medical Group, Yale New Haven Medical Group and Northeast Medical Group.



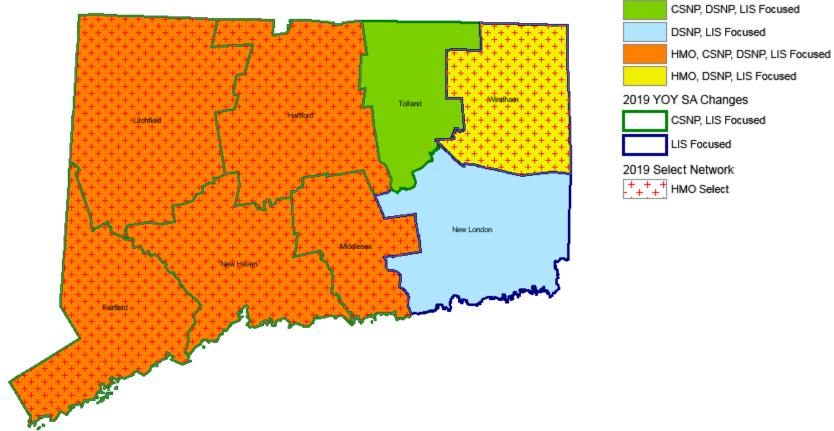
Grow your business by taking advantage of our "Age-In" capabilities! We can help you move commercial members turning 65 and provide options for late retirees.



NEW for 2019, a LIS-focused HMO plan for beneficiaries losing dual status but retaining LIS premium subsidy, or non-duals looking for a lower cost access to primary care and supplemental benefits.



#### **Connecticut 2019 Service Area**





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2019 MA Service Area

	Anthem MediBlue Select (HMO) H5854-010			
Service Area	Fairfield, Hartford, Litchfield, Middlesex, New Haven, Windham			
Monthly Premium	\$0			
Max Out-of-Pocket	\$6,700			
Primary Care Physician	\$10 copay			
Specialist	\$45 copay			
Inpatient Hospital	\$360 copay (5 days)			
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$0 / \$14 / \$41 / \$95 / 27% / \$ 0			
Rx Deductible	\$275 (Tiers 2-5)			



	Anthem MediBlue Select (HMO) H5854-010		
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.  There is an \$90 copay for emergency and urgent care services.  Members access care through Blue Cross Blue Shield Global Core		
Routine Preventive Dental	\$0 copay for 1 oral exam(s) every year \$0 copay for 1 cleaning(s) every year		
Routine Eye Exams	\$0 copay for 1 routine eye exam(s) every year		
Routine Eye Wear	\$175 limit for eye glasses or contact lenses every year		
Routine Hearing Exams	\$0 copay for 1 routine hearing exam(s) every year		
Hearing Aids	\$0 copay for hearing aids fitting & evaluation \$2,000 maximum plan benefit for hearing aids every year		
Transportation Benefit	N/A		
Over the Counter (OTC)	\$40 per quarter		
Live Health Online	Covered		
Fitness	SilverSneakers®		



	Anthem MediBlue Plus (HMO)  H5854-007  Anthem MediBlue Plus (HMO)  H5854-009		
Service Area	Hartford	Fairfield, Litchfield, Middlesex, New Haven, Windham	
Monthly Premium	\$24	\$34	
Max Out-of-Pocket	\$6,700	\$6,700	
Primary Care Physician	\$20 copay	\$20 copay	
Specialist	\$50 copay	\$50 copay	
Inpatient Hospital	\$430 copay (4 days)	\$440 copay (4 days)	
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	<b>\$10 / \$15</b> / <b>\$</b> 41 / <b>\$</b> 95 / 25% / <b>\$</b> 0	<b>\$12 / \$15</b> / <b>\$</b> 42 / <b>\$</b> 95 / 25% / <b>\$</b> 0	
Rx Deductible	\$415 (Tiers 2-5)	\$380 (Tiers 2-5)	



	Anthem MediBlue Plus (HMO) H5854-007	Anthem MediBlue Plus (HMO) H5854-009	
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  There is an \$90 copay for emergency and urgent care services.  Members access care through Blue Cross Blue Shield Global Core		
Routine Preventive Dental	N/A Optional Supplemental Benefits are also available for an additional premium.		
Routine Eye Exams	\$0 copay for 1 routine eye exam(s) every year. Optional Supplemental Benefits are also available for an additional premium.		
Routine Eye Wear	N/A		
Routine Hearing Exams	N/A N/A		
Hearing Aids	N/A	N/A	
Transportation Benefit	N/A		
Live Health Online	Covered		
Fitness	N/A		



	Anthem MediBlue Dual Advantage (HMO SNP) H5854-008			
Service Area	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham			
Monthly Premium	\$0			
Routine Preventive Dental	N/A			
Routine Eye Exam	N/A			
Routine Hearing Exams	N/A			
Over the Counter (OTC)	N/A			
Transportation Benefit	N/A			
Fitness	N/A			
Live Health Online	Covered			

	Anthem MediBlue Extra (HMO) H5854-011				
Service Area	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham				
	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	\$32.40	\$0	\$8.10	\$16.20	24.30
Max Out-of-Pocket	\$6,700				
Primary Care Physician	\$5 copay				
Specialist	\$40 copay				
Inpatient Hospital	\$300 (5 days)				
Rx Copays (preferred cost shares) T1/T2/T3/T4/T5/T6	\$0 / \$10 / \$47 / \$95 / 25% / \$0	Tier 1 & 2 - \$0 Tier 3, 4, & 5 - \$0	Tier 1 - \$0 Tier 2 - \$1.25 Tier 3, 4 & 5 - \$3.80	Tier 1 & 6 - \$0 Tier 2 - \$3.40 Tier 3, 4, & 5 - \$8.50	Tier 1 - \$0 Tier 2, 3, 4 & 5 – up to 15%
Rx Deductible	\$415 (Tiers 2-5)	\$0	\$0	\$0	\$85



	Anthem MediBlue Extra (HMO)  H5854-011			
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.  There is an \$90 copay for emergency and urgent care services.  Members access care through Blue Cross Blue Shield Global Core			
Routine Preventive Dental	\$0 copay for 2 oral exam(s) every year, 2 cleaning(s) every year & 1 x-ray			
Routine Eye Exams	\$0 copay for 1 routine eye exam(s) every year			
Routine Eye Wear	\$175 limit for eye glasses or contact lenses every year			
Routine Hearing Exams	\$0 copay for 1 routine hearing exam(s) every year			
Hearing Aids	\$0 copay for hearing aids evaluation & fitting \$2,000 maximum plan benefit for hearing aids every year			
Transportation Benefit	N/A			
Live Health Online	Covered			
Fitness	SilverSneakers®			



#### **Connecticut 2019 OSB Premiums**

	Optional Supplemental Benefits (OSB) HMO	Optional Supplemental Benefits (OSB) PPO
Preventative Dental	\$16	N/A
Dental and Vision	\$30	N/A
Enhanced Dental and Vision	\$45	N/A



#### **Connecticut Medicare Supplement Plans**

MEDICARE SUPPLEMENT RATING FACTORS					
	Plan Choices	Area	Age	Gender	Tobacco Use
СТ	Plan A Plan F Plan G Plan N	No	Community	No	No

- 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

