Georgia



2019 Georgia Branding Change

- BlueCross BlueShield of Georgia merged into Anthem BlueCross BlueShield and will be rebranded Anthem BCBS effective 1/1/19
- All BCBSGA plan names and branding will change as follows:







Georgia Market Highlights



NEW \$0 HMO launching in 17 counties, includes generous benefits and expanded supplemental benefits addressing Social Determinants of Health risks. This plan replaces the MediBlue Select HMO, which was only available in Clayton, DeKalb, and Fulton counties.

DSNP will expand into Marion County, serving a total of 44 counties. Overall benefits will remain stable, with noted improvements in OTC, routine podiatry and post-discharge meals.



NEW \$0 LPPO in 38 counties.

The 2018 LPPO with the \$57 premium is staying largely unchanged with no expansions.

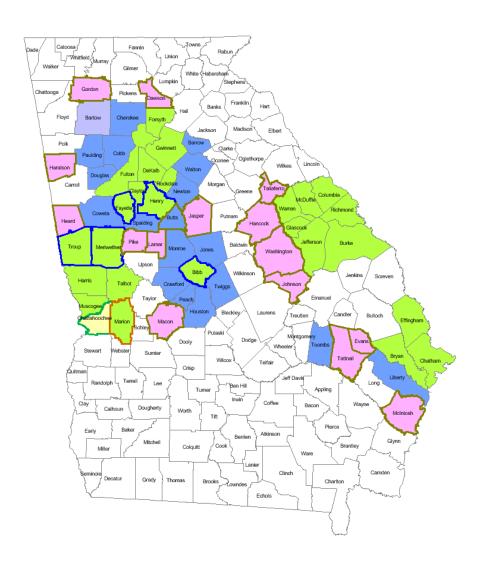


Launched new, Anthem Blue Cross Blue Shield Branded competitively priced portfolio of Medicare Supplement plans to pair with our Part D & Anthem Extras plan for comprehensive and flexible coverage to your clients. All Med Supp plans have a 12-month rate guarantee and include SilverSneakers^{®®}, Special Offers and Script Save.

Part D benefits on all MAPD (except DSNP) include mail-order 90 day fills at 2x 30 day supply copayment



Georgia 2019 Service Area





	Anthem MediBlue Plus (HMO) H5422-011			
Service Area	Bibb, Burke, Chattahoochee, Clayton, Columbia, DeKalb, Fayette, Fulton, Harris, Henry, Mc Duffie, Marion, Meriwether, Muscogee, Richmond, Talbot, Troup			
Monthly Premium	\$0			
Max Out-of-Pocket	\$6,700			
Primary Care Physician	\$5			
Specialist	\$45			
Inpatient Hospital	\$295 (6 days)			
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$4 / \$11 / \$42 / \$95 / 30% / \$0 (90 day mail-order savings on certain tiers)			
Rx Deductible	\$150 (Tiers 3-5)			
Post Discharge Meals	20 post discharge meals (2 meals a day)			





	Anthem MediBlue Plus (HMO) H5422-011				
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.				
Routine Preventive Dental	\$0 copay for 1 oral exam every year \$0 copay for 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 routine hearing exam every year \$0 copay for hearing aids fitting & evaluation \$3,000 maximum plan benefit for hearing aids every year				
Live Health Online	Covered				
Over the Counter (OTC)	\$25 per quarter (generic)				
Transportation Benefit	N/A				
Fitness	SilverSneakers®				
Medicare Community Resource Support	Covered				
Flex Benefit	Covered				



	Anthem MediBlue Essential (HMO) H5422-008		
Service Area	Bryan, Burke, Chatham, Clayton, Columbia, DeKalb, Effingham, Forsyth, Fulton, Glascock, Gwinnett, Harris, Jefferson, McDuffie, Muscogee, Richmond, Rockdale, Talbot, Warren		
Monthly Premium	\$45		
Max Out-of-Pocket	\$6,000		
Primary Care Physician	\$10		
Specialist	\$50		
Inpatient Hospital	\$295 (6 days)		
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$5 / \$15 / \$42 / \$95 / 31% / \$0 (90 day mail-order savings on certain tiers)		
Rx Deductible	\$95 (Tiers 3-5)		
Post Discharge Meals	20 meals (2 meals a day)		



	Anthem MediBlue Essential (HMO) H5422-008			
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.			
Routine Preventive Dental	\$0 copay for 1 oral exam every year \$0 copay for 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	\$0 copay for 1 routine hearing exam 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			
Podiatry	\$0 copay for unlimited visits per year			
Live Health Online	Covered			
Fitness	SilverSneakers®			



	Anthem MediBlue Dual Advantage (HMO SNP) H5422-007			
Service Area	Barrow, Bartow, Bibb, Bryan, Burke, Butts, Chatham, Cherokee, Clayton, Cobb, Columbia, Coweta, Crawford, DeKalb, Douglas, Effingham, Fayette, Forsyth, Fulton, Glascock, Gwinnett, Harris, Henry, Houston, Jefferson, Jones, Liberty, McDuffie, Marion, Meriwether, Monroe, Muscogee, Newton, Paulding, Peach, Richmond, Rockdale, Spalding, Talbot, Toombs, Troup, Twiggs, Waltor Warren			
Routine Preventive Dental	\$0 copay for 2 Exam(s), 2 Cleaning(s), & 1 X-ray \$1,000 Comprehensive*			
Routine Eye Exams/ Eyewear	\$0 copay for 1 Exam \$200 hardware limit per year			
Routine Hearing exams/ Hearing Aids	\$0 copay for 1 hearing exam \$0 copay for hearing aids fitting & evaluation \$2,000 hearing aid limit per year			
Over the Counter (OTC)	\$130 per quarter (generic)			
Transportation	24 one-way routine transportation services every year Trips are limited to 60 miles			
Routine Podiatry	\$0 copay (unlimited visits)			
Post Discharge Meals	20 meals (2 meals a day)			
Live Health Online	Covered			
Fitness	SilverSneakers®			

*\$250 per quarter

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	Anthem MediBlue Access (PPO) H7728-006			
Service Area	Bryan, Burke, Butts, Chatham, Chattahoochee, Clayton, Columbia, Coweta, Dawson, DeKalb, Douglas, Effingham, Evans, Fayette, Fulton, Gordon, Hancock, Haralson, Harris, Heard, Henry, Jasper, Johnson, Lan McDuffie, McIntosh, Macon, Marion, Meriwether, Muscogee, Pike, Richmond, Spalding, Talbot, Taliaferro Tattnall, Troup, Washington			
Monthly Premium	\$0			
Max Out-of-Pocket	\$6,700 INN \$10,000 OON			
Primary Care Physician	\$10 INN \$50 OON			
Specialist	\$40 INN \$60 OON			
Inpatient Hospital	\$295 (6 days) INN 50% coinsurance OON			
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$4 / \$13 / \$42 / \$95 / 30% / \$0 (90 day mail-order savings on certain tiers)			
Rx Deductible	\$150 (Tiers 3-5)			



Anthem MediBlue Access (PPO) H7728-006			
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.			
\$0 copay for 1 oral exam every year \$0 copay for 1 cleaning 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			
N/A			
\$0 copay for 1 routine hearing exam every year \$59 maximum plan benefit every year			
\$0 copay for hearing aids fitting & evaluation \$3,000 maximum plan benefit for hearing aids every year			
N/A			
Covered			
\$0 copay for unlimited visits per year			
SilverSneakers®			



	Anthem MediBlue Access (PPO) H7728-005			
Service Area	Barrow, Bibb, Bryan, Burke, Chatham, Cherokee, Clayton, Cobb, Columbia, Coweta, Crawford, DeKalb, Douglas, Effingham, Fayette, Forsyth, Fulton, Glascock, Gwinnett, Harris, Henry, Houston, Jefferson, Jones Liberty, McDuffie, Meriwether, Monroe, Muscogee, Newton, Paulding, Peach, Richmond, Rockdale, Spalding Talbot, Toombs, Troup, Twiggs, Walton, Warren			
Monthly Premium	\$57			
Max Out-of-Pocket	\$5,900 INN \$10,000 OON			
Primary Care Physician	\$5 INN \$35 OON			
Specialist	\$35 INN \$60 OON			
Inpatient Hospital	\$295 (6 days) INN 25% coinsurance OON			
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$4 / \$13 / \$42 / \$95 / 33% / \$0 (90 day mail-order savings on certain tiers)			
Rx Deductible	\$0			



	Anthem MediBlue Access (PPO) H7728-005			
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.			
Routine Preventive Dental	\$0 copay for 1 oral exam every year \$0 copay for 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	\$0 copay for 1 routine hearing exam every year \$59 maximum plan benefit every year			
Hearing Aids	\$0 copay for hearing aids \$0 copay for hearing aids fitting & evaluation \$2,000 maximum plan benefit for hearing aids every year			
Transportation Benefit	N/A			
Podiatry	\$0 copay for unlimited visits			
Live Health Online	Covered			
Fitness	SilverSneakers®			



Georgia 2019 OSB Premiums

	Optional Supplemental Benefits (OSB) HMO	Optional Supplemental Benefits (OSB) PPO
Preventative Dental	\$14	\$18
Dental and Vision	\$25	\$27
Enhanced Dental and Vision	\$43	\$47



Georgia Medicare Supplement Plans

MEDICARE SUPPLEMENT RATING FACTORS					
	Plan Choices	Area	Age	Gender	Tobacco Use
GA	Plan A Plan F Plan G Plan N	Yes	Issue	Yes	Yes

- New 12-month premium rate guarantee applies to new members enrolling in Plans A, F, G, and N with an effective date of 3/1/2017 or later. Annual premium rate changes will occur on the member's enrollment anniversary month instead of January 1 each year
- 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

Per GA DOI, SpecialOffers cannot be part of GA presale material and may only be offered after a prospect is a member

