

Indiana



Indiana Market Highlights



Our **HMO and DSNP plans are expanding into 40 new counties**, and will be offered in all major Indiana markets (90 out of 92 counties). HMO and DSNP plans have improvements on key benefits for 2019. Additionally, **LPPO is expanding into 36 additional counties** (61 out of 92 counties)



On ALL plans except DSNP, LIS & RPPO, adding **90 day coverage at \$0 for Tiers 1 & 6 and 2x the 30 supply for Tiers 2-4** through both **retail pharmacies and by mail order**. RPPO plans will have the **2x discount for Tiers 1-4 and \$0 for Tier 6**



Adding a new Flexible Benefit package, where members may chose one of seven options. Also launching a new HMO plan designed to appeal to beneficiaries with LIS who do not qualify for the DSNP plan

Products	Plan-PBP #	Premium	Counties	Comments
HMO	H3447-021	\$0	43	Bloomington, Cincinnati-Middletown, Evansville, Kokomo, Lafayette, and Terre Haute
HMO	H3447-022	\$0	13	Chicago-Naperville, Elkhart-Goshen, Michigan City, and South Bend
HMO	H3447-023	\$0	34	Columbus, Indianapolis, Lafayette-Frankfurt, and Louisville-Jefferson, and Muncie
HMO	H3447-024	\$0	90	LIS focused plan
DSNP	H3447-020	\$0	90	Duals plan
LPPO	H1607-012	\$52	60	LPPO plan
LPPO	H1607-014	\$30	9	"Skinny" PPO, Ft. Wayne market
RPPO	R4487-001	\$73	92	Holding plan flat to promote retention



Indiana 2019 Plan Highlights

	Anthem MediBlue Plus (HMO) H9954-002 H3447-021	Anthem MediBlue Plus (HMO) H9954-005 H3447-022	Anthem MediBlue Plus (HMO) H9954-006 H3447-023
Service Area	Adams, Allen, Carroll , Cass , Clay, Clinton, Crawford , Davies , De Kalb, Dearborn, Dubois , Fayette , Franklin , Gibson, Grant , Greene , Howard, Huntington, Knox , Lawrence , Martin , Miami, Noble, Ohio , Orange , Owen , Parke, Pike , Posey, Ripley, Spencer , Steuben, Sullivan, Tipton, Union , Vanderburgh, Vermillion , Vigo, Wabash, Warrick, Wayne , Wells, Whitley	Elkhart, Fulton , Jasper , Kosciusko, Lagrange, La Porte, Lake, Marshall, Newton , Porter, Pulaski , St. Joseph, Starke	Bartholomew, Benton , Blackford , Boone, Brown, Clark, Decatur, Floyd, Fountain , Hamilton, Hancock, Harrison , Hendricks, Henry, Jackson , Jay , Jefferson, Jennings , Johnson, Madison, Marion, Montgomery, Morgan , Perry , Putnam, Randolph , Rush , Scott , Shelby, Switzerland , Tippecanoe, Warren , Washington , White
Monthly Premium	\$0		
Max Out-of-Pocket	\$4,900		
Primary Care Physician	\$5		
Specialist	\$40		
Inpatient Hospital	\$260 (7 days)	\$295 (6 days)	
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$2 / \$9 / \$42 / \$95 / 33% / \$0 90 day mail-order savings on certain tiers	\$2 / \$9 / \$42 / \$95 / 30% / \$0 90 day mail-order savings on certain tiers	\$2 / \$9 / \$42 / \$95 / 31% / \$0 90 day mail-order savings on certain tiers
Rx Deductible	\$0	\$120 (Tiers 3-5)	\$75 (Tiers 3-5)

Indiana 2019 Plan Highlights

	Anthem MediBlue Plus (HMO) H9954-002 H3447-021	Anthem MediBlue Plus (HMO) H9954-005 H3447-022	Anthem MediBlue Plus (HMO) H9954-006 H3447-023
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	\$255 copay		
Ambulatory Surgical Center	\$225 copay		
Emergency Room	\$80 copay		
Ambulance	\$295 copay (Air Ambulance – 20% coinsurance)	\$280 copay (Air Ambulance – 20% coinsurance)	\$275 copay (Air Ambulance – 20% coinsurance)
Urgent Care	\$35 copay		
Diagnostic Radiologic Procedures	\$140 copay (doctor office) \$160 copay (outpatient facility)		
Diagnostic Procedures/Tests	\$0 copay (doctor office) \$160 copay (outpatient facility)		
X-rays	\$50 copay (doctor office) \$120 copay (outpatient facility)		
Outpatient Lab	\$0 - \$20 copay	\$0 - \$15 copay	
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 a \$90 copay for emergency and urgent care services.		



Indiana 2019 Plan Highlights

	Anthem MediBlue Plus (HMO) H9954-002 H3447-021	Anthem MediBlue Plus (HMO) H9954-005 H3447-022	Anthem MediBlue Plus (HMO) H9954-006 H3447-023
Routine Preventive Dental		\$0 copay for 2 oral exam(s) every year. \$0 copay for 2 cleaning(s) every year. 1 x-ray and 1 fluoride treatment every year 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		\$100 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 \$3,000 maximum plan benefit for hearing aids every year	
Meals		10 days post-discharge meal benefit (2 per day)	
Personal Emergency Response System (PERS)		Covered	
Fitness		Covered (SilverSneakers®)	
Over the Counter (OTC)		\$60 per quarter	
LiveHealth Online		Covered	
Routine Podiatry		\$0 copay (unlimited visits per year)	
Medicare Community Resource Support		Covered	
Flex Benefits		Covered	



Indiana 2019 Plan Highlights

Anthem MediBlue Dual Advantage (HMO SNP) H9954-004 H3447-20	
Service Area	Adams, Allen, Bartholomew, Benton , Blackford , Boone, Brown, Carroll , Cass , Clark, Clay, Clinton, Crawford , Davies , De Kalb, Dearborn, Decatur, Dubois , Elkhart, Fayette , Floyd, Fountain , Franklin , Fulton , Gibson, Grant , Greene , Hamilton, Hancock, Harrison , Hendricks, Henry, Howard, Huntington, Jackson , Jasper , Jay , Jefferson, Jennings , Johnson, Knox , Kosciusko, La Porte, Lagrange, Lake, Lawrence , Madison, Marion, Marshall, Martin , Miami, Montgomery, Morgan , Newton , Noble, Ohio , Orange , Owen , Parke, Perry , Pike , Porter, Posey, Pulaski , Putnam, Randolph , Ripley, Rush , St. Joseph, Scott , Shelby , Spencer , Starke, Steuben, Sullivan, Switzerland , Tippecanoe, Tipton, Union , Vanderburgh, Vermillion , Vigo, Wabash, Warren , Warrick, Washington , Wayne , Wells, White , Whitley
Dental	2 Exams; 2 Cleanings, 1 x-ray; 1 fluoride treatment; \$2,000 Comprehensive
Vision	1 Exam; \$200 hardware limit per year
Hearing	1 hearing exam; \$3,000 hearing aid limit per year
Over the Counter (OTC)	\$250 per quarter
Transportation	48 one way routine trips (trips are limited to 60 miles)
Routine Podiatry	\$0 (unlimited visits)
Meals	10 days post-discharge meal benefit (2 per day)
Personal Emergency Response System (PERS)	Covered
LiveHealth Online	Covered
Fitness	Covered (SilverSneakers®)
Medicare Community Resource Support	Covered
Flex Benefits	Covered



Indiana 2019 Plan Highlights

Anthem MediBlue LIS Plan (HMO) H3447-024

Service Area All counties except Delaware and Monroe

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	\$29.00	\$0	\$7.25	\$14.50	\$21.75
Max Out-of-Pocket	\$6,700				
Primary Care Physician	\$0 copay				
Specialist	\$40 copay				
Inpatient Hospital	\$260 (6 days)				
Rx Copays (preferred cost shares) T1 / T2/ T3/ T4/ T5/ T6	\$0 / \$12 / \$47 / \$95 / 25% / \$0	Tier 1 & 2 - \$0 Tier 3, 4, 5, & 6 - \$0	Tier 1 & 6 - \$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 & 6 - \$0 Tier 2, 3, 4 & 5 - up to 15%
Rx Deductible	\$415 (Tiers 2-5)	\$0	\$0	\$0	\$85

Indiana 2019 Plan Highlights

Anthem MediBlue LIS Plan (HMO) H3447-024	
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	\$300 copay
Ambulatory Surgical Center	\$200 copay
Emergency Room	\$90 copay
Ambulance	\$250 copay (Air Ambulance - 20% coinsurance)
Urgent Care	\$35 copay
Diagnostic Radiologic Procedures	\$90 copay (doctor office) \$110 copay (outpatient facility)
Diagnostic Procedures/Tests	\$45 copay (doctor office) \$90 copay (outpatient facility)
X-rays	\$50 copay (doctor office) \$90 copay (outpatient facility)
Outpatient Lab	\$0 - \$10 copay
Emergency / Urgent Care Worldwide Coverage	<p>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 a \$90 copay for emergency and urgent care services.</p>



Indiana 2019 Plan Highlights

Anthem MediBlue LIS Plan (HMO) H3447-024	
Routine Preventive Dental	\$0 copay for 2 oral exam(s) every year \$0 copay for 2 cleaning(s) every year 1 x-ray and 1 fluoride treatment every year \$150 per quarter comp dental Optional Supplemental Benefits are also available for an additional premium
Routine Eye Exams	\$0 copay for 1 routine eye exam(s) every year
Routine Eye Wear	\$125 allowance for eyewear per year
Routine Hearing Exams	\$0 copay for 1 hearing exam every year
Hearing Aids	\$0 copay for hearing aids \$3000 maximum plan benefit for hearing aids every year
Transportation Benefit	12 one way trips per year
Fitness	Covered (SilverSneakers®)
Routine Podiatry	\$0 copay (unlimited visits per year)
Over the Counter (OTC)	\$50 per quarter
Meals	10 days post-discharge meal benefit (2 per day)
LiveHealth Online	Covered
Personal Emergency Response System (PERS)	Covered
Medicare Community Resource Support	Covered
Flex Benefits	Covered



Indiana 2019 Plan Highlights

	Anthem MediBlue Access (PPO) H1607-012	Anthem MediBlue Access (PPO) H1607-014
Service Area	Allen, Benton, Blackford, Brown, Carroll, Cass, Clark, Clinton, Daviess, De Kalb, Dearborn, Dubois, Elkhart, Fayette, Floyd, Fountain, Franklin, Gibson, Grant, Greene, Hancock, Harrison, Howard, Huntington, Jackson, Jay, Jefferson, Johnson, Knox, Kosciusko, La Porte, Lagrange, Lake, Madison, Marion, Martin, Monroe, Morgan, Noble, Ohio, Perry, Posey, Putnam, Randolph, Scott, Spencer, Switzerland, St. Joseph, Tippecanoe, Tipton, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Washington, Wayne, Wells, White, Whitley	Adams, Allen, De Kalb, Grant, Huntington, Noble, Wabash, Wells, Whitley
Monthly Premium	\$52	\$30
Max Out-of-Pocket	\$6,000 IN \$10,000 IN/OON	\$6,700 IN \$10,000 IN/OON
Primary Care Physician	\$10	\$15
Specialist	\$40	
Inpatient Hospital	\$275 (7 days)	\$295 (6 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$4 / \$12 / \$42 / \$95 / 33% / \$0 90 day mail-order savings on certain tiers	\$4 / \$13 / \$42 / \$95 / 30% / \$0 90 day mail-order savings on certain tiers
Rx Deductible	\$0	\$150 (Tiers 3-5)

Indiana 2019 Plan Highlights

	Anthem MediBlue Access (PPO) H1607-012	Anthem MediBlue Access (PPO) H1607-014
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	20% coinsurance	\$285 copay
Ambulatory Surgical Center	\$225 copay	\$245 copay
Emergency Room	\$80 copay	\$90 copay
Ambulance	\$265 copay (Air Ambulance – 20% coinsurance)	\$275 copay (Air Ambulance – 20% coinsurance)
Urgent Care	\$35 copay	
Diagnostic Radiologic Procedures	\$140 copay (doctor office) \$160 copay (outpatient facility)	\$105 copay (doctor office) \$145 copay (outpatient facility)
Diagnostic Procedures/Tests	\$65 copay (doctor office) \$160 copay (outpatient facility)	\$70 copay (doctor office) \$160 copay (outpatient facility)
X-rays	\$50 copay (doctor office) \$110 copay (outpatient facility)	
Outpatient Lab	\$0 - \$20 copay	



Indiana 2019 Plan Highlights

	Anthem MediBlue Access (PPO) H1607-012	Anthem MediBlue Access (PPO) H1607-014
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 a \$90 copay for emergency and urgent care services.	
Routine Preventive Dental	\$0 copay for 1 oral exam(s) every year \$0 copay for 1 cleaning(s) every year Optional Supplemental Benefits are also available for an additional premium	
Routine Eye Exams	\$0 copay for 1 routine eye exam(s) every year \$40 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(s) every year \$40 maximum plan benefit every year	
Hearing Aids	\$0 copay for hearing aids \$3,000 maximum plan benefit for hearing aids every year	
Transportation Benefit	N/A	
Fitness	Covered (SilverSneakers®)	
Routine Podiatry	\$0 copay (unlimited visits per year)	

Indiana 2019 OSB Premiums

	Optional Supplemental Benefits (OSB) HMO	Optional Supplemental Benefits (OSB) PPO	Optional Supplemental Benefits (OSB) RPPO
Preventative Dental	\$14	\$20	\$20
Dental and Vision	\$26	\$28	\$28
Enhanced Dental and Vision	\$45	\$50	\$50

Indiana Medicare Supplement Plans

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

- Anthem BCBS offers a New to Medicare Discount on Plan 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)
- 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