

# Kentucky



# Kentucky Market Highlights



Our *HMO and DSNP plans are expanding into 62 new counties*, and will be offered in all major Kentucky markets (91 out of 120 counties). HMO and DSNP plans have improvements on key benefits for 2019. Additionally, *LPPO is expanding into 52 additional counties* (98 total counties)



*Adding a new Flexible Benefit package*, where members may chose one of seven options



On ALL plans excluding DSNP & RPPO, adding *90 day coverage at 2x the 30 supply for Tiers 1-4* through both retail pharmacies and by mail order.

Products	Plan-PBP #	Premium	Counties	Comments
HMO	H9525-008	\$0	91	All major metro areas
DSNP	H9525-007	\$0	91	Duals plan
LPPO	H7728-004-001	\$52	75	Bowling Green, Cincinnati, Huntington-Ashland, Lexington, and Paducah
LPPO	H7728-004-002	\$30	23	Elizabethtown, Evansville, Louisville, and Owensboro
RPPO	R4487-001	\$73	92	Holding plan flat to promote retention

# Kentucky 2019 Service Area

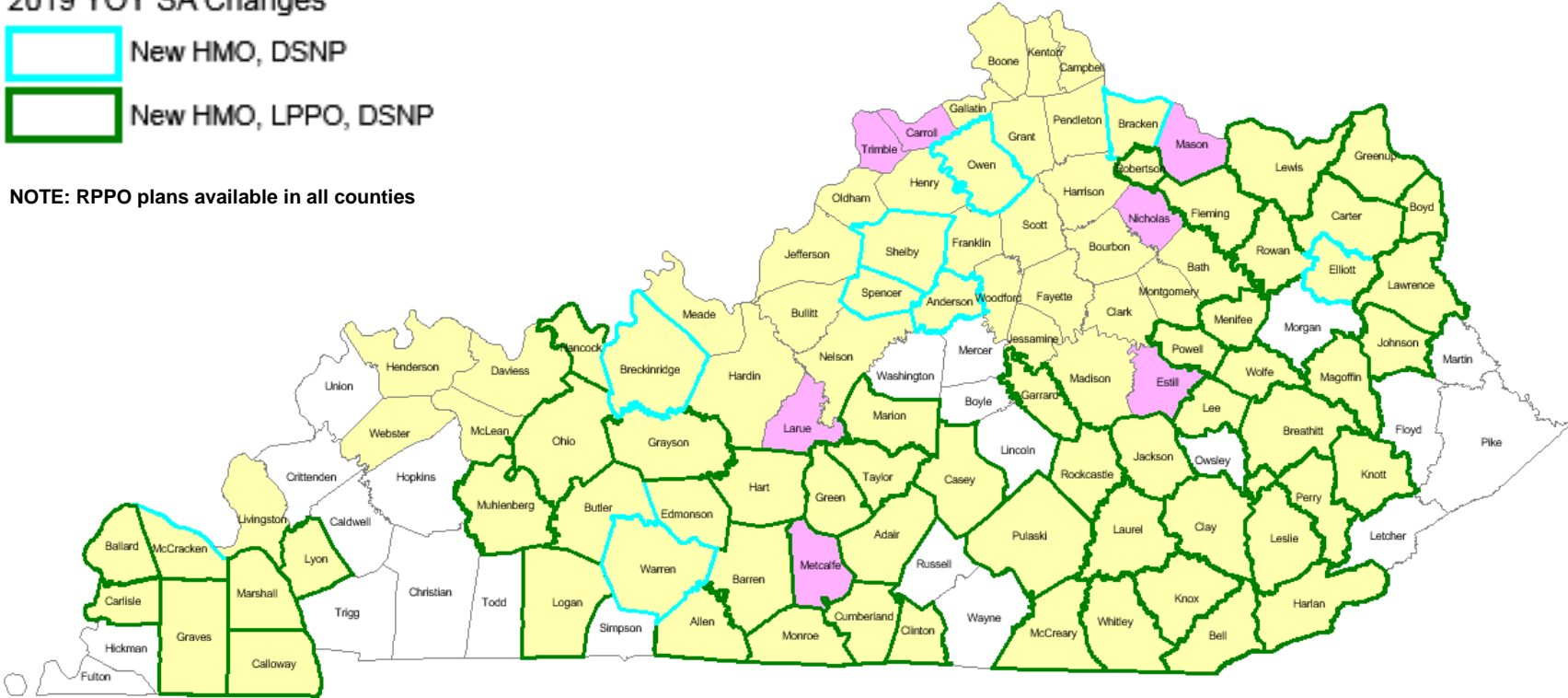
## 2019 MA Service Area

- HMO, LPPO, DSNP
- LPPO

## 2019 YOY SA Changes

- New HMO, DSNP
- New HMO, LPPO, DSNP

**NOTE: RPPO plans available in all counties**





# Kentucky 2019 Plan Highlights

Anthem MediBlue Plus (HMO) H9525-008	
Service Area	Adair, Allen, Anderson, Ballard, Barren, Bath, Bell, Boone, Bourbon, Boyd, Bracken, Breathitt, Breckinridge, Bullitt, Butler, Calloway, Campbell, Carlisle, Carter, Casey, Clark, Clay, Clinton, Cumberland, Daviess, Edmonson, Elliott, Fayette, Fleming, Franklin, Gallatin, Garrard, Grant, Graves, Grayson, Green, Greenup, Hancock, Hardin, Harlan, Harrison, Hart, Henderson, Henry, Jackson, Jefferson, Jessamine, Johnson, Kenton, Knott, Knox, Laurel, Lawrence, Lee, Leslie, Lewis, Livingston, Logan, Lyon, McCracken, McCreary, McLean, Madison, Magoffin, Marion, Marshall, Meade, Menifee, Monroe, Montgomery, Muhlenberg, Nelson, Ohio, Oldham, Owen, Pendleton, Perry, Powell, Pulaski, Robertson, Rockcastle, Rowan, Scott, Shelby, Spencer, Taylor, Warren, Webster, Whitley, Wolfe, Woodford
Monthly Premium	\$0
Max Out-of-Pocket	\$4,900
Primary Care Physician	\$5
Specialist	\$45
Inpatient Hospital	\$275 (7 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
Rx Deductible	\$0



# Kentucky 2019 Plan Highlights

Anthem MediBlue Plus (HMO) H9525-008	
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 per day / Days 21 - 100: <b>\$142</b> per day (Preferred) Days 1 - 20: \$0 per day / Days 21 - 100: <b>\$172</b> per day (INN)
Outpatient Surgery Hospital	20% coinsurance
Ambulatory Surgical Center	\$225 copay
Emergency Room	<b>\$90</b> copay
Ambulance	<b>\$260</b> copay (Air Ambulance – 20% coinsurance)
Urgent Care	\$40 copay
Diagnostic Radiologic Procedures	\$150 copay (doctor office) \$170 copay (outpatient facility)
Diagnostic Procedures/Tests	\$90 copay (doctor office) \$170 copay (outpatient facility)
X-rays	<b>\$50</b> copay (doctor office) \$130 copay (outpatient facility)
Outpatient Lab	\$0 - \$25 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 <b>\$90</b> copay for emergency and urgent care services.



# Kentucky 2019 Plan Highlights

Anthem MediBlue Plus (HMO) H9525-008	
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	\$0 copay for eye glasses (lenses and frames) or contact lenses every year \$200 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
Transportation Benefit	N/A
Meals	10 days post-discharge meal benefit (2 per day)
Personal Emergency Response System (PERS)	Covered
Fitness	Covered (SilverSneakers®)
LiveHealth Online	Covered
Over the Counter (OTC)	\$60 per quarter
Routine Podiatry	\$0 copay (unlimited visits per year)
Medicare Community Resource Support	Covered
Flex Benefits	Covered



# Kentucky 2019 Plan Highlights

Anthem MediBlue Dual Advantage (HMO SNP) H9525-007	
Service Area	Adair, Allen, Anderson, Ballard, Barren, Bath, Bell, Boone, Bourbon, Boyd, Bracken, Breathitt, Breckinridge, Bullitt, Butler, Calloway, Campbell, Carlisle, Carter, Casey, Clark, Clay, Clinton, Cumberland, Daviess, Edmonson, Elliott, Fayette, Fleming, Franklin, Gallatin, Garrard, Grant, Graves, Grayson, Green, Greenup, Hancock, Hardin, Harlan, Harrison, Hart, Henderson, Henry, Jackson, Jefferson, Jessamine, Johnson, Kenton, Knott, Knox, Laurel, Lawrence, Lee, Leslie, Lewis, Livingston, Logan, Lyon, McCracken, McCreary, McLean, Madison, Magoffin, Marion, Marshall, Meade, Menifee, Monroe, Montgomery, Muhlenberg, Nelson, Ohio, Oldham, Owen, Pendleton, Perry, Powell, Pulaski, Robertson, Rockcastle, Rowan, Scott, Shelby, Spencer, Taylor, Warren, Webster, Whitley, Wolfe, Woodford
Dental	2 Exams; 2 Cleanings, 1 x-ray; 1 fluoride treatment; \$1,500 Comprehensive
Vision	1 Exam; \$200 hardware limit per year
Hearing	1 hearing exam; \$3,000 hearing aid limit per year
Over the Counter (OTC)	\$300 per quarter
Transportation	48 trips one way routine trips (trips are limited to 60 miles)
Routine Podiatry	\$0 copay (unlimited visits per year)
Meals	10 days post-discharge meal benefit (2 per day)
Personal Emergency Response System (PERS)	Covered
Fitness	Covered (SilverSneakers®)
LiveHealth Online	Covered
Medicare Community Resource Support	Covered
Flex Benefits	Covered

# Kentucky 2019 Plan Highlights

	Anthem MediBlue Access (PPO) H7728-004-001	Anthem MediBlue Access (PPO) H7728-004-002
Service Area	Adair, Allen, Anderson, Ballard, Barren, Bath, Bell, Boone, Bourbon, Boyd, Bracken, Breathitt, Butler, Calloway, Campbell, Carlisle, Carroll, Carter, Casey, Clark, Clay, Clinton, Cumberland, Edmonson, Elliott, Estill, Fayette, Fleming, Franklin, Gallatin, Garrard, Grant, Graves, Green, Greenup, Harlan, Harrison, Jackson, Jessamine, Johnson, Kenton, Knott, Knox, Laurel, Lawrence, Lee, Leslie, Lewis, Livingston, Logan, Lyon, McCracken, McCreary, Madison, Magoffin, Marshall, Mason, Menifee, Metcalfe, Monroe, Montgomery, Nicholas, Owen, Pendleton, Perry, Powell, Pulaski, Robertson, Rockcastle, Rowan, Scott, Warren, Whitley, Wolfe, Woodford	Breckinridge, Bullitt, Daviess, Grayson, Hancock, Hardin, Hart, Henderson, Henry, Jefferson, Larue, McLean, Marion, Meade, Muhlenberg, Nelson, Ohio, Oldham, Shelby, Spencer, Taylor, Trimble, Webster
Monthly Premium	\$36	\$57
Max Out-of-Pocket		\$5,900 INN \$6,900 INN/OON
Primary Care Physician		\$10
Specialist		\$40
Inpatient Hospital		\$290 (6 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6		\$3 / \$12 / \$42 / \$95 / 33% / \$0 90 day mail-order savings on certain tiers
Rx Deductible		\$0





# Kentucky 2019 Plan Highlights

	Anthem MediBlue Access (PPO) H7728-004-001	Anthem MediBlue Access (PPO) H7728-004-002
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 per day / Days 21 - 100: <b>\$142</b> per day (Preferred) Days 1 - 20: \$0 per day / Days 21 - 100: <b>\$172</b> per day (INN)	
Outpatient Surgery Hospital		\$290 copay
Ambulatory Surgical Center		\$240 copay
Emergency Room		<b>\$90</b> copay
Ambulance	\$295 copay (Air Ambulance – 20% coinsurance)	<b>\$265</b> copay (Air Ambulance – 20% coinsurance)
Urgent Care		\$35 copay
Diagnostic Radiologic Procedures		\$140 copay (doctor office) \$160 copay (outpatient facility)
Diagnostic Procedures/Tests		\$85 copay (doctor office) \$160 copay (outpatient facility)
X-rays		<b>\$50</b> copay (doctor office) \$120 copay (outpatient facility)
Outpatient Lab		\$0 - \$20 copay



# Kentucky 2019 Plan Highlights

	Anthem MediBlue Access (PPO) H7728-004-001	Anthem MediBlue Access (PPO) H7728-004-002
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 <b>\$90</b> 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 \$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(s) every year \$59 maximum plan benefit every year	
Hearing Aids	\$0 copay for hearing aids \$3,000 maximum plan benefit for hearing aids every year	
Fitness	Covered (SilverSneakers®)	
LiveHealth Online	Covered	
Routine Podiatry	\$0 copay (unlimited visits per year)	



# Kentucky 2019 Plan Highlights

Anthem MediBlue Access Basic (RPPO)	
R5941-015 R4487-001	
Service Area	All Counties in Indiana and Kentucky
Monthly Premium	\$73
Max Out-of-Pocket	\$6,400 IN \$10,000 IN/OON
Primary Care Physician	\$15
Specialist	\$40
Inpatient Hospital	\$290 (6 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$6 / \$15 / \$42 / 46% / 31% / \$0
Rx Deductible	\$100 (Tiers 3-5)



# Kentucky 2019 Plan Highlights

Anthem MediBlue Access Basic (RPPO) R5941-015 R4487-001	
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 per day / Days 21 - 100: <b>\$142</b> per day (Preferred) Days 1 - 20: \$0 per day / Days 21 - 100: <b>\$172</b> per day (INN)
Outpatient Surgery Hospital	20% coinsurance
Ambulatory Surgical Center	\$265 copay
Emergency Room	\$80 copay
Ambulance	<b>\$265</b> copay (Air Ambulance – 20% coinsurance)
Urgent Care	\$35 copay
Diagnostic Radiologic Procedures	\$105 copay (doctor office) \$145 copay (outpatient facility)
Diagnostic Procedures/Tests	\$90 copay (doctor office) \$145 copay (outpatient facility)
X-rays	<b>\$50</b> copay (doctor office) \$110 copay (outpatient facility)
Outpatient Lab	\$0 - \$10 copay



# Kentucky 2019 Plan Highlights

Anthem MediBlue Access Basic (RPPO) R5941-015 R4487-001	
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 <b>\$90</b> 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 \$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(s) every year \$59 maximum plan benefit every year
Hearing Aids	\$0 copay for hearing aids <b>\$2,000</b> maximum plan benefit for hearing aids every year
LiveHealth Online	Covered
Fitness	Covered (SilverSneakers®)
Routine Podiatry	\$0 copay (unlimited visits per year)

# Kentucky 2019 OSB Premiums

	Optional Supplemental Benefits (OSB) HMO	Optional Supplemental Benefits (OSB) PPO	Optional Supplemental Benefits (OSB) RPPO
Preventative Dental	\$16	\$17	\$17
Dental and Vision	\$23	\$25	\$25
Enhanced Dental and Vision	\$45	\$49	\$49

# Kentucky Medicare Supplement Plans

## MEDICARE SUPPLEMENT RATING FACTORS

	Plan Choices	Area	Age	Gender	Tobacco Use
KY	Plan A Plan F Innovative F Innovative F Select Plan F Select Plan G Plan G Select Plan N Plan N Select	Yes	Attained	Yes	Yes

- Anthem BCBS Select plans have network hospitals and members must use those hospitals, except in the case of an emergency. In return, the premiums are less on those plans than a traditional Medicare Supplement plan
- 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 from various vendors for things like:
  - Vision and Hearing
  - Eldercare Support
  - Health and Wellness
  - Weight Loss Programs
  - Rx Drug Discounts through Medical Security Card