

# Nevada



# Nevada Market Highlights



Anthem Blue Cross Blue Shield will introduce competitive \$0 HMO and Coordination Plus plans in Clark. Low OOP, great Part D benefits, and focus on supplemental benefits such as OTC, PERS, and LiveHealth Online make us a great choice for your clients.



New \$0 Low MOOP Anthem MediBlue Plus plan in Clark

New Anthem MediBlue Coordination Plus plan offering for dual eligible in Clark

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



Advantage formulary will offer many drugs on Tier 1 at \$0 with gap coverage



Our Medicare Supplement strategy is to improve our attractiveness by introducing new plans (Innovative F, G, and N) at competitive rates.



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.

# Nevada Market Highlights – CareMore Featured Plans



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



Reduced specialty physician copays to enhance competitive position  
New SilverSneakers® plus existing Nifty After Fifty  
New Post-Discharge Meals benefit  
Plus new Outreach Support “Togetherness” Program

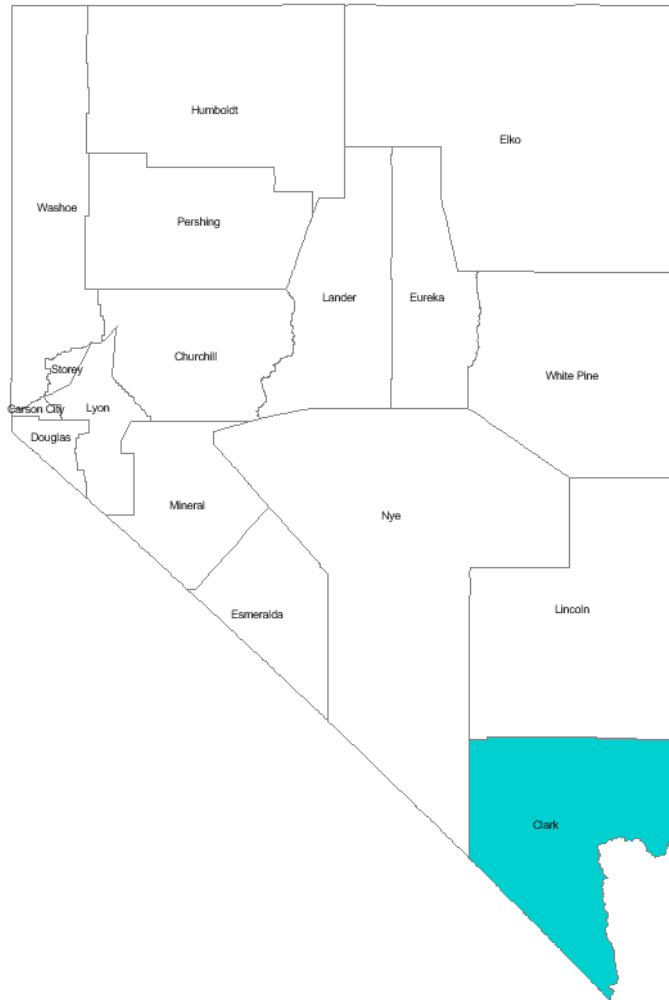


Maintain 1 formulary for all CareMore network plans  
Formulary remains stable with modest additions, removals and tier changes  
Continue with strong Rx Gap coverage including Insulin  
Maintain 2x copay for Mail-Order



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

# Nevada 2019 Service Area- Includes CareMore




## 2019 MA Service Area


 HMO, CSNP, DSNP-LAL, ISNP

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

# Nevada 2019 Plan Highlights

	Anthem Value Plus (HMO) H4346-001	Anthem Diabetes, Heart, & Breathe (HMO C-SNP) H4346-006, -008, -005
Service Area	Clark – Full County	
Monthly Premium	\$0	
Max Out-of-Pocket	\$2,500	
Primary Care Physician	\$0 copay	
Specialist	\$0-\$10 copay	\$0-\$10 copay
Inpatient Hospital	Days 1-5: \$50 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 / \$7.50 / \$40 / \$85 / 33% / \$0 (Mail-Order – 2 copays for 3 month supply)	
Rx Gap Coverage	Tier 1,2 & partial 6	
Rx Deductible	\$0	


# Nevada 2019 Plan Highlights

	Value Plus (HMO) H4346-001	Diabetes, Heart, & Breathe (HMO C-SNP) H4346-006, -008, -005
Outpatient Surgery Hospital	\$50 copay	\$50 copay
Ambulatory Surgical Center	\$0 copay	\$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	\$5 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	

# Nevada 2019 Plan Highlights

	Value Plus (HMO) H4346-001	Diabetes, Heart, & Breathe (HMO C-SNP) H4346-006, -008, -005
Emergency / Urgent Care Worldwide Coverage	This benefit is limited to \$25,000 per year for worldwide emergency and urgent care services combined.	This benefit is limited to \$10,000 per year for worldwide emergency and urgent care services combined.
Routine Preventive Dental	Not Covered Optional Supplemental Liberty Dental \$35/month	
Exercise Program	Nifty After Fifty & <b>SilverSneakers®</b>	
Routine Eye Exams	\$0 copay for 1 routine eye exam every year.	
Routine Eye Wear	Glass Lenses - \$0 copay Frames, Contacts - \$25 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	
Post Discharge Meals	\$0 copay for 2 meals for up to 7 days per discharge	
Transportation Benefit	12 one-way trips to plan approved locations Unlimited trips to CareMore Care Centers	12 one-way trips to plan approved locations Unlimited trips to CareMore Care Centers

# Nevada 2019 Plan Highlights

	Anthem StartSmartPlus (HMO) H4346-009
Service Area	Clark – Full County
Monthly Premium	\$0
Part B Reduction	\$52
Max Out-of-Pocket	\$3,400
Primary Care Physician	\$10 copay
Specialist	\$0 - \$25 copay
Inpatient Hospital	Days 1-5: \$75 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 copay per day Days 21 - 100: \$125 copay per day
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$5 / \$10.50 / \$40 / \$90 / 33% / \$10 (Mail-Order – 2 copays for 3 month supply)
Rx Gap Coverage	Not Covered
Routine Preventive Dental	Not Covered Optional Supplemental Liberty Dental \$35/month
Additional Programs	Silver Sneakers, Nifty After Fifty, \$20 copay Routine Chiropractic 12 visits/year, \$0 copay Care Model Programs, \$0 copay Hearing Aids



# Nevada 2019 Plan Highlights



Anthem Connect Plus (HMO)\*  
H4346-011

Service Area Clark – Full County

Medicaid Status	With Medicare & Full Medicaid Eligibility, You Pay	With Medicare Only, You Pay
Monthly Premium	\$0	\$25
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	\$0	\$415
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.

# Nevada 2019 Plan Highlights




Connect Plus (HMO)\*  
H4346-011

Medicaid Status	With Medicare & Full Medicaid Eligibility	With Medicare Only
Transportation	50 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 - \$0 copay Frames, Contacts - \$25 copay \$100 Benefit Limit per year	
Routine Hearing Exams	\$0 copay for 1 routine hearing exam every year	
Hearing Aids	\$3,000 allowance every year	
Routine Preventive Dental	\$0 copay 2 oral exams, 2 cleanings, and 1 x-ray every year \$250 quarterly allowance Optional Supplemental Benefits Liberty 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	Nifty After Fifty, SilverSneakers®, \$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.

# Nevada 2019 Plan Highlights

	Anthem Care On Site (HMO SNP) H4346-010
Service Area:	Clark – Full County
<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 style="text-align: center;"><b>This plan is sold exclusively through the CareMore Care on Site team.</b></p>	



# Nevada 2019 Plan Highlights

Anthem MediBlue Plus (HMO) H4346-017	
Service Area	Clark
Monthly Premium	\$0
Max Out-of-Pocket	\$1,900
Primary Care Physician	\$0
Specialist	\$0
Inpatient Hospital	\$0
Rx Copays (preferred cost shares) (T1 / T2 / T3 / T4 / T5 / T6)	\$0 / \$10 / \$42 / \$95 / 33% (90 day mail-order savings on certain tiers)
Rx Deductible / Formulary	\$0 / Advantage
Durable Medical Equipment	\$0-\$100 per item; 20% coinsurance \$100+



# Nevada 2019 Plan Highlights

## Anthem MediBlue Plus (HMO) H4346-017

Skilled Nursing Facility	Days 1 - 20: \$0 per day Days 21 - 100: \$160 per day
Outpatient Surgery Hospital	\$0 copay
Ambulatory Surgical Center	\$0 copay
Emergency Room	\$120 copay
Ambulance	\$200 copay
Urgent Care	\$30 copay
Diagnostic Radiologic Procedures	\$85 copay
Diagnostic Procedures/Tests	\$0 copay
X-rays	\$0 copay
Outpatient Lab	\$0 copay



# Nevada 2019 Plan Highlights

Anthem MediBlue Plus (HMO) H4346-017	
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/ \$150 limit for eye glasses or contact lenses 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
LiveHealth Online	Covered
Podiatry	Unlimited routine foot care visit(s) every year
Transportation Benefit	12 one-way routine trips every year Trips are limited to 60 miles
Fitness	Covered (SilverSneakers®)
Personal Emergency Response System (PERS)	Covered
Over the Counter (OTC)	\$125 per quarter
Medicare Community Resource Support	Covered



# Nevada 2019 Plan Highlights

## Anthem MediBlue Coordination Plus (HMO\*) H4346-018

Service Area	Clark	
Medicaid Status	With Medicare & Full Medicaid Eligibility, You Pay	With Medicare Only, You Pay
Monthly Premium	\$0	\$24.70
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.



# Nevada 2019 Plan Highlights


Anthem MediBlue Coordination Plus (HMO*) H4346-018		
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 \$100 for hardware per year	
Routine Hearing Exam/Hearing Aids	\$0 copay for 1 exam \$0 copay for fitting & evaluation \$3,000 for hearing aids per year	
Podiatry	12 visits routine foot care visit(s) every year.	
Over the Counter (OTC)	\$125 per quarter	
Acupuncture	24 visits per year	
Chiropractic Services	20 visits for \$0 copay	
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



# Nevada 2019 OSB Premiums

	Optional Supplemental Benefits (OSB) HMO	Optional Supplemental Benefits (OSB) PPO
Preventative Dental	\$9	\$35

# Nevada Medicare Supplement Plans

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

- SilverSneakers® is included with each Plan
- Anthem BCBS Innovative F, G and N offers vision (exam and up to \$150 allowance), hearing benefits (\$750 allowance) and a 24/7 Nurse HelpLine
- 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