

Ohio



Ohio Market Highlights



Our **HMO and DSNP plans are expanding into 21 new counties**, and will be offered in all major Ohio markets (87 out of 88 counties). HMO and DSNP plans have improvements on key benefits for 2018. Additionally, **LPPO is expanding into 2 additional counties** (68 out of 88 counties)



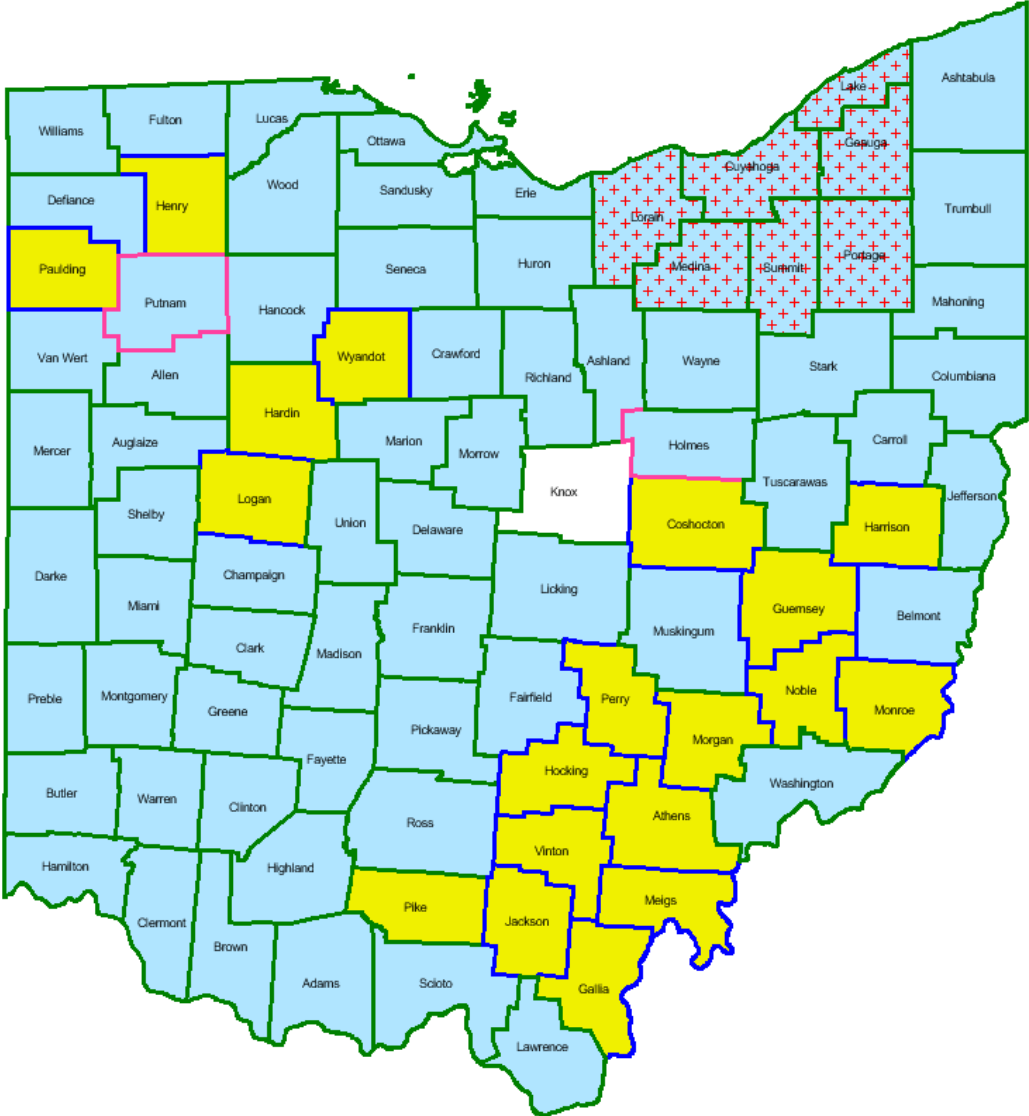
On ALL plans except DSNP, LIS & RPPO, adding **90 day coverage at \$0 for Tiers 1 & 6 and 2x the 30 supply for Tiers 2-4** through both **retail pharmacies and by mail order**. RPPO plans will have the **2x discount for Tiers 1-4 and \$0 for Tier 6**



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	H3655-040	\$0	87	New flagship HMO – replaces PBP-032 as growth engine
HMO	H3655-038	\$0	7	Cleveland Clinic Select Network Plan
HMO	H3655-041	\$0	87	LIS focused plan
HMO	H3655-032	\$0	66	Holding plan flat to promote retention
HMO	H3655-034	\$65	22	Holding plan flat to promote retention
DSNP	H3655-033	\$0	87	Duals plan
LPPO	H4036-010-001	\$56	48	Growth PPO plan
LPPO	H4036-010-002	\$70	20	Holding plan flat to promote retention
LPPO	H4036-017	\$89	17	Holding plan flat to promote retention
RPPO	R5941-013	\$18	88	MA-Only RPPO; Holding plan flat to promote retention
RPPO	R5941-014	\$75	88	Holding plan flat to promote retention

Ohio 2019 Service Area



2019 MA Service Area

- HMO, DSNP, LIS Focused
- HMO, LPPO, DSNP, LIS Focused

2019 YOY SA Changes

- New HMO, DSNP, LIS Focused
- New HMO, LPPO, DSNP, LIS Focused
- New LIS Focused

2019 Select Network

- HMO Select

NOTE: RPPO plans available in all counties

Ohio 2019 Plan Highlights

Anthem MediBlue (HMO) H3655-040	
Service Area	Adams, Allen, Ashland, Ashtabula, Athens , Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton , Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia , Geauga, Greene, Guernsey , Hamilton, Hancock, Hardin , Harrison , Henry , Highland, Hocking , Holmes , Huron, Jackson , Jefferson, Lake, Lawrence, Licking, Logan , Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs , Mercer, Miami, Montgomery, Monroe , Morgan , Morrow, Muskingum, Noble , Ottawa, Paulding , Perry , Pickaway, Pike , Portage, Preble, Putnam , Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Vinton , Warren, Washington, Wayne, Williams, Wood, Wyandot
Monthly Premium	\$0
Max Out-of-Pocket	\$4,900
Primary Care Physician	\$5
Specialist	\$40
Inpatient Hospital	\$295 (6 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$4 / \$10 / \$42 / \$95 / 33% / \$0 90 day mail-order savings on certain tiers
Rx Deductible	\$0



Ohio 2019 Plan Highlights

Anthem MediBlue (HMO) H3655-040	
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	\$285 copay
Ambulatory Surgical Center	\$245 copay
Emergency Room	\$90 copay
Ambulance	\$260 copay (Air Ambulance - 20% coinsurance)
Urgent Care	\$35 copay
Diagnostic Radiologic Procedures	\$130 copay (doctor office) \$150 copay (outpatient facility)
Diagnostic Procedures/Tests	\$65 copay (doctor office) \$150 copay (outpatient facility)
X-rays	\$50 copay (doctor office) \$110 copay (outpatient facility)
Outpatient Lab	\$0 - \$10 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.

Ohio 2019 Plan Highlights

Anthem MediBlue (HMO) H3655-040	
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
Routine Eye Wear	\$175 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
Fitness	Covered (SilverSneakers®)
Routine Podiatry	\$0 copay (unlimited visits per year)
Over the Counter (OTC)	\$25 per quarter
Meals	10 days post-discharge meal benefit (2 per day)
Personal Emergency Response System (PERS)	Covered
LiveHealth Online	Covered
Flex Benefits	Covered
Medicare Community Resource Support	Covered



Ohio 2019 Plan Highlights

Anthem MediBlue Prime Select (HMO) H3655-038	
Service Area	Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, Summit
Monthly Premium	\$0
Max Out-of-Pocket	\$4,900
Primary Care Physician	\$5
Specialist	\$40
Inpatient Hospital	\$295 (6 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$2 / \$12 / \$42 / \$95 / 33% / \$0 90 day mail-order savings on certain tiers
Rx Deductible	\$0

Ohio 2019 Plan Highlights

Anthem MediBlue Prime Select (HMO) H3655-038	
Skilled Nursing Facility	Days 1 - 20: \$0 per day / Days 21 - 100: \$172 per day
Outpatient Surgery Hospital	\$275 copay
Ambulatory Surgical Center	\$235 copay
Emergency Room	\$90 copay
Ambulance	\$275 copay (Air Ambulance – 20% coinsurance)
Urgent Care	\$35 copay
Diagnostic Radiologic Procedures	\$130 copay (doctor office) \$150 copay (outpatient facility)
Diagnostic Procedures/Tests	\$65 copay (doctor office) \$150 copay (outpatient facility)
X-rays	\$50 copay (doctor office) \$110 copay (outpatient facility)
Outpatient Lab	\$0 - \$10 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.



Ohio 2019 Plan Highlights

Anthem MediBlue Prime Select (HMO) H3655-038	
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 \$250 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®)
Routine Podiatry	\$0 copay (unlimited visits per year)
Over the Counter (OTC)	\$120 per quarter
LiveHealth Online	Covered
Medicare Community Resource Support	Covered
Flex Benefit	Covered



Ohio 2019 Plan Highlights

Anthem MediBlue Dual Advantage (DSNP) H3655-033	
Service Area	Adams, Allen, Ashland, Ashtabula, Athens , Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton , Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia , Geauga, Greene, Guernsey , Hamilton, Hancock, Hardin , Harrison , Henry , Highland, Hocking , Holmes , Huron, Jackson , Jefferson, Lake, Lawrence, Licking, Logan , Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs , Mercer, Miami, Montgomery, Monroe , Morgan , Morrow, Muskingum, Noble , Ottawa, Paulding , Perry , Pickaway, Pike , Portage, Preble, Putnam , Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Vinton , Warren, Washington, Wayne, Williams, Wood, Wyandot
Dental	2 Exams; 2 Cleanings, 1 x-ray; 1 fluoride treatment; \$2,500 Comprehensive
Vision	1 exam; \$300 for hardware per year
Hearing	1 hearing exam; \$3,000 hearing aid limit per year
Over the Counter (OTC)	\$350 per quarter
Transportation	60 one way routine transportation 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 Benefit	Covered



Ohio 2019 Plan Highlights

Anthem MediBlue LIS Plan (HMO) H3655-041

Service Area All Counties

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	\$29.50	\$0	\$7.38	\$14.75	\$22.13
Max Out-of-Pocket	\$6,700				
Primary Care Physician	\$0 copay				
Specialist	\$40 copay				
Inpatient Hospital	\$310 (5 days)				
Rx Copays (preferred cost shares) T1 / T2/ T3/ T4/ T5/ T6	\$0 / \$7 / \$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



Ohio 2019 Plan Highlights

Anthem MediBlue LIS Plan (HMO) H3655-041	
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	\$260 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	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.



Ohio 2019 Plan Highlights

Anthem MediBlue LIS Plan (HMO) H3655-041	
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
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)
Personal Emergency Response System (PERS)	Covered
LiveHealth Online	Covered
Medicare Community Resource Support	Covered
Flex Benefit	Covered

Ohio 2019 Plan Highlights

	Anthem MediBlue Access (PPO) H4036-010-001	Anthem MediBlue Access (PPO) H4036-010-002
Service Area	Adams, Allen, Ashtabula, Auglaize, Butler, Carroll, Champaign, Clark, Clinton, Columbiana, Crawford, Cuyahoga, Darke, Defiance, Erie, Fairfield, Fayette, Franklin, Fulton, Hamilton, Hancock, Highland, Holmes , Huron, Jefferson, Lawrence, Lorain, Marion, Mercer, Miami, Morrow, Muskingum, Ottawa, Pickaway, Putnam , Richland, Ross, Sandusky, Scioto, Seneca, Stark, Trumbull, Tuscarawas, Union, Van Wert, Washington, Williams, Wood	Ashland, Belmont, Brown, Clermont, Delaware, Geauga, Greene, Lake, Licking, Lucas, Madison, Mahoning, Medina, Montgomery, Portage, Preble, Shelby, Summit, Warren, Wayne
Monthly Premium	\$56	\$70
Max Out-of-Pocket	\$6,400 INN \$10,000 INN/OON	\$6,200 INN \$10,000 INN/OON
Primary Care Physician	\$10	
Specialist	\$40	
Inpatient Hospital	\$275 (6 days)	
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$4 / \$15 / \$42 / \$95 / 32% / \$0 90 day mail-order savings on certain tiers	
Rx Deductible	\$50 (Tiers 3-5)	



Ohio 2019 Plan Highlights

	Anthem MediBlue Access (PPO) H4036-010-001	Anthem MediBlue Access (PPO) H4036-010-002
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
Ambulatory Surgical Center		\$245.00 copay
Emergency Room		\$90 copay
Ambulance		\$275 copay (Air Ambulance – 20% coinsurance)
Urgent Care		\$35 copay
Diagnostic Radiologic Procedures		\$130 copay (doctor office) \$150 copay (outpatient facility)
Diagnostic Procedures/Tests		\$0 copay (doctor office) \$150 copay (outpatient facility)
X-rays		\$50 copay (doctor office) \$110 copay (outpatient facility)
Outpatient Lab		\$0 - \$15 copay



Ohio 2019 Plan Highlights

	Anthem MediBlue Access (PPO) H4036-010-001	Anthem MediBlue Access (PPO) H4036-010-002
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.	
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 \$69 maximum eye exam coverage amount	
Routine Eye Wear	\$0 copay for eye glasses (lenses and frames) or contact lenses every year \$150 limit for eye glasses or contact lenses every year	
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	\$0 copay for hearing aids \$2,000 maximum plan benefit for hearing aids every year
Transportation Benefit	N/A	
LiveHealth Online	Covered	
Fitness	Covered (SilverSneakers®)	
Routine Podiatry	\$0 copay (unlimited visits per year)	



Ohio 2019 OSB Premiums

	Optional Supplemental Benefits (OSB) HMO	Optional Supplemental Benefits (OSB) PPO
Preventative Dental	\$14	\$20
Dental and Vision	\$26	\$28
Enhanced Dental and Vision	\$38	\$42

Ohio Medicare Supplement Plans

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

- 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
- 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