

# Medicare Part D Enrollment Guide

Retired Indiana Public Employees Insurance Trust
Blue MedicareRx (PDP) with Senior Rx Plus
1/1/2027 – 12/31/2027

Anthem | RIPEA

# Get to know the plan

## We're here to help

There can be a lot to sort through when it comes to selecting a prescription drug plan and managing your health. We created this guide to help you understand the basics of our Anthem Blue Cross and Blue Shield Medicare prescription drug plan.

If you have questions or need help, call our First Impressions Welcome team and provide this group specific code **IN004GRX**, **1-866-646-2436** (TTY: **711**) Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays.

## The plan at a glance



Retired Indiana Public Employees Insurance Trust offers you the Blue MedicareRx (PDP) with Senior Rx Plus plan. Medicare Part D prescription drug plans (PDPs) cover prescription drugs not covered by Original Medicare (Parts A and B). CarelonRx is the pharmacy benefit manager for your plan. As a member, you'll get prescription drug coverage, including:

- Coverage on commonly prescribed drugs
- Plan pharmacies nationwide

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# Prescription drug benefit highlights

## Covered medications

- Find commonly prescribed brand-name and specialty drugs that Medicare Part D allows us to cover.
- Choose from a wide range of generic drugs to save even more money — and without sacrificing effectiveness.

## Network pharmacies

- Access to a vast network of pharmacies.
- Most national chains and many local pharmacies are in our network.

## Get your medications through the mail

Save time by not waiting in line at the pharmacy and enjoy the convenience of having your maintenance medications delivered straight to you. With mail order pharmacies in your network, such as CarelonRx Pharmacy[1], you can receive up to 90 days of supplies and maybe even save money compared to filling your prescription at a regular pharmacy. You can explore home delivery for your prescriptions and set it up anytime through your account online or on the **Sydney® Health** app. [2, 3]

Generics have the same active ingredients and effects as brand-name drugs, generally without the higher cost share.



1 CarelonRx Pharmacy is a separate company that provides mail order pharmacy services in your health plan's pharmacy network. You can choose any pharmacy in our network.

2 Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

3 Online tools are offered to Anthem plan members as extra services. They are not part of the contract and can change or stop.

# What is Medicare?

Medicare is a federal government health insurance program for people 65 or older. You may also be eligible if you:

- Are under age 65 with certain disabilities
- Have end-stage renal disease (ESRD)
- Have amyotrophic lateral sclerosis (ALS), also called Lou Gehrig's disease

More information is available at medicare.gov, or you can call **1-800-MEDICARE** (**1-800-633-4227**), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

**Medicare is available as follows:**



## Original Medicare

- Part A provides coverage for hospital benefits.
- Part B provides medical benefits.




## Medicare Part D

- Coverage for prescription drugs.
- Offers supplemental benefits and a first-class member service experience.

| Original Medicare = government program | | Offered by private insurance companies | |
|---|---|---|---|
| **Medicare Part A** | **Medicare Part B** | **Medicare Part C** | **Medicare Part D** |
| Medicare Part D = PDP plan | | | |

# Medicare Part D

The prescription drug plan described in this guide is also known as a Medicare Part D plan. All of our covered drugs appear on a drug list called the Part D formulary.



**If you take a drug that is not covered, you have three options:**

- Ask your doctor to switch you to a covered drug
- Request an exception
- Obtain a temporary supply while discussing other drug options with your prescriber[1]

Covered drugs are divided into levels or tiers. Drugs on the lowest-numbered tier generally cost less, while drugs on the highest-numbered tier generally cost the most. Each tier contains drugs that we cover based on their safety and effectiveness. This chart provides an overview of how the tiers and pricing generally work.

| Drug type | Description | Possible tier coverage | Cost |
|---|---|---|---|
| Generic[2, 3] | Same active ingredients and effects as the brand-name drug, but usually costs less | Tier 1 | $ |
| Preferred drug | Safe and effective lower cost drug | Tier 2 | $$ |
| Non-preferred drug | Generally have more cost-effective alternatives on lower tiers | Tier 3 | $$$ |
| Specialty | Cost $1,080 or more for a 30-day supply. May require special handling. | Highest tier | $$$$ |

The tier level for each drug type may vary depending on the number of tiers on your formulary.

1 Not all drugs are eligible for a temporary supply.

2 High-cost generic medications may also appear on the same tiers as brand-name medications. Please consult the formulary for specific tier details.

3 Some drug lists divide generic drugs into two tiers. Please consult the formulary for specific tier details.

# How to qualify and enroll

### Qualifications for enrolling in Blue MedicareRx (PDP) with Senior Rx Plus:

- You are a United States citizen or national, or an eligible noncitizen.
- You live in the plan's geographic service area. People who are incarcerated aren't considered to be in the geographic service area even if they're physically located in it.
- You are now entitled to Medicare Part A or Part B, or both.
- You keep paying your Medicare Part B premiums, unless they are paid by Medicaid or through another third party.
- You qualify for coverage under your or your spouse's group-sponsored health plan.

To enroll, please complete the enrollment election form on the next page. The scissors icon and dotted line show where to cut. Don't forget to include your signature and mail to the address listed on the form.

### To complete the form, you'll need:

- **Your Medicare number.** Fill out the requested information as it appears on your red, white, and blue Medicare card. If required, also attach a copy of your Medicare card, or your letter from the Social Security Administration, or the Railroad Retirement Board and send it along with your completed enrollment election form.
- **Your permanent address and phone number.**
- **To complete all items on the enrollment election form.** Double check that you've filled out the form entirely and included your signature.

### Understanding the Medicare Prescription Payment Plan:

This is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for Part D covered drugs by spreading them across the calendar year (January–December). It does not apply to Part B drugs. It also does not apply to Extra Covered Drugs if your plan includes this benefit. Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.

"Extra Help" from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option. To learn more about this option, call us at 1-833-246-7717 (TTY users call 711) or visit **www.medicare.gov**.

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## Group-Sponsored Health Plan Enrollment Election Form

| All fields on this form are required unless noted with an asterisk* | |
|---|---|
| Group sponsor name:<br>**Retired Indiana Public Employees Insurance Trust** | Group #:<br>**IN004GRX** |
| **Plan you will join (check ONE box only):**<br>Blue MedicareRx (PDP) with Senior Rx Plus<br>☐ PDP $0 Ded (19/20/47) - $163.11 per month<br>☐ PDP $505 Ded (3/5/44) - $133.00 per month | Requested effective date of coverage:<br>(__ __/__ __/__ __ __ __)<br>(MM/DD/YYYY)<br>Generally, the effective date of enrollment will be the first of the month following the enrollment receipt date, unless a future date is requested and is allowed. |

| FIRST name: | LAST name: | MIDDLE initial: |
|---|---|---|

| Birthdate: (MM/DD/YYYY)<br>(__ __/__ __/__ __ __ __) | Sex:<br>☐ M ☐ F | Phone number: ( )<br>☐ Cell ☐ Other |
|---|---|---|

**Permanent residence street address (do not enter a P.O. Box. Note: For individuals experiencing homelessness, a P.O. Box may be considered your permanent residence address.):**

| City: | State: | ZIP code: |
|---|---|---|

**Mailing address, if different from your permanent address (P.O. Box allowed):**

Street address: City: State: ZIP code:

*(Optional)* **Email address:*** _____

Your email address will be used for communications only from Anthem. We will not share your email address. The email will be used to contact you with Important Plan Information or additional products and services that might interest you.

There are options to change your preferences at any time by visiting **www.anthem.com** or contacting Member Services.

**Your Medicare information:**

**Medicare Number:** _____

*Note: The Medicare Number is required to complete your enrollment. If you do not provide your Medicare Beneficiary ID from your ID card, your enrollment into the plan may be delayed.*

**Please read and answer these important questions**

1. Are you the retiree? ☐ Yes ☐ No

If "yes," retirement date (month/date/year): _____

If "no," name of retiree: _____ Retiree Medicare ID #: _____

2. Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

3. Do you have other medical insurance? ☐ Yes ☐ No

If "yes," what is the name of the health plan (e.g., Aetna, Humana, Cigna)? _____

What are the effective dates of coverage? _____

4. Are you a resident in a long-term care facility, such as a nursing home? ☐ Yes ☐ No

If "yes," please provide the following information:

Name of institution: _____

Address (number and street) and phone number of institution: _____

_____

5. Will you have other prescription drug coverage (like VA or TRICARE) in addition to this plan? ☐ Yes ☐ No

Name of other coverage: Member number for this coverage: Group number for this coverage:

_____ _____ _____

This document may be available in an alternate format, such as large print. Please call the First Impressions Welcome team **1-866-646-2436**, TTY: **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, for additional information or questions you may have.

**Please read this important information:**

**If you are a member of a Medicare Advantage plan** (like an HMO or PPO), you may already have prescription drug coverage from your Medicare Advantage plan that will meet your needs. By joining Blue MedicareRx (PDP) with Senior Rx Plus, your membership in your Medicare Advantage plan may end. This will affect both your doctor and hospital coverage, as well as your prescription drug coverage. Read the information that your Medicare Advantage plan sends you, and if you have questions, contact your Medicare Advantage plan.

**If you currently have health coverage from a group sponsor, joining Blue MedicareRx (PDP) with Senior Rx Plus could affect your group sponsor health benefits.** You could lose your group-sponsored health coverage if you join Blue MedicareRx (PDP) with Senior Rx Plus. Please read the communications your group sponsor sends you. If you have questions, visit their website or contact the office listed in their communications. If there isn't information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

**IMPORTANT: Read and sign below:**

By completing this enrollment application, I agree to the following:

- I must keep Medicare Part A or Part B to stay in the plan I have selected.
- **Release of information:** By joining this Medicare Part D prescription drug plan, I acknowledge that the plan will release my information to Medicare and other plans as is necessary for treatment, payment, and healthcare operations. I also acknowledge that Anthem will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations.
- The information on this enrollment election form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that once my coverage begins, I must receive all prescription drug benefits through Anthem. Only the benefits and services described in the Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor the plan will pay for benefits or services.**
- I understand that as a member of this plan, I have the right to ask about the plan's decision regarding payments or coverage for services I receive. I also have the right to appeal plan decisions about payment or services if I disagree.
- I understand that I can be enrolled in only one Medicare or Part D prescription drug plan at a time. Enrollment in this plan will automatically end my enrollment in any other Medicare or Part D prescription drug plan. I am responsible for informing the plan of any other prescription drug coverage I have or may obtain in the future.
- I understand that if I leave this plan and do not have or obtain other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.
- I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this enrollment election form means that I have read and understand the contents of this enrollment election form. If signed by an authorized representative (as described above), this signature certifies that:
  1. This person is authorized under state law to complete this enrollment election form, and
  2. Documentation of this authority is available upon request by Medicare.

| **Signature:** | **Today's date:** |
|---|---|

If you are the authorized representative, sign above and fill out these fields:

| Name: | Address: |
|---|---|
| Phone number: | Relationship to enrollee: |

**For individuals helping enrollee with completing this form only**

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name: _____ Relationship to enrollee: _____

Signature: _____ National Producer Number (Agents/Brokers only): _____

| HIPAA authorization |
| --- |
| If you would like to authorize an individual to have the ability to speak with us and/or obtain protected health information (PHI) on your account, please complete the HIPAA (Health Insurance Portability and Accountability Act) Member Authorization Form located at **www.anthem.com/forms**. This form is valid for one year from the signature date.<br>• A printed form can be requested by contacting Member Services at the telephone number on the back of your ID card. **Sign and return it to the address on the form.**<br>• If you wish to continue having the authorized representative on your account, a new form is required annually.<br>• If you have a durable healthcare power of attorney document, it can also be returned with the HIPAA form. |

**Please return this enrollment election form to:**

Retired Indiana Public Employees Insurance Trust (RIPEA)
2415 Directors Row
Suite M
Indianapolis, IN 46241

Please refer to the Anthem Evidence of Coverage for a complete listing of all plan benefits, conditions, limitations, and exclusions of coverage.

Our plan has free language interpreter services available to answer questions from non-English-speaking members. Please call the First Impressions Welcome team number listed in this document to request interpreter services.

Anthem Blue Cross and Blue Shield is a PDP plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal. Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensees of the Blue Cross Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

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# What to expect after you enroll



### How to give others access to your record

Fill out your Member Authorization Form at **www.anthem.com/forms** to give people that you choose access to your records.



### Keep an eye on your mailbox

After you enroll, you can sit back and relax. Once your enrollment is processed, you will receive:

- Proof of your enrollment request with your membership start date listed.
- Your ID card. You can begin using it on your membership start date.
- A health survey to help us understand and address your needs. Within your first 90 days, we will call you to answer a simple health survey to help keep your care and services up to date.



### Look out for your plan Welcome Guide

This guide can help you:

- Learn how to contact us.
- Access plan documents online.
- Find the right resources for more information.

# Summary of Benefits

We've provided a Summary of Benefits so you can have a better understanding of what's covered and what's not, including*:

- Costs you are responsible for
- What we cover under the plan
- Any copays or percentage of the cost
- Any out-of-pocket costs



**Questions?**
Call our First Impressions Welcome team for answers or plan details at **1-866-646-2436** (TTY: **711**), Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays and provide this group specific code **IN004GRX**.

* For a full list of benefits and cost share, see the benefit chart in the Evidence of Coverage.

**Prescription Drug Summary of Benefits: 01/01/2027 – 12/31/2027**
**Formulary B5, $19/$20/$47/50%/33% up to $250 (with Senior Rx Plus)**

# Retired Indiana Public Employees Insurance Trust (RIPEA)

## About this Plan:

For comprehensive information about all the services and any limitations or exclusions, please refer to your Evidence of Coverage (EOC). Upon enrolling in the plan, you'll receive guidance on accessing your plan details online. You can conveniently view your EOC by logging into the member portal at **www.anthem.com**, or you can call Member Services with any questions you may have.

**How much is the monthly premium?**
Contact your group plan sponsor/union for more information on your plan premium.

# Prescription Drug Summary of Benefits: 01/01/2027 – 12/31/2027

## Stage 1 Annual Deductible Stage

In this stage, you pay a set amount. Once you reach this amount, your plan begins to pay its share of the cost.

Deductible: $0

## Stage 2 Initial Coverage Stage

CMS defined drug out-of-pocket limit: $2,400

This is what you pay for covered drugs until you reach your out-of-pocket limit. You will pay this amount or the cost of the drug, whichever is less.

| Pharmacy | Standard Network Pharmacy | | Mail-Order Pharmacy |
|---|---|---|---|
| | per 30-day supply (Specialty limited to a 30-day supply) | per 90-day supply (Specialty limited to a 30-day supply) | per 90-day supply (Specialty limited to a 30-day supply) |
| **Tier 1: Preferred Generics** | $19 | $57 | $3 |
| **Tier 2: Generics** | $20 | $60 | $12 |
| **Tier 3: Preferred Drugs** | $47 | $141 | $141 |
| **Tier 4: Non-Preferred Drugs** | 50%<br>$250 Max | 50%<br>$750 Max | 50%<br>$500 Max |
| **Tier 5: Specialty Drugs** | 33%<br>$250 Max | N/A | 33%<br>$250 Max |
| **Select Generics** | $0 | $0 | $0 |

Many of our retail pharmacies can dispense more than a 30-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies you will pay one copay for each full or partial 30-day supply filled. For example, if you order a 90-day supply, you will pay three 30-day supply copays. If you get a 45-day or 50-day supply, you will pay two 30-day copays.

## Stage 3 Catastrophic Coverage Stage

Your payment responsibility changes after the amount you have paid for covered drugs reaches the **CMS defined drug out-of-pocket limit** of $2,400.

| Retail and Mail-Order Pharmacies | up to a 90-day supply<br>(Specialty limited to a 30-day supply) |
|---|---|
| **All Part D Covered Prescription Drugs** | $0 |

- **Important Message About What You Pay for Vaccines:** All Advisory Committee on Immunization Practices (ACIP) recommended Part D vaccines are covered at no cost to you.

- **Important Message About What You Pay for Insulin:** You won't pay more than $35 for a one-month supply of each insulin product covered by your plan, no matter what cost-sharing tier it is on.

- **Vaccines:** Medicare covers some vaccines under Medicare Part B medical coverage and other vaccines under Medicare Part D drug coverage. Vaccines for Flu, including H1N1, and Pneumonia are covered under Medicare Part B medical coverage. Vaccines for Chicken Pox, Shingles, Tetanus, Diphtheria, Meningitis, Rabies, Polio, Yellow Fever and Hepatitis A are covered under Medicare Part D drug coverage. Hepatitis B is covered under Medicare Part D drug coverage unless you fall into a high risk category, then it is covered under Medicare Part B medical coverage. Other common vaccines are also covered under Medicare Part D drug coverage for Medicare-eligible individuals under 65. You can fill your vaccines at a network pharmacy or they can be administered at a physician's office. However, the physician will only submit a claim for a Part B vaccine. If you want to get a Part D vaccine at your physician's office, you will pay for the entire cost of the vaccine and its administration and then ask your drug plan to pay its share of the cost. Please see your Evidence of Coverage for complete details on what you pay for vaccines.

- **Senior Rx Plus:** Your supplemental drug benefit is non-Medicare coverage that reduces the amount you pay. The copay or coinsurance shown in this benefits chart is the amount you pay for covered drugs filled at network pharmacies.

- **Select Generics:** Your plan includes the $0 copay Select Generics benefit. Select Generics are a specific list of drugs that have been on the market long enough to have a proven track record for effectiveness and value. These generic drugs treat common conditions like diabetes, high blood pressure, high cholesterol, and osteoporosis. The Select Generics benefit is designed to help you better manage your chronic conditions and reduce out-of-pocket costs on prescription medications.

# This document reflects cost shares only.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, coinsurance, and restrictions may apply. If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

**Medicare & You 2027 resource:** For more information, we encourage you to read Medicare & You 2027. This booklet is mailed to people with Medicare every year in the fall. It has a summary of Medicare benefits, rights, and protections. It also includes answers to the most frequently asked questions. If you don't have a copy of this booklet, request one at www.medicare.gov. Or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

**Prescription Drug Summary of Benefits: 01/01/2027 – 12/31/2027**
**Formulary B5, $3/$5/$44/40%/25% (with Senior Rx Plus)**

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**How much is the monthly premium?**
Contact your group plan sponsor/union for more information on your plan premium.

# Prescription Drug Summary of Benefits: 01/01/2027 – 12/31/2027

## Stage 1 Annual Deductible Stage

In this stage, you pay a set amount. Once you reach this amount, your plan begins to pay its share of the cost.

Deductible: $505

## Stage 2 Initial Coverage Stage

CMS defined drug out-of-pocket limit: $2,400

After you meet your deductible, this is what you pay for covered drugs until you reach your out-of-pocket limit. You will pay this amount or the cost of the drug, whichever is less.

| Pharmacy | Standard Network Pharmacy | | Mail-Order Pharmacy |
|---|---|---|---|
| | per 30-day supply (Specialty limited to a 30-day supply) | per 90-day supply (Specialty limited to a 30-day supply) | per 90-day supply (Specialty limited to a 30-day supply) |
| **Tier 1: Preferred Generics** | $3 | $9 | $3 |
| **Tier 2: Generics** | $5 | $15 | $9 |
| **Tier 3: Preferred Drugs** | $44 | $132 | $129 |
| **Tier 4: Non-Preferred Drugs** | 40%<br>$250 Max | 40%<br>$750 Max | 40%<br>$500 Max |
| **Tier 5: Specialty Drugs**<br>**Deductible waived** | 25%<br>$250 Max | N/A | 25%<br>$250 Max |
| **Select Generics**<br>**Deductible waived** | $0 | $0 | $0 |

Many of our retail pharmacies can dispense more than a 30-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies you will pay one copay for each full or partial 30-day supply filled. For example, if you order a 90-day supply, you will pay three 30-day supply copays. If you get a 45-day or 50-day supply, you will pay two 30-day copays.

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| Retail and Mail-Order Pharmacies | up to a 90-day supply<br>(Specialty limited to a 30-day supply) |
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- **Important Message About What You Pay for Vaccines:** All Advisory Committee on Immunization Practices (ACIP) recommended Part D vaccines are covered at no cost to you.

- **Important Message About What You Pay for Insulin:** You won't pay more than $35 for a one-month supply of each insulin product covered by your plan, no matter what cost-sharing tier it is on.

- **Vaccines:** Medicare covers some vaccines under Medicare Part B medical coverage and other vaccines under Medicare Part D drug coverage. Vaccines for Flu, including H1N1, and Pneumonia are covered under Medicare Part B medical coverage. Vaccines for Chicken Pox, Shingles, Tetanus, Diphtheria, Meningitis, Rabies, Polio, Yellow Fever and Hepatitis A are covered under Medicare Part D drug coverage. Hepatitis B is covered under Medicare Part D drug coverage unless you fall into a high risk category, then it is covered under Medicare Part B medical coverage. Other common vaccines are also covered under Medicare Part D drug coverage for Medicare-eligible individuals under 65. You can fill your vaccines at a network pharmacy or they can be administered at a physician's office. However, the physician will only submit a claim for a Part B vaccine. If you want to get a Part D vaccine at your physician's office, you will pay for the entire cost of the vaccine and its administration and then ask your drug plan to pay its share of the cost. Please see your Evidence of Coverage for complete details on what you pay for vaccines.

- **Senior Rx Plus:** Your supplemental drug benefit is non-Medicare coverage that reduces the amount you pay. The copay or coinsurance shown in this benefits chart is the amount you pay for covered drugs filled at network pharmacies.

- **Select Generics:** Your plan includes the $0 copay Select Generics benefit. Select Generics are a specific list of drugs that have been on the market long enough to have a proven track record for effectiveness and value. These generic drugs treat common conditions like diabetes, high blood pressure, high cholesterol, and osteoporosis. The Select Generics benefit is designed to help you better manage your chronic conditions and reduce out-of-pocket costs on prescription medications.

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# IMPORTANT INFORMATION:

Official U.S. Government Medicare Information

## 2027 Medicare Star Ratings

## Anthem Blue Cross and Blue Shield - S5596

For 2027, Anthem Blue Cross and Blue Shield - S5596 received the following Star Ratings from Medicare:

| | |
|---|---|
| Overall Star Rating: | N/A |
| Health Services Rating: | N/A |
| Drug Services Rating: | ★★★☆☆ |

Every year, Medicare evaluates plans based on a 5-star rating system.

**Why Star Ratings are important**

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care.
- The number of members who left or stayed with the plan.
- The number of complaints Medicare got about the plan.
- Data from doctors and hospitals that work with the plan.

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

| | |
|---|---|
| ★★★★★ | EXCELLENT |
| ★★★★☆ | ABOVE AVERAGE |
| ★★★☆☆ | AVERAGE |
| ★★☆☆☆ | BELOW AVERAGE |
| ★☆☆☆☆ | POOR |

**Get more information on Star Ratings online**

Compare Star Ratings for this and other plans online at **medicare.gov/plan-compare**.

**Questions about this plan?**

Contact Anthem Blue Cross and Blue Shield Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays at 1-866-646-2436 (toll free) or TTY 711. Current members please call 1-866-470-6265 or TTY 711.

Anthem Blue Cross and Blue Shield is a PDP plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

# Required information for this plan year

## Your rights, protections, and Medicare options

As a Medicare beneficiary, you have many rights and options put in place to protect you as a consumer. You have choices.

As a Medicare beneficiary, you can choose between:

- The Original (Fee-for-Service) Medicare plan.
- A Medicare health plan like the one offered in this guide.

### You may have other options

The important thing to remember is that the choice is yours, keeping in mind that you may be able to join or leave a plan only at certain times. Please note that if you do not take your retiree benefits, it may affect other retiree benefits your group sponsor offers. No matter what you decide, you may still be eligible for the Original Medicare program.

### Geographic service areas covered by this plan

This plan offers coverage in our Centers for Medicare & Medicaid Services (CMS) defined geographic service area of all 50 states, Washington, D.C., and all United States territories.

### Your Medicare protection

The plan must offer Medicare benefits to you for a full calendar year at a time, although benefits and cost sharing may change from year to year. The plan provider can decide each year whether to keep offering Medicare Advantage or prescription drug plans, or whether or not to continue offering plans in specific geographic areas like yours.

Also, Medicare may decide to end our contract.

If for some reason this plan is discontinued, we will send you a letter at least 90 days before your coverage ends explaining your options for Medicare coverage in your area.

For more information on the options and rights you have as a member with this plan, please contact our First Impressions Welcome team and ask for a copy of the Evidence of Coverage (EOC).

### Extra Help from Medicare

You may be able to find help to pay for your prescription drugs and other Medicare costs. If you qualify for Medicare's Extra Help and are enrolled in a Part D plan like this one, Medicare can pay up to 100% of your prescribed drugs. This can help offset your drug plan's monthly premium, plus coinsurance and copays for covered prescription drugs.

Extra Help can also close any drug coverage gaps and stop late enrollment penalties (LEPs). For more information, visit **www.medicare.gov** or **www.ssa.gov**, or call:

- **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.
- The Social Security Administration at **1-800-772-1213**, Monday to Friday, 7 a.m. to 7 p.m. ET. TTY users should call **1-800-325-0778**.
- Your state Medicaid office.

# Required information for this plan year

## Information about Medicare

Anthem Blue Cross and Blue Shield is a PDP plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), Compcare Health Services Insurance Corporation (Compcare) BCBSWI underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare; Compcare underwrites or administers HMO or POS policies. Independent licensees of the Blue Cross Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

**Notice of Availability of Language Assistance Services and Auxiliary Aids and Services**

**English** – ATTENTION: If you need help in your language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-866-646-2436** (TTY: **711**).

**Español (Spanish)** – ATENCIÓN: Si necesita ayuda en su idioma, tiene a su disposición servicios gratuitos de asistencia en otros idiomas. También puede obtener ayudas y servicios auxiliares adecuados gratuitos para proporcionar información en formatos accesibles. Llame al número de teléfono indicado anteriormente.

**العربية (Arabic) –** تنبيه: إذا كنت تحتاج إلى المساعدة بلغتك، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجانا. اتصل على رقم الهاتف المذكور أعلاه.

**繁體中文 (Chinese) –** 注意：如果您在您的語言方面需要協助，我們可以為您提供免費的語言協助服務。我們還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打上面列出的電話號碼。

**Français (French)** – ATTENTION : Si vous avez besoin d'aide dans votre langue, des services gratuits d'assistance linguistique sont disponibles. Des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le numéro de téléphone mentionné ci-dessus.

**Deutsch (German)** – ACHTUNG: Wenn Sie Hilfe in Ihrer Sprache benötigen, stehen Ihnen kostenlose Dienste zur sprachlichen Unterstützung zur Verfügung. Außerdem sind kostenlose Hilfsmittel und Dienste verfügbar, um Informationen in zugänglichen Formaten bereitzustellen. Rufen Sie die oben aufgeführte Telefonnummer an.

**ગુજરાતી (Gujarati) –** ધ્યાન આપો: જો તમને તમારી ભાષામાં મદદની જરૂર છે, તો તમારા માટે વિના મૂલ્યે ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પરૂદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. ઉપર દશાર્વેલ ફોન નંબર પર કૉલ કરો.

**हिंदी (Hindi) –** ध्यान दें: यदि आपको अपनी भाषा में सहायता चाहिए, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। पहुँच योग्य प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। ऊपर दिए गए फ़ोन नंबर पर कॉल करें।

**Italiano (Italian)** – ATTENZIONE: se hai bisogno di supporto nella tua lingua, sono disponibili servizi di assistenza linguistica gratuita. Sono inoltre disponibili gratuitamente adeguati supporti e servizi per ottenere informazioni in formato accessibile. Chiama il numero di telefono riportato sopra.

**日本語 (Japanese) –** 注意：ご使用の言語でのサポートが必要な場合には、無料の言語支援サービスをご提供しています。適切な補助器具・サービスも、利用者がアクセスしやすい方法でご提供しています。こちらも無料でご利用いただけます。

**한국어(Korean)** – 주의: 귀하의 언어로 도움이 필요하신 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 대체 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 제공됩니다. 위의 전화 번호로 전화해 주십시오.

**Português (Portuguese)** – ATENÇÃO: Se necessita de ajuda no seu idioma, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para o número de telefone acima indicado.

**Русский (Russian)** – ВНИМАНИЕ: Если вам нужна помощь на вашем языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Позвоните по вышеуказанному номеру телефона.

**Tagalog (Tagalog)** – PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, mayroong libreng serbisyo para sa iyo. Available din ang naaangkop na tulong at serbisyo na nagbibigay ng impormasyon sa iyong wika. Ito ay libre rin. Tawagan ang numero ng telepono na nakalista sa itaas.

**తెలుగు (Telugu)** – గమనిక: మీకు మీ భాషలో సహాయం అవసరమైతే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉన్నాయి. అందుబాటులో ఉన్న ఫార్మాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక పరికరాలు, సేవలు కూడా ఉచితంగా లభిస్తాయి. పైన పేర్కొన్న ఫోన్ నంబర్‌కు కాల్ చేయండి.

**Tiếng Việt (Vietnamese)** – CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, các dịch vụ hỗ trợ ngôn ngữ miễn phí luôn sẵn sàng phục vụ quý vị. Các dịch vụ và hỗ trợ phụ trợ thích hợp cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi số điện thoại nêu trên.


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