

Summary of Benefits



Prescription Drug Plan

Plan year: January 1 - December 31, 2022

California

Anthem Blue Cross MediBlue Rx Standard (PDP)

Anthem Blue Cross MediBlue Rx Plus (PDP)

22CAS5596

**Thank you for your interest in our
Prescription Drug plans.**

Anthem Blue Cross offers prescription drug plans to help you with your drug needs and to help protect you from unexpected drug costs.

Anthem Blue Cross MediBlue Rx Standard (PDP) and Anthem Blue Cross MediBlue Rx Plus (PDP)

Anthem Blue Cross MediBlue Rx Standard (PDP) and Anthem Blue Cross MediBlue Rx Plus (PDP) are prescription drug plans. They include prescription drug benefits only. To join these plans, the following must apply to you:

- You're entitled to Medicare Part A and/or
- You're enrolled in Medicare Part B.
- You live in our service area.

Our service area includes this state: California

Do you have questions?



- You can learn more on our website, <https://shop.anthem.com/medicare/ca>.



- Please call us toll-free at **1-866-892-5340** (TTY: 711).
- Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

The *Summary of Benefits* does not include every service, limit, or exclusion, but the *Evidence of Coverage* does. Just give us a call to request a copy.

Know your drug plan

Prescription drugs are an important part of health and wellness

These prescription drug plans give you coverage for the drugs you need at predictable prices.

Check the plan's drug list, or Formulary, to find out:



- If your prescriptions are covered.
- The cost-sharing tier for your drugs.
- Whether your drugs are available through mail order.
- If your drugs need prior approval from the plan, or other limitations.

Know your drug plan - continued

How to check if your prescriptions (or an acceptable alternative) are covered and what they'll cost:



- Visit <https://shop.anthem.com/medicare/ca>
 1. Select **Useful Tools** and choose **Find Your Covered Drugs**.
 2. Enter your ZIP code, county and beginning coverage date.
 3. Enter your drug name, dosage, quantity and refill frequency, and select **Add Drug** or **Next**.
 4. Select your pharmacy, and then select **View All Plans**.
 5. Choose **Plan Details** and then **Drug Cost** to view the drug's tier, specific cost, and coverage details.
- You can also call us at the number on page 2 for a copy of the *Formulary*.

Find a pharmacy

Our plans include the majority of pharmacies in America, so you're likely to find one near you. If your pharmacy is not in this plan, you could end up paying more for your drugs.

To confirm your pharmacy is in the plan (or find a new one) see the *Pharmacy Directory* on our website at <https://shop.anthem.com/medicare/ca>. Under **Useful Tools**, choose **Find a Pharmacy** to enter your location and search details. Preferred pharmacies are noted to the right of the pharmacy name. Or you can give us a call and we'll send you the directory.

Know your drug plan - continued



Save money at preferred pharmacies

Use certain retail pharmacies (*preferred pharmacies*) to reduce costs. Using a preferred pharmacy can lower your copays and share of the cost, but the choice is yours.

Preferred pharmacies include Albertsons/Safeway, CVS Pharmacy, Costco, Giant Eagle Pharmacy, Harris Teeter Pharmacy, H-E-B PHARMACY, Kinney Drugs, Kroger, Publix, Roundy's, Walmart and more than 5,000 independent pharmacies.

Don't miss out on some Extra Help

Medicare offers Extra Help, a program with prescription drug assistance for people who qualify. Extra Help can cover prescription drug plan deductibles, premiums, copays, and coinsurance. Plus:

- The coverage gap stage will not apply to you.
- There are no late-enrollment penalties.



To find out if you qualify for Extra Help, call:

- Our helpful representatives at **1-866-892-5340**.
- **1-800-MEDICARE (1-800-633-4227)** (TTY: **1-877-486-2048**), 24 hours a day/7 days a week.
- The Social Security Administration at **1-800-772-1213** (TTY: **1-800-325-0778**) Monday to Friday, 7 a.m. to 7 p.m.
- Your state Medicaid office.



Summary of 2022 prescription drug coverage

Ways to save

1. Choose generic drugs on tiers 1 and 2 when available.
2. Use a preferred pharmacy. To find a preferred pharmacy in this plan:
 - Visit <https://shop.anthem.com/medicare/ca> (select **Useful Tools**, and choose **Find a Pharmacy**). Preferred pharmacies are noted to the right of the pharmacy name.
 - Give us a call and we will send you a copy of the *Pharmacy Directory*.

**Anthem Blue Cross MediBlue Rx
Standard (PDP)**
**Anthem Blue Cross MediBlue Rx Plus
(PDP)**
How much is my premium (monthly payment)?
\$85.30 per month

\$92.00 per month

You must continue to pay your Medicare Part B premium.

Stage 1: How much is my deductible?
\$360.00 per year for Part D prescription drugs.

This plan does not have a Part D deductible.

Stage 2: Initial Coverage

After you pay your yearly deductible (if your plan has one), you pay the amount listed in the table on the following pages, until your total yearly drug costs reach **\$4,430**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

After you pay your yearly deductible (if your plan has one), you pay the amount listed in the table on the following pages, until your total yearly drug costs reach **\$4,430**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

This plan participates in the Part D Senior Savings Model – Insulin Savings Program, which offers lower, predictable, and stable out of pocket costs for select insulins through the different Part D benefit coverage stages. You will pay \$35 for a one-month supply of plan-covered select insulins during the deductible (if applicable), initial coverage and coverage gap stages of your benefit. See the plan Formulary to determine which select insulin drugs are covered.

This cost-sharing only applies to beneficiaries who do not qualify for a program that helps pay for your drugs (Extra Help).

You may get your covered drugs at retail pharmacies and mail-order pharmacies in our plan. Generally, you may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan. If you live in a long-term care facility, you pay the same as at a standard retail pharmacy.

If you qualify for low-income subsidy (LIS), also known as Medicare's Extra Help program, the amount you pay may be different in this Stage.

Stage 2: Initial Coverage		
Cost Sharing	Anthem Blue Cross MediBlue Rx Standard (PDP)	Anthem Blue Cross MediBlue Rx Plus (PDP)
Tier 1: Preferred Generic		
Preferred retail one-month supply	\$1.00	\$1.00
Standard retail one-month supply	\$5.00	\$19.00
Mail order three-month supply	\$3.00	\$3.00
Tier 2: Generic		
Preferred retail one-month supply	\$4.00	\$3.00
Standard retail one-month supply	\$10.00	\$20.00
Mail order three-month supply	\$12.00	\$9.00

Stage 2: Initial Coverage

Cost Sharing	Anthem Blue Cross MediBlue Rx Standard (PDP)	Anthem Blue Cross MediBlue Rx Plus (PDP)
Tier 3: Preferred Brand		
Preferred retail one-month supply	\$42.00	\$47.00
Standard retail one-month supply	\$42.00	\$47.00
Select Insulin drugs, Preferred or Standard retail one-month supply	Not applicable	\$35.00
Mail order three-month supply	\$126.00	\$141.00
Select Insulin drugs, Mail order three-month supply	Not applicable	\$105.00
Tier 4: Non-Preferred Drug		
Preferred retail one-month supply	34%	50%
Standard retail one-month supply	34%	50%
Mail order three-month supply	34%	50%

Stage 2: Initial Coverage

Cost Sharing	Anthem Blue Cross MediBlue Rx Standard (PDP)	Anthem Blue Cross MediBlue Rx Plus (PDP)
<p>Tier 5: Specialty Tier</p> <p>Preferred retail one-month supply</p> <p>Standard retail one-month supply</p> <p>Mail order three-month supply</p>	<p>27%</p> <p>27%</p> <p>Not available</p>	<p>33%</p> <p>33%</p> <p>Not available</p>

<p>Anthem Blue Cross MediBlue Rx Standard (PDP)</p>	<p>Anthem Blue Cross MediBlue Rx Plus (PDP)</p>
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Stage 3: Coverage Gap

<p>You pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,050, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>You pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,050, which is the end of the coverage gap. Not everyone will enter the coverage gap. This plan offers additional gap coverage for select insulins. Your out-of-pocket costs for select insulins will be \$35 for a one-month supply.</p>
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Stage 4: Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach **\$7,050**, you pay the greater of:

- **5%** of the cost, or
- **\$3.95** copay for generic (including brand name drugs treated as generic) and a **\$9.85** copay for all other drugs.

After your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach **\$7,050**, you pay the greater of:

- **5%** of the cost, or
- **\$3.95** copay for generic (including brand name drugs treated as generic) and a **\$9.85** copay for all other drugs.

Understanding Medicare - The four stages of drug coverage



Stage 1	Stage 2	Stage 3	Stage 4
Deductible	Initial Coverage	Coverage Gap	Catastrophic Coverage
<p>If you have a deductible, you will pay 100% of your drug cost until you meet your deductible.</p> <p>If you have no deductible, or if a specific drug tier does not apply to the deductible, you will skip to Stage 2.</p>	<p>You pay a copay or a percentage of the cost, and your plan pays the rest for your covered drugs.</p>	<p>In this stage, you pay a greater share of the costs. It begins after you and your plan have paid a certain amount on covered drugs during Stages 1 and 2 (this can vary by plan). See <i>Stage 2: Initial Coverage</i> in the prescription drug coverage section of this Summary of Benefits for the exact amount.</p> <p>After you enter the coverage gap, you pay a percentage of the plan's cost for covered brand-name drugs and/or covered generic drugs until your costs total \$7,050.</p> <p>Some plans have extra coverage. See the <i>Stage 3: Coverage Gap</i> section for more details.</p>	<p>In this stage, after your yearly out-of-pocket drug costs (including drugs purchased through mail order and your pharmacy) reach \$7,050, the plan pays most, or in some cases all, of your covered drug costs. This stage lasts until the end of the plan year.</p> <p>See the <i>Stage 4: Catastrophic Coverage</i> section for what you pay with this plan.</p>

Which coverage stage am I in?

You will receive an **Explanation of Benefits** (EOB) each month you fill a prescription. It will show which coverage stage you're in and how close you are to entering the next one.

Understanding Medicare - When you can enroll

Initial Coverage Period



You can sign up for a Medicare Advantage or Part D plan when you are first eligible for Medicare. Your Initial Enrollment Period is a seven-month period that includes the three months before you turn 65, the month you turn 65 and the three months after you turn 65.

Annual Election Period - October 15 to December 7



This is the time each year to enroll in or change your Medicare Advantage or Part D plan. You may also switch to only Original Medicare (Parts A and B). New coverage begins January 1 of each year.

Open Enrollment Period - January 1 to March 31



If you're enrolled in a Medicare Advantage Prescription Drug (MA-PD) plan, and you're switching to Original Medicare, you can enroll in a Part D plan during this time.

Special Enrollment Period

You can sign up for a Medicare Advantage or Part D plan outside of the time frames above if certain events occur in your life or if you're eligible for low-income subsidy (also called Extra Help).

How can I learn more about Medicare?

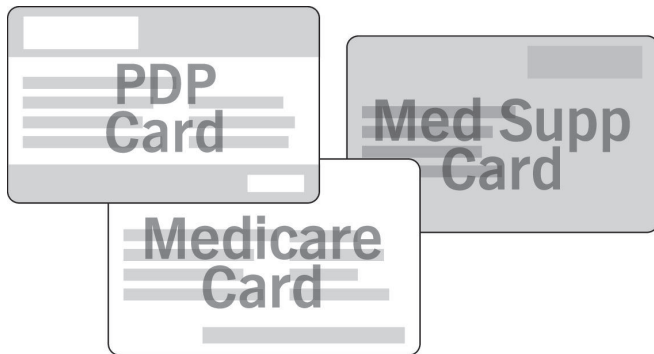
Medicare & You - a helpful tool



The U.S. government's *Medicare & You* handbook is a great way to learn about Medicare and find answers to your questions. If you do not have a copy, you can view it at www.medicare.gov or call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24/7. TTY users can call **1-877-486-2048**.

Understanding Medicare - ID cards

If you choose one of our prescription drug plans (PDP):



You'll need your PDP card at the pharmacy for prescriptions. You may need another card for your medical benefits, depending on what kind of medical coverage you have (for example, your Medicare Supplement Insurance plan card, or your Medicare card).

Avoid late-enrollment penalties

It's important to enroll in a Medicare plan when you're first eligible. If you don't, you may have to pay the following penalties:



Medicare Part A: You may have to buy Part A if you don't qualify for premium-free Part A. If you do not buy it when you're first eligible for Medicare, your monthly premium may go up 10%. You will have to pay the higher premium for twice the number of years you didn't sign up.

For example, if you delayed enrollment for one year, and your monthly Part A premium was \$100, then you would have to pay \$110 (10% increase) premium for two years (two times the one year you didn't have Medicare Part A).



Medicare Part B: Your monthly premium may increase 10% for each 12-month period that you could have had Part B but didn't sign up. You'll have to pay this penalty for as long as you have Part B.



Medicare Part D: If you don't sign up when you're first eligible, you may have to pay this penalty for as long as you are enrolled in Part D, and it may increase every year. You may not have to pay if you receive Extra Help or have proof of other creditable (as good as Medicare's) coverage.

Hay disponibles servicios de traducción; póngase en contacto con el plan o su agente.

Anthem Blue Cross Life and Health Insurance Company is a PDP plan with a Medicare contract. Enrollment in Anthem Blue Cross Life and Health Insurance Company depends on contract renewal.

Anthem Blue Cross Life and Health Insurance Company is an independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Anthem / Anthem or Blue KC in Missouri - S5596 2021 Medicare Star Ratings

Every year, Medicare evaluates plans based on a 5-star rating system. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focus on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2021, Anthem / Anthem or Blue KC in Missouri received the following Overall Star Rating from Medicare.



3.5 Stars

We received the following Summary Star Rating for Anthem / Anthem or Blue KC in Missouri's health/drug plan services:

Health Plan Services: Not Offered



Drug Plan Services: 3.5 Stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us at 1-866-892-5340 (toll-free) or 711 (TTY), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Current members please call 1-800-928-6201 (toll-free) or 711 (TTY).

Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

Anthem Blue Cross Life and Health Insurance Company is a PDP plan with a Medicare contract. Enrollment in Anthem Blue Cross Life and Health Insurance Company depends on contract renewal.

Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-866-892-5340** TTY: **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC). Visit <https://shop.anthem.com/medicare/ca> or call **1-866-892-5340** to view a copy of the EOC.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.