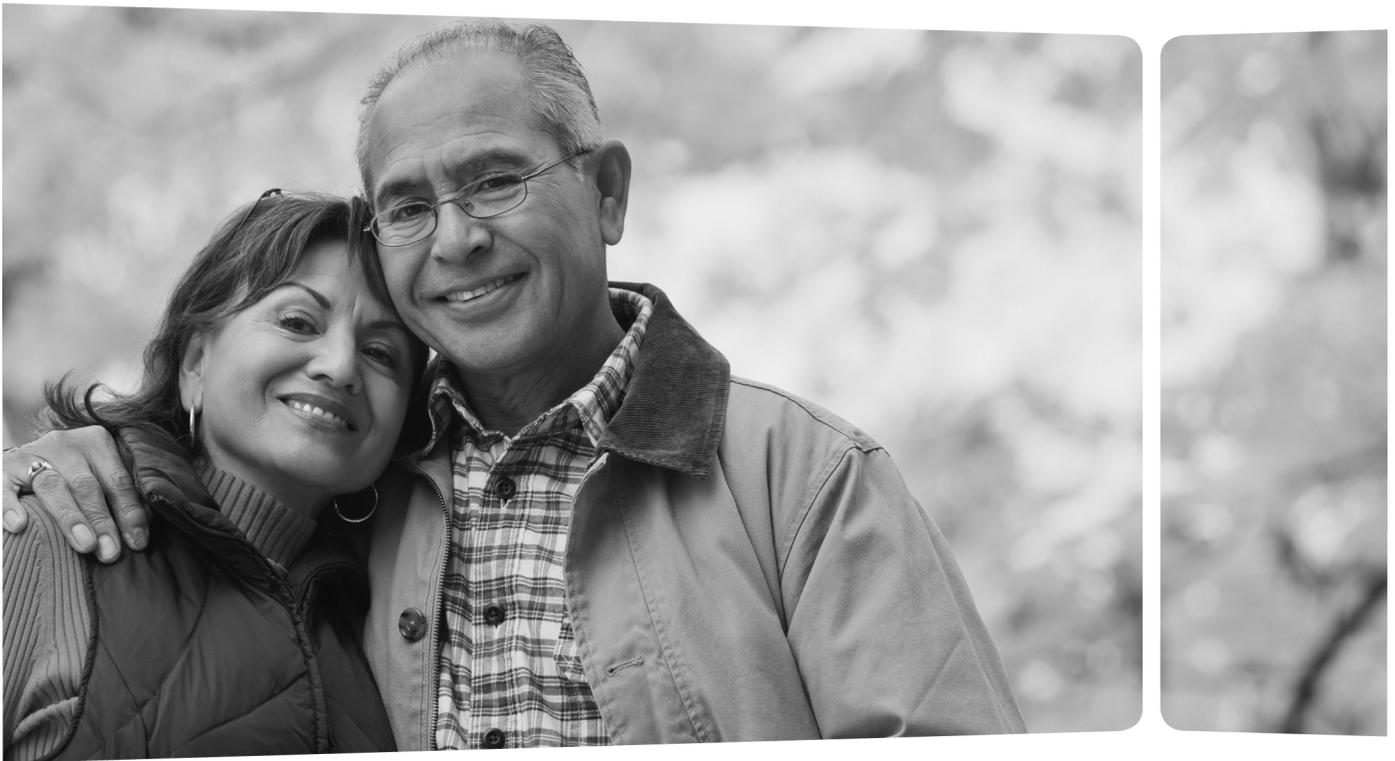




Anthem MediBlue Access (Regional PPO)
Offered by Anthem Blue Cross and Blue Shield

Annual Notice of Changes for 2017



Next year, there will be some changes to the plan's costs and benefits. This booklet tells about the changes.

1-800-467-1199, TTY 711

Multi-language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-467-1199 (TTY: 711).

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-467-1199 (TTY: 711).

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-467-1199 (TTY: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-467-1199 (رقم هاتف الصم والبكم: 711).

Burmese: သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-800-467-1199 (TTY: 711) သို့ ခေါ်ဆိုပါ။

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-467-1199 (TTY: 711)。

Dutch: AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-467-1199 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-467-1199 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-467-1199 (TTY: 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-467-1199 (TTY: 711) पर कॉल करें।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-467-1199 (TTY: 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-467-1199 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-467-1199（TTY:711）まで、お電話にてご連絡ください。

Kirundi: ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-467-1199 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-467-1199 (TTY: 711) 번으로 전화해 주십시오.

Lao: ໄປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-467-1199 (TTY: 711).

Nepali: ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-467-1199 (टिटिवाइ: 711) ।

Oromo: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-467-1199 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-467-1199 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-467-1199 (TTY: 711).

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-467-1199 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-467-1199 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-467-1199 (телетайп: 711).

Serbian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-467-1199 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-467-1199 (TTY: 711).

Ukrainian: УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-467-1199 (телетайп: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-467-1199 (TTY: 711).



Anthem MediBlue Access (Regional PPO) Offered by Anthem Blue Cross and Blue Shield Annual Notice of Changes for 2017

You are currently enrolled as a member of Anthem MediBlue Access (Regional PPO). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

**You have from October 15 until December 7 to make changes to
your Medicare coverage for next year.**

Additional resources:

- Customer Service has free language interpreter services available for non-English speakers (phone numbers are in Section 7.1 of this booklet).
- This document is available to order in Braille, large print and audio tape. To request this document in an alternate format, please call Customer Service at the phone number printed on the back of this booklet.
- Minimum essential coverage (MEC): Coverage under this Plan qualifies as minimum essential coverage (MEC) and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at: <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information on the individual requirement for MEC.

About Anthem MediBlue Access (Regional PPO):

- Anthem Blue Cross and Blue Shield is an RPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.
- When this booklet says "we," "us" or "our," it means Anthem Blue Cross and Blue Shield. When it says "plan" or "our plan," it means Anthem MediBlue Access (Regional PPO).

Think about your Medicare coverage for next year

Each fall, Medicare allows you to change your Medicare health and drug coverage during the Annual Enrollment Period. It's important to review your coverage now to make sure it will meet your needs next year.

<p>Important things to do:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check the changes to our benefits and costs to see if they affect you. Do the changes affect the services you use? It is important to review benefit and cost changes to make sure they will work for you next year. Look in Section 1.1 and Section 1.5 for information about benefit and cost changes for our plan. <input type="checkbox"/> Check the changes to our prescription drug coverage to see if they affect you. Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in Section 1.6 for information about changes to our drug coverage. <input type="checkbox"/> Check to see if your doctors and other providers will be in our network next year. Are your doctors in our network? What about the hospitals or other providers you use? Look in Section 1.3 for information about our <i>Provider/Pharmacy Directory</i>. <input type="checkbox"/> Think about your overall health care costs. How much will you spend out of pocket for the services and prescription drugs you use regularly? How much will you spend on your premium? How do the total costs compare to other Medicare coverage options? <input type="checkbox"/> Think about whether you are happy with our plan. 	
<p>If you decide to <i>stay</i> with Anthem MediBlue Access (Regional PPO):</p> <p>If you want to stay with us next year, it's easy - you don't need to do anything.</p>	<p>If you decide to <i>change</i> plans:</p> <p>If you decide other coverage will better meet your needs, you can switch plans between October 15 and December 7. If you enroll in a new plan, your new coverage will begin on January 1, 2017. Look in Section 3.2 to learn more about your choices.</p>

Summary of important costs for 2017

If you have any questions, please call 1-800-467-1199.

► Summary of important costs for 2017

The table below compares the 2016 costs and 2017 costs for Anthem MediBlue Access (Regional PPO) in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes*** and review the attached *Evidence of Coverage* to see if other benefit or cost changes affect you.

Cost	2016 (this year)	2017 (next year)
Monthly plan premium¹ Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$68.00	\$69.00
Deductible	\$1,000.00	\$1,000.00
Maximum out-of-pocket amounts This is the most you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: \$6,000 From network and out-of-network providers combined: \$10,000	From network providers: \$6,000 From network and out-of-network providers combined: \$10,000
Doctor office visits	Primary care visits: In network \$10.00 per visit Specialist visits: In network \$40.00 per visit	Primary care visits: In network \$10.00 per visit Specialist visits: In network \$40.00 per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	In network Days 1 - 5: \$250.00 per day / Days 6 - 90: \$0.00 per day	In network Days 1 - 5: \$250.00 per day, per admission / Days 6 - 90: \$0.00 per day, per admission

Summary of important costs for 2017

If you have any questions, please call 1-800-467-1199.

Cost	2016 (this year)	2017 (next year)
Part D prescription drug coverage (See Section 1.6 for details.)	Deductible: \$20.00 Copays during the initial coverage stage: <ul style="list-style-type: none"> ▪ Tier 1: Preferred Generic: \$4.00¹ (30-day supply at retail network pharmacies that offer preferred cost sharing) ▪ Tier 2: Generic: \$15.00¹ (30-day supply at retail network pharmacies that offer preferred cost sharing) ▪ Tier 3: Preferred Brand: \$42.00¹ (30-day supply at retail network pharmacies that offer preferred cost sharing) ▪ Tier 4: Nonpreferred Brand: \$95.00¹ (30-day supply at retail network pharmacies that offer preferred cost sharing) ▪ Tier 5: Specialty Tier: 32%¹ (30-day supply at retail network pharmacies that offer preferred cost sharing) ▪ Tier 6: Select Care Drugs: \$0.00¹ (30-day supply at retail network pharmacies that offer preferred cost sharing) 	Deductible: \$20.00 Copays during the initial coverage stage: <ul style="list-style-type: none"> ▪ Tier 1: Preferred Generic: \$4.00¹ (30-day supply at retail network pharmacies that offer preferred cost sharing) ▪ Tier 2: Generic: \$15.00¹ (30-day supply at retail network pharmacies that offer preferred cost sharing) ▪ Tier 3: Preferred Brand: \$42.00¹ (30-day supply at retail network pharmacies that offer preferred cost sharing) ▪ Tier 4: Nonpreferred Drug: \$95.00¹ (30-day supply at retail network pharmacies that offer preferred cost sharing) ▪ Tier 5: Specialty Tier: 32%¹ (30-day supply at retail network pharmacies that offer preferred cost sharing) ▪ Tier 6: Select Care Drugs: \$0.00¹ (30-day supply at retail network pharmacies that offer preferred cost sharing)

¹ The amount you pay will depend on if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program. For more information about the "Extra Help" program, please see Chapter 2, Section 7 of your *Evidence of Coverage*.

Annual Notice of Changes for 2017

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Section 1. Changes to benefits and costs for next year

Section 1.1 Changes to the monthly premium

Cost	2016 (this year)	2017 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$68.00	\$69.00
Optional supplemental benefits monthly plan premium	Preventive Dental Package - \$18.00 Dental and Vision Package - \$26.00 Enhanced Dental and Vision Package - \$34.00	Preventive Dental Package - \$19.00 Dental and Vision Package - \$26.00 Enhanced Dental and Vision Package - \$34.00

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late-enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount, each month, directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving “Extra Help” with your prescription drug costs.

Section 1.2 Changes to your maximum out-of-pocket amounts

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2016 (this year)	2017 (next year)
In network maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count	\$6,000	\$6,000 Once you have paid \$6,000 out of pocket for covered Part A and Part B services from in-network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Cost	2016 (this year)	2017 (next year)
toward your maximum out-of-pocket amount.		
<p>Combined maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.</p> <p>Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	\$10,000	<p>\$10,000</p> <p>Once you have paid \$10,000 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</p>

Section 1.3 Changes to the provider network

There are changes to our network of providers for next year.

An updated *Provider/Pharmacy Directory* is located on our website at www.anthem.com. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider/Pharmacy Directory*. **Please review the 2017 *Provider/Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but, if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists.
- When possible, we will provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment, you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider, or that your care is not being appropriately managed, you have the right to file an appeal of our decision.

- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

Section 1.4 Changes to the pharmacy network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other pharmacies within the network.

There are changes to our network of pharmacies for next year. An updated *Provider/Pharmacy Directory* is located on our website at www.anthem.com. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider/Pharmacy Directory*. **Please review the 2017 *Provider/Pharmacy Directory* to see which pharmacies are in our network.**

Section 1.5 Changes to benefits and costs for medical services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2017 Evidence of Coverage*.

Cost	2016 (this year)	2017 (next year)
Hearing services	<p>In-Network: \$0 copay for one routine hearing exam every year.</p> <p>Out-of-Network: 20% coinsurance for one routine hearing exam every year.</p> <p>In- and Out-of-Network: Hearing aids were not covered in 2016.</p>	<p>In-Network: \$0 copay for one routine hearing exam every year and one hearing aid fitting/evaluation every year.</p> <p>Out-of-Network: 20% coinsurance for one routine hearing exam and one fitting/evaluation every year.</p> <p>In- and Out-of-Network: \$0 copay for covered hearing aids every year. You are covered up to \$3,000 for hearing aids and supplies every year. After plan paid benefits, you are responsible for the remaining cost.</p>
Inpatient hospital care	<p>In-Network: Plan covers 90 days each benefit period.</p>	<p>In-Network: Plan covers an unlimited number of inpatient hospital days.</p>

	<p>This plan pays for 60 extra days (combined In-Network and Out-of-Network) over your lifetime. You have no copay for these extra days.</p> <p>Out-of-Network:</p> <p>Plan covers 90 days each benefit period.</p> <p>This plan pays for 60 extra days (combined In-Network and Out-of-Network) over your lifetime. You have no copay for these extra days.</p>	<p>Out-of-Network:</p> <p>Plan covers an unlimited number of inpatient hospital days.</p>
<p>Inpatient mental health care</p>	<p>In-Network:</p> <p>Plan covers 90 days each benefit period in a psychiatric unit in an acute care general hospital.</p> <p>This plan pays for 60 extra days over your lifetime in a psychiatric unit in an acute care general hospital. You have no copay for these extra days.</p> <p>Out-of-Network:</p> <p>Plan covers 90 days each benefit period in a psychiatric unit in an acute care general hospital.</p> <p>This plan pays for 60 extra days over your lifetime in a psychiatric unit in an acute care general hospital. You have no copay for these extra days.</p>	<p>In-Network:</p> <p>The Plan covers an unlimited number of days in the psychiatric unit of an acute care general hospital, however, there is a 190-day lifetime limit for inpatient services in a Psychiatric hospital.</p> <p>Out-of-Network:</p> <p>The Plan covers an unlimited number of days in the psychiatric unit of an acute care general hospital, however, there is a 190-day lifetime limit for inpatient services in a Psychiatric hospital.</p>
<p>Outpatient diagnostic tests and therapeutic services and supplies</p>	<p>In-Network:</p> <p>20% as your portion of the covered lab service.</p> <p>20% for Hemoglobin A1c tests or urine tests to check Albumin levels.</p>	<p>In-Network:</p> <p>\$10 copay for each covered lab service.</p> <p>\$0 copayment for Hemoglobin A1c tests or urine tests to check Albumin levels.</p>

Podiatry services	This plan does not cover visits for routine podiatry (foot care). It will only cover foot care that is medically necessary.	Your plan covers up to 6 non-Medicare covered routine foot care visits per year. In-Network: \$0 copay for each non-Medicare covered routine foot care visits Out-of-Network: \$60 copay for each non-Medicare covered routine foot care visit.
Pulmonary rehabilitation services	In-Network: \$35 copay for each covered pulmonary rehab visit.	In-Network: \$30 copay for each covered pulmonary rehabilitation visit.
Vision care	In-Network: \$40 copay for a dilated retinal examination with a visual to check for things like Diabetic retinopathy for people with diabetes, macular degeneration, glaucoma and others. Your provider must include code 2022F to report the use of dilation during the exam. \$40 copay for remote imaging for detection of retinal disease (e.g., retinopathy in a patient with diabetes). Your provider will bill with code 92227 or 92228.	In-Network: \$0 copay for a dilated retinal examination with a visual to check for things like Diabetic retinopathy for people with diabetes, macular degeneration, glaucoma and others. Your provider must include code 2022F to report the use of dilation during the exam. \$0 copay for remote imaging for detection of retinal disease (e.g., retinopathy in a patient with diabetes). Your provider will bill with code 92227 or 92228.

Section 1.6 Changes to Part D prescription drug coverage

Changes to our *Drug List*

Our list of covered drugs is called a *Formulary* or “*Drug List*.” A copy of our *Drug List* is in this envelope.

We made changes to our *Drug List*, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the *Drug List* to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug. We encourage current members** to ask for an exception before next year.

- To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage*, (What to do if you have a problem or complaint (coverage decisions, appeals, complaints)) or call Customer Service.
- **Work with your doctor (or other prescriber) to find a different drug that we cover.** You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a **one-time**, temporary supply of a nonformulary drug in the first 90 days of coverage of the plan year or coverage. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Formulary exceptions are granted for a 12-month period. If you are granted a formulary exception, you and your doctor will receive a letter with the termination date of the exception. If you wish to continue the exception, a new request is required. We encourage current members to ask for an exception before next year.

Changes to prescription drug costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “*Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*” (also called the “*Low-Income Subsidy Rider*” or the “*LIS Rider*”), which tells you about your drug costs. If you get “Extra Help” and haven’t received this insert by September 30, 2016, please call Customer Service and ask for the “*LIS Rider*.” Phone numbers for Customer Service are in Section 7.1 of this booklet.

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the yearly deductible stage and the initial coverage stage. (Most members do not reach the other two stages – the coverage gap stage or the catastrophic coverage stage. To get information about your costs in these stages, look at Chapter 6, Section 6 and Section 7, in the attached *Evidence of Coverage*.)

Changes to the deductible stage

Stage	2016 (this year)	2017 (next year)
Stage 1: Yearly deductible stage	The deductible is \$20.00. During this stage, you pay the copays listed under Stage 2: Initial coverage stage of your Tier 1: Preferred Generic, Tier 2: Generic and Tier 6: Select Care Drugs and the full cost of your Tier 3: Preferred Brand, Tier 4: Nonpreferred Brand and Tier 5: Specialty Tier until you have reached the yearly deductible.	The deductible is \$20.00. During this stage, you pay the copays listed under Stage 2: Initial coverage stage of your Tier 1: Preferred Generic, Tier 2: Generic and Tier 6: Select Care Drugs and the full cost of your Tier 3: Preferred Brand, Tier 4: Nonpreferred Drug and Tier 5: Specialty Tier until you have reached the yearly deductible.

Changes to your cost sharing in the initial coverage stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2016 (this year)	2017 (next year)
<p>Stage 2: Initial coverage stage Once you pay the yearly deductible, you move to the Initial Coverage Stage.</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our <i>Drug List</i>. To see if your drugs will be in a different tier, look them up on the <i>Drug List</i>.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1: Preferred Generic <i>Standard cost sharing:</i> You pay \$9.00* per prescription. <i>Preferred cost sharing:</i> You pay \$4.00* per prescription.</p> <p>Tier 2: Generic <i>Standard cost sharing:</i> You pay \$20.00* per prescription. <i>Preferred cost sharing:</i> You pay \$15.00* per prescription.</p> <p>Tier 3: Preferred Brand <i>Standard cost sharing:</i> You pay \$47.00* per prescription. <i>Preferred cost sharing:</i> You pay \$42.00* per prescription.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1: Preferred Generic <i>Standard cost sharing:</i> You pay \$9.00* per prescription. <i>Preferred cost sharing:</i> You pay \$4.00* per prescription.</p> <p>Tier 2: Generic <i>Standard cost sharing:</i> You pay \$20.00* per prescription. <i>Preferred cost sharing:</i> You pay \$15.00* per prescription.</p> <p>Tier 3: Preferred Brand <i>Standard cost sharing:</i> You pay \$47.00* per prescription. <i>Preferred cost sharing:</i> You pay \$42.00* per prescription.</p>

Stage	2016 (this year)	2017 (next year)
	<p>Tier 4: Nonpreferred Brand <i>Standard cost sharing:</i> You pay \$100.00* per prescription. <i>Preferred cost sharing:</i> You pay \$95.00* per prescription.</p> <p>Tier 5: Specialty Tier <i>Standard cost sharing:</i> You pay 32%* of the total cost. <i>Preferred cost sharing:</i> You pay 32%* of the total cost.</p> <p>Tier 6: Select Care Drugs <i>Standard cost sharing:</i> You pay \$0.00* of the total cost. <i>Preferred cost sharing:</i> You pay \$0.00* of the total cost.</p> <p>Once your total drug costs have reached \$3,310.00, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Tier 4: Nonpreferred Drug <i>Standard cost sharing:</i> You pay \$100.00* per prescription. <i>Preferred cost sharing:</i> You pay \$95.00* per prescription.</p> <p>Tier 5: Specialty Tier <i>Standard cost sharing:</i> You pay 32%* of the total cost. <i>Preferred cost sharing:</i> You pay 32%* of the total cost.</p> <p>Tier 6: Select Care Drugs <i>Standard cost sharing:</i> You pay \$0.00* of the total cost. <i>Preferred cost sharing:</i> You pay \$0.00* of the total cost.</p> <p>Once your total drug costs have reached \$3,700, you will move to the next stage (the Coverage Gap Stage).</p>

*The amount you pay will depend on if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program. For more information about the "Extra Help" program, please see Chapter 2, Section 7 of the *Evidence of Coverage*.

Changes to the coverage gap and catastrophic coverage stages

The other two drug coverage stages – the coverage gap stage and the catastrophic coverage stage – are for people with high drug costs. **Most members do not reach the coverage gap stage or the catastrophic coverage stage.** For gap coverage stage, for drugs on Tier 6, your cost-sharing is changing from a coinsurance to a copayment. For information about your costs in these stages, look at Chapter 6, Section 6 and Section 7, in your *Evidence of Coverage*.

Section 2. Other changes

Process	2016 (this year)	2017 (next year)
Pharmacy network	<p>Our pharmacies with preferred cost sharing include Bartell Drug, CVS Pharmacy, Food Lion, Giant Eagle Pharmacy, Hannaford, Harris Teeter Pharmacy, Kroger, Roundy's, Shopko and Walmart. Our pharmacy network also includes some independent pharmacies that offer preferred cost sharing.</p> <p>CVS Pharmacy participating pharmacies that offer preferred cost sharing include CVS Pharmacy at Target, Longs Drug Stores and Navarro Discount Pharmacies.</p> <p>Kroger participating pharmacies that offer preferred cost sharing include Kroger, Fred Meyer, King Soopers, City Market, Fry's Food Stores, Smith's Food & Drug Centers, Dillon Companies, Ralphs, Quality Food Centers, Baker, Owen, Payless, Gerbes, Jay-C, Mariano's, Metro Market, Copps and Pick n' Save.</p> <p>Walmart participating pharmacies that offer preferred cost sharing include Walmart, Neighborhood Market and Sam's Club.</p> <p>You can fill a prescription at a network retail pharmacy with standard cost sharing, but your cost sharing amount may be higher.</p>	<p>For 2017 we added preferred pharmacies to our network. We have added McKesson (a pharmacy service administration organization (PSAO) that has thousands of independent pharmacies), H-E-B Pharmacy and DaVita Rx in the network.</p> <p>While some independent pharmacies have been added, some have left the preferred cost sharing network. Please use the online Find a Pharmacy tool or call Customer Service (phone numbers are printed on the back cover of this booklet) to see if your pharmacy offers preferred or standard cost-sharing.</p> <p>You can fill a prescription at a network retail pharmacy with standard cost sharing, but your cost sharing amount may be higher.</p>
Coverage gap	Your plan has the CMS mandated gap coverage benefits.	Your plan has additional gap coverage for Tier 6 drugs that will allow you to continue to pay a \$0 copay for those drugs through the gap stage.

Process	2016 (this year)	2017 (next year)
Tier 4 name change	In 2016, this tier was called Nonpreferred Brand drugs. Tier 4 covers nonpreferred drugs that are typically higher in cost.	In 2017 this tier name will change to Nonpreferred Drugs. The type of drugs covered on Tier 4 remain the same: nonpreferred brand and generic drugs that are typically higher in cost.
Tier 6 select care drugs	Tier 6 includes drugs for diabetic, blood pressure and cholesterol conditions.	We have expanded Tier 6 to include more drugs. It will also include drugs for osteoporosis.
<p>Optional supplemental package 2 – Dental and vision package As a Supplemental Benefit, these services are not routinely covered under Original Medicare. They are offered for an additional premium through this Optional supplemental package 2 – Dental and vision package.</p>	<p>In- and Out-of-Network: You receive a \$150 maximum reimbursement allowance to be used toward the purchase of eyewear (glasses and/or contacts). The allowance applies to corrective (prescription) glasses, lenses, frames and/or contact lenses purchased from a participating provider.</p>	<p>In-Network: You can select the option of:</p> <ul style="list-style-type: none"> ▪ Paying a \$10 copay for 1 pair of standard plastic (single, bifocal or trifocal) lenses and receiving a retail allowance of \$100 for 1 eyeglass frame every calendar year. <p>OR</p> <ul style="list-style-type: none"> ▪ Alternatively, if you want contact lenses instead of eyeglass lenses and frames, the plan will cover up to \$150 for contact lenses every calendar year. <p>Out-of-Network: When you choose not to use a Blue View Vision Insight network provider, you will be reimbursed for:</p> <ul style="list-style-type: none"> ▪ 1 pair of lenses per calendar year up to: <ul style="list-style-type: none"> ▪ \$32 for single vision lenses or, ▪ \$48 for bifocal lenses or, ▪ \$85 for trifocal lenses <p>AND</p> <ul style="list-style-type: none"> ▪ up to \$100 for 1 eyeglass frame per calendar year <p>OR</p>

Process	2016 (this year)	2017 (next year)
		<p>Alternatively, if you want Contact Lenses instead of eyeglass lenses and frames:</p> <p>You can be reimbursed up to \$150 for contact lenses (in lieu of eyeglass lenses) per calendar year.</p> <p>Exclusions & Limitations for this benefit package:</p> <p>Safety eyewear, non-prescription sunglasses, glass lenses, non-prescription lenses or contacts, or lens treatments are not covered.</p>
<p>Optional supplemental package 3 – Enhanced dental and vision package As a Supplemental Benefit, these services are not routinely covered under Original Medicare. They are offered for an additional premium through this Optional supplemental package 3 – Enhanced dental and vision package.</p>	<p>In- and Out-of-Network: You receive a \$200 maximum reimbursement allowance to be used toward the purchase of eyewear (glasses and/or contacts). The allowance applies to corrective (prescription) glasses, lenses, frames and/or contact lenses purchased from a participating provider.</p>	<p>In-Network: You can select the option of:</p> <ul style="list-style-type: none"> ▪ Paying a \$10 copay for 1 pair of standard plastic (single, bifocal or trifocal) lenses and receiving a retail allowance of \$150 for 1 eyeglass frame every calendar year. <p>OR</p> <ul style="list-style-type: none"> ▪ Alternatively, if you want contact lenses instead of eyeglass lenses and frames, the plan will cover up to \$200 for contact lenses every calendar year. <p>Out-of-Network: When you choose not to use a Blue View Vision Insight network provider, you will be reimbursed for:</p> <ul style="list-style-type: none"> ▪ 1 pair of lenses per calendar year up to: ▪ \$32 for single vision lenses or, ▪ \$48 for bifocal lenses or, ▪ \$85 for trifocal lenses

Process	2016 (this year)	2017 (next year)
		<p>AND</p> <ul style="list-style-type: none"> ▪ up to \$150 for 1 eyeglass frame per calendar year <p>OR</p> <p>Alternatively, if you want Contact Lenses instead of eyeglass lenses and frames:</p> <ul style="list-style-type: none"> ▪ You can be reimbursed up to \$200 for contact lenses (in lieu of eyeglass lenses) per calendar year. <p>Exclusions & Limitations for this benefit package:</p> <p>Safety eyewear, non-prescription sunglasses, glass lenses, non-prescription lenses or contacts, or lens treatments are not covered.</p>

Section 3. Deciding which plan to choose

Section 3.1 If you want to stay in Anthem MediBlue Access (Regional PPO)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2017.

Section 3.2 If you want to change plans

We hope to keep you as a member next year, but, if you want to change for 2017 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- --OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan and whether to buy a Medicare supplement (Medigap) policy.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2017*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <http://www.medicare.gov> and click “Find health & drug plans.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Anthem MediBlue Access (Regional PPO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Anthem MediBlue Access (Regional PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
 - *Or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

Section 4. Deadline for changing plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2017.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area, are allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2017, and don't like your plan choice, you can switch to Original Medicare between January 1 and February 14, 2017. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

Section 5. Programs that offer free counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state.

SHIPs are independent (not connected with any insurance company or health plan). SHIPs are state programs that get money from the Federal government to give **free** local health insurance counseling to people with Medicare.

SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans.

You can call the SHIP in your state at the phone number listed below. You can learn more about the SHIP in your state by visiting their website <http://www.insurance.ohio.gov/Consumer/Pages/ConsumerTab2.aspx>.

In Ohio:

Ohio Senior Health Insurance Information Program (OSHIIP) - contact information

Call: 1-800-686-1578

TTY: 1-614-644-3745

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Write: Ohio Senior Health Insurance Information Program (OSHIIP)
50 West Town Street
3rd Floor - Suite 300
Columbus, OH 43215

Section 6. Programs that help pay for prescription drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not have a coverage gap or late-enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications);
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Many states have a program called State Pharmaceutical Assistance Programs (SPAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 5 of this booklet).
 - **In Ohio:**
A full-service SPAP is not available in this state.
- **Prescription cost-sharing assistance for persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in your

state. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the ADAP in your state.

— **In Ohio:**

Ohio HIV Drug Assistance Program

1-800-777-4775

TTY users should call 711.

Section 7. Questions?

Section 7.1 Getting help from Anthem MediBlue Access (Regional PPO)

Questions? We're here to help. Please call Customer Service at 1-800-467-1199. (TTY only, call 711.) We are available for phone calls from 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30. Calls to these numbers are free.

Read your 2017 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2017. For details, look in the 2017 *Evidence of Coverage* for Anthem MediBlue Access (Regional PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is included in this envelope.

Visit our website

You can also visit our website at www.anthem.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider/Pharmacy Directory*) and our list of covered drugs (*Formulary/Drug List*).

Section 7.2 Getting help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

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.

Visit the Medicare website

You can visit the Medicare website (<http://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on "Find health & drug plans.")

Read *Medicare & You 2017*

You can read *Medicare & You 2017* Handbook. Every year, in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Anthem Blue Cross and Blue Shield is an RPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal. Anthem Insurance Companies, Inc. (AICI) is the legal entity that has contracted with the Centers for Medicare & Medicaid Services (CMS) to offer the Medicare Advantage Regional PPO plan(s) (MAPD-RPPO) noted above or herein. AICI is the risk-bearing entity licensed under applicable state law to offer the MAPD-RPPO plan(s) noted. AICI has retained the services of its related companies and the authorized agents/brokers/producers to provide administrative services and/or to make the MAPD-RPPO plan(s) available in this region. Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.