About Medicare

Signed into law in 1965, Original Medicare is the national health insurance program that the federal government extends to people:

- Who are 65 or older.
- Who are under 65 with disabilities.
- Of any age with end-stage renal disease (ESRD) or permanent kidney failure treated with dialysis or a kidney transplant.

Things to keep in mind

- Our Medicare Advantage HMO plans (Part C plans) take the place of Medicare Part A and Part B and may offer more benefits than Original Medicare.
- Medicare pays Medicare Advantage Plans monthly to provide you with hospital and medical coverage.
- Original Medicare will pay for hospice care and some costs for clinical trials.
- To enroll in Medicare Advantage, you must be enrolled in both Parts A and B. You, Medicaid or another third party must continue to pay your Part B premium.

Your advantage

If you choose one of our Medicare Advantage Plans with Part D coverage, one ID card is all you need for your hospital, medical and pharmacy benefits.

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Original Medicare covers Part A (hospital) and Part B (medical) benefits only.

Original Medicare

PART A takes care of services such as inpatient care in a hospital, skilled nursing facility or hospice and home health care if you meet certain conditions. Part A has deductibles, copays and coinsurance. Part A is funded by the taxes that you or your spouse paid when you were working.

PART B helps pay doctors' services, lab services, clinical trials, home health care, outpatient hospital care, durable medical equipment and some services not covered by Part A. Part B has deductibles, copays and coinsurance. Most of us pay the standard monthly Part B premium. If you receive a monthly benefit payment from the Social Security Administration, the Railroad Retirement Board, or the Civil Service, you must have your Part B premiums deducted from your monthly benefit payment. If you do not receive benefit payments, Medicare will bill you directly for your premiums. You may choose to pay by check or money order, credit card, or have it automatically deducted from your bank account. Payments cannot be made over the phone.

Part C, or Medicare Advantage, is what we offer as an alternative to Original Medicare and covers Parts A and B and other services. Most of our Medicare Advantage HMO plans include Part D, prescription drug coverage.

PART C takes the place of Medicare Part A and Part B, and may include more benefits than Original Medicare A and B. These are called Medicare Advantage Plans and are only available from private insurers contracted with Medicare. Part C may have deductibles, copays and coinsurance.

PART D is only offered through private insurers contracted with Medicare. Original Medicare does not offer prescription drug coverage (Part D). Our MAPD plans that include Part D have copays or coinsurance.

To learn more about Parts A, B, C and D, see the *Medicare & You 2011* handbook at **www.medicare.gov**.

What you get with an Anthem Blue Cross HMO

We designed our Medicare Advantage HMO Plans to help you find the right plan at the right price for your own specific needs. They offer you protection from unexpected medical expenses, with premiums as low as $0.

We also include many benefits not offered by Medicare Parts A and B. These include services designed to support a healthy lifestyle, and more ways to cover your medical and health-related expenses.

With just the one ID card you receive from us, you get your Medicare-covered hospital and medical benefits, and more:

- Monthly premiums as low as $0
- Many benefits with set copayments
- Preventive care with $0 copays when you use in-network providers[1]
- Part D prescription drug coverage – for most plans
- Vision and hearing exams – for select plans
- Emergency and urgent care inside and outside the U.S.
- Programs to help manage your care[2]
- Gym membership at no cost to you[2]
- Online resources and discounts[2]
- Coverage for some costs for clinical trials

Your advantage

With a Medicare Advantage HMO Plan, you have low or $0 monthly premiums as well as out-of-pocket limits to protect you from high, unexpected medical costs.

You must continue to pay your Part B premium. For more information on benefits available to you, be sure to check the **Summary of Benefits** section located in this booklet.

[1] Preventive care includes items such as annual physical exams, mammograms, Pap smears and pelvic exams, prostate screenings, immunizations, colorectal screenings and bone mass measurements. This is not all-inclusive; please refer to the **Summary of Benefits** section located in this booklet.

[2] See these sections later in this booklet for more details.

Free to choose your providers

A large network to choose from

Do you have a primary care provider (PCP) or doctor you like? Great! Is he or she in a Medicare Advantage HMO provider network? That's even better. Do check to see if your doctor is part of your plan's network. With an Anthem Blue Cross HMO, you will have to receive care from an in-network PCP, or other in-network specialist with your PCP's referral, in order to receive benefits.[1] If you wish to choose your PCP, you have access to more than 10,374 PCPs statewide, to help you find the right one in your service area.[2]

Your PCP is your main health care provider

Keeping the same PCP works best for your care because he or she gets to know you and your health needs when you go in for routine visits and checkups. Your PCP also maintains a record of your medical history. When you need specialty care, you can count on your PCP to refer you to the right specialists. But if you need to change your PCP at any time for any reason, just call us.

[1] However, if you need emergency or urgent care services, go to the nearest health care professional that can help you. Emergency and urgent care services are covered at the in-network rates no matter whether they were received from in-network or out-of network providers.

[2] You must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis or other services. If you obtain routine care from out-of-network providers, neither Medicare nor Anthem Blue Cross will be responsible for the costs.

Your drug coverage options

That's of course, if you pick an HMO plan with prescription drug coverage. Original Medicare does not cover most prescription drugs. We do with most of our HMO plans. We think hospital, medical care and prescription coverage should go hand in hand. As part of your Part D plan, we will cover generic drugs that are included on tier 1 of your covered drug list (formulary) through the coverage gap. During this phase, all you will pay for is the tier 1 Initial Coverage Limit copay for the generic drugs included on your tier 1 covered list.

And, you have one customer service phone number to call with any medical or prescription drug questions you may have.

Eligible beneficiaries must use network pharmacies to access their prescription drug benefit except under non-routine circumstances, and quantity limitations and restrictions may apply.

Convenient ordering options

When you need your medicine right away for a limited period, you can use retail plan pharmacies or drugstores to fill your order for up to a 90-day supply – only some pharmacies are contracted to provide 90-day retail supply.

If you need to take your drugs on an ongoing basis, you can also feel free to use our network mail-order pharmacy. You can order your first prescription and refills with ease and convenience through the mail or by phone.

If you do not have access to one of our network pharmacies, you can fill your prescription drugs under the following circumstances:

- You are traveling within the United States and its territories and become ill, or lose or run out of your prescription drugs.
- The prescription is for a medical emergency or urgent care.
- You are unable to obtain a covered drug in a timely manner within our service area because a network pharmacy that provides 24-hour service is not available within a 25-mile driving distance.
- You are filling a prescription for a covered drug that is not regularly stocked at an accessible network retail or pharmacy. (For example, an orphan drug or other specialty pharmaceutical.)

In these situations, please call Customer Service to see if there is a network pharmacy nearby.

New: 2011 Part D discount

If you have Medicare Part D, prescription drug coverage, and you reach the Medicare coverage gap, you will get a 50% discount on your brand-name prescribed drugs at the time you buy them. The discount does not apply if you are getting Medicare Extra Help. The coverage gap is the period when you have to pay all out-of-pocket costs (up to a limit) for your covered prescribed drugs. This happens when you and your Medicare plan have reached the Initial Coverage Limit set by Medicare. Extra Help is the financial aid that Medicare offers to low- and limited-income Medicare beneficiaries to pay for covered prescribed drugs.

When you need Extra Help

You may be able to get Medicare's Extra Help to pay for prescription drug premiums and copays. Through this limited-income program, Medicare could pay up to 100% of your prescribed drug costs. You will not be subject to the coverage gap or a late enrollment penalty, if you miss the seven-month eligibility period (three months before you turn 65, the month when you turn 65, and three months after you turn 65).

If you qualify for Medicare's Extra Help and are enrolled in a Part D plan, you will get:

- Help paying for your drug plan's monthly premium, yearly deductible, coinsurance and copays for prescription drugs that are on your plan's list of covered drugs.
- No coverage gap.
- No late enrollment penalty, if you miss the seven-month eligibility period (three months before you turn 65, the month when you turn 65, and three months after you turn 65).

You will qualify for Extra Help if you have one of these:

- Both Medicare and Medicaid
- Help from Medicaid paying your Medicare Part B
- Both Medicare and Supplemental Security Income (SSI)

Call any of these numbers to find out if you qualify for or need more information about the Extra Help program:

- 1-800-MEDICARE (**1-800-633-4227**) any time, day or night. TTY or TDD users may call **1-877-486-2048**.
- The Social Security Office at **1-800-772-1213** between 7 a.m. and 7 p.m. Monday through Friday. TTY or TDD users should call **1-800-325-0778**.
- Your State Medical Assistance (Medicaid) Office.

Programs to help manage your care

Along with medical and prescription coverage through your HMO plan, you get extra services from us. We help you lower your medical bills and give you access to resources to help you improve your quality of life.

ConditionCare: Knowing the most about a condition can help you lead a more active life

With **ConditionCare**, you can take part in our preventive care services. Or, if you have or develop complex health issues, you can turn to Anthem Blue Cross resources for support.

Through our ConditionCare program, you and your doctor can work with a team of nurses to help you follow your plan of care and reach your wellness goals. Trained nurses can help you learn to keep symptoms of your chronic condition under control. Nurse care managers offer integrated care management services, including lifestyle coaching, to help you deal with the challenges of having a single or multiple health conditions.

MyHealth Advantage: Staying a step ahead can lead to better outcomes

The sooner you know of any health risks you may have, the sooner you can address them. Through **MyHealth Advantage**, we are able to review your health status on a regular basis. If we detect risk issues from the drugs you're taking, we alert you and your doctor. We keep track of your routine tests and checkups and send you a reminder to keep you up-to-date. If you have questions about the information you get, you can call our health coaches toll-free. We also offer tips that may help save you money on prescription drugs and other health care supplies.

24/7 NurseLine: RNs can help you by phone 24 hours day

What if you get sick or injured when your doctor's office is closed? Anytime day or night, you can call the 24/7 NurseLine toll-free. Registered nurses (RNs) will help assess your symptoms and talk with you about your options for care. You can program the 24/7 NurseLine number into all your phones. That way, you're just one touch away from the help you need. You also have access to hundreds of taped health topics in English and Spanish. Just call the nurse line and follow the prompts to get to the 24/7 NurseLine audio library.

Gym membership and online resources and discounts

Staying active and staying fit leads to a healthier you. That's why we made gym membership to **SilverSneakers®** one of your benefits. Just take your Blue Cross Senior Secure (HMO) ID card to a participating gym and sign up at no extra cost. To find a participating location, visit **www.silversneakers.com**. You can get fit and stay healthy with the SilverSneakers Fitness Program. At the gym, you can:

- Consult with one of the trainers to get you started with your own program.
- Use the exercise equipment.
- Take part in conditioning and strengthening classes.
- Attend health education seminars.
- Get online support to help you manage your weight, quit smoking or reduce stress.

Going to the gym means getting fit, having fun with others and making new friends.

Did you know?

A Centers for Disease Control and Prevention study, published in January 2008, proved the merits of the SilverSneakers® program as a Medicare benefit. The study found gym membership lowered inpatient admissions and total health care costs among older adults over a two-year period.[1]

[1] Centers for Disease Control and Prevention, *Managed-Medicare Health Club Benefit and Reduced Health Care Costs Among Older Adults*, Vol. 5, No. 1, January 2008 (Accessed June 2010) **http://www.cdc.gov/pcd/issues/2008/jan/07_0148.htm**

MyHealth@Anthem helps you take control of your health

You're getting ready for bed. It dawns on you that you need to know something before you see your doctor the next day. No problem. You go to the Anthem Blue Cross website and log on to **www.anthem.com/ca/medicare**. You can access the site 24 hours a day to find health tips and tools that can help you take control of your health. The site also has health management programs and health news to help you make more informed health care decisions. All you'll need to do is sign up online once you're a member.

[1] Vendors and offers are subject to change without prior notice. Anthem Blue Cross does not endorse and is not responsible for the products, services or information provided by the SpecialOffers vendors. Arrangements and discounts were negotiated between each vendor and Anthem Blue Cross for the benefit of our members.

Things to know before you enroll

Emergency care anywhere

If you think your health is in serious danger, call 911 or go to the nearest emergency room (ER) right away. We will cover care for a true emergency inside and outside the United States. We encourage our members not to use the emergency room for routine care. It's best for you to go to your regular doctor for routine care because your doctor knows you and your medical history, and keeps your medical records.

Your right to appeal

When you're not happy with your health care service, we're not happy. We hope that never happens. But if ever you have a concern or cannot agree with a claim decision or a denial, feel free to pursue your options. We will do our best to give you all the information you need. We will listen to your concerns. That's why we have appeals and grievance procedures. We review a grievance, such as a quality of care complaint, within 30 days after we receive the complaint.

We address appeals issues, such as payment for services, within 60 days after we receive the appeal. If the appeal is for a denied service, we must decide no later than 30 days after we receive the appeal. If your health is at risk, we must respond to the appeal within 72 hours. Under some circumstances, you have the right to file an expedited grievance (rush grievance). In such a case, we must respond within 24 hours after we receive the grievance. And we're happy to do so.

Count on the experience of a name you can trust

Here's a little more information that can help put your mind at ease. Consider that the services you'll get come from a company that you may already know - one that generations have relied on with confidence - Anthem Blue Cross. You, your family and friends may have received our services in the past. After all, we started offering health care coverage more than 70 years ago.[1] Today, together with our affiliates, we serve more than 33 million members across the United States.[1] If that many trust us with their care, we must be doing something right!

[1] Learn more about us at **www.anthem.com/ca**.

Make sure you're eligible

If you have Medicare Part A (hospital) and Part B (medical), and you sign up during an enrollment period, you'll be able to join a Medicare Advantage Plan. To qualify, you must live in our service area. Per Medicare rules, you can't join a Medicare Advantage Plan if you have end-stage renal disease.

When you can join

Medicare limits when and how often you can change the way you get benefits through a Medicare Advantage Plan. Please check the *Medicare & You 2011* handbook on the Medicare website (**www.Medicare.gov**) for enrollment information on when you can join, switch or drop a Medicare Advantage Plan. Here is a brief timeline:

Initial enrollment period	7 months surrounding your Medicare eligibility: This is the 3 months before you turn 65, the month when you turn 65, and the 3 months after you turn 65.
Annual election period	November 15 to December 31. The period you can enroll in or change your Medicare Advantage Plan. You may also switch to Original Medicare. New coverage will begin January 1, 2011.
Annual disenrollment period	January 1 to February 14. You may disenroll from your Medicare Advantage Plan. During this time, you will be enrolled in Original Medicare and will have the option of choosing a stand-alone prescription drug plan.
Special enrollment period	Based on each person's situation
Anytime	Only if you qualify for Extra Help or if you have both Medicaid and Medicare

The enrollment process

When you are ready and have made up your mind, you don't need to get a physical exam to enroll. We will not reject your application because of a pre-existing medical condition, except end-stage renal disease.

You will need information from your Medicare card to fill out your enrollment form. Your sales representative or agent can assist you and collect a copy for your enrollment. Or you can tear out a copy and submit the top copy of each page to the address listed on the first page of the enrollment application. You can also enroll online at **www.anthem.com/ca/medicare**.

After you submit your enrollment application:

1. We will send you a letter to confirm that we have your application. The letter will include your proposed effective date. You may use the letter as proof of membership until your member ID card arrives.
2. We will send your application to CMS for approval.
3. When approved by CMS, you will get a welcome letter that confirms your effective date with us. You will get your member ID card and other new member materials.

Paying your monthly premium

You need to continue to pay your Medicare Part B premium.

If your **plan** has a premium, you can pay your premium in several ways. **Choose your plan payment option on your enrollment application**:

Option 1: By check. If you choose to pay your premium directly to us, you will get a bill each month.

Option 2: By automatic withdrawal.

Option 3: Taken out of your monthly Social Security check.

We're here to help

Call your local agent or one of our health benefits advisors at **1-888-211-9813** (TTY/TDD line at **1-800-241-6894**), 8 a.m. – 8 p.m., 7 days a week. Or, visit us online at **www.anthem.com/ca/medicare**.

You can call Medicare for basic questions about how Medicare works at 1-800-MEDICARE (**1-800-633-4227**) or the TTY/TDD line **1-877-486-2048**, 24 hours a day, 7 days a week.

For more information on Anthem Blue Cross' plan ratings information, go to **www.medicare.gov**

Anthem Blue Cross renews its contract with Medicare (the federal government) each year on January 1. Premiums and benefits may change at that time, but not during the year unless the change is to your advantage. In addition, the plan may reduce its service area and no longer offer services in the area where the beneficiary resides. If we do not renew our contract, we'll tell you at least 90 days in advance. You may then switch to a standard Medigap plan (A, B, C or F) that won't deny coverage because of a pre-existing condition. It will normally go into effect the day after your Medicare Advantage membership ends.

A health plan with a Medicare contract.

The person who is discussing plan options with you is either employed by or contracted with Anthem Blue Cross. The person may be compensated based on your enrollment in a plan.

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan.

This plan is an HMO with a Medicare contract.

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

SilverSneakers® is a registered mark of Healthways, Inc. Healthways, Inc. is an independent company.