

Freedom, affordability, reliability. And that's just for starters.

SmartValue from Anthem Blue Cross and Blue Shield
When you choose the right Medicare Advantage
plan the advantages really add up.

Not all Medicare Advantage plans are the
same, so, you need to shop around.

As a smart shopper, you're proud of making good decisions and getting a good value. Well, choosing a health plan is one of the most important decisions you can make. So it only makes sense that you'd want a good value when choosing one. And we've made it easy for you.

SmartValue is a group of health plans that are called Private Fee-for-Service plans, meaning they are a type of Medicare Advantage plan that allows you to go to virtually any doctor ... just as long as that doctor accepts Medicare and the terms and conditions of this plan. There's no set provider network, so it's not like a typical HMO or PPO.

What are the advantages of SmartValue's Medicare Advantage plans?

Freedom

Found a doctor you love? Great, you can stick with the one you want! Just make sure that doctor accepts Medicare and the terms and conditions of our plan. Then you won't have to worry about going in or out of a network.

Affordability

There are several SmartValue plans to choose from, so one is sure to fit your budget. And unlike Original Medicare, all our plans have co-pays so you'll be better equipped to manage your costs because you'll know ahead of time what your costs will be.

Reliability

You'll sleep easy knowing you have coverage from a health insurance carrier you can trust. SmartValue

has been providing health care coverage for over 60 years. So you can feel confident in choosing an established leader that gives you the peace of mind of knowing we'll be here whenever you need us. It's no wonder that 1 in 3 Americans carry a Blue Cross Blue Shield Card.*

Service

Our customer service team always puts you first. And you're going to like that feeling!

Strength and Security

Today we belong to a family of companies that serves millions of members across the country. Anthem defines quality, innovative, affordable health plans that always stay focused on you, our customer. And you'll find there's no other health care company so highly regarded and recognized, right in your own neighborhood.

You get to choose your own doctors

With SmartValue you can receive care from any doctor who treats Medicare patients and is willing to accept the terms and conditions of our SmartValue Plan.

Before seeing your doctor

Check with the doctor or office staff to make sure the doctor accepts SmartValue. As long as you advise your doctor that you belong to the SmartValue before receiving health care services or supplies, your benefits are covered as outlined in this brochure and as explained in detail in your Evidence of Coverage, which you will receive after enrollment in the plan.

If your doctor is not familiar with SmartValue

Have your doctor call us at the phone number listed on the provider disclosure flyer enclosed. Some doctors are not familiar with SmartValue and how it works, so if they have questions about the plan, we'll gladly answer them.

When you see your doctor

Be sure to bring your SmartValue membership ID card as it identifies you as a plan member. It also explains how your doctors can obtain copies of the SmartValue Provider Disclosure. This document details the terms and conditions of the plan and tells them how to submit bills and receive reimbursements for the covered health care services you received.

Enrolling in SmartValue

You're eligible to enroll if you meet the following conditions:

You maintain Medicare Part A (hospital)** and continue to pay your Medicare Part B (medical) premiums if not otherwise paid for under Medicaid or by another third-party.

- You reside in a county where SmartValue is available. See your Summary of Benefits for a complete list of the counties we serve.
- You do not have End-Stage Renal Disease (ESRD) at the time of your enrollment.

Annual Coordinated Election Period

From November 15 through December 31, anyone with Medicare will have an opportunity to switch from one way of getting Medicare to another.

The Medicare program limits when and how often you can change the way you get Medicare or switch health plans. Switching from one Anthem plan to another Anthem plan counts as making a change.

Open Enrollment Period

Medicare Advantage eligible individuals may make one Medicare Advantage Open Enrollment Period election from January 1st through March 31st. However, you are limited in the type of plan you can join.

- You can't join or leave Medicare prescription drug coverage during this time. For example, if you have Medicare prescription drug coverage, you can only choose to join another plan that offers Medicare prescription drug coverage, or choose to return to the Original Medicare Plan and join a Medicare Prescription Drug Plan.
- If you don't have Medicare prescription drug coverage, you can't use this chance to get it.

Special Election Period

Generally, you can't make any other changes during the year unless you meet special exceptions, such as if you move, enter or leave a long term care facility or if you have Medicaid coverage.

Later in the year, from November 15 to December 31 anyone with Medicare can switch their way of getting Medicare to another way for the following year.



The types of pharmacies included in our network are:

- Retail pharmacies
- Mail-order pharmacies
- Long-term care pharmacies
- Home infusion pharmacies

With few exceptions, you must use network pharmacies to get your prescription drugs covered.

For more information about our mail-order or other network pharmacies, please call 1-877-831-3000, TTY 1-800-297-1538 seven days a week, 8 a.m. to 8 p.m.

For people who need it, there's additional help with prescription drug costs.

A low-income subsidy gives extra help with prescription drug costs to Medicare-eligible individuals whose income and resources are limited. If you qualify, the subsidy program will make payments to your Prescription Drug Plan on your behalf. People eligible for SmartValue, Supplemental Security Income (SSI), or a Medicare Savings Program qualify for the extra help automatically and do not need to apply. All others may apply with Social Security Administration (SSA) by mail, by telephone, online at [socialsecurity.gov](https://www.socialsecurity.gov) or in person at a community event or an SSA office. Applications may also be filed at the local Social Security office.

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day, 7 days a week;
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call, 1-800-325-0778; or
- Your State Medicaid Office.

GLOSSARY

Be in the know

Here is a list of useful words and terms to have handy when reviewing your Medicare Advantage options.

Annual Coordinated Election Period

The period between Nov 15 and December 31, when any Medicare beneficiary can enroll in a Medicare Advantage or Medicare Advantage Prescription Drug plan.

Centers for Medicare and Medicaid Services (CMS)

The federal agency that runs the Medicare program.

Co-payment

The fee you pay at the time of service, in accordance with the terms of your coverage.

Formulary

A list of prescription drugs that have been reviewed and selected for medical and cost-effectiveness. Includes brand-name and generic drugs, all of which are FDA (Food and Drug Administration) approved.

Exclusions

Specific conditions or circumstances that are not covered under your benefit agreement. It is very important to consult your benefit contract to understand what services are not covered benefits.

Medicaid

A joint federal/state medical assistance program established by the Social Security Act for those who meet the income requirement. As a Medicare beneficiary, you may also be eligible for Medicaid. Medicaid can cover all or part of your Medicare premiums and/or deductibles and coinsurance. If you think you qualify, you should inquire about Medicaid and related programs by calling your state Medicaid agency.

Medicare (also called “original” Medicare, “traditional” Medicare or “fee-for-service” Medicare)

A plan that is available to seniors everywhere in the U.S. It is the national pay-per-visit program that lets you go to any doctor, hospital or healthcare provider who accepts Medicare. Medicare pays its share of the Medicare-approved amount and you pay your share. You must pay the deductible.

Medicare Part A

Medicare’s hospital insurance program. Helps pay for inpatient hospital care, skilled nursing care following a hospital stay, home healthcare and hospice care. Part A is financed in part by the Social Security payroll withholding tax and the Self-Employment tax. If you qualify for benefits under the Social Security or Railroad Retirement systems or through government employment, you also qualify for premium-free Part A benefits.

Medicare Part B

Optional supplementary medical insurance that requires a monthly premium. Covers physician services in hospital and non-hospital settings, and services furnished by certain non-physician practitioners. Coverage also includes lab testing, Durable Medical Equipment, diagnostic tests, ambulance services, prescription drugs that can’t be self-administered, some self-administered anticancer drugs, and other therapies. Health services and blood services not covered by Medicare Part A.

Medicare Part C

The program that offers Medicare beneficiaries the option of enrolling in a managed care plan to receive their Medicare benefits (both medical and drug coverage). The program replaces the Medicare + Choice (M+C) program under Part C in Medicare and is also referred to as Medicare Advantage.

Open Enrollment Period

A limited time period when enrollment applications for coverage or changes in your coverage may be made. The open enrollment period is January 1, to March 31.

Provider

The general term used for doctors, other healthcare professionals, hospitals and other healthcare facilities that are licensed or certified by the State to provide healthcare services.

Service area

A CMS-approved geographic area where you may enroll in a Medicare Advantage Plan. This is the area where you generally must get non-emergency and urgently needed services other than dialysis.

Let us help you make a smart decision:

Call your local certified SmartValue agent, or call us directly at 1-877-831-3000 (TTY/TDD 1-800-297-1538), Seven days a week, 8 a.m. to 8 p.m.

Or visit us online at www.anthem.com

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital must agree to accept the plan's terms and conditions prior to providing health care services to you with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at www.anthem.com or by calling SmartValue at 1-877-831-3000.

Materials may be available in alternative formats.

Si usted necesita asistencia en español para poder entender este documento, podrá requerirla sin costo alguno llamándonos gratis al número telefónico que se muestra en este material. M0013_08_014 07/2007

*BCBS.com. The Blue Cross and Blue Shield Association is an association of independently licensed Blue Cross Blue Shield plans.

**If you are not entitled to Medicare Part A benefits, you can purchase Part A through the Social Security Administration. (If you do purchase Part A, you must also continue to pay your Part A premiums to remain eligible for SmartValue.)

SmartValue is a Private Fee-for-Service plan with a Medicare contract.

Rocky Mountain Hospital and Medical Service, Inc. (RMHMS) has contracted with the Centers for Medicare and Medicaid Services (CMS) to offer the Medicare Advantage Private Fee for Service (PFFS) plans noted above or herein. RMHMS is the state-licensed, risk-bearing entity offering these plans. RMHMS has retained the services of its related companies and authorized agents/brokers/producers to provide administrative services and/or to make the PFFS plans available in this region.

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