



Medicare Part D Enrollment Guide

LAPD Retiree Part D for HMO and PPO plans
Blue Cross MedicareRx (PDP) with Senior Rx Plus
January 1, 2025 – June 30, 2025



Get to know the plan

We're here to help

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

You will also find step-by-step instructions on how to enroll. If you have more questions or need help, call our First Impressions Welcome Team for answer or plan details, and provide this group specific code CA014GRX. **1-866-646-2436 (TTY: 711)** Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays.

The plan at a glance



LAPD Retiree offers you the Blue Cross MedicareRx (PDP) with Senior Rx Plus plan. Medicare Part D prescription drug plans (PDPs) cover prescription drugs not covered by Original Medicare (Parts A and B). As a member, you'll get prescription drug coverage and so much more, including:

- Coverage on commonly prescribed drugs, plus extra covered drugs
- Plan pharmacies nationwide
- Discounted rates on health products and services

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Prescription drug benefit highlights

There are many ways to save on prescription drugs with the Blue Cross MedicareRx (PDP) with Senior Rx Plus plan.

Covered medications

- Find commonly prescribed brand-name and specialty drugs that Medicare Part D allows us to cover, plus more drugs beyond what Original Medicare covers called “extra covered drugs.”
- Choose from a wide range of generic drugs to save even more money — and without sacrificing effectiveness.

Network pharmacies

- Access to over 64,000 network pharmacies to save money on your prescriptions.
- Most national chains and many local pharmacies are in our National Discount Network.

Home Delivery through CarelonRx Pharmacy

Save time by not waiting in line at the pharmacy and enjoy the convenience of having your maintenance medications delivered straight to you. With home delivery, you can receive up to 90 days of supplies often at a lower cost than filling your prescription at a regular pharmacy. Set up home delivery through your account online or on the **SydneySM Health** app.^{1,2}



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



¹ Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

² Online tools are offered to Anthem plan members as extra services. They are not part of the contract and can change or stop.

Top 50 most prescribed drugs we cover

If you don't see one of your drugs here, you can call us to check the full list for you.¹

| | | |
|-------------------------|--------------------------------|--------------------------|
| albuterol sulfate HFA | furosemide | omeprazole |
| alendronate sodium | hydrochlorothiazide | OZEMPIC |
| allopurinol | hydrocodone-acetaminophen | pantoprazole sodium |
| amlodipine besylate | JARDIANCE | potassium chloride |
| atenolol | latanoprost | pravastatin sodium |
| atorvastatin calcium | levothyroxine sodium | prednisone |
| carvedilol ² | lisinopril | rosuvastatin calcium |
| clopidogrel | lisinopril-hydrochlorothiazide | sertraline |
| donepezil | losartan potassium | simvastatin ² |
| duloxetine | losartan-hydrochlorothiazide | spironolactone |
| ELIQUIS ² | meloxicam | SYNTHROID |
| escitalopram oxalate | metformin | tamsulosin |
| ezetimibe | metformin ER | tramadol |
| famotidine | metoprolol succinate | trazodone |
| FARXIGA | metoprolol tartrate | valsartan |
| finasteride | montelukast sodium | XARELTO |
| fluticasone propionate | | |



Generic drugs appear in lowercase (lisinopril, for example), while brand-name drugs are in uppercase (ELIQUIS, for example).

¹ This list is current as of May 2024 and is subject to change. It is not a complete list of covered drugs.

² Not all dosages are covered at the select generics cost share.

What is Medicare?

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

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

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

Medicare is available as follows:



Original Medicare

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



Medicare Advantage

- Also called Part C.
- Bundles Parts A and B.
- Offers supplemental benefits and a first-class member service experience.
- Can include Part D, the prescription drug plan.

Medicare Advantage is a Medicare-approved plan available only through private insurance companies. The added benefits it offers are listed throughout this guide.

| Original Medicare = government program | | Offered by private insurance companies | |
|---|-----------------|--|-----------------|
| Medicare Part A | Medicare Part B | Medicare Part C | Medicare Part D |
| Original Medicare + Part C = Medicare Advantage | | | |
| Medicare Advantage + Part D = MAPD plan | | | |

Medicare Advantage vs. Original Medicare

Compare coverage



The good thing about Medicare Advantage is that it limits how much you'll spend each year on treatment. Plus, the prices are often fixed, so you'll have a better idea of any costs beforehand.

Medicare Advantage can include prescription drug coverage (Part D) — something Original Medicare doesn't offer.

| Medicare Advantage | Original Medicare |
|--|---|
| Plan pays 100% of covered medical costs for rest of plan year after annual out-of-pocket maximum is met* | No limit to medical costs you will pay annually — no annual out-of-pocket maximum |
| You will often pay copays (fixed dollar amounts) | You will pay percentage of cost (20% of the cost for common services like outpatient surgery and doctor visits) |
| Can include Part D prescription drug coverage | No Part D prescription drug coverage |
| Emergency care is covered outside of U.S. | No emergency care coverage outside of U.S. |

* Not all medical costs are included in or are subject to the annual out-of-pocket maximum. Call our First Impressions Welcome Team if you have questions about LAPD Retiree Blue Cross MedicareRx (PDP) with Senior Rx Plus plan benefits. 1-866-646-2436 (TTY: 711) Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays.

Medicare Part D

The prescription drug plan described in this guide is also known as a Medicare Part D plan. All of our covered drugs appear on a drug list called the Part D formulary. This plan also covers drugs beyond those that Original Medicare covers, which appear on a separate list called extra covered drugs.

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



- Ask your doctor to switch you to a covered drug
- Request an exception
- Request a temporary supply while discussing other drug options

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

| Drug type | Description | Possible tier coverage ² | Cost |
|--------------------------|---|-------------------------------------|----------|
| Generic ¹ | Same active ingredients and effects as brand-name drug without the brand-name | Tier 1 | \$ |
| Preferred brand-name | Safe and effective brand-name drugs that may not have a generic alternative | Tier 2 | \$\$ |
| Non-preferred brand-name | Less commonly used brand-name drugs that usually have a generic alternative | Tier 3 | \$\$\$ |
| Specialty | Cost \$950 or more for a 30-day supply. May require special handling. | Highest tier | \$\$\$\$ |

¹ High-cost generic medications may also appear on the same tiers as brand-name medications. Please consult the formulary for specific tier details.

² Some drug lists divide generic drugs into two tiers. For those lists, the tier number increases by one for all tiers after the first. For example, Tier 1 becomes Tier 1 and Tier 2, and the numbering continues up the tiers.

How to qualify and enroll

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

- You are a United States (U.S.) citizen or are lawfully present in the U.S.
- You live in the plan's service area.
- You are now entitled to Medicare Part A and enrolled in Part B.
- You keep paying your Medicare Part B premiums, unless they are paid by Medicaid or through another third party.
- You qualify for coverage under your or your spouse's group-sponsored health plan.

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

To complete the form, you'll need:

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

Understanding the Medicare Prescription Payment Plan:

The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket Part D prescription drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your Part D prescription drug costs by spreading them across monthly payments that vary throughout the year (January – December). This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs. This program does not apply to Part B. It also does not apply to Extra Covered Drugs if your plan includes this benefit.

"Extra Help" from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact **1-866-646-2436** or visit **Medicare.gov**.

What to expect after you enroll



How to give others access to your health records

Fill out your Member Authorization Form at www.anthem.com/ca/forms to give people that you choose access to your health records. You can also contact Member Services to request this form.



Keep an eye on your mailbox

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

- Proof of your enrollment request with your membership start date listed.
- Your ID card. You can begin using this card on your membership start date.
- A health survey to help us understand and address your needs. We'll call you within 90 days to talk about your experience to understand how we can better serve you.



Look out for your plan Welcome Guide

This guide can help you:

- Understand and make the most of your benefits.
- Find plan doctors and facilities in your health plan's network.
- Access information online.
- Find ways to connect with our team of personal advocates to answer any questions.



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Anthem Blue Cross Group-Sponsored Health Plan Enrollment Election Form

| All fields on this form are required unless noted with an asterisk* | | |
|---|--|--|
| Group sponsor name: LAPD Retiree Part D for HMO and PPO plans | Group #: CA014GRX | |
| Plan you will join: Blue Cross MedicareRx (PDP) with Senior Rx Plus | Requested effective date of coverage: (__/__/____) (M M / D D / Y Y Y Y) Generally the effective date of enrollment will be the first of the month following the enrollment receipt date, unless a future date is requested and is allowed. | |
| FIRST name: | LAST name: | MIDDLE initial: |
| Birthdate: (MM/DD/YYYY) (__/__/____) | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Phone number: () <input type="checkbox"/> Cell <input type="checkbox"/> Other |
| Permanent residence street address (Do not enter a P.O. Box): | | |
| City: | State: | ZIP code: |
| Mailing address, if different from your permanent address (P.O. Box allowed): | | |
| Street address: | City: | State: ZIP code: |
| <p>Email address: _____</p> <p>Your email address will be used for communications only from Anthem Blue Cross. We will not share your email address. Thank you for providing your email address and phone number. We will only use this information to occasionally contact you by email, phone call, or text with Important Plan Information.</p> <p>In addition, may we also contact you about additional products and services that might interest you by email.</p> <p>Please know you can change your preference at any time by visiting www.anthem.com/ca or contacting customer service.</p> | | |
| Your Medicare information: | | |
| <p>Medicare Number: _____</p> <p><i>Note: The Medicare Number is required to complete your enrollment. If you do not provide your Medicare Beneficiary ID from your ID card, your enrollment into the plan may be delayed.</i></p> | | |



Please read and answer these important questions

1. Are you the retiree? Yes No

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

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

2. Do you work? Yes No

Does your spouse work? Yes No

3. Do you have other medical insurance? Yes No

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

What are the effective dates of coverage? _____

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

If "yes," please provide the following information:

Name of institution: _____

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


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

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

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

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

| Race* | | Ethnicity* | |
|---|---|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Not of Hispanic, Latino/a, or Spanish Origin | |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Puerto Rican | |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Another Hispanic, Latino/a, or Spanish Origin | |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Mexican, Mexican American, Chicano/a | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Cuban | |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> I choose not to answer | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> I choose not to answer | | |
| <input type="checkbox"/> Korean | | | |
| What is your gender? Select one.* | | Which of the following best represents how you think of yourself? Select one.* | |
| <input type="checkbox"/> Woman | | <input type="checkbox"/> Lesbian or gay | |
| <input type="checkbox"/> Man | | <input type="checkbox"/> Straight, that is, not gay or lesbian | |
| <input type="checkbox"/> Non-binary | | <input type="checkbox"/> Bisexual | |
| <input type="checkbox"/> I use a different term: _____ | | <input type="checkbox"/> I use a different term: _____ | |
| <input type="checkbox"/> I choose not to answer | | <input type="checkbox"/> I don't know | |
| | | <input type="checkbox"/> I choose not to answer | |



IMPORTANT: Read and sign below:

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

Signature:

Today's date:

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

Name:

Address:

Phone number:

Relationship to enrollee:

HIPAA authorization

If you would like to authorize an individual to have the ability to speak with us and/or obtain protected health information (PHI) on your account, please complete the HIPAA (Health Insurance Portability and Accountability Act) Member Authorization Form located at www.anthem.com/ca/forms. This form is valid for one year from the signature date.

- A printed form can be requested by contacting Member Services at the telephone number on the back of your ID card. **Sign and return it to the address on the form.**
- If you wish to continue having the authorized representative on your account, a new form is required annually.
- If you have a durable healthcare power of attorney document, it can also be returned with the HIPAA form.

Please return this enrollment election form to:

Los Angeles Police Relief Association, Inc.
600 North Grand Avenue
Los Angeles, CA 90012-2212

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

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

Anthem Blue Cross 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.

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Summary of Benefits



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

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



Questions?

Call our First Impressions Welcome Team for answers or plan details, and provide this group specific code CA014GRX. **1-866-646-2436** (TTY: **711**) Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays.

**Your 2025 Prescription Drug Benefits Chart
Formulary P4, 15/25/40/20% to \$150 (with Senior Rx Plus)
Los Angeles Police Relief Association, Inc.
(PPO)**

Your retiree drug coverage includes Medicare Part D drug benefits and non-Medicare supplemental drug benefits. The cost shown below is what you pay after all benefits under your retiree drug coverage have been provided.

| | |
|-------------------------|--------------|
| Formulary | P4 |
| Deductible | \$0 |
| Covered Services | What you pay |

Part D Initial Coverage

Below is your payment responsibility until the amount paid by you for covered prescriptions reaches your Drug Plan Maximum Out of Pocket of \$2,000.

| Retail Pharmacy | per 30-day supply |
|---|---|
| • Generics | \$15 copay |
| • Preferred Drugs | \$25 copay |
| • Non-Preferred Drugs and Non-Formulary Drugs | \$40 copay |
| • Specialty Drugs | 20% coinsurance with a maximum of \$150 |
| • Diabetic Supplies - Insulin Syringes, Pen Needles and Alcohol Swabs up to 90-day supply | \$15 copay |

| Covered Services | What you pay |
|---|---|
| Retail Pharmacy | per 90-day supply |
| • Generics | \$30 copay |
| • Preferred Drugs | \$50 copay |
| • Non-Preferred Drugs and Non-Formulary Drugs | \$80 copay |
| • Specialty Drugs | 20% coinsurance with a maximum of \$300 |
| • Diabetic Supplies - Insulin Syringes, Pen Needles and Alcohol Swabs up to 90-day supply | \$15 copay |

Many of our retail pharmacies can dispense more than a 30-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you only pay the mail-order copay shown below.

| Covered Services | What you pay |
|---|---|
| Mail-Order Pharmacy | per 90-day supply |
| • Generics | \$30 copay |
| • Preferred Drugs | \$50 copay |
| • Non-Preferred Drugs and Non-Formulary Drugs | \$80 copay |
| • Specialty Drugs | 20% coinsurance with a maximum of \$300 |
| • Diabetic Supplies - Insulin Syringes, Pen Needles and Alcohol Swabs | \$30 copay |

| Covered Services | What you pay |
|--|-----------------------|
| Part D Catastrophic Coverage | |
| Your responsibility for payment of covered drugs changes once you reach your Drug Plan Maximum Out of Pocket of \$2,000. | |
| Retail and Mail-Order Pharmacies | Up to a 90-day supply |
| <ul style="list-style-type: none"> All Part D Covered Prescription Drugs | \$0 copay |

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

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

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

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

Your 2025 Extra Covered Drugs Benefits Chart

Y0114_25_3008941_0000_I_M 06/24/2024
2025 CA Custom P4 15-25-40-20% to \$150-NoDed
P4 ECDHLP SGN

10/04/2024
Rx-5

| Covered Services | What you pay |
|--|---|
| Extra Covered Drugs | |
| These are prescription drugs that are covered by your retiree drug plan that are often excluded from Part D coverage. These prescription drugs are covered by your Senior Rx Plus benefits. Some of these drugs may be required on your retiree drug plan by state regulations. These drugs do not count towards your Drug Plan Maximum Out of Pocket expenses. They do not qualify for lower Catastrophic copays. | |
| Retail Pharmacy | per 30-day supply |
| Cough and Cold DESI Vitamins and Minerals | See Drug List for complete list of drugs covered |
| • Generics | \$15 copay |
| • Preferred Drugs | \$25 copay |
| • Non-Preferred Drugs | \$40 copay |
| Erectile Dysfunction (ED) | Immediate and Daily dose ED drugs Immediate dose formats are limited to 6 per 30 days. Daily dose formats are limited to 6 per 30 days. |
| • Generics | \$15 copay |
| • Preferred Drugs | \$25 copay |
| • Non-Preferred Drugs | \$40 copay |

| Covered Services | What you pay |
|---|---|
| Retail Pharmacy | per 30-day supply |
| Other Non-Part D Coverage | Copay or coinsurance |
| <ul style="list-style-type: none"> • Non-Part D Diabetic Supplies – Lancets, Blood Sugar Diagnostics and Calibration Solutions up to 90-day supply | \$15 copay |
| <ul style="list-style-type: none"> • LifeScan/Roche Non-Part D Diabetic Supplies – Blood Sugar Diagnostics and Glucometers | \$0 copay |
| <ul style="list-style-type: none"> • Non-Part D Diabetic Supplies - Glucometers | \$15 copay per Covered Device |
| <ul style="list-style-type: none"> • Contraceptive Devices | \$0 copay Limit 1 per year per Covered Device |
| Mail-Order Pharmacy | per 90-day supply |
| Cough and Cold DESI Vitamins and Minerals | See Drug List for complete list of drugs covered |
| <ul style="list-style-type: none"> • Generics | \$30 copay |
| <ul style="list-style-type: none"> • Preferred Drugs | \$50 copay |
| <ul style="list-style-type: none"> • Non-Preferred Drugs | \$80 copay |
| Erectile Dysfunction (ED) | Immediate and Daily dose ED drugs Immediate dose formats are limited to 6 per 30 days. Daily dose formats are limited to 6 per 30 days. |
| <ul style="list-style-type: none"> • Generics | \$30 copay |
| <ul style="list-style-type: none"> • Preferred Drugs | \$50 copay |
| <ul style="list-style-type: none"> • Non-Preferred Drugs | \$80 copay |
| Other Non-Part D Coverage | Copay or coinsurance |
| <ul style="list-style-type: none"> • Non-Part D Diabetic Supplies – Lancets, Blood Sugar Diagnostics and Calibration Solutions | \$30 copay |
| <ul style="list-style-type: none"> • LifeScan/Roche Non-Part D Diabetic Supplies – Blood Sugar Diagnostics and Glucometers | \$0 copay |
| <ul style="list-style-type: none"> • Non-Part D Diabetic Supplies - Glucometers | \$15 copay per Covered Device |
| <ul style="list-style-type: none"> • Contraceptive Devices | \$0 copay Limit 1 per year per Covered Device |

- **Erectile Dysfunction (ED) Drugs - Cialis** 2.5mg and 5mg medication is covered when used to treat Benign Prostatic Hyperplasia (BPH). These drugs are covered 30 per 30 days when used to treat BPH.
- **Over the Counter Drugs:** To get over the counter drugs listed as covered under your drug plan, you must have a prescription from your provider and have the prescribed drug filled by the pharmacist.

IMPORTANT INFORMATION:

2025 Medicare Star Ratings

Anthem Blue Cross - S5596



For 2025, Anthem Blue Cross - S5596 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★
Health Services Rating: N/A
Drug Services Rating: ★★★★★

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

Why Star Ratings are important

Medicare rates plans on their health and drug services.

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

Star Ratings are based on factors that include:

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

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

The number of stars show how well a plan performs.

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

Get more information on Star Ratings online

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

Questions about this plan?

Contact Anthem Blue Cross Monday through Friday, 8 a.m. to 9 p.m. ET at **1-866-646-2436** (toll free) or **711** (TTY). Current members please call **1-855-871-5489** or **711** (TTY).

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.

Common questions and answers

What's a deductible?

A deductible is the amount of money you pay for healthcare services before your plan starts paying. After you reach your deductible, you may still have to pay for your share of the services. Certain plans have no deductible and will cover your costs when the plan starts. Other services will be covered by your plan before you reach the deductible. For more details, please call our First Impressions Welcome Team or see the Summary of Benefits.

What's a copay?

Some services may require a copay. A copay is the fixed dollar amount that you pay for covered services or prescriptions after paying your deductible.

What is coinsurance?

In some cases, you may have to pay coinsurance. Coinsurance is the percentage of the cost you pay for a covered service after you meet your deductible. The plan then pays the rest of the covered cost. If you have not yet met your deductible, you pay the full allowed amount.

What is a true out-of-pocket (TrOOP) limit?

It is an annual out-of-pocket limit that includes payments made by you and the discount you receive on covered brand name drugs in the coverage gap. Once you reach this limit, you may pay a lower copay or coinsurance for your covered drugs until the start of the next plan year. The amount paid by your plan does not count toward your TrOOP costs. Not all of your costs add to the TrOOP. For more details, please see the Benefits Chart included in this guide.

Before enrolling, what do I need to provide my group sponsor?

To ensure a smooth enrollment, make sure your group sponsor has your most up-to-date information and that it matches your Social Security information.



Questions?

Call our First Impressions Welcome Team for answers or plan details, and provide this group specific code CA014GRX. **1-866-646-2436** (TTY: **711**) Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays.

Required information for this plan year

Your rights, protections, and Medicare options

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

As a Medicare beneficiary, you can choose between:

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

You may have other options

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

Geographic service areas covered by this plan

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

Your Medicare protection

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

Also, Medicare may decide to end our contract.

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

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

Extra Help from Medicare

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

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

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

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-855-871-5489** (TTY: **711**). Someone who speaks your language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al número mencionado anteriormente (TTY: **711**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电上述数字 (TTY: **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電上述數字 (TTY: **711**)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa numero na nakasulat sa itaas (TTY: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au le numéro écrit ci-dessus (TTY: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi số được viết ở trên (TTY: **711**). Sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter die oben genannte Nummer (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 위에 나와있는 번호 (TTY: **711**) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону номер, указанный выше (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم ليس عليك سوى الاتصال بنا على الرقم المكتوب أعلاه (TTY: 711) فوري سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें ऊपर लिखा हुआ नंबर (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero il numero sopraindicato (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número o número escrito acima (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan nimewo ki ekri pi wo a (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer numer napisany powyżej (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、上記の番号 (TTY: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Some of the benefits mentioned are part of a special supplement program for the chronically ill. Not all members may qualify for these benefits.

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