



## 2022 Anthem Preliminary Benefits – East Region

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# Confidentiality Reminder

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**The plans, premiums & formularies represented are not yet approved by CMS and are subject to change.**

- Discussion today focuses on plans and benefits we've filed with CMS for 2022.
- We have not yet received approval from CMS to proceed.
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# Acronyms and Format Key

Key	
Blue Font	Represents new benefit/plan name on benefit grids
Green Font	Represents improved benefit on benefit grids
New	Represents new plan and/or benefit offering
HMO	Represented on orange grids
SNP	Represented on blue grids
PPO	Represented on grey grids

Acronyms	
LIS	Low Income Subsidy
MCRS	Medicare Community Resource Support
PCP	Primary Care Physician
PERS	Personal Emergency Response System

PLAN	Anthem MediBlue Essential (HMO) H1855-032
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year
ESSENTIAL EXTRAS	Covered (Reduced benefits for Assisted Devices, Transportation and Personal Home Helper on Essential Extras for this plan only)
FITNESS	SilverSneakers®
HEARING	1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MICRO	Covered
MCRS	

PLAN	Anthem MediBlue Access (PPO) H1607-014
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year
FITNESS	SilverSneakers®
HEARING	1 hearing exam, fitting & evaluation per year \$3,000 maximum plan benefit per year
OVER THE COUNTER	\$70 per quarter
VISION	\$0 copay – 1 routine eye exam per year

PLAN	Healthy Blue Dual Advantage (HMO D-SNP) H1947-001
CHIROPRACTIC	\$0 copay – 12 visits
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$2,500 comprehensive allowance per year
ESSENTIAL EXTRAS	Covered
FITNESS	SilverSneakers®
HEARING	1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$300 per quarter
PERS	Covered

# Our commitment to our members & partners



As one of the country's largest and most dynamic health benefits providers, we are designing and delivering solutions that can help you and your members succeed.

## LOWER COSTS

We're doing more to help lower costs for your clients, from partnering with new providers to developing clinical and administrative solutions designed to address key cost drivers.



## HASSLE-FREE

### BROKER EXPERIENCE

At the center of our commitment to simplifying the health care experience is an unrelenting focus on helping you succeed and meet the needs of your clients within their communities.

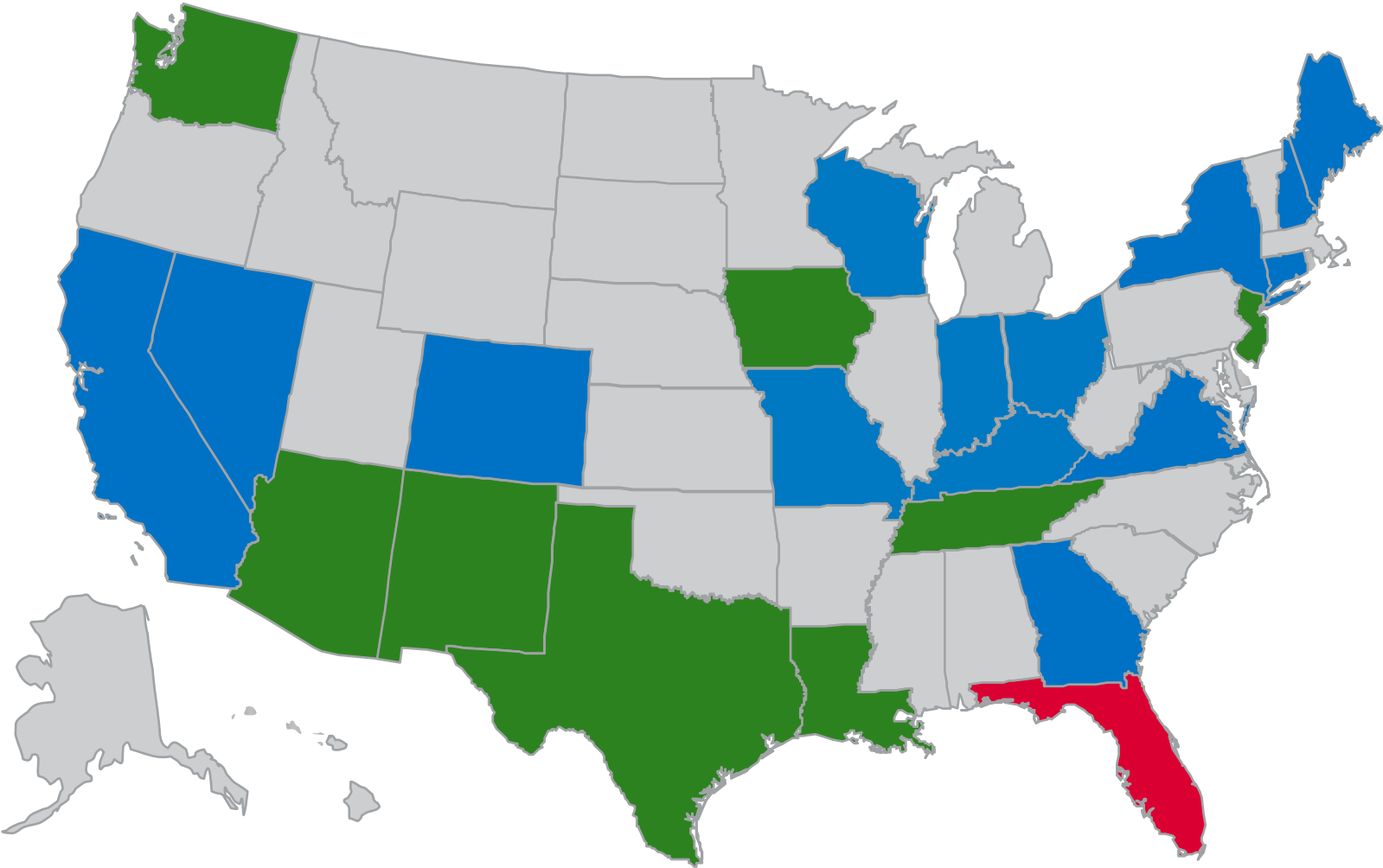




# Anthem Medicare Advantage Service Area

## 2022 Individual MA Brand Footprint

- Blue Brands
- Amerigroup
- Simply, Freedom, Optimum and HealthSun



# Anthem Is The Leader In The Market



## Medicare Plans Offered in 23 States and Puerto Rico

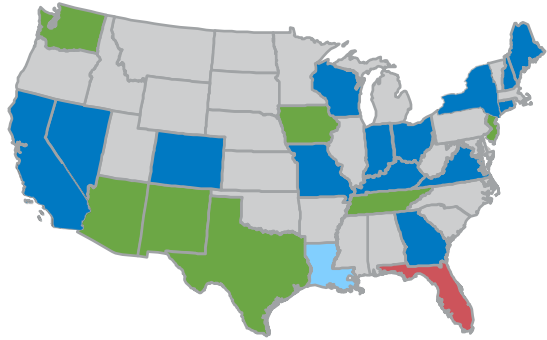
- Medicare Advantage plans offered in 23 states and Puerto Rico
- Industry leading D-SNP plan growth (30% CAGR since YE 2016) and #2 in Medicaid plans nationwide
- Medicare Supplement plans offered in 16 states



## Over 2.5M Medicare Members

- Membership growth outpaced the market in our service area
- Medicare membership has doubled in 5 years
- Medicare Advantage Market Share is 10% across Anthem MA service areas (1.6 million members)
- Medicare Supplement Market Share is 15% across Anthem MS service areas (900K members)
- Completed Acquisition of MMM

# National AEP Strategy



## Competitive Core Portfolio

- PPO Expansion
- \$0 Mail Order copays on Tier 1 and 2
- Insulin Savings Program
- \$0 MA Only Plans
- Improved Dental
- Transitioning Enhanced PDP to Plus PDP\*
- SAE in 82 counties

*\* Pending CMS approval; more details to follow*



## Expanded SDOH Offerings

- Grocery Card
- OTC Benefits
- Dental/Vision/Hearing Flex Card
- Expanded Essential Extras/Everyday Extras to more States
- In-Home Support (Papa Pals)



## Strong Partnerships

- Adding Partners to our strong Provider Networks
- Cobranded Plans with Kroger (select GA, KY, OH & VA markets)
- Releasing ESRD C-SNPs with Somatus



# New for 2022!\*



## Flex Account – Dental Vision Hearing

Annual allowance to be used to reduce out of pocket costs for Dental/Vision/Hearing services. The debit card is prepaid by the plan and can only be used at certain provider or merchant types. Cosmetic procedures are not covered under this benefit.

**Annual allowance in the form of a debit card**



## Grocery Card

Credit to spend on healthy food items at participating retailers. Some items including tobacco and alcohol products are excluded.

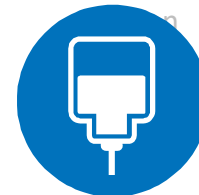
**Monthly allowance**



## In-Home Support

Benefit of Papa Pal companionship is to target social isolation and companionship. Papa Pal can also provide limited assistance with activities of daily living (ADL) and enforce gaps in care such as HRAs, Flu Shots, Medication Adherence, etc.

**Up to 60 hours annually**



## Insulin Savings Program

Provides affordable and predictable insulin costs. Under this program, members will pay a maximum of \$35 copay or less for a 30-day supply on select insulin during deductible, ICL, and coverage gap phases.

**Low-cost predictable copayments for one-month supply**



## Advance Directives Program

Member facing tool that allows for creating, recording, uploading, storing, editing and accessing an Advanced Directive. Provides members help in affairs planning, including guidance on estate planning and medical directives.

**Plan ahead and receive the care you want**

*\*Benefit availability varies by plan*



## Essential or Everyday Extras (EE)

Members can choose from a list of robust services including Dental Vision Hearing – Flex Card, Assistive Devices, Healthy Meals, Transportation and more to tailor their plan to best suit their needs. Benefit availability and offerings will vary based on market and/or plan type.

Where EE is available, member will have an option to pick one or pick two services based on the plan design.

Benefit		Description	Prior Approval ( most DSNP plans will not require prior approval* )
Assistive Devices		\$500 towards Assistive Devices	No
Health & Fitness Tracker		Tracking device & engagement membership	No
Healthy Meals		180 meals per plan year (2 meals x 90 days)	Yes
Personal Home Helper		124 hours of personal care services	Yes
Pest Control		Quarterly or 1-time eradication services	Yes
Transportation		60 one-way trips	No
Flex Card – Dental Vision Hearing	New	\$500 Dental/Vision/Hearing Benefit	No
Grocery Card	New	\$50 monthly grocery benefit	Yes
In-Home Support	New	60 hours of social isolation support	No

\*prior approval is automatic if the EE benefit is filed under VBID

# 2022 AEP Preliminary Benefit Preview – Virginia

# Anthem's Product Portfolio: Virginia



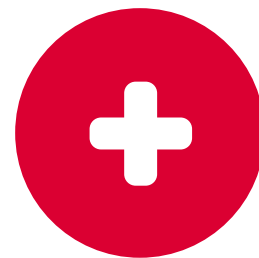
**Medicare  
Advantage**  
*(MA/MAPD)*



**Chronic  
Conditions  
MAPD**  
*(CSNP)  
ESRD*



**Dual Eligible  
MAPD**  
*(DSNP)*



**Medicare  
Supplements**  
*(Medigap)*

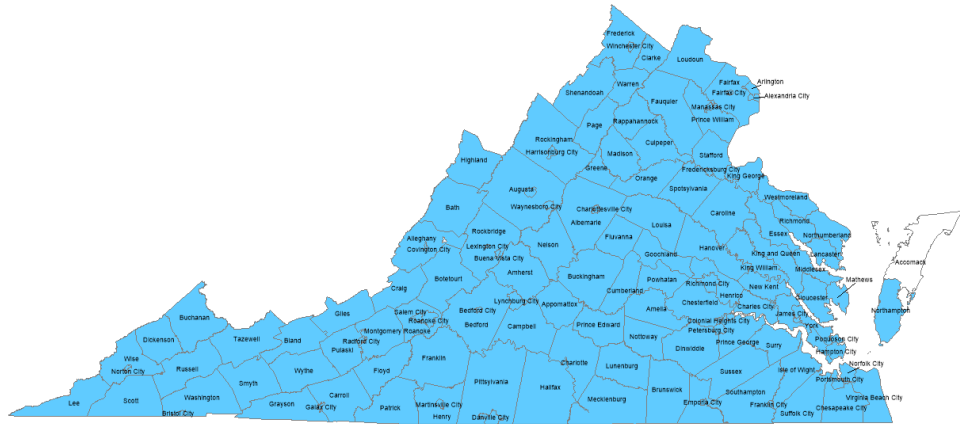


**Prescription  
Drug Plans**  
*(PDP)*



**Anthem  
Extras**

# Virginia – Medicare Advantage 2022



## Market Highlights

- Maintaining a wide product portfolio ranging from products for age-ins and general enrollment populations to those with LIS, chronic needs and dual eligible special needs
- Improved HMO and PPO DSNP plans with increased OTC and RX at \$0
- Innovative enhancements to Essential Extras package
- Reduced Rx mail order copay for Tier 1 and Tier 2 to \$0 on many HMO and PPO plans
- Introduction of new MA Only plan
- New co-branded MA plans with Kroger in Richmond, Roanoke and Tidewater markets

## Service Area

All Counties EXCEPT:  
Accomack

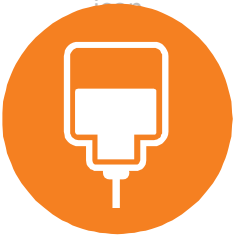
# New for 2022!\*



## Grocery Card

Credit to spend on healthy food items at participating retailers. Some items including tobacco and alcohol products are excluded.

**Monthly allowance**



## Insulin Savings Program

Provides affordable and predictable insulin costs. Under this program, members will pay a maximum of \$35 copay or less for a 30-day supply on select insulin during deductible, ICL, and coverage gap phases.

**Low-cost predictable copayments for one-month supply**



## Advanced Directives Program

Member facing tool that allows for creating, recording, uploading, storing, editing and accessing an Advanced Directive. Provides members help in affairs planning, including guidance on estate planning and medical directives.

**Plan ahead and receive the care you want**

*\*Benefit availability varies by plan*



# Virginia 2022 Plan Highlights

PLAN	Anthem MediBlue + Kroger (HMO) <span>New</span> H3447-039
PREMIUM	\$0
MAX OUT-OF-POCKET	\$4,900
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$285 copay (days 1 – 6)
RX DEDUCTIBLE	\$150 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$10 / \$42 / \$95 / 30% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Bedford, Botetourt, Chesapeake City, Chesterfield, Franklin, Franklin City, Hampton City, Hanover, Henrico, Isle Of Wight, Lynchburg City, Montgomery, Poquoson City, Portsmouth City, Richmond City, Roanoke, Roanoke City, Salem City, Suffolk City, Virginia Beach City

# Virginia 2022 Plan Highlights

PLAN	<b>Anthem MediBlue + Kroger (HMO)</b> <b>New</b> H3447-039
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$1,000 comprehensive allowance per year
FITNESS	SilverSneakers®
GROCERY CARD	\$75 allowance per month at Kroger
HEALTH AND FITNESS TRACKER	Covered
HEALTHY PANTRY	Covered
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
OVER THE COUNTER	\$200 per quarter
TRANSPORTATION	\$0 copay – 12 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year

# Virginia 2022 Plan Highlights

PLAN	<b>Anthem MediBlue + Kroger Access (PPO)</b> <span>New</span> H4909-026
PREMIUM	\$0
PLAN DEDUCTIBLE	\$750 – (applies to OON only)
MAX OUT-OF-POCKET	\$7,500 (INN) / \$11,300 (OON)
PCP	\$0 copay (INN)
SPECIALIST	\$45 copay (INN)
INPATIENT HOSPITAL	\$375 copay (days 1 – 5) (INN)
RX DEDUCTIBLE	\$95 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$13 / \$42 / \$95 / 31% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Bedford, Botetourt, Chesapeake City, Chesterfield, Franklin, Franklin City, Hampton City, Hanover, Henrico, Isle Of Wight, Lynchburg City, Montgomery, Poquoson City, Portsmouth City, Richmond City, Roanoke, Roanoke City, Salem City, Suffolk City, Virginia Beach City

# Virginia 2022 Plan Highlights

PLAN	<b>Anthem MediBlue + Kroger Access (PPO)</b> <b>New</b> H4909-026
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$1,000 comprehensive allowance per year
FITNESS	SilverSneakers®
GROCERY CARD	\$75 allowance per month at Kroger
HEALTHY PANTRY	Covered
OVER THE COUNTER	\$50 per quarter
VISION	\$0 copay – 1 routine eye exam per year

# Virginia 2022 Plan Highlights

PLAN	Anthem MediBlue Access (PPO) H4909-014
PREMIUM	\$0
PLAN DEDUCTIBLE	\$750 – (applies to OON only)
MAX OUT-OF-POCKET	\$7,550/\$11,300*
PCP	\$0 copay (INN)
SPECIALIST	\$45 copay (INN)
INPATIENT HOSPITAL	\$375 copay (days 1 – 5) (INN)
RX DEDUCTIBLE	\$95 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$13 / \$42 / \$95 / 31% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	All Counties EXCEPT: Accomack, Alexandria City, Arlington, Fairfax City, Fairfax, Prince William

# Virginia 2022 Plan Highlights

PLAN	<b>Anthem MediBlue Access (PPO)</b> H4909-014
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$1,000 comprehensive allowance per year
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year
OVER THE COUNTER	\$35 per quarter
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contacts per year



# Virginia 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Access (PPO D-SNP) H4909-018
PREMIUM	\$0
PLAN DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,700 (INN) / \$10,000 (ONN)
PCP	\$0 (INN)
SPECIALIST	\$0 (INN)
INPATIENT HOSPITAL	\$0 (INN)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	All Counties EXCEPT: Accomack, Alexandria City, Arlington, Fairfax City, Fairfax, Prince William

# Virginia 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Access (PPO D-SNP) H4909-018
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$2,500 comprehensive allowance per year
FITNESS	SilverSneakers®
GROCERY CARD	\$50 allowance per month
HEALTHY MEALS	42 Post Discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
ADVANCE DIRECTIVES PROGRAM	Covered
OVER THE COUNTER	\$300 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits per year
TRANSPORTATION	\$0 copay – 48 one-way trips per year
VISION	\$0 copay – 1 routine eye exam per year; \$325 allowance – eyeglasses or contacts per year

# Virginia 2022 Plan Highlights

PLAN	<b>Anthem MediBlue Service (PPO)</b> H4909-020 <div>New</div>
PREMIUM	\$0
PLAN DEDUCTIBLE	\$750 – (applies to OON only)
MAX OUT-OF-POCKET	\$6,700 (INN) / \$10,000 (OON)
PCP	\$0 copay (INN)
SPECIALIST	\$45 copay (INN)
INPATIENT HOSPITAL	\$290 copay (days 1 – 5) (INN)
RX DEDUCTIBLE	N/A
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A
MARKET SERVICE AREA	All Counties EXCEPT: Accomack, Alexandria City, Arlington, Fairfax City, Fairfax, Falls Church City, Prince William

# Virginia 2022 Plan Highlights

PLAN	<b>Anthem MediBlue Service (PPO)</b> <span>New</span> H4909-020
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$2,000 comprehensive allowance per year
FITNESS	SilverSneakers®
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$50 per quarter
TRANSPORTATION	\$0 copay – 24 one-way trips per year
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contacts per year

# Virginia 2022 Plan Highlights

PLAN	<b>Anthem MediBlue Full Dual Advantage (HMO D-SNP)</b> H3447-011 (Consolidated H3447-012)
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	All Counties EXCEPT: Accomack

# Virginia 2022 Plan Highlights

PLAN	Anthem MediBlue Full Dual Advantage (HMO D-SNP) H3447- 011 (Consolidated H3447-012)		
ACCUPUNCTURE	\$0 copay – 12 visits per year	MCRS	Covered
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride and 1 x-ray per year; \$3,000 comprehensive allowance per year	OVER THE COUNTER	\$425 per quarter
ESSENTIAL EXTRAS	Covered (pick one)	PERS	Covered
FITNESS	SilverSneakers®	PODIATRY	\$0 copay – 4 visits per year
GROCERY CARD	\$50 allowance per month	SERVICE DOG SUPPORT	\$500 allowance per year
HEALTHY MEALS	14 Post Discharge / 42 Chronic Condition	TRANSPORTATION	\$0 copay – 48 one-way trips
HEALTHY PANTRY	Covered	VISION	\$0 copay – 1 routine eye exam per year; \$325 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year		



# Virginia 2022 Plan Highlights

PLAN	<b>Anthem MediBlue Dual Advantage (HMO D-SNP)</b> H3447- 030 (Consolidated H3447-031)
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	All Counties EXCEPT: Accomack

# Virginia 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Advantage (HMO D-SNP) H3447- 030 (Consolidated H3447-031)		
ACUPUNCTURE	\$0 copay – 12 visits per year	MCRS	Covered
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$3,000 comprehensive allowance per year	ADVANCE DIRECTIVES PROGRAM	Covered
ESSENTIAL EXTRAS	Covered (pick one)	OVER THE COUNTER	\$450 per quarter
FITNESS	SilverSneakers®	PERS	Covered
GROCERY CARD	\$50 allowance per month	PODIATRY	\$0 copay – 4 visits per year
HEALTHY MEALS	14 Post Discharge / 42 Chronic Condition	SERVICE DOG SUPPORT	\$500 allowance per year
HEALTHY PANTRY	Covered	TRANSPORTATION	\$0 copay – 60 one-way trips per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	VISION	\$0 copay – 1 routine eye exam per year; \$325 allowance – eyeglasses or contact lenses per year

# Virginia 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H3447-013	Anthem MediBlue Plus (HMO) H3447-014
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$4,900	\$6,700
PCP	\$0 copay	\$0 copay
SPECIALIST	\$35 copay	\$45 copay
INPATIENT HOSPITAL	\$285 copay (days 1 – 6)	\$300 copay (days 1 – 5)
RX DEDUCTIBLE	\$150 (T3 – T5)	\$325 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$10 / \$35 / \$95 / 30% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	\$4 / \$10 / \$35 / \$95 / 27% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
INSULIN SAVINGS PROGRAM	\$0 – \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases	\$0 – \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases
MARKET SERVICE AREA	Chesapeake City, Franklin City, Gloucester, Hampton City, Isle Of Wight, James City, King William, Mathews, Middlesex, Newport News City, Norfolk City, Northampton, Northumberland, Poquoson City, Portsmouth City, Southampton, Suffolk City, Surry, Virginia Beach City, Williamsburg City, York	Alexandria City, Arlington, Fairfax, Fairfax City, Loudoun, Manassas Park City, Prince William

# Virginia 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H3447-013	Anthem MediBlue Plus (HMO) H3447-014
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$300 comprehensive allowance per quarter	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$250 comprehensive allowance per quarter
ESSENTIAL EXTRAS	Covered (pick one)	N/A
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY PANTRY	Covered	N/A
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year \$3,000 maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year
MCRS	Covered	N/A
OVER THE COUNTER	\$170 per quarter	\$105 per quarter
PODIATRY	N/A	\$0 copay – 6 visits per year
SERVICE DOG SUPPORT	\$500 allowance per year	N/A
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year

# Virginia 2022 Plan Highlights

PLAN	Anthem MediBlue Essential (HMO) H3447-025
PREMIUM	\$0
MAX OUT-OF-POCKET	\$5,900
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 5)
RX DEDUCTIBLE	\$325 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$10 / \$35 / \$95 / 27% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
INSULIN SAVINGS PROGRAM	\$0 – \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases
MARKET SERVICE AREA	Albemarle, Alexandria City, Amelia, Amherst, Augusta, Bedford, Botetourt, Bristol City, Buena Vista, Campbell, Charlottesville, Culpeper, Danville City, Dinwiddie, Fauquier, Floyd, Franklin, Frederick, Fredericksburg City, Giles, Halifax, Harrisonburg City, Henry, Lexington City, Lynchburg City, Martinsville City, Montgomery, Orange, Pittsylvania, Prince Edward, Prince George, Pulaski, Radford City, Roanoke, Roanoke City, Rockbridge, Rockingham, Salem, Shenandoah, Spotsylvania, Stafford, Staunton City, Tazewell, Washington, Waynesboro City, Winchester City, Wise, Wythe

# Virginia 2022 Plan Highlights

PLAN	Anthem MediBlue Essential (HMO) H3447-025
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$200 comprehensive allowance per quarter
ESSENTIAL EXTRAS	Covered (pick one)
FITNESS	SilverSneakers®
HEALTHY PANTRY	Covered
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$42 per quarter
PODIATRY	\$0 copay – 6 visits per year
SERVICE DOG SUPPORT	\$500 allowance per year
TRANSPORTATION	\$0 copay – 12 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year



# Virginia 2022 Plan Highlights

PLAN	Anthem MediBlue Local (HMO) H3447-001	Anthem MediBlue Smart Fit (HMO) H3447-005
PREMIUM	\$0	\$0
PART B PREMIUM REBATE	N/A	\$50.80
MAX OUT-OF-POCKET	\$3,450	\$3,450
PCP	\$0 copay	\$10 copay
SPECIALIST	\$0 copay – \$35 copay	\$0 copay – \$40 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 5)	\$345 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$9.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	\$5 / \$12.50 / \$40 / \$90 / 33% / \$10 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Chesterfield, Colonial Heights, Goochland, Hanover, Henrico, Hopewell City, Petersburg City, Powhatan, Richmond City	Chesterfield, Colonial Heights, Goochland, Hanover, Henrico, Hopewell City, Petersburg City, Powhatan, Richmond City

*CareMore included in Network*

# Virginia 2022 Plan Highlights

PLAN	<b>Anthem MediBlue Local (HMO)</b> H3447-001	<b>Anthem MediBlue Smart Fit (HMO)</b> H3447-005
CHIROPRACTIC	N/A	\$20 copay – 12 visits per year
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure and Weight Scale	Blood Glucose, Blood Pressure and Weight Scale
FITNESS	SilverSneakers®/ Nifty After Fifty	SilverSneakers®/ Nifty After Fifty
HEALTHY MEALS	14 Post Discharge	14 Post Discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum per year
PODIATRY	\$0 copay – unlimited visits – CareMore Centers \$35 copay – 4 visits	N/A
TRANSPORTATION	\$0 copay – one-way trips – CareMore Centers	N/A
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contacts per year	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contacts every two years

*CareMore included in Network*

# Virginia 2022 Plan Highlights

PLAN	Anthem MediBlue Extra (HMO) H3447-027				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	\$0
MAX OUT-OF-POCKET	\$5,900				
PCP	\$0 copay				
SPECIALIST	\$40 copay				
INPATIENT HOSPITAL	\$325 copay (days 1 – 5)				
EXTRA HELP LEVEL	No Extra Help	Level 4	Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$480 (T3 – T5)	\$99	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0/\$16/\$47/\$95/25%/\$0	\$0 to 15% coinsurance	\$0 – \$9.85	\$0 – \$4.00	\$0
	\$0 copay – T1 and T2 mail order 30-90 day supply				
MARKET SERVICE AREA	Albemarle, Amelia, Amherst, Augusta, Bedford, Botetourt, Bristol City, Brunswick, Buena Vista City, Campbell, Caroline, Charlottesville City, Chesterfield, Colonial Heights City, Culpeper, Danville City, Dinniddie, Emporia City, Fauquier, Floyd, Franklin, Frederick, Fredericksburg City, Giles, Goochland, Greenville, Halifax, Hanover, Harrisonburg City, Henrico, Henry, Hopewell City, Lexington City, Lunenburg, Lynchburg City, Martinsville City, Mecklenburg, Montgomery, Nottoway, Orange, Petersburg City, Pittsylvania, Powhatan, Prince Edward, Prince George, Pulaski, Radford City, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Salem City, Shenandoah, Spotsylvania, Stafford, Staunton City, Tazewell, Washington, Waynesboro City, Winchester City, Wise, Wythe				

# Virginia 2022 Plan Highlights

PLAN	<b>Anthem MediBlue Extra (HMO)</b> H3447-027
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$300 comprehensive allowance per quarter
ESSENTIAL EXTRAS	Covered (pick one)
FITNESS	SilverSneakers®
HEALTHY MEALS	10 Post Discharge
HEALTHY PANTRY	Covered
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$75 per quarter
PERS	Covered
PODIATRY	\$0 copay – 6 visits per year
SERVICE DOG SUPPORT	\$500 allowance per year
TRANSPORTATION	\$0 copay – 12 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year

# Virginia 2022 Plan Highlights

PLAN	Anthem MediBlue Extra (HMO) H3447-028				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	\$0
MAX OUT-OF-POCKET	\$5,200				
PCP	\$0 copay				
SPECIALIST	\$30 copay				
INPATIENT HOSPITAL	\$300 copay (days 1 – 5)				
EXTRA HELP LEVEL	No Extra Help	Level 4	Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$480 (T2 – T5)	\$99	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0/\$10/\$47/\$95/25%/\$0	\$0 to 15% coinsurance	\$0 – \$9.85	\$0 – \$4.00	\$0
	\$0 copay – T1 and T2 mail order 30-90 day supply				
MARKET SERVICE AREA	Chesapeake City, Gloucester, Hampton City, Isle Of Wight, James City, King William, Mathews, Middlesex, Newport News City, Norfolk City, Northampton, Northumberland, Poquoson City, Portsmouth City, Suffolk City, Virginia Beach City, Williamsburg City, York				

# Virginia 2022 Plan Highlights

PLAN	Anthem MediBlue Extra (HMO) H3447-028
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$500 comprehensive allowance per quarter
ESSENTIAL EXTRAS	Covered (pick one)
FITNESS	SilverSneakers®
HEALTHY MEALS	10 Post Discharge
HEALTHY PANTRY	Covered
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$135 per quarter
PERS	Covered
PODIATRY	\$0 copay – 6 visits per year
SERVICE DOG SUPPORT	\$500 allowance per year
TRANSPORTATION	\$0 copay – 24 one-way trips per year
VISION	\$0 copay – 1 routine eye exam per year; \$225 allowance – eyeglasses or contact lenses per year

# Virginia 2022 Plan Highlights

PLAN	<b>Anthem MediBlue Diabetes and Heart Care (HMO C-SNP)</b> H3447-004	<b>Anthem MediBlue COPD (HMO C-SNP)</b> H3447-003
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,450	\$3,450
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay – \$35 copay	\$0 copay – \$35 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 5)	\$350 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / <b>\$35</b> / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	\$0 / \$9.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
INSULIN SAVINGS PROGRAMS	\$0-\$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases	N/A
MARKET SERVICE AREA	Chesterfield, Colonial Heights City, Goochland, Hanover, Henrico, Hopewell City, Petersburg City, Powhatan, Richmond City	Chesterfield, Colonial Heights City, Goochland, Hanover, Henrico, Hopewell City, Petersburg City, Powhatan, Richmond City

*CareMore included in Network*

# Virginia 2022 Plan Highlights

PLAN	Anthem MediBlue Diabetes and Heart Care (HMO C-SNP) H3447-004	Anthem MediBlue COPD (HMO C-SNP) H3447-003
DENTAL	N/A	\$0 copay – 2 oral exams, 2 cleanings and 1 x-ray per year; \$1,200 comprehensive allowance per year
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure and Weight Scale	Blood Glucose, Blood Pressure and Weight Scale
FITNESS	SilverSneakers®/ Nifty After Fifty	SilverSneakers®/ Nifty After Fifty
HEALTHY MEALS	14 Post Discharge	14 Post Discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year \$3,000 maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year \$3,000 maximum plan benefit per year
OVER THE COUNTER	N/A	\$35 per quarter
PODIATRY	\$0 copay – unlimited visits – CareMore Centers \$35 copay – 12 visits	\$0 copay – unlimited visits – CareMore Centers \$35 copay – 9 visits
TRANSPORTATION	\$0 copay – 68 one-way trips to CareMore Centers	\$0 copay – 24 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contacts per year	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contacts per year

CareMore included in Network



# Virginia 2022 Plan Highlights

PLAN	<b>Anthem MediBlue Diabetes and Heart Care (HMO C-SNP)</b> H3447-037 <b>New</b>
PREMIUM	\$0
MAX OUT-OF-POCKET	\$5,900
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 5)
RX DEDUCTIBLE	\$325 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$35 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
INSULIN SAVINGS PROGRAM	\$0 – \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases
MARKET SERVICE AREA	All Counties EXCEPT: Accomack, Alexandria City, Arlington, Fairfax, Falls Church City

# Virginia 2022 Plan Highlights

PLAN	<b>Anthem MediBlue Diabetes and Heart Care (HMO C-SNP)</b> <span>New</span> H3447-037
DENTAL	\$0 copay – 2 oral exams, 2 cleanings and 1 x-ray per year; \$1,200 comprehensive allowance per year
ESSENTIAL EXTRAS	Covered (pick one)
FITNESS	SilverSneakers®
HEALTHY PANTRY	Covered
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$50 per quarter
PODIATRY	\$0 copay – 6 visits per year
SERVICE DOG SUPPORT	\$500 allowance per year
TRANSPORTATION	\$0 copay – 12 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contacts per year

# Virginia – 2022 Optional Supplemental Benefits

	HMO	PPO
Preventative Dental	\$20	\$23
Dental and Vision	\$30	\$34
Enhanced Dental and Vision	\$49	\$58

# Virginia – Medicare Supplement/Anthem Extras

VIRGINIA MEDICARE SUPPLEMENT PLANS			
PLAN A	PLAN F <sup>1</sup>	PLAN G	PLAN N
✓	✓	✓	✓

<sup>1</sup>Plan F is not available for enrollment for newly eligible beneficiaries

VIRGINIA ANTHEM EXTRAS PACKAGES			
STANDARD DENTAL WITH VISION	PREMIUM DENTAL WITH VISION	PREMIUM PLUS WITH VISION	PREMIUM PLUS DENTAL ONLY
\$19	\$32.55	\$47.05	\$41

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HealthKeepers, Inc. is an HMO plan with a Medicare contract. Enrollment in HealthKeepers, Inc. depends on contract renewal.

HealthKeepers, Inc. is an HMO CSNP plan with a Medicare contract. Enrollment in HealthKeepers depends on contract renewal.

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Dental benefit management administered by Liberty Dental, an independent company.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

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# 2022 AEP Preliminary Benefit Preview – Georgia

# Anthem's Product Portfolio: Georgia



**Medicare  
Advantage**  
*(MA/MAPD)*



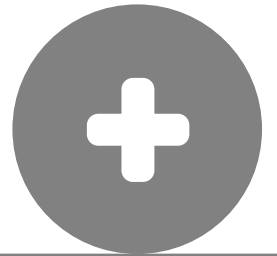
**Dual Eligible  
MAPD**  
*(DSNP)*



**Medicare  
Supplements**  
*(Medigap)*

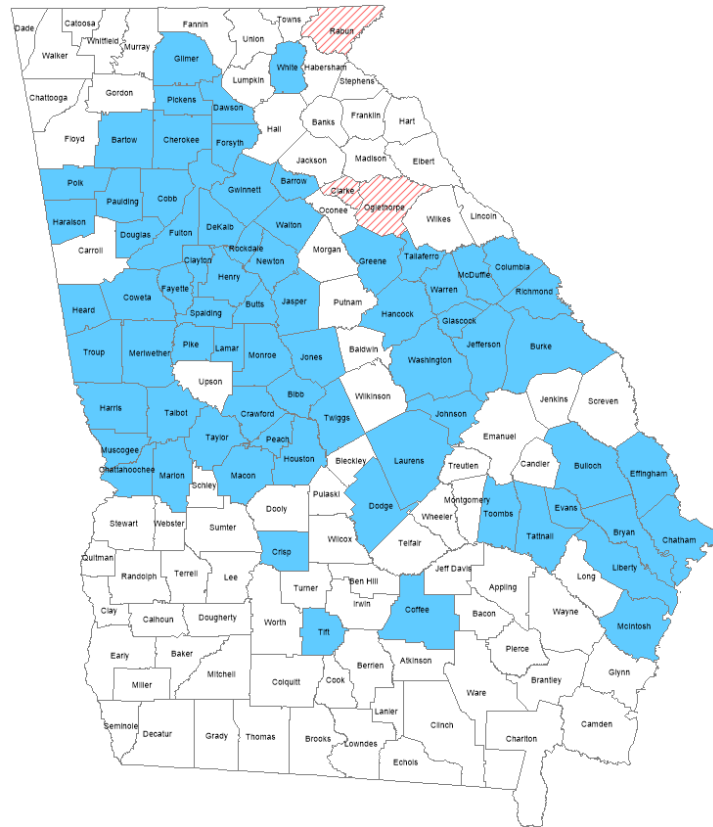


**Prescription  
Drug Plans**  
*(PDP)*

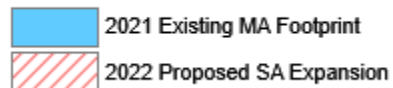


**Anthem  
Extras**

# Georgia – Medicare Advantage 2022



2022 Proposed MA Footprint



## Market Highlights

- Maintaining a wide product portfolio ranging from products for age-ins and general enrollment populations to those with LIS, chronic needs and dual eligible special needs
- Improved HMO DSNP plan with enhanced dental and OTC and Rx at \$0
- Referrals are not required on HMO and PPO plans
- Reduced Rx mail order copay for Tier 1 and Tier 2 to \$0
- Innovative enhancements to Essential Extras package
- Introduction of new MA-only and PPO DSNP plans
- New co-branded MA plans with Kroger in Atlanta market

## Service Area

Barrow, Bartow, Bibb, Bryan, Bulloch, Burke, Butts, Catoosa, Chatham, Chattahoochee, Cherokee, [Clarke](#), Clayton, Cobb, Coffee, Columbia, Coweta, Crawford, Crisp, Dawson, DeKalb, Dodge, Douglas, Effingham, Evans, Fayette, Forsyth, Fulton, Gilmer, Glascock, Greene, Gwinnett, Hancock, Haralson, Harris, Heard, Henry, Houston, Jasper, Jefferson, Johnson, Jones, Lamar, Laurens, Liberty, Macon, Marion, McDuffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, [Oglethorpe](#), Paulding, Peach, Pickens, Pierce, Pike, Polk, [Rabun](#), Richmond, Rockdale, Spalding, Talbot, Taliaferro, Tattnall, Taylor, Tift, Toombs, Troup, Twiggs, Walton, Warren, Washington, White



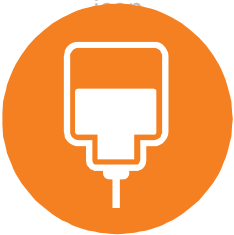
# New for 2022\*



## Grocery Card

Credit to spend on healthy food items at participating retailers. Some items including tobacco and alcohol products are excluded.

**Monthly allowance**



## Insulin Savings Program

Provides affordable and predictable insulin costs. Under this program, members will pay a maximum of \$35 copay or less for a 30-day supply on select insulin during deductible, ICL, and coverage gap phases.

**Low-cost predictable copayments for one-month supply**



## Advanced Directives Program

Member facing tool that allows for creating, recording, uploading, storing, editing and accessing an Advanced Directive. Provides members help in affairs planning, including guidance on estate planning and medical directives.

**Plan ahead and receive the care you want**

*\*Benefit availability varies by plan*

# Georgia 2022 Plan Highlights

PLAN	<b>Anthem MediBlue + Kroger (HMO)</b> <span>New</span> H5422-017
PREMIUM	\$0
MAX OUT-OF-POCKET	\$6,700
PCP	\$5 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)
RX DEDUCTIBLE	\$150 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$11 / \$42 / \$95 / 30% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Bartow, Cherokee, Clayton, Cobb, Coweta, De Kalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Rockdale, Spalding, Walton

# Georgia 2022 Plan Highlights

PLAN	<b>Anthem MediBlue + Kroger (HMO)</b> <span>New</span> H5422-017
DENTAL	\$0 copay – 2 oral exams, 2 cleanings and 1 x-ray per year; \$1,000 comprehensive allowance per year
FITNESS	SilverSneakers®
GROCERY CARD	\$75 allowance per month at Kroger
HEALTHY MEALS	8 Post Discharge
HEALTHY PANTRY	Covered
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$35 per quarter
PODIATRY	\$0 copay – unlimited visits
SERVICE DOG SUPPORT	\$500 allowance per year
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

# Georgia 2022 Plan Highlights

PLAN	Anthem MediBlue + Kroger Access (PPO) <span>New</span> H7728-012
PREMIUM	\$0
DEDUCTIBLE	\$500 – (applies to OON only)
MAX OUT-OF-POCKET	\$6,700 (INN) / \$10,000 (OON)
PCP	\$5 copay (INN)
SPECIALIST	\$40 copay (INN)
INPATIENT HOSPITAL	\$295 copay (days 1 – 6) (INN)
RX DEDUCTIBLE	\$150 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$13 / \$42 / \$95 / 30% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Bartow, Cherokee, Clayton, Cobb, Coweta, De Kalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Rockdale, Spalding, Walton

# Georgia 2022 Plan Highlights

PLAN	<b>Anthem MediBlue + Kroger Access (PPO)</b> <b>New</b> H7728-012
DENTAL	\$0 copay – 2 oral exams, 2 cleanings and 1 x-ray per year; \$1,000 comprehensive allowance per year
FITNESS	SilverSneakers®
GROCERY CARD	\$75 allowance per month at Kroger
HEARING	\$0 copay – 1 routine hearing exam
OVER THE COUNTER	\$35 per quarter
PODIATRY	\$0 copay – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year

# Georgia 2022 Plan Highlights

PLAN	<b>Anthem MediBlue + Kroger Dual Advantage (HMO D-SNP)</b> <div>New</div> H5422-016
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Bartow, Cherokee, Clayton, Cobb, Coweta, De Kalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Rockdale, Spalding, Walton

# Georgia 2022 Plan Highlights

PLAN	Anthem MediBlue + Kroger Dual Advantage (HMO D-SNP) <span>New</span> H5422-016		
DENTAL	\$0 copay – 2 oral exams, 2 cleanings and 1 x-ray per year; \$3,000 comprehensive allowance per year	MCRS	Covered
ELECTRONIC HEALTH MONITORING	Weight Scale	ADVANCE DIRECTIVES PROGRAM	Covered
ESSENTIAL EXTRA	Covered (pick one)	OVER THE COUNTER	\$300 per quarter
FITNESS	SilverSneakers®	PERS	Covered
GROCERY CARD	\$75 allowance per month at Kroger	PODIATRY	\$0 copay – 6 visits per year
HEALTHY MEALS	20 Post Discharge	SERVICE DOG SUPPORT	\$500 allowance per year
HEALTHY PANTRY	Covered	TRANSPORTATION	\$0 copay – 36 one-way trips
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	VISION	\$0 copay – 1 routine eye exam per year; \$325 allowance – eyeglasses or contact lenses per year

# Georgia 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Access (PPO D-SNP) <span>New</span> H7728-011
PREMIUM	\$0
MAX OUT-OF-POCKET	\$6,700 (INN) / \$10,000 (OON)
PCP	\$0 copay (INN)
SPECIALIST	\$0 copay (INN)
INPATIENT HOSPITAL	\$0 copay (INN)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Barrow, Bartow, Bibb, Bryan, Bulloch, Burke, Butts, Catoosa, Chatham, Chattahoochee, Cherokee, Clarke, Clayton, Cobb, Coffee, Columbia, Coweta, Crawford, Crisp, De Kalb, Dodge, Douglas, Effingham, Evans, Fayette, Forsyth, Fulton, Gilmer, Glascock, Greene, Gwinnett, Hancock, Haralson, Harris, Heard, Henry, Houston, Jasper, Jefferson, Johnson, Jones, Lamar, Laurens, Liberty, Macon, Marion, McDuffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Rabun, Richmond, Rockdale, Spalding, Talbot, Taliaferro, Tattnall, Taylor, Tift, Toombs, Troup, Twiggs, Walton, Warren, Washington, White



# Georgia 2022 Plan Highlights

PLAN	<b>Anthem MediBlue Dual Access (PPO D-SNP)</b> <span>New</span> H7728-011
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray per year and 1 fluoride; \$2,500 comprehensive allowance per year
FITNESS	SilverSneakers®
GROCERY CARD	\$50 allowance per month
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year \$3,000 maximum plan benefit per year
HEALTHY MEALS	42 Post Discharge
MCRS	Covered
ADVANCE DIRECTIVES PROGRAM	Covered
OVER THE COUNTER	\$300 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 36 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$325 allowance – eyeglasses or contact lenses per year

# Georgia 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Advantage (HMO D-SNP) H5422-007
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Barrow, Bartow, Bibb, Bryan, Bulloch, Burke, Butts, Chatham, Chattahoochee, Cherokee, Clarke, Clayton, Cobb, Coffee, Columbia, Coweta, Crawford, Crisp, De Kalb, Dodge, Douglas, Effingham, Fayette, Forsyth, Fulton, Gilmer, Glascock, Greene, Gwinnett, Harris, Heard, Henry, Houston, Jasper, Jefferson, Jones, Lamar, Laurens, Liberty, Macon, Marion, Mc Duffie, Meriwether, Monroe, Muscogee, Newton, Oglethorpe, Paulding, Peach, Pickens, Pike, Rabun, Richmond, Rockdale, Spalding, Talbot, Taylor, Tift, Toombs, Troup, Twiggs, Walton, Warren, White

# Georgia 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Advantage (HMO D-SNP) H5422-007
DENTAL	\$0 copay – 2 oral exams, 2 cleanings and 1 x-ray per year; <b>\$3,000 comprehensive allowance per year</b>
ELECTRONIC HEALTH MONITORING	Weight Scale
ESSENTIAL EXTRAS	Covered (pick one)
FITNESS	SilverSneakers®
GROCERY CARD	\$50 allowance per month
HEALTHY MEALS	20 Post Discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; <b>\$3,000 maximum plan benefit per year</b>
MCRS	Covered
OVER THE COUNTER	<b>\$300 per quarter</b>
PERS	Covered
PODIATRY	\$0 copay – 6 visits per year
TRANSPORTATION	\$0 copay – 36 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; <b>\$325 allowance – eyeglasses or contact lenses per year</b>

# Georgia 2022 Plan Highlights

PLAN	Anthem MediBlue Access (LPPO) H7728-005	Anthem MediBlue Access Basic (LPPO) H7728-006
PREMIUM	\$59	\$0
DEDUCTIBLE	\$500 – (applies to OON only)	\$0
MAX OUT-OF-POCKET	\$5,900 (INN) / \$10,000 (OON)	\$6,700 (INN) / \$10,000 (OON)
PCP	\$5 copay (INN)	\$5 copay (INN)
SPECIALIST	\$35 copay (INN)	\$40 copay (INN)
INPATIENT HOSPITAL	\$295 copay (days 1 – 6) (INN)	\$295 copay (days 1 – 6) (INN)
RX DEDUCTIBLE	\$95 (T3 – T5)	\$150 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$13 / \$42 / \$95 / 31% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	\$4 / \$13 / \$42 / \$95 / 30% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Barrow, Bartow, Bibb, Bryan, Bulloch, Burke, Butts, Catoosa, Chatham, Chattahoochee, Cherokee, Clarke, Clayton, Cobb, Coffee, Columbia, Coweta, Crawford, Crisp, Dawson, De Kalb, Dodge, Douglas, Effingham, Evans, Fayette, Forsyth, Fulton, Gilmer, Glascock, Greene, Gwinnett, Hancock, Haralson, Harris, Heard, Henry, Houston, Jasper, Jefferson, Johnson, Jones, Lamar, Laurens, Liberty, Macon, Marion, McDuffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Rabun, Richmond, Rockdale, Spalding, Talbot, Taliaferro, Tattnall, Taylor, Tift, Toombs, Troup, Twiggs, Walton, Warren, Washington, White	

# Georgia 2022 Plan Highlights

PLAN	Anthem MediBlue Access (LPPO) H7728-005	Anthem MediBlue Access Basic (LPPO) H7728-006
DENTAL	\$0 copay – 2 oral exams, 2 cleanings and 1 x-ray per year; \$1,500 comprehensive allowance per year	\$0 copay – 2 oral exams, 2 cleanings and 1 x-ray per year; \$1,000 comprehensive allowance per year
FITNESS	SilverSneakers®	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year
OVER THE COUNTER	\$35 per quarter	\$35 per quarter
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year

# Georgia 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H5422-011
PREMIUM	\$0
MAX OUT-OF-POCKET	\$6,700
PCP	\$5 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)
RX DEDUCTIBLE	\$150 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$11 / \$35 / \$95 / 30% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
INSULIN SAVINGS PROGRAM	\$0 – \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases
MARKET SERVICE AREA	Barrow, Bartow, Bibb, Bryan, Bulloch, Burke, Butts, Chatham, Chattahoochee, Cherokee, Clarke, Clayton, Cobb, Coffee, Columbia, Coweta, Crawford, Crisp, De Kalb, Dodge, Douglas, Effingham, Fayette, Forsyth, Fulton, Gilmer, Glascock, Greene, Gwinnett, Harris, Heard, Henry, Houston, Jasper, Jefferson, Jones, Lamar, Laurens, Liberty, Macon, Marion, McDuffie, Meriwether, Monroe, Muscogee, Newton, Oglethorpe, Paulding, Peach, Pickens, Pike, Rabun, Richmond, Rockdale, Spalding, Talbot, Taylor, Tift, Toombs, Troup, Twiggs, Walton, Warren, White

# Georgia 2022 Plan Highlights

PLAN	<b>Anthem MediBlue Plus (HMO)</b> H5422-011
DENTAL	\$0 copay – 2 oral exams, 2 cleanings and 1 x-ray per year; \$1,000 comprehensive allowance annually
ESSENTIAL EXTRAS	Covered (pick one)
FITNESS	SilverSneakers®
HEALTHY MEALS	8 Post Discharge
HEALTHY PANTRY	Covered
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$35 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
SERVICE DOG SUPPORT	\$500 allowance per year
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

# Georgia 2022 Plan Highlights

PLAN	Anthem MediBlue Essential (HMO) H5422-008
PREMIUM	\$38
MAX OUT-OF-POCKET	\$3,450
PCP	\$10 copay
SPECIALIST	\$50 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 6)
RX DEDUCTIBLE	\$95 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$15 / \$37 / \$95 / 31% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Bryan, Bulloch, Burke, Chatham, Clarke, Clayton, Coffee, Columbia, De Kalb, Effingham, Forsyth, Fulton, Glascock, Gwinnett, Harris, Jefferson, Mc Duffie, Muscogee, Oglethorpe, Rabun, Richmond, Rockdale, Talbot, Warren



# Georgia 2022 Plan Highlights

PLAN	Anthem MediBlue Essential (HMO) H5422-008
DENTAL	\$0 copay – 2 oral exams, 2 cleanings and 1 x-ray per year; \$425 comprehensive allowance per quarter
FITNESS	SilverSneakers®
HEALTHY MEALS	20 Post Discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
OVER THE COUNTER	\$57 per quarter
PODIATRY	\$0 copay – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

# Georgia 2022 Plan Highlights

PLAN	Anthem MediBlue Extra (HMO) H5422-013				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	\$0
MAX OUT-OF-POCKET	\$5,900				
PCP	\$0 copay				
SPECIALIST	\$25 copay				
INPATIENT HOSPITAL	\$295 copay (day 1 – 7)				
EXTRA HELP LEVEL	No Extra Help	Level 4	Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$480 (T2 – T5)	\$92	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0/\$10/\$47/\$95/25%/\$0	\$0 to 15%	\$0 – \$9.20	\$0 – \$4.00	\$0
	\$0 copay – T1 and T2 mail order 30-90 day supply				
MARKET SERVICE AREA	Barrow, Bartow, Bibb, Bryan, Bulloch, Burke, Butts, Chatham, Chattahoochee, Cherokee, <a href="#">Clark</a> , Clayton, Cobb, Coffee, Columbia, Coweta, Crawford, Crisp, DeKalb, Dodge, Douglas, Effingham, Fayette, Forsyth, Fulton, Gilmer, Glascock, Greene, Gwinnett, Harris, Heard, Henry, Houston, Jasper, Jefferson, Jones, Lamar, Laurens, Liberty, Macon, Marion, McDuffie, Meriwether, Monroe, Muscogee, Newton, <a href="#">Oglethorpe</a> , Paulding, Peach, Pickens, Pike, <a href="#">Rabun</a> , Richmond, Rockdale, Spalding, Talbot, Taylor, Tift, Toombs, Troup, Twiggs, Walton, Warren, White				

# Georgia 2022 Plan Highlights

PLAN	Anthem MediBlue Extra (HMO) H5422-013
DENTAL	\$0 copay – 2 oral exams, 2 cleanings and 1 x-ray per year; \$2,000 comprehensive allowance per year
ESSENTIAL EXTRAS	Covered (pick one)
FITNESS	SilverSneakers®
HEALTHY PANTRY	Covered
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$70 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
SERVICE DOG SUPPORT	\$500 allowance per year
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

# Georgia 2022 Plan Highlights

PLAN	Anthem MediBlue Service (HMO) H5422-014
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$275 copay (days 1 – 6)
RX DEDUCTIBLE	N/A
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A
MARKET SERVICE AREA	Barrow, Bartow, Bibb, Bryan, Bulloch, Burke, Butts, Chatham, Chattahoochee, Cherokee, Clarke, Clayton, Cobb, Coffee, Columbia, Coweta, Crawford, Crisp, De Kalb, Dodge, Douglas, Effingham, Fayette, Forsyth, Fulton, Gilmer, Glascock, Greene, Gwinnett, Hancock, Haralson, Harris, Heard, Henry, Houston, Jasper, Jefferson, Johnson, Jones, Lamar, Laurens, Liberty, Macon, Marion, Mc Duffie, McIntosh, Meriwether, Monroe, Muscogee, Newton, Oglethorpe, Paulding, Peach, Pickens, Pike, Polk, Rabun, Richmond, Rockdale, Spalding, Talbot, Taliaferro, Tattnall, Taylor, Tift, Toombs, Troup, Twiggs, Walton, Warren, Washington, White

# Georgia 2022 Plan Highlights

PLAN	Anthem MediBlue Service (HMO) H5422-014
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$500 comprehensive allowance per quarter
ESSENTIAL EXTRAS	Covered (pick one)
FITNESS	SilverSneakers®
HEALTHY MEALS	8 Post Discharge
HEALTHY PANTRY	Covered
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$75 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
SERVICE DOG SUPPORT	\$500 allowance per year
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year

# Georgia – 2022 Optional Supplemental Benefits

	HMO	PPO
Preventative Dental	\$17	\$21
Dental and Vision	\$28	\$30
Enhanced Dental and Vision	\$50	\$54

# Georgia – Medicare Supplement/Anthem Extras

GEORGIA MEDICARE SUPPLEMENT PLANS			
PLAN A	PLAN F <sup>1</sup>	PLAN G	PLAN N
✓	✓	✓	✓

<sup>1</sup>Plan F is not available for enrollment for newly eligible beneficiaries

ANTHEM EXTRAS PACKAGES			
STANDARD	PREMIUM	PREMIUM PLUS	PREMIUM PLUS DENTAL ONLY
\$18	\$32	\$46	\$38

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Anthem Blue Cross and Blue Shield is an HMO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Anthem Blue Cross and Blue Shield is an HMO DSNP plan with a Medicare contract and a contract with the Georgia Medicaid program. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Anthem Blue Cross and Blue Shield is an LPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

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Dental benefit management administered by Liberty Dental, an independent company.

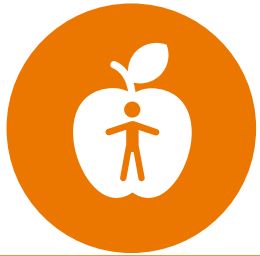
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# 2022 AEP Preliminary Benefit Preview - Maine

# Anthem's Product Portfolio: Maine



**Medicare  
Advantage**  
*(MA/MAPD)*



**Dual Eligible  
MAPD**  
*(DSNP)*

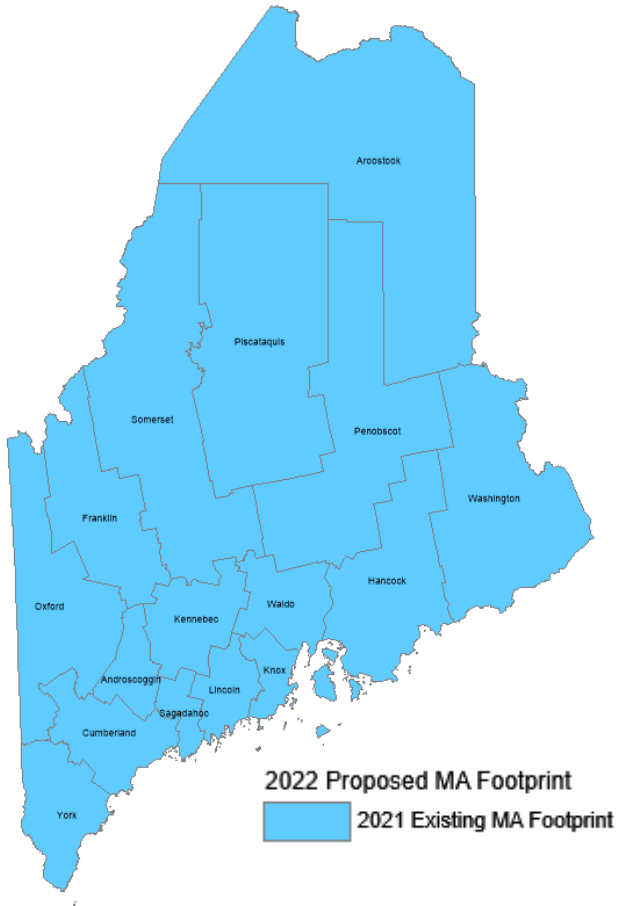


**Medicare  
Supplements**  
*(Medigap)*



**Prescription  
Drug Plans**  
*(PDP)*

# Maine – Medicare Advantage 2022



## Market Highlights

- Anthem and MaineHealth continue to build on successful 2020 launch of joint venture in 2022
- Maintaining a wide product portfolio ranging from products for age-ins and general enrollment populations to those with LIS and dual eligible special needs
- Improved HMO DSNP plan with Rx at \$0
- Innovative enhancements to Essential Extras package
- Strengthened PPO plans statewide
- Reduced Rx mail order copay for Tier 1 and Tier 2 to \$0
- Strong provider relationships Maine Medical Center and Maine Medical Partners
- Referrals are not required on HMO and PPO plans

## Service Area

All counties

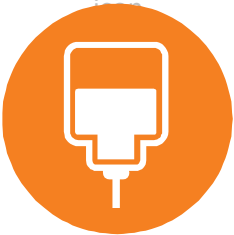
# New for 2022!\*



## Grocery Card

Credit to spend on healthy food items at participating retailers. Some items including tobacco and alcohol products are excluded.

**Monthly allowance**



## Insulin Savings Program

Provides affordable and predictable insulin costs. Under this program, members will pay a maximum of \$35 copay or less for a 30-day supply on select insulin during deductible, ICL, and coverage gap phases.

**Low-cost predictable copayments for one-month supply**



## Advance Directives Program

Member facing tool that allows for creating, recording, uploading, storing, editing and accessing an Advanced Directive. Provides members help in affairs planning, including guidance on estate planning and medical directives.

**Plan ahead and receive the care you want**

*\*Benefit availability varies by plan*

# Maine 2022 Plan Highlights

PLAN	<b>Anthem   MaineHealth Advantage Dual Plus (HMO D-SNP)</b> H9065-001
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, York

# Maine 2022 Plan Highlights

PLAN	Anthem   MaineHealth Advantage Dual Plus (HMO D-SNP) H9065-001
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$2,000 comprehensive allowance per year
ESSENTIAL EXTRAS	Covered (pick one)
FITNESS	SilverSneakers®
GROCERY CARD	\$50 allowance per month
HEALTHY MEALS	14 Post Discharge / 30 Chronic Condition
HEALTHY PANTRY	Covered
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
ADVANCE DIRECTIVES PROGRAM	Covered
OVER THE COUNTER	\$200 per quarter
PERS	Covered
SERVICE DOG SUPPORT	\$500 allowance per year
TRANSPORTATION	\$0 copay – 40 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year

# Maine 2022 Plan Highlights

PLAN	Anthem   MaineHealth Advantage Access (PPO) H9219-001	Anthem   MaineHealth Advantage Access (PPO) H9219-002
PREMIUM	\$0	\$24
DEDUCTIBLE	\$1,000 (applies to OON only)	\$1,000 (applies to OON only)
MAX OUT-OF-POCKET	\$5,800 (INN) / \$10,000 (OON)	\$5,800 (INN) / \$10,000 (ONN)
PCP	\$0 copay (INN)	\$0 copay (INN)
SPECIALIST	\$35 copay (INN)	\$35 copay (INN)
INPATIENT HOSPITAL	\$300 copay (days 1 – 6) (INN)	\$300 copay (days 1 – 6) (INN)
RX DEDUCTIBLE	\$400 (T3 – T5)	\$400 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$3 / \$10 / \$42 / \$95 / 26% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	\$3 / \$10 / \$42 / \$95 / 26% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset, Waldo, York	Aroostook, Hancock, Penobscot, Piscataquis, Washington

# Maine 2022 Plan Highlights

PLAN	Anthem   MaineHealth Advantage Access (PPO) H9219-001	Anthem   MaineHealth Advantage Access (PPO) H9219-002
DENTAL	\$0 copay – 2 oral exams, 2 cleanings per year, 1 x-ray; \$1,000 comprehensive allowance per year	\$0 copay – 1 oral exam, 1 cleaning per year
FITNESS	SilverSneakers®	SilverSneakers®
HEARING	1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year	1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year
MCRS	Covered	Covered
OVER THE COUNTER	\$35 per quarter	N/A
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year



# Maine 2022 Plan Highlights

PLAN	Anthem   MainHealth Advantage Choice (HMO-POS) H9065-002
PREMIUM	\$0
MAX OUT-OF-POCKET	\$5,500 (INN) / \$8,500 (OON)
PCP	\$0 copay (INN)
SPECIALIST	\$35 copay (INN)
INPATIENT HOSPITAL	\$275 copay (days 1 – 7) (INN)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$5 / \$35 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
INSULIN SAVINGS PROGRAM	\$0 – \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases
MARKET SERVICE AREA	Cumberland, York

# Maine 2022 Plan Highlights

PLAN	Anthem   MaineHealth Advantage Choice (HMO-POS) H9065-002
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray per year; \$450 comprehensive allowance per quarter
ESSENTIAL EXTRAS	Covered (pick one)
FITNESS	SilverSneakers®
HEALTHY PANTRY	Covered
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$98 per quarter
SERVICE DOG SUPPORT	\$500 allowance per year
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year

# Maine 2022 Plan Highlights

PLAN	Anthem   MaineHealth Advantage Plus (HMO) H9065-008
PREMIUM	\$0
MAX OUT-OF-POCKET	\$5,500
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$300 copay (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$10 / \$35 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
INSULIN SAVINGS PROGRAM	\$0 – \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases
MARKET SERVICE AREA	Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset, Waldo

# Maine 2022 Plan Highlights

PLAN	Anthem   MaineHealth Advantage Plus (HMO) H9065-008
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$450 comprehensive allowance per quarter
ESSENTIAL EXTRAS	Covered (pick one)
FITNESS	SilverSneakers®
HEALTHY PANTRY	Covered
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$98 per quarter
PODIATRY	\$0 copay – 6 visits per year
SERVICE DOG SUPPORT	\$500 allowance per year
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year

# Maine 2022 Plan Highlights

PLAN	Anthem   MaineHealth Advantage Choice (HMO-POS) H9065-003	Anthem   MaineHealth Advantage Choice (HMO-POS) H9065-004
PREMIUM	\$21	\$78
MAX OUT-OF-POCKET	\$5,500 (INN) / \$8,500 (OON)	\$5,500 (INN) / \$8,500 (ONN)
PCP	\$0 copay (INN)	\$0 copay (INN)
SPECIALIST	\$40 copay (INN)	\$40 copay (INN)
INPATIENT HOSPITAL	\$300 copay (days 1 – 5) (INN)	\$300 copay (days 1 – 5) (INN)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$10 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	\$4 / \$10 / \$37 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset, Waldo	Aroostook, Hancock, Penobscot, Piscataquis, Washington

# Maine 2022 Plan Highlights

PLAN	Anthem   MaineHealth Advantage Choice (HMO-POS) H9065-003	Anthem   MaineHealth Advantage Choice (HMO-POS) H9065-004
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray per year; \$450 comprehensive allowance per quarter	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray per year; \$450 comprehensive allowance per quarter
ESSENTIAL EXTRAS	Covered (pick one)	Covered (pick one)
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY PANTRY	Covered	Covered
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year	\$0 copay - 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year
MCRS	Covered	Covered
OVER THE COUNTER	\$98 per quarter	\$98 per quarter
PODIATRY	\$0 copay – 6 visits per year	\$0 copay – 6 visits per year
SERVICE DOG SUPPORT	\$500 allowance per year	\$500 allowance per year
VISION	\$0 copay - 1 routine eye exam per year; \$125 allowance - eyeglasses or contact lenses per year	\$0 copay - 1 routine eye exam per year; \$125 allowance - eyeglasses or contact lenses per year

# Maine 2022 Plan Highlights

PLAN	Anthem   MaineHealth Advantage Extra (HMO) H9065-005				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	\$0
MAX OUT-OF-POCKET	\$4,900				
PCP	\$0 copay				
SPECIALIST	\$35 copay				
INPATIENT HOSPITAL	\$300 copay (days 1 – 5)				
EXTRA HELP LEVEL	No Extra Help	Level 4	Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$275 (T2 – T5)	\$99	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0/\$16/\$47/\$95/28%/\$0	\$0 to 15%	\$0 – \$9.85	\$0 – \$4.00	\$0
	\$0 copay – T1 and T2 mail order 30-90 day supply				
MARKET SERVICE AREA	Cumberland, York				

# Maine 2022 Plan Highlights

PLAN	Anthem   MaineHealth Advantage Extra (HMO) H9065-005
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$600 comprehensive allowance per quarter
FITNESS	SilverSneakers®
HEALTHY MEALS	10 Post Discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
OVER THE COUNTER	\$150 per quarter
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year



# Maine 2022 Plan Highlights

PLAN	Anthem   MaineHealth Advantage Extra (HMO) H9065-006				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	\$0
MAX OUT-OF-POCKET	\$4,900				
PCP	\$0 copay				
SPECIALIST	\$35 copay				
INPATIENT HOSPITAL	\$300 copay (days 1 – 5)				
EXTRA HELP LEVEL	No Extra Help	Level 4	Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$275 (T2 – T5)	\$99	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0/\$16/\$47/\$95/28%/\$0	\$0 to 15%	\$0 – \$9.85	\$0 – \$4.00	\$0
	\$0 copay – T1 and T2 mail order 30-90 day supply				
MARKET SERVICE AREA	Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset, Waldo				

# Maine 2022 Plan Highlights

PLAN	Anthem   MaineHealth Advantage Extra (HMO) H9065-006
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$600 comprehensive allowance per quarter
FITNESS	SilverSneakers®
HEALTHY MEALS	10 Post Discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
OVER THE COUNTER	\$150 per quarter
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year

# Maine 2022 Plan Highlights

PLAN	Anthem   MaineHealth Advantage Extra (HMO) H9065-007				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	\$0
MAX OUT-OF-POCKET	\$5,000				
PCP	\$0 copay				
SPECIALIST	\$35 copay				
INPATIENT HOSPITAL	\$300 copay (days 1-5)				
EXTRA HELP LEVEL	No Extra Help	Level 4	Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$275 (T2 – T5)	\$92	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0/\$16/\$47/\$95/28%/\$0	\$0 to 15%	\$0 – \$9.85	\$0 – \$4.00	\$0
	\$0 copay – T1 and T2 mail order 30-90 day supply				
MARKET SERVICE AREA	Aroostook, Hancock, Penobscot, Piscataquis, Washington				

# Maine 2022 Plan Highlights

PLAN	Anthem   MaineHealth Advantage Extra (HMO) H9065-007
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$2,000 comprehensive allowance per year
FITNESS	SilverSneakers®
HEALTHY MEALS	10 Post Discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
OVER THE COUNTER	\$50 per quarter
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year

# Maine – 2022 Optional Supplemental Benefits

	PPO
Preventative Dental	\$23
Dental and Vision	\$33
Enhanced Dental and Vision	\$54

# Maine – Medicare Supplement

MAINE MEDICARE SUPPLEMENT PLANS			
PLAN A	PLAN F <sup>1</sup>	PLAN G	PLAN N
✓	✓	✓	✓

<sup>1</sup>Plan F is not available for enrollment for newly eligible beneficiaries

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Anthem Blue Cross and Blue Shield is an HMO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Anthem Blue Cross and Blue Shield is an HMO DSNP plan with a Medicare contract and a contract with the Maine Medicaid program. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Anthem Blue Cross and Blue Shield is an LPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Plans offered by AMH Health, LLC, a joint venture between MaineHealth and Anthem Partnership Holding Company, LLC. AMH Health, LLC is an independent licensee of the Blue Cross Blue Shield Association.

Anthem MaineHealth, LLC. is an HMO plan with a Medicare contract. Enrollment in Anthem MaineHealth, LLC. depends on contract renewal.

Anthem MaineHealth, LLC. an HMO DSNP plan with a Medicare contract and a contract with the Maine Medicaid program. Enrollment in Anthem MaineHealth, LLC. depends on contract renewal.

Anthem Blue Cross and Blue Shield is the trade name of: in Maine: Anthem Health Plans of Maine, Inc. and in New Hampshire: Anthem Health Plans of New Hampshire, Inc. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Anthem Blue Cross and Blue Shield is a PDP plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Dental benefit management administered by Liberty Dental, an independent company.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

The SilverSneakers fitness program is provided by Tivity Health, an independent company. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2017 Tivity Health, Inc. All rights reserved.

# 2022 AEP Preliminary Benefit Preview – New York



# Anthem's Product Portfolio: New York



**Medicare  
Advantage**  
*(MA/MAPD)*



**Dual Eligible  
MAPD**  
*(DSNP)*

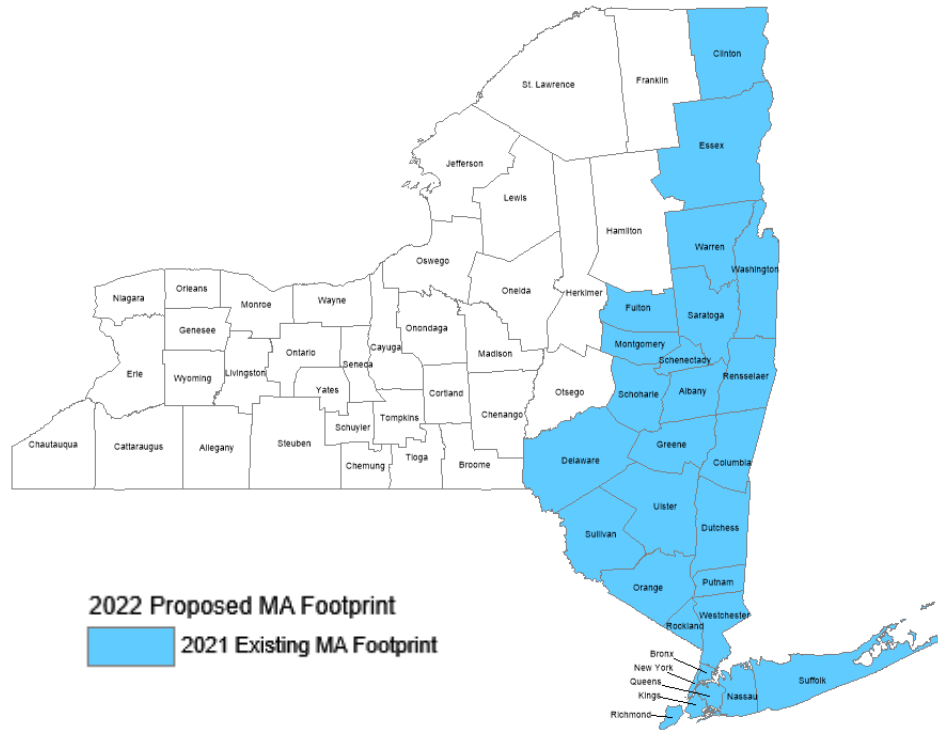


**Medicare  
Supplements**  
*(Medigap)*



**Prescription  
Drug Plans**  
*(PDP)*

# New York – Medicare Advantage 2022



## Market Highlights

- Maintaining a wide product portfolio ranging from products for age-ins and general enrollment populations to those with LIS and dual eligible special needs
- HMO and DSNPs offered in the 28 county Empire service area
- Improved HealthPlus DSNP plans with Rx at \$0
- Innovative enhancements to Essential Extras package
- Reduced Rx mail order copay for Tier 1 and Tier 2 to \$0 on many HMO plans
- Introduction of a new HealthPlus HMO plan in 4 counties

## Service Area

Albany, Bronx, Clinton, Columbia, Delaware, Dutchess, Essex, Fulton, Greene, Kings, Montgomery, Nassau, New York, Orange, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington, Westchester

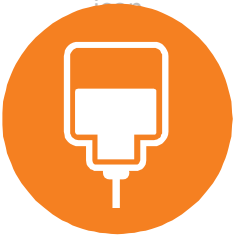
# New for 2022!\*



## Grocery Card

Credit to spend on healthy food items at participating retailers. Some items including tobacco and alcohol products are excluded.

**Monthly allowance**



## Insulin Savings Program

Provides affordable and predictable insulin costs. Under this program, members will pay a maximum of \$35 copay or less for a 30-day supply on select insulin during deductible, ICL, and coverage gap phases.

**Low-cost predictable copayments for one-month supply**



## Advanced Directives Program

Member facing tool that allows for creating, recording, uploading, storing, editing and accessing an Advanced Directive. Provides members help in affairs planning, including guidance on estate planning and medical directives.

**Plan ahead and receive the care you want**

*\*Benefit availability varies by plan*

# New York 2022 Plan Highlights

PLAN	<b>Empire MediBlue HealthPlus Select (HMO)</b> <span>New</span> H1732-007
PREMIUM	\$0
MAX OUT-OF-POCKET	\$6,900
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$275 copay (days 1 – 5)
RX DEDUCTIBLE	\$350 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$3 / \$15 / \$35 / \$94 / 27% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
INSULIN SAVINGS PROGRAM	\$0 – \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases
MARKET SERVICE AREA	Bronx, Kings, New York, Queens

# New York 2022 Plan Highlights

PLAN	<b>Empire MediBlue HealthPlus Select (HMO)</b> <span>New</span> H1732-007
ACUPUNCTURE	\$0 copay – 12 per year
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$2,000 comprehensive allowance per year
ESSENTIAL EXTRAS	Covered (pick one)
FITNESS	SilverSneakers®
HEALTHY PANTRY	Covered
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year
OVER THE COUNTER	\$35 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
SERVICE DOG SUPPORT	\$500 allowance per year
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

# New York 2022 Plan Highlights

PLAN	Empire MediBlue HealthPlus (HMO) H1732-004
PREMIUM	\$0
MAX OUT-OF-POCKET	\$6,900
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$375 copay (days 1 – 5)
RX DEDUCTIBLE	\$350 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$3 / \$15 / \$42 / \$94 / 27% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Bronx, Kings, New York, Queens, Richmond

# New York 2022 Plan Highlights

PLAN	Empire MediBlue HealthPlus (HMO) H1732-004
ACUPUNCTURE	\$0 copay – 12 per year
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$1,000 comprehensive allowance per year
ESSENTIAL EXTRAS	Covered (pick 1)
FITNESS	SilverSneakers®
HEALTHY PANTRY	Covered
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$35 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
SERVICE DOG SUPPORT	\$500 allowance per year
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

# New York 2022 Plan Highlights

PLAN	Empire MediBlue HealthPlus (HMO) H1732-005
PREMIUM	\$25
MAX OUT-OF-POCKET	\$5,900
PCP	\$5 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$385 copay (days 1 – 5)
RX DEDUCTIBLE	\$200 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$10 / \$42 / \$95 / 29% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Orange, Rockland, Westchester



# New York 2022 Plan Highlights

PLAN	Empire MediBlue HealthPlus (HMO) H1732-005
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$500 comprehensive allowance per quarter
FITNESS	SilverSneakers®
HEALTHY MEALS	14 Post Discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
OVER THE COUNTER	\$35 per quarter
PERS	Covered
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year

# New York 2022 Plan Highlights

PLAN	Empire MediBlue HealthPlus (HMO) H1732-006
PREMIUM	\$25
MAX OUT-OF-POCKET	\$6,700
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 5)
RX DEDUCTIBLE	\$350 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$3 / \$15 / \$42 / \$94 / 27% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Nassau, Suffolk

# New York 2022 Plan Highlights

PLAN	Empire MediBlue HealthPlus (HMO) H1732-006
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$250 comprehensive allowance per quarter
FITNESS	SilverSneakers®
HEALTHY MEALS	14 Post Discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
MEALS	14 post discharge meals
OVER THE COUNTER	\$40 per quarter
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year

# New York 2022 Plan Highlights

PLAN	Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) (FIDE) H1732-001
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 / \$0
MARKET SERVICE AREA	Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Suffolk, Westchester

# New York 2022 Plan Highlights

PLAN	Empire MediBlue HealthPlus Dual Plus (HMO D-SNP) (FIDE) H1732-001
ACUPUNCTURE	\$0 copay – 12 visits per year
CHIROPRACTIC	\$0 copay – 12 visits
DENTAL	Covered by Medicaid
FITNESS	SilverSneakers®
GROCERY CARD	\$50 allowance per month
HEARING	Covered by Medicaid
MCRS	Covered
ADVANCE DIRECTIVES PROGRAM	Covered
OVER THE COUNTER	\$425 per quarter
PODIATRY	\$0 copay – unlimited visits
SERVICE DOG SUPPORT	\$500 allowance per year
TRANSPORTATION	Covered by Medicaid
VISION	Covered by Medicaid

# New York 2022 Plan Highlights

PLAN	Empire MediBlue HealthPlus Dual Connect (HMO D-SNP) H1732-003 (Consolidated H1732-002)
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 / \$0
MARKET SERVICE AREA	Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Suffolk, Westchester

# New York 2022 Plan Highlights

PLAN	Empire MediBlue HealthPlus Dual Connect (HMO D-SNP) H1732-003 (Consolidated H1732-002)		
ACUPUNCTURE	\$0 copay – 24 visits per year	MCRS	Covered
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$575 comprehensive allowance per quarter	ADVANCE DIRECTIVES PROGRAM	Covered
ELECTRONIC HEALTH MONITORING	Weight Scale	OVER THE COUNTER	\$300 per quarter
ESSENTIAL EXTRAS	Covered (pick one)	PERS	Covered
FITNESS	SilverSneakers®	PODIATRY	\$0 copay – unlimited visits
GROCERY CARD	\$50 allowance per month	SERVICE DOG SUPPORT	\$500 allowance per year
HEALTHY PANTRY	Covered	TRANSPORTA TION	\$0 copay – 12 one-way trips
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year

# New York 2022 Plan Highlights

PLAN	Empire MediBlue Select (HMO) H8432-016
PREMIUM	\$45
MAX OUT-OF-POCKET	\$6,400
PCP	\$5 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$400 copay (days 1 – 5)
RX DEDUCTIBLE	\$200 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$10 / \$42 / \$95 / 27% / \$0
MARKET SERVICE AREA	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester



# New York 2022 Plan Highlights

PLAN	Empire MediBlue Select (HMO) H8432-016
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$500 comprehensive allowance per year
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
OVER THE COUNTER	\$35 per quarter
VISION	\$0 copay – 1 routine eye exam per year; \$175 allowance – eyeglasses or contact lenses per year

# New York 2022 Plan Highlights

PLAN	Empire MediBlue Select (HMO) H8432-027
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$20 copay
SPECIALIST	\$50 copay
INPATIENT HOSPITAL	\$400 copay (days 1 – 5)
RX DEDUCTIBLE	\$350 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$3 / \$15 / \$42 / \$94 / 27% / \$0
MARKET SERVICE AREA	Bronx, Kings, New York, Queens, Richmond

# New York 2022 Plan Highlights

PLAN	Empire MediBlue Select (HMO) H8432-027
FITNESS	SilverSneakers®
OVER THE COUNTER	\$27 per quarter
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

# New York 2022 Plan Highlights

PLAN	Empire MediBlue Select (HMO) H8432-032	Empire MediBlue Select (HMO) H8432-033
PREMIUM	\$51	\$79
MAX OUT-OF-POCKET	\$6,800	\$6,900
PCP	\$5 copay	\$10 copay
SPECIALIST	\$40 copay	\$40 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 5)	\$350 copay (days 1 – 5)
RX DEDUCTIBLE	\$350 (T3 – T5)	\$350 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$3 / \$15 / \$42 / \$94 / 27% / \$0	\$3 / \$15 / \$42 / \$94 / 27% / \$0
MARKET SERVICE AREA	Nassau	Suffolk

# New York 2022 Plan Highlights

PLAN	<b>Empire MediBlue Select (HMO)</b> H8432-032	<b>Empire MediBlue Select (HMO)</b> H8432-033
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year	\$0 copay – 1 oral exam and 1 cleaning per year
FITNESS	SilverSneakers®	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year
OVER THE COUNTER	\$36 per quarter	\$36 per quarter
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

# New York 2022 Plan Highlights

PLAN	<b>Empire MediBlue Service Select (HMO)</b> H8432-036
PREMIUM	\$0
MAX OUT-OF-POCKET	\$6,700
PCP	\$10 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 5)
RX DEDUCTIBLE	N/A
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A
MARKET SERVICE AREA	Bronx, Dutchess, Kings, New York, Orange, Putnam, Queens, Richmond, Rockland

# New York 2022 Plan Highlights

PLAN	Empire MediBlue Service Select (HMO) H8432-036
FITNESS	SilverSneakers®
OVER THE COUNTER	\$64 per quarter
VISION	\$0 copay – 1 routine eye exam per year

# New York 2022 Plan Highlights

PLAN	<b>Empire MediBlue Extra Select (HMO)</b> H8432-035				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	TBD
MAX OUT-OF-POCKET	\$6,500				
PCP	\$10 copay				
SPECIALIST	\$40 copay				
INPATIENT HOSPITAL	\$400 copay (days 1-5)				
EXTRA HELP LEVEL	No Extra Help	Level 4	Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$480 (T3 – T5)	\$99	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0/\$15/\$47/\$95/25%/\$0	\$0 to 15%	\$0 – \$9.85	\$0 – \$4.00	\$0
MARKET SERVICE AREA	Bronx, Kings, New York, Queens, Richmond				



# New York 2022 Plan Highlights

PLAN	Empire MediBlue Extra Select (HMO) H8432-035
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$1,000 comprehensive allowance per year
ESSENTIAL EXTRAS	Covered (pick one)
FITNESS	SilverSneakers®
HEALTHY PANTRY	Covered
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$90 per quarter
PERS	Covered
SERVICE DOG SUPPORT	\$500 allowance per year
TRANSPORTATION	\$0 copay – 12 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

# New York 2022 Plan Highlights

PLAN	Empire MediBlue Dual Advantage Select (HMO D-SNP) H8432-028
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 / \$0
MARKET SERVICE AREA	Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Sullivan, Ulster, Westchester

# New York 2022 Plan Highlights

PLAN	Empire MediBlue Dual Advantage Select (HMO D-SNP) H8432-028
ACUPUNCTURE	\$0 copay – 24 visits per year
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$1,000 comprehensive allowance per year
ELECTRONIC HEALTH MONITORING	Weight Scale
FITNESS	SilverSneakers®
HEALTHY PANTRY	Covered
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year
OVER THE COUNTER	\$210 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year

# New York 2022 Plan Highlights

PLAN	Empire MediBlue Dual Advantage Select (HMO D-SNP) H8432-034
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 / \$0
MARKET SERVICE AREA	Suffolk

# New York 2022 Plan Highlights

PLAN	Empire MediBlue Dual Advantage Select (HMO D-SNP) H8432-034
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$350 comprehensive allowance per quarter
ESSENTIAL EXTRAS	Covered (pick one)
FITNESS	SilverSneakers®
HEALTHY PANTRY	Covered
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$255 per quarter
SERVICE DOG SUPPORT	\$500 allowance per year
TRANSPORTATION	\$0 copay – 24 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year

# New York 2022 Plan Highlights

PLAN	<b>Empire MediBlue Plus (HMO)</b> H8432-008-005	<b>Empire MediBlue Plus (HMO)</b> H8432-008-006
PREMIUM	\$16	\$16
MAX OUT-OF-POCKET	\$7,550	\$7,550
PCP	\$25 copay	\$20 copay
SPECIALIST	\$50 copay	\$50 copay
INPATIENT HOSPITAL	\$500 copay (days 1 – 4)	\$500 copay (days 1 – 4)
RX DEDUCTIBLE	\$350 (T3 – T5)	\$350 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$15 / \$42 / \$94 / 27%	\$0 / \$15 / \$42 / \$94 / 27%
MARKET SERVICE AREA	Bronx	Queens

# New York 2022 Plan Highlights

PLAN	<b>Empire MediBlue Plus (HMO)</b> H8432-008-005	<b>Empire MediBlue Plus (HMO)</b> H8432-008-006
FITNESS	SilverSneakers®	SilverSneakers®
VISION	\$0 copay – 1 routine eye exam per year	\$0 copay – 1 routine eye exam per year

# New York 2022 Plan Highlights

PLAN	<b>Empire MediBlue Plus (HMO)</b> H8432-008-007	<b>Empire MediBlue Plus (HMO)</b> H8432-009
PREMIUM	\$16	\$62
MAX OUT-OF-POCKET	\$7,550	\$6,200
PCP	\$20 copay	\$15 copay
SPECIALIST	\$50 copay	\$50 copay
INPATIENT HOSPITAL	\$500 copay (days 1 – 4)	\$385 copay (days 1 – 5)
RX DEDUCTIBLE	\$350 (T3 – T5)	\$325 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$15 / \$42 / \$94 / 27% / N/A	\$0 / \$10 / \$42 / \$95 / 27% / N/A
MARKET SERVICE AREA	Kings	Rockland, Westchester



# New York 2022 Plan Highlights

PLAN	<b>Empire MediBlue Plus (HMO)</b> H8432-008-007	<b>Empire MediBlue Plus (HMO)</b> H8432-009
DENTAL	N/A	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year
FITNESS	SilverSneakers®	SilverSneakers®
HEARING	N/A	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,500 maximum plan benefit per year
OVER THE COUNTER	N/A	\$35 per quarter
VISION	\$0 copay – 1 routine eye exam per year	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

# New York 2022 Plan Highlights

PLAN	Empire MediBlue Plus (HMO) H8432-010	Empire MediBlue Plus (HMO) H8432-011
PREMIUM	\$51	\$80
MAX OUT-OF-POCKET	\$7,550	\$6,950
PCP	\$15 copay	\$15 copay
SPECIALIST	\$50 copay	\$50 copay
INPATIENT HOSPITAL	\$400 copay (days 1 – 5)	\$390 copay (days 1 – 5)
RX DEDUCTIBLE	\$350 (T3 – T5)	\$350 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$15 / \$40 / \$95 / 27%	\$0 / \$15 / \$42 / \$95 / 27%
MARKET SERVICE AREA	Nassau	Suffolk

# New York 2022 Plan Highlights

PLAN	<b>Empire MediBlue Plus (HMO)</b> H8432-010	<b>Empire MediBlue Plus (HMO)</b> H8432-011
DENTAL	\$0 copay - 1 oral exam and 1 cleaning per year	\$0 copay – 1 oral exam and 1 cleaning per year
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	42 Post Discharge	N/A
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

# New York 2022 Plan Highlights

PLAN	<b>Empire MediBlue Service (HMO)</b> H8432-037-001	<b>Empire MediBlue Service (HMO)</b> H8432-037-002
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$7,550	\$6,950
PCP	\$20 copay	\$20 copay
SPECIALIST	\$50 copay	\$50 copay
INPATIENT HOSPITAL	\$400 copay (days 1 – 5)	\$400 copay (days 1 – 5)
RX DEDUCTIBLE	N/A	N/A
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A	N/A
MARKET SERVICE AREA	Bronx, Kings, Queens, Richmond, Westchester	Saratoga

# New York 2022 Plan Highlights

PLAN	<b>Empire MediBlue Service (HMO)</b> H832-037-001	<b>Empire MediBlue Service (HMO)</b> H8432-037-002
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$125 comprehensive allowance per quarter	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$200 comprehensive allowance per quarter
FITNESS	SilverSneakers®	SilverSneakers®
VISION	\$0 copay – 1 routine eye exam per year	\$0 copay – 1 routine eye exam per year

# New York 2022 Plan Highlights

PLAN	Empire MediBlue Plus (HMO) H8432-038-001	Empire MediBlue Plus (HMO) H8432-038-002
PREMIUM	\$53	\$41
MAX OUT-OF-POCKET	\$5,000	\$5,000
PCP	\$5 copay	\$0 copay
SPECIALIST	\$40 copay	\$40 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 5)	\$325 copay (days 1 – 5)
RX DEDUCTIBLE	\$325 (T3 – T5)	\$325 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$37 / \$95 / 27%	\$0 / \$10 / \$37 / \$95 / 27%
MARKET SERVICE AREA	Columbia, Delaware, Greene	Albany, Clinton, Essex, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington

# New York 2022 Plan Highlights

PLAN	<b>Empire MediBlue Plus (HMO)</b> H8432-038-001	<b>Empire MediBlue Plus (HMO)</b> H8432-038-002
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$400 comprehensive allowance per quarter	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$625 comprehensive allowance per quarter
ESSENTIAL EXTRAS	Covered (pick 1)	Covered (pick 1)
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY PANTRY	Covered	Covered
MCRS	Covered	Covered
OVER THE COUNTER	\$30 per quarter	\$72 per quarter
SERVICE DOG SUPPORT	\$500 allowance per year	\$500 allowance per year
VISION	\$0 copay – 1 routine eye exam per year	\$0 copay – 1 routine eye exam per year

# New York 2022 Plan Highlights

PLAN	Empire MediBlue Choice (HMO-POS) H8432-015
PREMIUM	\$105
MAX OUT-OF-POCKET	\$7,550 (INN) / \$11,300 (OON)
PCP	\$15 copay (INN)
SPECIALIST	\$50 copay (INN)
INPATIENT HOSPITAL	\$450 copay (days 1 – 4) (INN)
RX DEDUCTIBLE	\$350 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$15 / \$42 / \$93 / 27%
MARKET SERVICE AREA	Kings



# New York 2022 Plan Highlights

PLAN	Empire MediBlue Choice (HMO-POS) H8432-015
FITNESS	SilverSneakers®
VISION	\$0 copay – 1 routine eye exam per year

# New York 2022 Plan Highlights

PLAN	Empire MediBlue Dual Advantage (HMO D-SNP) H8432-007
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 / \$0
MARKET SERVICE AREA	Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Westchester

# New York 2022 Plan Highlights

PLAN	Empire MediBlue Dual Advantage (HMO D-SNP) H8432-007
FITNESS	SilverSneakers®
OVER THE COUNTER	\$52 per quarter

# New York 2022 Plan Highlights

PLAN	Empire MediBlue Dual Advantage (HMO D-SNP) H8432-039-001	Empire MediBlue Dual Advantage (HMO D-SNP) H8432-039-002
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$7,550	\$7,550
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 / \$0	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 / \$0
MARKET SERVICE AREA	Columbia, Delaware, Dutchess, Greene, Putnam	Albany, Clinton, Essex, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington

# New York 2022 Plan Highlights

PLAN	<b>Empire MediBlue Dual Advantage (HMO D-SNP)</b> H8432-039-001		<b>Empire MediBlue Dual Advantage (HMO D-SNP)</b> H8432-039-002	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year		\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year	
FITNESS	SilverSneakers®		SilverSneakers®	
OVER THE COUNTER	\$100 per quarter		\$100 per quarter	
VISION	\$0 copay – 1 routine eye exam per year		\$0 copay – 1 routine eye exam per year	

# New York 2022 Plan Highlights

PLAN	Empire MediBlue Access (PPO) H3342-023-001	Empire MediBlue Access (PPO) H3342-023-002
PREMIUM	\$90	\$90
DEDUCTIBLE	\$0	\$0
MAX OUT-OF-POCKET	\$6,200 (INN) / \$9,000 (OON)	\$6,200 (INN) / \$9,000 (OON)
PCP	\$10 copay (INN)	\$10 copay (INN)
SPECIALIST	\$50 copay (INN)	\$50 copay (INN)
INPATIENT HOSPITAL	\$372 copay (days 1 – 5) (INN)	\$372 copay (days 1 – 5) (INN)
RX DEDUCTIBLE	\$310 (T3 – T5)	\$310 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$3 / \$10 / \$38 / \$88 / 27% / \$0	\$3 / \$10 / \$38 / \$88 / 27% / \$0
MARKET SERVICE AREA	Columbia, Delaware, Greene	Albany, Clinton, Essex, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington

# New York 2022 Plan Highlights

PLAN	<div> <div> <b>Empire MediBlue Access (PPO)</b>  H3342-023-001 </div> <div> <b>Empire MediBlue Access (PPO)</b>  H3342-023-002 </div> </div>	
FITNESS	SilverSneakers®	SilverSneakers®
OVER THE COUNTER	\$35 per quarter	\$35 per quarter
VISION	\$0 copay – routine eye exam per year	\$0 copay – 1 routine eye exam per year

# New York– 2022 Optional Supplemental Benefits

	HMO	PPO
Preventative Dental	\$14	\$18
Dental and Vision	\$23	\$29
Enhanced Dental and Vision	\$44	\$49



# New York – Medicare Supplement Portfolio

NEW YORK MEDICARE SUPPLEMENT PLANS				
PLAN A	PLAN B	PLAN F <sup>1</sup>	PLAN G	PLAN N
✓	✓	✓	✓	✓

<sup>1</sup>Plan F is not available for enrollment for newly eligible beneficiaries

Services provided by Empire HealthChoice HMO, Inc. licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Empire BlueCross BlueShield is an HMO plan with a Medicare contract. Enrollment in Empire BlueCross BlueShield depends on contract renewal.

Empire BlueCross BlueShield is an HMO DSNP plan with a Medicare contract and a coordination of benefits agreement with the New York State Department of Health. Enrollment in Empire BlueCross BlueShield depends on contract renewal.

Services provided by Empire HealthChoice Assurance, Inc. licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Empire BlueCross BlueShield is an LPPO plan with a Medicare contract. Enrollment in Empire BlueCross BlueShield depends on contract renewal.

Dental benefit management administered by Liberty Dental, an independent company.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Empire BlueCross BlueShield.

The SilverSneakers fitness program is provided by Tivity Health, an independent company. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2017 Tivity Health, Inc. All rights reserved.

# 2022 AEP Preliminary Benefit Preview - Connecticut

# Anthem's Product Portfolio: Connecticut



**Medicare  
Advantage**  
*(MA/MAPD)*



**Chronic  
Conditions  
MAPD**  
*(CSNP)  
ESRD*



**Dual Eligible  
MAPD**  
*(DSNP)*



**Medicare  
Supplements**  
*(Medigap)*

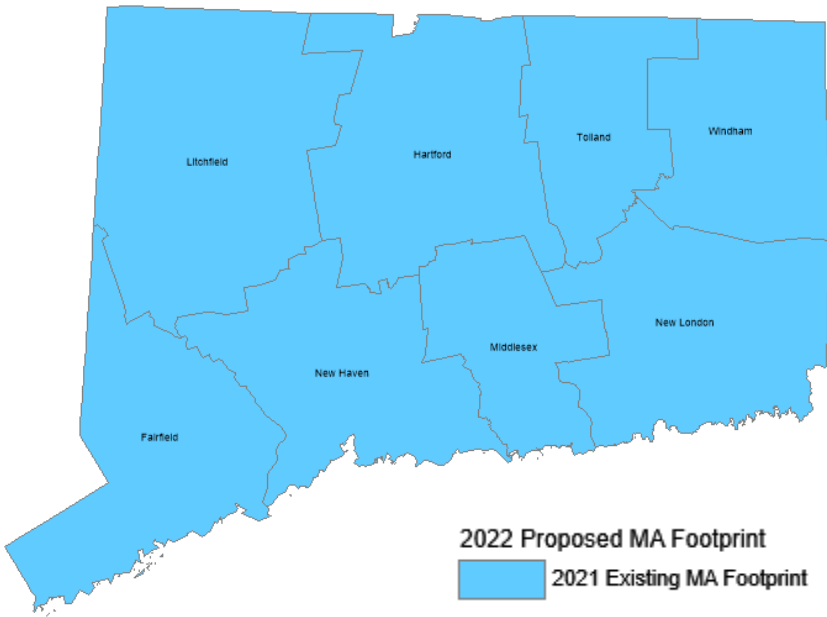


**Prescription  
Drug Plans**  
*(PDP)*



**Anthem  
Extras**

# Connecticut – Medicare Advantage 2022



## Market Highlights

- Reduced premium and OON deductible on statewide PPO in CT
- Improved Select DSNP plan
  - Dental and OTC
  - \$0 Rx copays
  - Monthly grocery allowance
- Introducing statewide PPO DSNP
- Innovative enhancements to Essential Extras package
- Broad spectrum of 4-star HMO based products
  - HMO (statewide)
  - DSNP (statewide)
- Network includes key provider partners
  - Sanitas
  - OptumCare
  - Starling
- Referrals are not required on HMO and PPO plans

## Service Area

All counties

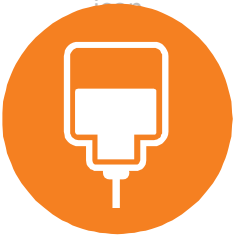
# New for 2022!\*



## Grocery Card

Credit to spend on healthy food items at participating retailers. Some items, including tobacco and alcohol products are excluded.

**Monthly allowance**



## Insulin Savings Program

Provides affordable and predictable insulin costs. Under this program, members will pay a maximum of \$35 copay or less for a 30-day supply on select insulin during deductible, ICL, and coverage gap phases.

**Low-cost predictable copayments for one-month supply**



## Advance Directives Program

Member facing tool that allows for creating, recording, uploading, storing, editing and accessing an Advanced Directive. Provides members help in affairs planning, including guidance on estate planning and medical directives.

**Plan ahead and receive the care you want**

*\*Benefit availability varies by plan*

# Connecticut 2022 Plan Highlights

PLAN	Anthem MediBlue Access Select (PPO) H2836-005
PREMIUM	\$0
DEDUCTIBLE	\$750 – (applies to OON only)
MAX OUT-OF-POCKET	\$7,550 (INN) / \$11,300 (OON)
PCP	\$5 copay (INN)
SPECIALIST	\$45 copay (INN)
INPATIENT HOSPITAL	\$325 copay (days 1 – 6) (INN)
RX DEDUCTIBLE	\$95 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$13 / \$42 / \$95 / 31% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham

# Connecticut 2022 Plan Highlights

PLAN	Anthem MediBlue Access Select (PPO) H2836-005
DENTAL	\$0 copay – 2 oral exams, 2 cleanings and 1 x-ray per year; \$750 comprehensive allowance per year
FITNESS	SilverSneakers®
HEARING	1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year
OVER THE COUNTER	\$35 per quarter
PODIATRY	\$0 copay - unlimited visits
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year



# Connecticut 2022 Plan Highlights

PLAN	<b>Anthem MediBlue Dual Access (PPO D-SNP)</b> <div>New</div> H2836-006
PREMIUM	\$0
MAX OUT-OF-POCKET	\$6,700 (INN) / \$10,000 (OON)
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham

# Connecticut 2022 Plan Highlights

PLAN	<b>Anthem MediBlue Dual Access (PPO D-SNP)</b> <span>New</span> H2836-006
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$2,000 comprehensive allowance per year
FITNESS	SilverSneakers®
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
HEALTHY MEALS	42 post discharge meals per year
MCRS	Covered
OVER THE COUNTER	\$100 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 24 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year

# Connecticut 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Advantage Select (HMO D-SNP) H5854-013
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham

# Connecticut 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Advantage Select (HMO D-SNP) H5854-013
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$1500 per year
ELECTRONIC HEALTH MONITORING	Weight Scale
ESSENTIAL EXTRAS	Covered (pick one)
FITNESS	SilverSneakers®
GROCERY CARD	\$50 per month
HEALTHY PANTRY	Covered
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$100 per quarter
PERS	Covered
SERVICE DOG SUPPORT	\$500 per year
TRANSPORTATION	\$0 copay – 24 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

# Connecticut 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Advantage (HMO D-SNP) H5854-008
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0-\$3.95/ \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham

# Connecticut 2022 Plan Highlights

PLAN	Anthem MediBlue Select (HMO) H5854-010
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,300
PCP	\$5 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$400 copay (days 1 – 5)
RX DEDUCTIBLE	\$275 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$14 / \$35 / \$95 / 28% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
INSULIN SAVINGS PROGRAM	\$0 – \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases
MARKET SERVICE AREA	Fairfield, Hartford, Litchfield, Middlesex, New Haven, Windham

# Connecticut 2022 Plan Highlights

PLAN	Anthem MediBlue Select (HMO) H5854-010
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
OVER THE COUNTER	\$35 per quarter
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year

# Connecticut 2022 Plan Highlights

PLAN	Anthem MediBlue Extra (HMO) H5854-011				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD <i>will be available in August</i>	TBD <i>will be available in August</i>	TBD <i>will be available in August</i>	TBD <i>will be available in August</i>	\$0
MAX OUT-OF-POCKET	\$6,700				
PCP	\$5 copay				
SPECIALIST	\$40 copay				
INPATIENT HOSPITAL	\$400 copay (days 1 – 4)				
EXTRA HELP LEVEL	No Extra Help	Level 4	Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$480 (T2 – T5)	\$99	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0/\$8/\$47/\$95/25%/\$0	\$0 to 15%	\$0 – \$9.85	\$0 – \$4.00	\$0
	T1 and T2 mail order 30-90 day supply- \$0				
MARKET SERVICE AREA	Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham				



# Connecticut 2022 Plan Highlights

PLAN	Anthem MediBlue Extra (HMO) H5854-011
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
OVER THE COUNTER	\$50 per quarter
TRANSPORTATION	\$0 copay – 24 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$175 allowance – eyeglasses or contact lenses per year

# Connecticut 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H5854-007	Anthem MediBlue Plus (HMO) H5854-009
PREMIUM	\$26	\$36
MAX OUT-OF-POCKET	\$6,700	\$6,700
PCP	\$20 copay	\$20 copay
SPECIALIST	\$50 copay	\$50 copay
INPATIENT HOSPITAL	\$430 copay (days 1 – 4)	\$440 copay (days 1 – 4)
RX DEDUCTIBLE	\$480 (T3 – T5)	\$380 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$10 / \$15 / \$41 / \$95 / 25% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	\$12 / \$15 / \$42 / \$95 / 26% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Hartford	Fairfield, Litchfield, Middlesex, New Haven, Windham

# Connecticut 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H5854-007	Anthem MediBlue Plus (HMO) H5854-009
FITNESS	SilverSneakers®	SilverSneakers®
VISION	\$0 copay – 1 routine eye exam per year	\$0 copay – 1 routine eye exam per year

# Connecticut 2022 Plan Highlights

PLAN	Anthem MediBlue Prime (HMO) H5854-015
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$25 copay
SPECIALIST	\$50 copay
INPATIENT HOSPITAL	Medicare Fee for Service
RX DEDUCTIBLE	\$480 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$5 / \$47 / \$95 / 25% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	New Haven

# Connecticut 2022 Plan Highlights

PLAN	Anthem MediBlue Prime (HMO) H5854-015
ASSISTIVE DEVICES	\$600 allowance per year
DENTAL	\$0 copay – 1 oral exam, 1 cleaning, and 1 x-ray per year
FITNESS	SilverSneakers®
HEALTH AND FITNESS TRACKER	Covered
HEALTHY MEALS	16 meals 4x per year (post discharge and/or chronic need) (64 total)
HEALTHY PANTRY	Covered
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$325 per quarter
PERS	Covered
PERSONAL HOME HELPER	248 hours in home support services per year
TRANSPORTATION	\$0 copay – unlimited one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year

# Connecticut – 2022 Optional Supplemental Benefits

	HMO	PPO
Preventative Dental	\$16	\$20
Dental and Vision	\$28	\$35
Enhanced Dental and Vision	\$40	\$49

# Connecticut – Medicare Supplement/Anthem Extras

CONNECTICUT MEDICARE SUPPLEMENT PLANS			
PLAN A	PLAN F <sup>1</sup>	PLAN G	PLAN N
✓	✓	✓	✓

<sup>1</sup>Plan F is not available for enrollment for newly eligible beneficiaries

CONNECTICUT ANTHEM EXTRAS PACKAGES					
STANDARD	PREMIUM WITH SilverSneakers®	PREMIUM WITHOUT SilverSneakers®	PREMIUM PLUS WITH SilverSneakers®	PREMIUM PLUS WITHOUT SilverSneakers®	PREMIUM PLUS DENTAL ONLY
\$27	\$49	\$44	\$64	\$59	\$54

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Anthem Blue Cross and Blue Shield is an HMO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Anthem Blue Cross and Blue Shield is an HMO/POS plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Anthem Blue Cross and Blue Shield is a D-SNP plan with a Medicare contract and a contract with the Connecticut Medicaid program. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Anthem Blue Cross and Blue Shield is an HMO ISNP plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Anthem Insurance Companies, Inc. (AICI), Blue Cross Blue Shield of Massachusetts, Blue Cross Blue Shield of Vermont, and Blue Cross Blue Shield of Rhode Island are the legal entities who have contracted with the Centers for Medicare & Medicaid Services (CMS) to offer the Part D plan(s) noted and are the risk-bearing entities for Blue MedicareRx plans.

Anthem Blue Cross and Blue Shield is a PDP plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Dental benefit management administered by Liberty Dental, an independent company.

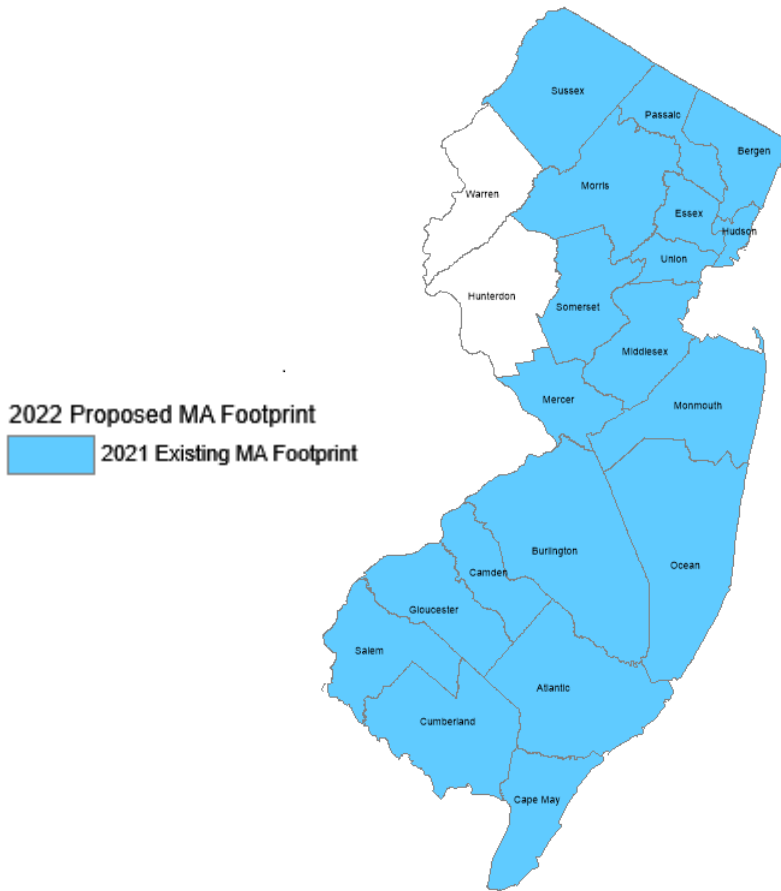
LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

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# 2022 AEP Preliminary Benefit Preview - New Jersey

# New Jersey – Medicare Advantage 2022



## Market Highlights

- Maintaining a wide product portfolio ranging from products for age-ins and general enrollment populations to those with LIS and dual eligible special needs
- Improved HMO DSNP plan with increased OTC
- Reduced Rx mail order copay for Tier 1 and Tier 2 to \$0
- Introduction of new competitive PPO
- Strengthened the network statewide
- Referrals are not required on HMO and PPO plans

## Service Area

All Counties EXCEPT:  
Hunterdon, Warren

# Anthem's Product Portfolio: New Jersey



**Medicare  
Advantage**  
*(MA/MAPD)*



**Chronic  
Conditions**  
**MAPD**  
*(CSNP)  
ESRD*



**Dual Eligible**  
**MAPD**  
*(DSNP)*



## Flex Card – Dental Vision Hearing

Annual allowance to be used to reduce out of pocket costs for Dental/Vision/Hearing services. The debit card is prepaid by the plan and can only be used at certain provider or merchant types. Cosmetic procedures are not covered under this benefit.

**Annual allowance in the form of a debit card**



## Grocery Card

Credit to spend on healthy food items at participating retailers. Some items including tobacco and alcohol products are excluded.

**Monthly allowance**



## Advance Directives Program

Member facing tool that allows for creating, recording, uploading, storing, editing and accessing an Advanced Directive. Provides members help in affairs planning, including guidance on estate planning and medical directives.

**Plan ahead and receive the care you want**

*\*Benefit availability varies by plan*

# New Jersey 2022 Plan Highlights

PLAN	Amerivantage Choice (PPO) <span>New</span> H8343-007
PREMIUM	\$0
DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$7,550 (INN) / \$11,300 (OON)
PCP	\$0 copay (INN)
SPECIALIST	\$45 copay (INN)
INPATIENT HOSPITAL	\$375 copay (days 1 – 5) (INN)
RX DEDUCTIBLE	\$95 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$13 / \$42 / \$95 / 31% / \$0 T1 and T2 mail order 30-90 day supply – \$0
MARKET SERVICE AREA	Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union

# New Jersey 2022 Plan Highlights

PLAN	Amerivantage Choice (PPO) <span>New</span> H8343-007
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray, 1 fluoride per year; \$1,000 comprehensive allowance per year
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year
OVER THE COUNTER	\$35 per quarter
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

# New Jersey 2022 Plan Highlights

PLAN	Amerivantage Dual Coordination (HMO D-SNP) H3240-013
PREMIUM	\$0
MAX OUT-OF-POCKET	\$6,700
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 / \$0
MARKET SERVICE AREA	Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union

# New Jersey 2022 Plan Highlights

PLAN	Amerivantage Dual Coordination (HMO D-SNP) H3240-013
ASSISTIVE DEVICES	\$500 allowance per year
ELECTRONIC HEALTH MONITORING	Weight Scale
FITNESS	SilverSneakers®
FLEX CARD	\$1,000 allowance - dental/vision/hearing (combined)
GROCERY CARD	\$50 allowance per month
HEALTHY MEALS	16 meals 4x per year (post discharge and/or chronic need) (64 total)
HEALTHY PANTRY	Covered
MCRS	Covered
ADVANCE DIRECTIVES PROGRAM	Covered
OVER THE COUNTER	\$435 per quarter
PERS	Covered

*Dental, Hearing, Transportation, and Vision are covered under plan's integrated Medicaid benefit.*



# New Jersey 2022 Plan Highlights

PLAN	Amerivantage Classic (HMO) H3240-022
PREMIUM	\$0
MAX OUT-OF-POCKET	\$6,950
PCP	\$5 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 5)
RX DEDUCTIBLE	\$200 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$10 / \$42 / \$95 / 29% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union

# New Jersey 2022 Plan Highlights

PLAN	Amerivantage Classic (HMO) H3240-022
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$750 comprehensive allowance per year
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
OVER THE COUNTER	\$50 per quarter
VISION	\$0 copay – 1 routine eye exam per year

# New Jersey 2022 Plan Highlights

PLAN	Amerivantage Balance (HMO) H3240-021				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	\$0
MAX OUT-OF-POCKET	\$7,550				
PCP	\$0 copay				
SPECIALIST	\$25 copay				
INPATIENT HOSPITAL	\$335 copay (days 1 – 5)				
EXTRA HELP LEVEL	No Extra Help	Level 4	Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$480 (T2 – T5)	\$99	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0/\$13/\$47/\$95/25%/\$0	\$0 to 15%	\$0 – \$9.85	\$0 – \$4.00	\$0
	\$0 copay – T1 and T2 mail order 30-90 day supply				
MARKET SERVICE AREA	Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union				

# New Jersey 2022 Plan Highlights

PLAN	Amerivantage Balance (HMO) H3240-021
ASSISTIVE DEVICES	\$500 allowance per year
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$750 comprehensive allowance per year
FITNESS	SilverSneakers®
HEALTHY MEALS	16 meals 4x per year (post discharge and/or chronic need) (64 total)
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$60 per quarter
PERS	Covered
PERSONAL HOME HELPER	124 hours per year
TRANSPORTATION	\$0 copay – 32 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year

Amerivantage (HMO) is an HMO plan with a Medicare contract. Enrollment in Amerivantage (HMO) depends on contract renewal.

Amerivantage is an HMO/POS CSNP plan with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.

Amerivantage Dual Coordination (HMO SNP) is a DSNP plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Amerivantage Dual Coordination (HMO SNP) depends on contract renewal.

Coverage is provided by UniCare Life & Health Insurance Company.

UniCare is a PDP plan with a Medicare contract. Enrollment in UniCare depends on contract renewal. Coverage is provided by UniCare Life & Health Insurance Company.

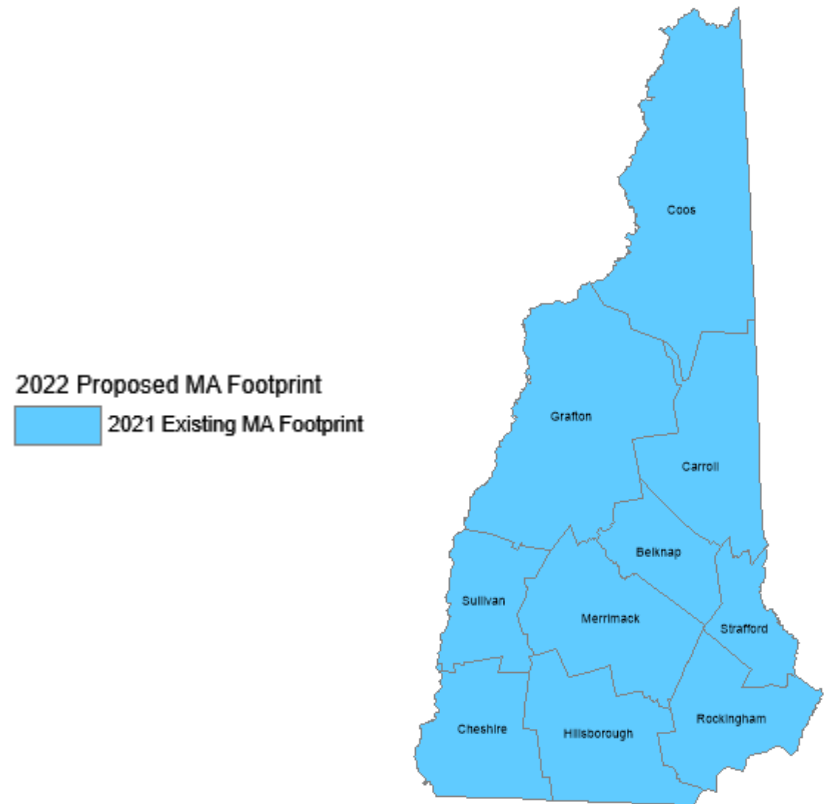
Dental benefit management administered by Liberty Dental, an independent company.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Amerivantage.

The SilverSneakers fitness program is provided by Tivity Health, an independent company. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2017 Tivity Health, Inc. All rights reserved.

# 2022 AEP Preliminary Benefit Preview - New Hampshire

# New Hampshire – Medicare Advantage 2022



## Market Highlights

- Border-to-border HMO and PPO
- Introduction of Essential Extras (Social Determinants of Health)
- Referrals are not required on HMO and PPO plans
- Reduced Rx mail order copay for Tier 1 and Tier 2 to \$0
- Introduction of new provider Select plans in 5 counties

## Service Area

All counties

# Anthem's Product Portfolio: New Hampshire



**Medicare  
Advantage**  
*(MA/MAPD)*



**Medicare  
Supplements**  
*(Medigap)*



**Prescription  
Drug Plans**  
*(PDP)*



# New Hampshire 2022 Plan Highlights

PLAN	<b>Anthem MediBlue Select Plus (HMO)</b> <span>New</span> H3536-006
PREMIUM	\$0
MAX OUT-OF-POCKET	\$6,900
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$375 copay (days 1 – 5)
RX DEDUCTIBLE	\$350 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$3 / \$15 / \$42 / \$94 / 27% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Cheshire, Grafton, Hillsboro, Merrimack, Sullivan

# New Hampshire 2022 Plan Highlights

PLAN	<b>Anthem MediBlue Select Plus (HMO)</b> <span>New</span> H3536-006
ACUPUNCTURE	\$0 copay – 12 visits per year
DENTAL	\$0 copay – 2 oral exam, 2 cleanings per year, 1 x-ray; \$1,000 comprehensive allowance per year
ESSENTIAL EXTRAS	Covered (pick one)
FITNESS	SilverSneakers®
HEALTHY PANTRY	Covered
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$35 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits per year
SERVICE DOG SUPPORT	\$500 allowance per year
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

# New Hampshire 2022 Plan Highlights

PLAN	Anthem MediBlue Access Select Plus (PPO) <span>New</span> H7728-010
PREMIUM	\$19
DEDUCTIBLE	\$750 (applies to OON only)
MAX OUT-OF-POCKET	\$7,550 (INN) / \$11,300 (OON)
PCP	\$0 copay (INN)
SPECIALIST	\$45 copay (INN)
INPATIENT HOSPITAL	\$370 copay (days 1 – 5) (INN)
RX DEDUCTIBLE	\$95 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$13 / \$42 / \$95 / 31% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Cheshire, Grafton, Hillsboro, Merrimack, Sullivan

# New Hampshire 2022 Plan Highlights

PLAN	<b>Anthem MediBlue Access Select Plus (PPO)</b> <span>New</span> H7728-010
DENTAL	\$0 copay – 2 oral exam, 2 cleanings per year, 1 x-ray and 1 fluoride; \$1,200 comprehensive allowance per year
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year
OVER THE COUNTER	\$40 per quarter
PERS	Covered
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

# New Hampshire 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H3536-002	Anthem MediBlue Select (HMO) H3536-005
PREMIUM	\$41	\$35
MAX OUT-OF-POCKET	\$6,700	\$6,400
PCP	\$0 copay	\$5 copay
SPECIALIST	\$45 copay	\$40 copay
INPATIENT HOSPITAL	\$390 copay (days 1 – 5)	\$295 copay (days 1 – 5)
RX DEDUCTIBLE	\$190 (T2 – T5)	\$190 (T2 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$15 / \$42 / \$95 / 29% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	\$5 / \$15 / \$42 / \$95 / 29% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Belknap, Carroll, Cheshire, Coos, Grafton, Hillsboro, Merrimack, Rockingham, Strafford, Sullivan	Hillsboro, Rockingham

# New Hampshire 2022 Plan Highlights

PLAN	<b>Anthem MediBlue Plus (HMO)</b> H3536-002	<b>Anthem MediBlue Select (HMO)</b> H3536-005
DENTAL	\$0 copay – 2 oral exam, 2 cleanings per year, 1 x-ray; \$150 comprehensive allowance per quarter	\$0 copay - 1 oral exam and 1 cleaning per year
FITNESS	SilverSneakers®	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year \$1,000 maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year
OVER THE COUNTER	N/A	\$70 per quarter
PODIATRY	\$0 copay – unlimited visits per year	N/A
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

# New Hampshire 2022 Plan Highlights

PLAN	Anthem MediBlue Coordination Plus (HMO) <sup>1</sup> H3536-004	
MEDICAID STATUS	Medicare & Full Medicaid Eligibility	Medicare Only
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	\$7,550
PCP	\$0 copay	\$35 copay
SPECIALIST	\$0 copay	\$50 copay
INPATIENT HOSPITAL	\$0 copay	Medicare Fee For Service
RX DEDUCTIBLE	\$0	\$480 (T2 –T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply	\$0 / \$4 / \$39 / \$95 / 25% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Cheshire, Grafton, Hillsboro, Merrimack, Rockingham, Strafford	

<sup>1</sup>NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services. Premium applies only if applicable to enrollee.

# New Hampshire 2022 Plan Highlights

PLAN	Anthem MediBlue Coordination Plus (HMO) <sup>1</sup> H3536-004	
MEDICAID STATUS	Medicare & Full Medicaid Eligibility	Medicare Only
DENTAL	\$0 copay – 2 oral exam, 2 cleanings per year, 1 x-ray; \$150 comprehensive allowance per quarter	
FITNESS	SilverSneakers®	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year	
MCRS	Covered	
OVER THE COUNTER	\$86 per quarter	
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year	

<sup>1</sup>NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services. Premium applies only if applicable to enrollee



# New Hampshire 2022 Plan Highlights

PLAN	Anthem MediBlue Access (PPO) H7728-002
PREMIUM	\$54
DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,700 (INN) / \$10,000 (OON)
PCP	\$10 copay (INN)
SPECIALIST	\$35 copay (INN)
INPATIENT HOSPITAL	\$395 copay (days 1 – 4) (INN)
RX DEDUCTIBLE	\$260 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$3 / \$10 / \$41 / \$95 / 28% / \$0 \$0 copay – T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Belknap, Carroll, Cheshire, Coos, Grafton, Hillsboro, Merrimack, Rockingham, Strafford, Sullivan

# New Hampshire 2022 Plan Highlights

PLAN	Anthem MediBlue Access (PPO) H7728-002
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year
FITNESS	SilverSneakers®
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

# New Hampshire – 2022 Optional Supplemental Benefits

	HMO	PPO
Preventative Dental	\$16	\$23
Dental and Vision	\$27	\$29
Enhanced Dental and Vision	\$51	\$55

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Anthem Blue Cross and Blue Shield is an HMO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

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Anthem Blue Cross and Blue Shield is an LPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

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Anthem Blue Cross and Blue Shield is a PDP plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc. Medicare Supplement plans are offered by Anthem Health Plans of New Hampshire, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

Dental benefit management administered by Liberty Dental, an independent company.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

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