



2022 Anthem Preliminary Benefits – West Region

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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

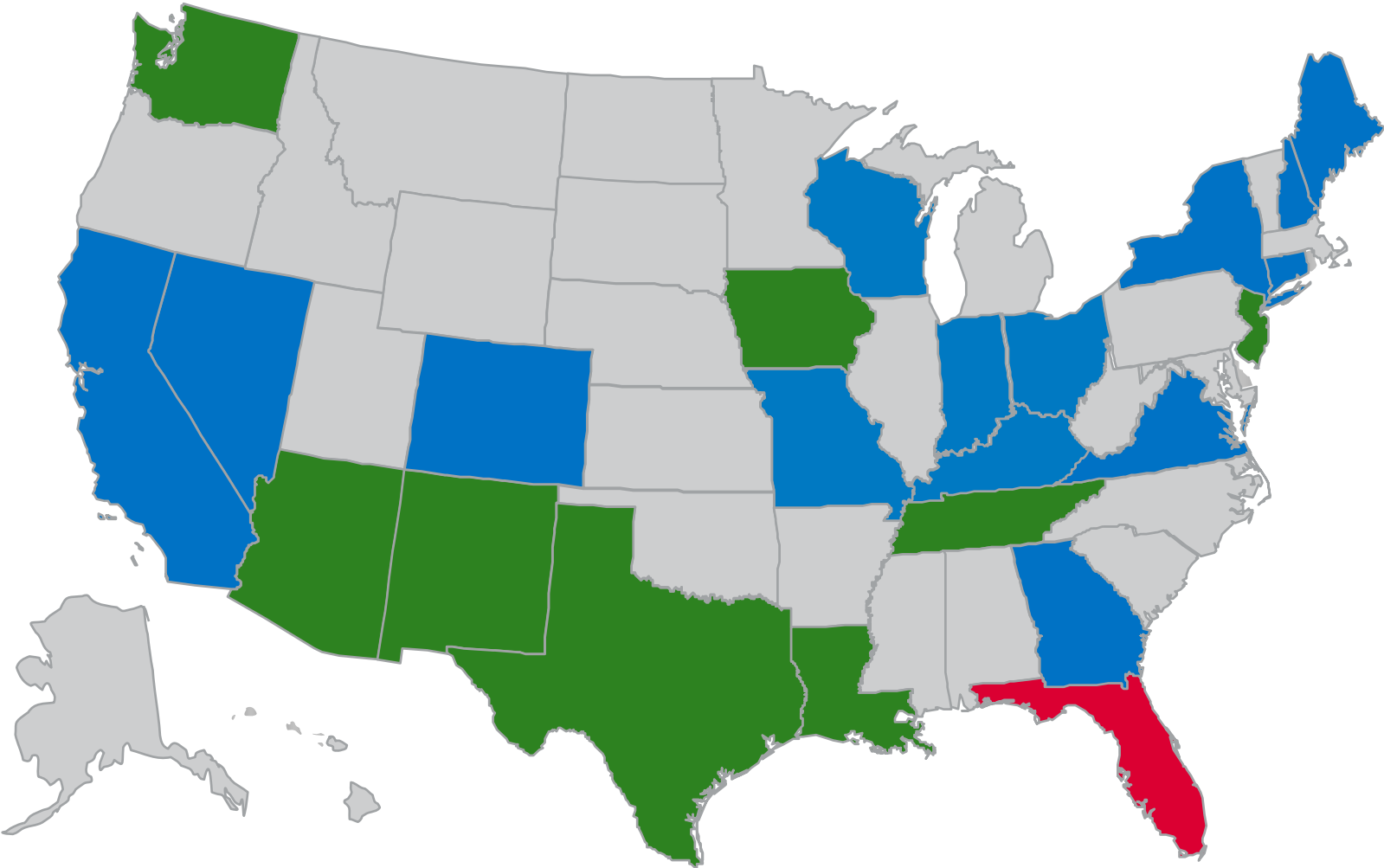
At the center of our commitment to simplifying the health care experience is an unrelenting focus on helping you succeed and meet the needs of your clients within their communities.



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

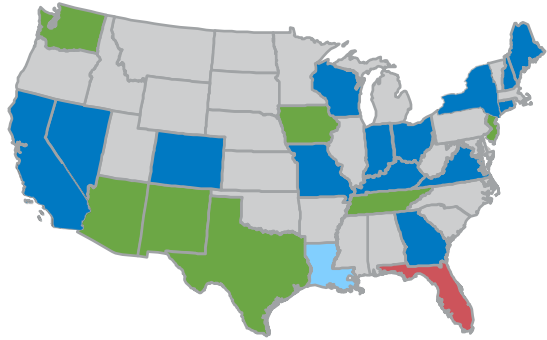
- Medicare Advantage plans offered in 23 states and Puerto Rico
- Industry leading D-SNP plan growth (30% CAGR since YE 2016) and #2 in Medicaid plans nationwide
- Medicare Supplement plans offered in 16 states



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.

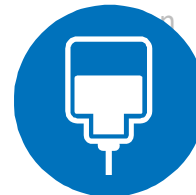
Monthly allowance



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.

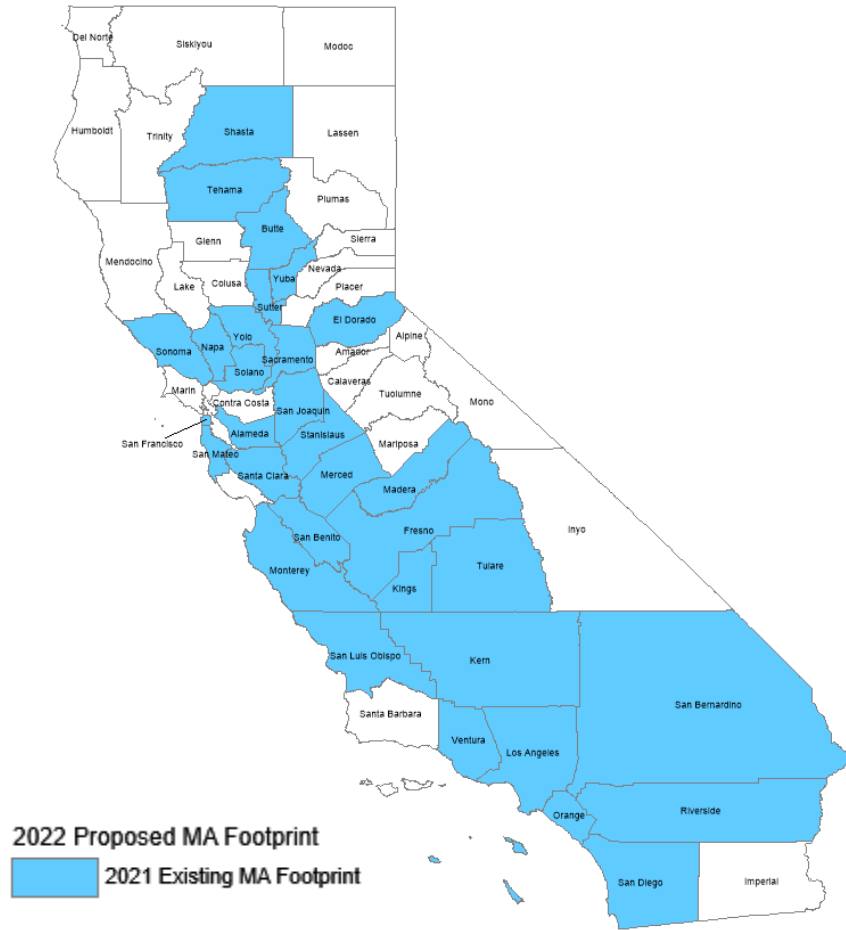
Where EE is available, member will have an option to pick one or pick two services based on the plan design.

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 – California

California – Medicare advantage 2022



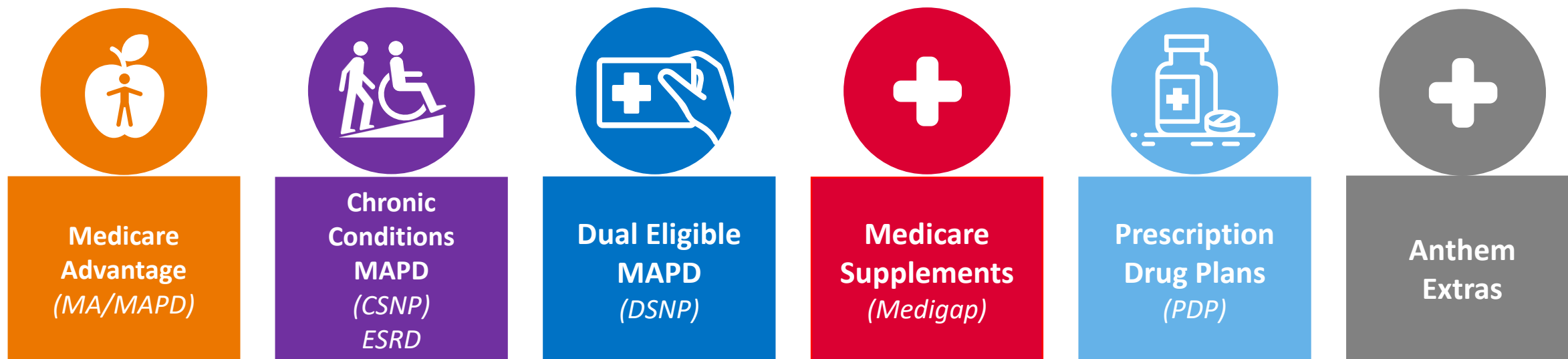
Market Highlights

- 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
- Introduction of new LPPO and DSNP plans
- DSNP plan options for full and partial dual-eligibles
- Reduced Rx mail order copay for Tier 1 and Tier 2 to \$0 on LPPOs, HMOs and CSNPs
- Introduction of Essential Extras (Social Determinants of Health)
- Insulin Savings Program provides predictable and affordable insulin costs
- CareMore Health's clinical model continues to provide the gold standard for health care
- DSNP Lookalike (LAL) transitions to DSNP in San Benito and Stanislaus. Duals will transition seamlessly to DSNP and Non-Duals will transition seamlessly to HMOs
- Network includes key provider partners such as Optum, Memorial Care, Heritage/Regal, Providence, Scripps, Loma Linda University Health, Seaview, Qualcare, Asian American Medical Group, Brown and Toland, CPN - First Choice Medical Group, Nivano Physicians, and Seoul Medical Group

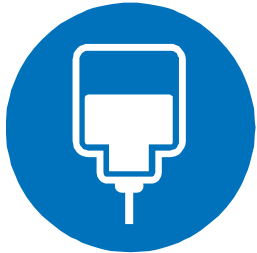
Service Area

Alameda, Butte, El Dorado, Fresno, Kern, Kings, Los Angeles, Madera, Napa, Orange, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Mateo, San Joaquin, San Luis Obispo, Santa Clara, Shasta, Solano, Stanislaus, Sutter, Tehama, Tulare, Yolo, Yuba

Anthem's Product Portfolio: California



¹Chronic Lung qualifying conditions: Asthma, Chronic Bronchitis, Emphysema, Pulmonary Fibrosis



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*

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H0544-064
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$10 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$10 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Sacramento, Yolo

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H0544-064
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$50 per quarter
PODIATRY	\$0 copay – 24 visits
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Select (HMO) H0544-069
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$5 copay
SPECIALIST	\$20 copay
INPATIENT HOSPITAL	\$360 copay (days 1 – 4)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	San Francisco

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Select (HMO) H0544-069
ACUPUNCTURE	\$0 copay – unlimited
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$35 per quarter
PERS	Covered
PODIATRY	\$0 copay – 24 visits
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Select (HMO) H0544-098	Anthem MediBlue Plus (HMO) H0544-097
PREMIUM	\$0	\$49
MAX OUT-OF-POCKET	\$7,550	\$4,900
PCP	\$15 copay	\$0 copay
SPECIALIST	\$45 copay	\$15 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 6)	\$265 copay (days 1 – 7)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$8 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Alameda	Alameda

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Select (HMO) H0544-098	Anthem MediBlue Plus (HMO) H0544-097
ACUPUNCTURE	\$0 copay – 12 visits	\$0 copay – 24 visits
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; \$3,000 maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered	Covered
OVER THE COUNTER	\$25 per quarter	\$50 per quarter
PODIATRY	\$0 copay – 24 visits	\$0 copay – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H0544-096
PREMIUM	\$0
MAX OUT-OF-POCKET	\$4,900
PCP	\$0 copay
SPECIALIST	\$25 copay
INPATIENT HOSPITAL	\$250 copay (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	San Mateo

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H0544-096
DENTAL	\$0 copay – 1 oral exam and 1 cleaning
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$50 per quarter
PODIATRY	\$0 copay – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Coordination Plus (HMO) ¹ H0544-099	
MEDICAID STATUS	Medicare & Full Medicaid Eligibility	Medicare Only
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	\$7,550
PCP	\$0 copay	20% coinsurance
SPECIALIST	\$0 copay	20% coinsurance
INPATIENT HOSPITAL	\$0 copay	Medicare Fee For Service
RX DEDUCTIBLE	\$0	\$480 (T2 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$13 / \$47 / \$95 / 25% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Alameda, San Mateo	

¹NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Coordination Plus (HMO) ¹ H0544-099	
MEDICAID STATUS	Medicare & Full Medicaid Eligibility	Medicare Only
ACUPUNCTURE	\$0 copay – unlimited visits	
CHIROPRACTIC	\$0 copay – 12 visits	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$225 comprehensive allowance per quarter	
ESSENTIAL EXTRAS	Covered (pick 2)	
FITNESS	SilverSneakers®	
HEALTH MEALS	10 post discharge	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS & PERS	Covered	
OVER THE COUNTER	\$100 per quarter	
PODIATRY	\$0 copay – unlimited visits	
TRANSPORTATION	\$0 copay – 48 one-way trips	
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year	

¹NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H0544-095
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,450
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$150 copay (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$10 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	San Joaquin

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H0544-095
ACUPUNCTURE	\$0 copay – 24 visits
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year
FITNESS	SilverSneakers®
HEALTHY MEALS	14 post discharge / 180 chronic condition
MCRS	Covered
OVER THE COUNTER	\$50 per quarter
PERSONAL HOME HELPER	124 hours per year
PERS	Covered
TRANSPORTATION	\$0 copay – 20 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO)¹ H0544-108
PREMIUM	\$0
MAX OUT-OF-POCKET	\$2,899
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$95 copay (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$5 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Santa Clara

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) ¹ H0544-108
ACUPUNCTURE	\$0 copay – 24 visits
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year
FITNESS	SilverSneakers®
HEARING	1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$30 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 8 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Coordination Plus (HMO) ¹ H0544-110	
MEDICAID STATUS	Medicare & Full Medicaid Eligibility	Medicare Only
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	\$7,550
PCP	\$0 copay	20% coinsurance
SPECIALIST	\$0 copay	20% coinsurance
INPATIENT HOSPITAL	\$0 copay	Medicare Fee For Service
RX DEDUCTIBLE	\$0	\$480 (T2 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$15 / \$47 / \$95 / 25% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Santa Clara	

¹NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Coordination Plus (HMO) ^{1,2} H0544-110	
MEDICAID STATUS	Medicare & Full Medicaid Eligibility	Medicare Only
ACUPUNCTURE	\$0 copay – unlimited visits	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$400 comprehensive allowance per quarter	
ESSENTIAL EXTRAS	Covered (pick 2)	
HEALTHY MEALS	14 post discharge	
FITNESS	SilverSneakers®	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS	Covered	
OVER THE COUNTER	\$175 per quarter	
PERS	Covered	
PODIATRY	\$0 copay – unlimited visits	
TRANSPORTATION	\$0 copay – 48 one-way trips	
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year	

¹NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.

²CareMore included in Network

Northern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Connect Plus (HMO) ¹ H0544-128	
MEDICAID STATUS	Medicare & Full Medicaid Eligibility	Medicare Only
PREMIUM	\$0	\$23.50
MAX OUT-OF-POCKET	\$7,550	\$7,550
PCP	\$0 copay	20% coinsurance
SPECIALIST	\$0 copay	\$0 copay – 20% coinsurance
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	25% / 25% / 25% / \$85 / 25% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Santa Clara (and Los Angeles, Orange, San Bernardino)	

¹NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.

Northern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Connect Plus (HMO) ¹ H0544-128	
MEDICAID STATUS	Medicare & Full Medicaid Eligibility	Medicare Only
CHIROPRACTIC	\$0 copay – 20 visits	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$300 comprehensive allowance per quarter	
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure, and/or Weight Scale	
ESSENTIAL EXTRA	Covered (pick 2)	
FITNESS	SilverSneakers® / Nifty after Fifty	
HEALTHY MEALS	14 post discharge	
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	
PODIATRY	\$0 copay – 12 visits	
TRANSPORTATION	\$0 copay – unlimited trips to select locations; \$0 copay – 40 one-way trips	
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year	

¹NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.

Northern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Value (HMO) H0544-107	Anthem MediBlue Value Plus (HMO) H0544-027
PREMIUM	\$0	\$49
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$15 copay	\$0 – \$20 copay
INPATIENT HOSPITAL	\$75 copay (days 1 – 5)	\$100 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	\$0 / \$9.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Stanislaus	Stanislaus

Northern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Value (HMO) H0544-107	Anthem MediBlue Value Plus (HMO) H0544-027
CHIROPRACTIC	\$0 copay – unlimited visits	N/A
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 2 x-rays per year	N/A
ELECTRONIC HEALTH MONITORING	N/A	Blood Glucose, Blood Pressure, and Weight Scale
FITNESS	SilverSneakers® / Nifty After Fifty	SilverSneakers® / Nifty After Fifty
HEALTHY MEALS	N/A	14 post discharge / 180 chronic condition
HEARING	N/A	\$0 copay – 1 hearing exam, fitting & evaluation per year \$3,000 maximum plan benefit per year
MCRS	Covered	Covered
OVER THE COUNTER	\$50 per quarter	\$125 per quarter
PODIATRY	\$15 copay – 6 visits	\$0 copay at select locations / \$20 – 6 visits
TRANSPORTATION	\$0 copay – 26 one-way trips	\$0 copay – limited trips at select locations
VISION	\$0 copay – 1 routine eye exam per year; \$175 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year

Northern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue StartSmart Plus (HMO) H0544-121-001	Anthem MediBlue StartSmart Plus (HMO) H0544-121-002
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,450	\$3,400
PCP	\$5 copay	\$0 copay
SPECIALIST	\$0 – \$45 copay	\$0 – \$35 copay
INPATIENT HOSPITAL	\$425 copay (days 1 – 5)	\$200 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$12.50 / \$40 / \$90 / 33% / \$10 \$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	San Benito	Santa Clara, Stanislaus

Northern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue StartSmart Plus (HMO) H0544-121-001	Anthem MediBlue StartSmart Plus (HMO) H0544-121-002
CHIROPRACTIC	\$20 copay – 12 visits	\$20 copay – 12 visits
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 / 180 chronic condition	14 post discharge / 180 chronic condition
HEARING	1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered	Covered
OVER THE COUNTER	\$125 per quarter	\$125 per quarter
PERSONAL HOME HELPER	124 hours per year	124 hours per year
TRANSPORTATION	\$0 copay – unlimited one-way trips to selected locations; 4 one-way trips	\$0 copay – unlimited one-way trips to selected locations; 4 one-way trips
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; \$200 allowance – eyeglasses or contact lenses per year

Northern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Value Plus (HMO) H0544-120-001	Anthem MediBlue Value Plus (HMO) H0544-120-002
PREMIUM	\$60	\$54
MAX OUT-OF-POCKET	\$3,000	\$2,899
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 – \$40 copay	\$0 – \$20 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 5)	\$150 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	\$0 / \$9.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	San Benito	Santa Clara

Northern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Value Plus (HMO) H0544-120-001	Anthem MediBlue Value Plus (HMO) H0544-120-002
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 / 180 chronic condition	14 post discharge / 180 chronic condition
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
MCRS	Covered	Covered
OVER THE COUNTER	\$125 per quarter	\$125 per quarter
PERSONAL HOME HELPER	124 hours per year	124 hours per year
PODIATRY	\$0 copay at select locations / \$20 – 6 visits	\$0 copay at select locations / \$20 – 6 visits
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; \$200 allowance – eyeglasses or contact lenses per year

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H0544-056
PREMIUM	\$0
MAX OUT-OF-POCKET	\$4,900
PCP	\$5 copay
SPECIALIST	\$15 copay
INPATIENT HOSPITAL	\$225 copay (days 1 – 7)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$15 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Fresno, Kings, Madera, Tulare

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H0544-056
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$100 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

Northern California 2022 Plan Highlights

PLAN	<div> <div>All Dual Eligibles</div> <div> Anthem MediBlue Dual Advantage (HMO D-SNP) H0544-054 </div> </div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	\$0 – Medicare Fee For Service
SKILLED NURSING FACILITY	\$0 copay	\$0 – Medicare Fee For Service
MOST SERVICES COVERED BY PART B	\$0 copay	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0 or \$99
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 \$0 copay – T1 and T2 mail order 30 – 90 day supply	T1 – T2 – \$0, \$1.35 or \$3.95 T3 – T6 – \$0, \$4.00, \$9.85 or up to 15% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Sacramento, San Francisco	

Northern California 2022 Plan Highlights

PLAN	<div>All Dual Eligibles</div> <div> Anthem MediBlue Dual Advantage (HMO D-SNP) H0544-054 </div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
ACUPUNCTURE	\$0 copay – unlimited visits	
CHIROPRACTIC	\$0 copay – 24 visits	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$225 comprehensive allowance per quarter	
FITNESS	SilverSneakers®	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS	Covered	
OVER THE COUNTER	\$20 per quarter	
PERS	Covered	
PODIATRY	\$0 copay – unlimited visits	
VISION	\$0 copay – 1 routine eye exam per year; \$50 allowance – eyeglasses or contact lenses per year	

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Plus (HMO D-SNP) H0544-089 All Dual Eligibles	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	\$0 – Medicare Fee For Service
SKILLED NURSING FACILITY	\$0 copay	\$0 – Medicare Fee For Service
MOST SERVICES COVERED BY PART B	\$0 copay	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0 or \$99
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 \$0 copay – T1 and T2 mail order 30 – 90 day supply	T1 – T2 – \$0, \$1.35 or \$3.95 T3 – T5 – \$0, \$4.00, \$9.85 or up to 15% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Sacramento, San Francisco	

Northern California 2022 Plan Highlights

PLAN	<div> <div>All Dual Eligibles</div> <div> Anthem MediBlue Dual Plus (HMO D-SNP) H0544-089 </div> </div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
ACUPUNCTURE	\$0 copay – unlimited visits	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year	
HEALTHY MEALS	10 post discharge	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
FITNESS	SilverSneakers®	
MCRS	Covered	
OVER THE COUNTER	\$125 per quarter	
PERS	Covered	
PODIATRY	\$0 copay – unlimited visits	
TRANSPORTATION	\$0 copay – 48 one-way trips	
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year	

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Diabetes Care Plus (HMO C-SNP) ¹ H0544-094
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$0 – \$25 copay
INPATIENT HOSPITAL	\$275 copay (days 1 – 6)
RX DEDUCTIBLE	\$0
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	Sacramento

¹Care management by CareMore Health

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Diabetes Care Plus (HMO C-SNP) ¹ H0544-094
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride and 1 cleaning per year; \$500 comprehensive allowance per quarter
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure, and Weight Scale
FITNESS	SilverSneakers®
HEALTHY MEALS	14 post discharge / 180 chronic condition
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$150 per quarter
PODIATRY	\$0 copay – 20 visits
TRANSPORTATION	\$0 copay – 14 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

Northern California 2022 Plan Highlights

PLAN	<div>All Dual Eligibles</div> <div>Anthem MediBlue Dual Advantage (HMO D-SNP) H0544-125</div> <div>New</div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	\$0 – Medicare Fee For Service
SKILLED NURSING FACILITY	\$0 copay	\$0 – Medicare Fee For Service
MOST SERVICES COVERED BY PART B	\$0 copay	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0 or \$99
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0 / \$0 / \$0 / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	T1 – T2 – \$0, \$1.35 or \$3.95 T3 – T5 – \$0, \$4.00, \$9.85 or up to 15% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Alameda	

Northern California 2022 Plan Highlights

PLAN	<div>All Dual Eligibles</div> <div> Anthem MediBlue Dual Advantage (HMO D-SNP) H0544-125 <div>New</div> </div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
ACUPUNCTURE	\$0 copay – unlimited visits	
CHIROPRACTIC	\$0 copay – 12 visits	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$225 comprehensive allowance per quarter	
ESSENTIAL EXTRAS	Covered (pick 1)	
FITNESS	SilverSneakers®	
HEALTHY MEALS	10 post discharge	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS & PERS	Covered	
OVER THE COUNTER	\$100 per quarter	
PODIATRY	\$0 copay – unlimited visits	
TRANSPORTATION	\$0 copay – 48 one-way trips	
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year	

Northern California 2022 Plan Highlights

PLAN	<div> <div>All Dual Eligibles</div> <div> Anthem MediBlue Dual Advantage (HMO D-SNP) H0544-100 </div> </div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	\$0 – Medicare Fee For Service
SKILLED NURSING FACILITY	\$0 copay	\$0 – Medicare Fee For Service
MOST SERVICES COVERED BY PART B	\$0 copay	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0 or \$99
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 \$0 copay – T1 and T2 mail order 30 – 90 day supply	T1 – T2 – \$0, \$1.35 or \$3.95 T3 – T5 – \$0, \$4.00, \$9.85 or up to 15% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	San Joaquin	

Northern California 2022 Plan Highlights

PLAN	<div>All Dual Eligibles</div> <div> Anthem MediBlue Dual Advantage (HMO D-SNP) H0544-100 </div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
ACUPUNCTURE	\$0 copay – unlimited visits	
CHIROPRACTIC	\$0 copay – 12 visits	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$300 comprehensive allowance per quarter	
FITNESS	SilverSneakers®	
HEALTHY MEALS	10 post discharge	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS	Covered	
OVER THE COUNTER	\$200 per quarter	
PERS	Covered	
PODIATRY	\$0 copay – unlimited visits	
TRANSPORTATION	\$0 copay – 48 one-way trips	
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year	

Northern California 2022 Plan Highlights

PLAN	<div>All Dual Eligibles</div> <div>Anthem MediBlue Connect (HMO D-SNP) H0544-126</div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	\$0 – Medicare Fee For Service
SKILLED NURSING FACILITY	\$0 copay	\$0 – Medicare Fee For Service
MOST SERVICES COVERED BY PART B	\$0 copay	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0 or \$99
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 \$0 copay – T1 and T2 mail order 30 – 90 day supply	T1 – T2 – \$0, \$1.35 or \$3.95 T3 – T6 – \$0, \$4.00, \$9.85 or up to 15% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	San Benito, Stanislaus	

Northern California 2022 Plan Highlights

PLAN	<div>All Dual Eligibles</div> <div>Anthem MediBlue Connect (HMO D-SNP) H0544-126</div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
CHIROPRACTIC	\$0 copay – 20 visits	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$350 comprehensive allowance per quarter	
FITNESS	SilverSneakers® / Nifty after Fifty	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year	
HEALTHY MEALS	14 post discharge / 180 chronic condition	
MCRS	Covered	
OVER THE COUNTER	\$125 per quarter	
PERS	Covered	
PODIATRY	\$0 copay – 12 visits	
TRANSPORTATION	\$0 copay – 40 one-way trips to select locations	
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year	

Northern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Diabetes Care (HMO C-SNP) H0544-102	Anthem MediBlue Heart Care (HMO C-SNP) H0544-106	Anthem MediBlue Lung Care (HMO C-SNP) H0544-101
PREMIUM	\$0	\$0	\$0
MAX OUT-OF-POCKET	\$2,899	\$2,899	\$2,899
PCP	\$0 copay	\$0 copay	\$0 copay
SPECIALIST	\$15 copay	\$15 copay	\$15 copay
INPATIENT HOSPITAL	\$75 copay (days 1 – 5)	\$75 copay (days 1 – 5)	\$75 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0	\$0
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	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$7.50 / \$40 / \$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	N/A	N/A
MARKET SERVICE AREA	Santa Clara	Santa Clara	Santa Clara

Northern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Diabetes Care (HMO C-SNP) H0544-102	Anthem MediBlue Heart Care (HMO C-SNP) H0544-106	Anthem MediBlue Lung Care (HMO C-SNP) H0544-101
ACUPUNCTURE	\$0 copay – 24 visits per year		
CHIROPRACTIC	\$0 copay – 24 visits		
FITNESS	SilverSneakers® / Nifty after Fifty		
HEALTHY MEALS	14 post discharge / 180 chronic condition		
HEARING	1 hearing exam, fitting & evaluation per year; \$3,000 maximum benefit per year		
MCRS	Covered		
OVER THE COUNTER	\$50 per quarter		
PERSONAL HOME HELPER	124 hours per year		
PODIATRY	\$0 copay – 6 visits per year		
TRANSPORTATION	\$0 copay – 30 one-way trips		
VISION	\$0 copay – 1 routine eye exam per year; \$175 allowance – glasses or lenses every year		

Northern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Diabetes (HMO C-SNP) H0544-118-002	Anthem MediBlue Heart (HMO C-SNP) H0544-119-002	Anthem MediBlue Lung (HMO C-SNP) H0544-117-001
PREMIUM	\$55	\$55	\$55
MAX OUT-OF-POCKET	\$2,899	\$2,899	\$2,899
PCP	\$0 copay	\$0 copay	\$0 copay
SPECIALIST	\$0 – \$20 copay	\$0 – \$20 copay	\$0 – \$20 copay
INPATIENT HOSPITAL	\$40 copay (days 1 – 5)	\$20 copay (days 1 – 5)	\$20 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0	\$0
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	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Santa Clara	Santa Clara	Santa Clara

Northern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Diabetes (HMO C-SNP) H0544-118-002	Anthem MediBlue Heart (HMO C-SNP) H0544-119-002	Anthem MediBlue Lung (HMO C-SNP) H0544-117-001
ADULT DAY CENTER	1 day per week		
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, & 1 x-ray per year; \$250 comprehensive allowance per quarter		
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure, and Weight Scale		
FITNESS	SilverSneakers® / Nifty after Fifty		
HEALTHY MEALS	14 post discharge / 180 chronic condition		
HEARING	1 hearing exam, fitting & evaluation per year; \$3,000 maximum benefit per year		
MCRS	Covered		
OVER THE COUNTER	\$125 per quarter		
PERSONAL HOME HELPER	124 hours per year		
PODIATRY	\$0 copay – 9 visits at select locations; \$20 copay – 12 visits	\$0 copay – 9 visits at select locations; \$20 copay – 12 visits	\$0 copay – 9 visits at select locations; \$20 copay – 9 visits
TRANSPORTATION	\$0 copay – unlimited trips to select locations; \$0 copay – 6 one-way trips		
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – glasses or lenses every year		

Northern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Diabetes Care (HMO C-SNP) H0544-104	Anthem MediBlue Heart Care (HMO C-SNP) H0544-105	Anthem MediBlue Lung Care (HMO C-SNP) H0544-103
PREMIUM	\$0	\$0	\$0
MAX OUT-OF-POCKET	\$3,400	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay	\$0 copay
SPECIALIST	\$15 copay	\$15 copay	\$15 copay
INPATIENT HOSPITAL	\$75 copay (days 1 – 5)	\$75 copay (days 1 – 5)	\$75 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0	\$0
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	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$7.50 / \$40 / \$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	N/A	N/A
MARKET SERVICE AREA	Stanislaus	Stanislaus	Stanislaus

Northern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Diabetes Care (HMO C-SNP) H0544-104	Anthem MediBlue Heart Care (HMO C-SNP) H0544-105	Anthem MediBlue Lung Care (HMO C-SNP) H0544-103
ACUPUNCTURE	\$0 copay – unlimited visits per year		
CHIROPRACTIC	\$0 copay – unlimited visits		
DENTAL	\$0 copay; 2 cleanings, 2 exams, 2 x-rays per year		
FITNESS	SilverSneakers® / Nifty after Fifty		
HEARING	1 hearing exam, fitting & evaluation per year; \$3,000 maximum benefit per year		
MCRS	Covered		
OVER THE COUNTER	\$50 per quarter		
PERS	Covered		
PERSONAL HOME HELPER	124 hours per year		
PODIATRY	\$0 copay – 6 visits per year		
TRANSPORTATION	\$0 copay – 30 one-way trips		
VISION	\$0 copay – 1 routine eye exam per year; \$175 allowance – glasses or lenses every year		

Northern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Diabetes (HMO C-SNP) H0544-032	Anthem MediBlue Heart (HMO C-SNP) H0544-036	Anthem MediBlue Lung (HMO C-SNP) H0544-031
PREMIUM	\$59	\$59	\$59
MAX OUT-OF-POCKET	\$3,400	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay	\$0 copay
SPECIALIST	\$0 – \$15 copay	\$0 – \$15 copay	\$0 – \$15 copay
INPATIENT HOSPITAL	\$100 copay (days 1 – 5)	\$100 copay (days 1 – 5)	\$100 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0	\$0
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	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$7.50 / \$40 / \$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	N/A	N/A
MARKET SERVICE AREA	Stanislaus	Stanislaus	Stanislaus

Northern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Diabetes (HMO C-SNP) H0544-032	Anthem MediBlue Heart (HMO C-SNP) H0544-036	Anthem MediBlue Lung (HMO C-SNP) H0544-031
DENTAL	\$0 copay – 2 exams, 2 cleanings, & 1 x-ray per year	\$0 copay – 2 oral exams, 2 cleanings, & 1 x-ray per year; \$250 comprehensive allowance per quarter	\$0 copay – 2 oral exams, 2 cleanings, & 1 x-ray per year; \$250 comprehensive allowance per quarter
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure, and Weight Scale		
FITNESS	SilverSneakers® / Nifty after Fifty		
HEALTHY MEALS	14 post discharge / 180 chronic condition		
HEARING	1 hearing exam, fitting & evaluation per year; \$3,000 maximum benefit per year		
MCRS	Covered		
OVER THE COUNTER	\$125 per quarter		
PERS		Covered	
PODIATRY	\$0 copay – select locations; \$15 copay – 12 visits per year	\$0 copay – select locations; \$15 copay – 12 visits per year	\$0 copay – select locations; \$15 copay – 9 visits per year
TRANSPORTATION	\$0 copay – Limited Clinical Benefit		
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – glasses or lenses every year		

Northern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Diabetes (HMO C-SNP) H0544-118-001	Anthem MediBlue Heart (HMO C-SNP) H0544-119-001	Anthem MediBlue Lung (HMO C-SNP) H0544-117-002
PREMIUM	\$55	\$55	\$55
MAX OUT-OF-POCKET	\$3,000	\$3,000	\$3,000
PCP	\$0 copay	\$0 copay	\$0 copay
SPECIALIST	\$0 – \$35 copay	\$0 – \$35 copay	\$0 – \$35 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 5)	\$350 copay (days 1 – 5)	\$350 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0	\$0
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	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$7.50 / \$40 / \$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	N/A	N/A
MARKET SERVICE AREA	San Benito	San Benito	San Benito

Northern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Diabetes (HMO C-SNP) H0544-118-001	Anthem MediBlue Heart (HMO C-SNP) H0544-119-001	Anthem MediBlue Lung (HMO C-SNP) H0544-117-002
ADULT DAY CENTER	1 day per week		
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, & 1 x-ray per year; \$250 comprehensive allowance per quarter		
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure, and Weight Scale		
FITNESS	SilverSneakers® / Nifty after Fifty		
HEALTHY MEALS	14 post discharge / 180 chronic condition		
HEARING	1 hearing exam, fitting & evaluation per year; \$3,000 maximum benefit per year		
MCRS	Covered		
OVER THE COUNTER	\$125 per quarter		
PERSONAL HOME HELPER	124 hours per year		
PODIATRY	\$0 copay – select locations: \$20 copay – 12 visits per year	\$0 copay – select locations: \$20 copay – 12 visits per year	\$0 copay – select locations: \$20 copay – 9 visits per year
TRANSPORTATION	\$0 copay – unlimited trips to select locations; \$0 copay – 6 one-way trips		
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – glasses or lenses every year		

Northern California 2022 Plan Highlights

PLAN	<div>All Dual Eligibles</div> <div> Anthem MediBlue Dual Plus (HMO D-SNP) H0544-087 </div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET		\$7,550
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 – Medicare Fee For Service
SKILLED NURSING FACILITY	\$0 copay	\$0 – Medicare Fee For Service
MOST SERVICES COVERED BY PART B	\$0 copay	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0 or \$99
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 \$0 copay – T1 and T2 mail order 30 – 90 day supply	T1 – T2 – \$0, \$1.35 or \$3.95 T3 – T5 – \$0, \$4.00, \$9.85 or up to 15% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Fresno, Kings, Madera, Tulare	

Northern California 2022 Plan Highlights

PLAN	<div>All Dual Eligibles</div> <div> Anthem MediBlue Dual Plus (HMO D-SNP) H0544-087 </div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
ADVANCED DIRECTIVES PROGRAM	Covered	
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year	
ESSENTIAL EXTRAS	Covered (pick 1)	
FITNESS	SilverSneakers®	
HEALTHY MEALS	10 post discharge	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS & PERS	Covered	
OVER THE COUNTER	\$200 per quarter	
PODIATRY	\$0 copay – unlimited visits	
TRANSPORTATION	\$0 copay – 48 one-way trips	
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year	

Northern California 2022 Plan Highlights

PLAN	<div> <div>All Dual Eligibles</div> <div> Anthem MediBlue Dual Advantage (HMO D-SNP) H0544-052 </div> </div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	\$0 – Medicare Fee For Service
SKILLED NURSING FACILITY	\$0 copay	\$0 – Medicare Fee For Service
MOST SERVICES COVERED BY PART B	\$0 copay	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0 or \$99
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 \$0 copay – T1 and T2 mail order 30 – 90 day supply	T1 – T2 – \$0, \$1.35 or \$3.95 T3 – T5 – \$0, \$4.00, \$9.85 or up to 15% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Fresno, Kings, Madera, Tulare	

Northern California 2022 Plan Highlights

PLAN	<div>All Dual Eligibles</div> <div>Anthem MediBlue Dual Advantage (HMO D-SNP) H0544-052</div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
ACUPUNCTURE	\$0 copay – unlimited visits	
ADVANCED DIRECTIVES PROGRAM	Covered	
CHIROPRACTIC	\$0 copay – 24 visits	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$300 comprehensive allowance per quarter	
ESSENTIAL EXTRAS	Covered (pick 1)	
FITNESS	SilverSneakers®	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS & PERS	Covered	
OVER THE COUNTER	\$21 per quarter	
PODIATRY	\$0 copay – unlimited visits	
VISION	\$0 copay – 1 routine eye exam per year; \$50 allowance – eyeglasses or contact lenses per year	

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Access (LPPO) H8552-029
PREMIUM	\$30
DEDUCTIBLE	\$590
MAX OUT-OF-POCKET	\$6,700 INN / \$10,000 OON
PCP	\$10 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$175 copay (days 1 – 7)
RX DEDUCTIBLE	\$370 (T2 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$12 / \$42 / \$95 / 26% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Butte, El Dorado, Napa, San Francisco , Shasta, Solano, Sonoma, Sutter, Tehama, Yuba

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue Access (LPPO) H8552-029
DENTAL	\$0 copay – 2 oral exams, 2 cleanings per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
FITNESS	SilverSneakers®
MCRS	Covered
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

Northern California 2022 Plan Highlights

PLAN	<div> <div>All Dual Eligibles</div> <div> Anthem MediBlue Dual Advantage (LPPO D-SNP) H8552-030 </div> </div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550 INN / \$11,300 OON	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	\$0 – \$275 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0	\$0 – \$188 copay
MOST SERVICES COVERED BY PART B	\$0 copay	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0 or \$99
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	T1 – T2 – \$0, \$1.35 or \$3.95 T3 – T6 – \$0, \$4.00, \$9.85 or up to 15% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Butte, El Dorado, Napa, Shasta, Solano, Sonoma, Sutter, Tehama, Yuba	

Northern California 2022 Plan Highlights

PLAN	<div>All Dual Eligibles</div> Anthem MediBlue Dual Advantage (LPPO D-SNP) H8552-030	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$225 comprehensive allowance per quarter	
FITNESS	SilverSneakers®	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS	Covered	
OVER THE COUNTER	\$50 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; \$150 allowance – eyeglasses or contact lenses per year	

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue ESRD Care (PPO C-SNP) ¹ H8552-028
PREMIUM	TBD
MAX OUT-OF-POCKET	\$7,550 INN / \$11,300 OON
PCP	\$0 copay
SPECIALIST	\$0 – 20% copay
INPATIENT HOSPITAL	Medicare Fee For Service
RX DEDUCTIBLE	\$130 (T2 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$1 / \$6 / \$42 / \$95 / 30% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Fresno, Kings, Madera, Merced, Monterey, San Joaquin, San Luis Obispo, Stanislaus, Tulare (also Kern, San Diego, Ventura)

¹Care management by DaVita Integrated Kidney Care

Northern California 2022 Plan Highlights

PLAN	Anthem MediBlue ESRD Care (PPO C-SNP) ¹ H8552-028
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray per year; \$400 comprehensive allowance per quarter
FITNESS	SilverSneakers®
HEALTHY MEALS	14 post discharge / 90 chronic condition
MCRS	Covered
OVER THE COUNTER	\$100 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 52 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year

¹Care management by DaVita Integrated Kidney Care

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H0544-062	Anthem MediBlue Plus (HMO) H0544-063
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$2,800	\$6,700
PCP	\$0 copay	\$5 copay
SPECIALIST	\$0 copay	\$15 copay
INPATIENT HOSPITAL	\$0 copay	\$330 copay (days 1 – 4)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$5 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Kern	Ventura

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H0544-062	Anthem MediBlue Plus (HMO) H0544-063
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 \$3,000 maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year \$750 maximum plan benefit per year
MCRS	Covered	Covered
OVER THE COUNTER	\$50 per quarter	\$30 per quarter
PERS	Covered	N/A
PODIATRY	\$0 copay – 24 visits	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 12 one-way trips	N/A
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

Southern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Value Plus (HMO) H0544-002
PREMIUM	\$0
MAX OUT-OF-POCKET	\$900
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$9.50 / \$37.50 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Los Angeles, Orange

Southern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Value Plus (HMO) H0544-002
ADULT DAY CENTER	1 Visit Per Week
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray per year
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure, and Weight Scale
ESSENTIAL EXTRAS	Covered (pick 2)
FITNESS	SilverSneakers® / Nifty after Fifty
HEALTHY MEALS	12 post discharge
HEARING	1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$125 per quarter
PODIATRY	\$0 copay – 12 visits
TRANSPORTATION	\$0 copay – 22 one-way trips & unlimited trips to select locations
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – glasses or contacts per year

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H0544-061
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$20 copay
SPECIALIST	\$50 copay
INPATIENT HOSPITAL	\$403 copay (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$15 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Los Angeles, Orange

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H0544-061
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year
FITNESS	SilverSneakers® / Nifty After Fifty
MCRS	Covered
PODIATRY	\$0 copay – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year; \$50 allowance – eyeglasses or contact lenses per year

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Select (HMO) H0544-058
PREMIUM	\$0
MAX OUT-OF-POCKET	\$900
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$5 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Los Angeles, Orange

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Select (HMO) H0544-058
ACUPUNCTURE	\$0 copay – 24 visits
CHIROPRACTIC	\$0 copay – 12 visits
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray per year
ESSENTIAL EXTRAS	Covered (pick 2)
FITNESS	SilverSneakers® / Nifty After Fifty
HEALTHY MEALS	14 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$80 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 12 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Coordination Plus (HMO) ¹ H0544-072	
MEDICAID STATUS	Medicare & Full Medicaid Eligibility	Medicare Only
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	\$7,550
PCP	\$0 copay	20% coinsurance
SPECIALIST	\$0 copay	20% coinsurance
INPATIENT HOSPITAL	\$0 copay	Medicare Fee For Service
RX DEDUCTIBLE	\$0	\$480 (T2 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$15 / \$47 / \$95 / 25% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Los Angeles, Orange	

¹NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Coordination Plus (HMO) ¹ H0544-072	
MEDICAID STATUS	Medicare & Full Medicaid Eligibility	Medicare Only
ACUPUNCTURE	\$0 copay – unlimited visits	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$400 comprehensive allowance per quarter	
ESSENTIAL EXTRAS	Covered (pick 2)	
FITNESS	SilverSneakers® / Nifty After Fifty	
HEALTHY MEALS	14 post discharge	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS & PERS	Covered	
OVER THE COUNTER	\$175 per quarter	
PODIATRY	\$0 copay – unlimited visits	
TRANSPORTATION	\$0 copay – 48 one-way trips	
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year	

¹NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Select (HMO) H0544-066	Anthem MediBlue Plus (HMO) H0544-127
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$1,800	\$5,000
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$10 copay
INPATIENT HOSPITAL	\$0 copay	\$320 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$5 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$15 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Riverside, San Bernardino	Riverside, San Bernardino

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Select (HMO) H0544-066	Anthem MediBlue Plus (HMO) H0544-127
ACUPUNCTURE	\$0 copay – 24 visits	N/A
CHIROPRACTIC	\$0 copay – 12 visits	N/A
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray per year	N/A
ESSENTIAL EXTRAS	Covered (pick 2)	N/A
FITNESS	SilverSneakers® / Nifty After Fifty	SilverSneakers® / Nifty After Fifty
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 \$500 maximum plan benefit per year
OVER THE COUNTER	\$75 per quarter	N/A
MCRS	Covered	Covered
PERS	Covered	N/A
PODIATRY	\$0 copay – unlimited visits	\$0 copay – 24 visits
TRANSPORTATION	\$0 copay – 20 one-way trips	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; \$100 allowance – eyeglasses or contact lenses per year

Southern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue StartSmart Plus (HMO) H0544-007	Anthem MediBlue Value Plus (HMO) H0544-008
PREMIUM	\$0	\$0
PART B REBATE	\$52.10	\$0
MAX OUT-OF-POCKET	\$3,000	\$1,900
PCP	\$5 copay	\$0 copay
SPECIALIST	\$0 – \$20 copay	\$0 copay
INPATIENT HOSPITAL	\$125 copay (days 1 – 5)	\$0 copay
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$14.50 / \$45 / \$95 / 33% / \$10 \$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
MARKET SERVICE AREA	Los Angeles , Orange, San Bernardino	San Bernardino

Southern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue StartSmart Plus (HMO) H0544-007	Anthem MediBlue Value Plus (HMO) H0544-008
CHIROPRACTIC	\$20 copay – 12 visits	N/A
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray per year	
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure, and Weight Scale	
ESSENTIAL EXTRAS	Covered (pick 2)	
FITNESS	SilverSneakers® / Nifty after Fifty	
HEALTHY MEALS	14 post discharge	
HEARING	1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS	Covered	
OVER THE COUNTER	\$125 per quarter	
TRANSPORTATION	\$0 copay – 4 one-way trips	\$0 copay – unlimited one-way trips to select locations
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – glasses or contacts per year	\$0 copay – 1 routine eye exam per year; \$300 allowance – glasses or contacts per year

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Coordination Plus (HMO) ¹ H0544-071	
MEDICAID STATUS	Medicare & Full Medicaid Eligibility	Medicare Only
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	\$7,550
PCP	\$0 copay	20% coinsurance
SPECIALIST	\$0 copay	20% coinsurance
INPATIENT HOSPITAL	\$0 copay	Medicare Fee For Service
RX DEDUCTIBLE	\$0	\$480 (T2 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0-\$3.70 / \$0-\$9.20 / \$0-\$9.20 / \$0-\$9.20 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$12 / \$47 / \$95 / 25% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Riverside, San Bernardino	

¹NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Coordination Plus (HMO) ¹ H0544-071	
MEDICAID STATUS	Medicare & Full Medicaid Eligibility	Medicare Only
ACUPUNCTURE	\$0 copay – unlimited visits	
CHIROPRACTIC	\$0 copay – 12 visits	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$400 comprehensive allowance per quarter	
ESSENTIAL EXTRAS	Covered (pick 2)	
FITNESS	SilverSneakers® / Nifty After Fifty	
HEALTHY MEALS	14 post discharge	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS & PERS	Covered	
OVER THE COUNTER	\$150 per quarter	
PODIATRY	\$0 copay – unlimited visits	
TRANSPORTATION	\$0 copay – 48 one-way trips	
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year	

¹NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Select (HMO) H0544-091	Anthem MediBlue Plus (HMO) H0544-065
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$2,500	\$3,400
PCP	\$0 copay	\$10 copay
SPECIALIST	\$10 copay	\$35 copay
INPATIENT HOSPITAL	\$150 copay (days 1 – 7)	\$295 copay (days 1 – 7)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7 / \$42 / \$95 / 33% 5 tier plan \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$7 / \$42 / \$95 / 33% / \$0 6 tier plan \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	San Diego	San Diego

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Select (HMO) H0544-091	Anthem MediBlue Plus (HMO) H0544-065
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$350 per quarter allowance	\$0 copay – 1 oral exam and 1 cleaning per year
FITNESS	SilverSneakers®	SilverSneakers®
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
MCRS	Covered	Covered
OVER THE COUNTER	\$75 per quarter	\$32 per quarter
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – 24 visits
TRANSPORTATION	\$0 copay – 30 one-way trips	N/A
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Coordination Plus (HMO) ¹ H0544-070	
MEDICAID STATUS	Medicare & Full Medicaid Eligibility	Medicare Only
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	\$7,550
PCP	\$0 copay	20% coinsurance
SPECIALIST	\$0 copay	20% coinsurance
INPATIENT HOSPITAL	\$0 copay	Medicare Fee For Service
RX DEDUCTIBLE	\$0	\$480 (T2 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0-\$3.70 / \$0-\$9.20 / \$0-\$9.20 / \$0-\$9.20 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$9 / \$47 / \$95 / 25% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	San Diego	

¹NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Coordination Plus (HMO) ¹ H0544-070	
MEDICAID STATUS	Medicare & Full Medicaid Eligibility	Medicare Only
ACUPUNCTURE	\$0 copay – unlimited visits	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride and 1 x-ray per year; \$350 comprehensive allowance per quarter	
ESSENTIAL EXTRAS	Covered (pick 2)	
FITNESS	SilverSneakers®	
HEALTHY MEALS	14 post discharge	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS	Covered	
OVER THE COUNTER	\$150 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; \$200 allowance – eyeglasses or contact lenses per year	

¹NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Extra (HMO) H0544-081				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	TBD
MAX OUT-OF-POCKET	\$900				
PCP	\$0 copay				
SPECIALIST	\$0 copay				
INPATIENT HOSPITAL	\$0 copay				
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	\$0/\$2/\$47/\$95/25%	\$0 to 15%	\$0 - \$9.85	\$0 - \$4.00	\$0
	\$0 copay – T1 and T2 mail order 30 – 90 day supply				
MARKET SERVICE AREA	Los Angeles, Orange, Riverside, San Bernardino, San Diego				

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Extra (HMO) ¹ H0544-081
ACUPUNCTURE	\$0 copay – 24 visits
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$100 comprehensive allowance per quarter
ESSENTIAL EXTRAS	Covered (pick 2)
FITNESS	SilverSneakers® / Nifty After Fifty
HEALTHY MEALS	14 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS & PERS	Covered
OVER THE COUNTER	\$100 per quarter
PERSONAL HOME HELPER	N/A
PODIATRY	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 26 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year

Southern California 2022 Plan Highlights

PLAN	<div> <div>All Dual Eligibles</div> <div> Anthem MediBlue Dual Plus (HMO D-SNP) H0544-088 </div> </div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	\$0 – Medicare Fee For Service
SKILLED NURSING FACILITY	\$0 copay	\$0 – Medicare Fee For Service
MOST SERVICES COVERED BY PART B	\$0 copay	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0 or \$99
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 \$0 copay – T1 and T2 mail order 30 – 90 day supply	T1 – T2 – \$0, \$1.35 or \$3.95 T3 – T5 – \$0, \$4.00, \$9.85 or up to 15% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Kern	

Southern California 2022 Plan Highlights

PLAN	<div>All Dual Eligibles</div> <div>Anthem MediBlue Dual Plus (HMO D-SNP) H0544-088</div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
ADVANCED DIRECTIVES PROGRAM	Covered	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year	
ESSENTIAL EXTRAS	Covered (pick 1)	
FITNESS	SilverSneakers®	
HEALTHY MEALS	10 post discharge	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS	Covered	
OVER THE COUNTER	\$175 per quarter	
PERS	Covered	
PODIATRY	\$0 copay – unlimited visits	
TRANSPORTATION	N/A	
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year	

Southern California 2022 Plan Highlights

PLAN	<div>All Dual Eligibles</div> <div> Anthem MediBlue Dual Plus (HMO D-SNP) H0544-090 </div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,500	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	\$0 – Medicare Fee For Service
SKILLED NURSING FACILITY	\$0 copay	\$0 – Medicare Fee For Service
MOST SERVICES COVERED BY PART B	\$0 copay	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0 or \$99
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 \$0 copay – T1 and T2 mail order 30 – 90 day supply	T1 – T2 – \$0, \$1.35 or \$3.95 T3 – T5 – \$0, \$4.00, \$9.85 or up to 15% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Ventura	

Southern California 2022 Plan Highlights

PLAN	<div>All Dual Eligibles</div> <div>Anthem MediBlue Dual Plus (HMO D-SNP) H0544-090</div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
ADVANCED DIRECTIVES PROGRAM	Covered	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year	
ESSENTIAL EXTRAS	Covered (pick 1)	
FITNESS	SilverSneakers®	
HEALTHY MEALS	10 post discharge	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS	Covered	
OVER THE COUNTER	\$200 per quarter	
PERS	Covered	
PODIATRY	\$0 copay – unlimited visits	
TRANSPORTATION	\$0 Copay – 48 one-way trip to select locations	
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year	

Southern California 2022 Plan Highlights

PLAN	<div> <div>All Dual Eligibles</div> <div> Anthem MediBlue Dual Advantage (HMO D-SNP) H0544-053 </div> </div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	\$0 – Medicare Fee For Service
SKILLED NURSING FACILITY	\$0 copay	\$0 – Medicare Fee For Service
MOST SERVICES COVERED BY PART B	\$0 copay	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0 or \$99
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 \$0 copay – T1 and T2 mail order 30 – 90 day supply	T1 – T2 – \$0, \$1.35 or \$3.95 T3 – T5 – \$0, \$3.95, \$9.85 or up to 15% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Kern	

Southern California 2022 Plan Highlights

PLAN	<div>All Dual Eligibles</div> Anthem MediBlue Dual Advantage (HMO D-SNP) H0544-053	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
ACUPUNCTURE	\$0 copay – unlimited	
ADVANCED DIRECTIVES PROGRAM	Covered	
CHIROPRACTIC	\$0 copay – 24 visits	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$300 comprehensive allowance per quarter	
ESSENTIAL EXTRAS	Covered (pick 1)	
FITNESS	SilverSneakers®	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS & PERS	Covered	
OVER THE COUNTER	\$15 per quarter	
PODIATRY	\$0 copay – unlimited visits	
VISION	\$0 copay – 1 routine eye exam per year; \$75 allowance – eyeglasses or contact lenses per year	

Southern California 2022 Plan Highlights

PLAN	<div>All Dual Eligibles</div> Anthem MediBlue Dual Advantage (HMO D-SNP) H0544-055	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	\$0 – Medicare Fee For Service
SKILLED NURSING FACILITY	\$0 copay	\$0 – Medicare Fee For Service
MOST SERVICES COVERED BY PART B	\$0 copay	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0 or \$99
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$0-\$3.95 / \$0-\$9.85 / \$0-\$9.85 / \$0-\$9.85 \$0 copay – T1 and T2 mail order 30 – 90 day supply	T1 – T2 – \$0, \$1.35 or \$3.95 T3 – T5 – \$0, \$4.00, \$9.85 or up to 15% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Ventura	

Southern California 2022 Plan Highlights

PLAN	<div>All Dual Eligibles</div> <div>Anthem MediBlue Dual Advantage (HMO D-SNP) H0544-055</div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
ACUPUNCTURE	\$0 copay – unlimited visits	
ADVANCED DIRECTIVES PROGRAM	Covered	
CHIROPRACTIC	\$0 copay – 24 visits	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$400 comprehensive allowance per quarter	
ESSENTIAL EXTRAS	Covered (pick 1)	
FITNESS	SilverSneakers®	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS & PERS	Covered	
OVER THE COUNTER	\$20 per quarter	
PODIATRY	\$0 copay – unlimited visits	
VISION	\$0 copay – 1 routine eye exam per year; \$50 allowance – eyeglasses or contact lenses per year	

Southern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Diabetes Care (HMO C-SNP) ¹ H0544-004	Anthem MediBlue Heart Care (HMO C-SNP) ¹ H0544-013	Anthem MediBlue Lung Care (HMO C-SNP) ¹ H0544-014
PREMIUM	\$0	\$0	\$0
MAX OUT-OF-POCKET	\$900	\$900	\$900
PCP	\$0 copay	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay	\$0 copay
RX DEDUCTIBLE	\$0	\$0	\$0
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	\$0 / \$7.50 / \$37.50 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$7.50 / \$37.50 / \$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	N/A	N/A
MARKET SERVICE AREA	Los Angeles, Orange	Los Angeles, Orange	Los Angeles, Orange

Southern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Diabetes Care (HMO C-SNP) H0544-004	Anthem MediBlue Heart Care (HMO C-SNP) H0544-013	Anthem MediBlue Lung Care (HMO C-SNP) H0544-014
ADULT DAY CENTER	1 visit per week		
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year		
ESSENTIAL EXTRAS	Covered (pick 2)		
FITNESS	SilverSneakers® / Nifty after Fifty		
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure, and Weight Scale		
HEALTHY MEALS	14 post discharge		
HEARING	1 hearing exam, fitting & evaluation per year; \$3,000 maximum benefit per year		
MCRS	Covered		
OVER THE COUNTER	\$125 per quarter		
PODIATRY	\$0 copay – unlimited visits per year		
TRANSPORTATION	\$0 copay – unlimited to select locations; 44 one-way trips	\$0 copay – unlimited to select locations; 22 one-way trips	
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – glasses or lenses every year	\$0 copay – 1 routine eye exam per year; \$200 allowance – glasses or lenses every year	

¹CareMore included in the network

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Diabetes Care (HMO C-SNP) ¹ H0544-010	Anthem MediBlue Heart Care (HMO C-SNP) ¹ H0544-038	Anthem MediBlue Lung Care (HMO C-SNP) ¹ H0544-019
PREMIUM	\$0	\$0	\$0
MAX OUT-OF-POCKET	\$1,900	\$1,900	\$1,900
PCP	\$0 copay	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$25 copay (days 1-10)	\$25 copay (days 1-10)	\$25 copay (days 1-10)
RX DEDUCTIBLE	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$9.50 / \$35 / \$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	\$0 / \$9.50 / \$40 / \$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	N/A	N/A
MARKET SERVICE AREA	San Bernardino	San Bernardino	San Bernardino

¹CareMore included in the network

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Diabetes Care (HMO C-SNP) ¹ H0544-010	Anthem MediBlue Heart Care (HMO C-SNP) ¹ H0544-038	Anthem MediBlue Lung Care (HMO C-SNP) ¹ H0544-019
ADULT DAY CENTER	1 visit per week		
DENTAL	N/A		
FITNESS	SilverSneakers® / Nifty after Fifty		
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure, and Weight Scale		
ESSENTIAL EXTRAS	Covered (pick 2)		
HEALTHY MEALS	14 post discharge		
HEARING	1 hearing exam, fitting & evaluation per year; \$3,000 maximum benefit per year		
MCRS	Covered		
OVER THE COUNTER	\$125 per quarter		
PERSONAL HOME HELPER	N/A		
PODIATRY	\$0 copay – unlimited visits per year		
TRANSPORTATION	\$0 copay – unlimited to select locations; 10 one-way trips		
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – glasses or lenses every year		

¹CareMore included in the network

Southern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue ESRD Care (HMO C-SNP) H0544-015	Anthem MediBlue ESRD Care (HMO C-SNP) H0544-020
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$7
MAX OUT-OF-POCKET	\$900	\$1,900
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$60 copay (days 1 – 5)	\$110 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$37.50 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$5 / \$9.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Los Angeles, Orange	San Bernardino

Southern California 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue ESRD Care (HMO C-SNP) H0544-015	Anthem MediBlue ESRD Care (HMO C-SNP) H0544-020
ADULT DAY CENTER	1 visit per week	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray per year	
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure, and Weight Scale	
ESSENTIAL EXTRAS	Covered (pick 2)	
HEALTHY MEALS	14 post discharge	
HEARING	1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
FITNESS	SilverSneakers® / Nifty after Fifty	
MCRS	covered	
OVER THE COUNTER	\$125 per quarter	
PODIATRY	\$0 copay – unlimited visits	
TRANSPORTATION	\$0 copay – 150 one-way trips	\$0 copay – limited clinical benefit
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year	

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Access (LPPO) H8552-020
PREMIUM	\$172
DEDUCTIBLE	\$590
MAX OUT-OF-POCKET	\$6,700 INN / \$10,000 OON
PCP	\$10 copay (in network)
SPECIALIST	\$35 copay (in network)
INPATIENT HOSPITAL	\$175 copay (days 1 – 7)
RX DEDUCTIBLE	\$370 (T2-T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$8 / \$42 / \$95 / 26% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Orange

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue Access (LPPO) H8552-020
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year
FITNESS	SilverSneakers®
MCRS	Covered
VISION	\$0 copay – 1 routine eye exam per year

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue ESRD Care (PPO C-SNP) ¹ H8552-028
PREMIUM	TBD
MAX OUT-OF-POCKET	\$7,550 INN / \$11,300 OON
PCP	\$0 copay
SPECIALIST	\$0 – 20% copay
INPATIENT HOSPITAL	Medicare Fee For Service
RX DEDUCTIBLE	\$130 (T2 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$1 / \$6 / \$42 / \$95 / 30% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Kern, San Diego, Ventura (also Fresno, Kings, Madera, Merced, Monterey, San Joaquin, San Luis Obispo, Stanislaus, Tulare)

¹Care management by DaVita Integrated Kidney Care

Southern California 2022 Plan Highlights

PLAN	Anthem MediBlue ESRD Care (PPO C-SNP) ¹ H8552-028
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray per year; \$400 comprehensive allowance per quarter
FITNESS	SilverSneakers®
HEALTHY MEALS	14 post discharge / 90 chronic condition
MCRS	Covered
OVER THE COUNTER	\$100 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 52 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year

¹Care management by DaVita Integrated Kidney Care

California – 2022 Optional Supplement Benefits

	HMO	SNP	PPO
Preventative Dental	\$12	12	\$22
Dental and Vision	\$32	\$32-33	\$35
Enhanced Dental and Vision	\$48	\$50	\$57

California – Medicare Supplement/Anthem Extras

CALIFORNIA MEDICARE SUPPLEMENT PLANS			
PLAN A	PLAN F ¹	PLAN G ³	PLAN N
✓	✓ ²	✓	✓

¹Plan F will not be available for enrollment for newly eligible beneficiaries on or after January 1, 2020

²Innovative Plan available

³"New to Medicare" discount available to qualifying beneficiaries

CALIFORNIA ANTHEM EXTRAS PACKAGES							
STANDARD	PREMIUM WITH SilverSneakers®	PREMIUM WITHOUT SilverSneakers®	PREMIUM PLUS WITH SilverSneakers®	PREMIUM PLUS WITHOUT SilverSneakers®	STANDARD DENTAL ONLY	PREMIUM DENTAL ONLY	PREMIUM PLUS DENTAL ONLY
\$25	\$43	\$38	\$61	\$56	\$18.48	\$31.48	\$46.66

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

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

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

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

Anthem Blue Cross Life and Health Insurance Company is an independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Anthem Blue Cross Life and Health Insurance Company is an LPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross Life and Health Insurance Company depends on contract renewal.

Anthem Blue Cross Life and Health Insurance Company is an LPPO CSNP plan with a Medicare contract. Enrollment in Anthem Blue Cross Life and Health Insurance Company depends on contract renewal.

Anthem Blue Cross Life and Health Insurance Company is an LPPO DSNP plan with a Medicare contract and a contract with the California Medicaid program. Enrollment in Anthem Blue Cross depends on contract renewal.

Anthem Blue Cross Life and Health Insurance Company is a PDP plan with a Medicare contract. Enrollment in Anthem Blue Cross Life and Health Insurance Company depends on contract renewal.

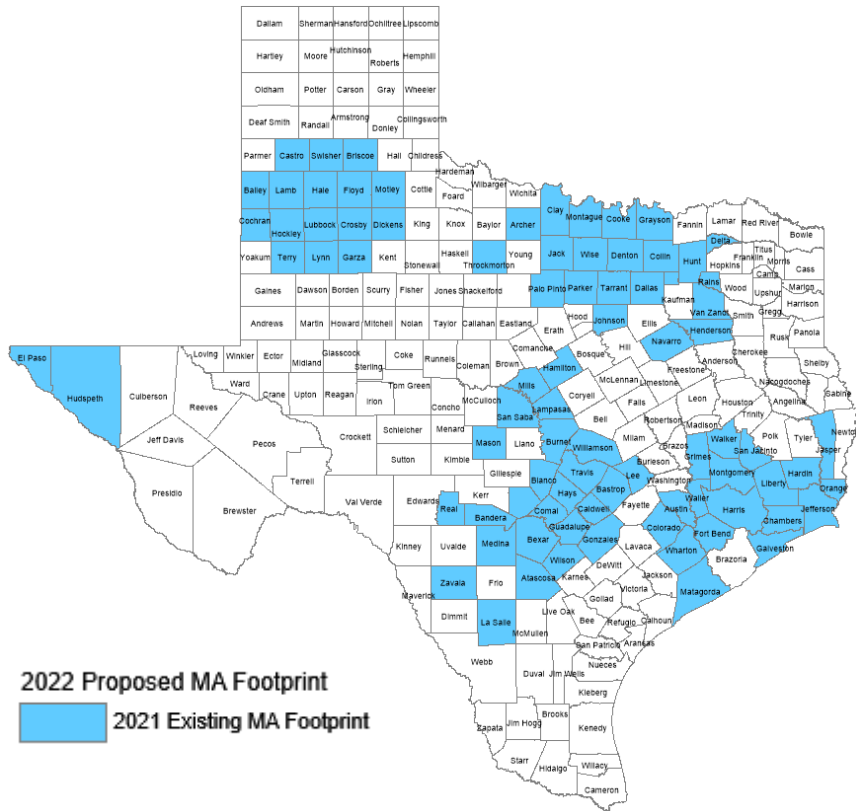
Dental benefit management administered by Liberty Dental, an independent company.

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

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 – Texas

Texas – 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
- NEW Heart and Lung CSNPs and expanding Diabetes CSNP into Austin, Dallas Fort Worth, and San Antonio MSAs with CareMore
- DSNP plan options for Partial and Full Dual-Eligibles
- Enhancements to Everyday Extras
- Reduced Rx mail order copay for Tier 1 and Tier 2 to \$0
- Network includes key providers such as: Del Norte/Innovista and WellMed in El Paso Southwestern Health (UTSW), TopCare, Parkland HS and JPS in Dallas Fort Worth IntegraNet, Methodist Physicians, Van Lang/TEACO, TopCare and TPAC in Houston VanLang, Gonzaba, Prospect, WellMed and Zenith in San Antonio

Service Area

Archer, Atascosa, Austin, Bailey, Bandera, Bastrop, Bexar, Blanco, Briscoe, Burnet, Caldwell, Castro, Chambers, Clay, Cochran, Collin, Colorado, Comal, Cooke, Crosby, Dallas, Delta, Denton, Dickens, El Paso, Floyd, Fort Bend, Galveston, Garza, Gonzales, Grayson, Grimes, Guadalupe, Hale, Hamilton, Hardin, Harris, Hays, Henderson, Hockley, Hudspeth, Hunt, Jack, Jasper, Jefferson, Johnson, Kendall, La Salle, Lamb, Lampasas, Lee, Liberty, Lubbock, Lynn, Mason, Matagorda, Medina, Mills, Montague, Montgomery, Motley, Navarro, Orange, Palo Pinto, Parker, Rains, Real, Rockwall, San Jacinto, San Saba, Swisher, Tarrant, Terry, Throckmorton, Travis, Van Zandt, Walker, Waller, Wharton, Williamson, Wilson, Wise, Zavala

Amerigroup Product Portfolio: Texas



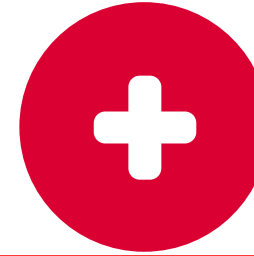
**Medicare
Advantage**
(MA/MAPD)



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



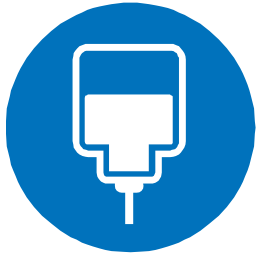
**Dual Eligible
MAPD**
(DSNP)



**Medicare
Supplements**
(Medigap)



**Prescription
Drug Plans**
(PDP)



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*

Texas – 2022 Plan Highlights

PLAN	Amerivantage Classic Plus (HMO) H8849-008-001	Amerivantage Classic Plus (HMO) H8849-008-002
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$5,500	\$2,500
PCP	\$5 copay	\$0 copay
SPECIALIST	\$35 copay	\$20 copay
INPATIENT HOSPITAL	\$220 copay (days 1 – 6)	\$225 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$12 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$5 / \$12 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Austin, Chambers, Colorado, Fort Bend, Galveston, Grimes, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Orange, San Jacinto, Walker, Waller, Wharton	Archer, Clay, Collin, Cooke, Dallas, Delta, Denton, Grayson, Henderson, Hunt, Jack, Johnson, Montague, Navarro, Palo Pinto, Parker, Rains, Rockwall, Tarrant, Throckmorton, Van Zandt, Wise

Texas – 2022 Plan Highlights

PLAN	Amerivantage Classic Plus (HMO) H8849-008-001	Amerivantage Classic Plus (HMO) H8849-008-002
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$125 comprehensive allowance per quarter	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$450 comprehensive allowance per quarter
EVERYDAY EXTRAS	N/A	Covered (pick 1)
FITNESS	SilverSneakers®	SilverSneakers®
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
MCRS	Covered	Covered
OVER THE COUNTER	\$200 per quarter	\$102 per quarter
PERS	Covered	Covered
PODIATRY	\$0 copay – 24 visits per year	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 20 one-way trips	\$0 copay – 26 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

Texas – 2022 Plan Highlights

PLAN	Amerivantage Classic Plus (HMO) H8849-008-003	Amerivantage Classic Plus (HMO) H8849-008-004
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$5,600	\$2,900
PCP	\$0 copay	\$0 copay
SPECIALIST	\$30 copay	\$25 copay
INPATIENT HOSPITAL	\$250 copay (days 1 – 6)	\$125 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$12 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$5 / \$12 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Atascosa, Bandera, Bexar, Comal, Gonzales, Guadalupe, Kendall, La Salle, Medina, Real, Wilson, Zavala	El Paso, Hudspeth

Texas – 2022 Plan Highlights

PLAN	Amerivantage Classic Plus (HMO) H8849-008-003	Amerivantage Classic Plus (HMO) H8849-008-004
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$400 comprehensive allowance per quarter	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$500 comprehensive allowance per quarter
EVERYDAY EXTRAS	N/A	Covered (pick 1)
FITNESS	SilverSneakers®	SilverSneakers®
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
MCRS	Covered	Covered
OVER THE COUNTER	\$115 per quarter	\$90 per quarter
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 24 one-way trips	\$0 copay – 34 one-way trips
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; \$300 allowance – eyeglasses or contact lenses per year

Texas – 2022 Plan Highlights

PLAN	Amerivantage Classic Plus (HMO) H8849-008-005	Amerivantage Classic Plus (HMO) H8849-008-006
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$5,000	\$6,700
PCP	\$5 copay	\$0 copay
SPECIALIST	\$35 copay	\$35 copay
INPATIENT HOSPITAL	\$290 copay (days 1 – 6)	\$275 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$12 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$5 / \$12 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Bailey, Briscoe, Castro, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Motley, Swisher, Terry	Bastrop, Blanco, Burnet, Caldwell, Hamilton, Hays, Lampasas, Lee, Mason, Mills, San Saba, Travis, Williamson

Texas – 2022 Plan Highlights

PLAN	Amerivantage Classic Plus (HMO) H8849-008-005	Amerivantage Classic Plus (HMO) H8849-008-006
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$250 comprehensive allowance per quarter	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$100 comprehensive allowance per quarter
FITNESS	SilverSneakers®	SilverSneakers®
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
MCRS	Covered	Covered
OVER THE COUNTER	\$50 per quarter	\$50 per quarter
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – 24 visits per year
TRANSPORTATION	\$0 copay – 2 one-way trips	\$0 copay – 12 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

Texas – 2022 Plan Highlights

PLAN	Amerivantage Select Plus (HMO) H8849-006	Amerivantage Select Plus (HMO) H8849-009
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,500	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$25 copay	\$25 copay
INPATIENT HOSPITAL	\$155 copay (per admission)	\$120 copay (days 1 – 3)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$3 / \$10 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$3 / \$10 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Bexar	Fort Bend, Harris, Montgomery

Texas – 2022 Plan Highlights

PLAN	Amerivantage Select Plus (HMO) H8849-006	Amerivantage Select Plus (HMO) H8849-009
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$250 comprehensive allowance per quarter	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$600 comprehensive allowance per quarter
EVERYDAY EXTRAS	Covered (pick 1)	Covered (pick 1)
FITNESS	SilverSneakers®	SilverSneakers®
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
MCRS	Covered	Covered
OVER THE COUNTER	\$144 per quarter	\$200 per quarter
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – 24 visits per year
TRANSPORTATION	\$0 copay – 24 one-way trips	\$0 copay – 24 one-way trips*
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; \$200 allowance – eyeglasses or contact lenses per year

Texas – 2022 Plan Highlights

PLAN	Amerivantage Dual Coordination Plus (HMO D-SNP) H8849-010-001	Amerivantage Dual Coordination Plus (HMO D-SNP) H8849-010-002
MEDICAID STATUS	Medicare & Full Medicaid Eligibility	Medicare & Full Medicaid Eligibility
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
MOST SERVICES COVERED BY PART B	\$0 copay – 20% coinsurance	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Austin, Chambers, Colorado, Fort Bend, Galveston, Grimes, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Orange, San Jacinto, Walker, Waller, Wharton	Archer, Clay, Collin, Cooke, Dallas, Delta, Denton, Grayson, Henderson, Hunt, Jack, Johnson, Montague, Navarro, Palo Pinto, Parker, Rains, Rockwall, Tarrant, Throckmorton, Van Zandt, Wise

Texas – 2022 Plan Highlights

PLAN	Amerivantage Dual Coordination Plus (HMO D-SNP) H8849-010-001	Amerivantage Dual Coordination Plus (HMO D-SNP) H8849-010-002
ACUPUNCTURE	\$0 copay – unlimited visits	\$0 copay – unlimited visits
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$1,000 comprehensive allowance per quarter	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$1,000 comprehensive allowance per quarter
EVERYDAY EXTRAS	Covered (pick 1)	Covered (pick 1)
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	42 post discharge	20 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	\$300 per quarter	\$300 per quarter
MCRS	Covered	Covered
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 60 one-way trips	\$0 copay – 60 one-way trips to a select location
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; \$350 allowance – eyeglasses or contact lenses per year

Texas – 2022 Plan Highlights

PLAN	Amerivantage Dual Coordination Plus (HMO D-SNP) H8849-010-003	Amerivantage Dual Coordination Plus (HMO D-SNP) H8849-010-004
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+
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
MOST SERVICES COVERED BY PART B	\$0 copay – 20% coinsurance	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Atascosa, Bandera, Bexar, Comal, Gonzales, Guadalupe, Kendall, La Salle, Medina, Real, Wilson, Zavala	El Paso, Hudspeth

Texas – 2022 Plan Highlights

PLAN	Amerivantage Dual Coordination Plus (HMO D-SNP) H8849-010-003	Amerivantage Dual Coordination Plus (HMO D-SNP) H8849-010-004
ACUPUNCTURE	\$0 copay – unlimited visits	\$0 copay – unlimited visits
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$1,000 comprehensive allowance per quarter	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$1,000 comprehensive allowance per quarter
EVERYDAY EXTRAS	Covered (pick 1)	Covered (pick 1)
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	42 post discharge	42 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	\$250 per quarter	\$330 per quarter
MCRS	Covered	Covered
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 60 one-way trips to select locations	\$0 copay – 60 one-way trips to select locations
VISION	\$0 copay – 1 routine eye exam per year; \$350 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$400 allowance – eyeglasses or contact lenses per year

Texas – 2022 Plan Highlights

PLAN	Amerivantage Dual Coordination Plus (HMO D-SNP) H8849-010-005	Amerivantage Dual Coordination Plus (HMO D-SNP) H8849-010-006
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+
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
MOST SERVICES COVERED BY PART B	\$0 copay – 20% coinsurance	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Bailey, Briscoe, Castro, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Motley, Swisher, Terry	Bastrop, Blanco, Burnet, Caldwell, Hamilton, Hays, Lampasas, Lee, Mason, Mills, San Saba, Travis, Williamson

Texas – 2022 Plan Highlights

PLAN	Amerivantage Dual Coordination Plus (HMO D-SNP) H8849-010-005	Amerivantage Dual Coordination Plus (HMO D-SNP) H8849-010-006
ACUPUNCTURE	\$0 copay – unlimited visits	\$0 copay – unlimited visits
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$850 comprehensive allowance per quarter	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$1,000 comprehensive allowance per quarter
EVERYDAY EXTRAS	Covered (pick 1)	Covered (pick 1)
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	20 post discharge	42 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	\$300 per quarter	\$275 per quarter
MCRS	Covered	Covered
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 60 one-way trips to select locations	\$0 copay – 60 one-way trips to select locations
VISION	\$0 copay – 1 routine eye exam per year; \$350 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$500 allowance – eyeglasses or contact lenses per year

Texas – 2022 Plan Highlights

PLAN	<div>All Duals</div> <div>Amerivantage Dual Secure Plus (HMO D-SNP) H8849-011-001</div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+	With Medicare & FBDE or Partial Medicaid Eligibility / SLMB, QI or QDWI
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	\$0 – Medicare Fee For Service
MOST SERVICES COVERED BY PART B	\$0 copay	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Austin, Chambers, Colorado, Fort Bend, Galveston, Grimes, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Orange, San Jacinto, Walker, Waller, Wharton	

Texas – 2022 Plan Highlights

PLAN	<div>All Duals</div> <div>Amerivantage Dual Secure Plus (HMO D-SNP) H8849-011-001</div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+	With Medicare & FBDE or Partial Medicaid Eligibility / SLMB, QI or QDWI
ACUPUNCTURE	\$0 copay – 24 visits	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$625 comprehensive allowance per quarter	
EVERYDAY EXTRAS	Covered (pick 1)	
FITNESS	SilverSneakers®	
HEALTHY MEALS	20 post discharge	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year	
OVER THE COUNTER	\$175 per quarter	
MCRS & PERS	Covered	
PODIATRY	\$0 copay – unlimited visits	
TRANSPORTATION	\$0 copay – 48 one-way trips	
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year	

Texas – 2022 Plan Highlights

PLAN	Amerivantage Diabetes Care (HMO C-SNP) H2593-037 (Not Actively Marketed)	Amerivantage Diabetes Care Plus (HMO C-SNP) H8849-003
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$7,550	\$3,400
PCP	\$5	\$0 copay
SPECIALIST	\$0 - \$30 copay	\$0 - \$25 copay
INPATIENT HOSPITAL	\$335 copay (days 1 – 6)	\$120 copay (days 1 – 3)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$7.50 / \$35 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
INSULIN SAVINGS PROGRAM	N/A	\$0 – \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases
MARKET SERVICE AREA	Harris	Harris

Texas – 2022 Plan Highlights

PLAN	Amerivantage Diabetes Care Plus (HMO C-SNP) H8849-003
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$375 comprehensive allowance per quarter
FITNESS	SilverSneakers®
HEALTHY MEALS	10 post discharge / 30 chronic condition
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$200 per quarter
PERS	Covered
PODIATRY	\$0 copay – 24 visits
TRANSPORTATION	\$0 copay – 24 one-way trips to a select location
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

Texas – 2022 Plan Highlights

PLAN	Amerivantage Heart Care Plus (HMO C-SNP) H8849-004
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$0 - \$25 copay
INPATIENT HOSPITAL	\$120 copay (days 1 – 3)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Harris

Texas – 2022 Plan Highlights

PLAN	Amerivantage Heart Care Plus (HMO C-SNP) H8849-004
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$375 comprehensive allowance per quarter
FITNESS	SilverSneakers®
HEALTHY MEALS	10 post discharge / 30 chronic condition
HEARING	\$0 copay – 1 hearing exam \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$200 per quarter
PERS	Covered
PODIATRY	\$0 copay – 24 visits
TRANSPORTATION	\$0 copay – 24 one-way trips to a select location
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

Texas – 2022 Plan Highlights

PLAN	Amerivantage Lung Care Plus (HMO C-SNP) H8849-005
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$0 – \$25 copay
INPATIENT HOSPITAL	\$120 copay (days 1 – 3)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Harris

Texas – 2022 Plan Highlights

PLAN	Amerivantage Lung Care Plus (HMO C-SNP) H8849-005
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$375 comprehensive allowance per quarter
FITNESS	SilverSneakers®
HEALTHY MEALS	10 post discharge / 30 chronic condition
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$200 per quarter
PERS	Covered
PODIATRY	\$0 copay – 24 visits
TRANSPORTATION	\$0 copay – 24 one-way trips to a select location
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

Texas – 2022 Plan Highlights

PLAN	Amerivantage ESRD Care Plus (HMO-POS C-SNP) H2593-043 New
PREMIUM	\$0
MAX OUT-OF-POCKET	\$2,900
PCP	\$0 copay
SPECIALIST	\$0 – \$25 copay
INPATIENT HOSPITAL	\$125 (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$12 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Archer, Austin, Bailey, Briscoe, Castro, Chambers, Clay, Cochran, Collin, Colorado, Cooke, Crosby, Dallas, Delta, Denton, Dickens, Floyd, Fort Bend, Galveston, Garza, Grayson, Grimes, Hale, Hardin, Harris, Henderson, Hockley, Hunt, Jack, Jasper, Jefferson, Johnson, Lamb, Liberty, Lubbock, Lynn, Matagorda, Montague, Montgomery, Motley, Navarro, Orange, Palo Pinto, Parker, Rains, Rockwall, San Jacinto, Swisher, Tarrant, Terry, Throckmorton, Van Zandt, Walker, Waller, Wharton, Wise

Texas – 2022 Plan Highlights

PLAN	Amerivantage ESRD Care Plus (HMO-POS C-SNP) H2593-043 New
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$100 comprehensive allowance per quarter
ESSENTIAL EXTRAS	Covered (pick 1)
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
OVER THE COUNTER	\$90 per quarter
MCRS	Covered
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 34 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year

Texas – 2022 Plan Highlights

PLAN	<div>Amerivantage Dual Secure Plus (HMO D-SNP)</div> <div>H8849-011-002</div>	
	All Duals	
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+	With Medicare & FBDE or Partial Medicaid Eligibility / SLMB, QI or QDWI
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	\$0 – Medicare Fee For Service
MOST SERVICES COVERED BY PART B	\$0 copay	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Archer, Clay, Collin, Cooke, Dallas, Delta, Denton, Grayson, Henderson, Hunt, Jack, Johnson, Montague, Navarro, Palo Pinto, Parker, Rains, Rockwall, Tarrant, Throckmorton, Van Zandt, Wise	

Texas – 2022 Plan Highlights

PLAN	<div>Amerivantage Dual Secure Plus (HMO D-SNP)</div> <div>H8849-011-002</div>	
	All Duals	
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+	With Medicare & FBDE or Partial Medicaid Eligibility / SLMB, QI or QDWI
ACUPUNCTURE	\$0 copay – 24 visits	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$750 comprehensive allowance per quarter	
EVERYDAY EXTRAS	Covered (pick 1)	
FITNESS	SilverSneakers®	
HEALTHY MEALS	20 post discharge	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year	
OVER THE COUNTER	\$250 per quarter	
MCRS	Covered	
PERS	Covered	
PODIATRY	\$0 copay – unlimited visits	
TRANSPORTATION	\$0 copay – 48 one-way trips to a select location	
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year	

Texas – 2022 Plan Highlights

PLAN	Amerivantage Diabetes Care Plus ¹ (HMO C-SNP) H8849-001
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$0 – \$25 copay
INPATIENT HOSPITAL	\$236 copay (days 1 – 5)
RX DEDUCTIBLE	\$0
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	Bexar, Collin, Comal, Dallas, Denton, Guadalupe, Parker, Rockwall, Tarrant, Travis, Wise

¹Care management by CareMore Health

Texas – 2022 Plan Highlights

PLAN	Amerivantage Diabetes Care Plus ¹ (HMO C-SNP) H8849-001
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$375 comprehensive allowance per quarter
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure, and Weight Scale
FITNESS	SilverSneakers®
HEALTHY MEALS	14 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$195 per quarter
PODIATRY	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 26 one-way trips to a select location
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

¹Care management by CareMore Health

Texas – 2022 Plan Highlights

PLAN	Amerivantage Heart Care Plus (HMO C-SNP) H8849-012 New	Amerivantage Lung Care Plus (HMO C-SNP) H8849-013 New
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,400	\$3,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 – \$25 copay	\$0 – \$25 copay
INPATIENT HOSPITAL	\$236 copay (days 1 – 5)	\$236 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Bexar, Collin, Comal, Dallas, Denton, Guadalupe, Parker, Rockwall, Tarrant, Travis, Wise	Bexar, Collin, Comal, Dallas, Denton, Guadalupe, Parker, Rockwall, Tarrant, Travis, Wise

¹Care management by CareMore Health

Texas – 2022 Plan Highlights

PLAN	Amerivantage Heart Care Plus (HMO C-SNP) H8849-012 New	Amerivantage Lung Care Plus (HMO C-SNP) H8849-013 New
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$375 comprehensive allowance per quarter	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$375 comprehensive allowance per quarter
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure, and Weight Scale	Blood Glucose, Blood Pressure, and Weight Scale
FITNESS	SilverSneakers®	SilverSneakers®
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
MCRS	Covered	Covered
OVER THE COUNTER	\$195 per quarter	\$195 per quarter
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 26 one-way trips to a select location	\$0 copay – 26 one-way trips to a select location
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

Texas – 2022 Plan Highlights

PLAN	<div>All Duals</div> <div>Amerivantage Dual Secure Plus (HMO D-SNP) H8849-011-003</div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+	With Medicare & FBDE or Partial Medicaid Eligibility / SLMB, QI or QDWI
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	\$0 – Medicare Fee For Service
MOST SERVICES COVERED BY PART B	\$0 copay	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0 or \$92
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Atascosa, Bandera, Bexar, Comal, Gonzales, Guadalupe, Kendall, La Salle, Medina, Real, Wilson, Zavala	

Texas – 2022 Plan Highlights

PLAN	<div>All Duals</div> <div>Amerivantage Dual Secure Plus (HMO D-SNP) H8849-011-003</div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+	With Medicare & FBDE or Partial Medicaid Eligibility / SLMB, QI or QDWI
ACUPUNCTURE	\$0 copay – 24 visits	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$750 comprehensive allowance per quarter	
EVERYDAY EXTRAS	Covered (pick 1)	
FITNESS	SilverSneakers®	
HEALTHY MEALS	20 post discharge	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year	
OVER THE COUNTER	\$150 per quarter	
MCRS	Covered	
PERS	Covered	
PODIATRY	\$0 copay – unlimited visits	
TRANSPORTATION	\$0 copay – 48 one-way trips to select locations	
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year	

Texas – 2022 Plan Highlights

PLAN	Amerivantage ESRD Care (HMO-POS C-SNP) H2593-031
PREMIUM	TBD
MAX OUT-OF-POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$0 copay – 20% coinsurance
INPATIENT HOSPITAL	Medicare Fee For Service
RX DEDUCTIBLE	\$100 (T2 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$2 / \$7 / \$42 / \$93 / 31% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Bexar, Comal, El Paso, Hays, Travis, Williamson

Texas – 2022 Plan Highlights

PLAN	Amerivantage ESRD Care (HMO-POS C-SNP) H2593-031
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$150 comprehensive allowance per quarter
ESSENTIAL EXTRAS	Covered (pick 1)
FITNESS	SilverSneakers®
HEALTHY MEALS	14 post discharge / 90 chronic condition
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
OVER THE COUNTER	\$100 per quarter
MCRS	Covered
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 26 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

Texas – 2022 Plan Highlights

PLAN	Amerivantage Heart Care Plus (HMO C-SNP) H8849-012 New
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,400
PCP	\$0 copay
SPECIALIST	\$0 – \$25 copay
INPATIENT HOSPITAL	\$236 copay (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Bexar, Collin, Comal, Dallas, Denton, Guadalupe, Parker, Rockwall, Tarrant, Travis, Wise

Texas – 2022 Plan Highlights

PLAN	Amerivantage Heart Care Plus (HMO C-SNP) H8849-012 New
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$375 comprehensive allowance per quarter
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure, and Weight Scale
FITNESS	SilverSneakers®
HEALTHY MEALS	14 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$195 per quarter
PODIATRY	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 26 one-way trips to a select location
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

Texas – 2022 Plan Highlights

PLAN	<div>Amerivantage Dual Secure Plus (HMO D-SNP)</div> <div> <div>All Duals</div> <div>H8849-011-004</div> </div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+	With Medicare & FBDE or Partial Medicaid Eligibility / SLMB, QI or QDWI
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	\$0 – Medicare Fee For Service
MOST SERVICES COVERED BY PART B	\$0 copay	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	El Paso, Hudspeth	

Texas – 2022 Plan Highlights

PLAN	<div>All Duals</div> <div>Amerivantage Dual Secure Plus (HMO D-SNP) H8849-011-004</div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+	With Medicare & FBDE or <u>Partial</u> Medicaid Eligibility / SLMB, QI or QDWI
ACUPUNCTURE	\$0 copay – 24 visits	
ADVANCED DIRECTIVES PROGRAM	Covered	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$500 comprehensive allowance per quarter	
EVERYDAY EXTRAS	Covered (pick 1)	
FITNESS	SilverSneakers®	
HEALTHY MEALS	20 post discharge	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year	
OVER THE COUNTER	\$150 per quarter	
MCRS	Covered	
PERS	Covered	
PODIATRY	\$0 copay – unlimited visits	
TRANSPORTATION	\$0 copay – 48 one-way trips to select locations	
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year	

Texas – 2022 Plan Highlights

PLAN	<div>All Duals</div> <div>Amerivantage Dual Secure Plus (HMO D-SNP) H8849-011-005</div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+	With Medicare & FBDE or Partial Medicaid Eligibility / SLMB, QI or QDWI
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	\$0 – Medicare Fee For Service
MOST SERVICES COVERED BY PART B	\$0 copay	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Bailey, Briscoe, Castro, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Motley, Swisher, Terry	

Texas – 2022 Plan Highlights

PLAN	<div>All Duals</div> Amerivantage Dual Secure Plus (HMO D-SNP) H8849-011-005	
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+	With Medicare & FBDE or Partial Medicaid Eligibility / SLMB, QI or QDWI
ACUPUNCTURE	\$0 copay – 24 visits	
ADVANCED DIRECTIVES PROGRAM	Covered	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$500 comprehensive allowance per quarter	
EVERYDAY EXTRAS	Covered (pick 1)	
FITNESS	SilverSneakers®	
HEALTHY MEALS	20 post discharge	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year	
OVER THE COUNTER	\$150 per quarter	
MCRS	Covered	
PERS	Covered	
PODIATRY	\$0 copay – unlimited visits	
TRANSPORTATION	\$0 copay – 48 one-way trips to select locations	
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year	

Texas – 2022 Plan Highlights

PLAN	<div>All Duals</div> <div>Amerivantage Dual Secure Plus (HMO D-SNP) H8849-011-006</div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+	With Medicare & FBDE or Partial Medicaid Eligibility / SLMB, QI or QDWI
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 copay	\$0 – Medicare Fee For Service
MOST SERVICES COVERED BY PART B	\$0 copay	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Bastrop, Blanco, Burnet, Caldwell, Hamilton, Hays, Lampasas, Lee, Mason, Mills, San Saba, Travis, Williamson	

Texas – 2022 Plan Highlights

PLAN	All Duals	Amerivantage Dual Secure Plus (HMO D-SNP) H8849-011-006
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+	With Medicare & FBDE or Partial Medicaid Eligibility / SLMB, QI or QDWI
ACUPUNCTURE	\$0 copay – 24 visits	
ADVANCED DIRECTIVES PROGRAM	Covered	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$850 comprehensive allowance per quarter	
EVERYDAY EXTRAS	Covered (pick 1)	
FITNESS	SilverSneakers®	
HEALTHY MEALS	20 post discharge	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year	
OVER THE COUNTER	\$225 per quarter	
MCRS	Covered	
PERS	Covered	
PODIATRY	\$0 copay – unlimited visits	
TRANSPORTATION	\$0 copay – 48 one-way trips to select locations	
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year	

Texas – 2022 Plan Highlights

PLAN	Amerivantage Choice (LPPO) H8343-001	Amerivantage Choice (LPPO) H8343-002
PREMIUM	\$15	\$15
MAX OUT-OF-POCKET	\$6,500 INN / \$9,500 OON	\$6,500 INN / \$9,500 OON
PCP	\$0 copay	\$0 copay
SPECIALIST	\$35 copay	\$35 copay
INPATIENT HOSPITAL	\$270 copay (days 1 – 6)	\$225 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$12 / \$37 / \$90 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$5 / \$12 / \$37 / \$90 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Fort Bend, Galveston, Harris, Montgomery	Dallas, Denton, Tarrant

Texas – 2022 Plan Highlights

PLAN	Amerivantage Choice (LPPO) H8343-001	Amerivantage Choice (LPPO) H8343-002
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$250 comprehensive allowance per quarter	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$300 comprehensive allowance per quarter
FITNESS	SilverSneakers®	SilverSneakers®
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	\$100 per quarter	\$100 per quarter
MCRS	Covered	Covered
PERS	Covered	Covered
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

Texas – 2022 Plan Highlights

PLAN	Amerivantage Choice (LPPO) H8343-003
PREMIUM	\$15
MAX OUT-OF-POCKET	\$6,500 INN / \$9,500 OON
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$275 copay (days 1 – 6)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$10 / \$15 / \$37 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Bexar

Texas – 2022 Plan Highlights

PLAN	Amerivantage Choice (LPPO) H8343-003
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$250 comprehensive allowance per quarter
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
OVER THE COUNTER	\$100 per quarter
MCRS	Covered
PERS	Covered
TRANSPORTATION	\$0 copay – 24 one-way trips to a select location
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

Texas – 2022 Optional Supplement Benefits

	HMO	SNP	PPO
Preventative Dental	\$14	\$14	\$19
Dental and Vision	\$28	\$29	\$36
Enhanced Dental and Vision	\$51	\$52	\$67

Texas – Medicare Supplement

TEXAS MEDICARE SUPPLEMENT PLANS			
PLAN A	PLAN F ¹	PLAN G	PLAN N
✓	✓	✓	✓

¹Plan F will not be available for enrollment for newly eligible beneficiaries on or after January 1, 2021

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

Amerigroup Texas, Inc. is an HMO DSNP plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Amerigroup Texas, Inc. depends on contract renewal.

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

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

Amerigroup Texas, Inc. is an HMO/POS CSNP plan with a Medicare contract. Enrollment in Amerigroup Texas, Inc. depends on contract renewal.

Amerigroup Insurance Company is a PDP plan with a Medicare contract. Enrollment in Amerigroup Insurance Company depends on contract renewal.

Coverage is provided by Amerigroup 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 Amerigroup Texas, Inc.

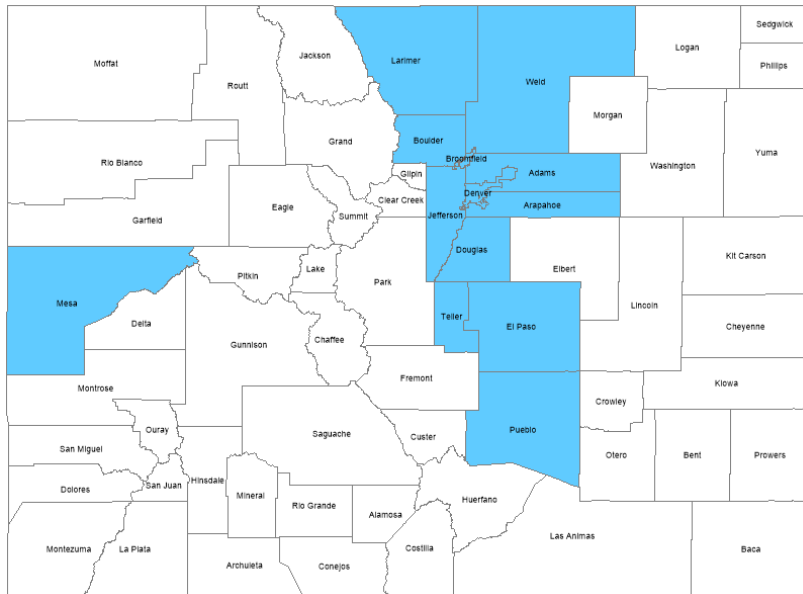
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2022 AEP Preliminary Benefit Preview – Colorado

PRESENTED BY
RSM NAME
Title

Colorado – Medicare Advantage 2022



2022 Proposed MA Footprint

 2021 Existing MA Footprint

Market Highlights

- Introduction of new LPPO and CSNP plans
- Reduced Rx mail order copay for Tier 1 and Tier 2 to \$0 on all plans
- Introduction of Essential Extras (Social Determinants of Health) on PPO plan
- DSNP plan options for Partial or Full Dual-Eligible
- Referrals are not required on HMO and PPO plans

Service Area

Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo, Weld, Teller

Anthem's Product Portfolio: Colorado



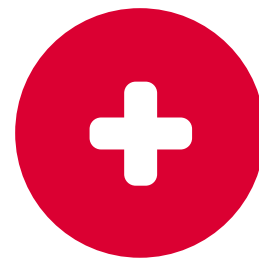
**Medicare
Advantage**
(MA/MAPD)



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



**Dual Eligible
MAPD**
(DSNP)



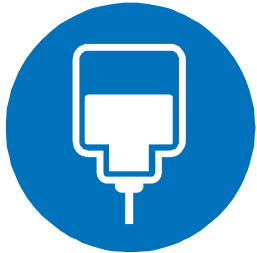
**Medicare
Supplements**
(Medigap)



**Prescription
Drug Plans**
(PDP)



**Anthem
Extras**



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

**Benefit availability varies by plan*

Colorado 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H4346-012
PREMIUM	\$0
MAX OUT-OF-POCKET	\$6,700
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$289 copay (days 1 – 6)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$8 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo, Teller, Weld

Colorado 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H4346-012
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year \$500 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$25 per quarter
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

Colorado 2022 Plan Highlights

PLAN	<div>All Dual Eligibles</div> Anthem MediBlue Dual Advantage (HMO D-SNP) H4346-014	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 per stay	\$0 – Medicare Fee For Service
SKILLED NURSING FACILITY	\$0	\$0 – Medicare Fee For Service Cost
MOST SERVICES COVERED BY PART B	\$0 copay	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0 – \$99
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	T1, T2, & T6 – \$0, \$1.35 or \$3.95 T3 – T5 – \$0, \$4.00, \$9.85 or up to 15% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo, Teller, Weld	

Colorado 2022 Plan Highlights

PLAN	<div>All Dual Eligibles</div> <div>Anthem MediBlue Dual Advantage (HMO D-SNP) H4346-014</div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility with full cost share assistance FBDE, QMB+, QMB, SLMB+	Medicare & Medicaid Eligibility with share of cost (SOC) or no cost share assistance / SLMB, QI, QDWI
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$250 per quarter allowance	
FITNESS	SilverSneakers®	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit 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; \$150 allowance – eyeglasses or contact lenses per year	

Colorado 2022 Plan Highlights

PLAN	Anthem MediBlue ESRD Care (HMO C-SNP) New H4346-029
PREMIUM	\$0
MAX OUT-OF-POCKET	\$6,700
PCP	\$0 copay
SPECIALIST	\$0 – \$35 copay
INPATIENT HOSPITAL	\$289 copay (days 1 – 6)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$8 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo, Teller, Weld

Colorado 2022 Plan Highlights

PLAN	Anthem MediBlue ESRD Care (HMO C-SNP) H4346-029 New
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$100 allowance per quarter
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$500 maximum plan benefit per year
FITNESS	SilverSneakers®
MCRS	Covered
OVER THE COUNTER	\$25 per quarter
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

Colorado 2022 Plan Highlights

PLAN	Anthem MediBlue Access (PPO) H4909-022 <div>New</div>
PREMIUM	\$0
MAX OUT-OF-POCKET	\$6,700 INN / \$10,000 OON
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$325 in network (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$12 / \$37 / \$90 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo, Teller, Weld

Colorado 2022 Plan Highlights

PLAN	Anthem MediBlue Access (PPO) H4909-022 <div>New</div>
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray per year; \$400 comprehensive allowance per quarter
ESSENTIAL EXTRAS	Covered (pick 1)
FITNESS	SilverSneakers®
HEALTHY MEALS	14 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$20 per quarter
PERS	Covered
PODIATRY	\$0 copay – 6 visits
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

Colorado – 2022 Optional Supplement Benefits

	HMO	SNP
Preventative Dental	\$8	\$8
Dental and Vision	\$32	\$33
Enhanced Dental and Vision	\$63	\$64

Colorado – Medicare Supplement/Anthem Extras

COLORADO MEDICARE SUPPLEMENT PLANS			
PLAN A	PLAN F ¹	PLAN G	PLAN N
✓	✓	✓	✓

¹Plan F will not be available for enrollment for newly eligible beneficiaries on or after January 1, 2020

COLORADO ANTHEM EXTRAS PACKAGES					
STANDARD	PREMIUM WITH SilverSneakers®	PREMIUM WITHOUT SilverSneakers®	PREMIUM PLUS WITH SilverSneakers®	PREMIUM PLUS WITHOUT SilverSneakers®	PREMIUM PLUS DENTAL ONLY
\$22	\$43	\$38	\$55	\$50	\$41

Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, 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.

Anthem Blue Cross and Blue Shield is an HMO CSNP 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 Colorado 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 and a contract with the Nevada Medicaid program. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

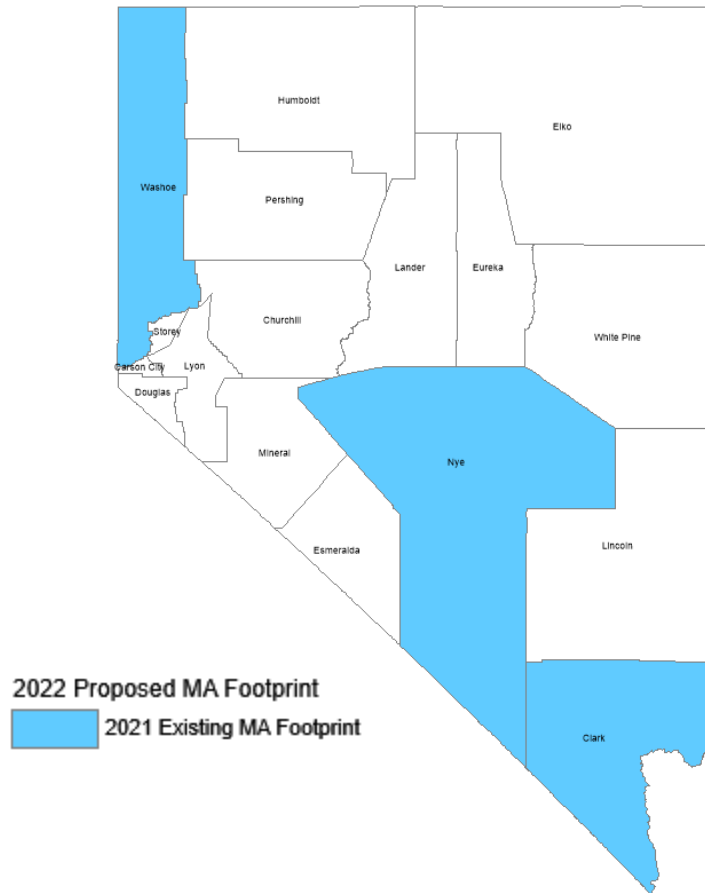
Anthem Blue Cross and Blue Shield is a PDP plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

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 – Nevada

Nevada – Medicare Advantage 2022



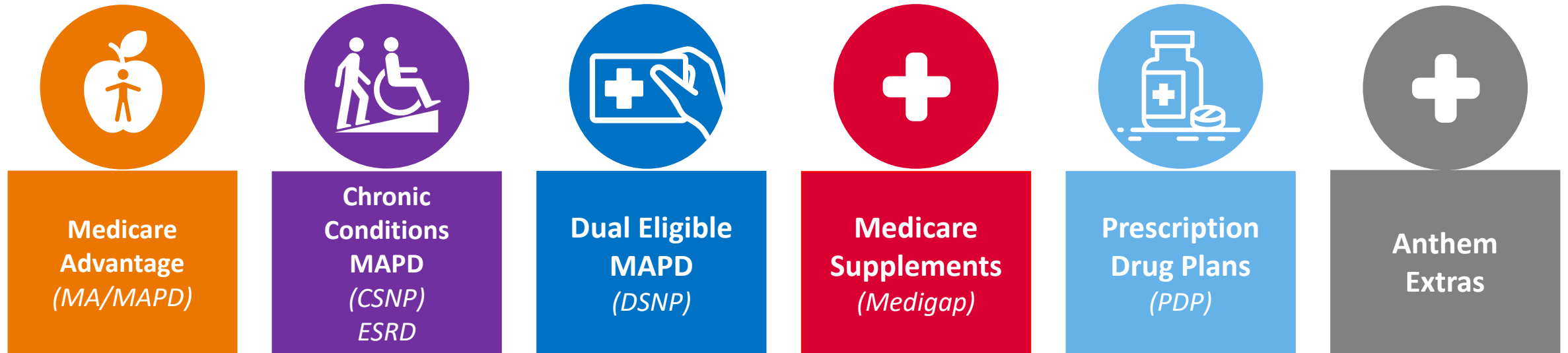
Market Highlights

- 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
- Introduction of Essential Extras (Social Determinants of Health) on select HMO and CSNP plans
- Insulin Savings Program provides predictable and affordable insulin costs
- Reduced Rx mail order copay for Tier 1 and Tier 2 to \$0 on all plans
- Enhanced Dental and/or OTC benefits
- CareMore Health's clinical model continues to provide the gold standard for care
- Network includes key provider partners CareMore, Optum, P3 Health Partners and St. Mary's

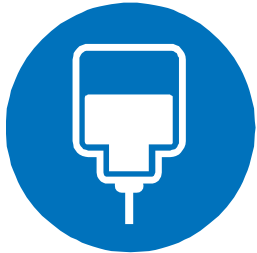
Service Area

Clark, Nye, Washoe

Anthem's Product Portfolio: Nevada



¹Chronic Lung qualifying conditions: Asthma, Chronic Bronchitis, Emphysema, Pulmonary Fibrosis



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

**Benefit availability varies by plan*

Nevada 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Value Plus (HMO) H4346-001	Anthem MediBlue StartSmart Plus (HMO) H4346-009
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$52.10
MAX OUT-OF-POCKET	\$1,500	\$3,400
PCP	\$0 copay	\$10 copay
SPECIALIST	\$0 – \$10 copay	\$0 – \$25 copay
INPATIENT HOSPITAL	\$50 copay (5 days)	\$75 copay (5 days)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$5 / \$10.50 / \$40 / \$90 / 33% / \$10 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Clark	Clark

Nevada 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Value Plus (HMO) H4346-001	Anthem MediBlue StartSmart Plus (HMO) H4346-009
CHIROPRACTIC	\$20 copay – 12 visits	\$20 copay – 12 visits
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	1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered	Covered
OVER THE COUNTER	\$10 per quarter	\$30 per quarter
PODIATRY	\$0 copay – at select locations; \$10 copay to all other locations – 4 visits	N/A
TRANSPORTATION	\$0 copay – unlimited trips – to select locations; \$0 copay – 12 one-way trips	N/A
VISION	\$0 copay – 1 routine eye exam per year; \$175 allowance – glasses or contacts every year	\$0 copay – 1 routine eye exam per year; \$175 allowance – glasses or contacts every year

Nevada 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H4346-017	Anthem MediBlue Plus (HMO) H4346-019
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$1,250	\$4,900
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$45 copay
INPATIENT HOSPITAL	\$0 copay	\$290 copay (days 1 – 6)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$10 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$8 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Clark	Washoe

Nevada 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H4346-017	Anthem MediBlue Plus (HMO) H4346-019
DENTAL	\$0 copay – 2 exams, 2 cleanings, 1 x-ray and 1 fluoride treatment per year – \$250 allowance per quarter	\$0 copay – 1 oral exam and 1 cleaning per year
ESSENTIAL EXTRAS	Covered (pick 1)	N/A
FITNESS	SilverSneakers®	SilverSneakers®
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; \$1,500 maximum plan benefit per year
MCRS	Covered	Covered
OVER THE COUNTER	\$30 per quarter	\$25 per quarter
PERS	Covered	N/A
PODIATRY	\$0 copay – 24 visits	N/A
TRANSPORTATION	\$0 copay – 12 one-way trips	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

Nevada 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H4346-024
PREMIUM	\$0
MAX OUT-OF-POCKET	\$1,250
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay (per admission)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5	\$0 / \$5 / \$42 / \$95 / 33% \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Nye

Nevada 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H4346-024
DENTAL	\$0 copay – 1 oral exam, 1 cleaning
FITNESS	SilverSneakers®
HEARING	1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$30 per quarter
PERS	Covered
PODIATRY	\$0 copay – 24 visits
TRANSPORTATION	\$0 copay – 12 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – glasses or contacts every year

Nevada 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Lung Care (HMO C-SNP) H4346-005	Anthem MediBlue Diabetes Care (HMO C-SNP) H4346-006	Anthem MediBlue Heart Care (HMO C-SNP) H4346-008
PREMIUM	\$0	\$0	\$0
MAX OUT-OF-POCKET	\$1,500	\$1,500	\$1,500
PCP	\$0 copay	\$0 copay	\$0 copay
SPECIALIST	\$0 - \$10 copay	\$0 - \$10 copay	\$0 - \$10 copay
INPATIENT HOSPITAL	\$50 copay (days 1 – 5)	\$50 copay (days 1 – 5)	\$50 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$7.50 / \$35 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
INSULIN SAVINGS PROGRAM	N/A	\$0 – \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases	N/A
MARKET SERVICE AREA	Clark	Clark	Clark

Nevada 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Lung Care (HMO C-SNP) H4346-005	Anthem MediBlue Diabetes Care (HMO C-SNP) H4346-006	Anthem MediBlue Heart Care (HMO C-SNP) H4346-008
DENTAL	\$0 copay – 2 exams, 2 cleanings, and 1 x-ray per year; \$250 allowance per quarter	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$500 allowance per quarter	\$0 copay – 2 exams, 2 cleanings, and 1 x-ray per year; \$250 allowance per quarter
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure, and Weight Scale monitoring		
ESSENTIAL EXTRAS	Covered (pick 1)	Covered (pick 1)	Covered (pick 1)
HEALTHY MEALS	14 post discharge	14 post discharge	14 post discharge
HEARING	1 hearing exam, fitting & evaluation per year; \$3,000 max plan benefit per year		
FITNESS	SilverSneakers®/ Nifty after Fifty	SilverSneakers®/ Nifty after Fifty	SilverSneakers®/ Nifty after Fifty
OVER THE COUNTER	\$10 per quarter	\$100 per quarter	\$10 per quarter
PERS	N/A	Covered	N/A
PODIATRY	\$0 copay –at select locations; \$10 copay to all other locations – 9 visits	\$0 copay –at select locations; \$10 copay to all other locations – 12 visits	\$0 copay –at select locations; \$10 copay to all other locations – 12 visits
TRANSPORTATION	\$0 copay – unlimited trips –to select locations; \$0 copay – 12 one-way trips		
VISION	\$0 copay – 1 routine eye exam per year; lenses frames or contacts; \$175 allowance – eyeglasses or contact lenses every year		

Nevada 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Advantage (HMO D-SNP) H4346-025
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, FBDE
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 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Clark, Nye Washoe

Nevada 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Advantage (HMO D-SNP) H4346-025
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, FBDE
ACUPUNCTURE	\$0 copay – 24 visits
CHIROPRACTIC	\$0 copay – 20 visits
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, 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; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$200 per quarter
PERS	Covered
PODIATRY	\$0 copay – 12 visits
TRANSPORTATION	\$0 copay – 52 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year

Nevada 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Connect (HMO D-SNP) H4346-026
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, FBDE
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 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Clark

Nevada 2022 Plan Highlights (CareMore Health Network)

PLAN	Anthem MediBlue Connect (HMO D-SNP) H4346-026
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, FBDE
ACUPUNCTURE	\$0 copay – 24 visits
CHIROPRACTIC	\$0 copay – 20 visits
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray per year; \$500 comprehensive allowance per quarter
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure, and Weight Scale
FITNESS	SilverSneakers® / Nifty After Fifty
HEALTHY MEALS	14 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$ 200 per quarter
PERS	Covered
PODIATRY	\$0 copay – 12 visits
TRANSPORTATION	unlimited trips to select locations; \$0 copay – 52 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year

Nevada – 2022 Optional Supplement Benefits

	HMO	SNP
Preventative Dental	\$16	\$16
Dental and Vision	\$27	\$28
Enhanced Dental and Vision	\$48	\$49

Nevada – Medicare Supplement/Anthem Extras

NEVADA MEDICARE SUPPLEMENT PLANS			
PLAN A	PLAN F ¹	PLAN G	PLAN N
✓	✓ ²	✓ ²	✓ ²

¹Plan F will not be available for enrollment for newly eligible beneficiaries on or after January 1, 2021

²Innovative Plan available

NEVADA ANTHEM EXTRAS PACKAGES							
STANDARD	PREMIUM WITH SilverSneakers®	PREMIUM WITHOUT SilverSneakers®	PREMIUM PLUS WITH SilverSneakers®	PREMIUM PLUS WITHOUT SilverSneakers®	STANDARD DENTAL ONLY	PREMIUM DENTAL ONLY	PREMIUM PLUS DENTAL ONLY
\$25	\$41	\$36	\$61	\$46	\$14.37	\$28.92	\$36.25

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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.

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 – Arizona

Arizona – Medicare Advantage 2022



Market Highlights

- Maintaining a wide product portfolio ranging from products for age-ins and general enrollment populations to those with chronic special needs
- Introduction of new HMO plan in Maricopa County
- Reduced Rx mail order copay for Tier 1 and Tier 2 to \$0
- Insulin Savings Program provides predictable and affordable insulin costs
- Social Determinants of Health benefits are a popular feature available on most plans
- CareMore Health's clinical model continues to provide the gold standard for care
- NEW competitive \$0 HMO plan in Maricopa county with Banner Health
- Our network includes key provider partners (Banner, CareMore, and P3 Health Partners)

Service Area

Maricopa, Pima

Amerigroup's Product Portfolio: Arizona



**Medicare
Advantage**
(MA/MAPD)



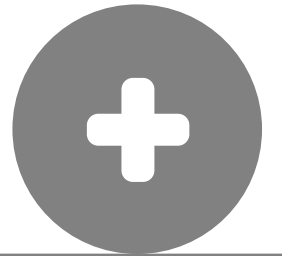
**Chronic
Conditions
MAPD**
*(CSNP)
ESRD*



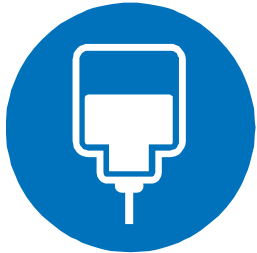
**Medicare
Supplements**
(Medigap)



**Prescription
Drug Plans**
(PDP)



**Anthem
Extras**



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

**Benefit availability varies by plan*

Arizona 2022 Plan Highlights

PLAN	Amerivantage Classic ¹ (HMO) H2593-001	Amerivantage Smart Value ¹ (HMO) H2593-018
PREMIUM	\$0	\$0
PART B REBATE	N/A	\$25
MAX OUT-OF-POCKET	\$7,550	\$3,450
PCP	\$0 copay	\$0 – \$10 copay
SPECIALIST	\$0 – \$35 copay	\$0 – \$40 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 6)	\$295 copay (days 1 – 6)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$5 / \$10.50 / \$40 / \$90 / 33% / \$10 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Pima	Pima

¹CareMore included in Network

Arizona 2022 Plan Highlights

PLAN	Amerivantage Classic ¹ (HMO) H2593-001	Amerivantage Smart Value ¹ (HMO) H2593-018
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$50 comprehensive allowance per quarter	N/A
HEALTHY MEALS	14 post discharge / 180 chronic condition	14 post discharge / 180 chronic condition
HEARING	1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year	1 hearing exam, fitting & evaluation per year; \$1,000 maximum plan benefit per year
FITNESS	SilverSneakers®/ Nifty after Fifty	SilverSneakers®/ Nifty after Fifty
MCRS	Covered	Covered
OVER THE COUNTER	\$25 per quarter	\$50 per quarter
PODIATRY	\$0 copay at select locations \$35 copay at all other locations – 4 visits	N/A
TRANSPORTATION	\$0 copay – unlimited trips – to select locations \$0 copay – 12 one-way trips	\$0 copay – 4 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – glasses or contacts every year	\$0 copay – 1 routine eye exam per year; \$150 allowance – glasses or contacts every year

¹CareMore included in Network

Arizona 2022 Plan Highlights

PLAN	Amerivantage Classic Plus (HMO) ¹ H1423-004	Amerivantage Smart Value Plus (HMO) ¹ H1423-005
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$2,700	\$3,400
PART B REBATE	N/A	\$52.70
PCP	\$0 copay	\$0 - 10 copay
SPECIALIST	\$0 – \$35 copay	\$0 – \$40 copay
INPATIENT HOSPITAL	\$200 copay (days 1 – 5)	\$225 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$5 / \$10.50 / \$40 / \$90 / 33% / \$10 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Pima	Pima

¹CareMore included in Network

Arizona 2022 Plan Highlights

PLAN	Amerivantage Classic Plus (HMO) ¹ H1423-004	Amerivantage Smart Value Plus (HMO) ¹ H1423-005
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$125 comprehensive allowance per quarter	N/A
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 / 180 chronic condition	14 post discharge / 180 chronic condition
HEARING	1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year	1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year
MCRS	Covered	Covered
OVER THE COUNTER	\$100 per quarter	\$100 per quarter
PODIATRY	\$0 copay – at select locations \$35 copay at all other locations– 4 visits	N/A
TRANSPORTATION	\$0 copay – unlimited trips – to select locations \$0 copay – 12 one-way trips	\$0 copay – 4 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$175 allowance – glasses or contacts every year	\$0 copay – 1 routine eye exam per year; \$175 allowance – glasses or contacts every year

¹CareMore included in Network

Arizona 2022 Plan Highlights

PLAN	Amerivantage Plus (HMO) H1423-009 New
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,000
PCP	\$0 copay
SPECIALIST	\$20 copay
INPATIENT HOSPITAL	\$175 copay (days 1 – 7)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Maricopa

Arizona 2022 Plan Highlights

PLAN	Amerivantage Plus (HMO) H1423-009 New
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$125 comprehensive allowance per quarter
FITNESS	SilverSneakers®
HEALTHY MEALS	14 post discharge
HEARING	1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$40 per quarter
PODIATRY	\$0 copay – at select locations – 4 visits
TRANSPORTATION	\$0 copay – at select locations – 12 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – glasses or contacts every year

Arizona 2022 Plan Highlights

PLAN	Amerivantage Lung Care ¹ (HMO C-SNP) H2593-005	Amerivantage Diabetes Care ¹ (HMO C-SNP) H2593-006
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$7,550	\$7,550
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 – \$35 copay	\$0 – \$35 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 6)	\$295 copay (days 1 – 6)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Pima	Pima

¹CareMore included in Network

Arizona 2022 Plan Highlights

PLAN	Amerivantage Lung Care ¹ (HMO C-SNP) H2593-005	Amerivantage Diabetes Care ¹ (HMO C-SNP) H2593-006
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$100 comprehensive quarterly allowance	
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 / 180 chronic condition	14 post discharge / 180 chronic condition
HEARING	1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year	
MCRS	Covered	Covered
OVER THE COUNTER	\$25 per quarter	\$25 per quarter
PODIATRY	\$0 copay – at select locations ; \$35 copay at all other locations – 9 visits	
TRANSPORTATION	\$0 copay – unlimited trips – to select locations; \$0 copay – 12 one-way trips	\$0 copay – unlimited trips – to select locations; \$0 copay – 12 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$175 allowance – eyeglasses or contact lenses every year	

Arizona 2022 Plan Highlights

PLAN	Amerivantage Heart Care (HMO C-SNP) ¹ H2593-013
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$0 - \$35 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 6)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Pima

¹CareMore included in Network

Arizona 2022 Plan Highlights

PLAN	Amerivantage Heart Care (HMO C-SNP) ¹ H2593-013
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$100 comprehensive quarterly allowance
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure, and Weight Scale
FITNESS	SilverSneakers® / Nifty after Fifty
HEALTHY MEALS	14 post discharge / 180 chronic condition
HEARING	1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$25 per quarter
PODIATRY	\$0 copay – at select locations \$35 copay all other locations – 9 visits
TRANSPORTATION	\$0 copay – unlimited trips – to select locations \$0 copay – 12 one-way trips
VISION	\$0 copay – 1 routine eye exam per year; \$175 allowance – eyeglasses or contact lenses every year

¹CareMore included in Network

Arizona 2022 Plan Highlights (CareMore Health Network)

PLAN	Amerivantage ESRD Care (HMO C-SNP) H2593-040
PREMIUM	\$0
PART B REBATE	\$7
MAX OUT-OF-POCKET	\$2,700
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$100 copay (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Pima

Arizona 2022 Plan Highlights (CareMore Health Network)

PLAN	Amerivantage ESRD Care (HMO C-SNP) H2593-040
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$100 comprehensive quarterly allowance
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure, and Weight Scale
FITNESS	SilverSneakers® / Nifty after Fifty
HEALTHY MEALS	14 post discharge / 180 chronic condition
HEARING	1 hearing exam, fitting & evaluation per year; \$1,500 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$85 per quarter
PODIATRY	\$0 copay – 12 visits
TRANSPORTATION	\$0 copay – unlimited one-way trips – to select locations
VISION	\$0 copay – 1 routine eye exam per year; \$175 allowance – eyeglasses or contact lenses every year

Arizona 2022 Plan Highlights

PLAN	Amerivantage Lung Care Plus ¹ (HMO C-SNP) H1423-001	Amerivantage Diabetes Care Plus ¹ (HMO C-SNP) H1423-002	Amerivantage Heart Care Plus ¹ (HMO C-SNP) H1423-003
PREMIUM	\$0	\$0	\$0
MAX OUT-OF-POCKET	\$2,700	\$2,700	\$2,700
PCP	\$0 copay	\$0 copay	\$0 copay
SPECIALIST	\$0 – \$35 copay	\$0 – \$35 copay	\$0-\$35 copay
INPATIENT HOSPITAL	\$200 copay (days 1 – 5)	\$200 copay (days 1 – 5)	\$200 copay (days 1 – 5)
RX DEDUCTIBLE	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$7.50 / \$35 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply	\$0 / \$7.50 / \$40 / \$85 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
INSULIN SAVINGS PROGRAM	N/A	\$0 – \$35 copay for a one-month supply of select insulin during deductible, ICL, and coverage gap phases	N/A
MARKET SERVICE AREA	Pima	Pima	Pima

¹CareMore included in Network

Arizona 2022 Plan Highlights

PLAN	Amerivantage Lung Care Plus ¹ (HMO C-SNP) H1423-001	Amerivantage Diabetes Care Plus ¹ (HMO C-SNP) H1423-002	Amerivantage Heart Care Plus ¹ (HMO C-SNP) H1423-003
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$125 comprehensive quarterly allowance		
ELECTRONIC HEALTH MONITORING	Blood Glucose, Blood Pressure, and Weight Scale		
HEALTHY MEALS	14 post discharge / 180 chronic condition	14 post discharge / 180 chronic condition	14 post discharge / 180 chronic condition
HEARING	1 hearing exam, fitting & evaluation per year; \$1,500 max plan benefit per year		
FITNESS	SilverSneakers®/ Nifty after Fifty	SilverSneakers®/ Nifty after Fifty	SilverSneakers®/ Nifty after Fifty
MCRS	Covered	Covered	Covered
OVER THE COUNTER	\$100 per quarter	\$100 per quarter	\$100 per quarter
PODIATRY	\$0 copay – at select locations; \$35 copay all other locations – 12 visits		
TRANSPORTATION	\$0 copay – unlimited trips – to select locations; \$0 copay – 12 one-way trips		
VISION	\$0 copay – 1 routine eye exam per year; \$175 allowance – eyeglasses or contact lenses every year		

Arizona – 2022 Optional Supplement Benefits

	HMO	CSNP
Preventative Dental	\$12	\$12
Dental and Vision	\$24	\$25
Enhanced Dental and Vision	\$46	\$47

Arizona – Medicare Supplement/Optional Supplemental Benefits

ARIZONA MEDICARE SUPPLEMENT PLANS			
PLAN A	PLAN F ¹	PLAN G	PLAN N
✓	✓	✓	✓

¹Plan F will not be available for enrollment for newly eligible beneficiaries on or after January 1, 2020

ARIZONA OPTIONAL SUPPLEMENTAL BENEFITS	
	HMO ¹
Optional Dental	\$35

¹Available on CareMore Health Network Plans only

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

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

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

Amerigroup Insurance Company is a PDP plan with a Medicare contract. Enrollment in Amerigroup Insurance Company depends on contract renewal.

Coverage is provided by Amerigroup 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 Amerigroup Texas, Inc.

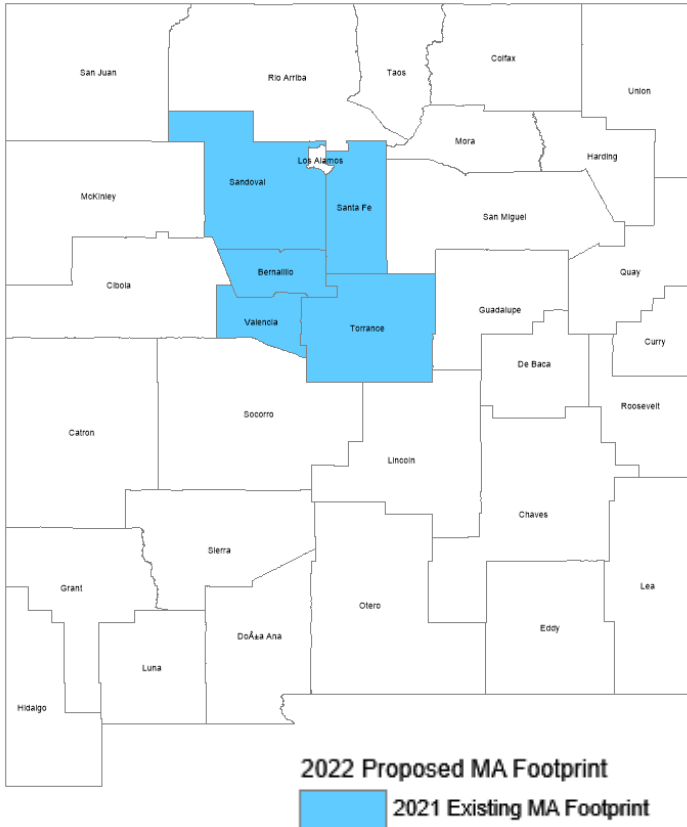
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2022 AEP Preliminary Benefit Preview – New Mexico

PRESENTED BY
RSM NAME
Title

New Mexico – Medicare Advantage 2022



Market Highlights

- Introduction of new ESRD CSNP plan
- Reduced Rx mail order copay for Tier 1 and Tier 2 to \$0 on all plans
- Extensive network includes key provider partners such as, ABQ / OptumCare, Presbyterian, and University of New Mexico
- Maintaining benefits (including Dental, Vision, Hearing and OTC) on the existing Amerivantage Care Access (HMO) plan to continue a strong product competitive presence
- Referrals are not required on HMO and PPO plans

Service Area

Bernalillo, Sandoval, Santa Fe, Torrance, Valencia

Anthem's Product Portfolio: New Mexico



**Medicare
Advantage**
(MA/MAPD)



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

New Mexico 2022 Plan Highlights

PLAN	Amerivantage Care Access (HMO) ¹ H5746-016	
MEDICAID STATUS	Medicare & Full Medicaid Eligibility	Medicare Only
PREMIUM	\$0	\$22.80
MAX OUT-OF-POCKET	\$7,550	\$7,550
PCP	\$0 copay	20% coinsurance
SPECIALIST	\$0 copay	20% coinsurance
INPATIENT HOSPITAL	\$0 per stay	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 T1 and T2 mail order – \$0 copay	\$0 / \$7 / \$47 / \$95 / 25% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Bernalillo, Sandoval, Santa Fe, Torrance, Valencia	

¹NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.

New Mexico 2022 Plan Highlights

PLAN	Amerivantage Care Access (HMO) ¹ H5746-016	
MEDICAID STATUS	Medicare & Full Medicaid Eligibility	Medicare Only
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray per year; \$1000 comprehensive allowance per quarter	
FITNESS	SilverSneakers®	
HEALTHY MEALS	42 post discharge	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
OVER THE COUNTER	\$255 per quarter	
PERS	Covered	
PODIATRY	\$0 copay – unlimited Visits	
TRANSPORTATION	\$0 copay – 48 one-way trips	
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year	

¹NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium.

New Mexico 2022 Plan Highlights

PLAN	Amerivantage Plus (HMO) H5746-018
PREMIUM	\$0
MAX OUT-OF-POCKET	\$6,700
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$12 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Bernalillo, Sandoval, Santa Fe, Torrance, Valencia

New Mexico 2022 Plan Highlights

PLAN	Amerivantage Plus (HMO) H5746-018
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$500 comprehensive allowance per quarter
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$100 per quarter
PERS	Covered
PODIATRY	\$0 copay – 24 visits
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses per year

New Mexico 2022 Plan Highlights

PLAN	Amerivantage ESRD Care (HMO C-SNP) H5746-019 New
PREMIUM	\$0
MAX OUT-OF-POCKET	\$6,700
PCP	\$0 copay
SPECIALIST	\$0 – \$45 copay
INPATIENT HOSPITAL	\$325 copay (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$12 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	Bernalillo, Sandoval, Santa Fe, Torrance, Valencia

New Mexico 2022 Plan Highlights

PLAN	Amerivantage ESRD Care (HMO C-SNP) H5746-019 New
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, and 1 x-ray per year; \$100 comprehensive quarterly allowance
FITNESS	SilverSneakers®
HEARING	1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$100 per quarter
PERS	Covered
PODIATRY	\$0 copay – 24 visits
VISION	\$0 copay – 1 routine eye exam per year; \$100 allowance – eyeglasses or contact lenses every year

New Mexico – 2022 Optional Supplement Benefits

	HMO	SNP
Preventative Dental	\$6	\$6
Dental and Vision	\$26	\$27
Enhanced Dental and Vision	\$48	\$49

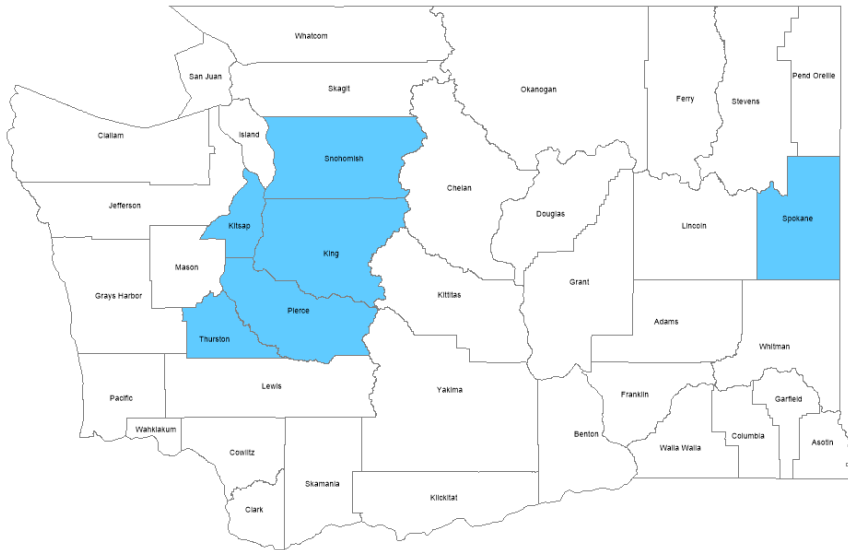
Amerigroup Community Care of New Mexico, Inc. is an HMO plan with a Medicare contract. Enrollment in Amerigroup Community Care of New Mexico, Inc. depends on contract renewal.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Amerigroup Community Care of New Mexico, Inc.

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2022 AEP Preliminary Benefit Preview – Washington

Washington – Medicare Advantage 2022



2022 Proposed MA Footprint

2021 Existing MA Footprint

Market Highlights

- Introduction of new ESRD CSNP plan
- Introduction of Everyday Extras (Social Determinants of Health) on select plans
- Reduced Rx mail order copay for Tier 1 and Tier 2 to \$0 on all plans
- DSNP plan option for Partial and Full Dual-Eligible
- Network Includes key provider partners, such as Providence, CHI Franciscan, UW Physicians, Swedish and Seattle Medical Group

Service Area

King, Kitsap, Pierce, Snohomish, Spokane, Thurston

Amerigroup Product Portfolio: Washington



**Medicare
Advantage**
(MA/MAPD)



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



**Dual Eligible
MAPD**
(DSNP)



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*

Washington 2022 Plan Highlights

PLAN	Amerivantage Classic (HMO) H1894-001
PREMIUM	\$0
MAX OUT-OF-POCKET	\$5,900
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$395 copay (days 1 – 4)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$15 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	King, Kitsap, Pierce, Snohomish, Spokane, Thurston

Washington 2022 Plan Highlights

PLAN	Amerivantage Classic (HMO) H1894-001
ESSENTIAL EXTRAS	Covered (pick 1)
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$500 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$100 per quarter
PERS	Covered
PODIATRY	\$0 copay – 12 visits per year
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

Washington 2022 Plan Highlights

PLAN	<div>All Dual Eligibles</div> <div>Amerivantage Dual Coordination (HMO D-SNP) H1894-002</div>	
	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+	With Medicare & Partial Medicaid Eligibility
MEDICAID STATUS		
PREMIUM	\$0	TBD
MAX OUT-OF-POCKET	\$7,550	
PCP	\$0 copay	
SPECIALIST	\$0 copay	
INPATIENT HOSPITAL	\$0 per stay	\$0 – Medicare Fee For Service
SKILLED NURSING FACILITY	\$0 copay	\$0 – Medicare Fee For Service
MOST SERVICES COVERED BY PART B	\$0 copay	\$0 copay – 20% coinsurance
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0	\$0
MARKET SERVICE AREA	King, Kitsap, Pierce, Snohomish, Spokane, Thurston	

Washington 2022 Plan Highlights

PLAN	<div>All Dual Eligibles</div> <div>Amerivantage Dual Coordination (HMO D-SNP) H1894-002</div>	
MEDICAID STATUS	Medicare & Medicaid Eligibility / QMB, QMB+, SLMB+	With Medicare & Partial Medicaid Eligibility
ACUPUNCTURE	\$0 copay – unlimited visits	
ADVANCED DIRECTIVES PROGRAM	Covered	
CHIROPRACTIC	\$0 copay – 24 visits	
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$750 comprehensive allowance per quarter	
ESSENTIAL EXTRAS	Covered (pick 2)	
HEALTHY MEALS	14 post discharge	
FITNESS	SilverSneakers®	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS	Covered	
OVER THE COUNTER	\$300 per quarter	
PERS	Covered	
PODIATRY	\$0 copay – unlimited visits	
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year	

Washington 2022 Plan Highlights

PLAN	Amerivantage ESRD Care (HMO C-SNP) New H1894-008
PREMIUM	\$0
MAX OUT-OF-POCKET	\$5,900
PCP	\$0 copay
SPECIALIST	\$0 – \$45 copay
INPATIENT HOSPITAL	\$395 (days 1 – 4)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$15 / \$42 / \$95 / 33% / \$0 \$0 copay – T1 and T2 mail order 30 – 90 day supply
MARKET SERVICE AREA	King, Kitsap, Pierce, Snohomish, Spokane, Thurston

Washington 2022 Plan Highlights

PLAN	Amerivantage ESRD Care (HMO C-SNP) H1894-008 New
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 fluoride, and 1 x-ray per year; \$100 comprehensive allowance per quarter
ESSENTIAL EXTRAS	Covered (pick 1)
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$500 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$100 per quarter
PERS	Covered
PODIATRY	\$0 copay – 12 visits
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

Washington – 2022 Optional Supplement Benefits

	HMO	SNP
Preventative Dental	\$8	\$7
Dental and Vision	\$30	\$29
Enhanced Dental and Vision	\$55	\$53

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

Amerigroup Washington, Inc. is an HMO DSNP plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Amerigroup Washington, Inc. depends on contract renewal.

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

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