

Anthem Group Retiree Solutions

Los Angeles City Employees'
Retirement System

2024 Open Enrollment



Agenda

- Blue Vision Plan
- 65 and Under PPO and HMO Retiree Plan
- Medicare Part B only PPO and HMO Prescription Drug Plan
- Out-of-Country Plan
- BC Life and Health Medicare Supplement
- Anthem Medicare Preferred (PPO) with Senior RX
- Plan Compare
- How to enroll
- Appendix



Tips for choosing a plan

Consider your personal situation:

- Have your healthcare needs changed?
- Do you go to the doctor more often now?
- Are you taking a prescription drug?

Compare costs:

- Monthly payment
- Deductible
- Coinsurance
- Copays
- Out-of-pocket maximum





- **More doctors**
- **More options**
- **More freedom**

Choose from one of the many independent eye doctors in your plan's network.

Schedule appointments when it is convenient for you, including evenings and weekends.

Order eyeglass frames or contact lenses online or in a store.





Vision Benefit Highlights: Anthem Blue View Vision (Non-Kaiser Permanente Plan Members)

Vision Benefit	In Network Provider	Out of Network Provider	Frequency
Routine eye exam	\$20 copay	Up to \$49 allowance	Once every 12 months
Eyeglass frames	\$150 allowance, then 20% off balance	Up to \$70 allowance	Once every 24 months
Eyeglass lenses <ul style="list-style-type: none"> • Single lenses • Bifocal lenses • Trifocal lenses • Lenticular lenses • Standard Progressive lenses 	<ul style="list-style-type: none"> • Covered in full • Covered in full • Covered in full • Covered in full • \$30 copay 	<ul style="list-style-type: none"> • Up to \$45 allowance • Up to \$65 allowance • Up to \$85 allowance • Up to \$125 allowance • Up to \$85 allowance 	Once every 12 months
Eyeglass lens Enhancements <ul style="list-style-type: none"> • Transitions Lenses • Standard Polycarbonate • Factory scratch coating • Tint (Solid & Gradient) 	<ul style="list-style-type: none"> • \$0 after eyeglass lens copay • \$0 after eyeglass lens copay • \$0 after eyeglass lens copay • \$0 after eyeglass lens copay 	<ul style="list-style-type: none"> • N/A • N/A • N/A • \$5 	Once every 12 months
Contact Lenses <i>(Instead of eyeglass lenses)</i> <ul style="list-style-type: none"> • Non-disposable (elective conventional) OR <ul style="list-style-type: none"> • Disposable (Elective disposable) OR <ul style="list-style-type: none"> • Medically Necessary (Non-Elective) 	<ul style="list-style-type: none"> • \$120 allowance, then 15% off balance • \$120 allowance (no additional discount) • Covered in Full 	<ul style="list-style-type: none"> • Up to \$105 allowance • Up to \$105 allowance • Up to \$210 allowance 	Once every 12 months



Vision Benefit Highlights:

Anthem Blue View Vision (Non-Kaiser Permanente Plan Members)

Additional Vision Savings at In-network Providers ONLY	In-Network Member Cost (after applicable copay)
Retinal Imaging – at member’s option, can be performed at time of eye exam	Not more than \$39
<p>Eyeglass lens Upgrades - When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new lenses at a discounted cost. Eyeglass lens copay still applies</p>	<ul style="list-style-type: none"> • UV Coating • Progressive Lenses <ul style="list-style-type: none"> • Premium tier 1 • Premium tier 2 • Premium tier 3 • Anti-Reflective Coating <ul style="list-style-type: none"> • Standard • Premium tier 1 • Premium tier 2 • Other Add-ons
<p>Additional Pairs of Eyeglasses – Anytime from any Blue View Vision network provider</p>	<ul style="list-style-type: none"> • Complete Pair • Eyeglass materials purchased separately
<p>Eyewear Accessories</p>	<ul style="list-style-type: none"> • Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.
<p>Contact lens fit and follow-up – A contact lens fitting and follow up to two follow up visits are available to you once a comprehensive eye exam has been completed</p>	<ul style="list-style-type: none"> • Standard contact lens fitting • Premium contact lens fitting
<p>Conventional Contact Lenses</p>	<ul style="list-style-type: none"> • Discount applies to materials only



Members with Anthem Medicare Preferred (PPO): Understanding your two plans

- As a member of LACERS, you have two Anthem health plans to count on for your Eye Health: a Full Service Standalone Vision plan and an additional plan through your Medicare Preferred (PPO) benefits with Anthem
- Both Vision plans are managed by Anthem Blue View Vision and include benefits for eye exams, as well as allowances for frames, lenses, or contact lenses.
- When you visit your eye doctor, they will have both of your Vision plans in their system.
- Use your Full Service Standalone plan first, and then your Vision benefits through your Medical plan

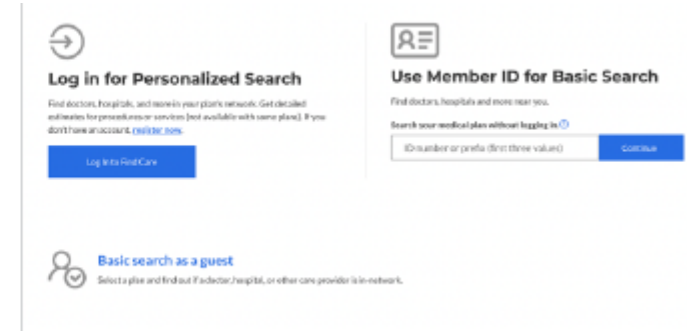
Plan name	Anthem Blue View Vision plan	Anthem Medicare Preferred (PPO) plan
Description	This is your full-service vision plan for all routine eye care.	This is your Medicare Advantage plan that covers your medical needs and includes limited vision benefits.
Your vision benefits	<ul style="list-style-type: none">• \$20 vision exam copay• \$150 frame allowance (every 24 months)• \$0 lenses, including scratch coatings and polycarbonate (every 12 months)• \$120 contact lenses allowance (every 12 months)	<ul style="list-style-type: none">• \$0 vision exam copay• \$100 annual allowance for materials such as frames, lenses, and contact lenses (every two years)



How to Search for Vision Providers

Go to [anthem.com/ca/find-care](https://www.anthem.com/ca/find-care) and select the Find Care button located at the top of the page.

- For guests – Choose **Basic search as a guest**.
- For members – You can either select **Log in for Personalized Search** on the left or you can search without logging in by selecting **Use Member ID for Basic Search** on the right.



If you choose to see an eye care provider outside of the Blue View Vision network, you are still covered.

Visit www.anthem.com/ca/lacerswellness/ for information on how to follow the out of network claims process, or call

Blue View Vision at 1-866-723-0515



Anthem's benefits summary

Retired Members, Dependents and Survivors under Age 65

Summary of Benefits	Anthem Blue Cross PPO		Anthem Blue Cross HMO
	Network Benefits	Non-Network Benefits	
Calendar Year Deductible			
Individual	\$750		Not applicable
Family	\$1,500; at least one family member must satisfy the \$750 per individual deductible		
Annual Out-of-Pocket Maximum			
Individual	Deductible excluded		\$500
Family	Not applicable		
Lifetime Maximum			
	Unlimited		Unlimited
Preventive Care			
Routine Physical Examination	No charge (may include lab & X-ray)		\$20 copay
Pap Smear, Pelvic & Breast Annual Exam	No charge	Routine preventative mammogram and any other routine services is payable at 100% for out-of-network providers at UCR. Deductible does not apply.	No charge after \$20 office visit copay
Mammography	Preventative Mammogram is payable at 100% for in-network deductible. Deductible does not apply.		
Physician Services			
Office Visit	\$20 copay	Anthem pays 70% UCR ¹ after deductible	\$20 copay
Specialist Care			
Inpatient Surgery	Anthem pays 90% after deductible	Anthem pays 70% UCR ¹ after deductible	No charge
Outpatient Surgery			
Telehealth/Virtual Visits	\$20 copay	Anthem pays 70% UCR ¹ after deductible	\$0 copay

Summary of Benefits	Anthem Blue Cross PPO		Anthem Blue Cross HMO
	Network Benefits	Non-Network Benefits	
Inpatient Hospital Room & Board			
	Anthem pays 90% after deductible	Anthem pays 80% UCR ¹ after deductible	No charge
Other Health Services			
Allergy Tests & Treatments	Anthem pays 90% after deductible	Anthem pays 70% UCR ¹ after deductible	\$20 copay
Lab & X-ray			No charge
Physical & Speech Therapy			\$20 copay; for Physical & Speech Therapy: limit of 60 days combined per illness/per injury
Dialysis & ESRD Services			No charge
Skilled Nursing Facility (<i>limit 100 days/calendar year</i>)	Anthem pays 90% after deductible; limit up to 60 visits/calendar year	Anthem pays 70% UCR ¹ after deductible; limit up to 60 visits/calendar year	No charge; limit up to 100 visits/calendar year
Home Health Care	Anthem pays 80% after deductible; contact Anthem Blue Cross member services for details		No charge; limits apply
Hospice Services	Anthem pays 90% after deductible	Anthem pays 70% UCR ¹ after deductible	No charge
Ambulance			
Durable Medical Equipment	\$20 copay	Anthem pays 70% UCR ¹ after deductible	\$20 copay; ; the chiro rider benefit is subject towards \$15 copay with limit up to 30 visits
Chiropractic Services (<i>limit 30 visits/calendar year</i>)	\$20 copay; payable at 90% after deductible. Visit Max Anthem will pay is \$20		\$20 copay
Acupuncture Services (<i>limit 30 visits/calendar year</i>)			
Emergency Services			
Emergency Room Visit	Anthem pays 90% after deductible	Anthem pays 90% after deductible	\$100 copay; waived if admitted

Retired Members, Dependents and Survivors under Age 65

Summary of Benefits	Anthem Blue Cross PPO		Anthem Blue Cross HMO
	Network Benefits	Non-Network Benefits	
Urgent Care Visit	100% subject towards \$20 copay	Covered 70% of UCR after deductible	\$20 copay
Mental Health (MH)²/Chemical Dependency (CD)²			
Inpatient	Anthem pays 90% after deductible (MH/CD)	Anthem pays 80% UCR ¹ after deductible (MH/CD)	No charge (MH/CD)
Outpatient	\$20 copay	Anthem pays 70% UCR ¹ after deductible	\$20 office visit copay (MD & CD); No Charge Facility (MD & CD)
Hearing Services			
Hearing Exam	Covered under your Routine Physical Examination Benefit		\$20 copay
Medically Necessary Hearing Aid (<i>every 3 calendar years</i>)	No deductible: up to \$2,000 per ear every 36 months		Up to \$2,000 per ear every 36 months
Retail Prescription Drugs⁵	<i>Up to 30-day supply⁶</i>		<i>Up to 30-day supply⁶</i>
Generic	\$10 copay	Anthem pays 80%; deductible does not apply	\$10 copay
Brand	\$30 copay		\$30 copay
Non-formulary	\$50 copay		\$50 copay
Mail Order⁴ Prescription Drugs	<i>Up to 90-day supply⁶</i>		<i>Up to 90-day supply⁶</i>
Generic	\$20 copay	Not covered	\$20 copay
Brand	\$60 copay		\$60 copay
Non-formulary	\$100 copay		\$100 copay

Retired Members, Dependents, Survivors Age 65 or Older with Medicare Part B only

Summary of Benefits	Anthem Blue Cross PPO (Medicare)		Anthem Blue Cross HMO (Medicare)
	Network Benefits	Non-Network Benefits	
Calendar Year Deductible			
Individual/Family	Medicare Part B deductible		Not applicable
Annual Out-of-Pocket Maximum			
	Deductible excluded		
Individual	\$5,000		\$500
Family	Not applicable		\$1,500
Lifetime Maximum Preventive Care			
	Unlimited		Unlimited
Routine Physical Examination	No charge (may include lab & X-ray)		\$20 copay
Annual Pap Smear, Pelvic & Breast Exam	Anthem pays 20% after deductible		No charge after \$20 office visit copay
Mammography			
Physician Services			
Office Visit	Anthem pays 20% after deductible		\$20 copay
Specialist Care			
Inpatient Surgery			
Outpatient Surgery			No charge
Telehealth/Virtual Visits	Anthem pays 20% after deductible	Anthem pays 70% UCR ¹ after deductible	\$0 copay
Inpatient Hospital Room & Board			
	Anthem pays 90% after deductible	Anthem pays 80% UCR ¹ after deductible	No charge
Other Health Services			
Allergy Tests & Treatments	Anthem pays 100%		\$20 copay
Lab & X-ray			No charge

Summary of Benefits	Anthem Blue Cross PPO (Medicare)		Anthem Blue Cross HMO (Medicare)
	Network Benefits	Non-Network Benefits	
Physical & Speech Therapy	Anthem pays 20% after deductible		\$20 copay; for Physical & Speech Therapy: limit of 60 days combined per illness/per injury
Dialysis & ESRD Services			
Skilled Nursing Facility (limit 100 days/calendar year)	Anthem pays 90% after deductible	Anthem pays 70% UCR ¹ after deductible	No charge
Home Health Care	Anthem pays 20% after deductible		No charge; limit up to 100 visits/calendar year
Hospice Services	Contact Anthem Blue Cross Member services – Benefits are case specific		No charge; limits apply
Ambulance	Anthem pays 20% after deductible		No charge
Durable Medical Equipment			
Transportation to medical appointments/pharmacy	Not applicable		Not applicable
Chiropractic Services (limit 30 visits/calendar year)	Medicare authorized visits: \$10 copay	Medicare authorized visits: Anthem Pays 70% UCR ¹ after deductible	\$20 copay; the chiro rider benefit is subject towards \$15 copay with limit up to 30 visits
Acupuncture Services (limit 30 visits/calendar year)	Medicare authorized visits: \$10 copay	Medicare authorized visits: Anthem Pays 70% UCR ¹ after deductible	\$20 copay
Emergency Services			
Emergency Room Visit	Anthem pays 20% after deductible if admitted – 90% for hospital services, Anthem pays 20% after deductible ² for professional services		\$100 copay; waived if admitted
Urgent Care Visit	Anthem pays 20% after deductible		\$20 copay

Retired Members, Dependents, Survivors Age 65 or Older with Medicare Part B only

Summary of Benefits	Anthem Blue Cross PPO (Medicare)		Anthem Blue Cross HMO (Medicare)
	Network Benefits	Non-Network Benefits	
Mental Health (MH)²/Chemical Dependency (CD)²			
Inpatient	Anthem pays 90% after deductible (MH/CD)	Anthem pays 80% UCR ¹ after deductible (MH/CD)	No charge (MH/CD)
Outpatient	Anthem pays 50% after deductible (MH/CD)	Anthem pays 50% after deductible (MH/CD)	\$20 office visit copay (MD & CD); No Charge Facility (MD & CD)
Hearing Services			
Hearing Exam	Covered under your Routine Physical Examination Benefit		\$20 copay
Medically Necessary Hearing Aid (every 3 calendar years)	No deductible: up to \$2,000 per ear every 36 months		up to \$2,000 per ear every 36 months
Retail Prescription Drugs⁴	<i>Up to 30-day supply^{4,5}</i>		<i>Up to 30-day supply^{4,5}</i>
Generic	\$0 copay for select generics/ \$5 copay generics	See Evidence of Coverage	\$5 copay
Preferred Brand	\$25 copay		\$25 copay
Non-Preferred Brands/ Non-Formulary	\$50 copay		\$50 copay
Mail Order^{3,4} Prescription Drugs			
Generic	\$0 copay for select generics/ \$10 copay generics ⁷	Not covered	\$0 copay for select generics/\$10 copay ⁷
Preferred Brand	\$50 copay		\$50 copay
Non-Preferred Brands/ Non-Formulary	\$100 copay		\$100 copay

Retired Members, Dependents and Survivors Age 65 or Older with Medicare Part A & B

BC Life and Health Medicare Supplement

BENEFITS AT A GLANCE

What You Pay

COVERED SERVICES	
Deductible	Medicare Deductible (Part B)
Annual Maximum Out-of-Pocket	\$0
Outpatient Visits	
*Primary Care visits (PCP)	\$0
*Specialist visits	\$0
Urgent Care	\$0
Emergency Room	\$0
Lab/X-ray	\$0
Chiropractic coverage beyond Medicare	\$0
Acupuncture	\$0
Durable Medical Equipment (DME)	\$0
Ambulance	\$0
Inpatient Benefits	
Inpatient Hospital Benefits	\$0
Skilled Nursing Facility days 1 - 100	\$0
Home Health Agency Care	\$0

Rx Benefits	
Retail	
Select Generics	\$0
Generics	\$5
Preferred Brand	\$25
Non-Preferred Brand/Specialty	\$50
Mail Order	
Select Generics	\$0
Generics	\$10
Preferred Brand	\$50
Non-Preferred Brand/Specialty	\$100

Anthem Blue Cross PPO Out-Of-Country



\$500
DEDUCTIBLE/PERSON



70% REIMBURSEMENT
OF THE USUAL AND
CUSTOMARY CHARGES



UP TO \$10,000 OUT-OF-
POCKET MAXIMUM PER
CALENDAR YEAR



\$10 COPAY FOR PER 30-
DAY SUPPLY (ALL
ANTHEM BLUE CROSS
APPROVED DRUGS)



*MEMBER SUBMITTED
CLAIMS ONLY

Anthem Medicare Preferred (PPO) with Senior RX medical benefits summary

Covered services	In-network	Out-of-network
Deductible	\$0	\$0
Out-of-pocket maximum	\$0	\$0
Physician services, including doctor's office visits (Medicare-covered services): <ul style="list-style-type: none"> • Physician visits • Specialist visits 	\$0 copay	\$0 copay
Preventive care and screenings	Covered by plan at 100%	Covered by plan at 100%
Lab/X-Rays	\$0 copay	\$0 copay
Urgent Care	\$0 copay	\$0 copay
Emergency outpatient care	\$0 copay	\$0 copay
Outpatient Surgeries	\$0 copay	\$0 copay
Inpatient hospital care Hospital days are unlimited. Covered services include, but are not limited to, a semiprivate room (or a private room if medically necessary).	\$0 copay	\$0 copay
Skilled Nursing Facility (Days 1-100)	\$0 copay	\$0 copay

Anthem Medicare Preferred (PPO) with Senior RX hearing, vision, foot care benefits summary

Covered services – Hearing	In-network	Out-of-network
Routine exams * Maximum benefit \$70 per year, every calendar year	\$0	\$0
Hearing aids * Maximum benefit \$2,000 per ear, every 3 calendar years * Must order through Anthem’s hearing aid supplier, Hearing Care Solutions	\$0	N/A

Covered services – Vision	In-network	Out-of-network
Routine exams * Maximum benefit \$70, every calendar year	\$0	\$0
Eyewear allowance *Maximum benefit \$100, every 2 calendar years	\$0	\$0

Routine Foot Care	In Network	Out of Network
Routine Foot Care * Up to 12 covered visits every calendar year * Up to 8 compression stockings every calendar year	\$0	\$0

Summary of your cost for covered drugs

Part B Retirees, Medicare Supplement Plan, Medicare Advantage Preferred (PPO)

Retail services (30-day supply)	Standard pharmacy
Select generics	\$0
Generics	\$5
Preferred brands	\$25
Nonpreferred drugs, including specialty drugs and nonformulary drugs	\$50

Home delivery 90-day supply (Specialty limited to a 30-day supply)	Home delivery
Select generics	\$0
Generics	\$10
Preferred brands	\$50
Nonpreferred drugs, including specialty drugs and nonformulary drugs	\$100

	Medicare Supplement plan	Medicare Advantage PPO plan
24/7 Nurseline	Included	Included
Anthem Network	Prudent Buyer Plan (CA) and BlueCard PPO (outside California)	Anthem Medicare Preferred and BCBSA Medicare Advantage Network Sharing (outside California)
Assistive Devices	Not included	Included
Cancer Care Navigator	Included	Included
Community Resource Connections	Not Included	Included
Concierge Care Programs (Covid, Type 2 Diabetes & Post-Discharge)	Not included	Included
Coverage outside the plan's network	Retirees can visit any doctor, specialist, or hospital who accepts Medicare without a referral.	Retirees can visit any doctor, specialist, or hospital who accepts Medicare without a referral.
Coordination of benefits	Medicare pays primary, Medicare Supplement pays secondary	Anthem Blue Cross pays primary
Single ID card	Not included	Included
First Impressions Telephone Line	Not included	Included
Health and Fitness Tracker	Not included	Included
Hearing coverage	Up to \$2,000 per ear, per year, every 36 months for hearing aids and routine hearing tests*	Up to \$2,000 per ear, per year, every 3 calendar years for routine hearing tests* and hearing aids from Anthem's supplier
Home Lab Kits/ Screenings Program	Not included	Included

	Medicare Supplement plan	Medicare Advantage PPO plan
Home Visits Program	Not Included	Included
House Calls Program	Not Included	Included
In-Home Palliative Care Program	Not included	Included
In Home Support	Not included	Included
Medicare Community Resource Support (MCRS)	Not included	Included
Member Connect Program	Not included	Included
Non-Emergency Transportation Program	Not included	Included
Over the Counter Benefit	Not included	Included
Personal Emergency Response System	Not included	Included
Personal Home Helper	Not included	Included
Silver Sneakers	Included	Included
Special Offers	Included	Included
Routine foot care	Coverage available for diabetes-related foot complications for both foot care and compression stockings.	Up to 12 covered visits every calendar year for hygienic and preventive maintenance, including compression stockings
Vision coverage	The Anthem Vision plan is a separate vision plan offered by LACERS. Optometric services, including eye exercises and routine eye exams, are not covered by this plan.	Routine vision exams up to \$70 maximum benefit every calendar year. Eye wear allowance includes \$100 maximum benefit every 2 calendar years.

A national network of Medicare providers

With Anthem, you can see any doctor or care provider who accepts Medicare.

3 easy ways to find an Anthem network provider:



Visit **[anthem.com/ca](https://www.anthem.com/ca)** and select *Find Care*.



Contact Member Services by calling the number on the back of your plan membership card.



Call **1-800-810-BLUE** for help finding a provider.





Anthem's digital tools and resources

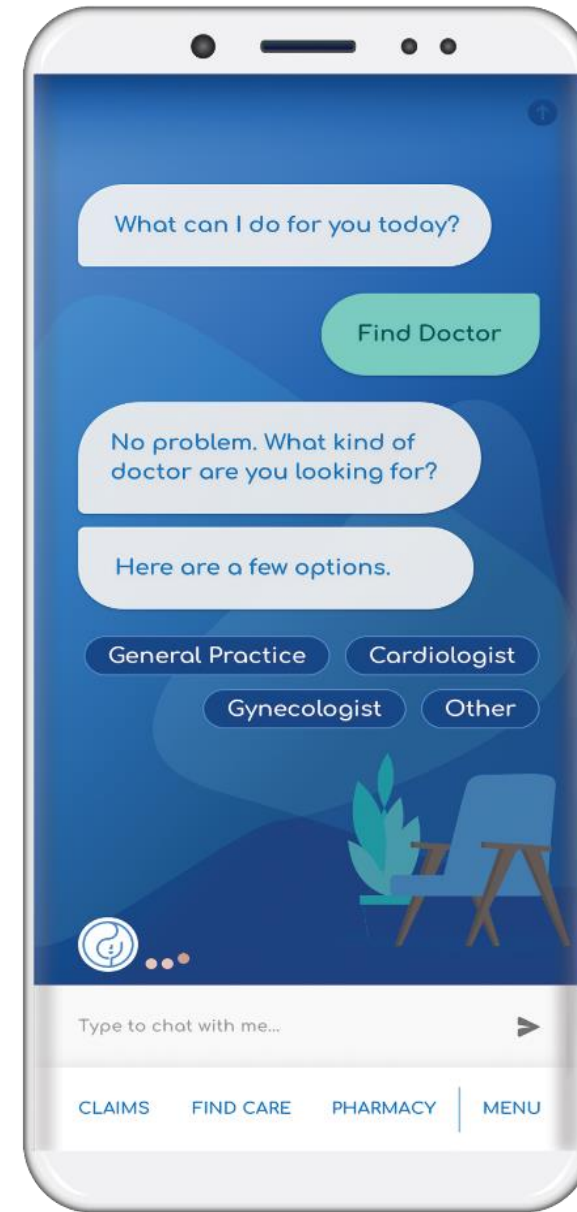
Sydney Health app

A partner in health in the palm of your hand

The SydneySM Health app is a convenient way to make the most of your benefits and stay connected to your health plan anytime, anywhere.

Sydney Health app makes it easy to:

- Find and compare costs.
- Access digital ID cards.
- Review prescription information and costs.
- See a live doctor with virtual visits.
- Access plan and health resources.
- Check the status of claims.
- Use the chat feature to quickly find answers to your health questions.



24/7 NurseLine

Registered nurses are ready and waiting to help when you call with your health concerns anytime, day or night.*

With 24/7 NurseLine, you can reach a registered nurse who can help you:

- Assess symptoms.
- Understand a condition and course of treatment.
- Address questions about prescriptions or over-the-counter medications.
- Receive the right care in the right setting.

* The information contained in this program is for general guidance only. Your doctor will be specific regarding recommendations for your individual circumstances. Recommended treatments may not be covered under your health plan.



LiveHealth Online

Convenient care from home

Whether you're dealing with a cold or managing anxiety, you can have a video visit with a healthcare professional to help with a wide range of issues using your phone, tablet, or computer with a camera.

With LiveHealth Online,¹ you can:

- Have a live video visit with a board-certified doctor from the comfort of home for common conditions like colds, flu, sinus infections, and skin rashes. You can also have prescriptions sent to your pharmacy if needed.²
- Set up a video counseling session with a licensed therapist or psychologist to find help when you feel depressed, anxious, or stressed.³

¹ LiveHealth Online is the trade name of Caredon Health Solutions, Inc., a separate company, providing telehealth services on behalf of [Anthem Blue Cross and Blue Shield].

² Prescription availability is defined by physician judgment.

³ Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 988 (National Suicide Prevention Lifeline) or 911 and ask for help.



My Family Health Record

Get a holistic view of your entire health history

With My Family Health Record, you can:

- Get an overall view of your medical records from your different care providers.
- Download and share your health history and electronic medical records (EMR) with your care providers, caregivers, and family members.
- View your health journey with charts and graphs that track and measure your records over time.



MyHealth Advantage

Stay on top of your health

This program sends regular reminders about needed care, tests, or preventive steps to keep you healthy. It also offers access to health specialists who can answer your questions.

- Helps you keep track of your health and progress.
- Includes reminders to make preventive care appointments.
- Checks your health claims, routine tests, and checkups on a regular basis.
- Includes recent claims, personalized messages, and money-saving tips.



SilverSneakers®



A no-added-cost benefit to help you step up your fitness

SilverSneakers* includes:

- Access to thousands of locations nationwide.
- The ability to enroll at multiple locations across the U.S.
- SilverSneakers LIVE™ daily classes and workshops focused on exercise and led by trained instructors.
- The SilverSneakers On-Demand digital library with hundreds of workouts you can do anytime to support cardiovascular strength, endurance, flexibility, and mental health.
- The SilverSneakers GO™ app to find locations near you, participate in live classes from your phone, tailor workouts to your fitness level, and more.
- Social connections to meet other members through classes and events.

* SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. SilverSneakers On-Demand, SilverSneakers Live and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2022 Tivity Health, Inc. All rights reserved.



SpecialOffers

Take advantage of savings and discounts at SpecialOffers@AnthemSM

Here are some of the retailers with SpecialOffers for Anthem members:*



* Vendors and offers are subject to change without prior notice. [BRAND] does not endorse and is not responsible for the products, services or information offered by the vendors or providers. We negotiated the arrangements and discounts with each independent vendor or provider in order to assist our members. The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the grievance process.



Enrolling in Anthem's
Medicare Advantage

Enrolling in your new plan is as easy as 1-2-3

1 You do not need to do anything if you want to remain in your current plan.

2 If you want to change plans, submit your completed enrollment form to LACERS by November 16th, 2023.

3 Once you submit your enrollment form, the effective date of your plan is January 1st, 2024.

Excellent service is our priority

Our [Anthem Member Services](#) will help you make a smooth transition into your plan with:

- Support comparing existing and potential new plans.
- Retiree-dedicated expertise.
- Individual support, tools, and resources.
- Answers to questions about prescriptions, coverage, and choosing a care provider.

Call:

- [Medicare Supplemental plan: 866-940 8303](#)
[Prescription Drug Senior RX: 833-285-4636](#)
- [Medicare Advantage PPO plan: 833-848-8730](#)
[MAPD Senior RX: 833-360-3662](#)

Monday through Friday, 5 a.m. to 6 p.m. Pacific time, except holidays.



Whole health builds confidence for the next adventure



We're here to help. By your side. Every step of the way.

Our retiree plans can help you navigate toward the future you've been planning — physically, emotionally, socially, and financially.

Anthem Blue Cross is an HMO & LPPO plan with a Medicare contract. Anthem Blue Cross Life and Health Insurance Company is an LPPO plan with a Medicare contract. Anthem BC Health Insurance Company is an LPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross, Anthem BC Health Insurance Company and Anthem Blue Cross Life and Health Insurance Company depends on contract renewal. Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross, Anthem BC Health Insurance Company and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Member Services number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services," and must be included whenever materials reference out-of-network/non-contracted providers.

Appendix

Your drug plan includes Select Generic benefits

Examples:

Cardiovascular

- Amlodipine/benazepril capsule
- Atenolol tablet
- Benazepril HCL tablet
- Bisoprolol-hydrochlorothiazide tablet
- Carvedilol tablet
- Chlorthalidone tablet
- Enalapril maleate tablet
- Furosemide tablet
- Hydrochlorothiazide capsule/tablet
- Lisinopril tablet
- Losartan potassium tablet
- Metoprolol tartrate tablet
- Olmesartan tablet
- Ramipril tablet

Cholesterol

- Atorvastatin tablet
- Lovastatin tablet
- Pravastatin sodium tablet
- Simvastatin tablet

Diabetes

- Glimepiride tablet
- Pioglitazone tablet
- Metformin tablet



These are examples of some of the drug categories and drugs covered under your select generics benefit. Please see your drug list for a full list of select generics. Not all generic drugs within a drug category are included in your [\$X] copay select generics benefit. Note: If your plan has a deductible, the deductible is waived on select generics.

Using a home delivery pharmacy is easy

Once you enroll, it is easy to take advantage of the added convenience and savings home delivery offers.

1 Once you receive your member ID card, contact Member Services to receive an order form.

2 Complete the form, including your prescription information.

3 Return the form and your prescription information to the address listed on the form.

4 Once you register, you may order medications online at **anthem.com** or by calling Member Services.



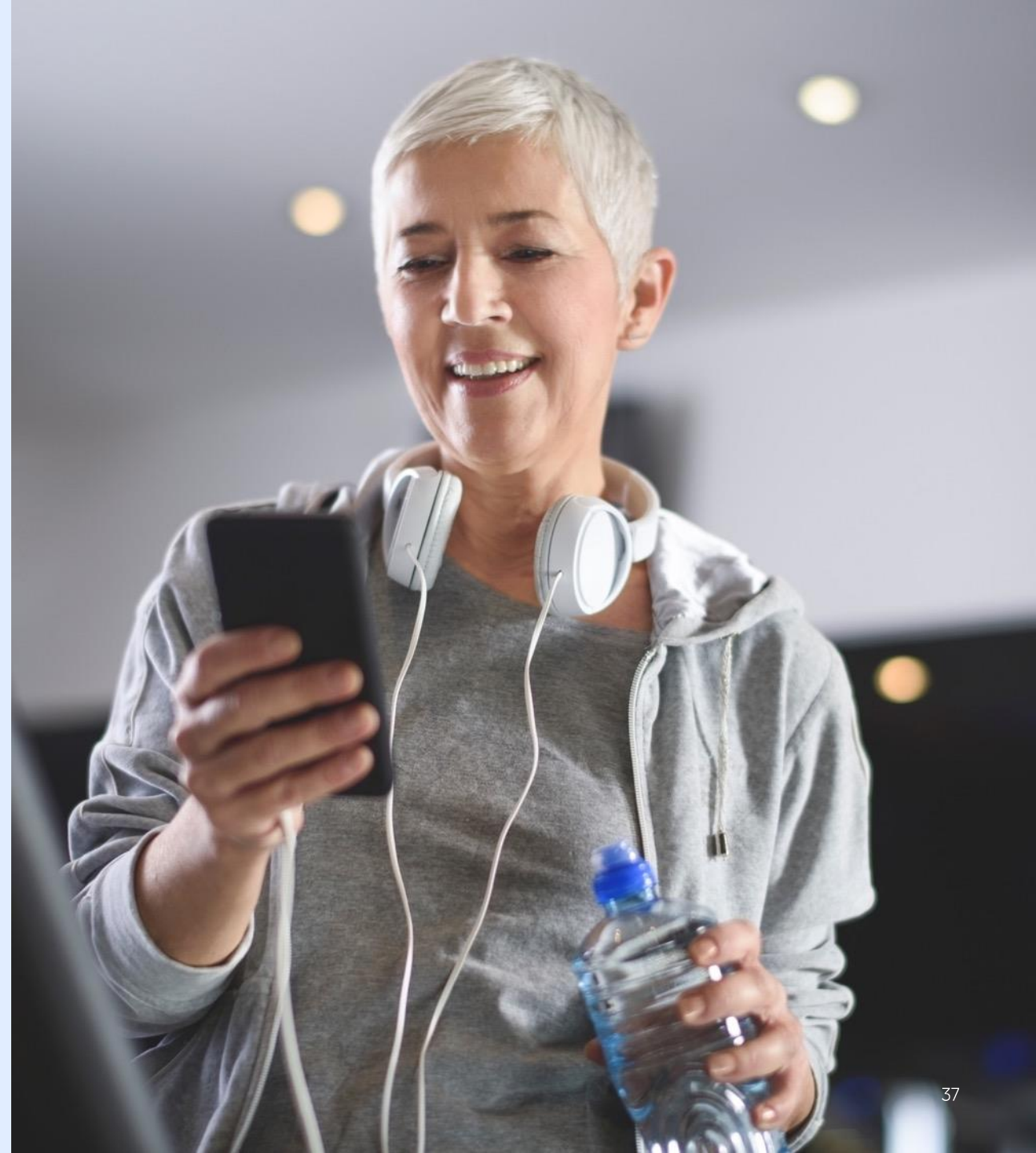
Health and fitness tracker

Putting physical and mental health on the right track

A health and fitness tracker helps you keep track of your fitness goals so you can feel your best.

The health and fitness tracker benefits include:

- One fitness device every two years.
- An online program for setting goals, participating in challenges, and tracking physical activity.
- Access to online resources to help improve memory and maintain mental clarity.



Healthy Meals

Balanced nutritious meals delivered to you

Proper nutrition is key to maintaining your health and improving recovery after a hospital stay.

Our Healthy Meals benefit* delivers nutritionally balanced meals to your home – at no cost to you.

This benefit is available if you:

- Have been recently discharged from the hospital.
- Are diabetic with an A1C over 9.
- Have a Body Mass Index (BMI) of 25 or more, or 18.5 or less.

* The amount of meals covered will vary depending on the plan. Prior approval based on the conditions is required.



Assistive devices

Putting mobility and independence within reach

Your plan provides monetary assistance to help purchase CMS-approved assistive devices.*

If eligible, you'll receive a welcome kit that includes a prepaid MasterCard that is loaded with the benefit amount of \$200 on a yearly basis. The benefit card can be used in-store, for catalog ordering over the phone, or online purchases.

Examples of approved assistive devices include:

- Americans with Disabilities Act toilet seats.
- Shower and bath grab bars.
- Portable shower stools and seats.
- Hand showers (add on).
- Temporary wheelchair ramps.
- Reaching devices.

* <https://www.cms.gov/medicare-coverage>



Over-the-counter

Savings that go beyond the pharmacy

This plan offers monetary assistance for purchasing Centers for Medicare & Medicaid Services (CMS)-approved items.*

If eligible, you'll receive a welcome kit containing a prepaid MasterCard that is loaded with the benefit amount of \$30 on a quarterly basis. The benefit card can be used in-store, for catalog ordering over the phone, or online purchases.

Examples of OTC products covered include:

- Optics
- Pain relievers
- First-aid supplies
- Foot care
- Acne treatment
- Cough and cold medicine
- Diabetes care



Nonemergency transportation

Getting you where you need to be

Our transportation benefit provides nonemergency medical transportation to plan-approved locations.

Your plan covers 12 nonemergency transportation trips to:

- Medical visits.
- The pharmacy.
- SilverSneakers® locations.



Personal Emergency Response System

Boost your independence and peace of mind

Our Personal Emergency Response System (PERS) provides an in-home device to notify appropriate personnel of an emergency, such as a fall. This benefit can help you maintain independence in your own home and increase peace of mind for you and your family.

The PERS benefit includes coverage of:

- One Personal Emergency Response System.
- Monthly in-home monitoring.



The House Call program

Personalized care starts at home

The House Call program helps you stay on top of your healthcare between checkups from the comfort and convenience of your own home.

A licensed clinician will conduct a comprehensive health evaluation in-person or meet with you virtually on your computer, tablet, or phone — at no additional cost.*

During the visit, the clinician will:

- Chat about any health questions and concerns.
- Give basic health screenings.
- Take notes on the health discussion and record assessment results.
- Share the assessment results with you and your personal doctors.

* The House Call program is administered by an independent vendor. It is available to members who qualify.



Personal home helper

Assistance with a personal touch

Our personal home helper* benefit provides you with a personal care attendant to help you with home-based chores.

A personal home helper can also assist with:

- Bathing or showering, and dressing
- Light housekeeping (cleaning, laundry, dishes)
- Meal preparation
- Medication reminders

* Eligible members must receive prior approval from the plan, need help with at least two activities of daily living (ADLs) as determined and recommended by their healthcare provider, and submit claims for reimbursement to the plan with appropriate documentation. The benefit covers up to 124 hours of care per year (up to four hours per day for a maximum of 31 days in the year). Use of less than four hours is still considered a day. Members will be reimbursed up to \$100 per day.



In-home support

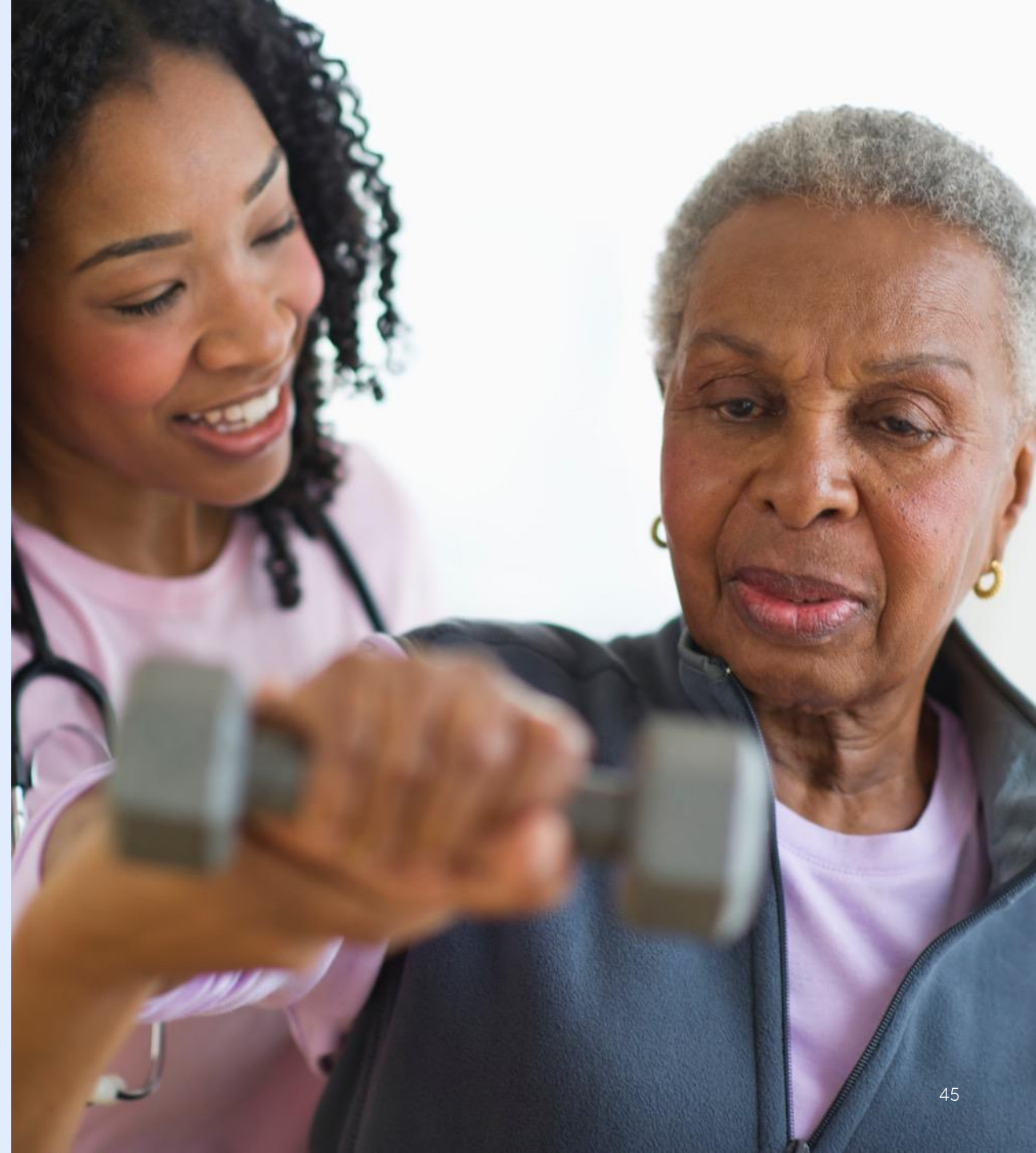
To help you stay independent and connected

In-home support gives you companionship and assistance with daily activities and home-based chores.

Your personal care assistant can help you with:

- Meal preparation
- Pet care
- Your computer and phone
- Fitness activities

This benefit provides up to 30 hours of in-home support per year.



Adult day center

A way to socialize and engage with others

Our adult day center benefit is your opportunity to get out and socialize one day a week.

This benefit:

- Reimburses up to \$80 for each visit to a state-licensed adult day center of your choice.
- Is available if you need help with at least two daily living activities as determined and recommended by your care provider.

*Members are responsible for any remaining costs greater than \$80.
A visit is defined as less than or equal to eight (8) hours. It cannot be split over multiple days.
Any portion of a day used is considered one day.



Medicare Community Resource Support

Connecting you to the resources you need

Medicare Community Resource Support (MCRS) is an outbound, telephone-based benefit to help bridge the gap between medical needs and benefits, and available community resources.*

Examples of support and resources include:

- Food pantries
- Home maintenance programs
- Utility assistance programs
- Copay assistance programs
- Social activities
- Help around the home
- Travel assistance to medical appointments or the grocery store

* Members are identified for assistance through case management, health risk assessment completion, customer service, network relations, care guides, and self-referrals.



Medicare home lab kit

Do-it-yourself testing in the comfort of your home

If you're overdue for any of your preventive screenings, you can receive at-home test kits for no additional cost.

You can receive multiple kits, such as:

- FIT (fecal immunochemical test), a colon cancer screening test.
- Microalbumin (urine) test kit, for monitoring your kidney health.
- A1C (blood) test kit, to measure your average blood sugar over the past two to three months.

Simply take the tests and return in the postage-paid envelope. Lab test results will be mailed to you within two to three weeks. A copy can also be mailed to your primary care doctor.

