We’re here for you

- Jim Barricks

  an authorized licensed insurance agent for
  Anthem Blue Cross in California
  License Number: 0383850
  (877)566-5454

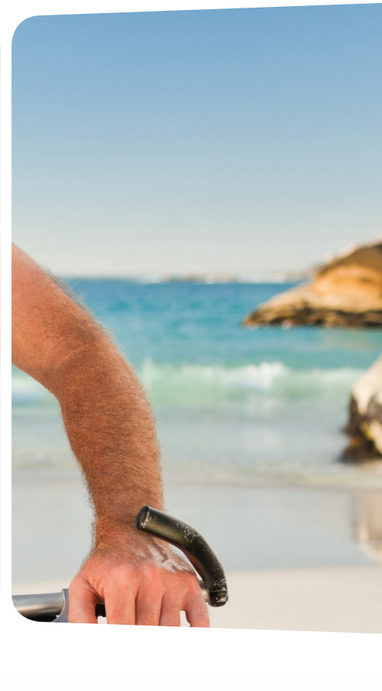
  7 a.m. to 5 p.m., seven days a week

- To speak with a Customer Service representative: **1-888-211-9813** (TTY/TDD: **711**), 8 a.m. to 8 p.m., seven days a week, October 1 to February 14; 8 a.m. to 8 p.m., Monday – Friday, February 15 to September 30.
- Visit **www.anthem.com/ca/shop**

All of the plans in this guide are available in some or all of the counties below. Some plans may be available in other counties as well. BE SURE TO CHECK THE SUMMARY OF BENEFITS, SECTION 1, FOR THE EXACT SERVICE AREA OF EACH PLAN.

Los Angeles

You must continue to pay your Medicare Part B premium.



Plan Highlights

Anthem Blue Cross
Medicare Advantage Plans 2017

The plans in this guide are available in Los Angeles County, CA.

Find the plan you want – right here, right now

Use this handy guide to shop smarter for Medicare Advantage plans! For plan details, please check your Summary of Benefits. You can also ask your licensed sales agent or broker for more information. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year.

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Plan Name	Anthem MediBlue Select (HMO)	Anthem MediBlue Plus (HMO)	Anthem MediBlue Coordination Plus (HMO)
Plan Type	**HMO**	**HMO**	**HMO**
Monthly Premium[1]	$0	$0	$36.30
Annual Medical Deductible	N/A	N/A	N/A
In-Network Out-of-Pocket Limit	$1,900	$6,700	$6,700
Combined In- and Out-of-Network Out-of-Pocket Limit	N/A	N/A	N/A
Inpatient Care[2, 3]	**In-Network**	**In-Network**	**In-Network**
Inpatient Hospital	$0 per stay	Days 1 - 5: $325 per day/Days 6 - 90: $0 per day	Medicare-defined cost-share
Outpatient Care			
Primary Care Doctor Visit	$0 copay	$20 copay	20% coinsurance
Specialist Visit	$0 copay	$50 copay	20% coinsurance
Outpatient Hospital Surgery	$0 copay	$325 copay	20% coinsurance
Ambulatory Surgery	$0 copay	$275 copay	20% coinsurance
Extra Preventive Dental Coverage[4]	$0 copay 1 cleaning, 1 exam per year	$0 copay 1 cleaning, 1 exam per year	$0 copay 2 cleanings, 2 exams, 1 dental X-ray per year
Extra Preventive Vision Coverage[4]	$0 copay 1 eye exam per year	$0 copay 1 eye exam per year	$0 copay 1 eye exam per year, up to $300 eyewear allowance per year
Part D Prescription Drugs – Amounts are for a one-month supply at a preferred cost-sharing pharmacy/standard cost-sharing pharmacy.			
Part D Deductible[5]	$0	$0	$400
Applicable Part D Deductible Tiers	N/A	N/A	2, 3, 4 & 5
Tier 1: Preferred Generic	$4 copay/$9 copay	$5 copay/$10 copay	$0 copay/$0 copay
Tier 2: Generic	$12 copay/$17 copay	$15 copay/$20 copay	$10 copay/$10 copay
Tier 3: Preferred Brand	$42 copay/$47 copay	$42 copay/$47 copay	$47 copay/$47 copay
Tier 4: Non-Preferred Drugs	$95 copay/$100 copay	$95 copay/$100 copay	$92 copay/$97 copay
Tier 5: Specialty	33% coinsurance/33% coinsurance	33% coinsurance/33% coinsurance	25% coinsurance/25% coinsurance
Tier 6: Select Care Drugs	$0 copay/$0 copay	$0 copay/$0 copay	$0 copay/$0 copay
Part D Gap Coverage Tiers	6	6	6

1 In addition to your monthly Medicare Part B premium.

2 Medicare-defined cost-share includes: • A Medicare Part A deductible for Days 1-60 of each benefit period • A copayment per day for Days 61-90 of each benefit period • After day 90 of each benefit period, a copayment amount per "lifetime reserve day" (up to 60 days over your lifetime) • You pay all costs for each day after you use all the lifetime reserve days.

3 Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

4 Additional coverage may be available at an extra cost. Please reference your Evidence of Coverage for details.

5 If a plan includes a Pharmacy Deductible as noted on this chart, you will pay the full cost of your covered prescriptions in the applicable tiers until you reach this Deductible amount. Please review your Summary of Benefits carefully before you enroll.

Preventive Services: $0 copay for in-network Medicare-covered Preventive Services including: Annual Wellness Exam, Immunizations, Mammograms, Prostate Cancer Screening Exams, and More.

Other benefits at no additional cost: Nurse HelpLine, SilverSneakers®, LiveHealth® Online and other services. See Evidence of Coverage for details.