

Summary of Benefits



Prescription Drug Plan

Plan year: January 1 – December 31, 2019

California

Anthem Blue Cross MedicareRx Standard (PDP)

Anthem Blue Cross MedicareRx Plus (PDP)

19CAS5596

Thank you for your interest in our Prescription Drug plans.

Anthem Blue Cross offers prescription drug plans designed to help you with your specific drug benefit needs and protect you from unexpected drug costs. This booklet tells you what we cover, what you may pay and more. If you have questions, please call your agent.

Anthem Blue Cross MedicareRx Standard (PDP) and Anthem Blue Cross MedicareRx Plus (PDP)

Anthem Blue Cross MedicareRx Standard (PDP) and Anthem Blue Cross MedicareRx Plus (PDP) are prescription drug plans. They include prescription drug benefits only. To join these plans, you must:

- Be entitled to Medicare Part A and/or,
- Enrolled in Medicare Part B and
- Live in our service area.

Our service area includes: California.

Have questions?



- If you **are not** a member of this plan, please call us toll-free **1-866-892-5340** (TTY: **711**), and follow the instructions to be connected to a representative.
- If you **are** a member of this plan, please call us toll-free at **1-800-928-6201** (TTY: **711**). 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.



- You can learn more about us on our website at **<https://shop.anthem.com/medicare/ca>**.

While the Summary of Benefits does not include every service, limit or exclusion, the *Evidence of Coverage* does. Just give us a call to request a copy.

Know your drug plan

For many, prescription drugs are an important part of health and wellness

Our prescription drug plans give you access to the covered drugs you need – and the ability to predict costs.

What is a formulary?



Before you get your prescriptions filled, make sure they're covered on the plan's formulary. The formulary is a drug list that tells you:

- Which drugs require prior authorization from your plan before you fill your prescription,
- If there is a quantity limit on the frequency, amount or dosage,
- If you need to try other drugs first (called step therapy),
- And the cost-sharing tier a drug is in.

Our plan groups each drug into “tiers.” The amount you pay depends on the drug's tier and what stage of the benefit you have reached (refer to “The four stages of drug coverage” located further on in this booklet).

Know your drug plan - continued

How to find if your drugs (or an acceptable alternative) are covered and what they'll cost:



- Visit <https://shop.anthem.com/medicare/ca>.
 1. Scroll the *Useful Tools* section and choose the tab labeled **Find Your Covered Drugs**.
 2. Enter your ZIP code, county and beginning coverage date; then select **Continue**.
 3. Enter the name of your drug, dosage, quantity and refill frequency, and select **Add Drug**.
 4. Select your pharmacy.
 5. Select **View All Plans**.
 6. Make sure to choose **Show drug cost details** to view what tier your drugs are in, specific costs and coverage details.
- You can also call Customer Service at the number on page 2 to get a copy of the formulary.

Can I use any pharmacy to fill my covered prescriptions?

To get the best savings on your covered Part D drugs, you must generally use a pharmacy in our plan. You may get your covered drugs from pharmacies that are **not** in our plan, but only when you are unable to get your prescription drugs from a pharmacy that **is** in our plan.

Know your drug plan - continued



Save even more money at pharmacies with preferred cost sharing

To help you save even more money on your covered drugs, we work with certain pharmacies (*preferred pharmacies*) to further reduce prices. At preferred pharmacies, your copays and share of the cost may be lower than pharmacies with standard cost sharing. You can use a preferred pharmacy or a pharmacy with standard cost sharing; the choice is yours.



To find a pharmacy in our plan, see our online *Pharmacy Directory* on our website at <https://shop.anthem.com/medicare/ca> (under *Useful Tools*, select **Find a Pharmacy**, and enter your location and search details). Preferred pharmacies are indicated above the pharmacy name. Or you can give us a call and we'll send you a copy.

Don't miss out on some Extra Help¹

If you qualify for **Medicare's Extra Help**, you can get help with paying your drug plan's monthly payment (premium), yearly deductible, coinsurance and copays for covered prescription drugs. Plus:

- The coverage gap stage will not apply to you, and
- There are no late enrollment penalties.



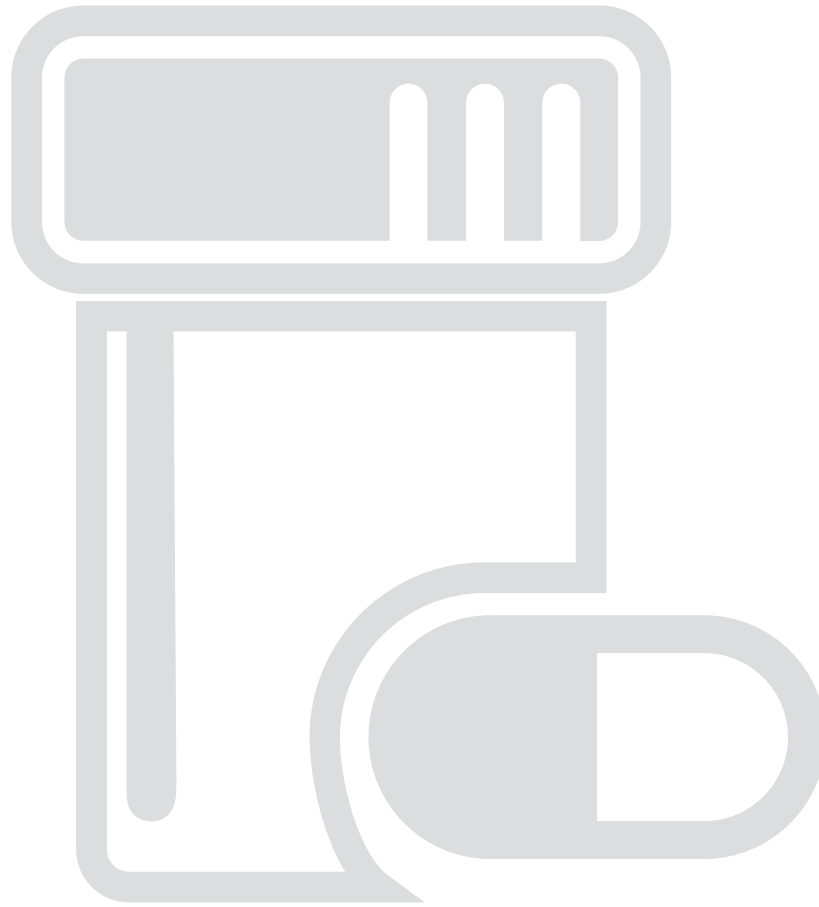
To find out if you qualify for Extra Help, call:

- **1-800-MEDICARE/1-800-633-4227** (TTY: **1-877-486-2048**), 24 hours a day/7 days a week.
- The Social Security Administration at **1-800-772-1213** (TTY: **1-800-325-0778**) between 7 a.m. and 7 p.m., Monday through Friday,
- Your state Medicaid office, or
- Our Customer Service number located on page 2.

¹ You can't get Medicare Coverage Gap Discounts on brand-name drugs if you receive Extra Help.



Summary of 2019 prescription drug coverage



Ways to save



- You can save money on your prescription drugs by choosing drugs listed on Tier 1: Preferred Generic and Tier 6: Select Care Drugs.
- You may save even more money if you go to a preferred cost-sharing pharmacy. To find a pharmacy in our plan:
 - Visit <https://shop.anthem.com/medicare/ca> (under *Useful Tools*, select **Find a Pharmacy**, and enter your location and search details). Preferred pharmacies are indicated above the pharmacy name.
 - Give us a call and we'll send you a copy.

The four stages of drug coverage

What you pay for your covered drugs depends, in part, on which coverage stage you are in.



Stage 1	Stage 2	Stage 3	Stage 4
Deductible	Initial Coverage	Coverage Gap	Catastrophic Coverage
<p>If you have a deductible, you will pay 100% of your drug cost until you meet your deductible. (If you have no deductible, or if a specific drug tier does not apply to the deductible, you will skip to Stage 2.)</p>	<p>You will pay a copay or a percentage of the cost, and your plan pays the rest for your covered drugs.</p>	<p>In this stage, you pay a greater share of the costs. It begins after you and your plan have paid \$3,820 on covered drugs during Stages 1 and 2. After you enter the coverage gap, you pay 25% of the plan's cost for covered brand-name drugs and 37% of the plan's cost for covered generic drugs until your costs total \$5,100. Some plans have extra coverage. See the Coverage Gap section for more details.</p>	<p>In this stage, after your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach \$5,100, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$3.40 copay for generic (including brand-name drugs treated as generic) and an \$8.50 copay for all other drugs.
<p>Which coverage stage am I in?</p> <p>You will get an Explanation of Benefits (EOB) each month you fill a prescription. It will show which coverage stage you're in and how close you are to entering the next one.</p>			

Anthem Blue Cross MedicareRx Standard (PDP)	Anthem Blue Cross MedicareRx Plus (PDP)
How much is my premium (monthly payment)?	
\$116.90 per month	\$113.10 per month

You must continue to pay your Medicare Part B premium.

Stage 1: How much is my deductible	
\$250.00 per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 6 which are excluded from the deductible.	This plan does not have a Part D deductible.

Stage 2: Initial Coverage

After you pay your yearly deductible (if your plan has one), you pay the following until your total yearly drug costs reach **\$3,820**.

Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at retail pharmacies and mail-order pharmacies in our plan.

You may get your covered drugs from pharmacies that are not in our plan, but you may pay more than you pay at pharmacies that are in our plan.

If you live in a long-term care facility, you pay the same as at a standard retail pharmacy.

Anthem Blue Cross MedicareRx
Standard (PDP)

Anthem Blue Cross MedicareRx Plus
(PDP)

Stage 2: Initial Coverage - Preferred Retail Cost Sharing

Tier 1: Preferred Generic

One-month supply:

\$1.00 copay

Three-month supply:

\$3.00 copay

These drugs are excluded from the deductible.

One-month supply:

\$1.00 copay

Three-month supply:

\$3.00 copay

Tier 2: Generic

One-month supply:

\$5.00 copay

Three-month supply:

\$15.00 copay

One-month supply:

\$3.00 copay

Three-month supply:

\$9.00 copay

Tier 3: Preferred Brand

One-month supply:

\$30.00 copay

Three-month supply:

\$90.00 copay

One-month supply:

\$40.00 copay

Three-month supply:

\$120.00 copay

Tier 4: Non-preferred Drugs

One-month supply:

40% of the cost

Three-month supply:

40% of the cost

One-month supply:

38% of the cost

Three-month supply:

38% of the cost

Anthem Blue Cross MedicareRx Standard (PDP)	Anthem Blue Cross MedicareRx Plus (PDP)
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Stage 2: Initial Coverage - Preferred Retail Cost Sharing- continued

Tier 5: Specialty Tier

One-month supply: 25% of the cost Three-month supply: Not Covered	One-month supply: 33% of the cost Three-month supply: Not Covered
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Tier 6: Select Care Drugs

One-month supply: \$0.00 copay Three-month supply: \$0.00 copay These drugs are excluded from the deductible.	One-month supply: \$0.00 copay Three-month supply: \$0.00 copay
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Stage 2: Initial Coverage - Standard Retail Cost Sharing

Tier 1: Preferred Generic

One-month supply: \$10.00 copay Three-month supply: \$30.00 copay These drugs are excluded from the deductible.	One-month supply: \$9.00 copay Three-month supply: \$27.00 copay
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Anthem Blue Cross MedicareRx
Standard (PDP)

Anthem Blue Cross MedicareRx Plus
(PDP)

Stage 2: Initial Coverage - Standard Retail Cost Sharing- continued

Tier 2: Generic

One-month supply:

\$14.00 copay

Three-month supply:

\$42.00 copay

One-month supply:

\$17.00 copay

Three-month supply:

\$51.00 copay

Tier 3: Preferred Brand

One-month supply:

\$38.00 copay

Three-month supply:

\$114.00 copay

One-month supply:

\$45.00 copay

Three-month supply:

\$135.00 copay

Tier 4: Non-preferred Drugs

One-month supply:

48% of the cost

Three-month supply:

48% of the cost

One-month supply:

43% of the cost

Three-month supply:

43% of the cost

Tier 5: Specialty Tier

One-month supply:

25% of the cost

Three-month supply:

Not Covered

One-month supply:

33% of the cost

Three-month supply:

Not Covered

Anthem Blue Cross MedicareRx Standard (PDP)	Anthem Blue Cross MedicareRx Plus (PDP)
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Stage 2: Initial Coverage - Standard Retail Cost Sharing- continued

Tier 6: Select Care Drugs

<p>One-month supply: \$5.00 copay</p> <p>Three-month supply: \$15.00 copay</p> <p>These drugs are excluded from the deductible.</p>	<p>One-month supply: \$5.00 copay</p> <p>Three-month supply: \$15.00 copay</p>
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Stage 2: Initial Coverage - Standard Mail Order Cost Sharing

Tier 1: Preferred Generic

<p>One-month supply: \$1.00 copay</p> <p>Three-month supply: \$3.00 copay</p> <p>These drugs are excluded from the deductible.</p>	<p>One-month supply: \$1.00 copay</p> <p>Three-month supply: \$3.00 copay</p>
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Tier 2: Generic

<p>One-month supply: \$5.00 copay</p> <p>Three-month supply: \$15.00 copay</p>	<p>One-month supply: \$3.00 copay</p> <p>Three-month supply: \$9.00 copay</p>
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Anthem Blue Cross MedicareRx
Standard (PDP)

Anthem Blue Cross MedicareRx Plus
(PDP)

Stage 2: Initial Coverage - Standard Mail Order Cost Sharing- continued

Tier 3: Preferred Brand

One-month supply:

\$30.00 copay

Three-month supply:

\$90.00 copay

One-month supply:

\$40.00 copay

Three-month supply:

\$120.00 copay

Tier 4: Non-preferred Drugs

One-month supply:

40% of the cost

Three-month supply:

40% of the cost

One-month supply:

38% of the cost

Three-month supply:

38% of the cost

Tier 5: Specialty Tier

One-month supply:

25% of the cost

Three-month supply:

Not Covered

One-month supply:

33% of the cost

Three-month supply:

Not Covered

Tier 6: Select Care Drugs

One-month supply:

\$0.00 copay

Three-month supply:

\$0.00 copay

These drugs are excluded from the deductible.

One-month supply:

\$0.00 copay

Three-month supply:

\$0.00 copay

Anthem Blue Cross MedicareRx Standard (PDP)	Anthem Blue Cross MedicareRx Plus (PDP)
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Stage 3: Coverage Gap

After you enter the coverage gap, you pay **25%** of the plan's cost for covered brand name drugs and **37%** of the plan's cost for covered generic drugs until your costs total **\$5,100**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

	Under this plan, you may pay less for generic drugs on the formulary. Your cost depends on the tier level (refer to the formulary). To learn more about your extra gap coverage and find out how much you will pay for your covered drugs, see the following chart.
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Stage 3: Coverage Gap - Preferred Retail Cost Sharing

Tier 1: Preferred Generic

	Drugs Covered: All One-month supply: \$1.00 copay Three-month supply: \$3.00 copay
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Anthem Blue Cross MedicareRx
Standard (PDP)

Anthem Blue Cross MedicareRx Plus
(PDP)

Stage 3: Coverage Gap - Preferred Retail Cost Sharing- continued

Tier 6: Select Care Drugs

Drugs Covered:

All

One-month supply:

\$0.00 copay

Three-month supply:

\$0.00 copay

Stage 3: Coverage Gap - Standard Retail Cost Sharing

Tier 1: Preferred Generic

Drugs Covered:

All

One-month supply:

\$9.00 copay

Three-month supply:

\$27.00 copay

Tier 6: Select Care Drugs

Drugs Covered:

All

One-month supply:

\$5.00 copay

Three-month supply:

\$15.00 copay

Anthem Blue Cross MedicareRx Standard (PDP)	Anthem Blue Cross MedicareRx Plus (PDP)
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Stage 3: Coverage Gap - Standard Mail Order Cost Sharing

Tier 1: Preferred Generic

	Drugs Covered: All One-month supply: \$1.00 copay Three-month supply: \$3.00 copay
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Tier 6: Select Care Drugs

	Drugs Covered: All One-month supply: \$0.00 copay Three-month supply: \$0.00 copay
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Stage 4: Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach **\$5,100**, you pay the greater of:

- **5%** of the cost, or
- **\$3.40** copay for generic (including brand name drugs treated as generic) and an **\$8.50** copay for all other drugs.

When you can enroll



Initial coverage period



You can sign up for a Medicare Advantage or Part D plan when you are first eligible for Medicare. Your initial enrollment phase is a 7-month period that includes the 3 months before you turn 65, the month you turn 65 and the 3 months after you turn 65.



Annual election period - October 15 to December 7

This is the time frame each year that you can enroll in or change your Medicare Advantage or Part D plan. You may also switch to Original Medicare (Parts A and B). New coverage begins January 1 of each year, after you've enrolled.



Open enrollment period - January 1 to March 31

If you're enrolled in a Medicare Advantage Prescription Drug (MA-PD) plan, and you're switching to Original Medicare, you can enroll in a Part D plan during this time.



Special enrollment period

You can sign up for a Medicare Advantage or Part D plan outside of the time frame above if certain events occur in your life or if you're eligible for low-income subsidy (also called "Extra Help").



Avoid late-enrollment penalties

It's important to enroll in a Medicare plan when you're first eligible. If you don't, you may have to pay the following penalties:

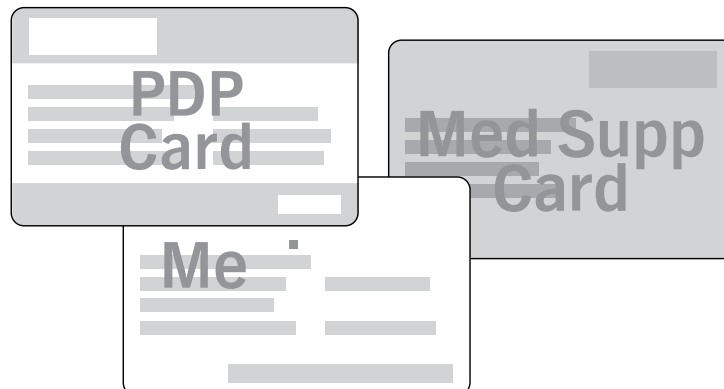
- **Medicare Part A:** Your monthly premium, if you have one, may increase by 10% per year for twice the number of years you could have had Part A but didn't sign up.
- **Medicare Part B:** Your monthly premium may increase 10% for each 12-month period that you could have had Part B but didn't sign up. You'll have to pay this penalty for as long as you have Part B.
- **Medicare Part D:** If you don't sign up when you're first eligible, you may have to pay this penalty for as long as you are enrolled in Part D, and it may increase every year. (You may not have to pay if you receive Extra Help or can provide proof of other creditable coverage.)

Medicare ID cards

The Medicare plan option you choose will determine the plan ID card or cards you will need to carry with you at all times.

- **If you choose one of our Prescription Drug Plans (PDP):**

Your Anthem PDP card is used for obtaining your prescriptions. You will need to carry another card to obtain your medical benefits, depending on what kind of medical coverage you have. (For example, your Medicare Supplement plan card, or your Medicare card.)



How can I learn more about Medicare?

Medicare & You – a helpful tool



We strongly recommend you obtain a copy of the official U.S. government's *Medicare & You* handbook to get the answers to all of your questions about Medicare. If you do not have a copy, you can view it online at www.medicare.gov or call Medicare for a copy at **1-800-MEDICARE/1-800-633-4227**, 24 hours a day, 7 days a week. TTY users can call **1-877-486-2048**.

ATENCIÓN: Si habla español, los servicios de asistencia lingüística están disponibles sin costo alguno para usted. Llame al **1-800-928-6201** (TTY: **711**).

This information is not a complete description of benefits. Call **1-800-928-6201** (TTY: **711**) for more information.

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

Anthem Blue Cross Life and Health Insurance Company (Anthem) has contracted with the Centers for Medicare & Medicaid Services (CMS) to offer the Medicare Prescription Drug Plans (PDPs) noted above or herein. Anthem is the state-licensed, risk-bearing entity offering these plans. Anthem has retained the services of its related companies and authorized agents/brokers/producers to provide administrative services and/or to make the PDPs available in this region.

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.

It's important we treat you fairly

That's why we follow Federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call Customer Service for help (TTY: 711).

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 4361 Irwin Simpson Rd, Mailstop: OH0205-A537; Mason, Ohio 45040-9498. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TTY: 1- 800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Get help in your language

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Customer Service number on the back of your ID card.

English: You have the right to get this information and help in your language for free. Call Customer Service for help.

Spanish: Tiene el derecho de obtener esta información y ayuda en su idioma de forma gratuita. Llame al número de Servicios para Miembros para obtener ayuda.

Arabic:

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل بخدمة العملاء للمساعدة.

Armenian: Դուք իրավունք ունեք Ձեր լեզվով ստանալու այս տեղեկատվությունը և ցանկացած օգնություն՝ անվճար:
Օգնություն ստանալու համար զանգահարեք հաճախորդների սպասարկման կենտրոն:

Chinese: 您有權使用您的語言免費獲得該資訊和協助。請致電客戶服務部尋求協助。

Farsi:

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید.
برای دریافت کمک با مرکز خدمات مشتریان تماس بگیرید.

French: Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour obtenir de l'aide, veuillez appeler le service client.

Haitian: Ou gen dwa resevwa enfòmasyon sa a ak asistans nan lang ou pale a pou gratis. Rele nimewo Sèvis Kliyan an pou jwenn èd.

Italian: Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il Servizio clienti.

Japanese: この情報と支援を希望する言語で無料で受けることができます。サポートが必要な場合はカスタマー サービスにお電話ください。

Korean: 귀하께서는 본 정보와 도움을 비용없이 귀하의 언어로 받으실 권리가 있습니다. 도움을 받으시려면 고객 서비스부로 연락해 주십시오.

Polish: Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. Zadzwoń pod numer Działu Obsługi Klienta w celu uzyskania pomocy.

Portuguese: Você tem o direito de receber gratuitamente estas informações e ajuda no seu idioma. Ligue para o Atendimento ao Cliente para obter ajuda.

Russian: Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания клиентов.

Tagalog: May karapatan kang makuha ang impormasyon at tulong na ito sa sarili mong wika ng walang kabayaran. Tumawag sa Serbisyo para sa mga Kustomer para matulungan ka.

Vietnamese: Bạn có quyền được biết về thông tin này và được hỗ trợ bằng ngôn ngữ của bạn miễn phí. Hãy liên hệ với Dịch vụ khách hàng để được hỗ trợ.

Blue MedicareRx - S5596

2018 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2018, Blue MedicareRx received the following Overall Star Rating from Medicare.

★★★
3.5 Stars

We received the following Summary Star Rating for Blue MedicareRx's health/drug plan services:

Health Plan Services: Not Offered

Drug Plan Services: ★★★
3.5 Stars

The number of stars shows how well our plan performs.

- ★★★★★ 5 stars - excellent
- ★★★★ 4 stars - above average
- ★★★ 3 stars - average
- ★★ 2 stars - below average
- ★ 1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

We do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability in our health programs and activities.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 1-800-261-8667 (toll-free) or 711 (TTY), from October 1 to February 14. Our hours of operation from February 15 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-261-8667 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-261-8667 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-261-8667 (TTY : 711)。

Current members please call 1-800-928-6201 (toll-free) or 711 (TTY).

*Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next.

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

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-800-928-6201 TTY: 711, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC) Visit <https://shop.anthem.com/medicare/ca> or call 1-800-928-6201 to view a copy of the EOC.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2020.

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