

2022 Anthem Preliminary Benefits – Central 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
	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) H3655-032
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year
ESSENTIAL EXTRAS	Covered <i>(Reduced benefits for Assisted Devices, Transportation and Personal Home Helper on Essential Extras for this plan only)</i>
FITNESS	SilverSneakers®
HEARING	1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered

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

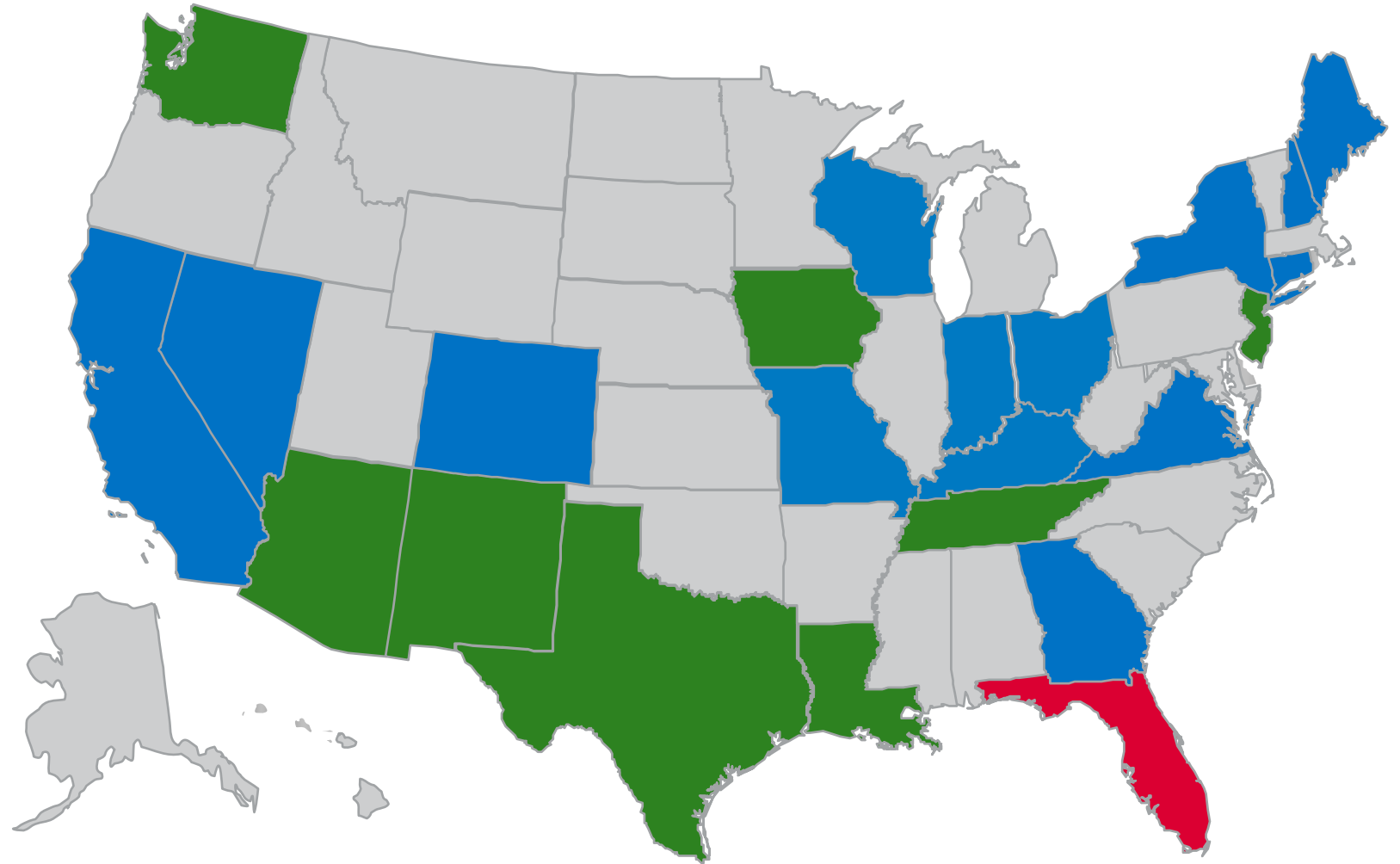
At the center of our commitment to simplifying the health care experience is an unrelenting focus on helping you succeed and meet the needs of your clients within their communities.



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

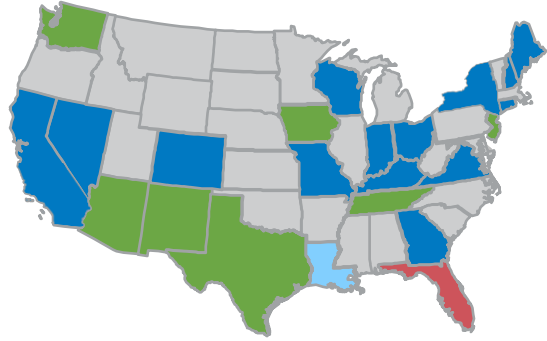
- Medicare Advantage plans offered in 23 states and Puerto Rico
- Industry leading D-SNP plan growth (30% CAGR since YE 2016) and #2 in Medicaid plans nationwide
- Medicare Supplement plans offered in 16 states



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

2022 Essential/Everyday Extras



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 – Ohio

Ohio – 2022 Market Highlights



2022 Proposed MA Footprint
*Excludes RPPO
2021 Existing MA Footprint

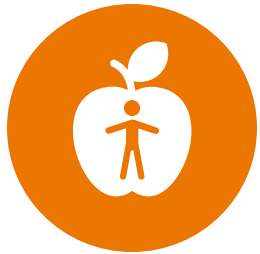
Market Highlights

- Maintaining a wide product portfolio ranging from products for age-ins and general enrollment populations to those with LIS and dual eligible special needs
- Consolidated \$0 premium HMOs to better focus efforts on selling; members automatically moved to richer plan
- Reduced Rx mail order copay for Tier 1 and Tier 2 to \$0
- Referrals are not required on HMO and PPO plans
- Market leading D-SNP plan with all Rx at \$0
- Innovative enhancements to Essential Extras package
- Introduction of new MA-only with Part B premium reduction
- Added comprehensive dental to select plans
- New co-branded MA Plans with Kroger in Cincinnati-Dayton markets
- New PPO Essential Extras package available on select plans

Service Area

All Counties EXCEPT:
Knox

Anthem's Product Portfolio: Ohio



**Medicare
Advantage**
(MA/MAPD)



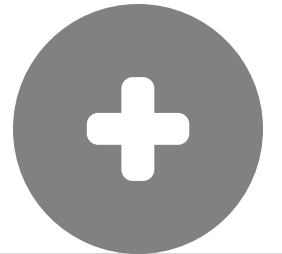
**Dual Eligible
MAPD**
(DSNP)



**Medicare
Supplements**
(Medigap)



**Prescription
Drug Plans**
(PDP)



**Anthem
Extras**



Grocery Card

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

Monthly allowance



Advanced Directive 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*

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H3655-034
PREMIUM	\$55
MAX OUT-OF-POCKET	\$4,100
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$285 copay (days 1 – 6)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$2 / \$10 / \$37 / \$90 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Belmont, Brown, Butler, Carroll, Columbiana, Delaware, Greene, Hamilton, Lucas, Mahoning, Miami, Montgomery, Muskingum, Portage, Preble, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Wood

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H3655-034
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$1000 comprehensive allowance per year
ESSENTIAL EXTRAS	Covered (pick one)
FITNESS	SilverSneakers®
HEALTHY MEALS	20 post discharge
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
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Prime Select (HMO) H3655-038
PREMIUM	\$0
MAX OUT-OF-POCKET	\$3,450
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 6)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$2 / \$12 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, Summit

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Prime Select (HMO) H3655-038
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$1500 comprehensive allowance per year (cost share applies)
ESSENTIAL EXTRAS	Covered (pick one)
FITNESS	SilverSneakers®
HEALTHY MEALS	20 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
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Extra (HMO) H3655-041				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	TBD
MAX OUT-OF-POCKET	\$7,550				
PCP	\$0 copay				
SPECIALIST	\$40 copay				
INPATIENT HOSPITAL	\$310 copay (days 1 – 7)				
EXTRA HELP LEVEL	No Extra Help	Level 4	Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$480 (T2 – T5)	\$99	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0/\$7/\$47/\$95/25%/\$0	\$0 to 15%	\$0 – \$9.85	\$0–\$4	\$0
	\$0 copay T1 and T2 mail order 30–90 day supply				
MARKET SERVICE AREA	Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Vinton, Warren, Washington, Wayne, Williams, Wood, Wyandot				

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Extra (HMO) H3655-041
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$200 comprehensive allowance per quarter
ESSENTIAL EXTRAS	Covered (pick one)
FITNESS	SilverSneakers®
HEALTHY MEALS	20 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$125 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; \$125 allowance – eyeglasses or contact lenses per year

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Preferred Plus (HMO) H3655-042
PREMIUM	\$19
MAX OUT-OF-POCKET	\$3,650
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 5)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$10 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Allen, Ashland, Brown, Butler, Carroll, Clermont, Columbiana, Cuyahoga, Delaware, Fairfield, Franklin, Fulton, Geauga, Greene, Hamilton, Lake, Licking, Lorain, Lucas, Madison, Mahoning, Medina, Miami, Montgomery, Morrow, Ottawa, Pickaway, Portage, Preble, Seneca, Stark, Summit, Trumbull, Tuscarawas, Union, Warren, Wood

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Preferred Plus (HMO) H3655-042
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$1500 comprehensive allowance per year
ESSENTIAL EXTRAS	Covered (pick one)
FITNESS	SilverSneakers®
HEALTHY MEALS	20 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$90 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year; \$225 allowance – eyeglasses or contact lenses per year

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Preferred (HMO) H3655-045-001 (consolidated H3655-032 & H3655-040)	Anthem MediBlue Preferred (HMO) H3655-045-002 (consolidated H3655-032 & H3655-040)
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$4,200	\$4,200
PCP	\$5 copay	\$0 copay
SPECIALIST	\$35 copay	\$35 copay
INPATIENT HOSPITAL	\$310 copay (days 1 – 7)	\$310 copay (days 1 – 7)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$10 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply	\$4 / \$10 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Adams, Allen, Auglaize, Belmont, Champaign, Clark, Clinton, Coshocton, Crawford, Darke, Defiance, Erie, Fayette, Fulton, Gallia, Guernsey, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Lawrence, Logan, Lucas, Marion, Meigs, Mercer, Monroe, Morgan, Muskingum, Noble, Ottawa, Paulding, Perry, Pike, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Van Wert, Vinton, Washington, Wayne, Williams, Wood, Wyandot	Brown, Butler, Clermont, Greene, Hamilton, Miami, Montgomery, Preble, Warren

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Preferred (HMO) H3655-045-001 (consolidated H3655-032 & H3655-040)	Anthem MediBlue Preferred (HMO) H3655-045-002 (consolidated H3655-032 & H3655-040)
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$1,000 maximum plan benefit per year (cost share applies)	\$0 copay – 1 oral exam and 1 cleaning per year; \$1,000 maximum plan benefit per year (cost share applies)
ESSENTIAL EXTRAS	Covered (pick one)	Covered (pick one)
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	20 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
MCRS	Covered	Covered
OVER THE COUNTER	\$65 per quarter	\$65 per quarter
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
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

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Preferred (HMO) H3655-045-003 (consolidated H3655-032 & H3655-040)	Anthem MediBlue Preferred (HMO) H3655-045-004 (consolidated H3655-032 & H3655-040)
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$4,200	\$3,800
PCP	\$0 copay	\$0 copay
SPECIALIST	\$35 copay	\$35 copay
INPATIENT HOSPITAL	\$310 copay (days 1 – 7)	\$310 copay (days 1 – 7)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$10 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply	\$4 / \$10 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Athens, Delaware, Fairfield, Franklin, Licking, Madison, Morrow, Pickaway, Union	Ashland, Ashtabula, Carroll, Columbiana, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, Tuscarawas

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Preferred (HMO) H3655-045-003 (consolidated H3655-032 & H3655-040)	Anthem MediBlue Preferred (HMO) H3655-045-004 (consolidated H3655-032 & H3655-040)
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year; \$1,000 maximum plan benefit per year (cost share applies)	\$0 copay – 1 oral exam and 1 cleaning per year; \$1,500 maximum plan benefit per year (cost share applies)
ESSENTIAL EXTRAS	Covered (pick one)	Covered (pick one)
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	20 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
MCRS	Covered	Covered
OVER THE COUNTER	\$75 per quarter	\$75 per quarter
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited 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

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Advantage (HMO D–SNP) H3655–033	Anthem MediBlue + Kroger Dual Advantage (HMO D–SNP) H3655–044 New
PREMIUM	\$0	\$0
MAX OUT–OF–POCKET	\$7,550	\$7,550
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Vinton, Warren, Washington, Wayne, Williams, Wood, Wyandot	Butler, Clermont, Greene, Hamilton, Montgomery, Warren

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Advantage (HMO D–SNP) H3655–033	Anthem MediBlue + Kroger Dual Advantage (HMO D–SNP) New H3655–044
ADVANCED DIRECTIVE PROGRAM	Covered	Covered
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$3,000 comprehensive allowance per year	
ELECTRONIC HEALTH MONITORING	Weight Scale	Weight Scale
ESSENTIAL EXTRAS	Covered (pick one)	Covered (pick one)
FITNESS	SilverSneakers®	SilverSneakers®
GROCERY CARD	\$50 per month	\$75 per month
HEALTHY MEALS	20 post discharge	20 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS	Covered	Covered
OVER THE COUNTER	\$250 per quarter	\$250 per quarter
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 65 trips	\$0 copay – 65 trips
VISION	\$0 copay – 1 routine eye exam per year; \$400 allowance – eyeglasses or contact lenses per year	

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Access Plus (PPO) H4036-017	Anthem MediBlue + Kroger Access Plus (PPO) New H4036-023
PREMIUM	\$89	\$0
MAX OUT-OF-POCKET	\$4,300	\$5,400
PCP	\$0 copay	\$0 copay
SPECIALIST	\$30 copay	\$40 copay
INPATIENT HOSPITAL	\$270 copay (days 1 – 8)	\$375 copay (days 1 – 5)
RX DEDUCTIBLE	\$40 (T3 – T5)	\$195 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$15 / \$42 / \$95 / 32% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply	\$5 / \$15 / \$42 / \$95 / 29% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Belmont, Carroll, Columbiana, Cuyahoga, Delaware, Geauga, Greene, Lake, Lorain, Miami, Montgomery, Muskingum, Preble, Sandusky, Stark, Summit, Trumbull	Butler, Clermont, Greene, Hamilton, Montgomery, Warren

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Access Plus (PPO) H4036-017	Anthem MediBlue + Kroger Access Plus (PPO) New H4036-023
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$250 comprehensive allowance per quarter	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year
ESSENTIAL EXTRAS	N/A	Covered (pick one)
FITNESS	SilverSneakers®	SilverSneakers®
GROCERY CARD	N/A	\$25 per month
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	N/A	Covered
OVER THE COUNTER	\$95 per quarter	\$35 per quarter
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
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

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Service (PPO) H4036-022 New
PREMIUM	\$0
PART B REBATE	\$50
MAX OUT-OF-POCKET	\$6,700
PCP	\$20 copay
SPECIALIST	\$50 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)
RX DEDUCTIBLE	N/A
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A
MARKET SERVICE AREA	Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Vinton, Warren, Washington, Wayne, Williams, Wood, Wyandot

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Service (PPO) H4036-022 New
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$2,000 comprehensive allowance per year
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
OVER THE COUNTER	\$150 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; \$200 allowance – eyeglasses or contact lenses per year

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Access (PPO) H4036-025 (consolidated H4036-010-001 & H4036-010-002)
PREMIUM	\$56
MAX OUT-OF-POCKET	\$5,500
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$275 copay (days 1 – 6)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$15 / \$42 / \$95 / 32% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Adams, Allen, Ashland, Ashtabula, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Geauga, Greene, Hamilton, Hancock, Highland, Holmes, Huron, Jefferson, Lake, Lawrence, Licking, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Mercer, Miami, Montgomery, Morrow, Muskingum, Ottawa, Pickaway, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Warren, Washington, Wayne, Williams, Wood

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Access (PPO) H4036-025 (consolidated H4036-010-001 & H4036-010-002)
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$1,200 comprehensive allowance per year
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
OVER THE COUNTER	\$115 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Access Core (RPPO) R5941-013	Anthem MediBlue Access Basic (RPPO) R5941-014
PREMIUM	\$0	\$83
MAX OUT-OF-POCKET	\$4,900	\$6,000
PCP	\$0 copay	\$10 copay
SPECIALIST	\$30 copay	\$40 copay
INPATIENT HOSPITAL	\$255 copay (days 1 – 8)	\$295 copay (days 1 – 7)
RX DEDUCTIBLE	N/A	\$200 (T3 – T5) \$0 copay T1 and T2 mail order 30–90 day supply
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A	\$6 / \$15 / \$42 / 41% / 29% / \$0
MARKET SERVICE AREA	All Counties	All Counties

Ohio 2022 Plan Highlights

PLAN	Anthem MediBlue Access Core (RPPO) R5941-013	Anthem MediBlue Access Basic (RPPO) R5941-014
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$325 comprehensive allowance per quarter	\$0 copay – 1 oral exam and 1 cleaning per year
FITNESS	SilverSneakers®	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 maximum plan benefit per year
OVER THE COUNTER	\$75 per quarter	N/A
PERS	Covered	N/A
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
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

Ohio – 2022 Optional Supplemental Benefits

	HMO	PPO/RPPO
Preventative Dental	\$14	\$20
Dental and Vision	\$27	\$31
Enhanced Dental and Vision	\$42	\$51

Ohio – Medicare Supplement/Anthem Extras

OHIO MEDICARE SUPPLEMENT PLANS			
PLAN A	PLAN F ^{1,2}	PLAN G ²	PLAN N ²
✓	✓	✓	✓

¹Plan F is not available for enrollment for newly eligible beneficiaries.

²Select Plan available

OHIO ANTHEM EXTRAS PACKAGES			
STANDARD	PREMIUM	PREMIUM PLUS	PREMIUM PLUS DENTAL ONLY
\$22	\$31	\$45	\$40

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

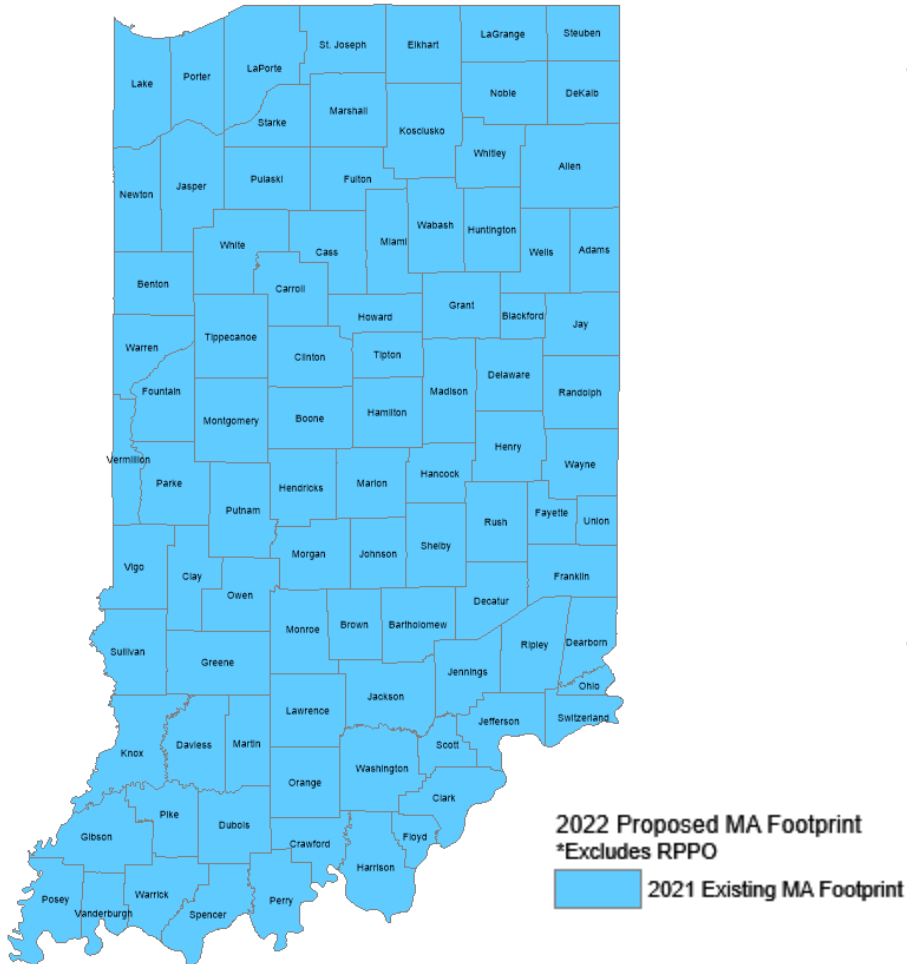
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2022 AEP Preliminary Benefit Preview – Indiana

Indiana – Medicare Advantage 2022



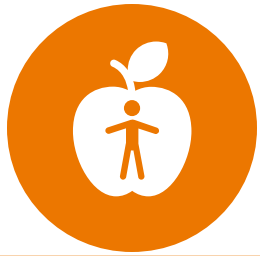
Market Highlights

- Maintaining a wide product portfolio ranging from products for age-ins and general enrollment populations to those with LIS and dual eligible special needs
- Reduced Rx mail order copay for Tier 1 and Tier 2 to \$0
- Added comprehensive dental to select plans
- Market leading D-SNP plan with all Rx at \$0
- Innovative enhancements to Essential Extras package
- Introduction of new MA-only with Part B premium reduction
- New PPO Essential Extras package available on select plans
- Referrals are not required on HMO and PPO plans

Service Area

All Counties

Anthem's Product Portfolio: Indiana



**Medicare
Advantage**
(MA/MAPD)



**Dual Eligible
MAPD**
(DSNP)



**Medicare
Supplements**
(Medigap)



**Prescription
Drug Plans**
(PDP)



**Anthem
Extras**



Grocery Card

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

Monthly allowance



Advanced Directive 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*

Indiana 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H3447-022
PREMIUM	\$0
MAX OUT-OF-POCKET	\$4,200
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$305 copay (days 1 – 7)
RX DEDUCTIBLE	\$120 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$2 / \$9 / \$42 / \$95 / 31% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Elkhart, Fulton, Jasper, Kosciusko, Lagrange, Lake, La Porte, Marshall, Newton, Porter, Pulaski, St Joseph, Starke

Indiana 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H3447-022
DENTAL	2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride, \$500 comprehensive allowance per year (cost share applies)
ESSENTIAL EXTRAS	Covered (pick 1)
FITNESS	SilverSneakers®
HEALTHY MEALS	20 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$70 per quarter
PERS	Covered
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

Indiana 2022 Plan Highlights

PLAN	Anthem MediBlue Extra (HMO) H3447-024				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	\$0
MAX OUT-OF-POCKET	\$6,700				
PCP	\$0 copay				
SPECIALIST	\$30 copay				
INPATIENT HOSPITAL	\$290 copay (7 days)				
EXTRA HELP LEVEL	No Extra Help	Level 4	Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$480 (T2 – T5)	\$99	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0/\$9/\$37/\$90/25%/\$0	\$0 to 15%	\$0 – \$9.85	\$0 – \$4	\$0
	\$0 copay T1 and T2 mail order 30–90 day supply				
MARKET SERVICE AREA	All Counties				

Indiana 2022 Plan Highlights

PLAN	Anthem MediBlue Extra (HMO) H3447-024
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$250 comprehensive allowance per quarter
ESSENTIAL EXTRAS	Covered (pick 1)
FITNESS	SilverSneakers®
HEALTHY MEALS	20 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$170 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; \$200 allowance – eyeglasses or contact lenses per year

Indiana 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H3447-035-001 (segmented H3447-021)	Anthem MediBlue Plus (HMO) H3447-035-002 (segmented H3447-021)
PREMIUM	\$0	\$0
PCP	\$5 copay	\$0 copay
SPECIALIST	\$40 copay	\$35 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)	\$295 copay (days 1 – 7)
MAX OUT-OF-POCKET	\$4,200	\$3,900
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$2 / \$9 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply	\$2 / \$9 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Carroll, Cass, Clay, Clinton, Crawford, Daviess, Dearborn, Delaware, Dubois, Fayette, Franklin, Gibson, Greene, Howard, Knox, Lawrence, Martin, Miami, Monroe, Ohio, Orange, Owen, Parke, Pike, Posey, Ripley, Spencer, Sullivan, Tipton, Union, Vanderburgh, Vermillion, Vigo, Warrick, Wayne	Adams, Allen, De Kalb, Grant, Huntington, Noble, Steuben, Wabash, Wells, Whitley

Indiana 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H3447-035-001 (segmented H3447-021)	Anthem MediBlue Plus (HMO) H3447-035-002 (segmented H3447-021)
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year, \$1,000 maximum plan benefit per year (cost share applies)
ESSENTIAL EXTRAS	Covered (pick 1)	Covered (pick 1)
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	20 post discharge	20 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS	Covered	Covered
OVER THE COUNTER	\$70 per quarter	\$70 per quarter
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year	

Indiana 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H3447-036-001 (consolidated H3447-023)	Anthem MediBlue Plus (HMO) H3447-036-002 (consolidated H3447-023)
PREMIUM	\$0	\$0
PCP	\$5 copay	\$0 copay
SPECIALIST	\$40 copay	\$35 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)	\$295 copay (days 1 – 7)
MAX OUT-OF-POCKET	\$4,200	\$3,900
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$2 / \$9 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply	\$2 / \$9 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Bartholomew, Benton, Blackford, Clark, Decatur, Floyd, Fountain, Harrison, Henry, Jackson, Jay, Jefferson, Jennings, Perry, Randolph, Rush, Scott, Switzerland, Tippecanoe, Warren, Washington, White	Boone, Brown, Hamilton, Hancock, Hendricks, Johnson, Madison, Marion, Montgomery, Morgan, Putnam, Shelby

Indiana 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H3447-036-001 (consolidated H3447-023)	Anthem MediBlue Plus (HMO) H3447-036-002 (consolidated H3447-023)
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year, \$1,500 maximum plan benefit per year (cost share applies)
ESSENTIAL EXTRAS	Covered (pick 1)	Covered (pick 1)
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	20 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
MCRS	Covered	Covered
OVER THE COUNTER	\$70 per quarter	\$70 per quarter
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
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

Indiana 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Advantage (HMO D-SNP) H3447-020
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	All Counties

Indiana 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Advantage (HMO D-SNP) H3447-020
ADVANCED DIRECTIVE PROGRAM	Covered
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 (pick 1)
FITNESS	SilverSneakers®
GROCERY CARD	\$50 per month
HEALTHY MEALS	20 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$250 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; \$275 allowance – eyeglasses or contact lenses per year

Indiana 2022 Plan Highlights

PLAN	Anthem MediBlue Access Plus (PPO) H1607-012
PREMIUM	\$54
MAX OUT-OF-POCKET	\$6,400
PCP	\$10 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$310 copay (days 1 – 7)
RX DEDUCTIBLE	\$60 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$12 / \$42 / \$95 / 32% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Daviess, De Kalb, Dearborn, Decatur, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Franklin, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Howard, Huntington, Jackson, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, La Porte, Lagrange, Lake, Madison, Marion, Martin, Monroe, Morgan, Newton, Noble, Ohio, Parke, Perry, Pike, Porter, Posey, Putnam, Randolph, Scott, Shelby, Spencer, St Joseph, Switzerland, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wayne, Wells, White, Whitley

Indiana 2022 Plan Highlights

PLAN	Anthem MediBlue Access Plus (PPO) H1607-012
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
OVER THE COUNTER	\$45 per quarter
PODIATRY	\$0 copay – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year

Indiana 2022 Plan Highlights

PLAN	Anthem MediBlue Access Preferred (PPO) H1607-015 (consolidated H1607-014)
PREMIUM	\$19
MAX OUT-OF-POCKET	\$3,900
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$370 copay (days 1 – 5)
RX DEDUCTIBLE	\$100 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$13 / \$42 / \$95 / 30% / \$0
MARKET SERVICE AREA	All counties

Indiana 2022 Plan Highlights

PLAN	Anthem MediBlue Access Preferred (PPO) H1607-015 (consolidated H1607-014)
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year, \$1,500 maximum plan benefit per year (cost share applies)
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	\$50 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year

Indiana 2022 Plan Highlights

PLAN	Anthem MediBlue Service (PPO) H1607-016 New
PREMIUM	\$0
PART B REBATE	\$50
MAX OUT-OF-POCKET	\$6,700
PCP	\$20 copay
SPECIALIST	\$50 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)
RX DEDUCTIBLE	N/A
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A
MARKET SERVICE AREA	All Counties

Indiana 2022 Plan Highlights

PLAN	Anthem MediBlue Service (PPO) New H1607-016
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year, \$2,000 maximum plan benefit per year
FITNESS	SilverSneakers®
HEALTHY MEALS	14 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year \$3,000 maximum plan benefit per year
OVER THE COUNTER	\$150 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; \$200 allowance – eyeglasses or contact lenses per year

Indiana 2022 Plan Highlights

PLAN	Anthem MediBlue Access (PPO) New H1607-017
PREMIUM	\$0
MAX OUT-OF-POCKET	\$4,900
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$390 copay (days 1 – 5)
RX DEDUCTIBLE	\$175 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$15 / \$42 / \$95 / 30% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	All Counties

Indiana 2022 Plan Highlights

PLAN	Anthem MediBlue Access (PPO) New H1607-017
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year
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	Covered
OVER THE COUNTER	\$35 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

Indiana 2022 Plan Highlights

PLAN	Anthem MediBlue Access Basic (RPPO) R4487-001
PREMIUM	\$84
MAX OUT-OF-POCKET	\$6,400
PCP	\$10 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$290 copay (days 1 – 7)
RX DEDUCTIBLE	\$100 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$6 / \$15 / \$37 / 46% / 31% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	All Counties in Indiana and Kentucky

Indiana 2022 Plan Highlights

PLAN	Anthem MediBlue Access Basic (RPPO) R4487-001
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year
OVER THE COUNTER	\$35 per quarter
PODIATRY	\$0 copay – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year

Indiana– 2022 Optional Supplemental Benefits

	HMO	PPO	RPPO
Preventative Dental	\$22	\$28	\$25
Dental and Vision	\$29	\$31	\$31
Enhanced Dental and Vision	\$60	\$63	\$56

Indiana– Medicare Supplement/Anthem Extras

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

¹Plan F is not available for enrollment for newly eligible beneficiaries.

INDIANA ANTHEM EXTRAS PACKAGES					
STANDARD	PREMIUM WITH SilverSneakers®	PREMIUM WITHOUT SilverSneakers®	PREMIUM PLUS WITH SilverSneakers®	PREMIUM PLUS WITHOUT SilverSneakers®	PREMIUM PLUS DENTAL ONLY
\$23	\$44	\$39	\$56	\$51	\$44

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

Anthem Blue Cross and Blue Shield is a 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.

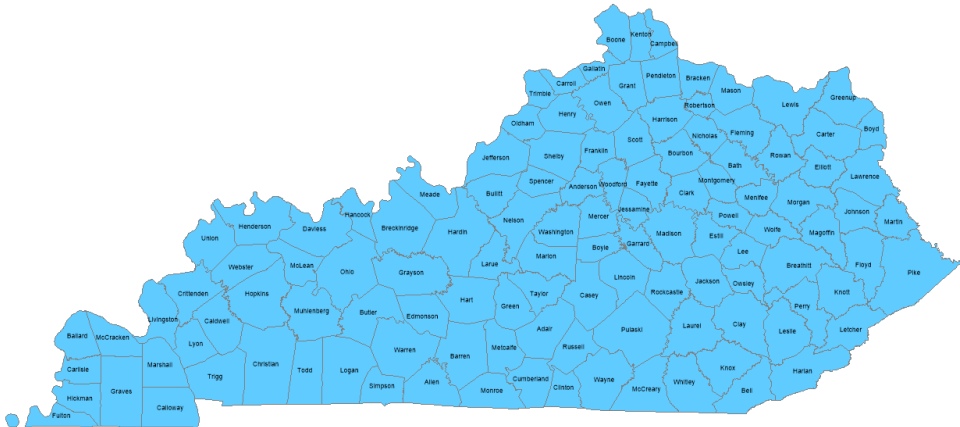
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2022 AEP Preliminary Benefit Preview – Kentucky

Kentucky – Medicare Advantage 2022



2022 Proposed MA Footprint
*Excludes RPPO
2021 Existing MA Footprint

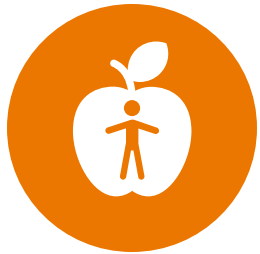
Market Highlights

- Maintaining a wide product portfolio ranging from products for age-ins and general enrollment populations to those with LIS and dual eligible special needs
- Reduced Rx mail order copay for Tier 1 and Tier 2 to \$0
- Added comprehensive dental to select plans
- Market leading D-SNP plan with all Rx at \$0
- Lexington Clinic added to network
- Innovative enhancements to Essential Extras package
- Introduction of new MA-only with Part B premium rebate
- New co-branded MA Plans with Kroger in Louisville market
- New PPO Essential Extras package available on select plans
- Referrals are not required on HMO and PPO plans

Service Area

All Counties

Anthem's Product Portfolio: Kentucky



**Medicare
Advantage**
(MA/MAPD)



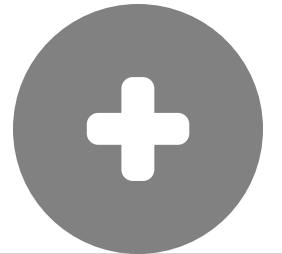
**Dual Eligible
MAPD**
(DSNP)



**Medicare
Supplements**
(Medigap)



**Prescription
Drug Plans**
(PDP)



**Anthem
Extras**



Grocery Card

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

Monthly allowance



Advanced Directive 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*

Kentucky 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H9525-013-001 (segmented H9525-008)	Anthem MediBlue Plus (HMO) H9525-013-002 (segmented H9525-008)
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$5,300	\$4,800
PCP	\$5 copay	\$0 copay
SPECIALIST	\$35 copay	\$35 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)	\$295 copay (days 1 – 7)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$2 / \$9 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply	\$2 / \$9 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
MARKET SERVICE AREA	Adair, Anderson, Ballard, Barren, Bath, Bell, Boyd, Boyle, Breathitt, Breckinridge, Caldwell, Calloway, Carlisle, Carroll, Carter, Casey, Christian, Clay, Clinton, Crittenden, Cumberland, Elliott, Estill, Fleming, Floyd, Franklin, Fulton, Garrard, Graves, Grayson, Green, Greenup, Hancock, Hardin, Harlan, Harrison, Hart, Hickman, Hopkins, Jackson, Johnson, Knott, Knox, Larue, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Livingston, Logan, Lyon, Magoffin, Marion, Marshall, Martin, Mason, McCreary, McLean, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Muhlenberg, Nicholas, Ohio, Owen, Owsley, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Simpson, Taylor, Todd, Trigg, Union, Washington, Wayne, Webster, Whitley, Wolfe	Bullitt, Henry, Jefferson, Meade, Nelson, Oldham, Shelby, Spencer, Trimble

Kentucky 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H9525-013-001 (segmented H9525-008)	Anthem MediBlue Plus (HMO) H9525-013-002 (segmented H9525-008)
DENTAL	2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$500 comprehensive allowance per year (cost share applies)	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$1,500 comprehensive allowance per year (cost share applies)
ESSENTIAL EXTRAS	Covered (pick 1)	Covered (pick 1)
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	20 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
MCRS	Covered	Covered
OVER THE COUNTER	\$100 per quarter	\$100 per quarter
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited 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

Kentucky 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H9525-013-003 (segmented H9525-008)	Anthem MediBlue Plus (HMO) H9525-013-004 (segmented H9525-008)
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$5,300	\$4,800
PCP	\$0 copay	\$0 copay
SPECIALIST	\$35 copay	\$35 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)	\$295 copay (days 1 – 7)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$2 / \$9 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply	\$2 / \$9 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Bourbon, Clark, Fayette, Jessamine, Madison, Scott, Woodford	Allen, Boone, Bracken, Butler, Campbell, Daviess, Edmonson, Gallatin, Grant, Henderson, Kenton, McCracken, Pendleton, Warren

Kentucky 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H9525-013-003 (segmented H9525-008)	Anthem MediBlue Plus (HMO) H9525-013-004 (segmented H9525-008)
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$1000 comprehensive allowance per year (cost share applies)	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$1000 comprehensive allowance per year (cost share applies)
ESSENTIAL EXTRAS	Covered (pick 1)	Covered (pick 1)
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	20 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
MCRS	Covered	Covered
OVER THE COUNTER	\$100 per quarter	\$100 per quarter
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited 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

Kentucky 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Advantage (HMO D-SNP) H9525-007	Anthem MediBlue + Kroger Dual Advantage (HMO D-SNP) H9525-010 New
PREMIUM	TBD	TBD
MAX OUT-OF-POCKET	\$7,550	\$7,550
PCP	\$0 copay	\$0 copay
SPECIALIST	\$0 copay	\$0 copay
INPATIENT HOSPITAL	\$0 copay	\$0 copay
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	All Counties	Boone, Bullitt, Campbell, Jefferson, Kenton, Oldham

Kentucky 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Advantage (HMO D–SNP) H9525–007	Anthem MediBlue + Kroger Dual Advantage (HMO D–SNP) H9525–010 New
ADVANCED DIRECTIVE PROGRAM	Covered	Covered
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x–ray and 1 fluoride per year; \$2,750 comprehensive allowance per year	\$0 copay – 2 oral exams, 2 cleanings, 1 x–ray and 1 fluoride per year; \$2,500 comprehensive allowance per year
ESSENTIAL EXTRAS	Covered (pick 1)	Covered (pick 1)
FITNESS	SilverSneakers®	SilverSneakers®
GROCERY CARD	\$50 per month	\$100 per month
HEALTHY MEALS	20 post discharge	20 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS	Covered	Covered
OVER THE COUNTER	\$290 per quarter	\$250 per quarter
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 48 one–way trips	\$0 copay – 48 one–way trips
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance– eyeglasses or contact lenses per year	

Kentucky 2022 Plan Highlights

PLAN	Anthem MediBlue ESRD Care (HMO C–SNP) New H9525–011
PREMIUM	\$0
MAX OUT–OF–POCKET	\$6,700
PCP	\$0 copay
SPECIALIST	\$0 – \$35 copay
INPATIENT HOSPITAL	\$300 copay (days 1–7)
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$2 / \$9 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	All Counties

Kentucky 2022 Plan Highlights

PLAN	Anthem MediBlue ESRD Care (HMO C–SNP) New H9525–011
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x–ray and 1 fluoride per year; \$1,200 comprehensive allowance per year
ESSENTIAL EXTRAS	Covered (pick 1)
FITNESS	SilverSneakers®
HEALTHY MEALS	20 post discharge
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
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year

Kentucky 2022 Plan Highlights

PLAN	Anthem MediBlue Access (PPO) H7728-004-001	Anthem MediBlue Access (PPO) H7728-004-002
PREMIUM	\$38	\$59
MAX OUT-OF-POCKET	\$5,900	\$5,900
PCP	\$10 copay	\$10 copay
SPECIALIST	\$40 copay	\$40 copay
INPATIENT HOSPITAL	\$310 copay (days 1 – 7)	\$310 copay (days 1 – 7)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$3 / \$12 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply	\$3 / \$12 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Adair, Allen, Anderson, Ballard, Barren, Bath, Bell, Boone, Bourbon, Boyd, Bracken, Breathitt, Butler, Calloway, Campbell, Carlisle, Carroll, Carter, Casey, Clark, Clay, Clinton, Cumberland, Edmonson, Elliott, Estill, Fayette, Fleming, Franklin, Gallatin, Garrard, Grant, Graves, Green, Greenup, Harlan, Harrison, Jackson, Jessamine, Johnson, Kenton, Knott, Knox, Laurel, Lawrence, Lee, Leslie, Lewis, Livingston, Logan, Lyon, Madison, Magoffin, Marshall, Mason, McCracken, McCreary, Menifee, Metcalfe, Monroe, Montgomery, Nicholas, Owen, Pendleton, Perry, Powell, Pulaski, Robertson, Rockcastle, Rowan, Scott, Warren, Whitley, Wolfe, Woodford	Breckinridge, Bullitt, Daviess, Grayson, Hancock, Hardin, Hart, Henderson, Henry, Jefferson, Larue, Mc Lean, Marion, Meade, Muhlenberg, Nelson, Ohio, Oldham, Shelby, Spencer, Taylor, Trimble, Webster

Kentucky 2022 Plan Highlights

PLAN	Anthem MediBlue Access (PPO) H7728-004-001	Anthem MediBlue Access (PPO) H7728-004-002
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
OVER THE COUNTER	\$50 per quarter	\$50 per quarter
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year	\$0 copay – 1 routine eye exam per year

Kentucky 2022 Plan Highlights

PLAN	Anthem MediBlue Access Plus (PPO) H7728-009
PREMIUM	\$19
MAX OUT-OF-POCKET	\$4,900
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)
RX DEDUCTIBLE	\$125 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$3 / \$12 / \$42 / \$95 / 31% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	All Counties

Kentucky 2022 Plan Highlights

PLAN	Anthem MediBlue Access Plus (PPO) H7728-009
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$1,000 maximum plan benefit per year (cost share applies)
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	\$50 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

Kentucky 2022 Plan Highlights

PLAN	Anthem MediBlue Access Basic (RPPO) R4487-001
PREMIUM	\$84
MAX OUT-OF-POCKET	\$6,400
PCP	\$10 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$290 copay (days 1 – 7)
RX DEDUCTIBLE	\$100 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$6 / \$15 / \$37 / 46% / 31% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	All Counties in Indiana and Kentucky

Kentucky 2022 Plan Highlights

PLAN	Anthem MediBlue Access Basic (RPPO) R4487-001
DENTAL	\$0 copay – 1 oral exam and 1 cleaning per year
FITNESS	SilverSneakers®
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year \$2,000 maximum plan benefit per year
OVER THE COUNTER	\$35 per quarter
PODIATRY	\$0 copay – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year

Kentucky 2022 Plan Highlights

PLAN	Anthem MediBlue Service (PPO) New H4909-023	Anthem MediBlue Access Preferred (PP) New H4909-024
PREMIUM	\$0	\$0
PART B REBATE	\$50	N/A
MAX OUT-OF-POCKET	\$6,700	\$5,500
PCP	\$20 copay	\$0 copay
SPECIALIST	\$50 copay	\$40 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)	\$335 copay (days 1 – 6)
RX DEDUCTIBLE	N/A	\$125
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A	\$3 / \$12 / \$42 / \$95 / 31% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	All Counties	All Counties

Kentucky 2022 Plan Highlights

PLAN	Anthem MediBlue Service (PPO) H4909-023 New	Anthem MediBlue Access Preferred (PPO) H4909-024 New
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$2,000 maximum plan benefit per year	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$500 maximum plan benefit per year (cost share applies)
ESSENTIAL 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	N/A	Covered
OVER THE COUNTER	\$150 per quarter	\$35 per quarter
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 24 one-way trips	N/A
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year

Kentucky 2022 Plan Highlights

PLAN	Anthem MediBlue + Kroger Access (PPO) New H4909-025
PREMIUM	\$0
MAX OUT-OF-POCKET	\$5,500
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$335 copay (days 1 – 6)
RX DEDUCTIBLE	\$125
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$3 / \$12 / \$42 / \$95 / 31% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Boone, Bullitt, Campbell, Jefferson, Kenton, Oldham

Kentucky 2022 Plan Highlights

PLAN	Anthem MediBlue + Kroger Access (PPO) New H4909-025
DENTAL	\$0 copay– 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$500 maximum plan benefit per year (cost share applies)
ESSENTIAL EXTRAS	Covered (pick 1)
FITNESS	SilverSneakers®
GROCERY CARD	\$50 per month
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 – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year

Kentucky – 2022 Optional Supplemental Benefits

	HMO	PPO	RPPO
Preventative Dental	\$19	\$20	\$25
Dental and Vision	\$26	\$29	\$31
Enhanced Dental and Vision	\$48	\$58	\$56

Kentucky– Medicare Supplement/Anthem Extras

KENTUCKY MEDICARE SUPPLEMENT PLANS			
PLAN A	PLAN F ¹	PLAN G	PLAN N
✓	✓	✓ ^{2,3,4}	✓ ³

¹Plan F is not available for enrollment for newly eligible beneficiaries

²Innovative Plan available

³Select Plan available

⁴Select Innovative Plan available

KENTUCKY ANTHEM EXTRAS PACKAGES					
STANDARD	PREMIUM	PREMIUM PLUS	STANDARD DENTAL ONLY	PREMIUM DENTAL ONLY	PREMIUM PLUS DENTAL ONLY
\$21	\$35	\$43.05	\$15.61	\$29.61	\$35.54

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

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

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

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

Anthem Blue Cross and Blue Shield is the trade name of: in Indiana: Anthem Insurance Companies, Inc. and in Kentucky: Anthem Health Plans of Kentucky, 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 RPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Anthem Blue Cross and Blue Shield is a 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.

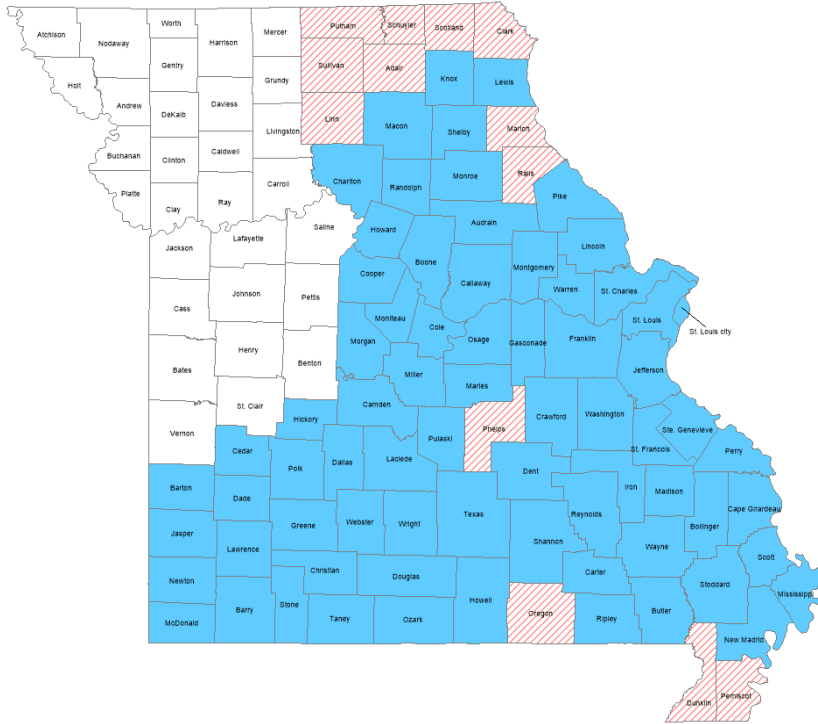
LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

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2022 AEP Preliminary Benefit Preview – Missouri

Missouri – Medicare Advantage 2022



2022 Proposed MA Footprint
 2021 Existing MA Footprint
 2022 Proposed SA Expansion

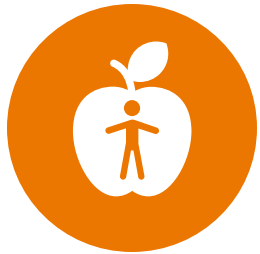
Market Highlights

- 13 county expansion
- Enhancing and expanding \$0 LPPO
- Reduced Rx mail order copay for Tier 1 and Tier 2 to \$0
- Innovative enhancements to Essential Extras package
- Market leading D-SNP plan with all Rx at \$0
- Introduction of new MA-only with Part B premium reduction
- New PPO Essential Extras package available on select plans
- Referrals are not required on HMO and PPO plans

Service Area

Adair, Audrain, Barry, Barton, Bollinger, Boone, Butler, Callaway, Camden, Cape Girardeau, Carter, Cedar, Chariton, Christian, Clark, Cole, Cooper, Crawford, Dade, Dallas, Dent, Douglas, Dunklin, Franklin, Gasconade, Greene, Hickory, Howard, Howell, Iron, Jasper, Jefferson, Knox, Laclede, Lawrence, Lewis, Lincoln, Linn, McDonald, Macon, Madison, Maries, Marion, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Newton, Oregon, Osage, Ozark, Pemiscot, Perry, Phelps, Pike, Polk, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, St Charles, St Francois, St Louis, St Louis City, St Genevieve, Schuyler, Scotland, Scott, Shannon, Shelby, Stoddard, Stone, Sullivan, Taney, Texas, Warren, Washington, Wayne, Webster, Wright

Anthem's Product Portfolio: Missouri



**Medicare
Advantage**
(MA/MAPD)



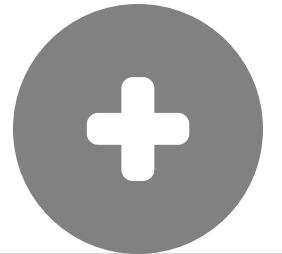
**Dual Eligible
MAPD**
(DSNP)



**Medicare
Supplements**
(Medigap)



**Prescription
Drug Plans**
(PDP)



**Anthem
Extras**



Grocery Card

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

Monthly allowance



Advanced Directive 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*

Missouri 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H3447-038-001 (segmented H3447-019)	Anthem MediBlue Plus (HMO) H3447-038-002 (consolidated H3447-019)
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$3,400	\$2,800
PCP	\$0 copay	\$0 copay
SPECIALIST	\$35 copay	\$35 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 8)	\$295 copay (days 1 – 8)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$15 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply	\$0 / \$15 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Adair, Audrain, Barry, Barton, Bollinger, Boone, Butler, Callaway, Camden, Cape Girardeau, Carter, Cedar, Chariton, Christian, Clark, Cole, Cooper, Crawford, Dade, Dallas, Dent, Douglas, Dunklin, Gasconade, Greene, Hickory, Howard, Howell, Iron, Jasper, Knox, Laclede, Lawrence, Lewis, Linn, Macon, Madison, Maries, Marion, Mc Donald, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Newton, Oregon, Osage, Ozark, Pemiscot, Perry, Phelps, Pike, Polk, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Schuyler, Scotland, Scott, Shannon, Shelby, St Francois, Ste Genevieve, Stoddard, Stone, Sullivan, Taney, Texas, Wayne, Webster, Wright	Franklin, Jefferson, Lincoln, St Charles, St Louis, St Louis City, Warren, Washington

Missouri 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H3447-038-001 (segmented H3447-019)	Anthem MediBlue Plus (HMO) H3447-038-002 (consolidated H3447-019)
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$1,000 comprehensive allowance per year	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$1,000 comprehensive allowance per year
ESSENTIAL EXTRAS	Covered (pick 1)	Covered (pick 1)
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	20 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
MCRS	Covered	Covered
OVER THE COUNTER	\$85 per quarter	\$85 per quarter
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
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

Missouri 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Advantage (HMO D-SNP) H3447-018
PREMIUM	\$0
MAX OUT-OF-POCKET	\$5,500
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$ 0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Adair, Audrain, Barry, Barton, Bollinger, Boone, Butler, Callaway, Camden, Cape Girardeau, Carter, Cedar, Chariton, Christian, Clark, Cole, Cooper, Crawford, Dade, Dallas, Dent, Douglas, Dunklin, Franklin, Gasconade, Greene, Hickory, Howard, Howell, Iron, Jasper, Jefferson, Knox, Laclede, Lawrence, Lewis, Lincoln, Linn, Macon, Madison, Maries, Marion, Mc Donald, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Newton, Oregon, Osage, Ozark, Pemiscot, Perry, Phelps, Pike, Polk, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Schuyler, Scotland, Scott, Shannon, Shelby, St Charles, St Francois, St Louis, St Louis City, Ste Genevieve, Stoddard, Stone, Sullivan, Taney, Texas, Warren, Washington, Wayne, Webster, Wright

Missouri 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Advantage (HMO D–SNP) H3447–018
ADVANCED DIRECTIVE PROGRAM	Covered
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$3,500 comprehensive allowance per year
ESSENTIAL EXTRAS	Covered (pick 1)
FITNESS	SilverSneakers®
GROCERY CARD	\$50 per month
HEALTHY MEALS	42 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$325 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 150 trips
VISION	\$0 copay – 1 routine eye exam per year; \$500 allowance – eyeglasses or contact lenses per year

Missouri 2022 Plan Highlights

PLAN	Anthem MediBlue Access (PPO) H4909-015	Anthem MediBlue Access Basic (PPO) H4909-016
PREMIUM	\$39	\$0
MAX OUT-OF-POCKET	\$5,000	\$3,900
PCP	\$5 copay	\$0 copay
SPECIALIST	\$35 copay	\$35 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 6)	\$295 copay (days 1 – 7)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$4 / \$13 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply	\$4 / \$13 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Audrain, Barry, Barton, Bollinger, Boone, Butler, Callaway, Camden, Cedar, Chariton, Christian, Cole, Cooper, Crawford, Dade, Dallas, Dent, Douglas, Franklin, Gasconade, Greene, Howard, Howell, Iron, Jasper, Jefferson, Knox, Laclede, Lawrence, Lewis, Lincoln, Macon, Madison, Mississippi, Moniteau, Monroe, Montgomery, Newton, Osage, Ozark, Perry, Pike, Polk, Randolph, Reynolds, Ripley, Shannon, Shelby, St Charles, St Francois, St Louis, St Louis City, Ste Genevieve, Stoddard, Stone, Taney, Texas, Warren, Washington, Wayne, Webster, Wright	Adair, Audrain, Barry, Barton, Bollinger, Boone, Butler, Callaway, Camden, Cape Girardeau, Carter, Cedar, Chariton, Christian, Clark, Cole, Cooper, Crawford, Dade, Dallas, Dent, Douglas, Dunklin, Franklin, Gasconade, Greene, Hickory, Howard, Howell, Iron, Jasper, Jefferson, Knox, Laclede, Lawrence, Lewis, Lincoln, Linn, Macon, Madison, Maries, Marion, Mc Donald, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Newton, Oregon, Osage, Ozark, Pemiscot, Perry, Phelps, Pike, Polk, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Schuyler, Scotland, Scott, Shannon, Shelby, St Charles, St Francois, St Louis, St Louis City, Ste Genevieve, Stoddard, Stone, Sullivan, Taney, Texas, Warren, Washington, Wayne, Webster, Wright

Missouri 2022 Plan Highlights

PLAN	Anthem MediBlue Access (PPO) H4909-015	Anthem MediBlue Access Basic (PPO) H4909-016
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$1,000 maximum plan benefit per year
ESSENTIAL 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	N/A	Covered
OVER THE COUNTER	\$65 per quarter	\$50 per quarter
PERS	N/A	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited 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; \$150 allowance – eyeglasses or contact lenses per year

Missouri 2022 Plan Highlights

PLAN	Anthem MediBlue Service (PPO) New H4909-021
PREMIUM	\$0
PART B REBATE	\$50
MAX OUT-OF-POCKET	\$6,700
PCP	\$20 copay
SPECIALIST	\$50 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)
RX DEDUCTIBLE	N/A
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A
MARKET SERVICE AREA	Adair, Audrain, Barry, Barton, Bollinger, Boone, Butler, Callaway, Camden, Cape Girardeau, Carter, Cedar, Chariton, Christian, Clark, Cole, Cooper, Crawford, Dade, Dallas, Dent, Douglas, Dunklin, Franklin, Gasconade, Greene, Hickory, Howard, Howell, Iron, Jasper, Jefferson, Knox, Laclede, Lawrence, Lewis, Lincoln, Linn, Macon, Madison, Maries, Marion, Mc Donald, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Newton, Oregon, Osage, Ozark, Pemiscot, Perry, Phelps, Pike, Polk, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Schuyler, Scotland, Scott, Shannon, Shelby, St Charles, St Francois, St Louis, St Louis City, Ste Genevieve, Stoddard, Stone, Sullivan, Taney, Texas, Warren, Washington, Wayne, Webster, Wright

Missouri 2022 Plan Highlights

PLAN	Anthem MediBlue Service (PPO) New H4909-021
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$2,000 maximum plan benefit per year
FITNESS	SilverSneakers®
HEALTHY MEALS	14 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
OVER THE COUNTER	\$150 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 24 trips
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year

Missouri – 2022 Optional Supplemental Benefits

	HMO	PPO
Preventative Dental	\$16	\$18
Dental and Vision	\$25	\$28
Enhanced Dental and Vision	\$53	\$58

Missouri– Medicare Supplement/Anthem Extras

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

¹Plan F is not available for enrollment for newly eligible beneficiaries.

MISSOURI ANTHEM EXTRAS PACKAGES					
STANDARD	PREMIUM WITH SilverSneakers®	PREMIUM WITHOUT SilverSneakers®	PREMIUM PLUS WITH SILVERSNEAKERS®	PREMIUM PLUS WITHOUT SilverSneakers®	PREMIUM PLUS DENTAL ONLY
\$22	\$42	\$37	\$53	\$48	\$36

In Missouri (excluding 30 counties in the Kansas City area): Anthem Blue Cross and Blue Shield is the trade name of RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. 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 a HMO DSNP plan with a Medicare contract and a contract with the Missouri Medicaid program. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

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

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.

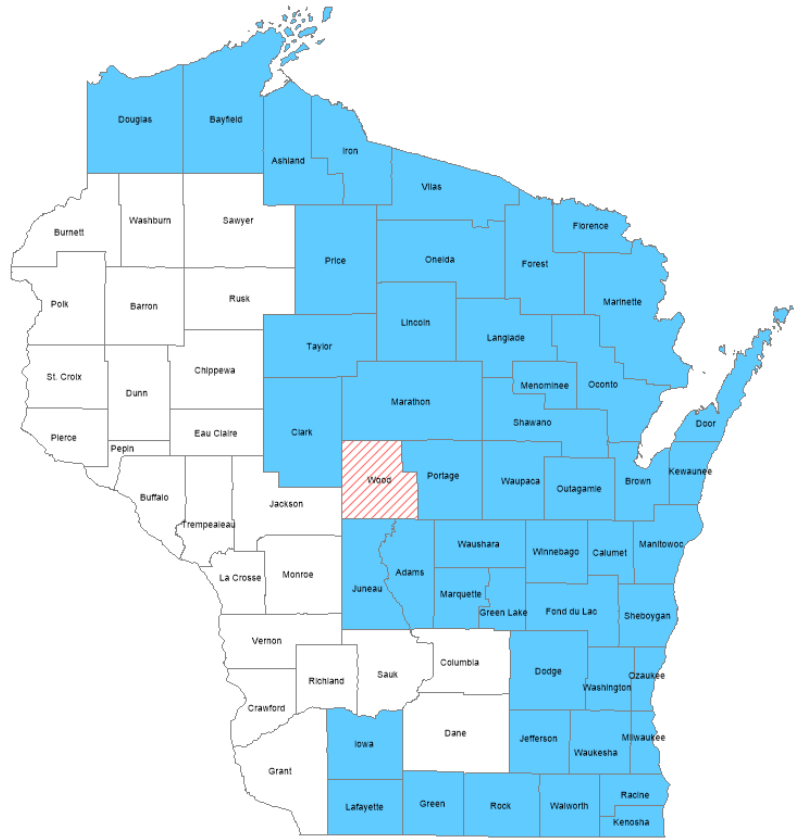
Dental benefit management administered by Liberty Dental, an independent company.

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.

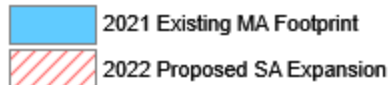
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2022 AEP Preliminary Benefit Preview – Wisconsin

Wisconsin – Medicare Advantage 2022



2022 Proposed MA Footprint



Market Highlights

- HMO, PPO and D-SNP expansion in Wood county
- Expanded footprint for \$0 LPPO
- Reduced Rx mail order copay for Tier 1 and Tier 2 to \$0
- Added comprehensive dental to select plans
- Market leading D-SNP plan with all Rx at \$0
- Innovative enhancements to Essential Extras package
- Introduction of new MA-only with Part B premium reduction
- New PPO Essential Extras package available on select plans
- Referrals are not required on HMO and PPO plans

Service Area

Adams, Ashland, Bayfield, Brown, Calumet, Clark, Dodge, Door, Douglas, Florence, Fond du Lac, Forest, Green, Green Lake, Iowa, Iron, Jefferson, Juneau, Kenosha, Kewaunee, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Price, Racine, Rock, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, **Wood**, Winnebago

Anthem's Product Portfolio: Wisconsin



**Medicare
Advantage**
(MA/MAPD)



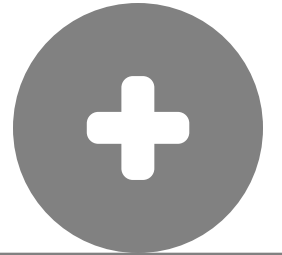
**Dual Eligible
MAPD**
(DSNP)



**Medicare
Supplements**
(Medigap)



**Prescription
Drug Plans**
(PDP)



**Anthem
Extras**



Grocery Card

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

Monthly allowance



Advanced Directive 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*

Wisconsin 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H9525-004	Anthem MediBlue Plus (HMO) H9525-006
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$4,400	\$4,300
PCP	\$0 copay	\$0 copay
SPECIALIST	\$35 copay	\$35 copay
INPATIENT HOSPITAL	\$310 copay (days 1 – 7)	\$310 copay (days 1 – 7)
RX DEDUCTIBLE	\$175 (T3 – T5)	\$150 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$2 / \$9 / \$42 / \$95 / 30% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply	\$2 / \$9 / \$42 / \$95 / 30% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Adams, Ashland, Bayfield, Clark, Douglas, Florence, Forest, Green, Iowa, Iron, Jefferson, Juneau, Kenosha, Lafayette, Langlade, Lincoln, Marathon, Marinette, Milwaukee, Oneida, Portage, Price, Racine, Rock, Taylor, Vilas, Walworth, Waukesha, Wood	Brown, Calumet, Dodge, Door, Fond Du Lac, Green Lake, Kewaunee, Manitowoc, Marquette, Menominee, Oconto, Outagamie, Ozaukee, Shawano, Sheboygan, Washington, Waupaca, Waushara, Winnebago

Wisconsin 2022 Plan Highlights

PLAN	Anthem MediBlue Plus (HMO) H9525-004	Anthem MediBlue Plus (HMO) H9525-006
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$500 comprehensive allowance per year (cost share applies)	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$500 comprehensive allowance per year (cost share applies)
ESSENTIAL EXTRAS	Covered (pick 1)	Covered (pick 1)
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	20 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
MCRS	Covered	Covered
OVER THE COUNTER	\$70 per quarter	\$70 per quarter
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
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

Wisconsin 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Advantage (HMO D–SNP) H9525–003	Anthem MediBlue Dual Connect (HMO D–SNP) H9525–012 New
PREMIUM	TBD	\$0
MAX OUT–OF–POCKET	\$7,550	\$7,550
PCP	\$0	\$0
SPECIALIST	\$0	\$0
INPATIENT HOSPITAL	\$0	\$125 (days 1 - 10)
RX DEDUCTIBLE	\$480	\$480 (T2 - T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0	\$0 / \$4 / \$42 / \$95 / 25% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Adams, Ashland, Bayfield, Brown, Calumet, Clark, Dodge, Door, Douglas, Florence, Fond Du Lac, Forest, Green, Green Lake, Iowa, Iron, Jefferson, Juneau, Kenosha, Kewaunee, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Price, Racine, Rock, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood	Adams, Ashland, Bayfield, Brown, Calumet, Clark, Dodge, Door, Douglas, Florence, Fond Du Lac, Forest, Green, Green Lake, Iowa, Iron, Jefferson, Juneau, Kenosha, Kewaunee, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Price, Racine, Rock, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood

Wisconsin 2022 Plan Highlights

PLAN	Anthem MediBlue Dual Advantage (HMO D–SNP) H9525–003	Anthem MediBlue Dual Connect (HMO D–SNP) H9525–012 New
ADVANCED DIRECTIVE PROGRAM	Covered	Covered
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x–ray and 1 fluoride per year; \$2,500 comprehensive allowance per year	\$0 copay – 2 oral exams, 2 cleanings, 1 x–ray and 1 fluoride per year; \$2,000 comprehensive allowance per year
ELECTRONIC HEALTH MONITORING	Weight Scale	Weight Scale
ESSENTIAL EXTRAS	Covered (pick 1)	Covered (pick 1)
FITNESS	SilverSneakers®	SilverSneakers®
GROCERY CARD	\$50 per month	N/A
HEALTHY MEALS	20 post discharge	20 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year	
MCRS	Covered	Covered
OVER THE COUNTER	\$250 per quarter	\$200 per quarter
PERS	Covered	Covered
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 42 trips	\$0 copay – 42 trips
VISION	\$0 copay – 1 routine eye exam per year; \$425 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year

Wisconsin 2022 Plan Highlights

PLAN	Anthem MediBlue Access (PPO) H4036-008	Anthem MediBlue Access (PPO) H4036-009
PREMIUM	\$27	\$37
MAX OUT-OF-POCKET	\$4,500	\$5,500
PCP	\$5 copay	\$5 copay
SPECIALIST	\$40 copay	\$30 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)	\$295 copay (days 1 – 7)
RX DEDUCTIBLE	\$95 (T3 – T5)	\$95 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$15 / \$42 / \$95 / 31% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply	\$4 / \$15 / \$42 / \$95 / 31% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Brown, Calumet, Door, Fond Du Lac, Green, Green Lake, Iowa, Jefferson, Kenosha, Kewaunee, Lafayette, Langlade, Lincoln, Manitowoc, Marquette, Menominee, Milwaukee, Outagamie, Ozaukee, Rock, Shawano, Sheboygan, Taylor, Walworth, Washington, Waukesha, Winnebago	Adams, Ashland, Bayfield, Clark, Dodge, Douglas, Florence, Forest, Iron, Juneau, Marathon, Marinette, Oconto, Oneida, Portage, Price, Racine, Vilas, Waupaca, Waushara, Wood

Wisconsin 2022 Plan Highlights

PLAN	Anthem MediBlue Access (PPO) H4036-008	Anthem MediBlue Access (PPO) H4036-009
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride 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
OVER THE COUNTER	\$50 per quarter	\$50 per quarter
PODIATRY	\$0 copay – unlimited visits	\$0 copay – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year	\$0 copay – 1 routine eye exam per year

Wisconsin 2022 Plan Highlights

PLAN	Anthem MediBlue Access Plus (PPO) H4036-020
PREMIUM	\$0
MAX OUT-OF-POCKET	\$4,700
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$340 copay (days 1 – 5)
RX DEDUCTIBLE	\$225 (T3 – T5)
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$5 / \$15 / \$42 / \$95 / 29% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Adams, Ashland, Bayfield, Brown, Calumet, Clark, Dodge, Door, Douglas, Florence, Fond Du Lac, Forest, Green, Green Lake, Iowa, Iron, Jefferson, Juneau, Kenosha, Kewaunee, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Price, Racine, Rock, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood

Wisconsin 2022 Plan Highlights

PLAN	Anthem MediBlue Access Plus (PPO) H4036-020
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$1,000 comprehensive allowance per year (cost share applies)
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	Covered
OVER THE COUNTER	\$35 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year

Wisconsin 2022 Plan Highlights

PLAN	Anthem MediBlue Service (PPO) New H4036-024
PREMIUM	\$0
PART B REBATE	\$50
MAX OUT-OF-POCKET	\$6,700
PCP	\$20 copay
SPECIALIST	\$50 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 7)
RX DEDUCTIBLE	N/A
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	N/A
MARKET SERVICE AREA	Adams, Ashland, Bayfield, Brown, Calumet, Clark, Dodge, Door, Douglas, Florence, Fond Du Lac, Forest, Green, Green Lake, Iowa, Iron, Jefferson, Juneau, Kenosha, Kewaunee, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Oconto, Oneida, Outagamie, Ozaukee, Portage, Price, Racine, Rock, Shawano, Sheboygan, Taylor, Vilas, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Wood

Wisconsin 2022 Plan Highlights

PLAN	Anthem MediBlue Service (PPO) New H4036-024
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$2,000 comprehensive allowance per year
FITNESS	SilverSneakers®
HEALTHY MEALS	14 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
OVER THE COUNTER	\$150 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; \$200 allowance – eyeglasses or contact lenses per year

Wisconsin – 2022 Optional Supplemental Benefits

	HMO	PPO
Preventative Dental	\$30	\$23
Dental and Vision	\$30	\$36
Enhanced Dental and Vision	\$48	\$57

Wisconsin– Medicare Supplement/Anthem Extras

WISCONSIN MEDICARE SUPPLEMENT PLANS

BASIC PLAN WITH RIDERS¹

¹The Part B deductible rider is not available for enrollment for newly eligible beneficiaries

WISCONSIN ANTHEM EXTRAS PACKAGES

STANDARD	PREMIUM WITH SilverSneakers®	PREMIUM WITHOUT SilverSneakers®	PREMIUM PLUS WITH SilverSneakers®	PREMIUM PLUS WITHOUT SilverSneakers®	PREMIUM PLUS DENTAL ONLY
\$24	\$43	\$38	\$57	\$52	\$42

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

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

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

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.

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

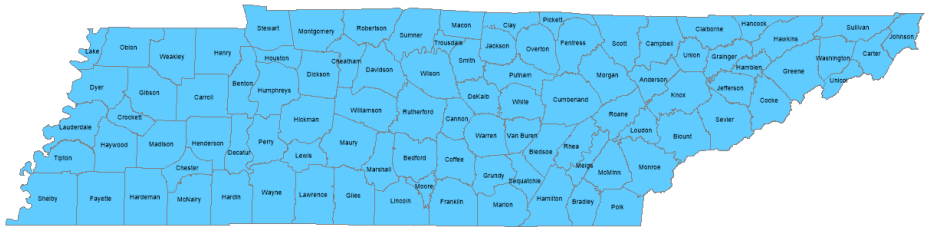
LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

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2022 AEP Preliminary Benefit Preview – Tennessee

Tennessee – Medicare Advantage 2022



2022 Proposed MA Footprint

2021 Existing MA Footprint

Market Highlights

- Maintaining a wide product portfolio ranging from products for age-ins and general enrollment populations to those with LIS and dual eligible special needs
- Highly competitive HMO-POS plans available statewide
- Reduced Rx mail order copay for Tier 1 and Tier 2 to \$0
- Market leading D-SNP plan with all Rx at \$0
- Innovative enhancements to Everyday Extras package
- Referrals are not required on HMO and PPO plans

Service Area

All Counties

Anthem's Product Portfolio: Tennessee



**Medicare
Advantage**
(MA/MAPD)



**Dual Eligible
MAPD**
(DSNP)



Grocery Card

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

Monthly allowance



Advanced Directive 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*

Tennessee 2022 Plan Highlights

PLAN	Amerivantage Classic Plus (HMO-POS) H5828-005 (consolidated H5828-005 & H5828-007)	Amerivantage Classic Plus (HMO-POS) H5828-006
PREMIUM	\$0	\$0
MAX OUT-OF-POCKET	\$4,900 INN / \$10,000 OON	\$4,900 INN / \$10,000 OON
PCP	\$0 copay	\$0 copay
SPECIALIST	\$30 copay	\$30 copay
INPATIENT HOSPITAL	\$290 copay (days 1 – 5)	\$305 copay (days 1 – 7)
RX DEDUCTIBLE	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$2 / \$8 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply	\$2 / \$8 / \$42 / \$95 / 33% / \$0 \$0 copay T1 and T2 mail order 30–90 day supply
MARKET SERVICE AREA	Benton, Cannon, Carroll, Cheatham, Chester, Claiborne, Clay, Crockett, Davidson, De Kalb, Decatur, Dickson, Dyer, Fayette, Fentress, Gibson, Giles, Hamilton, Hardeman, Hardin, Haywood, Henderson, Henry, Hickman, Houston, Jackson, Jefferson, Knox, Lawrence, Lewis, Lincoln, Macon, Madison, Marshall, Maury, McNairy, Meigs, Montgomery, Overton, Perry, Polk, Robertson, Rutherford, Shelby, Stewart, Sumner, Tipton, Van Buren, Warren, Wayne, White, Williamson, Wilson	Anderson, Bedford, Bledsoe, Blount, Bradley, Campbell, Carter, Cocke, Coffee, Cumberland, Franklin, Grainger, Greene, Grundy, Hamblen, Hancock, Hawkins, Humphreys, Johnson, Lake, Lauderdale, Loudon, Marion, McMinn, Monroe, Moore, Morgan, Obion, Pickett, Putnam, Rhea, Roane, Scott, Sequatchie, Sevier, Smith, Sullivan, Trousdale, Unicoi, Union, Washington, Weakley

Tennessee 2022 Plan Highlights

PLAN	Amerivantage Classic Plus (HMO-POS) H5828-005 (consolidated H5828-005 & H5828-007)	Amerivantage Classic Plus (HMO-POS) H5828-006
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$1,000 comprehensive allowance per year	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$1,000 comprehensive allowance per year
ELECTRONIC HEALTH MONITORING	Weight Scales	Weight Scales
EVERYDAY EXTRAS	Covered (pick 1)	Covered (pick 1)
FITNESS	SilverSneakers®	SilverSneakers®
HEALTHY MEALS	20 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
MCRS	Covered	Covered
OVER THE COUNTER	\$170 per quarter	\$145 per quarter
PERS	Covered	Covered
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; \$150 allowance – eyeglasses or contact lenses per year

Tennessee 2022 Plan Highlights

PLAN	Amerivantage Balance Plus (HMO) H5828-008				
LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	TBD	TBD	TBD	TBD	TBD
MAX OUT-OF-POCKET	\$4,900				
PCP	\$0 copay				
SPECIALIST	\$25 copay				
INPATIENT HOSPITAL	\$295 copay (days 1 – 6)				
EXTRA HELP LEVEL	No Extra Help	Level 4	Level 1	Level 2	Level 3
RX DEDUCTIBLE	\$480 (T2 – T5)	\$99	\$0	\$0	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0/\$9/\$37/\$90/25%/\$0	\$0 to 15%	\$0 – \$9.85	\$0 - \$4	\$0
	\$0 copay T1 and T2 mail order 30–90 day supply				
MARKET SERVICE AREA	All Counties				

Tennessee 2022 Plan Highlights

PLAN	Amerivantage Balance Plus (HMO) H5828-008
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$1,500 comprehensive allowance per year
EVERYDAY EXTRAS	Covered (pick 2)
FITNESS	SilverSneakers®
HEALTHY MEALS	20 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$230 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

Tennessee 2022 Plan Highlights

PLAN	Amerivantage Full Dual Coordination (HMO D–SNP) H5828–001
PREMIUM	TBD
MAX OUT–OF–POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	All Counties

Tennessee 2022 Plan Highlights

PLAN	Amerivantage Full Dual Coordination (HMO D–SNP) H5828–001
ADVANCED DIRECTIVE PROGRAM	Covered
CHIROPRACTIC	\$0 copay – 48 visits per year
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x–ray and 1 fluoride per year; \$4,000 comprehensive allowance per year
ELECTRONIC HEALTH MONITORING	Weight Scales
FITNESS	SilverSneakers®
HEALTHY MEALS	42 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
GROCERY CARD	\$50 per month
MCRS	Covered
OVER THE COUNTER	\$300 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 48 trips
VISION	\$0 copay – 1 routine eye exam per year; \$400 allowance – eyeglasses or contact lenses per year

Tennessee 2022 Plan Highlights

PLAN	Amerivantage Dual Premier (HMO D-SNP) H5828-002
PREMIUM	TBD
MAX OUT-OF-POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	All Counties

Tennessee 2022 Plan Highlights

PLAN	Amerivantage Dual Premier (HMO D-SNP) H5828-002
ADVANCED DIRECTIVE PROGRAM	Covered
CHIROPRACTIC	\$0 copay – 48 visits per year
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x-ray and 1 fluoride per year; \$4,000 comprehensive allowance per year
ELECTRONIC HEALTH MONITORING	Weight Scales
EVERYDAY EXTRAS	Covered (pick 1)
FITNESS	SilverSneakers®
GROCERY CARD	\$50 per month
HEALTHY MEALS	42 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$300 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 48 trips

VISION
 \$0 copay – 1 routine eye exam per year; \$400 allowance – eyeglasses or contact lenses per year

Tennessee – 2022 Optional Supplemental Benefits

	HMO
Preventative Dental	\$7
Dental and Vision	\$27
Enhanced Dental and Vision	\$49

Amerigroup Texas, Inc. is an HMO plan with a Medicare contract. Enrollment in Amerigroup Washington, 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.

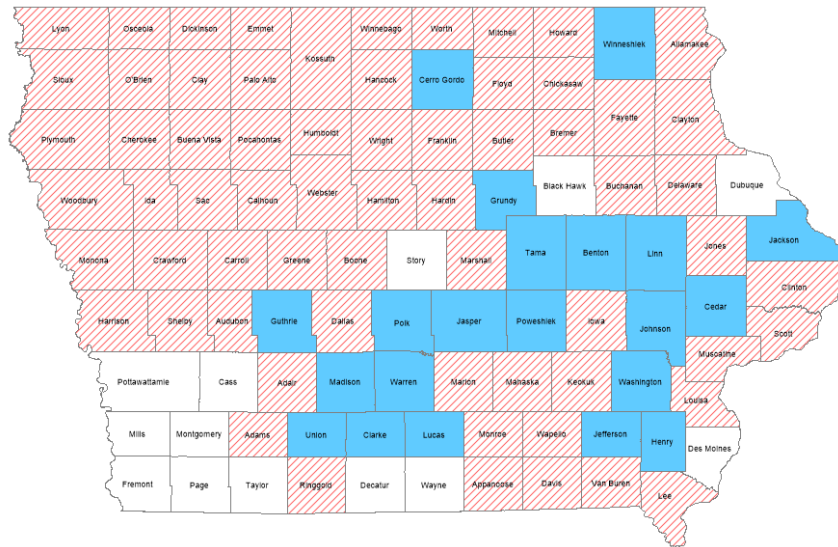
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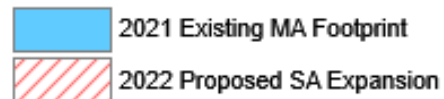


2022 AEP Preliminary Benefit Preview – Iowa

Iowa – Medicare Advantage 2022



2022 Proposed MA Footprint



Market Highlights

- Significant expansion into 65 new counties
- Market leading D–SNP plan with all Rx at \$0
- Innovative enhancements to Everyday Extras package
- Referrals are not required on HMO and PPO plans

Service Area

Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Delaware, Dickinson, Emmet, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mitchell, Monona, Monroe, Muscatine, O’Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Polk, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Tama, Union, Van Buren, Wapello, Warren, Washington, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright

Amerigroup Product Portfolio: Iowa



**Dual Eligible
MAPD
(DSNP)**



Grocery Card

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

Monthly allowance



Advanced Directive 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*

Iowa 2022 Plan Highlights

PLAN	Amerivantage Dual Coordination (HMO D-SNP) H0907-001
PREMIUM	\$0
MAX OUT-OF-POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Delaware, Dickinson, Emmet, Fayette, Floyd, Franklin, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mitchell, Monona, Monroe, Muscatine, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Polk, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Tama, Union, Van Buren, Wapello, Warren, Washington, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright

Iowa 2022 Plan Highlights

PLAN	Amerivantage Dual Coordination (HMO D–SNP) H0907–001
ADVANCED DIRECTIVE PROGRAM	Covered
DENTAL	\$0 copay – 2 oral exams, 2 cleanings, 1 x–ray and 1 fluoride per year; \$4,000 comprehensive allowance per year
EVERYDAY EXTRAS	Covered (pick 1)
FITNESS	SilverSneakers®
GROCERY CARD	\$50 per month
HEALTHY MEALS	42 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$250 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited
TRANSPORTATION	\$0 copay – 48 Trips
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year

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

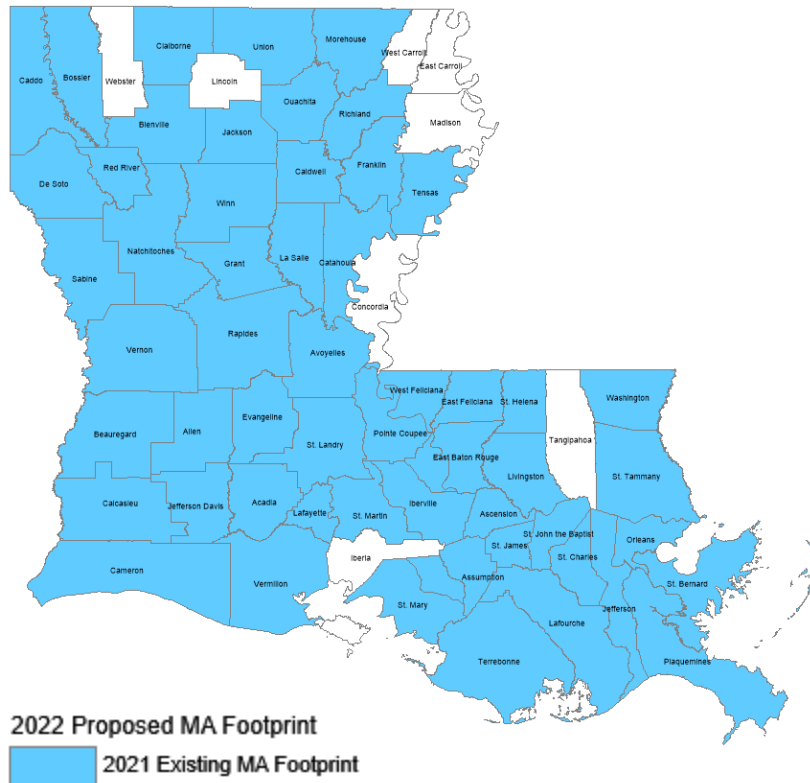
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2022 AEP Preliminary Benefit Preview – Louisiana

Louisiana – Medicare Advantage 2022



Market Highlights

- Market leading D–SNP plan with all Rx at \$0
- Innovative enhancements to Everyday Extras package
- Referrals are not required on HMO and PPO plans

Service Area

All Parishes EXCEPT:
Concordia, East Carroll, Iberia, Lincoln, Madison, Tangipahoa, Webster, West Carroll



**Dual Eligible
MAPD
(DSNP)**



Grocery Card

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

Monthly allowance



Advanced Directive 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*

Louisiana 2022 Plan Highlights

PLAN	Healthy Blue Dual Advantage (HMO D–SNP) H1947–001
PREMIUM	\$0
MAX OUT–OF–POCKET	\$7,550
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$ 0 copay
RX DEDUCTIBLE	\$0
RX PREFERRED COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / \$0 / \$0 / \$0 / \$0
MARKET SERVICE AREA	Acadia, Allen, Ascension, Assumption, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, De Soto, East Baton Rouge, East Feliciana, Evangeline, Franklin, Grant, Iberville, Jackson, Jefferson, Jefferson Davis, Lafayette, Lafourche, LaSalle, Livingston, Morehouse, Natchitoches, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, Richland, Sabine, St Bernard, St Charles, St Helena, St James, St John Baptist, St Landry, St Martin, St Mary, St Tammany, Tensas, Terrebonne, Union, Vermilion, Vernon, Washington, West Baton Rouge, West Feliciana, Winn

Louisiana 2022 Plan Highlights

PLAN	Healthy Blue Dual Advantage (HMO D–SNP) H1947–001
ADVANCED DIRECTIVE PROGRAM	Covered
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
ELECTRONIC HEALTH MONITORING	Weight Scales
ESSENTIAL EXTRAS	Covered (pick 1) (Personal Home Helper not available in LA)
GROCERY CARD	\$50 per month
FITNESS	SilverSneakers®
HEALTHY MEALS	20 post discharge
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$280 per quarter
PERS	Covered
PODIATRY	\$0 copay – unlimited visits
TRANSPORTATION	\$0 copay – 60 one–way trips

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association. Healthy Blue is an HMO DSNP plan with a Medicare contract and a contract with the Louisiana Medicaid program. Enrollment in Healthy Blue 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 Healthy Blue.

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