



Agenda

- About Anthem Blue Cross
- What is a Medicare Advantage (MA) plan?
- What is a Medicare Advantage PPO plan?
- Are you eligible?
- Finding a doctor
- Anthem Medicare Preferred (PPO) with Senior Rx Plus medical benefits
- Prescription drug benefits
- Programs for a healthier you
- How to enroll
- Questions





About Anthem Blue Cross

- A provider of health care coverage plans for more than 75 years.
- One in three Americans carries a Blue Cross Blue Shield Association card to access health care*.
- Quality products, information and services that give you access to what you need.
- Innovative wellness and preventive care programs at no cost to you.
- Resources you need to help you understand and use your benefits.



^{*}www.bcbsa.com



Your new Anthem Medicare Preferred (PPO) with Senior Rx Plus

- Medical Benefits
- Pharmacy Benefits
- Network
- Health and Wellness Programs and Services
- Administration
 - Customer Service
 - Claim Office
 - New ID Card
 - First Impressions



Medicare Basics

Most people get their Medicare health care coverage in one of two ways:

Original Medicare

Part A (Hospital)

Part B

(Medical)

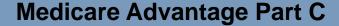
Medicare provides this coverage. Part B is optional.

+

Part D
(Prescription Drug Coverage)

+

Medicare Supplement



Combines Part A and Part B

Medicare contracts with private insurance companies to provide this coverage

Medicare pays a demographically based capitated rate per member, per month

Plan types include HMO and PPO

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Part D

(Prescription Drug Coverage)

Note: A Medicare Advantage plan is not a Medicare Supplement (also called Medigap) plan, Medicare Select or Prescription Drug plan.



What is a Medicare Advantage (MA) plan?

- Health plan options (like PPOs and HMOs) offered by private insurers that have been approved by Medicare. Also called "Medicare Part C."
- Coverage for basic hospital and medical expenses (replaces Part A and Part B) and often combined with Part D prescription drug coverage. May include additional benefits such as vision, dental and wellness programs.
- Many preventive care services at no cost to you.
- Out-of-pocket limits to protect you from high, unexpected medical costs.
- One plan and one card for your covered medical, hospital and Part D drug benefits.



What is a Medicare Advantage PPO plan?

- A PPO plan uses a network of health care providers, and you may choose any doctor or specialist as long as they accept Medicare.
- Freedom to see specialists without getting a referral.
- Provides out-of-network services if covered by Medicare.





In-network vs. out-of-network providers

In-network providers

Providers and other health care professionals who participate in our network and agree to accept our payment plus the member's cost-share amount as payment in full.

Out-of-network providers

- Providers and other health care professionals who do not participate in our network and are not required to provide services to Aerospace retirees.
- If the provider accepts Medicare and agrees to treat you, then the provider will bill the local Blue plan for reimbursement.
- You will pay the in-network cost share and deductible amounts.

Note - We can only pay providers who accept Medicare, please check with your provider if they accept Medicare.



Are you eligible?

To enroll in a MA plan, you must:

- Be enrolled in Medicare Part A and Medicare Part B.
- Continue to pay your monthly Part B premium (unless otherwise paid for under Medicaid or by another third party, if applicable).
- Live in our service area, which includes all 50 states,
 Washington, D.C. and Puerto Rico.
- Be eligible for your group's retiree health benefits.

Note: If you enroll in a different Medicare Advantage or Part D plan, Medicare will automatically disenroll you from your employer or employer sponsored plan.



Finding your doctor in our network

Here are a few ways to see if your doctor participates in our network:

- Check your Anthem Medicare Preferred (PPO) with Senior Rx Plus Provider Directory.
- Call our toll-free Customer Service number listed on your membership card.
- Call 1-800-810-Blue.
- Visit the "Doctor & Hospital Finder" at www.anthem.com/ca to find a Blue Medicare Advantage PPO provider.
- If your provider is not in the network, but, accepts Medicare and agrees to treat you and bill the local BCBS plan, you will pay the same cost share amounts as you do in-network.

Anthem Medicare Preferred (PPO) with Senior Rx Plus medical benefits summary



Covered services	In-network	Out-of-network	
Physician services, including doctor's office visits (Medicare-covered services): • Physician visits • Specialist visits	\$5 PCP \$20 Specialist	\$5 PCP \$20 Specialist	
Deductible	\$0		
 Inpatient hospital care Hospital days are unlimited. Covered services include, but are not limited to a semi-private room (or a private room if medically necessary) 	\$100 Copay per Admission	\$100 Copay per Admission	
Emergency outpatient care waived if admitted within 72 hours	\$50	\$50	

Anthem Medicare Preferred (PPO) with Senior Rx Plus medical benefits summary



Covered services	In-network	Out-of-network	
Preventive care and screenings • Bone mass measurement • Colorectal screening • Cardiovascular screening • Diabetes screening • Mammogram screening • Prostate screening	\$0 Copay	\$0 Copay	
Physical examsAnnual wellness visit	\$0 Copay	\$0 Copay	
Routine hearing services			
 Routine exams Maximum benefit one exam every 12 months limited to a \$70 maximum benefit Hearing aids Maximum benefit \$1,500 every 36 months 	\$0 copay	\$0 Copay	

Anthem Medicare Preferred (PPO) with Senior Rx Plus medical benefits summary



Covered services	In-network	Out-of-network
Vision careRoutine examsMaximum benefit \$50 per year	\$0 Copay	\$0 Copay
Out-of-pocket maximum	\$2	2,500

The benefit information provided is a brief summary, not a complete description, of benefits. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and co-payments/co-insurance may change upon renewal or on January 1 of each year. See your Benefit Chart for a complete description of your plan including a list of services that require prior authorization and services that apply to your out-of-pocket maximum. All coinsurance and copays are accrued toward the out-of-pocket maximum with the exception of routine vision, routine hearing, the foreign travel deductible and emergency and urgently needed care coinsurance specific to foreign travel. Part D prescription drug deductibles and copays do not apply to the medical plan out-of-pocket maximum.



Medicare Part D – how it works

- Helps pay for many brand-name and generic prescribed drugs.
- Gives you access to a robust pharmacy network with retail pharmacies across the U.S. as well as mail-order options.
- Helps you better predict and control your costs at the pharmacy.
- What you pay for your prescription depends, in part, on what drug you choose.
 Generic or preferred drugs can save you money.
- Anthem Blue Cross publishes a list of drugs that your plan covers called a formulary, which will help you determine how your drugs will be covered.



Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA)

- If you have a higher income you will have to pay an additional amount called the Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA).
- Income limits are \$85,000 for a beneficiary filing an individual income tax return or married and filing a separate return, and \$170,000 for a beneficiary filing a joint tax return.
- There are two ways you can pay the Part D-IRMAA:
 - Having it deducted from your Social Security
 - Paying CMS directly



Medicare Extra Help Program

- Extra Help is a program to help people with limited resources pay for their prescription drugs.
- If you qualify for Medicare's *Extra Help* and are enrolled in a Part D plan, Medicare can pay up to 100% of your prescribed drug costs.
- Costs covered can include help toward your drug plan's monthly premium, yearly deductible, coinsurance and copays for covered prescription drugs. Other benefits of the program include no coverage gap and no late-enrollment penalty.
- For more information, call or visit:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a
 week.
 - www.medicare.gov and "Programs for People with Limited Income and Resources" in the publication Medicare & You.
 - The Social Security Administration at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or Your State Medicaid Office.



Prescription Drug Deductible

- Your plan has a \$100 Brand deductible
- You pay 100% of the cost of Brand drugs until you meet your deductible.
- After you meet your Brand deductible for the calendar year, you pay your copay or coinsurance for each covered Brand drug you purchase, until you meet your \$4,950 true out-of-pocket (TrOOP)
- This deductible does not apply to generic drugs.



Summary of Your Cost for Covered Drugs



Retail services 30 day supply	What you pay in 2017
Select Generic	\$0 Copay, Deductible waived
Generics	\$10 Copay, Deductible Wavied
Preferred Brands	\$30 Copay
Non-Preferred Brands and Non-Formulary Drugs	\$60 Copay
Specialty Drugs (Generic and Brand)	20% Coinsurance with a maximum copay of \$100

Mail-order services 90 day supply	What you pay in 2017
Select Generics	\$0 Copay, Deductible waived
Generics	\$20 Copay, Deductible waived
Preferred Brands	\$60 Copay
Non-Preferred Brands	\$120 Copay
Specialty Drugs (Generic and Brand)	20% Coinsurance with a maximum copay of \$100



Prescription Drug Catastrophic Coverage Phase

Once your Part D TrOOP drug cost(including the Coverage Gap Discount) reaches \$4,950, you will then pay:

- Generic drugs: 5% with a minimum copay of \$3.30 and maximum copay of \$10
- Brand drugs: 5% with a minimum copay of \$8.25, and maximum copay of \$30



Select Generics



Select Generics at no cost to you:

- These are specific drugs that have a proven track record of effectiveness and value in treating many medical conditions.
- Note: If your plan has a deductible, the deductible is waived on Select Generics.

Examples Include:

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Atenolol tablet

Benazepril hcl tablet

Bisoprolol-hydrochlorothiazide tablet

Captopril tablet

Chlorthalidone tablet

Enalapril maleate tablet

Hydrochlorothiazide capsule/tablet

Lisinopril tablet

Losartan potassium tablet

Metoprolol tartrate tablet

Ramipril tablet

Cholesterol

Lovastatin tablet

Pravastatin sodium tablet

Simvastatin tablet

Diabetes

Glimepiride tablet

Glipizide ER/XL tablet

Glipizide/metformin hcl tablet

Metformin hcl ER tablet

Metformin hcl tablet

Osteoporosis

Alendronate sodium tablet

These are examples of some of the drug categories and drugs covered under your Select Generics benefit. Please see your drug list for a full list of Select Generics. Not all generic drugs within a drug category are included in your \$0 copay Select Generics benefit.



How do I get my covered prescriptions?

Using in-network pharmacies:

- Go to your network retail pharmacy, show your membership card, pay your copay or coinsurance and receive your medication.
- Have your medications delivered to you by using a network mail-order pharmacy. You may receive medications by simply calling or ordering online.

Using out-of-network pharmacies:

- In certain circumstances, you may be reimbursed for drug costs when you must get a covered prescription filled at an out-ofnetwork pharmacy.
- You will have to pay the cost of the drug and submit a claim to us. You will be responsible for all amounts over our negotiated cost, plus any deductible, copay or coinsurance listed in this benefit chart.





How do I get started with the mail-order pharmacy?

You will receive a patient order form in your post-enrollment materials. You also may contact Customer Service to receive an order form.

- Complete the form, including your prescription information.
- Return the form and prescriptions to the address listed on the form.
- Once you are registered, you may order medications online at www.anthem.com/ca or by calling the Customer Service toll-free number.



Programs for a healthier you

Care Management

- You'll receive a call to complete a Health Survey. That way, we can assist you with any medical conditions and get you the care that you need.
- Care management is available to help you manage ongoing health conditions and increase quality of life.
- We offer an integrated care plan that addresses your physical, social and emotional well-being.



MyHealth Advantage

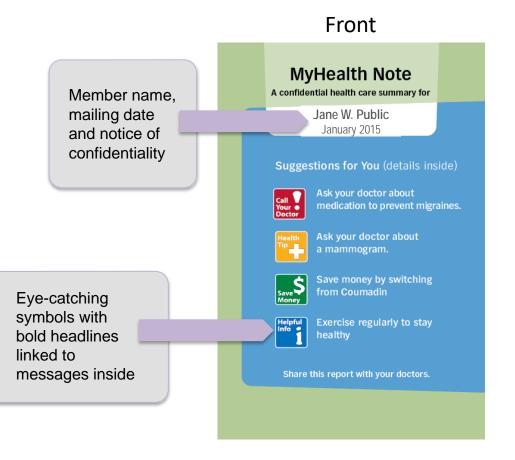
MyHealth Advantage

- Helps you keep track of your health and progress.
- Program reviews your health claims, routine tests and checkups on a regular basis.
 - If risk issues are detected from the drugs you're taking, we will alert you and/or your doctor.
 - Program includes reminders about making needed appointments for preventive care.



MyHealth Advantage

- Personalized messages
- List recent service dates and prescriptions
- Reminders about tests and prescription refills





MyHealth Advantage - Inside of MyHealth Note

MyHealth Note includes a list of recent claims, personalized suggestions and money-saving tips.





Health and Wellness

24/7 Nurse HelpLine

Our professionals are only a phone call away.

Talk with a registered nurse day or night

- Helps assess symptoms.
- Increases understanding of a condition or course of treatment.
- Ensures you receive the right care in the right setting.
- Puts your mind at ease!





SilverSneakers options

- Access to 13,000+ fitness locations nationwide
- Use of amenities plus SilverSneakers group fitness classes
- SilverSneakers FLEX™ Community Fitness Classes and Healthways BOOM® Fitness Classes
- Member website to stay connected with the SilverSneakers community





SilverSneakers Gives You Options

Member Experience

Network

Programming

Data & Web

Social Interaction

SIGNATURE CLASSES*

LEGACY FITNESS

SilverSneakers Classic[™]
SilverSneakers Circuit[™]
SilverSneakers Cardio[™]
SilverSneakers Yoga[™]
SilverSneakers Splash[™]

NEXT GENERATION FITNESS

BOOM Move ItTM
BOOM MindTM
BOOM MuscleTM

SilverSneakers Stability™

EXPANDED FITNESS CHOICES

- Tai Chi
- Pole Walking
- Zumba®
- and more!



GYM CLASSES

- Les Mills®
- Spin
- Jazzercise[®]
- Pilates
- and more!



^{*}Signature class offerings are continually in development



Save money with SpecialOffers

You have online access to health and wellness product and service discounts to help you reach your health goals and save money:

- Diet/nutrition and fitness: Jenny Craig[®], Lindora[®], Living Lean[®]
- Vitamins and personal care: Puritan's Pride, HelpCare Plus, SelfHelpWorks
- Vision and hearing: 1-800 CONTACTS®, Glasses.com™, TruVision™, Premier LASIK, Amplifon®, Beltone™
- Healthy habits: Living Free[™], Living Smart[™]

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



www.anthem.com/ca

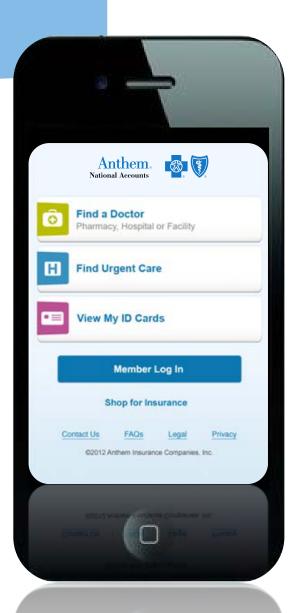


- Easy to use
- Friendly language
- No insurance jargon
- One-click access to high-value tools



Mobile Health Features

- **Secure Login**
- ID CARD
- **Q** Find a Doctor
- **S** Estimate Your Costs
- View Claims







Enrolling in Anthem Medicare Preferred (PPO) with Senior Rx Plus

- To enroll in the Anthem Medicare Preferred (PPO) with Senior Rx Plus plan effective January 1, 2017 you do not need to complete an enrollment form or any paperwork.
- If you do not want to enroll in the Anthem Medicare Preferred (PPO) with Senior Rx Plus plan, effective January 1, 2017, you are required to sign the Opt-out form previously mailed to you.
 - This form must be returned by November 14, 2017 to:

The Aerospace Corporation Employee Benefits M3-433 P. O. Box 92957 Los Angeles, CA 90009-2957

Note: If you opt out of the Anthem Medicare Preferred (PPO) with Senior Rx Plus retiree plan, offered through your group sponsor, you may **not** be allowed to re-enroll in your group sponsored retiree plan in the future.



Your Anthem Medicare Preferred (PPO) with Senior Rx Plus Membership Card

One card is all you need!

- Use it at all provider and pharmacy locations.
- You do not need to show your Medicare card.
- You will receive a new Anthem Blue Cross membership card in the mail.
 - Your current card will no longer be valid after the effective date of this new plan.
 - If you need a temporary card you may contact Customer Service or go on-line to www.anthem.com/ca and print one.



How to get a Provider Directory

Requesting a printed provider directory is easy!

- Call the customer service number on the back of your membership card.
- Log into www.anthem.com/ca and follow the instructions you will receive in your Welcome Kit.



Using your Anthem Medicare Preferred (PPO) with Senior Rx Plus plan

First Impressions Welcome Center

- Caring Customer Service professionals are available to help answer questions during Open Enrollment.
- The toll-free First Impressions and TTY numbers are listed in your Open Enrollment materials and are listed below:
 - First Impressions: 1-877-411-1647
 - > TTY: 711

Dedicated Customer Service Team

The toll-free Customer Service and TTY numbers are listed on the membership card.

Hours of operation:

8 a.m. to 9 p.m. ET, Monday through Friday, except holidays



Frequently Asked Questions

Does the provider have to be contracted with Anthem?

No , your provider does not have to contract with Anthem. You can see providers that are not in the network that accept Medicare and agree to see you. If your provider is not in the network, but, accepts Medicare and agrees to treat you and bill the local BCBS plan, you will pay the same cost share amounts as you do innetwork.

Does the provider need to be contracted with Medicare?

Yes, the provider must contract with Medicare. Medicare Advantage plans cannot pay providers that are not contracted with Medicare. Providers must participate with Medicare for the Medicare Advantage plan to make payment. Providers may participate with Medicare in two ways. They can participate with Medicare and accept assignment or participate with Medicare and not accept assignment. Both types of Medicare providers are covered by the plan. Providers that participate with Medicare cannot balance bill the member.

Does my provider need to bill Medicare first?

Your provider will only bill Anthem. You will need to show your provider your Anthem ID card. Please store your Medicare card in a safe place



Frequently Asked Questions

What are my benefits when I am out of the country?

- \$50 copay for emergency care
- \$10 copay for urgently needed care
- \$100 copay per admission for emergency inpatient care





Thank you for joining us.

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

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

Limitations, copayments, and restrictions may apply.

Benefits, formulary, pharmacy network, provider network, premium and co-payments/co-insurance may change upon renewal or on January 1 of each year.

Anthem Blue Cross Life and Health Insurance Company is an independent licensee of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

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

Spanish: Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Chinese: 您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)