



Annual Notice of Change

Be informed for better health

Thank you for choosing Anthem BC Health Insurance Company. You're currently enrolled in the Anthem Medicare Preferred (PPO) with Senior Rx Plus plan. **Your membership renews on January 1, 2026 and lasts through December 31, 2026.** A summary of changes for the upcoming plan year starts on the next page.

You don't need to do anything to stay in your plan

If you choose not to stay enrolled in our plan, you or your spouse may not be able to reenroll in your retiree benefits. Please check with your group sponsor for their eligibility rules.





**Take a look at
what's inside**

The Aerospace Corporation

Summary of Changes for 2026

PPO Plan 5PL

Formulary P4, 10/30/60/20% to \$100 (with Senior Rx Plus)

This document provides a summary of the changes to your plan's benefits and costs. This summary doesn't list every service that we cover or list every limitation or exclusion. For more details about your benefits and services, please review your Evidence of Coverage (EOC). You can access your EOC online, by logging into the member portal at www.anthem.com/CA or you can call Member Services with any questions you may have. The number to call is listed inside.

Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2025 (this year)		2026 (next year)	
	In-network	Out-of-network	In-network	Out-of-network
Blood glucose test strips, lancets, lancet devices, and glucose control solutions	\$0 per purchase of OneTouch® (made by LifeScan, Inc.) and ACCU-CHECK® (made by Roche Diagnostics) \$10 for all other brands when purchased through the pharmacy	\$0 per purchase of OneTouch® (made by LifeScan, Inc.) and ACCU-CHECK® (made by Roche Diagnostics) \$10 for all other brands when purchased through the pharmacy	\$0 per purchase for FreeStyle® (made by Abbott) and ACCU-CHEK® (made by Roche Diagnostics) \$10 per purchase for all other brands when purchased through the pharmacy	\$0 per purchase for FreeStyle® (made by Abbott) and ACCU-CHEK® (made by Roche Diagnostics) \$10 per purchase for all other brands when purchased through the pharmacy

Cost	2025 (this year)		2026 (next year)	
	In-network	Out-of-network	In-network	Out-of-network
Blood glucose monitors	\$0 per purchase of OneTouch® (made by LifeScan, Inc.) and ACCU-CHECK® (made by Roche Diagnostics) \$10 for all other brands when purchased through the pharmacy	\$0 per purchase of OneTouch® (made by LifeScan, Inc.) and ACCU-CHECK® (made by Roche Diagnostics) \$10 for all other brands when purchased through the pharmacy	\$0 per purchase for FreeStyle® (made by Abbott) and ACCU-CHEK® (made by Roche Diagnostics) \$10 per purchase for all other brands when purchased through the pharmacy	\$0 per purchase for FreeStyle® (made by Abbott) and ACCU-CHEK® (made by Roche Diagnostics) \$10 per purchase for all other brands when purchased through the pharmacy
Continuous glucose monitors (CGMs)	\$0 per purchase	\$0 per purchase	\$0 per purchase for FreeStyle Libre® (made by Abbott) and Dexcom	\$0 per purchase for FreeStyle Libre® (made by Abbott) and Dexcom
Hearing services – routine hearing aids We have partnered with TruHearing to bring you these discounts and services.	Must use a Hearing Care Solutions participating provider. \$0 for hearing aids \$1,500 maximum benefit every three calendar years	Out-of-network providers must order hearing aids through Hearing Care Solutions. \$0 for hearing aids through Hearing Care Solutions \$1,500 maximum benefit every three calendar years	Must use a TruHearing participating provider. \$0 for hearing aids \$1,500 maximum benefit every three calendar years	Out-of-network providers must order hearing aids through TruHearing. \$0 for hearing aids through TruHearing \$1,500 maximum benefit every three calendar years
Services to treat outpatient kidney disease - self-dialysis training	\$5 per visit	\$5 per visit	\$0 per visit	\$0 per visit

As a member of your plan, you can choose to receive care from out-of-network providers. However, please note, providers that do not contract with us are under no obligation to treat you, except in emergency situations.

Hearing benefit management administered by TruHearing, an independent company.

Changes to Prescription Drug Benefits and Costs

We are making changes to costs and benefits for certain pharmacy services next year. The information below describes these changes. We may have changed the tier for some of the drugs on your Drug List (formulary). To see if your drugs will be in a different tier, look them up on the Drug List (formulary).

If you're in a program that helps pay for your drugs (Extra Help), the information about costs for Part D drugs may not apply to you. You will receive a separate notice about your costs, if applicable.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, your plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach the CMS defined out-of-pocket limit.

- **Stage 3: Catastrophic Coverage**

This is the final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year. The amount you pay for Extra Covered Drugs does not count towards qualifying you for the Catastrophic Coverage Stage. You may also continue to pay a copay or coinsurance for these drugs.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Description	2025 (this year)	2026 (next year)
CMS Defined Drug Out-of-Pocket Limit	\$2,000 per calendar year	\$2,100 per calendar year

Administrative Changes

Description	2025 (this year)	2026 (next year)
Prior authorization changes	Prior authorization may be required for the following services: • Acupuncture for chronic low back pain • Chiropractic services - Medicare covered	Prior authorization is not required for the following services: • Acupuncture for chronic low back pain • Chiropractic services - Medicare covered
Blood glucose test strips, lancets, lancet devices, glucose control solutions, and blood glucose monitors	Preferred brands are OneTouch® (made by LifeScan, Inc.) and ACCU-CHEK® (made by Roche Diagnostics)	Preferred brands are FreeStyle® (made by Abbott and ACCU-CHEK® (made by Roche Diagnostics)
Durable medical equipment (DME) for Continuous Glucose Monitors (CGMs)	All brands	Beginning in 2026, we will have two preferred brand continuous glucose monitors. These brands are FreeStyle Libre and Dexcom. We will not cover other brands unless your provider tells us it is medically necessary.
Hearing network	Hearing Care Solutions	TruHearing
Physician services – Medicare-covered telehealth services – primary care physician	Our plan provided telehealth at \$0 copay per visit during the Public Health Emergency period	Our plan will provide telehealth at the cost sharing shown in your benefits chart
Physician services – Medicare-covered telehealth services – specialist	Our plan provided telehealth at \$0 copay per visit during the Public Health Emergency period	Our plan will provide telehealth at the cost sharing shown in your benefits chart
Formulary Tier label	Non-Preferred Drugs and Non-Formulary Drugs	Non-Preferred Drugs
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for Part D covered drugs by spreading them across the calendar year (January-December). It does not apply to Part B drugs. It also does not apply to Extra Covered Drugs if your plan includes this benefit. You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-833-246-7717 (TTY users call 711) or visit www.Medicare.gov .

Review plan documents online

Log in or create an online account at www.anthem.com/ca to review these documents and find next plan year's benefits, changes, and costs. To request printed copies of your plan documents, please contact Member Services.

Evidence of Coverage (EOC)

This is a legal document that describes what is covered and what you pay for your Medicare Advantage coverage. It also explains your rights and responsibilities. Review the benefits charts located at the front of the EOC for more information about your benefits and costs. The EOC will be available online within two weeks of receiving this Annual Notice of Change document.

Drug lists

Learn about all the drugs we cover in your plan by reviewing the Formulary and Extra Covered Drugs list where applicable. You can check if your medications will continue to be covered and are on the same tier. You can also see if they are available by home delivery or if there are new or different restrictions, such as prior authorization, step therapy, or quantity limits. We encourage you to talk to your doctor and review your EOC to find out your options and if any of these changes affect you.

Directory

To find a network hospital, doctor, service provider, or pharmacy in your area, choose the **Find Care** tool. You can search by doctor name, type, or specialty. You can also search by facility, pharmacy, or distance from your home.

A printed copy of the 2026 plan year directory is available beginning December 5, 2025. Plan year 2025 information is available through December 31, 2025. Requests for printed copies will be mailed within three business days.



For pharmacy-related questions: Call Pharmacy Member Services

1-833-360-3662 (TTY: **711**)
24 hours a day, 7 days a week.
This call is always free.



For all other questions: Call Member Services

1-833-848-8730 (TTY: **711**)
Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays.
This call is always free.

Tools to manage your benefits

Video visit with a doctor

See a doctor online for a \$0 copay with LiveHealth Online or through the **SydneySM Health** app.^{1,2,3} Video visits are available 24/7, and you don't have to go anywhere to be seen for commonly treated medical conditions and more. Check the benefits chart in your Evidence of Coverage for more information.

Get your medications through mail

With CarelonRx Pharmacy, you may get your maintenance medications delivered straight to you.⁴ You can set up home delivery through your online account or our Sydney Health app to save time — and maybe even some money. Review the EOC online to learn more.



Ask questions anytime

Skip a phone call and select the **chat** icon in the app or on the website for help at any time. Ask questions about your plan or get help using the site.



Download the free Sydney Health app

- Share medical records.
- Locate nearby doctors, pharmacies, hospitals, and urgent care centers with GPS.
- View, download, or replace your member ID card.
- Check the status of recent medical or pharmacy claims.



Scan this QR code with your phone's camera to download.

1 LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

2 Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

3 Other telehealth services may be available, as allowed by CMS but copays or additional charges may apply. Refer to your EOC for additional details.

4 CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of your health plan.

Important things to know

Continue to pay your Medicare Part B premium

If you pay a premium for Medicare Part B, remember to continue paying it. This premium is normally deducted from your Social Security check each month. Refer to your Evidence of Coverage for more information.

If you lose your Part B eligibility for any reason, please contact Member Services.

Pharmacy network

Your plan has a network of pharmacies. In most cases, your prescription drugs are covered only if they are filled at one of our network pharmacies.

Changes to care providers or coverage

During the year, we may make changes to the selection of care providers, including hospitals, doctors, and specialists, as well as pharmacies, benefits, and drug lists, that are part of your plan. You may receive a notice if a mid-year change in our providers or coverage affects you. If you have questions, please contact Member Services for assistance.

Learn about opioid risks and alternative treatments

Using opioid medications to treat pain for more than seven days has serious risks, like addiction, overdose, or even death. If your pain continues, talk to your doctor about alternative treatments with less risk, such as nonopioid medications, acupuncture, or physical therapy. Find out how your plan covers these options by logging in to the website and checking the benefits charts in your EOC.

This plan covers treatment for opioid use disorder. The EOC online has the complete details.

Take advantage of the House Call program⁵

Receive an annual in-home health assessment from a licensed clinician, either in-person at your own home or virtually, at no cost to you. This program is in addition to your regular doctor visits and supports the ongoing care you receive. It may include a physical exam, important health screenings, and a review of your medications and supplements. In just one visit, you get a clear picture of your whole health with time to ask questions. You will be contacted by your House Call vendor, who we partner with, to help schedule your visit.

Preventive care services at no cost⁶

Protect your health by getting your recommended checkups, shots, and screenings.

Here's some of the most common preventive care benefits covered by your plan. Talk to your doctor about which are right for you:

- Annual Wellness Visit
- Blood pressure and cholesterol tests
- Breast cancer (mammogram) and colorectal cancer (colonoscopy) screenings
- Osteoporosis (bone density) and diabetes (blood sugar, kidney, retinopathy) screenings
- Immunizations like flu and pneumococcal shots

Some plans also include coverage for routine physical exams.

⁵ The House Call program is administered by an independent contracted vendor.

⁶ For HMO plans, the provider must be in your plan's network. For some PPO plans, copays or coinsurance may apply if you use an out-of-network care provider. Out-of-network care providers must accept both Medicare and our plan. Refer to your EOC for details about your coverage and costs.

Learn about resources and your rights



You may qualify for help to pay for prescription drugs

There are agencies that can help pay for your prescription drugs, such as Medicare's Extra Help program, State Pharmaceutical Assistance Program (SPAP), and AIDS Drug Assistance Program (ADAP). If you qualify, you can get help paying for your drug plan's monthly premium, yearly deductible, coinsurance/copays, the coverage gap, and any late-enrollment penalty.

To learn more about these programs and additional benefits, contact these agencies. Contact information is listed in the last chapter of your Evidence of Coverage document online.



Get help from Medicare

To get information directly from Medicare, you can **call 1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048. You can also **chat live at www.Medicare.gov/talk-to-someone** or you can **write to Medicare** at P.O. Box 1270, Lawrence, KS 66044.

For more information, **read the Medicare & You handbook**. It is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights, and protections. It also includes answers to the most frequently asked questions about Medicare. Get a copy at **www.Medicare.gov** or by calling 1-800-MEDICARE.



Medicare Prescription Payment Plan

This is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for Part D covered drugs by spreading them across the calendar year (January - December). It does not apply to Part B drugs. It also does not apply to Extra Covered Drugs if your plan includes these benefits. Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option. To learn more about this option, call us at **1-833-246-7717** (TTY users call **711**) or visit **www.Medicare.gov**.



Free health insurance counseling is available

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. It is not connected with any insurance company or health plan. The counselors can answer your questions and help you understand your Medicare plan choices. Look in the last chapter of your EOC for your state's SHIP contact information.



Notes



**Thank you for
choosing our plan**

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the phone number on your member ID card or speak to your provider.

Spanish – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia en otros idiomas. También puede obtener ayudas y servicios auxiliares adecuados gratuitos para proporcionar información en formatos accesibles. Llame al número de teléfono que figura en su tarjeta de identificación del miembro o hable con su proveedor.

Arabic – تنبيه: إذا كنت تتحدث العربية ، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجانًا. اتصل على رقم الهاتف الموجود على بطاقة ID هوية العضو الخاصة بك أو تحدث إلى مقدم الخدمة.

Armenian – ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ձեզ հասանելի են անվճար լեզվական աջակցության ծառայություններ: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համար համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես հասանելի են անվճար: Չանգահարեք ձեր անդամի ID քարտի վրա նշված հեռախոսահամարով կամ խոսեք ձեր մատակարարի հետ:

Chinese – 注意：如果您說中文，我們可以為您提供免費的語言協助服務。我們還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打您的會員 ID 卡上的電話號碼或與您的提供者交談。

Farsi – توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی رایگان در دسترس شما است. وسایل و خدمات کمکی مناسب برای ارائه اطلاعات در قالب‌های مناسب معلولان نیز به‌صورت رایگان قابل ارائه است. با شماره تلفن مندرج روی کارت ID عضویت خود تماس بگیرید یا با ارائه‌دهنده‌تان صحبت کنید.

French – ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique sont disponibles. Des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le numéro de téléphone figurant sur votre carte d'ID de membre ou appelez votre prestataire.

Haitian Creole – ATANSYON: Si w pale kreyòl ayisyen, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib tou gratis. Rele nimewo telefòn ki sou kat lantifikasyon manm ou a oswa pale ak founisè w la.

Italian – ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuita in italiano. Sono inoltre disponibili gratuitamente adeguati supporti e servizi per ottenere informazioni in formato accessibile. Chiamare il numero di telefono riportato sulla propria tessera associativa o rivolgersi al proprio fornitore.

Japanese – 注意：日本語を話せる方向けに、無料の言語支援サービスをご提供しています。適切な補助器具・サービスも、利用者がアクセスしやすい方法でご提供しています。こちらでも無料でご利用いただけます。必要な情報取得にお役立てください。会員IDカードに記載されている電話番号にお電話いただくか、プロバイダーにお問い合わせください。

Korean – 주의: 한국어를 사용하는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 이용하실 수 있습니다. 가입자 ID 카드에 기재된 전화 번호로 전화하거나 담당 의료 제공자에게 문의하십시오.

Polish – UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dostępne są również nieodpłatnie odpowiednie pomoce i usługi zapewniające informacje w dostępnych formatach. Zadzwoń pod numer telefonu podany na karcie ID członka lub porozmawiaj ze swoim dostawcą.

Portuguese – ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para o número de telefone que consta do seu cartão ID de membro ou fale com seu prestador.

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Позвоните по номеру телефона, указанному на вашей ID-карте участника, или обсудите этот вопрос с вашим поставщиком услуг.

Tagalog – PAUNAWA: Kung nagsasalita ka ng Tagalog, may available na mga libreng serbisyong tulong sa wika para sa iyo. Available rin nang libre ang mga naaangkop na auxiliary aid at serbisyo para maibigay ang impormasyon sa alternatibong mga format. Tawagan ang numero ng telepono sa iyong ID card ng miyembro o makipag-usap sa iyong provider.

Vietnamese – CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí luôn sẵn sàng phục vụ quý vị. Các dịch vụ và hỗ trợ phụ trợ thích hợp cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi số điện thoại trên thẻ ID thành viên của quý vị hoặc nói chuyện với nhà cung cấp của quý vị.

Nondiscrimination Notice

Discrimination is against the law. That's why we comply with applicable Federal civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability, or sex.

For people with disabilities, we provide free aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

For people whose primary language is not English, we offer free language assistance services, which may include:

- Qualified interpreters
- Information written in other languages

If you need these services, call the phone number on your member ID card for help.

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to:

Compliance Coordinator

4361 Irwin Simpson Rd
Mailstop: OH0205-A537
Mason, Ohio 45040-9498

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TTY: **1-800-537-7697**)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



Protecting your privacy: Where to find our Notice of Privacy Practices

Your rights concerning your protected health information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law governing the privacy of individually identifiable health information. We are required by HIPAA to notify you of the availability of our Notice of Privacy Practices. The notice describes our privacy practices, legal duties, and your rights concerning your Protected Health Information. We must follow the privacy practices described in the notice while it is in effect (it will remain in effect unless and until we publish and issue a new notice).

We may use publicly and/or commercially available data about you to provide you with information about available health plan benefits and services. We, including our affiliates and/or vendors, may call or text you by using an automatic telephone dialing system and/or an artificial voice. But we only do this in accordance with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be contacted by phone, just let the caller know, and we won't reach out this way anymore, or call **1-844-203-3796** to add your phone number to our Do Not Call list.

You may obtain a copy of our Notice of Privacy Practices on our website at **www.anthem.com/ca/privacy** or you may contact Member Services using the contact information on your ID card.

State Notice of Privacy Practices

As we indicate in our HIPAA Notice of Privacy Practices, we must follow state laws that are more strict than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law.

Your Personal Information

We may collect, use, and share your nonpublic personal information (PI) as described in this notice. PI is information that identifies a person and is often gathered in an insurance matter.

If we use or disclose PI for underwriting purposes, we are prohibited from using or disclosing PI that is genetic information of an individual for such purposes.

We may collect PI about you from other persons or entities such as doctors, hospitals, or other carriers.

We may share PI with persons or entities outside of our company without your OK in some cases.

If we take part in an activity that would require us to give you a chance to opt-out of that activity, we will contact you. We will tell you how you can let us know that you do not want us to use or share your PI for a given activity.

You have the right to access and correct your PI.

Because PI is defined as any information that can be used to make judgments about your health, finances, character, habits, hobbies, reputation, career, and credit, we take reasonable safety measures to protect the PI we have about you.

A more detailed state notice is available upon request. Please call the phone number printed on your ID card.

This document may be available in an alternate format, such as large print. Please call Member Services for additional information.

Anthem BC Health Insurance Company is a PPO plan with a Medicare contract. Enrollment in Anthem BC Health Insurance Company depends on contract renewal. Anthem BC Health Insurance Company is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Association.