

Annual Notice of Changes

Look inside to understand benefits and changes in your plan for 2021



Do nothing to stay in your plan

But keep reading this important information to get the most from your plan. You can use your benefits effective January 1, 2021 - December 31, 2021. Thank you for your membership.



For questions, please call Member Services at **1-844-889-6357** or, for TTY users, **711**, Monday to Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit www.anthem.com.



Online and mobile tools to help you access care

Our member portal

You are enrolled in the Anthem Medicare Preferred (PPO) plan. Use your unique member ID printed on our membership card to register and log in to our secure member portal at www.anthem.com. It offers access to important medical and specialty benefit plan information when you need it.

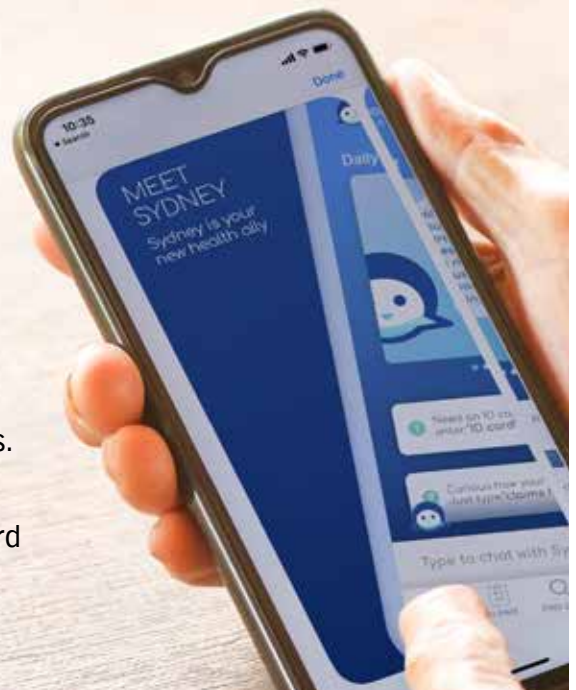
After log-in, use the links below to understand all that your plan offers and how to access your benefits. From the home page:

My plan	Provides more details about your benefits, claims and membership card — including the ability to print a temporary card.
Care	Helps you to: <ul style="list-style-type: none"> • Locate nearby doctors, urgent care centers, hospitals and other care providers when you select Find Care. • Connect to tools that help to estimate your out-of-pocket costs. • Avoid leaving home when you are sick by using our toll-free 24/7 NurseLine or live webcam video when you link to LiveHealth Online (<i>see details on page 5</i>).
Support	Connects you to help via online chat and tells you other ways you can contact us with questions.

Free Sydney Health mobile app

Want access to your plan information on the go? Sydney Health gives you a simple and connected experience through your iPhone or Android smartphone.

- View your membership card — wherever you are.
- Use your device's GPS to find nearby doctors, hospitals and urgent care centers.
- Check the status of recent medical claims.
- Use the chat feature to quickly get the answers to questions.
- Set health reminders and wellness goals.
- Store and share health records with My Family Health Record (myFHR), which gives you the ability to share your health information with doctors, family members, and caregivers.





Your important plan documents available online

After log-in at www.anthem.com, you can also view all important plan documents to learn about any changes to your benefits and how they affect you.

Evidence of Coverage (EOC)

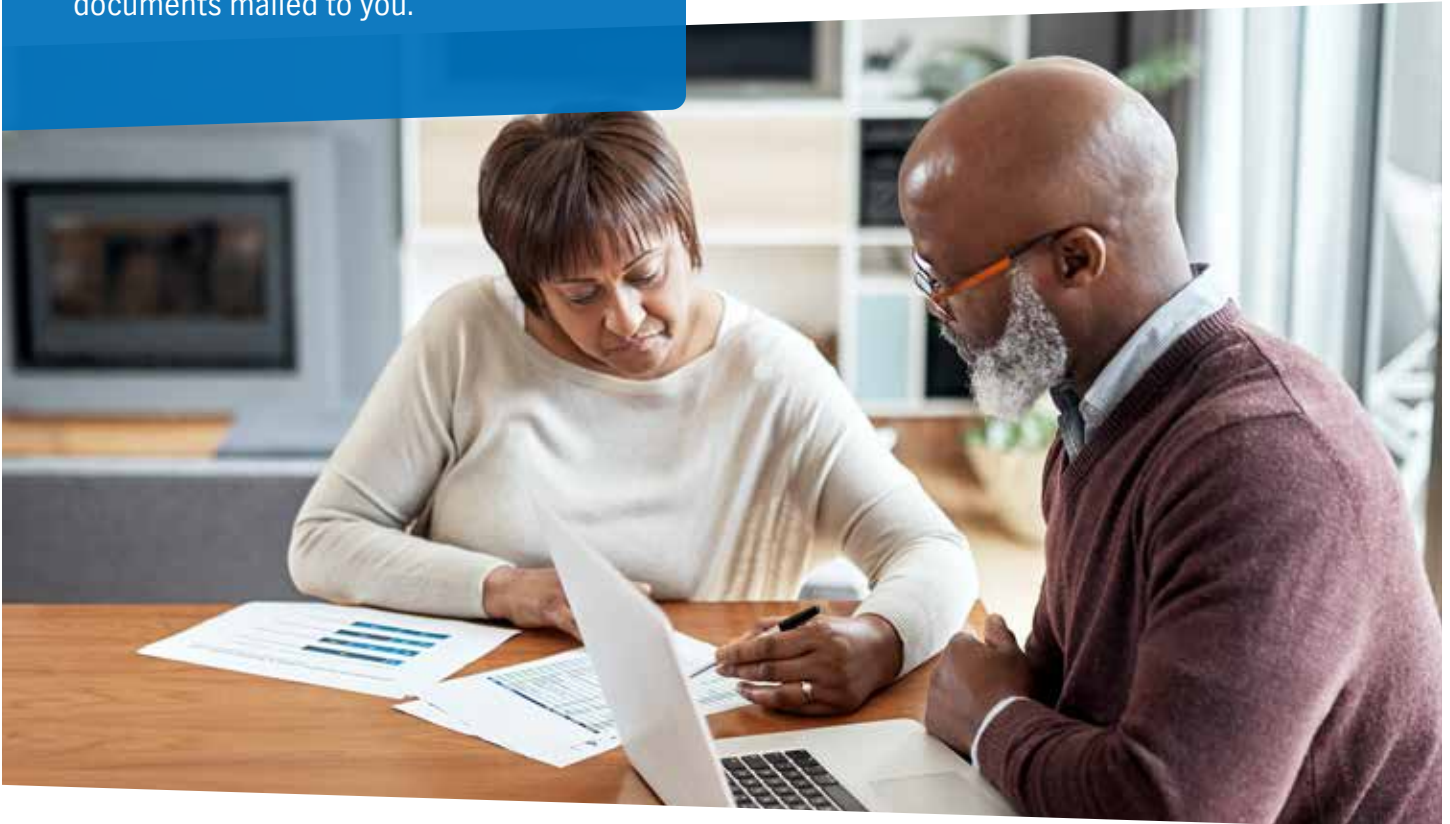
This is a legal document that describes what is covered and what you pay for your Medicare Advantage coverage. It also explains your rights and responsibilities. Review the benefits chart located at the front of the *EOC* to see any changes to your share of the cost. The *EOC* is available online approximately two weeks after your receipt of this *Annual Notice of Changes* document.

Directory

The plan year 2021 directory is available beginning December 21, 2020. Plan year 2020 information is available through December 31, 2020.

To locate the directory online, use the *Find Care* link on our member portal — it helps you find in-network doctors and hospitals.

Please call Member Services at **1-844-889-6357**, TTY: **711**, if you'd like a printed copy of any of these documents mailed to you.





Get the most from your plan

We WANT you to use your benefits and all of the special services/offers in our plan so you can achieve what we call whole-person health. Our plan is designed to encourage better health in EVERY aspect of your life, including mental and behavioral health, nutrition, fitness and services to support your family or caregivers should you need to rely on them.

For a complete list of covered preventive services, see the benefits chart at the front of your EOC document online. Preventive care services covered at 100% show an apple icon in the chart to help you quickly find them.



Ways to help save time and money



24/7 NurseLine

When health issues arise after hours and the doctor's office is closed, you can still get the answers you need. Our 24/7 NurseLine puts you in touch with a registered nurse anytime of the day or night. Just call **1-800-700-9184** (TTY: 711) to have your questions answered.



Your cost for an urgent care visit is less than a trip to the emergency room

Have an urgent health concern but your usual doctor isn't available? Consider urgent care centers instead of emergency rooms — they are likely to be open near you on weekends and after hours. Use the *Find Care* link at www.anthem.com and select **Urgent Care** as the doctor type.



Our benefits travel with you

As a PPO plan member, you can go to any doctor or facility that accepts Medicare in or out of Anthem Blue Cross and Blue Shield's network anywhere in the United States, Washington, D.C., Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, and Northern Mariana Islands as long as the care you get is covered and medically needed.



Too sick to leave home or don't have transportation? Talk to a doctor anywhere, anytime with LiveHealth Online¹

Video visits with doctors, therapists or psychologists through this tool are \$0 with your plan. Use live video on your smartphone, tablet or computer to:

- Access board-certified doctors 24/7 to help with common conditions like the flu, colds, sinus infections, pink eye, and skin rash.
- Get necessary prescriptions sent to your preferred pharmacy without leaving your home.²
- Set up 45-minute counseling sessions with a therapist when you feel depressed, anxious or stressed.³

Sign up today at livehealthonline.com or download the free LiveHealth Online mobile app.

1 LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of this plan.

2 Prescription availability is defined by physician judgment.

3 Appointments subject to availability of a therapist. Therapists using LiveHealth Online cannot prescribe medications. The information contained in this program is for general guidelines only. Your doctor will be specific regarding recommendations for your individual circumstances. Recommended treatments may not be covered under your health plan.

No-cost special benefits, services and access to care

This plan includes a wide variety of programs and tools to help you make choices toward better health in all aspects of your life. **All of these resources are available at no additional cost to you.** For full details, review your *EOC* benefits chart online or call us to find out more.



Annual health exams and preventive care

The plan offers the following and more at no additional cost, as long as you see a doctor who accepts Medicare:

- Annual routine physical
- Preventive care services
- Flu and pneumonia shots
- Tobacco cessation counseling



MyHealth Advantage

This program sends regular reminders about needed care, tests or preventive health steps to keep you healthy. It also offers prescription drug cost-cutting tips and access to health specialists who can answer your questions.



Care and support with Aspire

Aspire Health is a community-based program that specializes in providing an extra layer of support to patients facing serious illness and their families. This support is provided by a team of doctors, nurse practitioners, nurses and social workers who work closely with a patient's primary care provider and other providers to coordinate care and improve communication. Aspire's clinical team is available 24/7 to provide extra care and attention, as well as education about illness, the plan of care and medications. Aspire's services are provided through a combination of home-based visits and telehealth support, depending upon location.



House Call program

Too sick to get out to see a doctor? Having mobility issues? The House Call program offers a personalized visit in your home or other appropriate health care setting that can lead to a treatment plan tailored just for you. The House Call program is available at no additional cost for members who qualify, based on their health needs.



Healthy Pantry

Once approved, you get monthly nutritional counseling sessions via phone and a monthly delivery of nonperishable healthy pantry items that will help you change long-term eating habits to address a chronic condition.



Healthy Meals^{1/*}

After discharge from the hospital or when diagnosed as diabetic or overweight, you may qualify to receive nutritionally balanced meals delivered to your home at no cost.

SilverSneakers^{®2/*}

Get in shape or stay in shape with this popular program that includes:

- Access to thousands of locations nationwide, with all basic amenities and signature SilverSneakers classes.
- Adjustable workout programs tailored to individual fitness levels, schedule reminders for favorite activities, the option to find convenient locations and more with the SilverSneakers GO™ app.
- SilverSneakers On-Demand™ online videos, plus health and nutrition tips.



Find a location near you. Visit www.SilverSneakers.com.

Or call SilverSneakers at **1-888-423-4632**, TTY: **711**, Monday to Friday, 8 a.m. to 8 p.m. ET.

1/* This service only available to you when qualifying body mass index or A1C occurs. Your doctor must document one or both of these measures in your medical record before this service can be requested or approved.

2/* SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2019 Tivity Health, Inc. All rights reserved.



Medicare Community Resource Support

In order to provide you with even more support when you need it, we've added our new telephone-based benefit, Medicare Community Resource Support (MCRS), just for you. This gives you the chance to talk to a live person within our Medicare Education and Outreach team that will help explain and coordinate benefits, as well as assist with locating helpful resources within your community, such as food pantries, home maintenance programs, utility assistance programs, social activities and much more. We hope that these resources will help provide you with the support you need, when you need it.

A few examples of this program in action include:

- A member who is new to using a wheelchair doesn't have a wheelchair ramp and/or has uneven flooring. The MCRS team can help the member find a resource to build a ramp or have the floors evened out.
- A member with significant visual impairment who, after her husband passed away, is having trouble with little things, like operating the stove. The MCRS team can connect the member to resources that will help her navigate in and around her home.
- A member with diabetes who doesn't have safe, easy, reliable or affordable access to healthy food choices. The MCRS team can assist by providing the best solutions for the member, which may be in the form of transportation, financial assistance, a local food pantry, etc.

Just call the Member Services phone number on the back of your membership card and ask for our Medicare Education and Outreach team to learn more!



Other important things to know

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

We will send a new membership card to you. Look for it in the mail. Begin using it when you start using your 2021 benefits. If you choose not to stay enrolled in our plan, you or your spouse may not be able to re-enroll in your retiree benefits. Please check with your group sponsor for their eligibility rules.

Part B drugs and supplies

IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of your health plan. Your Part D prescription drug coverage will still be managed by your current carrier. To save time and money, use the IngenioRx home delivery service for Part B medications and supplies you may need on an ongoing basis, like:

- Blood glucose testing supplies — monitors, test strips, lancets, lancet devices, and control solution.
- Insulin when used with an insulin infusion pump.
- Some oral chemotherapy drugs.

Just call **1-833-285-4630** to set up home delivery service.

Prior authorization

Prior authorization is approval that doctors and pharmacies request and receive from your plan in order to provide you with certain services, treatments, therapies or drugs.

- When you visit an in-network provider, you are not responsible to ask for prior authorization — the provider will take care of it.
- When you visit an out-of-network provider, there is a benefit to asking the provider to request prior authorization for you —

it helps us work with the provider to confirm the care you receive is covered and medically necessary.

- Refer to the benefits chart in your *Evidence of Coverage* online for more information about this process and the benefits or drugs that require prior authorization.

We have you covered

Your plan with us qualifies as qualifying health coverage (QHC), so it satisfies your individual shared responsibility requirement. You can learn more information on the requirements for QHC at the Internal Revenue Service (IRS) website: **www.irs.gov/Affordable-Care-Act/Individuals-and-Families**.

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.

Medicare & You 2021 resource

For more information, we encourage you to read *Medicare & You 2021*. This booklet is mailed to people with Medicare every year in the fall. It has a summary of Medicare benefits, rights and protections. It also includes answers to the most frequently asked questions. If you don't have a copy of this booklet, request one at **www.medicare.gov**. Or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Member Services number or see your Evidence of Coverage online for more information, including the cost sharing that applies to out-of-network services.

It's important we treat you fairly

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

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

Get help in your language

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

English: You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY: 711)

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: 711)

Arabic:

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (TTY: 711)

Armenian: Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն Ձեր ID քարտի վրա նշված համարով: (TTY: 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: 711)

Farsi:

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید (TTY: 711).

French: Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY: 711)

Haitian: Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY: 711)

Italian: Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY: 711)

Japanese: この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY: 711)

Korean: 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY: 711)

Polish: Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY: 711)

Portuguese-Europe: Tem o direito de receber gratuitamente estas informações e ajuda no seu idioma. Ligue para o número dos Serviços para Membros indicado no seu cartão de identificação para obter ajuda. (TTY: 711)

Russian: Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY: 711)

Tagalog: May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY: 711)

Vietnamese: Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY: 711)

Protecting your privacy

The Health Insurance Portability and Accountability Act (HIPAA) is the federal privacy law. It protects and safeguards your private health information. This law allows you to get a copy of our Notice of Privacy Practices (NOPP) from us.

The NOPP describes:

- Our privacy practices.
- Our legal duties.
- Your rights that deal with your Protected Health Information.

We must follow the privacy practices found in the current NOPP. This NOPP stays in effect until we publish a new one.

We may use data about you that has been made public to be able to let you know about our health plan benefits and types of care.

Our health plan, affiliates and/or vendors, may call or text you. We may use an automatic telephone dialing system and/or a recorded voice. Our calls may be about treatment options. Or they may be about types of care that can impact your health. What we do must comply with the TCPA. If you don't want us to contact you by phone, let us know. Or call **1-844-203-3796** to add your phone number to our Do Not Call list.

You may go to our website, www.anthem.com/privacy, to get a copy of our NOPP. Or you may call the Member Services number on your member ID card.

State Notice of Privacy Practices

Our HIPAA NOPP notes that we must follow state laws. At times, they are stricter than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law.

Your Private (Nonpublic) Personal Information

We may collect, use and share your private Personal Information (PI) in ways this notice describes. PI identifies you. Your PI can be used to make judgments about your health, finances, character, habits, hobbies, reputation, career, and credit. That's why we take safety measures within reason to protect the PI we have about you.

One reason your PI is gathered is for insurance matters.

If we use or disclose PI for underwriting, we must not use or disclose genetic PI.

We may get your PI about you from others such as doctors, hospitals or other carriers.

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

If we do something that would require us to give you a chance to opt out, 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.

You can ask for a more detailed state notice. Please call the Member Services number on your ID card.





For questions, please call Member Services at **1-844-889-6357** or, for TTY users, **711**, Monday to Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit **www.anthem.com**.

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 Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. Independent licensee of the Blue Cross Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

