

Summary of Benefits

for Anthem Blue Cross MedicareRx Standard (PDP), Anthem Blue Cross MedicareRx Plus (PDP) and Anthem Blue Cross MedicareRx Gold (PDP)

Service Area: California

Plan year: January 1, 2017 – December 31, 2017

In this section, you'll learn about our prescription drug coverage, what you'll pay for prescription drugs and other important details to help you choose the right plan for you. While the benefit information provided does not detail all of the prescription drug coverage or list every limitation or exclusion, you can get a complete list of coverage. Just give us a call and ask for the *Evidence of Coverage*.

Have questions? Here's how to reach us and our hours of operation:

- If you **are not** a member of this plan, please call toll free **1-866-892-5340** (TTY: **711**), and follow the instructions to be connected to a representative.
- If you **are** a member of this plan, call our toll-free Customer Service number at **1-800-928-6201** (TTY: **711**).
- From October 1 to February 14, we are available to take your call seven days a week from 8 a.m. to 8 p.m., and from February 15 to September 30, Monday through Friday from 8 a.m. to 8 p.m. Eastern time.
- You can learn more about us on our website at **www.anthem.com/ca/shop**.

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What you should know about our plans



Anthem Blue Cross MedicareRx Standard (PDP), Anthem Blue Cross MedicareRx Plus (PDP) and Anthem Blue Cross MedicareRx Gold (PDP) are Medicare prescription drug plans. To join these plans, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B and live in our service area.

Our service area includes the following: California

What do we cover?

- Medicare Part D drugs
- To see if your drugs are covered, you can view the plan's *Formulary* (list of covered Part D prescription drugs) and any restrictions on our website at www.anthem.com/ca/shop. Or you can call us for a copy of the *Formulary*.

What are my drug costs?

Our plan groups each medication into one of six “tiers.” The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the four stages of drug coverage that occur: Deductible, Initial Coverage, Coverage Gap and Catastrophic Coverage.

How to find out what your covered drugs will cost:

Step 1: Find your drug on the *Formulary*.

Step 2: Next, identify the drug tier.

Step 3: Then, go to the Prescription Drug Benefits section further in this booklet to match the tier.

Can I use any pharmacy to fill my covered prescriptions?



To receive the lowest out-of-pocket costs on your covered Part D drugs, you must generally use a pharmacy in our network. If you use a pharmacy that is not in our network, you may pay more for your covered drugs.

You may be able to save even more money at pharmacies with preferred cost-sharing

We've worked with certain network pharmacies to further reduce prices, so you can save more on your covered medications. Having available preferred pharmacies does not mean you can't use other pharmacies in our network (*pharmacies with standard cost-sharing*), but you may pay more at a pharmacy with standard cost-sharing. Pharmacies with preferred cost-sharing have lower copays and coinsurance amounts for non-specialty drugs than pharmacies with standard cost-sharing.

For a complete listing of network pharmacies, refer to our plan's *Pharmacy Directory* on our website www.anthem.com/ca/shop (under *Useful Tools*, select **Find a Pharmacy**). Next to the pharmacy name, you will see a preferred cost-sharing indicator (a ♦ symbol). Or you can give us a call, and we will send you a copy.

How can I learn more about Medicare or compare my choices with other plans?



- Refer to your current *Medicare & You* handbook. You can view it online at www.medicare.gov or call Medicare for a copy at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users can call **1-877-486-2048**.
- If you want to compare our plan with other Medicare prescription drug plans, ask the other plans for their Summary of Benefits booklets.

Now that you are familiar with how Medicare works and some of the benefits included in our prescription drug plans, it's time to consider the type of plan you may need. On the following pages, you can review our available plans with varying coverage levels to help you choose the right plan for you.



The four stages of drug coverage



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



Stage 1	Stage 2	Stage 3	Stage 4
Deductible	Initial Coverage	Coverage Gap	Catastrophic Coverage
<p>If you have a deductible, you will pay 100% of your drug cost until your deductible is met. (If you have no deductible, or if a specific drug tier does not apply to the deductible, you will skip to Stage 2.)</p>	<p>You will pay a copay or coinsurance, and your plan pays the rest for your covered drugs</p>	<p>In this stage, you pay a greater share of your drug costs. It begins after you and your plan have paid \$3,700 on covered drugs during Stages 1 and 2. After you enter the coverage gap, you pay 40% of the plan's cost for covered brand-name drugs and 51% of the plan's cost for covered generic drugs until your costs total \$4,950, which is the end of the coverage gap. Not everyone will enter the coverage gap. Some plans have additional coverage during the gap. Please refer to the Coverage Gap section on the following pages for details.</p>	<p>In this stage, after your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$3.30 copay for generic (including brand drugs treated as generic) and a \$8.25 copay for all other drugs.

Which coverage stage am I in?
 You will get an *Explanation of Benefits* (EOB) each month you fill a prescription. It will show which coverage stage you're in and how close you are to entering the next one.

Anthem Blue Cross MedicareRx Standard (PDP)	Anthem Blue Cross MedicareRx Plus (PDP)	Anthem Blue Cross MedicareRx Gold (PDP)
How much is my premium?		
\$68.20 per month	\$106.00 per month	\$159.80 per month

You must continue to pay your Medicare Part B premium.

Stage 1: Deductible		
\$400.00 per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 6 which are excluded from the deductible.	This plan does not have a deductible.	This plan does not have a deductible.

Stage 2: Initial Coverage

After you pay your yearly deductible (if your plan has one), you pay the following until your total yearly drug costs reach **\$3,700**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

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

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

Tier 1: Preferred Generic

One-month supply: \$1.00 copay Three-month supply: \$3.00 copay These drugs are excluded from the deductible.	One-month supply: \$1.00 copay Three-month supply: \$3.00 copay	One-month supply: \$0.00 copay Three-month supply: \$0.00 copay
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Tier 2: Generic

One-month supply: \$5.00 copay Three-month supply: \$15.00 copay	One-month supply: \$3.00 copay Three-month supply: \$9.00 copay	One-month supply: \$3.00 copay Three-month supply: \$9.00 copay
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Tier 3: Preferred Brand

One-month supply: \$32.00 copay Three-month supply: \$96.00 copay	One-month supply: \$40.00 copay Three-month supply: \$120.00 copay	One-month supply: \$25.00 copay Three-month supply: \$75.00 copay
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Tier 4: Nonpreferred Drugs

One-month supply: 40% of the cost Three-month supply: 40% of the cost	One-month supply: 39% of the cost Three-month supply: 39% of the cost	One-month supply: 35% of the cost Three-month supply: 35% of the cost
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Anthem Blue Cross MedicareRx Standard (PDP)	Anthem Blue Cross MedicareRx Plus (PDP)	Anthem Blue Cross MedicareRx Gold (PDP)
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Stage 2: Initial Coverage - Preferred Retail Cost-Sharing - continued

Tier 5: Specialty Tier

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

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

Tier 1: Preferred Generic

One-month supply: \$11.00 copay Three-month supply: \$33.00 copay These drugs are excluded from the deductible.	One-month supply: \$9.00 copay Three-month supply: \$27.00 copay	One-month supply: \$9.00 copay Three-month supply: \$27.00 copay
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Anthem Blue Cross MedicareRx Standard (PDP)	Anthem Blue Cross MedicareRx Plus (PDP)	Anthem Blue Cross MedicareRx Gold (PDP)
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Stage 2: Initial Coverage - Standard Retail Cost-Sharing - continued

Tier 2: Generic

One-month supply: \$17.00 copay Three-month supply: \$51.00 copay	One-month supply: \$17.00 copay Three-month supply: \$51.00 copay	One-month supply: \$17.00 copay Three-month supply: \$51.00 copay
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Tier 3: Preferred Brand

One-month supply: \$41.00 copay Three-month supply: \$123.00 copay	One-month supply: \$45.00 copay Three-month supply: \$135.00 copay	One-month supply: \$45.00 copay Three-month supply: \$135.00 copay
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Tier 4: Nonpreferred Drugs

One-month supply: 48% of the cost Three-month supply: 48% of the cost	One-month supply: 47% of the cost Three-month supply: 47% of the cost	One-month supply: 40% of the cost Three-month supply: 40% of the cost
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Tier 5: Specialty Tier

One-month supply: 25% of the cost Three-month supply: Not Covered	One-month supply: 33% of the cost Three-month supply: Not Covered	One-month supply: 33% of the cost Three-month supply: Not Covered
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Anthem Blue Cross MedicareRx Standard (PDP)	Anthem Blue Cross MedicareRx Plus (PDP)	Anthem Blue Cross MedicareRx Gold (PDP)
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Stage 2: Initial Coverage - Standard Retail Cost-Sharing - continued

Tier 6: Select Care Drugs

<p>One-month supply: \$5.00 copay Three-month supply: \$15.00 copay These drugs are excluded from the deductible.</p>	<p>One-month supply: \$5.00 copay Three-month supply: \$15.00 copay</p>	<p>One-month supply: \$9.00 copay Three-month supply: \$27.00 copay</p>
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Stage 2: Initial Coverage - Standard Mail Order Cost-Sharing

Tier 1: Preferred Generic

<p>One-month supply: \$1.00 copay Three-month supply: \$3.00 copay These drugs are excluded from the deductible.</p>	<p>One-month supply: \$1.00 copay Three-month supply: \$3.00 copay</p>	<p>One-month supply: \$0.00 copay Three-month supply: \$0.00 copay</p>
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Tier 2: Generic

<p>One-month supply: \$5.00 copay Three-month supply: \$15.00 copay</p>	<p>One-month supply: \$3.00 copay Three-month supply: \$9.00 copay</p>	<p>One-month supply: \$3.00 copay Three-month supply: \$9.00 copay</p>
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Anthem Blue Cross MedicareRx Standard (PDP)	Anthem Blue Cross MedicareRx Plus (PDP)	Anthem Blue Cross MedicareRx Gold (PDP)
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Stage 2: Initial Coverage - Standard Mail Order Cost-Sharing - continued

Tier 3: Preferred Brand

One-month supply: \$32.00 copay Three-month supply: \$96.00 copay	One-month supply: \$40.00 copay Three-month supply: \$120.00 copay	One-month supply: \$25.00 copay Three-month supply: \$75.00 copay
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Tier 4: Nonpreferred Drugs

One-month supply: 40% of the cost Three-month supply: 40% of the cost	One-month supply: 39% of the cost Three-month supply: 39% of the cost	One-month supply: 35% of the cost Three-month supply: 35% of the cost
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Tier 5: Specialty Tier

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

One-month supply: \$0.00 copay Three-month supply: \$0.00 copay These drugs are excluded from the deductible.	One-month supply: \$0.00 copay Three-month supply: \$0.00 copay	One-month supply: \$0.00 copay Three-month supply: \$0.00 copay
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Anthem Blue Cross MedicareRx Standard (PDP)	Anthem Blue Cross MedicareRx Plus (PDP)	Anthem Blue Cross MedicareRx Gold (PDP)
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Stage 3: Coverage Gap

After you enter the coverage gap, you pay no more than **40%** of the plan’s cost for covered brand-name drugs and **51%** of the plan’s cost for covered generic drugs until your costs total **\$4,950**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

	Under this plan, you may pay even less for the generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug’s tier. See the chart that follows to find out how much it will cost you.	Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug’s tier. See the chart that follows to find out how much it will cost you.
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Stage 3: Coverage Gap - Preferred Retail Cost-Sharing

Tier 1: Preferred Generic

	Drugs Covered: All One-month supply: \$1.00 copay Three-month supply: \$3.00 copay	Drugs Covered: All One-month supply: \$0.00 copay Three-month supply: \$0.00 copay
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Anthem Blue Cross MedicareRx Standard (PDP)	Anthem Blue Cross MedicareRx Plus (PDP)	Anthem Blue Cross MedicareRx Gold (PDP)
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Stage 3: Coverage Gap - Preferred Retail Cost-Sharing - continued

Tier 2: Generic

		Drugs Covered: All One-month supply: \$3.00 copay Three-month supply: \$9.00 copay
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Tier 3: Preferred Brand

		Drugs Covered: Some One-month supply: 59% of the cost Three-month supply: 59% of the cost
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Tier 6: Select Care Drugs

	Drugs Covered: All One-month supply: \$0.00 copay Three-month supply: \$0.00 copay	Drugs Covered: All One-month supply: \$0.00 copay Three-month supply: \$0.00 copay
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Anthem Blue Cross MedicareRx Standard (PDP)	Anthem Blue Cross MedicareRx Plus (PDP)	Anthem Blue Cross MedicareRx Gold (PDP)
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Stage 3: Coverage Gap - Standard Retail Cost-Sharing

Tier 1: Preferred Generic

	Drugs Covered: All One-month supply: \$9.00 copay Three-month supply: \$27.00 copay	Drugs Covered: All One-month supply: \$9.00 copay Three-month supply: \$27.00 copay
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Tier 2: Generic

		Drugs Covered: All One-month supply: \$17.00 copay Three-month supply: \$51.00 copay
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Tier 3: Preferred Brand

		Drugs Covered: Some One-month supply: 60% of the cost Three-month supply: 60% of the cost
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Tier 6: Select Care Drugs

	Drugs Covered: All One-month supply: \$5.00 copay Three-month supply: \$15.00 copay	Drugs Covered: All One-month supply: \$9.00 copay Three-month supply: \$27.00 copay
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Anthem Blue Cross MedicareRx Standard (PDP)	Anthem Blue Cross MedicareRx Plus (PDP)	Anthem Blue Cross MedicareRx Gold (PDP)
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Stage 3: Coverage Gap - Standard Mail Order Cost-Sharing

Tier 1: Preferred Generic

	Drugs Covered: All One-month supply: \$1.00 copay Three-month supply: \$3.00 copay	Drugs Covered: All One-month supply: \$0.00 copay Three-month supply: \$0.00 copay
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Tier 2: Generic

		Drugs Covered: All One-month supply: \$3.00 copay Three-month supply: \$9.00 copay
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Tier 3: Preferred Brand

		Drugs Covered: Some One-month supply: 60% of the cost Three-month supply: 60% of the cost
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Tier 6: Select Care Drugs

	Drugs Covered: All One-month supply: \$0.00 copay Three-month supply: \$0.00 copay	Drugs Covered: All One-month supply: \$0.00 copay Three-month supply: \$0.00 copay
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**Anthem Blue Cross
MedicareRx Standard
(PDP)**

**Anthem Blue Cross
MedicareRx Plus (PDP)**

**Anthem Blue Cross
MedicareRx Gold (PDP)**

Stage 4: Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$4,950**, you pay the greater of:

- **5%** of the cost, or
- **\$3.30** copay for generic (including brand drugs treated as generic) and a **\$8.25** copay for all other drugs.

This document is available in other formats such as Braille. This information is available for free in other languages. Please call our customer service number at 1-800-928-6201 (TTY: **711**) from 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30.

Este documento está disponible en otros formatos, como braille. Esta información está disponible en otros idiomas de manera gratuita. Llame al servicio de atención al cliente al 1-800-928-6201 (TTY: **711**), de 8 a. m. a 8 p. m., los 7 días de la semana (excepto los días feriados) desde el 1° de octubre hasta el 14 de febrero, y de 8 a. m. a 8 p. m., de lunes a viernes (excepto los días feriados) del 15 de febrero hasta el 30 de septiembre.

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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

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

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

Multi-language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-928-6201 (TTY: 711).

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-928-6201 (TTY: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-928-6201 (رقم هاتف الصم والبكم: 711).

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-800-928-6201 (TTY (հեռատիպ) 711):

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-928-6201 (TTY : 711) 。

Farsi:

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-928-6201 (TTY: 711) تماس بگیرید.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-928-6201 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-928-6201 (TTY: 711).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-928-6201 (TTY: 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-928-6201 (TTY: 711) पर कॉल करें।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-928-6201 (TTY: 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-928-6201 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-928-6201 (TTY:711) まで、お電話にてご連絡ください。

Khmer: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល

គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-928-6201 (TTY: 711)។

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-928-6201 (TTY: 711) 번으로 전화해 주십시오.

Lao: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັ້ນຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-928-6201 (TTY: 711).

Navajo: D7baa ak0 n7n7zin: D7saad bee y1n7ti'go Diné Bizaad, saad bee 1k1'1n7da'1wo'd66', t'11 jiiik'eh, 47n1 h0l=, koj8 h0d77nih 1-800-928-6201 (TTY: 711).

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-928-6201 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-928-6201 (телетайп: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-928-6201 (TTY: 711).

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-928-6201 (TTY: 711).

Urdu:

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-928-6201 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-928-6201 (TTY: 711).

Blue MedicareRx - S5596

2016 Medicare Star Ratings*

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

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

Some of the areas Medicare reviews for these ratings include:

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

For 2016, Blue MedicareRx received the following Overall Star Rating from Medicare.

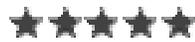

3.5 Stars

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

Health Plan Services: Not Offered

Drug Plan Services: 
3.5 Stars

The number of stars shows how well our plan performs.

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

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

This information is available for free in other languages. Please call our Customer Service number at 800-261-8667 (TTY: 711), 8 a.m. to 8 p.m., seven days a week, October 1 to February 14 (except holidays); 8 a.m. to 8 p.m., Monday – Friday, February 15 to September 30 (except holidays).

Esta información está disponible sin cargo en otros idiomas. Por favor llame a nuestro número de Servicio al Cliente al 800-261-8667 (TTY: 711), de 8 a. m. a 8 p. m., los 7 días de la semana (excepto los días feriados) desde el 1º de octubre hasta el 14 de febrero, y de 8 a. m. a 8 p. m., de lunes a viernes (excepto los días feriados) del 15 de febrero hasta el 30 de septiembre.

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

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

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

It's important we treat you fairly

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

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