



Anthem Group Retiree Solutions

LACERS

2022 Open Enrollment

512861MUMENMUB



Moving to a retiree health plan may feel like a big transition.

Our goal is to make that transition a smooth one, with quality retiree plan options and access to the level of care you are used to.



Today's discussion

A few basics: Medicare 101

Anthem's Medicare benefits

Anthem's prescription drug benefits

Simplify staying healthy

How to enroll

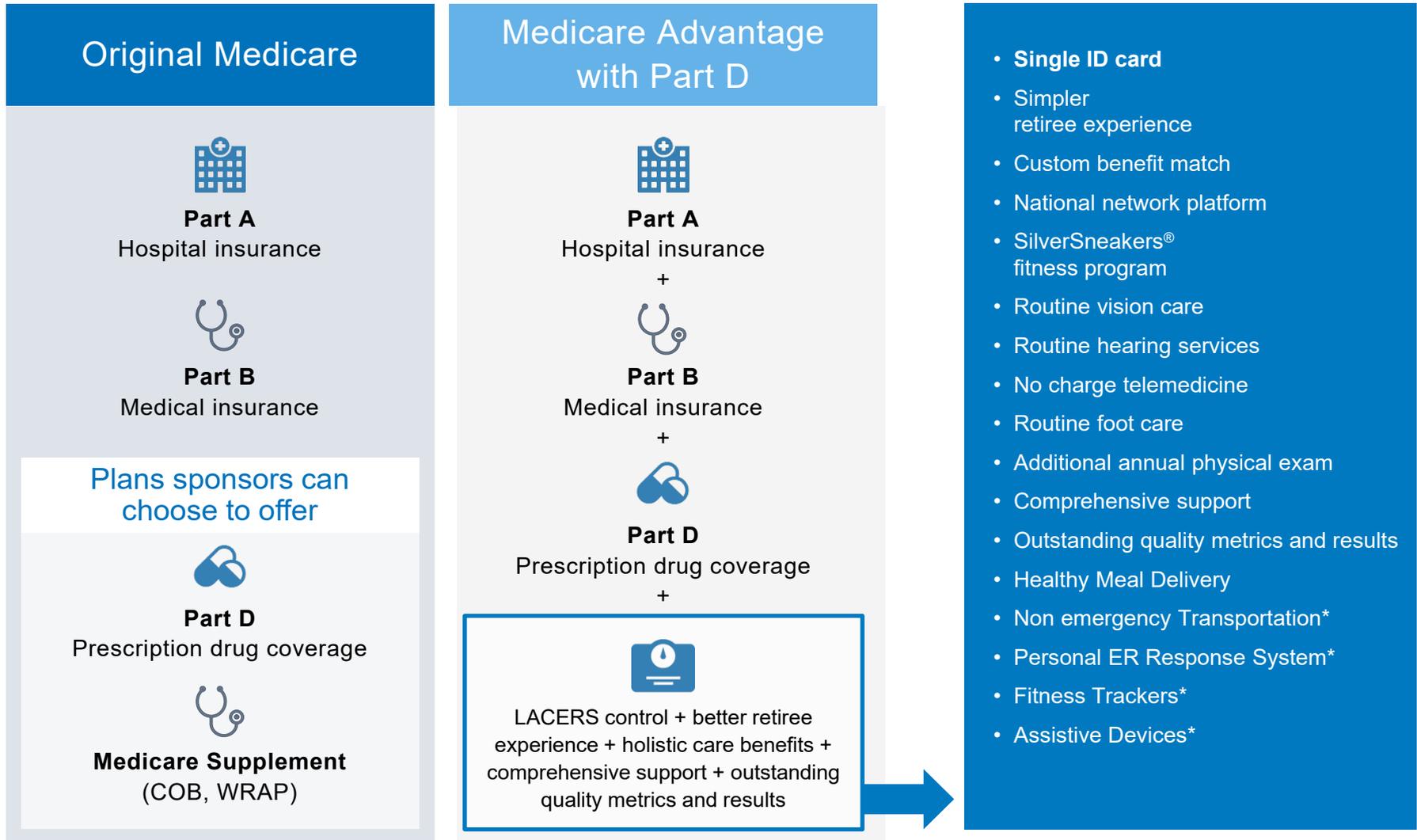
Questions



Why choosing Medicare Advantage makes sense



Retirees have a simpler, richer experience, compared to Original Medicare



Medicare Advantage vs. Medicare Supplement/coordination of benefits (COB)

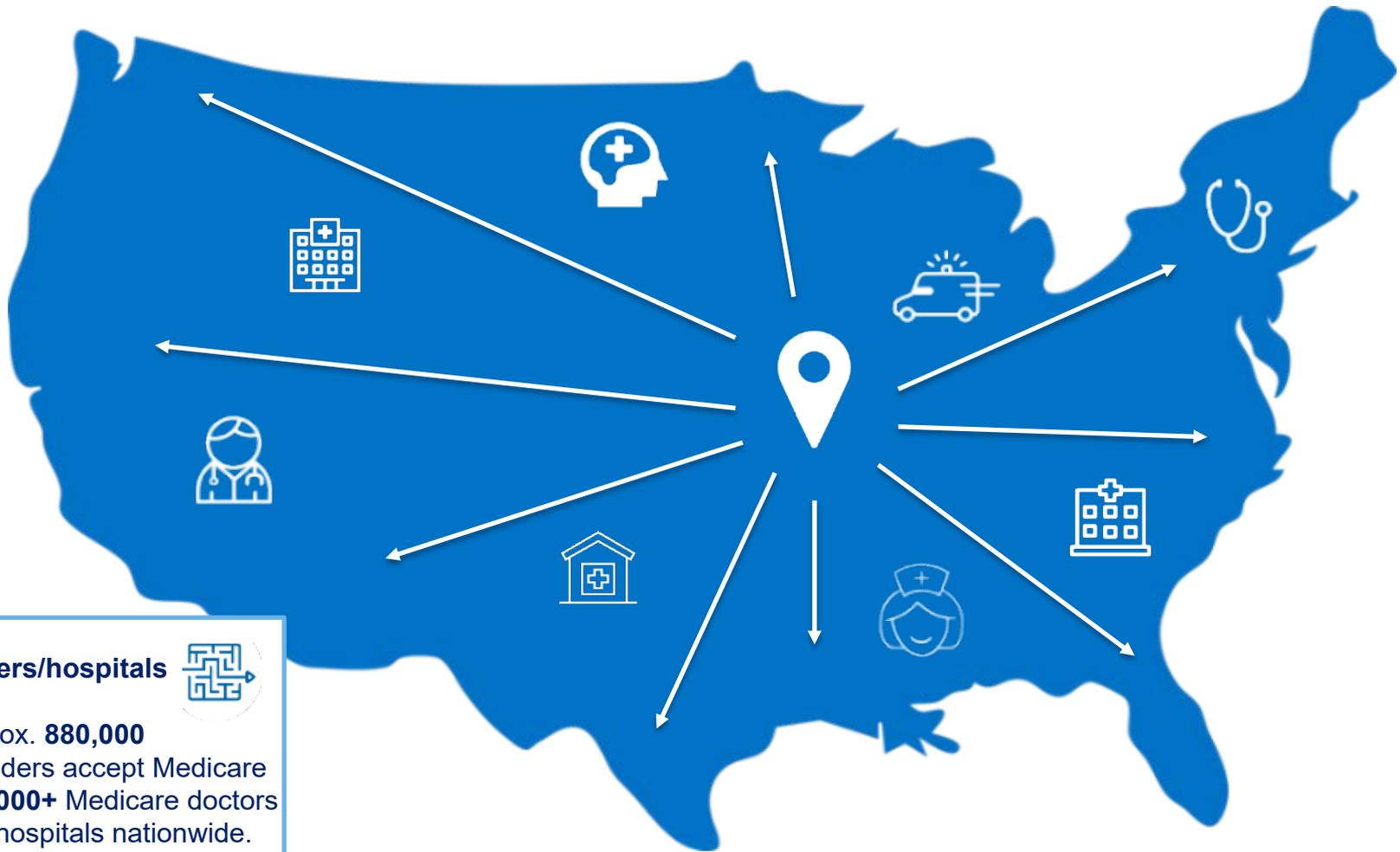
	Group Medicare Advantage (MA)	Commercial Medicare Supplement/COB
 Plan experience	Easy-to-understand benefit design that replicates current benefits	Can be confusing to retirees and more difficult to keep track of claims paperwork
 Clinical and wellness programs	Retiree-focused clinical and wellness programs that drive better health and quality of life	No clinical or wellness programs offered
 Preapproval	Providers are responsible for preapproval for certain services, and they are reviewed prospectively	Medicare has medical necessity guidelines that have a retrospective review process
 Health screenings and tests	Member rewards and gap in care programs encourage important screenings and tests	Not offered
 Value-added benefits	Includes SilverSneakers® , hearing aid benefits , routine podiatry , House Calls	Not offered
 Star ratings	Ensure a focus on providing quality healthcare to retirees	Not offered

**Network of quality
doctors and hospitals,
so you can feel confident
you will have continued
access to trusted
providers**



Local Service with a National Footprint

You can see the providers you know and trust



Providers/hospitals



- Approx. **880,000** providers accept Medicare
- **650,000+** Medicare doctors and hospitals nationwide.

Plus, a Blue Cross Blue Shield Association (BCBSA) commitment to strengthen provider collaboration nationwide and close gaps in care

Your plan includes a network of two types of providers: *In-network* and *Out-of-network* providers

In-network Providers

- ✓ Providers who participate in our network

Out-of-network Providers

- ✓ Providers who do *not* participate in our network

-
- ✓ Members have freedom to see any provider that accepts Medicare
 - ✓ Members can continue to see current doctor and doctor will continue to file claims
 - ✓ Freedom to choose either in- or out-of-network providers (cost shares are the same)
 - ✓ No referrals needed

Note: This plan can only pay providers who accept Medicare, members should check with their provider if they accept Medicare. The plan cannot pay a claim if they are not a Medicare provider.

The Anthem Medicare advantage



Anthem Medicare Preferred (PPO) with Senior RX Plus

BENEFITS AT A GLANCE

What You Pay

COVERED SERVICES	In Network	Out of Network*
Deductible	\$0	\$0
Annual Maximum Out-of-Pocket	\$0	\$0
Outpatient Visits		
*Primary Care visits (PCP)	\$0	\$0
*Specialist visits	\$0	\$0
Urgent Care	\$0	\$0
Emergency Room	\$0	\$0
Lab/X-ray	\$0	\$0
Chiropractic coverage beyond Medicare	\$0	\$0
Acupuncture	\$0	\$0
Durable Medical Equipment (DME)	\$0	\$0
Ambulance	\$0	\$0
Inpatient Benefits		
Inpatient Hospital Benefits	\$0	\$0
Skilled Nursing Facility days 1 - 100	\$0	\$0
Home Health Agency Care	\$0	\$0

Rx Benefits	
Retail	
Select Generics	\$0
Generics	\$5
Preferred Brand	\$25
Non Preferred Brand/Specialty	\$50
Mail Order	
Select Generics	\$0
Generics	\$10
Preferred Brand	\$50
Non Preferred Brand/Specialty	\$100

*Provider needs to be willing to accept Medicare

Anthem Medicare Preferred (PPO) with Senior RX Plus Hearing/Vision Benefits

Summary of Benefits

Covered Services	In-network	Out-of-network
<p>Routine hearing services:</p> <ul style="list-style-type: none"> Routine exams <i>Maximum benefit \$70 per year, every 12 months</i> Hearing aids <i>Maximum benefit \$2,000 per ear, every 36 months</i> 	<p>\$0 copay</p> <p>\$0 copay</p>	<p>\$0 copay</p> <p>N/A</p>
<p>Vision Care</p> <ul style="list-style-type: none"> Routine exams <i>Maximum benefit \$70, every 12 months</i> Eyewear allowance <i>Maximum benefit \$100, every 24 months</i> 	<p>\$0 copay</p> <p>\$0 copay</p>	<p>\$0 copay</p> <p>\$0 copay</p>
<p>Routine foot care</p> <ul style="list-style-type: none"> Up to 12 covered visits per year 	<p>\$0 copay</p>	<p>\$0 copay</p>

A holistic pharmacy solution

Integrating medical, pharmacy, and other coverage to look out for your whole health



Part D — IRMAA 2022

Income-related monthly adjustment amount

Social Security Administration will notify you if you are affected by Part D IRMAA

>\$91,000

Income limit for beneficiary filing an individual income tax return or filing separately from spouse

>\$182,000

Income limit for a beneficiary filing a joint tax return

- Two options for paying the IRMAA:
1) deduct payment from Social Security or 2) pay CMS directly

Your drug plan includes select generic benefits

Select generic drugs are offered at no or low cost to you
These are specific drugs with a proven track record of effectiveness and value.

Select generic examples		
Category	Drugs	
Cardiovascular	Atenolol tablet	Furosemide tablet
	Benazepril hcl tablet	Hydrochlorothiazide capsule/tablet
	Bisoprolol-hydrochlorothiazide tablet	Lisinopril tablet
	Carvedilol tablet	Losartan potassium tablet
	Chlorthalidone tablet	Metoprolol tartrate tablet
	Enalapril maleate tablet	Ramipril tablet
Cholesterol	Atorvastatin tablet	Pravastatin sodium tablet
	Lovastatin tablet	Simvastatin tablet
Diabetes	Glimepiride tablet	Metformin 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 <\$X> copay select generics benefit.

Note: If your plan has a deductible, the deductible is waived on select generics.

How do I get my covered prescriptions?

Getting your prescriptions from *in-network* pharmacies:

Network retail pharmacy



- > Go to your network retail pharmacy, show your membership card, pay your copay or coinsurance, and receive your medication.

Mail-order pharmacy



- > Have your medications delivered to you by using a network mail-order pharmacy. You may receive medications by simply calling or ordering online.

How to use a mail-order pharmacy

Often costs are lower when using a mail-order pharmacy

Step 1

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

Step 2

- + Complete the form, including your prescription information.

Step 3

- + Return the form and prescriptions to the address listed on the form.

Step 4

- + Once you are registered, you may order medications online at [anthem.com](https://www.anthem.com) or by calling the Customer Service toll-free number.

Extra prescription drug help for those who need it

A photograph of two women sitting on a balcony or near a large window. The woman on the left is seen from the back, with her hair in a bun and wearing a yellow earring. The woman on the right is facing her, smiling, and has short grey hair and is wearing a blue top and large hoop earrings. The background shows a view of a city through the window.

Eligibility

If you qualify and are enrolled in a Part D plan, Medicare can pay up to 100% of your prescribed drug costs.

Costs

Costs covered can include help toward your drug plan's monthly premium, yearly deductible, coinsurance, and copays for covered prescription drugs.

Program benefits

Other benefits of the program include no coverage gap and no late-enrollment penalty.

The Medicare Extra Help program helps retirees and people with limited resources pay for their prescription drugs.

Five key takeaways about your drug coverage



Coverage

- Your plan pays for many brand-name and generic prescribed drugs.



Extra coverage

- Your plan includes coverage for some drugs that Medicare does not normally cover.



Coverage gap

- Don't forget that you have additional cost-sharing options in the gap phase.



Pharmacy network

- There is a robust pharmacy network across the U.S., as well as a mail-order option.



Extra help

- There are programs to help those with limited resources pay for their prescriptions.

Supplemental benefits

Additional services beyond Original Medicare

Your retirees have access to programs and tools that can further support their health goals. Our supplemental programs include:



SilverSneakers® is a program designed exclusively for retirees and offers physical activity, health education, and social events, including access to fitness equipment and group exercise classes at more than 16,000 SilverSneakers® locations across the nation. Retirees can access live online fitness activities and on-demand online workout videos from home.



Medicare Community Resource Support helps identify needs, leverage resources, and coordinate services for members by providing specific medical or health-related information/education. The program leverages community-based services and support programs locally available to the member.



Community Care Coordination assists members with high inpatient utilization or known gaps in social determinants of health. Members are paired with a community health worker, who will help them maximize their health benefits by identifying gaps in care, scheduling follow-up appointments, and helping the member adhere to discharge instructions.



24/7 NurseLine allows members to ask registered nurses a variety of questions, including how to choose the right level of care. Choosing the most appropriate treatment option for each unique situation can mean cost savings for you.

Supplemental benefits



Healthy Meals is a program that provides nutritious meals to members upon discharge of an inpatient stay, or in support of improving the health of members with a body mass index (BMI) of 25 or more, 18.5 or less, or an A1C level greater than nine.



Healthy Pantry helps eligible members with chronic illnesses manage their health conditions by providing nutritional guidance. Eligible members will receive monthly nutritional counseling sessions via phone and a monthly home delivery of healthy nonperishable pantry items. The nutritional consultations, combined with the monthly pantry items, help members try recommended dietary changes and build the basics for a healthy pantry.



Nonemergency Transportation can be used for transportation to medical visits, the member's SilverSneakers® facility, and the pharmacy.



LiveHealth Online gives members the ability to engage with their choice of board-certified medical and behavioral physicians through two-way live video from anywhere, using their smartphone, tablet, or computer with a camera. Doctors are available 24/7, usually with less than a 10-minute wait to help with common illnesses, such as colds, allergies, or flu. livehealthonline.com.

Supplemental benefits



Personal Emergency Response System is an in-home device that will monitor and notify appropriate personnel in an emergency (for example, a fall). Using this device can help members who may otherwise need to live in an assisted living facility or need additional in-home support to maintain independence in their own homes.



Health and Fitness Tracker is a wearable fitness device designed to promote an active lifestyle focusing on physical activity and accountability for healthy outcomes. Members can also access online programs aimed at encouraging physical activity and mental sharpness.



Assistive Devices provides members with an annual benefit amount that can be used for CMS-allowed assistive devices such as shower/bath grab bars, reaching devices, and amplified phones.



Medicare Community Resource Support

Medicare Community Resource Support (MCRS) is an outbound, telephone-based program used to identify needs, leverage resources, and coordinate services for members by providing specific medical or health-related information/education. The program also leverages local community-based services and other support programs available in their specific market.

This program includes resources such as:

- Food pantries
- Home maintenance programs
- Utility assistance programs
- Copay assistance programs
- Social activities
- Help around the home
- Help getting to your medical appointments or the grocery store
- And much more

Members are identified through case management, Health Risk Assessment completion, customer service, network relations, care guides, and self-referrals.

Healthy Meals

Our Healthy Meals program delivers nutritionally balanced meals to the homes of eligible members — at no cost.

This benefit is available to a member if they have been discharged from the hospital or if they meet one or more of the following conditions:

- A1C > 9 (diabetic)
- BMI ≥ 25 (overweight) or BMI ≤ 18.5 (underweight)

The amount of meals covered will vary depending on the plan. Prior approval based on the conditions is required.





Assistive devices

Our Assistive Device program provides eligible members monetary assistance for the purchasing of CMS-approved assistive devices from Walmart.

Eligible members will receive a welcome kit that includes a benefit card, loaded with the benefit amount \$200 on a yearly basis. The benefit card can be used in-store, for catalog ordering over the phone, or online purchases.

Examples of approved assistive devices include:

- Americans with Disabilities Act toilet seats
- Shower/bath grab bars
- Tub/shower treads
- Shower stools/seats (portable)
- Hand showers (add on)
- Temporary wheelchair ramps
- Dressing assistance devices
- Reaching devices
- And more



Nonemergency transportation

Our transportation benefit provides nonemergency medical transportation to plan approved locations.

(One way = 1 trip, 60-mile limit per trip)

Eligible members can use this benefit for going to medical visits, SilverSneakers® locations, and the pharmacy.

To receive transportation, members must call the plan approved vendor directly and request transportation 48 hours in advance.



Healthy Pantry

Our Healthy Pantry benefit helps eligible members with chronic illnesses manage their health conditions by providing nutritional guidance — at no cost to the member.

Eligible members receive monthly:

- Nutritional counseling sessions via phone.
- Home delivery of healthy nonperishable pantry items.

The nutritional consultations, combined with the monthly pantry items help members try recommended dietary changes and build the basics for a healthy pantry.



Personal Emergency Response System (PERS)

Our Personal Emergency Response System (PERS) is a benefit intended to help members maintain independence in their own homes, who might otherwise need to live in an assisted living facility or need additional in-home support.

The PERS benefit provides an in-home device to notify appropriate personnel of an emergency (for example, a fall). This benefit includes coverage of:

- One personal emergency response system.
- Monthly in-home monitoring.

Health and Fitness Tracker

Our Health and Fitness Tracker is a benefit that provides members with opportunities to improve both their physical health and mental sharpness. The tracker is a wearable fitness device designed to promote an active lifestyle focusing on physical activity and accountability for healthy outcomes. The benefit also includes access to online programs aimed at encouraging physical activity and mental sharpness.

The program includes:

- One fitness device every two years.
- Membership in an online program for members to set goals, participate in challenges, and track their physical activity.
- Membership in an online program designed to improve memory, maintain focus and other aspects of mental acuity used in daily living.





Adult Day Center

Our Adult Day Center benefit gives members an opportunity to get out of the house and spend time with their peers one day a week (up to eight hours each visit).

The benefit reimburses members up to \$80 for each visit to an Adult Day Center of their choice. The center must be state-licensed.

The benefit is available to members who need help with at least two activities of daily living (ADLs) as determined and recommended by their health care provider.

Claims for reimbursement must be submitted by the member to the plan with appropriate documentation.

Personal Home Helper

Our Personal Home Helper benefit provides members with help at home from a personal care attendant.

This personal care attendant will assist the member with home-based chores and other needs, such as:

- Assistance with bathing/showering.
- Help with dressing.
- Transferring or mobility help in the home.
- Light housekeeping (cleaning, laundry, dishes, etc.).
- Meal preparation.
- Medication adherence.

The benefit covers up to 124 hours of care per year (up to four hours per day for a maximum of 31 days in the year). Use of less than four hours is still considered a day. Members will be reimbursed up to \$100 per day.

Eligible members must:

- Receive prior approval from the plan.
- Need help with at least two activities of daily living (ADLs) as determined and recommended by their health care provider.
- Submit claims for reimbursement to the plan with appropriate documentation.





In-Home Support

Our In-Home Support program provides members with assistance in their daily activities. The program is focused on promoting member's independence, reducing any feelings of social isolation and improving their overall mental outlook.

This benefit provides up to 30 hours of in-home support per year.

The personal care providers spend time with members and help with home-based chores, such as:

- Meal preparation
- Pet care
- Use of electronics/communications
- Fitness activities
- And more!

Whole-person care considers a member's overall health and is an important part of our drive to help care for a member's total well-being.



Personalized care management

Clinical concept

- Treat the member, not the disease
- Outcomes-based, 100% engagement solution

Team model

- Analytics-driven, personalized clinical connection

Member facing

- Joint goal setting and partnership to completion

Monitoring

- Member experience and outcomes



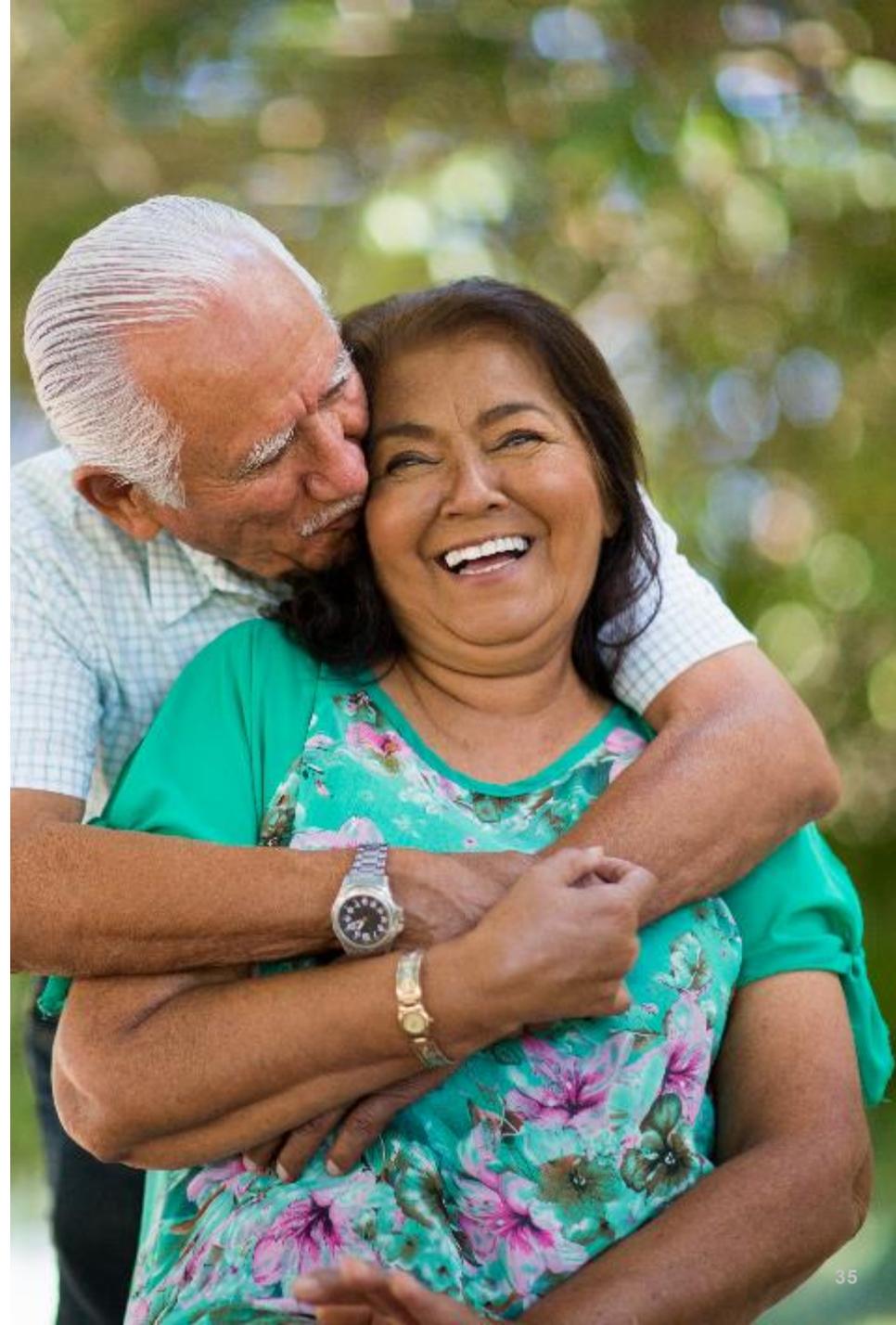
Medicare home lab kit

We are offering no-cost home test kits to eligible members who are overdue for one or more preventive screenings, as a way to complete the screening in the comfort and privacy of your own home.

You may receive multiple kits, such as:

- FIT (fecal immunochemical test), a colon cancer screening test.
- Microalbumin (urine) test kit, for monitoring your kidney health.
- A1C (blood) test kit, to measure your average blood sugar over the past two to three months.

Simply take the tests and return in the postage-paid envelope. Lab test results will be mailed to each member within two to three weeks. A copy can also be mailed to your primary care doctor.





House Call program

The House Call program offers a personalized visit, in your home, that can lead to a care plan tailored for you.*

The House Call program is available at no additional cost for members who qualify, based on their health needs.

During the visit, the clinician will:

- Chat about any health questions and concerns.
- Give basic health screenings.
- Take notes on the health discussion and record assessment results.
- Share the assessment results with you and your personal doctors.

* House Call program is administered by an independent vendor. It is available to members who qualify.

Innovation for members

Living in a digital age gives us new tools to help people feel closer to their healthcare.

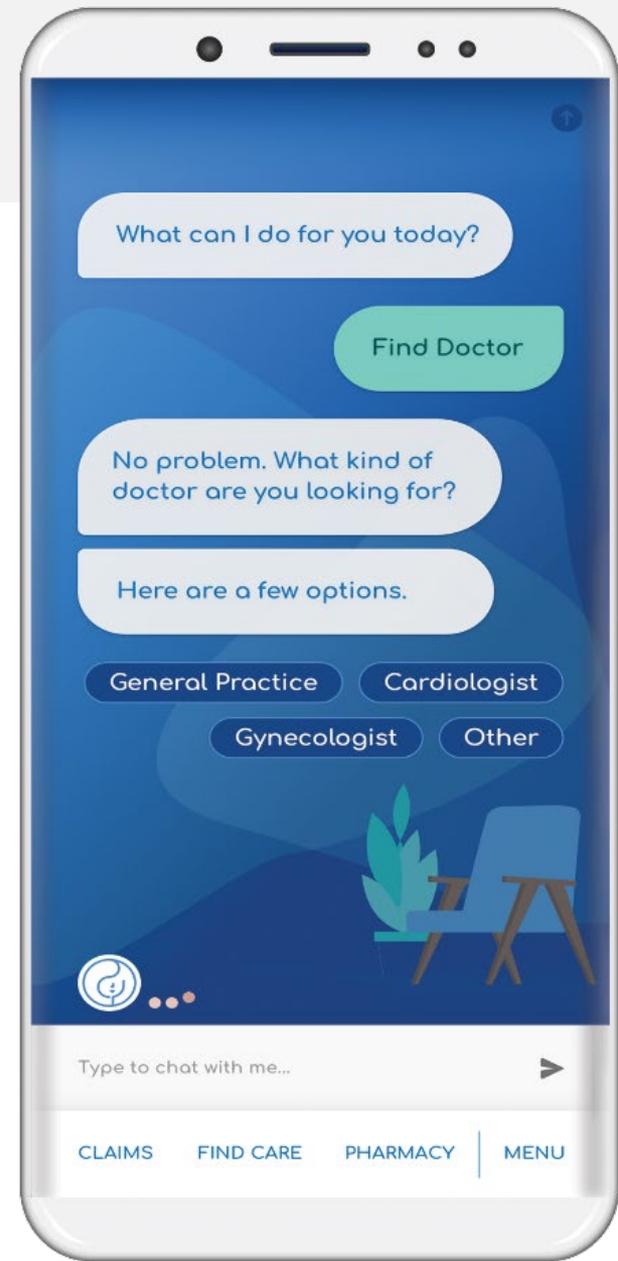


Sydney Health app

A partner in health in the palm of your hand

The Sydney HealthSM app centers around the member. With all of their information in one convenient place, they are better able to make the most of their benefits and stay connected to their health plan anytime, anywhere.

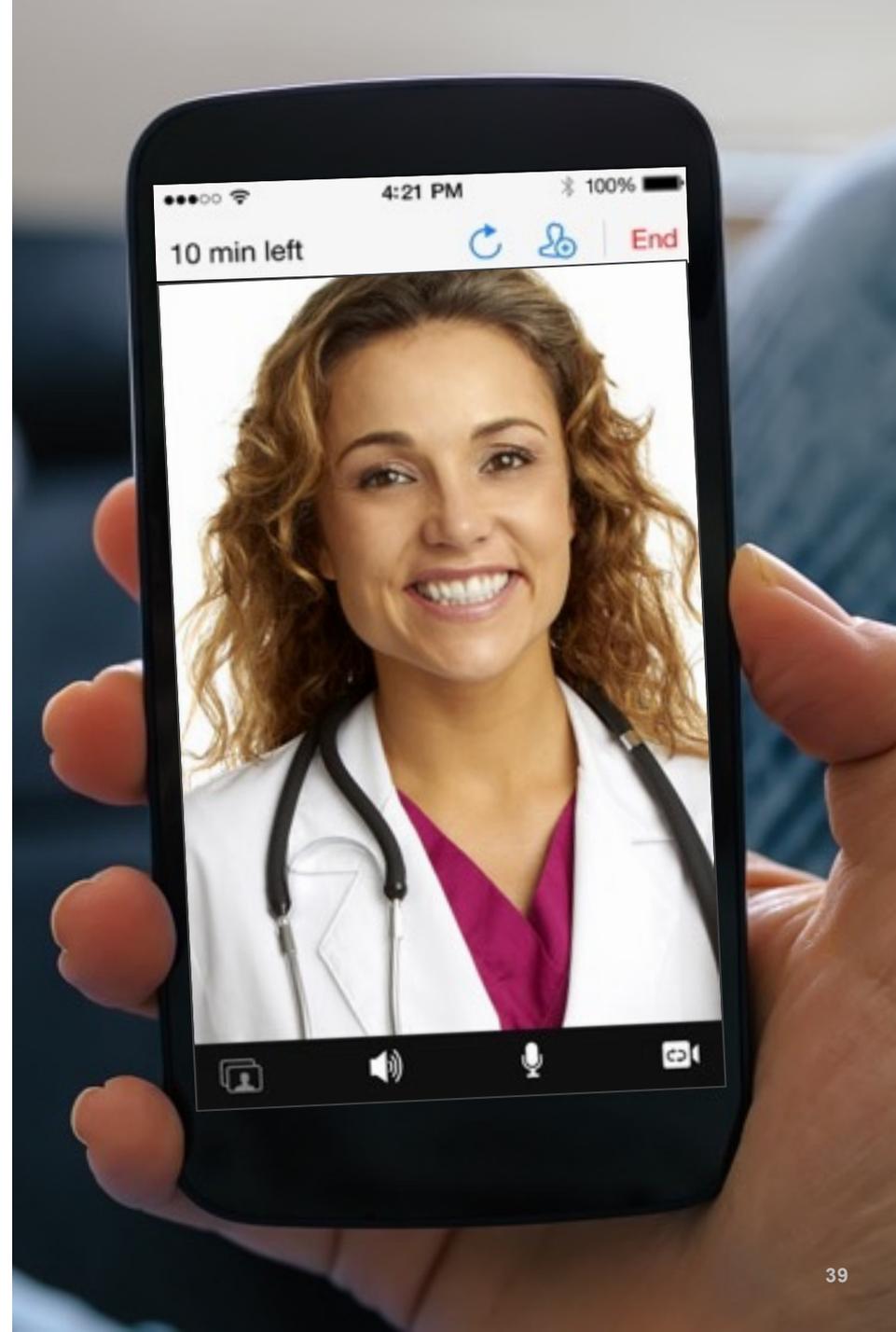
- › Tools to help find care, view costs, online appointment scheduling, and one-click access to LiveHealth Online and **anthem.com**.
- › A personalized dashboard based on identified health topics and wellness goals.
- › Timely, insight-driven push messages based on the employee's health profile using clinical and claims data.
- › Medical record information available anytime, which can be shared with anyone (family, caregivers).



LiveHealth Online*

- > Access a board-certified doctor in the comfort of your home, 24/7.
- > Have a doctor video visit with common conditions, like the flu, colds, sinus infections, pink eye and skin rash — this even includes having prescriptions sent to the pharmacy, if needed.
- > Set up a 45-minute counseling session with a licensed therapist or psychologist, to find help when you feel depressed, anxious, or stressed.

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





Health record

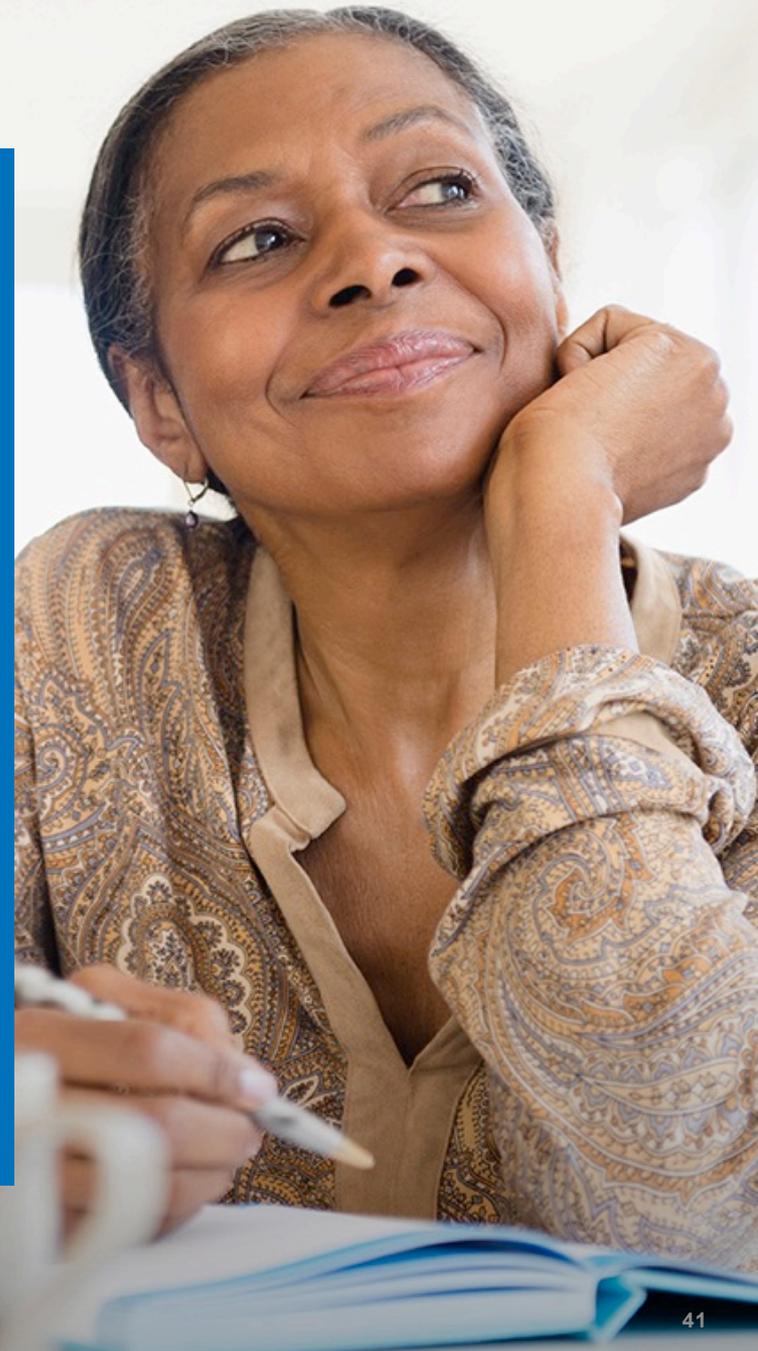
Our tool, My Family Health Record, gives members a holistic view of their entire health history.

You can:

- Access an aggregated view of all electronic medical record (EMR) data from multiple providers.
- Download their EMR anytime, and share it with providers, family members, or caregivers.

MyHealth Advantage

- > Helps you keep track of your health and progress.
- > Includes reminders to make preventive care appointments.
- > Checks your health claims, routine tests, and checkups on a regular basis.
- > Includes recent claims, receive personalized messages, and money-saving tips.



24/7 NurseLine

Registered nurses are ready and waiting to help you — over the phone — with your health concerns.*



* The information contained in this program is for general guidance only. Your doctor will be specific regarding recommendations for your individual circumstances. Recommended treatments may not be covered under your health plan.

The SilverSneakers® program*



A no-added-cost fitness benefit with access to thousands of locations nationwide



The ability to enroll at multiple locations at any time — national reciprocity



Signature SilverSneakers classes designed for all fitness levels and led by trained instructors



Guidance from dedicated fitness staff



SilverSneakers FLEX classes offered outside the traditional gym setting



Adjustable workout programs tailored to individual fitness levels, participate in live classes from your phone, and find locations with the SilverSneakers GO™ app



[SilverSneakers.com](https://www.silversneakers.com) online resources, like SilverSneakers On-Demand™, SilverSneakers Live™ classes and workshops, fitness location directory, and articles



Social connections through events, such as shared meals, holiday celebrations, and class socials

Plus, access SpecialOffers@AnthemSM for additional savings

Sample of SpecialOffers available to <Anthem's> Group Medicare Advantage members*



* Vendors and offers are subject to change without prior notice. <BRAND> 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.

Online resources at anthem.com

Access online resources anytime from your computer, smartphone, or tablet



Print a temporary ID card



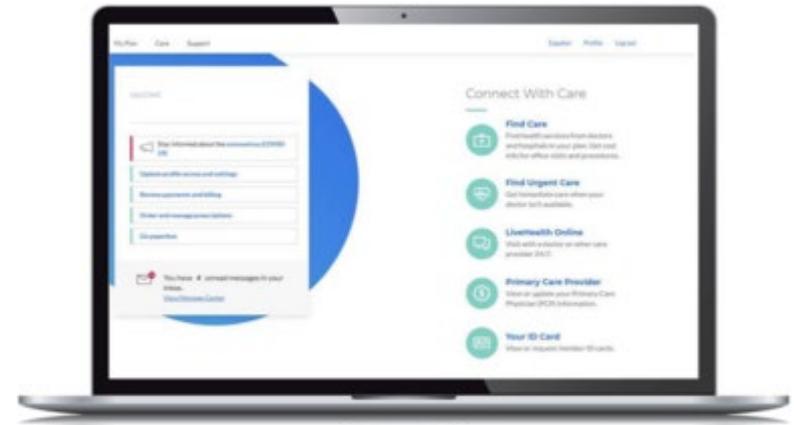
Find a doctor

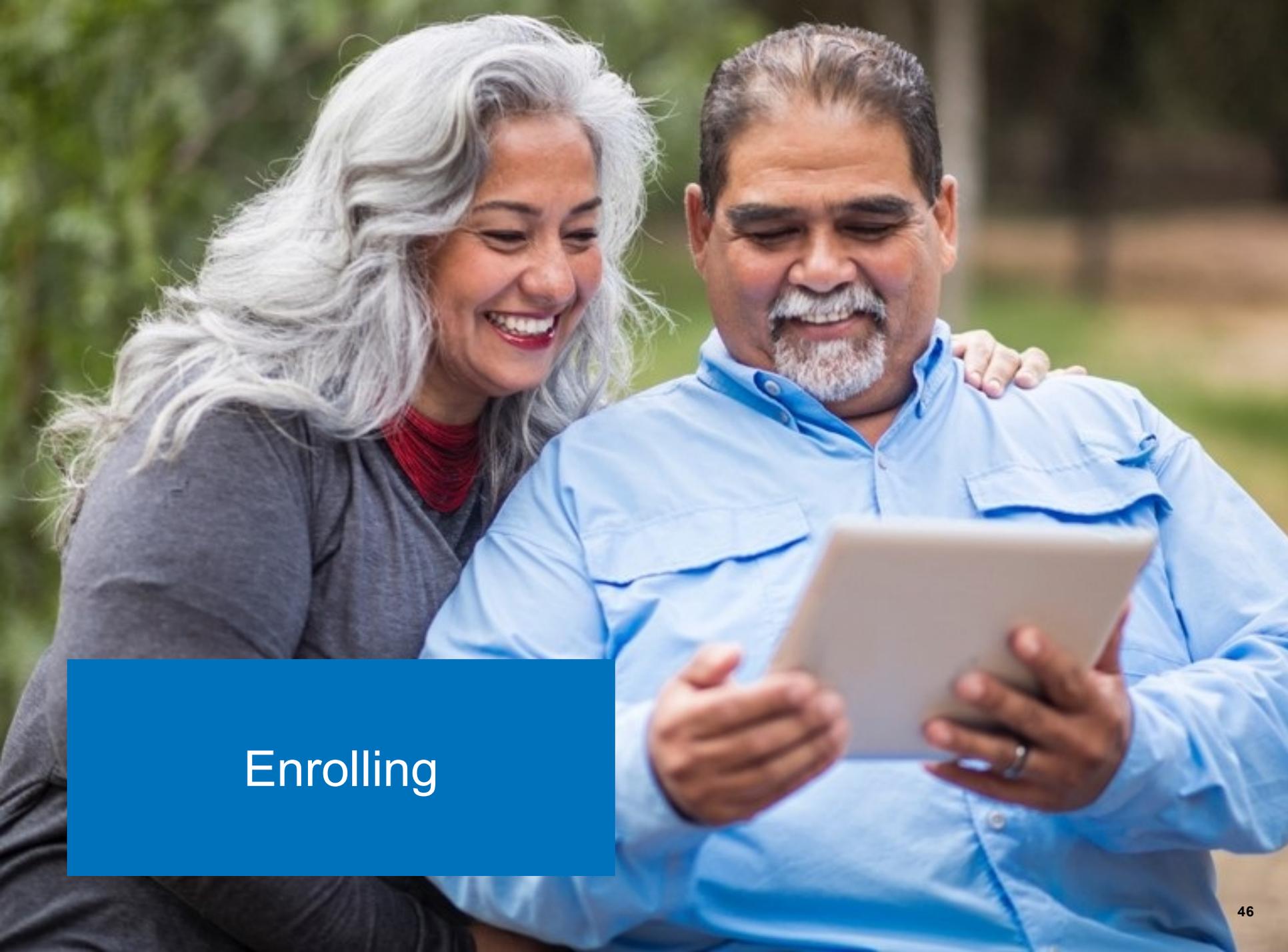


Estimate your costs



View claims





Enrolling

Enrolling

How to enroll in your new plan:

How to enroll



Enrollment

As part of your plan, you have been automatically enrolled.

How to opt out



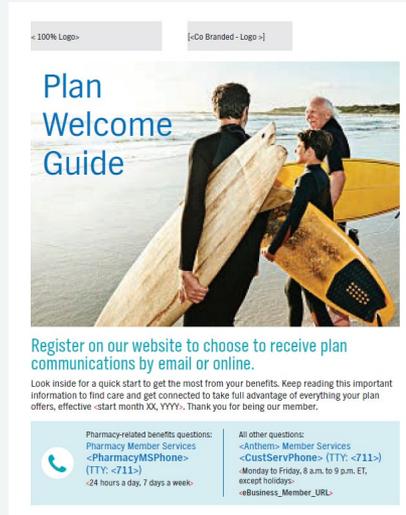
Opting out

Need to opt out? Just call Anthem:
1-833-848-8729 (TTY: 711) by
November 15, 2021

Note: If you opt out of the Anthem Medicare Preferred (PPO) with Senior Rx Plus retiree plan, offered through your group sponsor, you may be allowed to reenroll in your group-sponsored retiree plan in the future. Check with LACERS for more information.

Welcome kit and ID card mailings

Mailing to enrolled retirees prior to effective date



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Plan Welcome Guide

Register on our website to choose to receive plan communications by email or online.

Look inside for a quick start to get the most from your benefits. Keep reading this important information to find care and get connected to take full advantage of everything your plan offers, effective -start month XX, YYYY. Thank you for being our member.

Pharmacy-related benefits questions:
Pharmacy Member Services
<PharmacyMSPhone>
(TTY: <T711>)
<24 hours a day, 7 days a week>

All other questions:
<Anthem> Member Services
<CustServPhone> (TTY: <T711>)
Monday to Friday, 8 a.m. to 9 p.m. ET,
except holidays
<Business_Member_URL>

Available online or by request



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2022 Evidence of Coverage

Register on our website to choose to receive plan communications by email or online.

<Plan Name>
<Group Name>

For questions, please call
<Anthem> Member Services: <CustServPhone> (TTY: <T711>)
Monday to Friday, 8 a.m. to 9 p.m. ET, except holidays
<Business_Member_URL>

Evidence of Coverage



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2022 Local Area Provider (MAPD) and Pharmacy Directory

<Plan Name>
<Subhead_1>

This directory is for the area around ZIP code <ZIP code>.

This provider and pharmacy directory was updated on <Medical ID#>
effective dates. But there are even more providers in our network. Visit
<Business_member_URL> for a complete listing. Or call <Contact_1>
<Customer_Care_Hours_Operations>.

<Contact_2> Y&A_21_252621_AK_2P
<C&A>

Directory



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2022 Part D Formulary

(List of Covered Drugs)

Register on our website to choose to receive plan communications by email or online.

<Plan Name>
<Subhead_1>

Please read this document and any information about the drugs we cover in this plan.
The members are updated on <date>.

Pharmacy-related benefits questions:
Pharmacy Member Services
<PharmacyMSPhone>
(TTY: <T711>)
<24 hours a day, 7 days a week>

All other questions:
<Anthem> Member Services
<CustServPhone> (TTY: <T711>)
Monday to Friday, 8 a.m. to 9 p.m. ET,
except holidays
<Business_Member_URL>

Y&A_21_252621_AK_2P <C&A>

Formulary

First Impressions welcome team

As you transition to your plan, our team can help you feel more confident

Call 833-848-8729
Monday to Friday
5 a.m. to 6 p.m. PT



Preenrollment support

- Interactive voice response (IVR)—free experience
- Senior sensitivity certified
- Support comparing existing and potential new plan



Enrollment support

- Help answering retiree-specific questions about network and benefits



Guidance and medical continuity

- Trained to address questions about prescriptions and network
- Available to assist members with questions about their doctors and coverage under our plan





We're here to help. By your side. Every step of the way.

With the right start, retirees can enter the next phase of their lives with confidence and peace of mind, knowing they have the care and support to keep them in good health for many years to come.



Anthem Blue Cross is an HMO & LPPO plan with a Medicare contract. Anthem Blue Cross Life and Health Insurance Company is an LPPO plan with a Medicare contract. Anthem BC Health Insurance Company is an LPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross, Anthem BC Health Insurance Company and Anthem Blue Cross Life and Health Insurance Company depends on contract renewal. Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross, Anthem BC Health Insurance Company and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.