



Medicare Part D Group Plan

Your Medicare Part D Enrollment Guide

**LACERS - Part B Only (HMO or
PPO) PDP (5/25/50)**

**Blue Cross MedicareRx (PDP) with
Senior Rx Plus**

Look inside

Benefit overview | About Medicare | How to save | How to enroll

Get to know the LACERS Blue Cross MedicareRx (PDP) with Senior Rx Plus plan



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Medicare Part D plan highlights



Enroll now

If you're ready to enroll, please go to page 12 to get started.

LACERS offers you this Blue Cross MedicareRx (PDP) with Senior Rx Plus plan. As a member, you'll get prescription drug coverage and so much more, including:

- Coverage on commonly prescribed drugs, plus Extra Covered Drugs
- \$0 copays on Select Generics
- Plan pharmacies nationwide
- Discounted rates on health products and services



Questions?

Call our **First Impressions Welcome Team** for answers or plan details. **1-866-646-2436 (TTY: 711) Monday through Friday, 5 a.m. to 6 p.m. PT, except holidays**

Prescription drug benefit highlights



You'll save money on prescription drugs with:

Covered medications

We cover generic, brand name, and specialty drugs that Medicare Part D allows us to cover, plus even more than Original Medicare covers. These additional drugs are called our Extra Covered Drugs.

Choosing covered generic drugs may save you money without sacrificing effectiveness. Generics have the same active ingredients and effects as brand name drugs, generally without the higher cost share. Generic drugs on our Select Generics list have a \$0 copay.

Plan pharmacies

Save by filling your prescriptions at any of our 65,000 plan pharmacies. Most national chains and many local pharmacies are in our National Discount Network.

Choose mail-order pharmacy for convenience and savings. You'll get up to 90 days of supplies — often at a lower cost than if you were to fill the same amount at a regular pharmacy. It saves time as well.

Please see the Summary of Benefits chart for more details.

Call our First Impressions Welcome Team for a complete list of covered drugs and plan pharmacies. 1-866-646-2436 (TTY: 711) Monday through Friday, 5 a.m. to 6 p.m. PT, except holidays

What is Medicare?

Your group plan
is a Medicare Part D plan.

Medicare is a federal government health insurance program for people:

- Over age 65.
- Under age 65 with certain disabilities.
- With end-stage renal disease (ESRD).
- With amyotrophic lateral sclerosis (ALS), also called Lou Gehrig’s disease.

More information is available at www.medicare.gov or you can call **1-800-MEDICARE (1-800-633-4227)**, TTY: **1-877-486-2048**, day or night.

Medicare is available as follows:

Original Medicare

- **Part A** provides coverage for hospital benefits.
- **Part B** provides medical benefits.

Medicare Advantage

- Also called **Part C**.
- Bundles Parts A and B.
- Offers many benefits and customer service not offered by Original Medicare.

Part D is a Medicare-approved plan available only through private insurance companies. **The benefits it offers are listed throughout this guide.**

Original Medicare = government program		Offered by private insurance companies	
Medicare Part A	Medicare Part B	Medicare Part C	Medicare Part D
Original Medicare + Part C = Medicare Advantage			
Medicare Advantage + Part D = MAPD plan			

Prescription drug coverage with Part D

This plan is for prescription drug coverage, also called Medicare Part D. All of our covered drugs appear on a drug list, called the *Part D Formulary*.^{*} This plan also covers drugs beyond those that original Medicare covers. These will appear listed separately and are called Extra Covered Drugs.

If you take a medicine that is not covered, you have three options. You can:

- 1. Ask your doctor to switch you to a covered drug.
- 2. Request an exception.
- 3. Request a temporary supply while discussing other drug options with your doctor.

Drug type	Description	Possible tier coverage ²	Cost
Generic ¹	Same active ingredients and effects as brand name drug without the brand name	Tier 1	\$
Preferred brand name	Safe and effective brand name drugs that may not have a generic alternative	Tier 2	\$\$
Nonpreferred brand name	Less commonly used brand name drugs that usually have a generic alternative	Tier 3	\$\$\$
Specialty	Cost over \$830 for 30 days. May require special handling.	Highest tier	\$\$\$\$

Covered drugs are divided into levels, or tiers. Drugs on the lowest-numbered tier generally cost less, while drugs on the highest-numbered tier generally cost the most. Each tier contains drugs that we cover based on their safety and effectiveness. This chart provides an overview of how the tiers and pricing generally work.

¹ High-cost generic medications may also appear on the same tiers as brand name medications. Please consult the formulary for specific tier details.

² Some drug lists divide generic drugs into two tiers. For those lists, the tier number increases by one for all tiers after the first. For example, Tier 1 becomes Tier 1 and Tier 2, and the numbering continues up the tiers.

^{*}Please call the First Impressions Welcome Team to find out if your drug in question is on the Part D Formulary.

\$0 copay for Select Generics

These generic drugs have the same active ingredients and effects as brand name drugs for a \$0 copay. If you don't see one of your drugs here, you can call us to check the full drug list for you.¹

Use	Name	
Cardiovascular	Amlodipine/benazepril capsule	Irbesartan tablet
	Atenolol tablet	Irbesartan/hydrochlorothiazide tablet
	Atenolol/chlorthalidone tablet	Lisinopril tablet
	Benazepril tablet	Lisinopril/hydrochlorothiazide tablet
	Benazepril/hydrochlorothiazide tablet	Losartan potassium tablet
	Bisoprolol fumarate tablet	Losartan potassium/hydrochlorothiazide tablet
	Bisoprolol/hydrochlorothiazide tablet	Metoprolol tartrate tablet
	Carvedilol tablet	Olmesartan tablet
	Chlorthalidone tablet	Quinapril tablet
	Enalapril maleate tablet	Ramipril tablet
	Enalapril/hydrochlorothiazide tablet	Trandolapril tablet
	Fosinopril tablet	Valsartan tablet
	Furosemide tablet	Valsartan/hydrochlorothiazide tablet
	Hydrochlorothiazide capsule/tablet	
Cholesterol	Atorvastatin tablet	Rosuvastatin tablet
	Lovastatin tablet	Simvastatin tablet ²
	Pravastatin sodium tablet	
Diabetes	Glimepiride tablet	Metformin ER tablet ²
	Glipizide ER tablet	Metformin tablet
	Glipizide tablet	Pioglitazone tablet
	Glipizide/metformin hcl tablet	
Osteoporosis	Alendronate sodium tablet	

¹ This list is current as of May 2022. It is not a complete list of covered drugs.

² Not all dosages are covered at the Select Generics cost share.

Top 50 most prescribed drugs we cover



Enroll now

If you're ready to enroll, please go to page 12 to get started.

If you don't see one of your drugs here, you can call us to check the full drug list for you.¹

amlodipine besylate

levothyroxine sodium

lisinopril

losartan potassium

metoprolol succinate

rosuvastatin calcium

omeprazole

hydrochlorothiazide

*metformin hydrochloride*²

tamsulosin hydrochloride

pantoprazole sodium

*simvastatin*²

ELIQUIS²

gabapentin

furosemide

metoprolol tartrate

*carvedilol*²

pravastatin sodium

clopidogrel

montelukast sodium

allopurinol

sertraline hydrochloride

escitalopram oxalate

famotidine

atenolol

ezetimibe

trazodone hydrochloride

metformin hydrochloride ER

duloxetine hydrochloride

SYNTHROID

finasteride

latanoprost

prednisone

fluticasone propionate

meloxicam

hydrocodone-

acetaminophen

potassium chloride

spironolactone

alendronate sodium

XARELTO

albuterol sulfate HFA

lisinopril-

hydrochlorothiazide

donepezil hydrochloride

losartan-

hydrochlorothiazide

tramadol hydrochloride

alprazolam

glimepiride

citalopram

valsartan

bupropion XL

Generic drugs appear in lowercase italics (lisinopril, for example), while brand name drugs are in uppercase (ELIQUIS, for example).

¹ This list is current as of May 2022 and is subject to change. It is not a complete list of covered drugs.

² Not all dosages are covered at the generic cost share.

Health and savings with SpecialOffers

Your group plan includes useful and valuable programs to help you stay healthy and support your well-being. As a member, you'll have access to the following services at no extra cost:

Fitness and healthy living

The ChooseHealthy® program*

- Discounts on services such as acupuncture, chiropractic care, therapeutic massage, and more from a nationwide network of healthcare providers.
- Discounts on fitness and wellness products such as activity trackers, equipment, and more. Obtain access to online health and wellness classes at no additional cost.

Fitbit

- Save up to 22% on select Fitbit trackers and smartwatches.

Garmin

- 20% off select Garmin wellness devices

GlobalFit™

- Discounts on gym memberships, fitness equipment, coaching, and more

Jenny Craig®

- Free three-month program (food not included), plus \$120 in food savings (purchase required) or save 50% off our premium programs (food costs separate)

Puritan's Pride

- 10% off vitamins, supplements, and minerals

SelfHelpWorks

- Choose one of the online Living programs and save 15% on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep, or face an alcohol problem.

The Active&Fit Direct™ program*

- Choose from 16,000+ participating fitness centers nationwide
- \$25/month membership (plus \$25 enrollment fee and applicable taxes)
- No long-term contracts
- Lifestyle coaching is available

* The ChooseHealthy program is provided by ChooseHealthy, Inc. and the Active&Fit Direct program is provided by American Specialty Health Fitness, Inc. (ASH Fitness). ChooseHealthy, Inc. is a subsidiary and ASH Fitness are subsidiaries of American Specialty Health Incorporated (ASH). ChooseHealthy is a trademark and Active&Fit Direct are trademarks of ASH and used with permission herein. The ChooseHealthy program is a discount program; it is not insurance. You can access services from any ChooseHealthy participating provider; referral from a primary care physician is not required. You are responsible for paying the discounted fee directly to the contacted provider.

Dental

ProClear™ Aligners

- Improving your smile shouldn't cost a fortune. You can save on a beautiful, professional smile in the comfort of your own home. There are no metal braces, no time-consuming dentist visits, and no hidden fees. When you order, you can receive a free whitening kit, along with a great-looking smile.

Family and home offerings

Allergy Control and National Allergy

- Save up to 25% on select products. Free shipping on all orders over \$59 when shipping ground within the contiguous United States.

23andMe

- \$40 off each Health + Ancestry Service kit
- 20% off one 23andMe kit — learn about your wellness, ancestry, and more

Vision

1-800 CONTACTS® or Glasses.com™

- \$20 off orders of \$100 or more for the latest contact lenses or brand name frames
- Free shipping

Premier LASIK

- Save \$800 on LASIK when you choose any featured Premier LASIK Network provider.

- Save 15% with all other in-network providers.

TruVision

- Save up to 40% on LASIK eye surgery at over 1,000+ locations
- Over 6.5 million procedures performed in the network

Hearing

Amplifon®

- 25% off Amplifon hearing aids for qualified members, plus an extra \$50 off one hearing aid or \$125 off two hearing aids
- A three-year repair/loss/damage warranty
- A free two-year supply of batteries

Hearing Care Solutions (HCS)*

- Digital instruments starting at \$500
- Free hearing exam
- 3,100 locations and eight manufacturers
- Three-year warranty
- Two years of batteries
- Unlimited visits for one year

NationsHearing

- Big savings on top-quality hearing aids from major manufacturers with a 60-day, 100% money-back guarantee, plus a three-year repair warranty, batteries included for three years, and replacement coverage

* Hearing benefit management administered by Hearing Care Solutions, an independent company.



SpecialOffers is a discount program that is not part of your health plan coverage. It is a value-added online service we provide to give our Medicare Advantage members access to discounts offered by different vendors. Vendors and offers are subject to change without prior notice. Anthem does not endorse and is not responsible for the products, services, or information provided by SpecialOffers vendors. Arrangements and discounts were negotiated between vendors and Anthem for the benefit of our members. The products and services described are not part of our contract with Medicare. They are not subject to the Medicare appeals process. Any disputes about these products or services may be subject to the Anthem grievance process.

IMPORTANT: SpecialOffers vendors and discounts are subject to change without notice

Online tools and resources

As a member, you can use our online tools and resources to help manage your plan. Once you receive your plan membership card, you can register at www.anthem.com/ca to:

- Access plan and health resources. You can check the status of claims and review plan documents. If you need to, you can request a replacement plan membership card or print a temporary one.
- There is also an online library of medical articles and videos. If you choose, you can opt in to receive paperless communications.
- Search covered drugs and pharmacies.
- Use mail order for prescription drugs.

Sydney Health app

The Sydney Health app offers online tools* to help you stay healthy and manage your health plan.

Download the Sydney Health app at www.anthem.com/ca. After we send you your plan membership card, use the information on the card to set up your account. It only takes a few minutes to register. When you're done, you can use the app to:

- Access plan and health resources.
- Check the status of claims.
- Request a replacement membership card or print a temporary one.
- Use mail order for prescription drugs.

You can also:

- Use your device's GPS to find nearby pharmacies.
- Use the chat feature to quickly find answers to your health questions.
- 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.

*Online tools are offered to Anthem plan members as extra services. They are not part of the contract and can change or stop.

How to qualify and enroll

Qualifications for enrolling in Blue Cross MedicareRx (PDP) with Senior Rx Plus:

- You need to be a United States (U.S.) citizen or are lawfully present in the U.S.
- You need to live in the plan's service area.
- You are now entitled to Medicare Part A and/or enrolled in Part B.
- You qualify for coverage under your or your spouse's group-sponsored Part D plan.



Enroll now

How to complete the enrollment election form

You'll need:

- **Your Medicare number** (the number on your red, white, and blue Medicare card). Fill out the requested information as it appears on your Medicare card. If required, also attach a copy of your Medicare card or your letter from the Social Security Administration or the Railroad Retirement Board and send it along with your completed enrollment election form.
- **Your permanent address and phone number.**
- You must **complete all items on the enrollment election form**. Complete and sign the enrollment election form that starts on the next page and mail it to the address listed on it.



IMPORTANT: When you're ready to enroll, please complete the enrollment election form on the next page. The scissors icon and dotted line show where to cut it out. Then, please mail your form to the address on the form.



Anthem Blue Cross Group-Sponsored Health Plan Enrollment Election Form

All fields on this form are required unless noted with an asterisk*

Group sponsor name: LACERS		Group #: CA013GRX	
Plan you will join: <input type="checkbox"/> Part B-only PPO members PDP (5/25/50) <input type="checkbox"/> Part B-only HMO members PDP (5/25/50)		Requested effective date of coverage: (__ __/__ __/__ __ __ __) (M M / D D / Y Y Y Y) Generally, the effective date of enrollment will be the first of the month following the enrollment receipt date, unless a future date is requested and is allowed.	
FIRST name:		LAST name:	
		Middle initial:	
Birthdate: (MM/DD/YYYY) (__ __/__ __/__ __ __ __)		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone number: () <input type="checkbox"/> Cell <input type="checkbox"/> Other
Permanent residence street address (Do not enter a P.O. Box):			
City:		State:	ZIP code:
Mailing address, if different from your permanent address (P.O. Box allowed):			
Street address:		City:	State: ZIP code:
Email address: _____ Your email address will be used for communications only from Anthem Blue Cross. We will not share your email address. Thank you for providing your email address and phone number. We will only use this information to occasionally contact you by email, phone call or text with Important Plan Information. In addition, may we also contact you about additional products and services that might interest you by <input type="checkbox"/> email and/or <input type="checkbox"/> text? Messaging and data rates may apply. Please know you can change your preference at any time by visiting www.anthem.com/ca or contacting customer service.			

Race*	Ethnicity*
<input type="checkbox"/> White	<input type="checkbox"/> Not of Hispanic, Latino/a, or Spanish Origin
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Another Hispanic, Latino/a, or Spanish Origin
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Mexican, Mexican American, Chicano/a
<input type="checkbox"/> Chinese	<input type="checkbox"/> Cuban
<input type="checkbox"/> Filipino	<input type="checkbox"/> I choose not to answer
<input type="checkbox"/> Japanese	
<input type="checkbox"/> Korean	
<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Other Asian	
<input type="checkbox"/> Native Hawaiian	
<input type="checkbox"/> Samoan	
<input type="checkbox"/> Guamanian or Chamorro	
<input type="checkbox"/> Other Pacific Islander	
<input type="checkbox"/> I choose not to answer	



Your Medicare information:

Medicare Number: _____

Note: The Medicare Number is required to complete your enrollment. If you do not provide your Medicare Beneficiary ID from your Medicare ID Card, your enrollment into the plan may be delayed.

Please read and answer these important questions

1. Are you the retiree? ☐ Yes ☐ No

If "yes," retirement date (month/date/year): _____

If "no," name of retiree: _____ Retiree Medicare ID #: _____

2. Are you a resident in a long-term care facility, such as a nursing home? ☐ Yes ☐ No

If "yes," please provide the following information:

Name of institution: _____

Address (number and street) and phone number of institution: _____

3. Will you have other prescription drug coverage (like VA or TRICARE) in addition to this plan? ☐ Yes ☐ No

Name of other coverage: _____ Member number for this coverage: _____ Group number for this coverage: _____



Please read this important information:

If you are a member of a Medicare Advantage plan (like an HMO or PPO), you may already have prescription drug coverage from your Medicare Advantage plan that will meet your needs. By joining Blue Cross MedicareRx (PDP) with Senior Rx Plus, your membership in your Medicare Advantage plan may end. This will affect both your doctor and hospital coverage, as well as your prescription drug coverage. Read the information that your Medicare Advantage plan sends you, and if you have questions, contact your Medicare Advantage plan.

If you currently have health coverage from a group sponsor, joining Blue Cross MedicareRx (PDP) with Senior Rx Plus could affect your group sponsor health benefits. You could lose your group-sponsored health coverage if you join Blue Cross MedicareRx (PDP) with Senior Rx Plus. Please read the communications your group sponsor sends you. If you have questions, visit their website or contact the office listed in their communications. If there isn't information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

IMPORTANT: Read and sign below:

- I must keep Medicare Part A and Part B to stay in the plan I have selected.
- **Release of information:** By joining this prescription drug plan, I acknowledge that the plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Anthem Blue Cross will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations.
- The information on this enrollment election form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.



- I understand that when my Blue Cross MedicareRx (PDP) with Senior Rx Plus coverage begins, I must get all of my prescription drug benefits from Anthem Blue Cross. Benefits and services authorized by Anthem Blue Cross and contained in my Blue Cross MedicareRx (PDP) with Senior Rx Plus *Evidence of Coverage* document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor Anthem Blue Cross will pay for benefits or services.**
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this enrollment election form means that I have read and understand the contents of this enrollment election form. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under state law to complete this enrollment election form, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature:	Today's date:
If you are the authorized representative, sign above and fill out these fields:	
Name:	Address:
Phone number:	Relationship to enrollee:

Please return this enrollment election form to:
Los Angeles City Employees' Retirement System (LACERS)
Attn: Health Benefits Administration Division
P.O. Box 512218
Los Angeles, CA 90051-0218

Please refer to the Anthem Blue Cross *Evidence of Coverage* for a complete listing of all plan benefits, conditions, limitations, and exclusions of coverage.

Our plan has free language interpreter services available to answer questions from non-English-speaking members. Please call the First Impressions Welcome Team number listed in this document to request interpreter services.

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

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What to expect after you enroll

After your enrollment is processed, you will receive:

- A plan membership card. Begin using this card on your membership start date.
- Proof of your enrollment request with your membership start date listed.
- A health survey to help us understand and address your needs. We'll call you within 90 days to talk about your experience to understand how we can better take care of you.

We will also send you a plan welcome guide with ways to:

- Make the most of your benefits.
- Find plan doctors and facilities.
- Access information online.



IMPORTANT INFORMATION:

2023 Medicare Star Ratings

Anthem Blue Cross - S5596

Official U.S.
Government
Medicare
Information



For 2023, Anthem Blue Cross - S5596 received the following Star Ratings from Medicare:

Overall Star Rating: N/A
Health Services Rating: N/A
Drug Services Rating: ★★☆☆☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings are important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care.
- The number of members who left or stayed with the plan.
- The number of complaints Medicare got about the plan.
- Data from doctors and hospitals that work with the plan.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get more information on Star Ratings online

Compare Star Ratings for this and other plans online at www.medicare.gov/plan-compare.

Questions about this plan?

Contact Anthem Blue Cross seven days a week from Monday to Friday from 8 a.m. to 9 p.m. ET at **1-866-646-2436** (toll free) or **711** (TTY). Current members please call **1-866-470-6265** or **711** (TTY).

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

Summary of benefits

We've provided a summary of benefits so you can have a better understanding of what's covered and what's not, including:

- Costs you are responsible for
- What we cover under the plan
- Any copays or percentage of the cost
- Any out-of-pocket costs



Questions?

Call our **First Impressions Welcome Team** for answers or plan details. **1-866-646-2436 (TTY: 711) Monday through Friday, 5 a.m. to 6 p.m. PT, except holidays**

Your 2023 Prescription Drug Benefits Chart
Formulary P3, 5/25/50 (with Senior Rx Plus)
LACERS - Part B Only Members

Your retiree drug coverage includes Medicare Part D drug benefits and non-Medicare supplemental drug benefits. The cost shown below is what you pay after all benefits under your retiree drug coverage have been provided.

Formulary	P3
Deductible	\$0
Supplemental Gap Coverage	Generic and Brand
Covered Services	What you pay

Part D Initial Coverage

Below is your payment responsibility until the amount paid by you and your retiree drug plan for covered Part D prescriptions reaches your Initial Coverage Limit of \$4,660.

Retail Pharmacy	per 30-day supply
• Select Generics	\$0 copay
• Generics	\$5 copay
• Preferred Brands	\$25 copay
• Non-Preferred Drugs, including Specialty Drugs and Non-Formulary Drugs	\$50 copay

Covered Services	What you pay
Retail Pharmacy	per 90-day supply
<ul style="list-style-type: none"> • Select Generics 	\$0 copay
<ul style="list-style-type: none"> • Generics 	\$15 copay
<ul style="list-style-type: none"> • Preferred Brands 	\$75 copay
<ul style="list-style-type: none"> • Non-Preferred Drugs, including Specialty Drugs and Non-Formulary Drugs 	\$150 copay

Many of our retail pharmacies can dispense more than a 30-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will need to pay one copay for each full or partial 30-day supply filled. For example, if you order a 90-day supply, you will need to pay three 30-day supply copays. If you get a 45-day or 50-day supply, you will need to pay two 30-day copays.

Covered Services	What you pay
Mail-Order Pharmacy	per 90-day supply
<ul style="list-style-type: none"> • Select Generics 	\$0 copay
<ul style="list-style-type: none"> • Generics 	\$10 copay
<ul style="list-style-type: none"> • Preferred Brands 	\$50 copay
<ul style="list-style-type: none"> • Non-Preferred Drugs, including Specialty Drugs and Non-Formulary Drugs 	\$100 copay

Covered Services	What you pay
Part D Gap Coverage	
Your payment responsibility changes once you reach your Initial Coverage Limit of \$4,660. Below is your payment responsibility during the period after you meet your Initial Coverage Limit and until you meet your True Out of Pocket limit.	
Retail Pharmacy	per 30-day supply
• Select Generics	\$0 copay
• Generics	\$5 copay
• Preferred Brands	\$12.50 copay
• Non-Preferred Drugs, including Specialty Drugs and Non-Formulary Drugs	\$25 copay
Retail Pharmacy	per 90-day supply
• Select Generics	\$0 copay
• Generics	\$15 copay
• Preferred Brands	\$37.50 copay
• Non-Preferred Drugs, including Specialty Drugs and Non-Formulary Drugs	\$75 copay
Mail-Order Pharmacy	per 90-day supply
• Select Generics	\$0 copay
• Generics	\$10 copay
• Preferred Brands	\$25 copay
• Non-Preferred Drugs, including Specialty Drugs and Non-Formulary Drugs	\$50 copay

Covered Services	What you pay
Part D Catastrophic Coverage	
Your payment responsibility changes after the cost you and the Coverage Gap Discount Program have paid for covered drugs reaches your True Out of Pocket limit of \$3,600.	
Retail and Mail-Order Pharmacies	Up to a 90-day supply
<ul style="list-style-type: none"> Select Generics 	\$0 copay
<ul style="list-style-type: none"> Generics 	5% coinsurance with a minimum of \$2 and a maximum of \$5
<ul style="list-style-type: none"> Brand-Name Drugs 	5% coinsurance with a minimum of \$5 and a maximum of \$25

- Coverage Gap Discount Program:** If you are not receiving help to pay your share of drug cost through the Low Income Subsidy or PACE programs, you qualify for a discount on the cost you pay for most covered brand drugs through the Medicare Coverage Gap Discount Program. For prescriptions filled in 2023, once the cost paid by you and your retiree drug plan reaches \$4,660 the cost share you pay will reflect all benefits provided by your retiree drug coverage and the Coverage Gap Discount. The Coverage Gap Discount applies until the cost paid by you and the Discount reaches \$7,400. Drug manufacturers have agreed to provide a discount on brand drugs which Medicare considers Part D qualified drugs. **Please note:** Your retiree drug plan may cover some brand drugs beyond those covered by Medicare. The discount will not apply to drugs listed as "Extra Covered Drugs" in your benefits.
- Vaccines:** Medicare covers some vaccines under Medicare Part B medical coverage and other vaccines under Medicare Part D drug coverage. Vaccines for Flu, including H1N1, and Pneumonia are covered under Medicare medical coverage. Vaccines for Chicken Pox, Shingles, Tetanus, Diphtheria, Meningitis, Rabies, Polio, Yellow Fever, and Hepatitis A are covered under Medicare drug coverage. Hepatitis B is covered under drug coverage unless you fall into a high risk category, then it is covered under medical coverage. Other common vaccines are also covered under Medicare drug coverage for Medicare-eligible individuals under 65. You can fill your vaccines at a network pharmacy or they can be administered at a physician's office. However, the physician will only submit a claim for a Part B vaccine. If you want to get a Part D vaccine at your physician's office you will pay for the entire cost of the vaccine and its administration and then ask your drug plan to pay its share of the cost. Please see your *Evidence of Coverage* for complete details on what you pay for vaccines.
- Senior Rx Plus:** Your supplemental drug benefit is non-Medicare coverage that reduces the amount you pay, after your Group Part D benefits and the Coverage Gap Discount. The copay or coinsurance shown in this benefits chart is the amount you pay for covered drugs filled at network pharmacies.

- **Dispense as Written:** When a member's physician has specified "dispense as written (DAW)" for non-preferred brand-name drugs or non-formulary drugs, the copay for preferred brand-name formulary drugs will apply. When a member's physician has not specified DAW for non preferred brand-name drugs or non-formulary drugs, the Tier 3 copay will apply. The lower formulary brand copay will not apply to single source drugs even if the physician denotes "dispense as written".

Your 2023 Extra Covered Drugs Benefits Chart

Covered Services	What you pay
Extra Covered Drugs	
These are prescription drugs that are covered by your retiree drug plan that are often excluded from Part D coverage. These prescription drugs are covered by your Senior Rx Plus benefits. Some of these drugs may be required on your retiree drug plan by state regulations. These drugs do not count towards your True Out of Pocket expenses. They do not qualify for lower Catastrophic copays.	
Retail Pharmacy	per 30-day supply
Cough and Cold DESI Vitamins and Minerals	See Drug List for complete list of drugs covered
• Generics	\$5 copay
• Preferred Brands	\$25 copay
• Non-Preferred Drugs	\$50 copay
Erectile Dysfunction (ED)	Immediate dose ED drugs Immediate dose formats are limited to 6 per 30 days.
• Generics	\$5 copay
• Preferred Brands	\$25 copay
• Non-Preferred Drugs	\$50 copay
Contraceptive Devices	Limit 1 per year;
• Prescription	\$25 copay per Covered Device

Covered Services	What you pay
Mail-Order Pharmacy	per 90-day supply
Cough and Cold DESI Vitamins and Minerals	See Drug List for complete list of drugs covered
• Generics	\$10 copay
• Preferred Brands	\$50 copay
• Non-Preferred Drugs	\$100 copay
Erectile Dysfunction (ED)	Immediate dose ED drugs Immediate dose formats are limited to 6 per 30 days.
• Generics	\$10 copay
• Preferred Brands	\$50 copay
• Non-Preferred Drugs	\$100 copay
Contraceptive Devices	Copay or coinsurance Limit 1 per year;
• Prescription	\$25 copay per Covered Device

- **Over the Counter Drugs:** To get over the counter drugs listed as covered under your drug plan, you must have a prescription from your provider and have the prescribed drug filled by the pharmacist.

Common questions and answers



Call our First Impressions Welcome Team

if you have additional questions or want to learn more about plan details.

1-866-646-2436 (TTY: 711)

Monday through Friday, 5 a.m. to 6 p.m. PT, except holidays

What's a deductible

A deductible is the amount of money you pay for healthcare services before your plan starts paying. After you reach your deductible, you may still have to pay for your share of the services. Certain plans have no deductible and will cover your costs when the plan starts. Other services will be covered by your plan before you reach the deductible. For more details, please call our **First Impressions Welcome Team** or see the Summary of Benefits located in the appendix.

What's a copay

Some services may require a copay. A copay is the fixed dollar amount that you pay for covered services or prescriptions after paying your deductible.

What is coinsurance?

In some cases, you may have to pay coinsurance. Coinsurance is the percentage of the cost you pay for a covered service after you meet your deductible. The plan then pays the rest of the covered cost. If you have not yet met your deductible, you pay the full allowed amount.

What is a true out-of-pocket (TrOOP) limit?

It is an annual out-of-pocket limit that includes payments made by you and the discount you receive on covered brand name drugs in the coverage gap. Once you reach this limit, you may pay a lower copay or coinsurance for your covered drugs until the start of the next plan year. The amount paid by your plan does not count toward your TrOOP costs. Not all of your costs add to the TrOOP. For more details, please see the Benefits Chart included in this guide.

Before enrolling, what do I need to provide my group sponsor?

To ensure a smooth enrollment, make sure your group sponsor has your most up-to-date information and that it matches your Social Security information.

Required information for this plan year

Your rights, protections, and Medicare options

As a Medicare Part D beneficiary, you have many rights and options put in place to protect you as a consumer.

Geographic service areas covered by this plan

This plan offers coverage in our Centers for Medicare & Medicaid Services (CMS) defined geographic service area of all 50 states, Washington, DC, and all United States territories.

Your Medicare protections

The plan must offer Medicare benefits to you for a full calendar year at a time, although benefits and cost sharing may change from year to year. The plan provider can decide each year whether to keep offering Part D plans, or whether or not to continue offering plans in specific geographic areas like yours.

Also, Medicare may decide to end our contract.

If for some reason this plan is discontinued, we will send you a letter at least 90 days before your coverage ends explaining your options for Medicare coverage in your area.

For more information on the options and rights you have as a Part D member with this plan, please contact our **First Impressions Welcome Team** and ask for a copy of the Evidence of Coverage (EOC).

Extra Help from Medicare

You may be able to find help to pay for your prescription drugs and other Medicare costs. If you qualify for Medicare's Extra Help and are enrolled in a Part D plan like this one, Medicare can pay up to 100% of your prescribed drugs. This can help offset your drug plan's monthly premium, plus coinsurance and copays for covered prescription drugs.

Extra Help can also close any drug coverage gaps and stop late enrollment penalties (LEPs). For more information, visit www.medicare.gov or www.ssa.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**.
- The Social Security Administration at **1-800-772-1213**, Monday through Friday, 7 a.m. to 7 p.m. ET. TTY users should call **1-800-325-0778**.
- Your state Medicaid office.

Required information for this plan year

Information about Medicare

To help you make more informed healthcare decisions, we are providing this important information about Medicare to use as a resource. If you have any questions, please contact our **First Impressions Welcome Team**.

Matching Medicare Advantage (medical coverage and Part D (prescription drug) coverage for members in group plans

If you are enrolled in a group Medicare Advantage plan, your Part D coverage must also be a group Part D plan. This is important because enrolling in a non-group Part D plan could result in termination of your enrollment in your group Medicare Advantage plan.

Enrolling in other plans

If you decide to enroll in other plans, you will be disenrolled from your current plan.

Notifying your group sponsor

To ensure a smooth enrollment, make sure your group sponsor has your most up-to-date information and that it matches your Social Security information.

What to know about a drug list

A drug list is a list of drugs covered by the plan. We choose our list to provide good prescription coverage and a good value to you, as well.

Your full Benefits Chart will tell you if you have an open or closed drug list plan. Open plans cover almost all Medicare Part D eligible drugs, while closed plans cover most.

When new drugs come to market, we conduct a clinical and cost review and may add them to the drug list. To keep plans affordable, every year, we may also remove drugs or change the cost you pay for them the following year. But don't worry; we'll notify you first and send you a new drug list when we make these changes.

Important: Check to see if your drug is on the drug list before you go to the pharmacy.

If the drug you take is not on our drug list, you will have to pay the full price of the drug. If that's the case, or if your drug comes with additional requirements or limits, you may be able to receive a temporary supply. We will notify you once the temporary supply is dispensed. You will have to contact your doctor and ask if you can switch to a different drug listed on our drug list.

About IRMAA and your income level

If your modified adjusted gross income on your IRS tax return from two years ago is above a certain limit, you must pay an income-related monthly adjustment amount (IRMAA) in addition to your monthly plan premium.

The Social Security Administration will contact you if you have to pay an IRMAA, which you must pay to them, not us.

Required information for this plan year

Information about Medicare

High-income surcharges

If you must pay a high-income surcharge on your Medicare Part B or Part D premium to the Social Security Administration, please be sure to do so to avoid a mandatory disenrollment.

Late enrollment penalty (LEP)

If you disenroll from Medicare prescription drug coverage and go without creditable prescription drug coverage, you may need to pay a late enrollment penalty if you join a Medicare drug plan later.

We do not 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. Our plan has free language interpreter services available to answer questions from non-English-speaking members. Please call the **First Impressions Welcome Team** at the number listed in this guide to request interpreter services.

Out-of-network/noncontracted providers are under no obligation to treat Anthem Blue Cross members, except in emergency situations. Please call our **First Impressions Welcome Team** at **1-866-646-2436, TTY: 711, Monday through Friday, 5 a.m. to 6 p.m. PT, except holidays**, for more information.

This information is not a complete description of benefits. Contact the plan for more information. Every year, Medicare evaluates plans based on a five-star rating system.

This guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the Benefits Chart and Evidence of Coverage (EOC), which is received upon enrollment. In the event of a conflict between the Benefits Chart/EOC and this guide, the terms of the Benefits Chart and EOC will prevail.

Coordination of Benefits (COB) letter

If we receive Coordination of Benefits (COB) information from CMS, we are required to send a letter to you requesting verification of the other coverage information. The benefit verification letter we send will include information from CMS, including any other coverage that needs to be verified. Separately, we could receive COB information from other reporting sources in addition to CMS.

If the information is not correct in the letter, you can call Member Services or you can fill in the correct information on the letter and return it to the plan for processing.

If a response is not received within 21 days, the information on the letter is considered to be accurate.

If the previous carrier does not notify CMS of the previous plan termination prior to the plan enrollment process, a COB letter could be triggered for the plan that was just terminated.

Required information for this plan year

Information about Medicare

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

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Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-646-2436 . Someone who speaks your language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-646-2436 . Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-646-2436 。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-646-2436 。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-866-646-2436 . Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-646-2436 . Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-646-2436 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-646-2436 . Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-646-2436 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-646-2436 . Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-646-2436 . سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-646-2436 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-646-2436 . Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-646-2436 . Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-646-2436 . Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-646-2436 . Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-646-2436 にお電話ください。日本語を話す人 者が 支援いたします。これは無料のサービスです。

