Medicare Advantage/Medicare Supplement

Comparison Chart - Effective January 1, 2021

FEATURES	Medicare Advantage (10P with Hearing and vision)	Medicare Supplement (Full Package)
Annual deductible	**$0**	**$198** (2020 Medicare Part B deductible pending 2021 CMS release)
Out-of-pocket maximum	**$2,000** All copays, coinsurance and deductibles listed in this benefits chart are accrued toward the medical plan out-of-pocket maximum with the exception of the routine hearing services, foreign travel emergency, and urgently needed care copay or coinsurance amounts.	**$2000 + Part B deductible** All copays, coinsurance and deductibles listed in this benefits chart are accrued toward the medical plan out-of-pocket maximum with the exception of the routine hearing services, routine vision and foreign travel emergency copays or coinsurance amounts.
Inpatient hospital coverage For Medicare-covered hospital stays.	**$200 copay** per admission. **$0 copay** for Medicare-covered physician services received while an inpatient. No limit to the number of days covered. Requires prior authorization.*	**$250** copay per admission. **$0 copay** for Medicare-covered physician services received while an inpatient. No limit to the number of days covered.
Outpatient hospital coverage	**$10 copay** for a visit to a primary care physician or specialist in an outpatient hospital setting/clinic, or outpatient observation room visit for Medicare-covered non-surgical service. **$10 copay** for each Medicare-covered outpatient hospital facility or ambulatory surgical center, or outpatient observation room visit for surgery. Requires prior authorization.*	**$10 copay** for a visit to a primary care physician or specialist in an outpatient hospital setting/clinic, or outpatient observation room visit for Medicare-covered non-surgical service. **$100 copay** for each Medicare-covered outpatient hospital facility or ambulatory surgical center, or outpatient observation room visit for surgery.

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Doctor visits (primary care and specialists)	**$10 copay** No referral is needed.	**$10 copay** after Part B deductible. No referral is needed.
Preventive care	There is no coinsurance, copayment, or deductible for Medicare-covered visits, tests, therapy, or benefits. Covered in full.	There is no coinsurance, copayment, or deductible for Medicare-covered visits, tests, therapy, or benefits. Covered in full.
Emergency care Services that are: — Furnished by a provider qualified to furnish emergency services, and — Needed to evaluate or stabilize an emergency medical condition.	**$100 copay** for each Medicare-covered emergency room visit worldwide.	**$100 copay** after Part B deductible for each Medicare-covered emergency room visit worldwide.
Urgently needed services	**$10 copay** for each Medicare-covered urgently needed care visit worldwide.	**$100 copay** after Part B deductible for urgent care visit in a hospital setting. **$10 copay** for a standalone urgent care center/walk-in facility, after Part B deductible.
Diagnostic services/labs/imaging	**$10 copay** Some services require prior authorization.*	**$0 copay**, after Part B deductible.
Hearing services Routine exams, hearing aids, and fittings.	**$0 copay** for routine hearing exams, hearing aid fittings, and hearing aids. Routine hearing exams are limited to 1 every 12 months, and a **$70** maximum benefit every 12 months. Hearing aids are a **$1,500** maximum benefit every 36 months.	**$0 copay** for routine hearing exams, hearing aid fittings and hearing aids. Routine hearing exams are limited to 1 every 12 months with no maximum benefit. Medically necessary hearing aids are coverable 1 per ear every 24 months. Upgrades, such as deluxe models and Bluetooth devices are not coverable.
Routine vision services	**$10 copay** for routine vision exams, limited to 1 per year including refractions. **$0 copay** for eyewear, limited to a **$240** maximum benefit every 24 months. After the plan pays benefits for routine vision exams and eyewear, you are responsible for the remaining cost.	**$0 copay** for routine vision exams, limited to 1 per year including refractions. **$0 copay** for eyewear, limited to a **$240** maximum benefit every 24 months. After the plan pays benefits for routine vision exams and eyewear, member is responsible for the remaining cost.

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Mental health services Includes mental health services provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, or other Medicare-qualified mental health care professional as allowed under applicable state laws.	**Outpatient:** **$10 copay** for each Medicare-covered individual, group, partial hospitalization, and outpatient hospital facility visit. **Inpatient:** **$200 copay** per admission for Medicare-covered hospital stays. **$0 copay** for Medicare-covered physician services received while an inpatient. No limit to the number of days covered by the plan.	**Outpatient:** **$0 copay** after Part B deductible for each Medicare-covered individual, group, partial hospitalization, and outpatient hospital facility visit. **Inpatient:** **$250 copay** per admission for Medicare-covered hospital stays. **$0 copay** for Medicare-covered physician services received while an inpatient. No limit to the number of days covered by the plan.
Skilled nursing facility (SNF)	**$0 copay** for Medicare-covered SNF stays, for days 1-100 per benefit period for Medicare-covered stays. No prior hospital stay required. Requires prior authorization.*	**$250 copay** per visit for days 21-100 per benefit period for Medicare-covered stays. 3-day hospital stay requirement.
Physical therapy Part of outpatient rehabilitation services which includes physical, occupational and speech language therapy.	**$10 copay**	**$0 copay**, after Part B deductible.
Ambulance Your provider must get an approval from the plan before you get ground, air or water transportation that is not an emergency.	**$100 copay** for Medicare-covered ambulance services. Cost share, if any, is applied per one-way trip for Medicare-covered ambulance services. Some services require prior authorization.*	**$100 copay**, after Part B deductible for Medicare-covered ambulance services. Cost share, if any, is applied per one-way trip for Medicare-covered ambulance services.
Medicare Part B immunizations	There is no coinsurance, copayment or deductible for the pneumonia, influenza, Hepatitis B, or other Medicare-covered vaccines when you are at risk and meet Medicare Part B rules. Covered in full.	There is no coinsurance, copayment or deductible for the pneumonia, influenza, Hepatitis B or other Medicare-covered vaccines when you are at risk and meet Medicare Part B rules. Covered in full.
Chiropractic services For manual manipulation of the spine to correct subluxation only.	**$10 copay** for each Medicare-covered visit.	**$0 copay**, after Part B deductible for each Medicare-covered visit.

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Acupuncture	**$10 copay** for each Medicare-covered visit. Some services require prior authorization.*	**$10 copay**, after Part B deductible for each Medicare-covered visit.
Durable medical equipment (DME) and related supplies	**$10 copay** for Medicare-covered DME. Some services require prior authorization.*	**$0 copay**, after Part B deductible for Medicare-covered DME.
Prescription Wigs After chemotherapy with no dollar limit.	Not covered.	**$0 copay** One wig every year.

Learn more about Medicare

If you're unclear on what Medicare is and how it works, refer to your current *Medicare & You* handbook. If you do not have a copy, you can also view it online or download the booklet at **www.medicare.gov**. Or you can order a printed copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users, call **1-877-486-2048**.

* Some services that fall within this benefit category require prior authorization. Based on the service you are receiving, your provider will know if prior authorization is needed. This means an approval in advance is needed, by your plan, to get covered services. In the network portion of a PPO, some in-network medical services are covered only if your doctor or other in-network provider gets prior authorization from our plan. In a PPO, you do not need prior authorization to obtain out-of-network services. However, we recommend you ask for a pre-visit coverage decision to confirm that the services you are getting are covered and medically necessary. Benefit categories that include services that require prior authorization are marked with an asterisk in the Benefits Chart.

Out-of-network/non-contracted providers are under no obligation to treat Anthem Blue Cross and Blue Shield members, except in emergency situations. Out-of-network coverage is part of your Anthem Medicare Preferred (PPO) plan and you do not need prior authorization to obtain out-of-network services. However, we recommend you ask for a pre-visit coverage decision to confirm that the service you are receiving is covered and medically necessary. Please call our First Impressions Welcome Team for more information.

Anthem Blue Cross and Blue Shield is an LPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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