

Important reminder regarding copays

Under the Medicare Advantage plan, there may be times that you will be responsible for more than one copay, depending on how your doctor bills. Let's look at two scenarios below and the differences in what your payment responsibility would be.

1 In what situation would I be charged more than one copay at my provider's office?

If you visit a provider for a **nonroutine** office visit, like when you're sick or need a medication check, and your doctor performs a diagnostic test (X-ray, MRI, EKG, etc.), you would be required to pay a copay for both the office visit and the diagnostic test. This applies to in-office diagnostic tests at the time of the visit, or tests that are referred to a separate location.

- Example 1: If a diagnostic test is performed during a nonroutine office visit, you will be responsible for the \$10 copay for the office visit, and an additional \$10 copay for the diagnostic test (X-ray, MRI, EKG, etc.).
- Example 2: If a diagnostic test is performed during an eye exam, you will be responsible for a \$10 copay for the diagnostic test.

2 Is there a copay for preventive services covered under the plan?

There is no copay for preventive care services under the plan. If you visit a provider for a **routine** office visit, and your doctor performs a preventive care test (annual physical, routine mammogram or colonoscopy, etc.), this would fall under your preventive care coverage and you would not be responsible for any copays. For a complete list of covered preventive services, please review your *Evidence of Coverage (EOC)*.

In summary, if you visit your provider for a sick or nonroutine visit, and there are no additional services provided, you should only be responsible for the \$10 office visit copayment. If the provider performs or orders additional services, you may be billed additional copays. Preventive services are covered at 100% per plan and Centers for Medicare & Medicaid Services (CMS) guidelines.

If you have any questions regarding copayments or general plan benefit information, please call Member Services at 1-833-607-6518 or, TTY users, 711, Monday to Friday, 8 a.m. to 9 p.m. ET, except holidays, or visit www.anthem.com.