



Medicare Part D Enrollment Guide

Your prescription drugs

and more



Blue Cross MedicareRx (PDP) with Senior Rx
Plus 7/1/19 - 6/30/20 Group Plan
LAPD Retiree (PPO)

Here's what's inside

Welcome!..... 2



Drug benefits..... 4

- Your prescription drug benefits explained
- The top 50 most commonly used drugs covered by your plan
- Ways you can save on prescription drugs
- Have questions about prescription drugs? We have answers.



Stay well and save money10

Your complete Benefits Charts.....13



Making your benefits easier to understand

- Frequently asked questions
- How Medicare works

Appendix: Required information for 2019

Welcome

to your new 2019 prescription drug plan

Your health and well-being are important to you and your family. That's why LAPD Retiree has chosen to offer you this Blue Cross MedicareRx (PDP) with Senior Rx Plus plan from Anthem Blue Cross.

You can feel confident we're here to support you and provide you with the care you need when you need it. We want you to have the peace of mind that comes with knowing you're our priority. That's why we provide benefits with you in mind.



Here are some things we think you'll appreciate about this plan:

- **Prescription drug benefits** with an extensive covered drug list
- **A comprehensive** nationwide pharmacy network
- **Access** to SpecialOffers from our partners
- **A dedicated Member Services team** focused on you and your needs

When you enroll in our plan, you're getting more than prescription drug coverage. You're getting support from a team of professionals that provide individual support, tools and resources all for you. **Please read through this enrollment guide and call us with any questions.** We look forward to serving you in 2019!

Warmly,

Your team at Anthem Blue Cross

Excellent service is our priority



We aim to make a great First Impression (and a lasting one, too).

At Anthem Blue Cross, our goal is to provide you with great benefits and exceptional service. Our First Impressions Welcome Team is on your side. These experts know the ins and outs of Medicare and are knowledgeable about the details of your plan. They can answer any questions you may have.

We don't read scripts

Call us and you'll talk with a live, friendly person located right here in the United States. We want to have a real conversation with you and we can't do that with a script or a machine. Our team of experts knows Medicare and your plan inside and out. We're always prepared and ready to serve you!



Real people. Real support. Because we care.

Our First Impressions Welcome Team is available Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays. Call us toll free at **1-866-646-2436**, TTY: **711**. We look forward to serving you.



Your drug benefit highlights

Your prescription drug plan covers the brand-name and generic drugs you use the most and offers extra-convenient ways to get them. The plan includes a large nationwide retail pharmacy network, plus mail-order pharmacies for convenient home delivery.



The medications you need are available at a price you can afford:

- **Retail drug coverage from over 69,000 pharmacies** nationwide
- **Coverage of Generic and Brand drugs**, including high-cost specialty drugs, which goes beyond the minimum standard Medicare requires
- **Coverage for additional drugs** not normally covered by Medicare Part D
- **Mail-order drug coverage** usually at a lower cost



Questions?

Our First Impressions Welcome Team is ready to help. Call **1-866-646-2436**, TTY: **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays.

Your prescription drug benefits explained



If you're taking prescription medications, you'll be happy to hear that your Blue Cross MedicareRx (PDP) with Senior Rx Plus plan includes coverage for many of the drugs used to address common health conditions, all at a low cost.

→ Pharmacy network

Our pharmacy network includes 69,000 locations that includes most national chains and many local pharmacies.

→ Extra Covered Drugs – we have you covered

Extra Covered Drugs are drugs that are not covered by Medicare Part D, but we include them in this plan. Check your Benefits Chart to see what Extra Covered Drugs are included in your plan.

→ Prescription drugs covered by this plan

In this guide, we include a list of the most commonly prescribed drugs that are covered by this plan.

The complete *Drug List* for your plan, also called a formulary, includes all Medicare Part D eligible drugs covered by this plan. These effective medications are carefully chosen while also considering how we can provide a good value to you.



There's more!

Discover more about your drug benefits. Read the full Benefits Chart later in this guide.

The top 50

most commonly used drugs covered by your plan



The list below shows a few of the drugs that are covered by your plan.¹

Generic drugs are shown in lowercase italics (for example, *lisinopril*), and brand-name drugs are shown in capital letters (for example, JANUVIA).

If you don't see the medications you're using in this list, then please call your First Impressions Welcome Team and ask them to check our full *Drug List* for you.

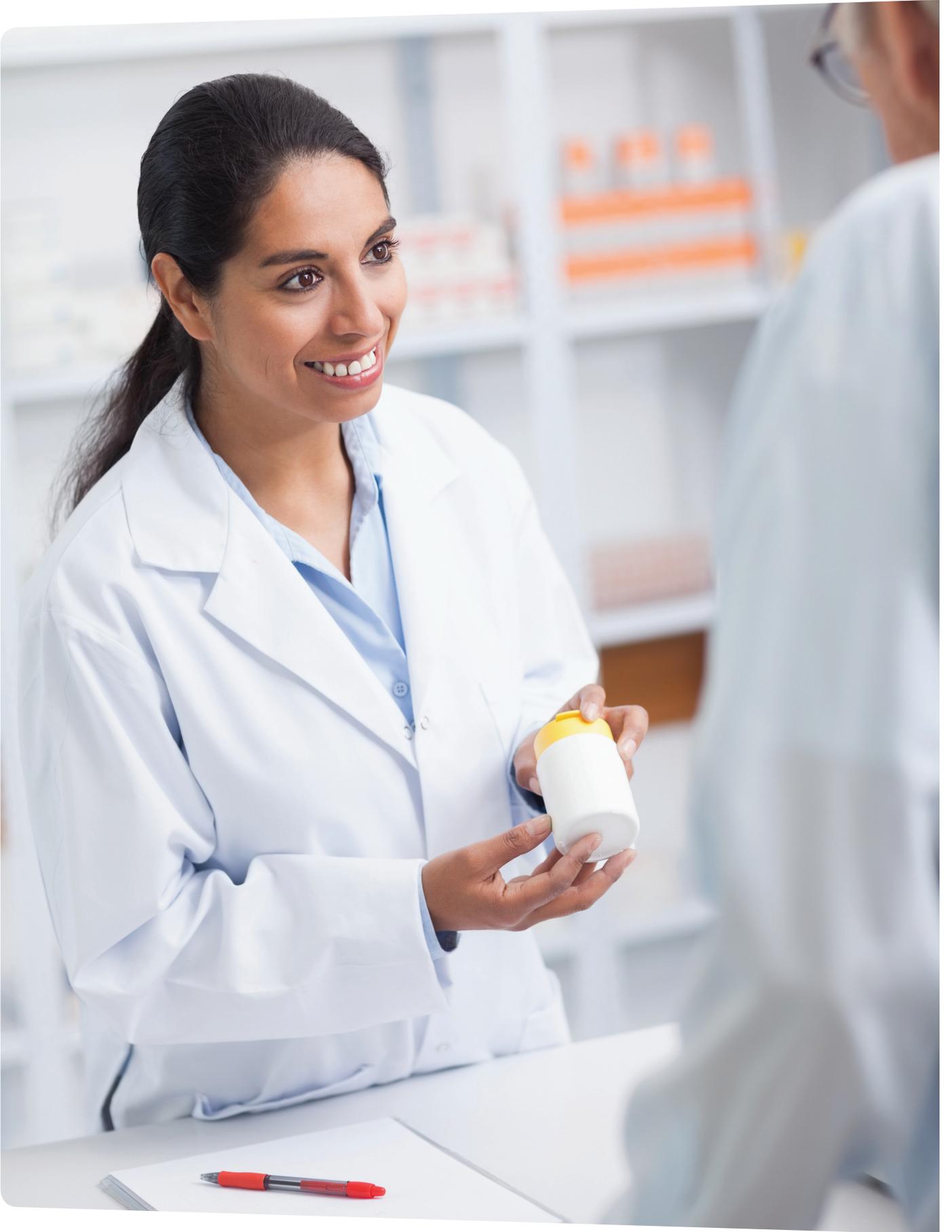
ADVAIR	<i>fluticasone propionate</i>	<i>montelukast</i>
<i>allopurinol</i>	<i>furosemide</i>	<i>omeprazole</i>
<i>alprazolam</i>	<i>gabapentin</i>	<i>pantoprazole</i>
<i>amlodipine</i>	<i>glimepiride</i>	<i>potassium chloride*</i>
<i>atenolol</i>	<i>glipizide</i>	<i>pravastatin sodium</i>
<i>atorvastatin</i>	<i>hydrochlorothiazide</i>	<i>prednisone</i>
<i>bupropion hydrochloride</i>	JANUVIA	<i>rosuvastatin calcium</i>
<i>carvedilol*</i>	<i>lansoprazole</i>	<i>sertraline</i>
<i>citalopram</i>	LANTUS	<i>simvastatin</i>
<i>clopidogrel</i>	<i>latanoprost</i>	<i>tamsulosin hydrochloride</i>
<i>diltiazem hydrochloride</i>	<i>levothyroxine sodium tablet</i>	<i>tramadol hydrochloride*</i>
<i>donepezil hydrochloride</i>	<i>lisinopril</i>	<i>trazodone hydrochloride</i>
<i>duloxetine</i>	<i>losartan potassium</i>	<i>valsartan</i>
ELIQUIS*	<i>meloxicam</i>	<i>warfarin sodium</i>
<i>escitalopram</i>	<i>metformin hydrochloride*</i>	XARELTO
<i>estradiol</i>	<i>metoprolol succinate</i>	<i>zolpidem tartrate*</i>
<i>finasteride</i>	<i>metoprolol tartrate</i>	

*Not all dosages are covered at the generic cost share



There's more!

Get the full *Formulary (List of Covered Drugs)* and *Extra Covered Drug List*. Contact the First Impressions Welcome Team at **1-866-646-2436**, TTY: **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays for more information.



Ways you can save on prescription drugs



With your Blue Cross MedicareRx (PDP) with Senior Rx Plus plan, you'll always get the lowest price available on prescription drugs, even if it's less than your copay. Here are some other smart ways to save money:

→ Choose pharmacies in your plan

To receive the most prescription drug plan benefits and savings, you should always try to use one of our network pharmacies whenever you can. These include over 69,000 locations covering most national chains and local pharmacies across the U.S.

Find a pharmacy in your plan

Request a *Pharmacy Directory*. Call our First Impressions Welcome Team at **1-866-646-2436**, TTY: **711**.

→ Save time and money with mail-order pharmacies

Mail-order pharmacies can offer significant cost savings, plus save you time, by providing up to a 90-day supply of your prescription drugs instead of a one-month supply. The copay for an increased supply through mail order is often lower than what you would pay a retail pharmacy. Please check your Benefits Chart for the maximum day supply limits in your plan for mail-order drugs.



Have questions about prescription drugs? We have answers.

❓ How does Medicare Part D work?

Your plan includes medical and prescription drug coverage. Your prescription drug coverage is called Medicare Part D. Part D is designed to help make your drug coverage more affordable.

With your Part D coverage, you and your doctor are able to choose from a list of covered drugs, also called a formulary. These drugs are separated into tiers, which have different copay and coinsurance amounts.

❓ How do drug tiers work?

Your plan's *Drug List* is grouped into levels or tiers. The drugs on the lowest tier are generally less expensive and the drugs on the highest tier are generally more expensive.

The table below can help you identify what type of drugs are covered on each tier. Your full

Benefits Chart, included at the back of this guide, will tell you how many tiers are in your plan.

❓ How do I estimate my prescription drug out-of-pocket costs?

Call the First Impressions Welcome Team and ask them if your prescription drugs are covered. They can also estimate your out-of-pocket costs for your prescriptions.

❓ What if my prescription drugs are not covered by this plan?

If the drug you take is not on our drug list, then you have three options:

1. Request an exception
2. Request a temporary supply and discuss other drug options with your doctor
3. Ask your doctor to switch you to a different drug that is covered

TYPE OF MED.	DESCRIPTION OF MEDICATIONS	POSSIBLE TIER COVERAGE	COST COMPARISON
Generic medications	Same active ingredients and effects as the brand-name drug, but not the brand name.	Tier 1	Least expensive drugs. Usually less than brand-name drugs.
		Tier 1 and Tier 2, if generic medications are split into two tiers based on price	
Preferred brand-name medications	Brand-name drugs which are proven to be safe and effective. This plan has preferred pricing for many drugs in this tier.	Tier 2, if your plan has one generic tier	More than generic drugs but less than non-preferred brand-name drugs.
		Tier 3, if your plan has two generic tiers	
Non-preferred brand-name medications	Brand-name drugs with higher costs to this plan. Many of these drugs have a generic drug on a lower tier.	Tier 3, if your plan has one generic tier	More than preferred brand-name drugs.
		Tier 4, if your plan has two generic tiers	
Specialty medications	Drugs that cost more than \$670 for a 30-day supply and may need special handling.	In the highest tier by themselves	These are the most expensive drugs.
		In the same tier with non-preferred brand-name drugs	

Stay well and save money with SpecialOffers

Saving money is good. Saving money on things that are good for you is even better.

With SpecialOffers, you can get discounts on products and services that help promote better health and well-being. These are just a few of the many offers available to Anthem Blue Cross members.



Vision and hearing

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

Hearing Care Solutions

- 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

Nations Hearing, powered by the Beltone® network

- Call **877-391-8625** to schedule your no-charge hearing test
- Hearing aids start at \$599 each

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

TruVision

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

*SpecialOffers is a discount program that is not part of your health coverage plan. It is a value-added online service we provide to give our Medicare members access to discounts offered by different vendors. Vendors and offers are subject to change without prior notice. Anthem Blue Cross 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 Blue Cross for the benefit of our members. The products and services described on this page 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 Blue Cross grievance process.

Stay well and save money with SpecialOffers



Fitness and healthy living

ChooseHealthy™

- Discounts on acupuncture, chiropractors, dieticians, fitness clubs, and massages
- 40% off select wellness products

SelfHelpWorks

Up to 60% off one online Living Program: weight loss, stress management, or treatment of alcohol-related issues

Active & Fit Direct™

- 9,000+ participating fitness centers nationwide
- \$25/month membership (plus \$25 enrollment fee and applicable taxes)

Jenny Craig®

Two offers:

- Free 3-month program and \$70 in food savings
- 50% off All Access enrollment plus 30 days (food costs separate)

GlobalFit™

Discounts on gym memberships, fitness equipment, coaching and more

Lindora

Up to 45% off weight-loss program

Puritan's Pride

10% off vitamins, supplements and minerals

LifeMart®

Deals on beauty/skin care, diet plans, fitness clubs, spas, yoga, sports gear and more



Family and home

HelpCare Plus

For 44 cents a day from HelpCare Plus: 10% to 50% off for the entire family on dental services, chiropractic care, vitamins, natural food and senior care

Allergy Control Products

- 20% off Allergy Control encasings for your bed
- 20% off doctor-recommended home products
- Free shipping for orders of \$79 or more in the contiguous U.S.

National Allergy Supply®

15% off mattress covers, compressors and air filtration systems

23andMe

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

Your complete Benefits Chart



The Benefits Charts give you all of the details about the many prescription drug benefits this Blue Cross MedicareRx (PDP) with Senior Rx Plus plan offers, including:

- What we cover
- The amount of your copay, if any
- Coinsurance amounts, if any
- Out-of-pocket costs

Making your benefits easier to understand

We included two sections after your Benefits Charts to help answer questions you might have about the Blue Cross MedicareRx (PDP) with Senior Rx Plus plan. The two sections include:

1. **Frequently asked questions** such as: what's a copay vs coinsurance, what is an Out-of-Pocket Maximum, and more
2. **How Medicare works** which covers the ABCDs of Medicare



Your 2019 Prescription Drug Benefits Chart
Premier 15/25/40/20% up to \$150 (with Senior Rx Plus)
Los Angeles Police Relief Association, Inc. (PPO)
Effective July 1, 2019

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	Premier
Deductible	None
Covered Services	What you pay
Part D Initial Coverage	

Below is your payment responsibility from the time you meet your deductible, if you have one, until the amount paid by you and the Coverage Gap Discount Program for covered Part D prescriptions reaches your True Out of Pocket limit of \$4,850.

Retail Pharmacy	per 30-day supply
• Generics	\$15 copay
• Preferred Brands	\$25 copay
• Non-Preferred Brands and Non-Formulary Drugs	\$40 copay
• Specialty Drugs (Generic and Brand)	20% coinsurance with a maximum copay of \$150
• Diabetic Supplies – Insulin Syringes, Pen Needles and Alcohol Swabs up to 90-day supply	\$15 copay

Typically retail pharmacies dispense a 30-day supply of medication. 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 only pay the mail-order copay shown below.

Mail-Order Pharmacy	per 90-day supply
• Generics	\$30 copay
• Preferred Brands	\$50 copay
• Non-Preferred Brands and Non-Formulary Drugs	\$80 copay
• Specialty Drugs (Generic and Brand)	20% coinsurance with a maximum copay of \$300
• Diabetic Supplies – Insulin Syringes, Pen Needles and Alcohol Swabs	\$30 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 \$4,850.	
<ul style="list-style-type: none"> Generic Drugs 	\$2 copay
<ul style="list-style-type: none"> Brand-Name Drugs 	\$5 copay

- Vaccines:** Medicare covers some vaccines under Part B medical coverage and other vaccines under 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 medical coverage if you fall into a high risk category and under drug coverage for everyone else. Other common vaccines are also covered under Medicare drug coverage for Medicare-eligible individuals under 65.
- 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.

Your 2019 Extra Covered Drugs Benefits Chart Los Angeles Police Relief Association, Inc. (PPO)

Covered Services	What you pay
Extra Covered Drugs	
<p>These are drugs that are covered by your retiree drug plan that are often excluded from Part D coverage. 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. If you have a deductible, it does not apply to these drugs. These drugs are covered by your Senior Rx Plus benefits.</p>	
Cough and Cold DESI Vitamins and Minerals	See Formulary for complete list of drugs covered
<ul style="list-style-type: none"> • Generics 	You pay your Retail or Mail-Order copay
<ul style="list-style-type: none"> • Preferred Brands 	You pay your Retail or Mail-Order copay
<ul style="list-style-type: none"> • Non-Preferred Brands 	You pay your Retail or Mail-Order copay
Erectile Dysfunction (ED)	Immediate and Daily dose ED drugs Immediate dose formats are limited to 6 per 30 days. Daily dose formats are limited to 6 per 30 days.*
<ul style="list-style-type: none"> • Generics 	You pay your Retail or Mail-Order copay
<ul style="list-style-type: none"> • Preferred Brands 	You pay your Retail or Mail-Order copay
<ul style="list-style-type: none"> • Non-Preferred Brands 	You pay your Retail or Mail-Order copay
Non-Part D Diabetic Supplies	Lancets and Blood Sugar Diagnostics
<ul style="list-style-type: none"> • Prescription - Retail Pharmacy up to 90-day supply 	\$15 copay
<ul style="list-style-type: none"> • Prescription - Mail-Order Pharmacy 	\$30 copay
Non-Part D Diabetic Supplies	Glucometers Copay or coinsurance per Covered Device
<ul style="list-style-type: none"> • Prescription 	\$15 copay
LifeScan/Roche Non-Part D Diabetic Supplies	Blood Sugar Diagnostics and Glucometers
<ul style="list-style-type: none"> • Prescription 	\$0 copay
Contraceptive Devices	Limit 1 per year; Copay or coinsurance per Covered Device
<ul style="list-style-type: none"> • Prescription 	\$0 copay

* **Erectile Dysfunction (ED) Drugs:** Cialis 2.5mg and 5mg medication is covered when used to treat Benign Prostatic Hyperplasia (BPH). These drugs are covered 30 per 30 days when used to treat BPH.

Frequently Asked Questions

What is a deductible?

A deductible is the amount of money you pay for your prescription drugs before your plan starts paying. After you reach your deductible, you'll still have to pay toward your cost share for services. Some plans have no deductible and will cover your costs from the start. Some drugs will be covered by your plan before you reach the deductible. For more details, please see the Benefits Chart included in this guide.

What is a copay?

Your copay is a fixed dollar amount that you pay for covered services. Your copay is often charged to you after your appointment.

What is a True Out-of-Pocket limit (or TrOOP)?

It is an annual out-of-pocket limit which includes payments made by you and the discount you get on covered brand-name drugs in the coverage gap. Once you reach this limit, you may pay a lower copayment 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 your TrOOP. For more details, please see the Benefits Chart included in this guide.

Before enrolling, what do I need to provide my former employer, union, or group sponsor?

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



How Medicare works

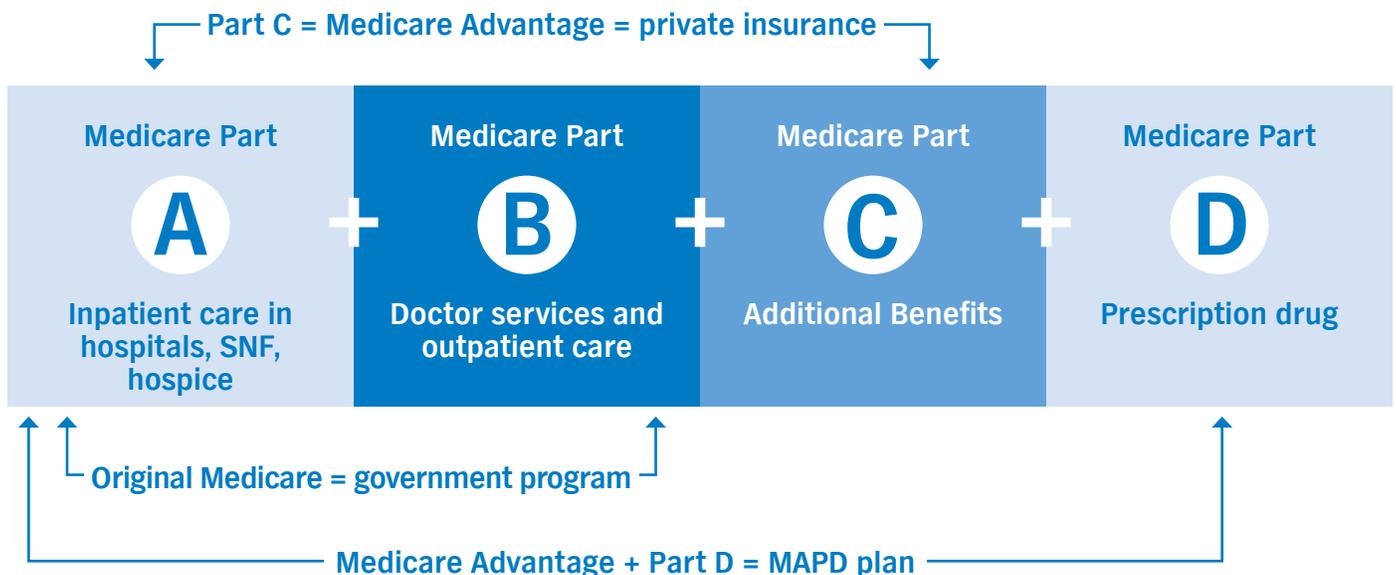


Medicare is a federal government health insurance program offered to people 65 years of age or older, people under age 65 with certain disabilities, and anyone with end-stage renal disease (ESRD).

The ABCDs of Medicare

You may have heard about the different parts of Medicare. Here's a quick look at what they mean to your medical coverage:

- ➔ **Medicare Parts A + B** = Original Medicare, the government program.
- ➔ **Medicare Part C** = Original Medicare + Additional Benefits. Part C is also called Medicare Advantage (MA).
- ➔ **Medicare Part D** is the prescription drug benefit.



Learn more about Medicare

Download the booklet *Medicare & You* 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**.

Appendix: Required information for 2019 Qualifying and enrolling

🔍 How you qualify for this plan

To qualify for Blue Cross MedicareRx (PDP) with Senior Rx Plus you must meet all of these conditions:

- You are enrolled in Medicare Part A and/or Medicare Part B.
- You are a permanent resident in Anthem Blue Cross's service area.
- You are a U.S. citizen, or are lawfully present here.
- You qualify for coverage under your or your spouse's current or former employer's group health plan.

☰ How to enroll

When you are ready to enroll, complete and mail the application included in this guide.

✓ Once you're enrolled

Once your enrollment in the Blue Cross MedicareRx (PDP) with Senior Rx Plus plan is processed, we'll send you:

- Acknowledgement of your enrollment request and your effective start date.
- A letter showing proof of membership – until your Anthem Blue Cross membership card arrives.
- Your Anthem Blue Cross membership card.
- A Welcome Kit containing important information, plus instructions for ordering a *Pharmacy Directory*.



For more information on enrollment, call the First Impressions Welcome Team at:
1-866-646-2436, TTY: 711.

Appendix: Required information for 2019

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

→ Your Medicare protections

Your Blue Cross MedicareRx (PDP) with Senior Rx Plus 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. Anthem Blue Cross can decide each year whether to keep participating with Medicare Part D, or whether or not to continue offering plans in specific geographic areas like yours.

Also, Medicare may decide to end our contract. But, rest assured, even if this happens or if your plan is discontinued, you will not lose coverage.

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 Medicare Part D member with Blue Cross MedicareRx (PDP) with Senior Rx Plus, please contact our First Impressions Welcome Team and ask for a copy of the *Evidence of Coverage*.

→ Geographic service areas covered by this plan

Your Blue Cross MedicareRx (PDP) with Senior Rx Plus plan offers coverage in our CMS-defined geographic service area of all 50 United States, District of Columbia (D.C.) and all U.S. territories.

→ Get Extra Help from Medicare

You may be able to get 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. For more information visit

<https://www.medicare.gov> or

<https://www.ssa.gov>, or call:

- **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**
- **The Social Security Administration at 1-800-772-1213**, Monday – Friday, 7 a.m. to 7 p.m. ET. TTY users: **1-800-325-0778**
- **Your State Medicaid Office**

Appendix: Required information for 2019 Information about Medicare

To help you make more informed health care 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.

Enrolling in other plans

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

Matching Group Medicare Advantage and Part D Prescription (PDP) plans

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

Notifying your former employer, union or group sponsor

To ensure a smooth enrollment, make sure your former employer, union or 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 your plan. Ours is carefully chosen to ensure our outpatient prescription coverage is clinically sound while providing 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. We may notify you first then alert you when a new *Drug List* is available.

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 get a temporary supply. 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 Part D-IRMAA, which you must pay to them, not us.

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.

Appendix: Required information for 2019

¹ This list is current as of May 2018, but is not a complete list of drugs covered by our plan. For a complete listing, please call **1-866-646-2436**, TTY: **711**.

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.

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 copayments/coinsurance 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. For those with Medicare Part B: You must continue to pay your Medicare Part B premium. Medicare evaluates plans based on a five-star rating system. Star ratings are calculated each year and may change from one year to the next.

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 are 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.

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. Interested in these services? Call Member Services 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>.

Get help in your language

Separate from our language assistance program, we make documents available in alternate formats. If you need a copy of this document in an alternate format, please call Member Services.

English: You have the right to get this information and help in your language for free. Call Member Services for help. (TTY: 711)

Spanish: Tiene el derecho de obtener esta información y ayuda en su idioma de forma gratuita. Llame al número de Servicios para Miembros para obtener ayuda. (TTY: 711)

Arabic:

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل بخدمة العملاء للمساعدة.
(TTY: 711)

Armenian: Դուք իրավունք ունեք Ձեր լեզվով ստանալու այս տեղեկատվությունը և ցանկացած օգնություն՝ անվճար: Օգնություն ստանալու համար զանգահարեք հաճախորդների սպասարկման կենտրոն: (TTY: 711)

Chinese: 您有權使用您的語言免費獲得該資訊和協助。請致電客戶服務部尋求協助。
(TTY: 711)

Farsi:

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید.
برای دریافت کمک با مرکز خدمات مشتریان تماس بگیرید.
(TTY: 711)

French: Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour obtenir de l'aide, veuillez appeler le service client. (TTY: 711)

Haitian: Ou gen dwa resevwa enfòmasyon sa a ak asistans nan lang ou pale a pou gratis. Rele nimewo Sèvis Kliyan an pou jwenn èd. (TTY: **711**)

Italian: Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il Servizio clienti. (TTY: **711**)

Japanese: この情報と支援を希望する言語で無料で受けることができます。サポートが必要な場合はカスタマー サービスにお電話ください。 (TTY: **711**)

Korean: 귀하께서는 본 정보와 도움을 비용없이 귀하의 언어로 받으실 권리가 있습니다. 도움을 받으시려면 고객 서비스부로 연락해 주십시오. (TTY: **711**)

Polish: Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. Zadzwoń pod numer Działu Obsługi Klienta w celu uzyskania pomocy. (TTY: **711**)

Portuguese: Você tem o direito de receber gratuitamente estas informações e ajuda no seu idioma. Ligue para o Atendimento ao Cliente para obter ajuda. (TTY: **711**)

Russian: Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания клиентов. (TTY: **711**)

Tagalog: May karapatan kang makuha ang impormasyon at tulong na ito sa sarili mong wika ng walang kabayaran. Tumawag sa Serbisyo para sa mga Kustomer para matulungan ka. (TTY: **711**)

Vietnamese: Bạn có quyền được biết về thông tin này và được hỗ trợ bằng ngôn ngữ của bạn miễn phí. Hãy liên hệ với Dịch vụ khách hàng để được hỗ trợ. (TTY: **711**)

Blue Cross MedicareRx - S5596

2020 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 2020, Blue Cross MedicareRx received the following Overall Star Rating from Medicare.



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

Health Plan Services: Not Offered

Drug Plan Services: ★★★★★
4 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.

You may also contact us Monday through Friday from 8am-9pm ET at 1-866-646-2436 (toll-free) or 711 (TTY).

Current members please call 1-855-871-5489 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed 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 Insurance Company depends on contract renewal.

Anthem Blue Cross Group-Sponsored Health Plan Enrollment Election Form

To enroll in Blue Cross MedicareRx (PDP) with Senior Rx Plus, please provide the following information:			
Group Sponsor Name* LAPD Retiree	Group #		
Please write in the name of the plan in which you want to be enrolled. Blue Cross MedicareRx (PDP) with Senior Rx Plus	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.		
Last name	First name	Middle initial	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Birthdate (__ __ / __ __ / __ __ __ __) (M M / D D / Y Y Y Y)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Home phone number () Alternate phone number ()	
Permanent residence street address (P.O. Box is not allowed)			
City	State	ZIP code	
Mailing address (only if different from your permanent residence address)			
City	State	ZIP code	
Email address <i>Your email address will be used for communications only from Anthem Blue Cross. We will not share your email address.</i>			
Please provide your Medicare insurance information			
Please take out your red, white and blue Medicare card to complete this section. • Please fill out this information as it appears on your Medicare card. - OR - • Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board. You must have Medicare Part A or Part B (or both) to join a Medicare prescription drug plan (PDP).		Name (as it appears on your Medicare card):	
		Medicare Number:	
		Is Entitled To:	Effective Date:
		HOSPITAL (Part A)	
		MEDICAL (Part B)	

* Employer or Union Group

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. Some individuals may have other drug coverage, including other private insurance, TRICARE, federal employee health benefits coverage, Workers' Compensation, VA benefits or from state pharmaceutical assistance programs. Will you have other prescription drug coverage in addition to Blue Cross MedicareRx (PDP) with Senior Rx Plus and Senior Rx Plus? Yes No

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage.

Name of other coverage _____

ID # for coverage _____

3. 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 _____

This document may be available in an alternate format, such as large print. Please call the First Impressions Welcome Team number listed in this document for additional information.



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 an employer or union, joining Blue Cross MedicareRx (PDP) with Senior Rx Plus could affect your employer or union health benefits. You could lose your employer-sponsored or union-sponsored health coverage if you join Blue Cross MedicareRx (PDP) with Senior Rx Plus. Please read the communications your employer or union 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.

Please read and sign below:

By completing this enrollment application, I agree to the following:

Blue Cross MedicareRx (PDP) with Senior Rx Plus is a Medicare drug plan and has a contract with the federal government. I understand that this prescription drug coverage is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare Part A or Part B coverage. It is my responsibility to inform Blue Cross MedicareRx (PDP) with Senior Rx Plus of any prescription drug coverage that I have or may get in the future. I can only be in one Medicare prescription drug plan at a time – if I am currently in a Medicare prescription drug plan, my enrollment in Blue Cross MedicareRx (PDP) with Senior Rx Plus will end that enrollment. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes if an enrollment period is available, generally during the Annual Election Period (October 15 – December 7), unless I qualify for certain special circumstances.

Blue Cross MedicareRx (PDP) with Senior Rx Plus serves a specific service area. If I move out of the area that Blue Cross MedicareRx (PDP) with Senior Rx Plus serves, I need to notify the plan so I can disenroll and find a new plan in my new area. I understand that I must use network pharmacies, except in an emergency when I cannot reasonably use Blue Cross MedicareRx (PDP) with Senior Rx Plus network pharmacies. Once I am a member of Blue Cross MedicareRx (PDP) with Senior Rx Plus, I have the right to appeal plan decisions about payment or services if I disagree. I will read the *Evidence of Coverage* document from Anthem Blue Cross when I get it to know which rules I must follow in order to get coverage.

I understand that 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. If I leave this plan and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.

Counseling services may be available in my state to provide advice concerning Medicare Supplement insurance or other Medicare Advantage or prescription drug plan options, medical assistance through the state Medicaid program, and the Medicare Savings Program.

Release of Information:

By joining this Medicare prescription drug plan, I acknowledge that Anthem Blue Cross 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 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 my signature (or the signature of the person authorized to act on my behalf under state law where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature required to process your application.

Applicant Signature	Today's Date
If you are the authorized representative, you must sign above and provide the following information:	
Name _____	
Address _____	
City _____	State _____ ZIP code _____
Phone number (____) ____ - _____	
Relationship to enrollee _____	

HIPAA Authorization

If you would like to authorize an individual to have the ability to speak with us and/or obtain protected health information (PHI) on your account, select YES. A HIPAA (Health Insurance Portability and Accountability Act) Authorization form will be mailed to you. This form is valid for one year from the signature date.* If you select NO, a future request for this form can be made by contacting Member Services at the telephone number on the back of your membership card.

Yes No

Applicant Signature _____ Date _____

* If you wish to continue having the authorized representative on your account, a new form is required annually.

Please return this application to:



Los Angeles Police Relief Association, Inc.
600 North Grand Avenue
Los Angeles, CA 90012-2212

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 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 (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.

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