



# Welcome Guide

All you need to know about  
your plan and benefits

Blue MedicareRx (PDP) with Senior Rx Plus plan



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# We're here to support you

Welcome to your Anthem Blue Cross and Blue Shield plan. This guide provides tips to help you get the most from your plan and benefits. You'll learn how to reach us and where to find information and services to support your health and well-being.



## Let's get started

### Ways to access your plan:

- Register on the secure member website
- Download the Sydney<sup>SM</sup> Health app

### Learn about your plan:

- View your *Evidence of Coverage (EOC)*
- Find pharmacies
- Review prescription drug lists
- Call Member Services

### Prescription drug benefits:

- Find a pharmacy
- Fill your prescriptions

### Important information:

- *Medicare & You* handbook
- Remember to pay your Part B premium
- IRMAA and your income level
- Prior authorizations
- Notice of privacy practices
- Multi-language interpreter services





# Ways to access your plan

## Register on the secure member website

Visit **[www.anthem.com](http://www.anthem.com)**

Our member website makes it easy and convenient for you to stay in control of your health, with less paperwork and fewer phone calls.

## Download the Sydney Health app

The Sydney<sup>SM</sup> Health app gives you on-the-go access to your plan benefits through your smartphone or tablet.<sup>1</sup> Download the app to:



Search for a pharmacy in your plan.



View and use your digital plan membership card.



View the cost for prescriptions.



Chat with a Member Services representative.



See your plan details.



Check your claims status and history.



**Scan this QR code with your phone's camera to download the Sydney Health app from Google Play™ or the App Store® today.**

<sup>1</sup> Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023.

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# Learn about your plan

Access your plan documents online at  
**[www.anthem.com](http://www.anthem.com)**



## **View your *Evidence of Coverage (EOC)***

Learn about what is covered and what you will pay. It also explains your rights and responsibilities.

## **Find pharmacies**

Locate a network pharmacy in your area using the **Find Care** tool on the website. You can search by pharmacy or distance from your home.

Printed copies of the directory can be ordered by contacting Member Services and will be mailed within three business days. The 2024 directory will be available to request after December 22, 2023. The Member Services number is listed at the back of this guide.



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# Learn about your plan



## Review prescription drug lists

Check to see the drugs covered by your plan and what you will pay. You can check if your medications will continue to be covered and are on the same tier. You can also see if they are available through CarelonRx home delivery or if there are new restrictions or step therapy plans.<sup>2</sup>

## Call Member Services

Contact us if you need help, have questions, or would like a printed copy of your *Evidence of Coverage*, pharmacy directory, and/or drug lists mailed to you. The Member Services number is listed at the back of this guide.

<sup>2</sup> CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of your health plan.

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# Prescription drug benefits

## Find a pharmacy

You have access to a nationwide pharmacy network with more than 65,000 pharmacies. Your CarelonRx plan covers generic and brand-name drugs, as well as high-cost specialty drugs beyond the minimum standard Medicare requires.

## Fill your prescriptions

You can either pick up your prescriptions in a retail pharmacy or have them delivered to your home.

- **In store at a network pharmacy:** Take your written prescription and plan membership card to a store location or ask your doctor to call it in.
- **Home delivery through CarelonRx Pharmacy:** Log in on the member website and request home delivery for your prescription refills. You can request 90-day supplies of your prescription drugs and easily set up automatic refills and reminders to save time and money.

## Multi-dose packaging

Eliminate pill bottles by synchronizing your monthly medications into one easy-to-use packaging system.

- Available to members with 3 or more maintenance medications
- Over-the-counter maintenance medications can be included in your customized packaging
- Automatic refills and free delivery
- The Preferred Pharmacy Tier copay applies
- Sign up at: <https://sortpak.com/get-started/> or call toll free at **1-877-570-7787**

Members can save money by using a preferred pharmacy. Log in on the member website, choose the **Find Care** tool, and type “pharmacy” to find preferred pharmacies near you.

Your active home delivery prescriptions and pharmacy prior authorizations will be transferred to us effective January 1, 2024. Please be sure to call Pharmacy Member Services to confirm your address and provide payment information. You will need to request new prescriptions from your doctor for any controlled substances and specialty drugs. You may also need to contact your doctor for new prior authorizations.

If you enrolled after January 1, 2024, call Pharmacy Member Services for help transferring your active home delivery prescriptions.

# Important information

## Medicare & You handbook

Get a summary of your benefits and rights from this helpful document that is mailed to you each fall. It provides answers to the most asked questions by Medicare members. To get your copy, visit **[www.medicare.gov](http://www.medicare.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**.

## Remember to pay your Part B premium

If you lose your Part B eligibility for any reason, please call us at the Member Services number on the back of this guide. If you pay a premium for Medicare Part B, remember to continue paying it. This premium is normally deducted from your Social Security check each month. Refer to your *Evidence of Coverage* for more information.



## 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 need to pay an IRMAA, which you must pay to them, not us.

## Some services require prior authorization

Prior authorization is the approval doctors and pharmacies request and receive from your plan before providing you with certain services, treatments, or therapies.

Based on the Center for Medicare & Medicaid Services (CMS) guidelines, certain drugs on our drug lists require prior authorization review before the prescription order can be processed and dispensed. Prior authorization review focuses on drugs that may have a risk of serious side effects or dangerous drug interactions. Pharmacists review all prior authorizations that are rejected to determine if clinical criteria was met. The pharmacist will then discuss any impacts with you.

Refer to the drug lists online for more information and the drugs that require prior authorization.



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# Important information

## Notice of privacy practices

### Important information about your rights and our responsibilities

Protecting your personal health information is important. Each year, we're required to send you specific information about your rights and some of our duties to help keep your information safe. This notice combines three of these required yearly communications:

- State notice of privacy practices
- Health Insurance Portability and Accountability Act (HIPAA) notice of privacy practices
- Breast reconstruction surgery benefits

Would you like to go paperless and read this online or on your mobile app? Go to **[www.anthem.com](http://www.anthem.com)** and sign up to get these notices by email.

### State notice of privacy practices

When it comes to handling your health information, we follow relevant state laws, which are sometimes stricter than the federal HIPAA privacy law. This notice:

- Explains your rights and our duties under state law.
- Applies to health, dental, vision, and life insurance benefits you may have.

Your state may give you additional rights to limit sharing your health information. Please call the Member Services phone number on your plan membership card for more details.

### Your personal information

Your nonpublic (private) personal information (PI) identifies you and it's often gathered in an insurance matter. You have the right to see and correct your PI. We may collect, use, and share your PI as described in this notice. Our goal is to protect your PI because your information can be used to make judgments about your health, finances, character, habits, hobbies, reputation, career, and credit.

We may receive your PI from others, such as doctors, hospitals, or other insurance companies. We may also share your PI with others outside our company — without your approval, in some cases. But we take reasonable measures to protect your information. If an activity requires us to give you a chance to opt out, we'll let you know, and we'll let you know how to tell us you don't want your PI used or shared for an activity you can opt out of.

THIS NOTICE DESCRIBES HOW MEDICAL, VISION, AND DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION WITH REGARD TO YOUR HEALTH BENEFITS. PLEASE READ CAREFULLY.

### HIPAA notice of privacy practices

We keep the health and financial information of our current and former members private as required by law, accreditation standards, and our own internal rules. We're also required by federal law to give you this notice to explain your rights and our legal duties and privacy practices.

### Your protected health information

There are times we may collect, use, and share your Protected Health Information (PHI) as allowed or required by law, including the HIPAA privacy rule. Here are some of those times:

**Payment:** We collect, use, and share PHI to take care of your account and benefits, or to pay claims for healthcare you get through your plan.

**Healthcare operations:** We collect, use, and share PHI for our healthcare operations.

**Treatment activities:** We don't provide treatment, but we collect, use, and share information about your treatment to offer services that may help you, including sharing information with others providing you treatment.

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Examples of ways we use your information:

- We keep information on file about your premium and deductible payments.
- We may give information to a doctor's office to confirm your benefits.
- We may share explanation of benefits (EOB) with the subscriber of your plan for payment purposes.
- We may share PHI with your doctor or hospital so that they may treat you.
- We may use PHI to review the quality of care and services you get.
- We may use PHI to help you with services for conditions like asthma, diabetes, or traumatic injury. We may collect and use publicly and/or commercially available data about you to support you and help you get health plan benefits and services.
- We may use your PHI to create, use, or share de-identified data as allowed by HIPAA.
- We may also use and share PHI directly or indirectly with health information exchanges for payment, healthcare operations, and treatment. If you don't want your PHI to be shared in these situations, visit [www.anthem.com/privacy](http://www.anthem.com/privacy) for more information.

### **Sharing your PHI with you:**

We must give you access to your own PHI. We may also contact you about treatment options or other health-related benefits and services. When you or your dependents reach a certain age, we may tell you about other plans or programs for which you may be eligible, including individual coverage. We may also send you reminders about routine medical checkups and tests. You may get emails that have limited PHI, such as welcome materials. We'll ask your permission before we contact you.

Sharing your PHI with others: In most cases, if we use or share your PHI outside of treatment, payment, operations, or research activities, we must get your okay in writing first. We must also get your written permission before:

- Using your PHI for certain marketing activities.
- Selling your PHI.
- Sharing any psychotherapy notes from your doctor or therapist.

We may also need your written permission for other situations not mentioned above. You always have the right to cancel any written permission you have given at any time.

You have the right and choice to tell us to:

- Share information with your family, close friends, or others involved with your current treatment or payment for your care.
- Share information in an emergency or disaster relief situation.

If you can't tell us your preference, for example, in an emergency, or if you're unconscious, we may share your PHI if we believe it's in your best interest. We may also share your information when needed to lessen a serious and likely threat to your health or safety.

### **Other reasons we may use or share your information:**

We are allowed, and in some cases required, to share your information in other ways — usually for the good of the public, such as public health and research. We can share your information for these specific purposes:

- Helping with public health and safety issues, such as:
  - Preventing disease.
  - Helping with product recalls.
  - Reporting adverse reactions to medicines.
  - Reporting suspected abuse, neglect, or domestic violence.
  - Preventing or reducing a serious threat to anyone's health or safety.
- Doing health research.
- Obeying the law, if it requires sharing your information.
- Responding to organ donation groups for research and certain reasons.
- Addressing workers' compensation, law enforcement, and other government requests, and to alert proper authorities if we believe you may be a victim of abuse or other crimes.
- Responding to lawsuits and legal actions.

If you're enrolled with us through an employer, we may share your PHI with your group health plan.

If the employer pays your premium or part of it, but doesn't pay your health insurance claims, your employer can only have your PHI for permitted reasons and is required by law to protect it.

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**Authorization:**

We'll get your written permission before we use or share your PHI for any purpose not stated in this notice. You may cancel your permission at any time, in writing. We will then stop using your PHI for that purpose. But if we've already used or shared your PHI with your permission, we cannot undo any actions we took before you told us to stop.

**Genetic information:**

We cannot use your genetic information to decide whether we'll give you coverage or decide the price of that coverage.

**Race, ethnicity, language, sexual orientation and gender identity:**

We may receive race, ethnicity, language, sexual orientation and gender identity information about you and protect this information as described in this notice. We may use this information to help you, including identifying your specific needs, developing programs and educational materials, and offering interpretation services. We don't use race, ethnicity, language, sexual orientation and gender identity information to decide whether we'll give you coverage, what kind of coverage, and the price of that coverage. We don't share this information with unauthorized persons.

**Your rights**

Under federal law, you have the right to:

- Send us a written request to see or get a copy of your PHI, including a request for a copy of your PHI through email. Remember, there's a risk your PHI could be read by a third party when it's sent unencrypted, meaning regular email. So, we will first confirm that you want to get your PHI by unencrypted email before sending it to you. We will provide you a copy of your PHI usually within 30 days of your request. If we need more time, we will let you know.
- Ask that we correct your PHI that you believe is wrong or incomplete. If someone else, such as your doctor, gave us the PHI, we'll let you know so you can ask him or her to correct it. We may say "no" to your request, but we'll tell you why in writing within 60 days.
- Send us a written request not to use your PHI for treatment, payment, or healthcare operations activities. We may say "no" to your request, but we'll tell you why in writing.

- Request confidential communications. You can ask us to send your PHI or contact you using other ways that are reasonable. Also, let us know if you want us to send your mail to a different address if sending it to your home could put you in danger.
- Send us a written request to ask us for a list of those with whom we've shared your PHI. We will provide you a list usually within 60 days of your request. If we need more time, we will let you know.
- Ask for a restriction for services you pay for out of your own pocket: If you pay in full for any medical services out of your own pocket, you have the right to ask for a restriction. The restriction would prevent the use or sharing of that PHI for treatment, payment, or operations reasons. If you or your provider submits a claim to us, we may not agree to a restriction (see "Your rights" above). If a law requires sharing your information, we don't have to agree to your restriction.
- Call Member Services at the phone number on your plan membership card to use any of these rights. A representative can give you the address to send the request. They can also give you any forms we have that may help you with this process.

**How we protect information**

We're dedicated to protecting your PHI, and we've set up a number of policies and information practices to help keep your PHI secure and private. If we believe your PHI has been breached, we must let you know.

We keep your oral, written, and electronic PHI safe using the right procedures and through physical and electronic ways. These safety measures follow federal and state laws. Some of the ways we keep your PHI safe include securing offices that hold PHI, password-protecting computers, and locking storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures.

These policies limit access to PHI to only those employees who need the data to do their jobs. Employees are also required to wear ID badges to help keep unauthorized people out of areas where your PHI is kept. Also, where required by law, our business partners must protect the privacy of data we share with them as they work with us. They're not allowed to give your PHI to others without your written permission, unless the law allows it and it's stated in this notice.



### Potential impact of other applicable laws

HIPAA, the federal privacy law, generally doesn't cancel other laws that give people greater privacy protections. As a result, if any state or federal privacy law requires us to give you more privacy protections, then we must follow that law in addition to HIPAA.

### To see more information

To read more information about how we collect and use your information, your privacy rights, and details about other state and federal privacy laws, please visit our Privacy web page at

**[www.anthem.com/privacy](http://www.anthem.com/privacy)**.

### Calling or texting you

We, including our affiliates and/or vendors, may call or text you by using an automatic telephone dialing system and/or an artificial voice. But we only do this in accordance with the Telephone Consumer Protection Act (TCPA). The calls may be about treatment options or other health-related benefits and services for you. If you don't want to be contacted by phone, just let the caller know or call **1-844-203-3796** to add your phone number to our Do Not Call list. We will then no longer call or text you.

### Complaints

If you think we haven't protected your privacy, you can file a complaint with us at the Member Services phone number on your plan membership card. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting **[hhs.gov/ocr/privacy/hipaa/complaints/](https://hhs.gov/ocr/privacy/hipaa/complaints/)**. We will not take action against you for filing a complaint.

### Contact information

You may call us at the Member Services phone number on your plan membership card. Our representatives can help you apply your rights, file a complaint, or talk with you about privacy issues.

### Copies and changes

You have the right to get a new copy of this notice at any time. Even if you have agreed to get this notice by electronic means, you still have the right to ask for a paper copy. We reserve the right to change this notice. A revised notice will apply to PHI we already have about you, as well as any PHI we may get in the future. We're required by law to follow the privacy notice that's in effect at this time. We may tell you about any changes to our notice through a newsletter, our website, or a letter.

### Effective date of this notice

The original effective date of this Notice was April 14, 2003, and was most recently revised in June 2022.

### Breast reconstruction surgery benefits

A mastectomy that's covered by your health plan includes benefits that comply with the Women's Health and Cancer Rights Act of 1998, which provides for:

- Reconstruction of the breast(s) that underwent a covered mastectomy.
- Surgery and reconstruction of the other breast to restore a symmetrical appearance.
- Prostheses and coverage for physical complications related to all stages of a covered mastectomy, including lymphedema.

You'll pay your usual deductible, copay, and/or coinsurance. For details, contact your plan administrator.

For more information about the Women's Health and Cancer Rights Act, go to the United States Department of Labor website at **[dol.gov/agencies/ebsa/laws-and-regulations/laws/whcra](https://dol.gov/agencies/ebsa/laws-and-regulations/laws/whcra)**.

# Multi-language interpreter services

Form Approved  
OMB# 0938-1421

**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 the phone number listed on your plan membership card (TTY: **711**). 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 número de teléfono que figura en su tarjeta de miembro del plan (TTY: **711**). 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，请致电您计划会员卡上的电话号码 (TTY: **711**)。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，請致電您計劃會員卡上的電話號碼 (TTY: **711**)。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 pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa numero ng telepono na nakalista sa iyong membership card ng plano (TTY: **711**). 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 numéro de téléphone inscrit sur votre carte de membre (TTY: **711**). 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 số điện thoại có trên thẻ hội viên chương trình của quý vị (TTY: **711**), sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter der auf Ihrer Plan-Mitgliedskarte (TTY: **711**) angegebenen Telefonnummer. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 플랜 가입자 카드에 기재된 전화번호(TTY: **711**)로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

# Multi-language interpreter services

Form Approved

OMB# 0938-1421

**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 номеру телефона, указанному на вашей карте участника плана (TTY: 711). 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 رقم الهاتف المدرج في بطاقة العضوية التابعة لخطتك (TTY: 711).. 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 आपके प्लान सदस्यता कार्ड पर दिए गए नंबर पर (TTY: 711) 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 di telefono presente sulla vostra tessera di adesione al piano (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** 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 de telefone indicado no seu cartão de membro do plano (TTY: 711). 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 nimewo telefòn ki endike sou kat manm plan w lan (TTY: 711). 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 telefonu podany na karcie członka planu (TTY: 711). 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の無料の通訳サービスをご利用いただけます。通訳を希望される場合は、プランの会員証に記載されている電話番号 (TTY: 711) にお電話ください。日本語を話す者が対応いたします。これは無料のサービスです。

Form CMS-10802

(Expires 12/31/25)

Y0114\_24\_3004977\_0000\_I\_C 06/13/2023







For pharmacy-related questions, call:

**1-833-460-1066 (TTY 711)**

24 hours a day, 7 days a week

For all other questions, call:

**1-844-889-6357 (TTY 711)**

Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays

**[www.anthem.com](http://www.anthem.com)**

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