

Your plan makes it easy to access care



How to use your benefits in and out of your plan's network

When it comes to receiving quality healthcare, your Group Medicare Advantage plan empowers you to choose what works for you. You can visit any doctor or care provider who is eligible to participate in Medicare. This means you can keep seeing your current doctors whether they are in your plan's network or not. If you owe any cost shares, they will be the same. Plus, you can see a specialist, as needed, without a referral.

How claims are handled depending on your care provider

If your care provider:	You will:
<ul style="list-style-type: none"> Is eligible to participate in Medicare Is in your plan's network Agrees to file claims for you 	Only be responsible for paying your copay or coinsurance (your percentage of the costs).
<ul style="list-style-type: none"> Is eligible to participate in Medicare Is not in your plan's network Agrees to file claims for you 	Only be responsible for paying your copay or coinsurance.
<ul style="list-style-type: none"> Is eligible to participate in Medicare Is not in your plan's network Will not file claims for you 	Pay for your services out of pocket, and file your own claims to be reimbursed for anything beyond your regular copay or coinsurance amount.
<ul style="list-style-type: none"> Is not eligible to participate in Medicare 	Be responsible for the full cost of services.

If you do see a doctor outside of your plan's network, just make sure they:

- Are eligible to participate in Medicare.
- Agree to accept and bill your Group Medicare Advantage plan.

If a care provider outside of your plan's network has questions about working with your plan, you can have them call us at the Provider Services number on your plan membership card. They can also verify your eligibility anytime through the Availity portal at **www.availity.com**.



We're here to help

Our Member Services team is happy to answer your questions and help you choose a care team that works best for you. Call us at the number on the back of your plan membership card.

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: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc., and Anthem HealthChoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Member Services number or see your *Evidence of Coverage* online for more information, including the cost sharing that applies to out-of-network services.