

Anthem Senior Secure (HMO)
County of Orange

HMO Plan– Effective January 1, 2022

**For additional information, contact First Impressions:
Pre Member: 1-833-848-8729 / Member: 1-833-848-8730
TTY users: 711, Monday- Friday 8a.m. – 9p.m. ET**

Pharmacy - Retail - Generic Drugs on the Prescription Drug List - Preferred Brand - Medically Necessary Name Brand Drugs designated as preferred on the Prescription Drug List, with no Generic Equivalent - Non-Preferred Brand - Medically Necessary Name Brand Drugs on the Prescription Drug List with a Generic Equivalent and drugs designated non-preferred on the Prescription Drug List	Preferred Pharmacy	Non Preferred Pharmacy
	\$0 copay Select Generics	\$0 copay Select Generics
	\$5 copay Generics	\$10 copay Generics
	\$25 copay Preferred Brand	\$30 copay Preferred Brand
	\$45 copay Non-preferred Brand and Specialty	\$50 copay Non-preferred Brand and Specialty
Annual Out-Pocket Maximum for Certain Services	\$3000 for each Medicare eligible retiree	
Outpatient Facility Services	\$100 copayment	
Hospital Emergency Room or Outpatient Facility	\$50 copayment per visit, waived if admitted	
Urgent Care Facility	\$20 copayment per visit	
Rehabilitative Therapy	\$20 copayment per visit	
Primary Care and Specialist Physician Office Visits	\$20 copayment per visit	
Preventative Services: Annual Physical Exam Well Woman Exam	\$0 copayment per visit \$0 copayment per visit	
Routine Vision Care: Eye Exam	Through Blue View Vision \$20 copayment for exam every 12 months	
Routine Vision Care: One Pair of Approved Glasses	\$100 allowance for Frames every 24 months \$0 copayment for lenses every 24 months \$80 allowance for contact lenses every 24 months in lieu of glasses	
Durable Medical Equipment	20% coinsurance	
External Prosthetic Appliances	20% coinsurance	
Home Health Services	\$0 copayment	
Hospice Services	\$20 copayment for consultation. Original Medicare covers Hospice care	
Skilled Nursing and Rehabilitation Facilities	\$0 copayment per admission	
Laboratory and Radiology Services	\$0 copayment for Laboratory tests \$20 copayment for simple X-rays \$100 copayment for complex X-rays	
Mental Health Inpatient Services	\$100 copayment per admission	
Mental Health Outpatient Services	\$20 copayment per visit	
Substance Abuse Inpatient Services	\$100 copayment per admission	
Substance Abuse Outpatient Services	\$20 copayment per visit	

Additional Services & Programs offered:

Health & Wellness Programs

24-hour Nurseline and Audio Library

SilverSneakers - Opportunities to join in fitness programs and health education seminars

LiveHealth Online – Telehealth visits with an in-network board certified doctor 24 hours a day, 7 days a week

Healthy Meals (Healthy Food Delivery)

Medicare Community Resource Support

Smoking Cessation

Foreign Travel Benefit

For claims and other questions once you become a member, please call:

1-833-848-8730. TTY users: 711, Monday- Friday 8:00 a.m. – 9:00 p.m. ET.

County of Orange website: <http://anthem.com/ca/countyoforange>

Note: The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan.

- You must receive all routine care from plan providers.
- Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances, and quantity limitations and restrictions may apply.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits may change on January 1 of each year.

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