

3 You have 2 plan(s) selected for comparison. You may compare up to 3 plans at a time.

Medicare A keep to you Learn more	Remove X	Remove X	MediBlue Essential (HMO)
	MediBlue Value (HMO) View Plan Details	MediBlue Plus (HMO) View Plan Details	GO
Sort By	MONTHLY PREMIUM	per month \$0.00	per month \$75.00
	Save to cart	Enroll from Nov 15	Save to cart
MediBlue MediBlue	Coverage Needs		
	MATCH TYPE		
	PLAN TYPE	(HMO)	(HMO)
PI	MAX OUT-OF-POCKET	\$6000	\$3300
	PCP/SPC (COPAY)	Copay: \$25 primary / \$35 specialist	Copay: \$10 primary / \$30 specialist
	DOCTOR	Contact your doctor to find out if they accept Medicare	Contact your doctor to find out if they accept Medicare
	DRUGS	What will you pay for prescriptions?	What will you pay for prescriptions?
View Plan	Plan Features		
	Inpatient Hospital	In-Network: \$250 copay per day for days 1 to 7, \$0 copay for days 8 to 90, \$0 copay for additional hospital days.	In-Network: \$190 copay per day for days 1 to 6, \$0 copay for days 7 to 90, \$0 copay for additional hospital days.
MediBlue MediBlue	Outpatient Services/ Surgery	In-Network: \$35 to \$300 copay for each Medicare-covered outpatient hospital facility visit. \$300 copay for each Medicare-covered ambulatory surgical center visit.	In-Network: \$30 to \$275 copay for each Medicare-covered outpatient hospital facility visit. \$275 copay for each Medicare-covered ambulatory surgical center visit.
PI	X-Rays	In-Network: \$35 to \$105 copay	In-Network: \$30 to \$90 copay
	Lab Services	In-Network: \$0 copay	In-Network: \$0 copay
	Preventive Services	In-Network: \$0 copay	In-Network: \$0 copay
	Show more details		
View Plan	Save to cart	Save to cart	

[View Formulary Disclaimer](#)

CMS Disclaimer

A health plan with a Medicare contract or a prescription drug plan with a Medicare contract. The Medicare Contract is renewed annually, and the availability of coverage beyond the end of the current year is not guaranteed. You are eligible to enroll if you are entitled to Medicare Part A and enrolled in Medicare Part B and you live in the service area. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. With some exceptions you can only enroll during certain times of the year.

Medicare beneficiaries may enroll in Medicare Advantage Prescription Drug (MA-PD) plans and Medicare Part D (PDP) plans through the CMS Medicare Online Enrollment Center, located at www.medicare.gov. For more information please contact [Customer Care](#).

Grievances and Appeals Disclaimer

Information on the Grievances and Appeals Process:

For information on our Grievance and Appeals Process, please see the section of your Evidence of Coverage (EOC) document titled "What to Do if You Have a Problem or Complaint (Coverage Decisions, Appeals, Complaints)". This section of your EOC document explains how to ask for coverage decisions and make appeals if you are having trouble getting the medical care or prescription drugs you think are covered by our plan. This includes asking us to make exceptions to the rules or extra restrictions on your coverage for prescription drugs, and asking us to keep covering hospital care and certain types of medical services if you think your coverage is ending too soon. The EOC document also explains how to make complaints about quality of care, waiting times, customer service, and other concerns. Current members who wish to file a written grievance should submit their information to [Grievances & Appeals](#).

To obtain an aggregate number of grievances, appeals and exceptions filed or for full information on benefits, please call [Customer Care](#). If you decide to switch to premium withhold or move from premium withhold to direct bill, it could take up to three months for it take effect and you will ultimately be held responsible for those premiums.

Evidence of Coverage Disclaimer

Evidence of Coverage:

Please reference the Evidence of Coverage for information on premiums, cost-sharing, out-of-network coverage, rights and responsibilities upon disenrollment and any applicable conditions associated with using the plan benefits. If you have medical needs, our Plan documents

[About Us](#) |

*Policies &

[Contact Us](#) |

Not covered.
The purpose is to cover only those expenses which Medicare does not cover.

CLOSE | [Printed to cover](#)

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. Independent licensee of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Y0071_11_11044_R_Pending CMS Approval
Last Updated 10/01/2010

CMS Disclaimer

A health plan with a Medicare contract or a prescription drug plan with a Medicare contract. The Medicare Contract is renewed annually, and the availability of coverage beyond the end of the current year is not guaranteed. You are eligible to enroll if you are entitled to Medicare Part A and enrolled in Medicare Part B and you live in the service area. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. With some exceptions you can only enroll during certain times of the year.

Medicare beneficiaries may enroll in Medicare Advantage Prescription Drug (MA-PD) plans and Medicare Part D (PDP) plans through the CMS Medicare Online Enrollment Center, located at www.medicare.gov. For more information please contact [Customer Care](#).

Grievances and Appeals Disclaimer

Information on the Grievances and Appeals Process:

For information on our Grievance and Appeals Process, please see the section of your Evidence of Coverage (EOC) document titled "What to Do if You Have a Problem or Complaint (Coverage Decisions, Appeals, Complaints)". This section of your EOC document explains how to ask for coverage decisions and make appeals if you are having trouble getting the medical care or prescription drugs you think are covered by our plan. This includes asking us to make exceptions to the rules or extra restrictions on your coverage for prescription drugs, and asking us to keep covering hospital care and certain types of medical services if you think your coverage is ending too soon. The EOC document also explains how to make complaints about quality of care, waiting times, customer service, and other concerns.

Current members who wish to file a written grievance should submit their information to [Grievances & Appeals](#).

To obtain an aggregate number of grievances, appeals and exceptions filed or for full information on benefits, please call [Customer Care](#).

If you decide to switch to premium withhold or move from premium withhold to direct bill, it could take up to three months for it take effect and you will ultimately be held responsible for those premiums.

Evidence of Coverage Disclaimer

Evidence of Coverage:

Please reference the Evidence of Coverage for information on premiums, cost-sharing, out-of-network coverage, rights and responsibilities upon disenrollment and any applicable conditions associated with using the plan benefits. If you have special needs, our Plan documents may be available in other formats. Please call [Customer Care](#) for details.

For information on provisions for non routine access to covered Part D drugs at out-of-network pharmacies, including limits and financial responsibility for access to these drugs please reference your Evidence of Coverage, or call [Customer Care](#).

Customer Service

[How to contact Customer Care for your plan.](#)

Pharmacy Locator Disclaimer

Pharmacy Locator:

If you are not a member, you can use this tool to locate the pharmacies in your area that participate in our Medicare Advantage Prescription Drug (MA-PD) or Medicare Part D (PDP) Plans.

If you are already a Plan member with Medicare Part D coverage, you can use this tool to search for participating pharmacies and obtain contact information and driving directions. Our plans feature more than 63,339 pharmacies in our network.

- 59,196 retail pharmacies
- 3,083 long-term care pharmacies
- 229 Indian Health Service / Tribal / Urban Indian Health Program (I/TAU) pharmacies
- 826 home infusion pharmacies
- 5 mail-order pharmacies

Members: Please note that our Plans have contracts with pharmacies that equal or exceed CMS requirements for pharmacy access in your area.

The Medicare Contract is renewed annually, and the availability of coverage beyond the end of the current year is not guaranteed. You are eligible to enroll if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and you live in the service area. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. With some exceptions you can only enroll during certain times of the year.

If you decide to switch to premium withhold or move from premium withhold to direct bill, it could take up to three months for it take effect and you will ultimately be held responsible for those premiums.

Medicare beneficiaries may enroll in Medicare Advantage Prescription Drug (MA-PD) plans and Medicare Part D (PDP) plans through the CMS Medicare Online Enrollment Center, located at www.medicare.gov. For more information please contact [Customer Care](#).

To obtain an aggregate number of grievances, appeals and exceptions filed or for full information on benefits, please call [Customer Care](#). Please reference the Evidence of Coverage for information on premiums, cost-sharing, out-of-network coverage, rights and responsibilities upon disenrollment and any applicable conditions associated with using the plan benefits.

If you have special needs, our Plan documents may be available in other formats. Please call [Customer Care](#) for details.