Advantage 65–Medical Only

Health Benefits Plan
Administered by Anthem Blue Cross and Blue Shield

Effective July 1, 2015 or October 1, 2015

The Local Choice is a unique health benefits program managed by the Commonwealth of Virginia Department of Human Resource Management (DHRM). The Advantage 65 plan may be offered to you if you are eligible for Medicare and to your Medicare-eligible family members by your group.

The Advantage 65 Health Benefits Plan provides medical benefits that work with Medicare Part A and Part B. **It does not provide prescription drug coverage.**

This guide is only an overview. For a complete description of the benefits, exclusions, limitations, and reductions, please see the Medicare Coordinating Plans Member Handbook.

Service Area

Wherever retirees live.

How The Plan Works

To receive full benefits you must be enrolled under both Part A and Part B of Medicare. Always show both your Medicare card and your Anthem identification card when you receive care.

Advantage 65 covers the Medicare Part A hospital deductible (after you pay $100) and copayment amounts, and the Part B copayment for Medicare-approved charges. It also covers out-of-country Major Medical services.

Choose Health Care Providers Carefully

Physicians

Ask your doctor if he or she is a Medicare participating physician. A doctor who participates in Medicare agrees to:

- File claims on your behalf
- Accept Medicare's payment for covered services

This means your copayment is limited to a percentage of the Medicare-approved charge. Your nearest Social Security office can give you additional information about Medicare-participating physicians.

This brochure describes benefits based on Medicare-approved charges. Doctors who do not accept assignments may not charge you any more than 15% above what Medicare considers a reasonable fee. This applies to all doctors and all services.

Hospitals

Hospitals that participate in the Medicare program are covered. Admissions not approved by Medicare are not covered.

Advantage 65

What The Plan Covers

		Plan Pays
PART A SERVICES		
Hospital Inpatient	■ Medicare Part A hospital deductible less $100 per benefit period, days 1-60	In full
	■ Medicare Part A daily hospital copayment amount, days 61-90	In full
	■ 100% of the allowable charge*, for eligible expenses for an additional 365 days.	In full
	■ Copayment amount for Medicare Lifetime Reserve Days (60 days available)	In full
Skilled Nursing Facility	■ Medicare Part A skilled nursing facility copayment, days 21-100 (Medicare covers days 1-20 in full.)	In full
	■ A daily amount equal to Medicare skilled nursing home copayment, days 101-180 (Medicare provides no coverage beyond 100 days.)	In full
		Plan Pays
PART B SERVICES		
Physician And Other Services (after you pay $147 Part B calendar year deductible)	■ Part B copayment of Medicare-approved charges for services such as: • Doctor's care • Surgical services • Outpatient x-ray and lab services • Professional ambulance service	In full
AT HOME RECOVERY SERVICES	■ At-home recovery care for an illness or injury approved under a Medicare home health treatment plan. Benefits include: • Home visits up to the number approved by Medicare, not to exceed 7 visits per week (This benefit applies to home health services, certified by a physician, for personal care during the recovery period)	Up to $40 per visit (limited to $1,600 per calendar year)
		Plan Pays
OUT-OF-COUNTRY MAJOR MEDICAL SERVICES *(after you pay $250 calendar year deductible)*	■ Lifetime maximum	$250,000
	■ Annual restoration of lifetime maximum (limited to the amount of benefits used in any one year)	$2,000
Covered Services	■ Medically necessary services received in a foreign country	80% AC*
Out-Of-Pocket Expense Limit	■ In a calendar year when your out-of-pocket expenses for covered services reach $1,200, the plan pays 100% of the allowable charge for the rest of the calendar year.	

******Allowable Charge (AC)* — *The term has two meanings, depending on whether the service is provided by a doctor (or other health care professional) or a hospital. For care by a doctor or other health care professional, the allowable charge is the lesser amount of your plan's allowance for that service, or the provider's charge for that service. For hospital services, the allowable charge is the amount of the negotiated compensation to the facility for the covered service or the facility's charge for that service, whichever is less. For complete information about the allowable charge, please see the Medicare Coordinating Plans Member Handbook.*

Options For Prescription Drug Coverage—Medicare Part D

If you want prescription drug coverage, you may enroll in a separate Medicare Part D prescription drug plan.

Several Medicare Part D plan options are being offered. To determine what drug coverage option best meets your needs, consult the Medicare and You Handbook, call **1-800-MEDICARE (1-800-633-4227)** or visit the Medicare Web site at **www.medicare.gov**.

If You Need Assistance

Anthem Blue Cross and Blue Shield

Medical
1-800-552-2682
Monday through Friday 8:00 a.m. – 6:00 p.m.
Saturday 9:00 a.m. – 1:00 p.m.

On the Web at **www.anthem.com/tlc**

The Local Choice

The Local Choice Health Benefits Program
Commonwealth of Virginia
Department of Human Resource Management
101 North 14th Street – 13th Floor
Richmond, VA 23219
(804) 786-6460

On the Web at **www.thelocalchoice.virginia.gov**

NOTE: This is not a policy. This is a brief summary of the Advantage 65 health benefits plan. For a complete description of the benefits, exclusions, terms, and conditions, please see the Medicare Coordinating Plans Member Handbook.

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