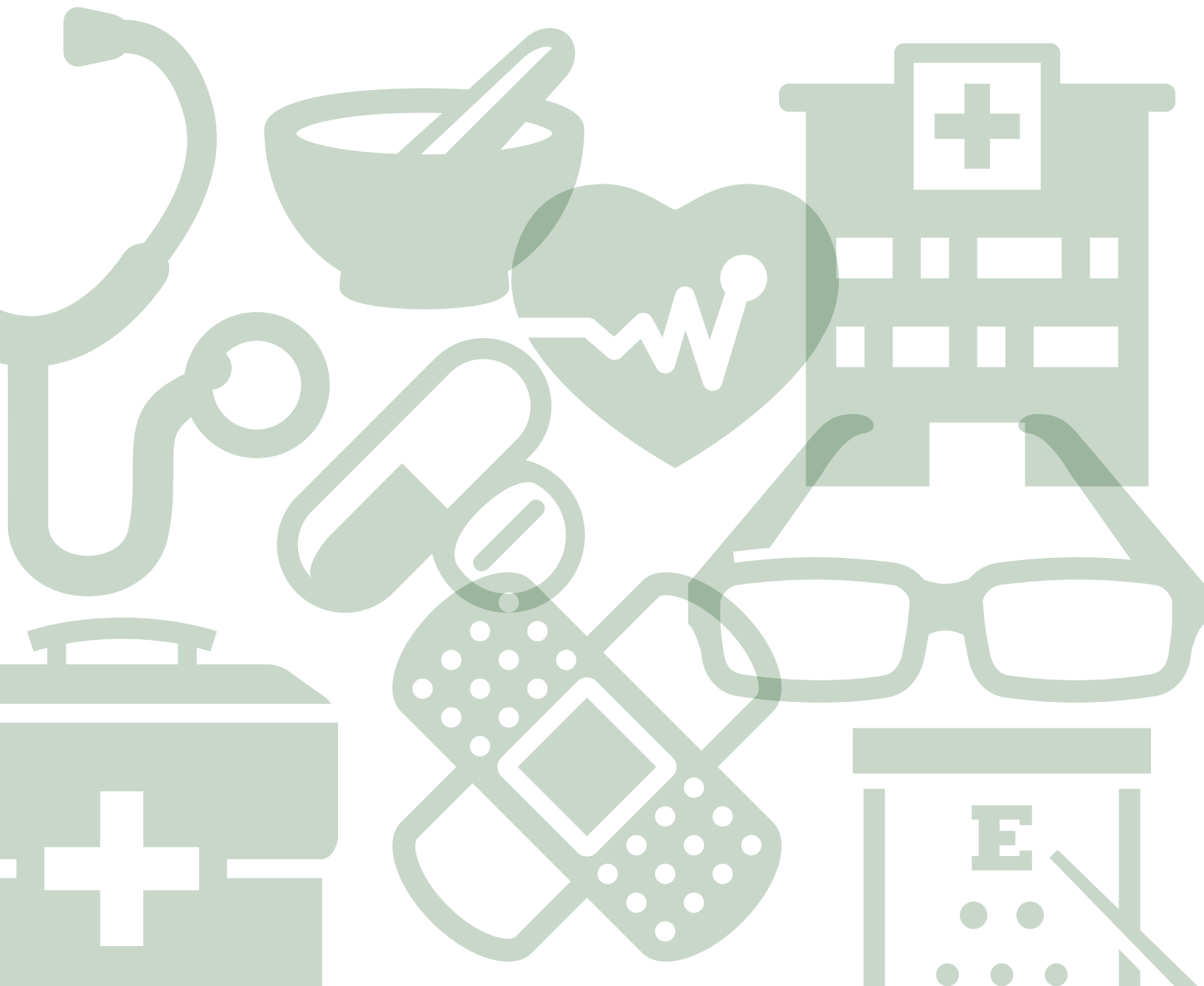


2019

MEDICARE COMPLEMENTARY

Effective January 1, 2019 - December 31, 2019

Medical, Dental and Vision administered by
Anthem Blue Cross and Blue Shield





The Local Choice is a unique health benefits program managed by the Commonwealth of Virginia Department of Human Resource Management (DHRM). The Medicare



Complementary plan may be offered to you if you are eligible for Medicare and to your Medicare-eligible family members by your group. Benefits are administered on a calendar year basis to coincide with your Medicare coverage. Changes in your monthly premium are effective July 1 (or October 1 for certain school groups) to coincide with your former employer's The Local Choice (TLC) health plan renewal.

The Medicare Complementary plan provides medical benefits that work with Medicare Part A and Part B. In addition, the plan offers benefits for services not covered by the government program, including vision and dental. 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 Blue Cross and Blue Shield identification card when you receive care.

CHOOSE HEALTH CARE PROVIDERS CAREFULLY

Physicians

Ask your doctor if he or she is a Medicare participating physician. Your benefits cover the patient's share of Part B expenses after you pay the first \$1,000 of expenses each calendar year. This \$1,000 out-of-pocket expense is made up of your Part B Medicare deductible and copayments. 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. Go to [Medicare.gov](https://www.medicare.gov) for 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.

MEDICARE COMPLEMENTARY PLAN

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 hospital's reasonable charges, 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 home 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 |

PART B SERVICES

Doctors' Care And Medical Services (after \$1,000 out-of-pocket expense limit)

Medicare pays 80% and the plan pays 20% of Medicare-approved charges for Part B services. Enrollees are responsible for the first \$1,000 in covered expenses for Part B doctors' care and other medical services. Expenses that apply to the \$1,000 out-of-pocket expense limit include the Medicare Part B calendar year deductible and 20% of Medicare-approved charges for the Part B services.

After the \$1,000 out-of-pocket expense limit is met during a calendar year

| | Plan Pays |
|--|-----------|
| ■ Physicians' care | 20%* |
| ■ Diagnostic x-rays and lab tests | 20%* |
| ■ Ambulance service | 20%* |
| ■ Durable medical equipment and supplies | 20%* |
| ■ Chiropractic services—Benefits coordinated with Medicare | 20%* |
| ■ Routine mammography screenings | 20%* |

*Percent of Medicare charges

PLAN DEDUCTIBLES AND COPAYMENTS

You are responsible for these amounts:

- \$100 deductible per benefit period for the first 60 days of hospital inpatient care
- The Medicare Part B calendar year deductible (included in the \$1,000 out-of-pocket expense limit)
- 20% of Medicare-approved charges for Part B services (not to exceed the \$1,000 out-of-pocket expense limit each calendar year)

DENTAL BENEFITS

The plan pays up to \$1,500 per member per calendar year. It also pays 100% of the allowable charge for diagnostic and preventive services, such as oral examinations and dental x-rays. It pays 80% of the allowable charge for basic services, such as fillings, re-cementing of crowns, inlays and bridges, or repair of removable dentures. The remaining 20% is your responsibility. The plan also pays 5% for major services such as crowns, dentures, and implants.

When you need services, simply present your plan identification card to your dentist. If you go to an Anthem Dental Complete network dentist, you will be responsible only for your coinsurance. If services are provided by a non-network dentist, you pay your coinsurance, plus the difference, if any, between the plan's allowable charge for a covered service and the dentist's charge. Network dentists are listed on the Web at www.anthem.com/tlc, or call Anthem Dental Complete at 1-855-648-1411 to determine if a dentist is in the network.

| Plan Pays \$1,500 Maximum Per Person Per Calendar Year | | In-Network You Pay |
|--|--|--------------------|
| <i>Diagnostic And Preventive Services</i> | Twice-a-year visits to the dentist for oral examinations, x-rays, and cleanings | \$0 |
| <i>Basic Dental Care</i> | Fillings, oral surgery, periodontal services, scaling, repair of dentures, root canals and other endodontic services, and recementing of existing crowns and bridges | 20% AC** |
| <i>Major Dental Care</i> | Crowns (single crowns, inlays and onlays, prosthodontics (partial or complete dentures and fixed bridges) and dental implants | 95% AC** |
| <i>Out-Of-Network Care</i> | For services by a non-network dentist, you pay the applicable coinsurance plus any amounts above the allowable charge. | |

** **Allowable Charge (AC)** — The allowable charge is the lesser amount of the Anthem Dental Complete plan allowance for that covered service, or the provider's submitted charge for that covered service. Participating Anthem Dental Complete dentists have agreed to accept Anthem's payment, plus any required coinsurance (if applicable) as payment in full for covered benefits.

Using Your Dental Benefits

To reduce your out-of-pocket expense, choose an Anthem Dental Complete dentist. View the Provider Directory on the Web at www.anthem.com/tlc.

In-network claims will be handled by the dentist's office and you will be responsible only for any coinsurance, which applies to the covered care you receive. If you go to a non-network dentist, you may pay more of the bill.

VISION BENEFITS

Your routine vision benefits are through the Anthem Blue View Vision network. Available once per your calendar year, your vision benefits include a routine eye exam, eyewear and special eye accessory discounts. You may receive services from any ophthalmologist, optometrist, optician and/or retail location in the Anthem Blue View Vision network.

To locate an Anthem Blue View Vision provider, select Find A Doctor at www.anthem.com/tlc, or contact Member Services at 800-552-2682 for assistance. To receive vision services, simply present your Anthem identification card to your Blue View Vision provider when you receive your eye exam or purchase covered eyewear. Your Blue View Vision provider will verify eligibility and file your claims.

While some vision benefits are also covered out-of-network, you will receive the most value when you choose a Blue View Vision provider. If you use an out-of-network provider, your benefits will be covered at a lower payment level. You will need to pay for covered services and purchases at the time of your visit and send an out-of-network claim form to Blue View Vision. The claim form is available at anthem.com/tlc under Forms.

Certain non-routine vision care such as eye surgery may be covered under your primary medical coverage under your Medicare plan. Refer to your Medicare and You Handbook or contact Medicare for more information.

| Routine vision care services | | In-Network You Pay |
|---|--|--|
| <i>Routine eye exam (once per calendar year)</i> | | \$20 copayment |
| Eyeglass frames Once per calendar year you may select any eyeglass frame ¹ and receive the following allowance toward the purchase price: | | \$100 allowance then 20% off remaining balance |
| Eyeglass lenses (standard) <i>Polycarbonate lenses included for children under 19 years old.</i> Once per calendar year you may receive any one of the following lenses: <ul style="list-style-type: none"> ■ Standard plastic single vision lenses (1 pair) ■ Standard plastic bifocal lenses (1 pair) ■ Standard plastic trifocal lenses (1 pair) ■ Standard progressive lenses (1 pair) | | \$20 copay; then covered in full \$20 copay; then covered in full \$20 copay; then covered in full \$85 copay; then covered in full |
| Eyeglass lens upgrades When receiving services from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lenses copayment applies, plus the cost for the upgrade. | Lens options <ul style="list-style-type: none"> ■ UV coating ■ Tint (solid and gradient) ■ Standard scratch resistance ■ Standard polycarbonate ■ Standard anti-reflective coating ■ Other add-ons and services | Member cost for upgrades \$15 \$15 \$15 \$40 \$45 20% off retail price |
| Contact lenses Prefer contact lenses over glasses? You may choose to receive contact lenses instead of eyeglasses (frames and lenses) and receive an allowance toward the cost of a supply of contact lenses once per calendar year. | Lens options <ul style="list-style-type: none"> ■ Elective conventional lenses² ■ Elective disposable lenses² ■ Non-elective contact lenses² | \$100 allowance then 15% off the remaining balance \$100 allowance (no additional discount) \$250 allowance (no additional discount) |

¹ Discount is not available on certain frame brands in which the manufacturer imposes a no-discount policy.

² Elective contact lenses are in lieu of eyeglass lenses. Non-elective lenses are covered when glasses are not an option for vision correction.

OPTIONS FOR PRESCRIPTION DRUG COVERAGE

If you want prescription drug coverage, you must 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.

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

This notice has important information about your application or benefits. Look for important dates. You might need to take action by certain dates to keep your benefits or manage costs. You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Spanish

Este aviso contiene información importante acerca de su solicitud o sus beneficios. Busque fechas importantes. Podría ser necesario que actúe para ciertas fechas, a fin de mantener sus beneficios o administrar sus costos. Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Amharic

ይህ ማሰታወቂያ ስለማመልከቻዎ ወይም ጥቅማ ጥቅሞችዎ ጠቃሚ መረጃ አለው። አስፈላጊ ቀናትን ይፈልጉ። ጥቅማ ጥቅሞችዎን ለማቆየት ወይም ክፍያዎችን ለመቆጣጠር በሆነ ቀን አንድ እርምጃ መውሰድ ያስፈልግዎ ይሆናል። ይህንን መረጃ እና እገዛ በቋንቋዎ በነጻ የማግኘት መብት አልዎት። ለእገዛ በመታወቂያዎ ላይ ያለውን የአባል አገልግሎቶች ቁጥር ይደውሉ። (TTY/TDD: 711)

Arabic

يحتوي هذا الإشعار على معلومات مهمة حول طلبك أو المزايا المقدمة لك. احرص على تتبع المواعيد المهمة. قد تحتاج إلى اتخاذ إجراء قبل مواعيد محددة للاحتفاظ بالمزايا أو لإدارة التكلفة. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجانًا. يُرجى الاتصال برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة (TTY/TDD:711).

Bassa

Bɔi-po-po nià ke béde bɔ kpaɖe bá ni ɖe-mó-ɖifèdè mɔɔ kpáná-dè bɛ̀ m̀ ké dyée dyí. M̄ me mó wé kpaɖe bɛ̀ dyi. Bé ni kpáná-dè bɛ̀ ké m̀ xwa se mɔɔ bé m̀ ké píɔ xwa béin nyee, ɔ mu wèin bé m̀ kéú ɖe bɛ̀ ti kɔ nyùin. M̄ béde dyí-bèdèin-dèò bé m̀ ké bɔ̀ nià ke kè gbo-kpá-kpá dyé ɖé m̀ bíɖí-wùdùùn bó pídyi. Ɖá Mébà jè gbo-gmò Kpòè nòbà nià ni Dyí-dyoin-bèò kɔe, bó gbo-kpá-kpá dyé jè. (TTY/TDD: 711)

Bengali

আপনার আবেদন বা সুবিধার বিষয়ে এই বিজ্ঞপ্তিটিতে গুরুত্বপূর্ণ তথ্য রয়েছে। গুরুত্বপূর্ণ তারিখগুলির জন্য দেখুন। আপনার সুবিধাগুলি বজায় রাখার জন্য বা খরচ নিয়ন্ত্রণ করার জন্য নির্দিষ্ট তারিখে আপনাকে কাজ করতে হতে পারে। বিনামূল্যে এই তথ্য পাওয়ার ও আপনার ভাষায় সাহায্য করার অধিকার আপনার আছে। সাহায্যের জন্য আপনার আইডি কার্ডে থাকা সদস্য পরিষেবা নম্বরে কল করুন। (TTY/TDD: 711)

Chinese

本通知有與您的申請或利益相關的重要資訊。請留意重要日期。您可能需要在特定日期前採取行動以維護您的利益或管理費用。您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Farsi

این اطلاعیه حاوی اطلاعات مهم در مورد درخواست یا مزایای شما است. به تاریخهای مهم دقت کنید. ممکن است لازم باشد در برخی تاریخهای خاص اقدامی انجام دهید تا مزایای خود را حفظ کنید یا هزینه‌ها را مدیریت کنید. شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناسایی‌تان درج شده است، تماس بگیرید (TTY/TDD:711).

French

Cette notice contient des informations importantes sur votre demande ou votre couverture. Vous y trouverez également des dates à ne pas manquer. Il se peut que vous deviez respecter certains délais pour conserver votre couverture santé ou vos remboursements. Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

German

Diese Mitteilung enthält wichtige Informationen zu Ihrem Antrag oder Ihren Beihilfeleistungen. Prüfen Sie die Mitteilung auf wichtige Termine. Möglicherweise müssen Sie bis zu einem bestimmten Datum Maßnahmen ergreifen, um Ihre Beihilfeleistungen oder Kostenzuschüsse aufrechtzuerhalten. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Rufen Sie die auf Ihrer ID-Karte angegebene Servicenummer für Mitglieder an, um Hilfe anzufordern. (TTY/TDD: 711)

Hindi
इस सूचना में आपके आवेदन या लाभों के बारे में महत्वपूर्ण जानकारी है। महत्वपूर्ण तिथियाँ देखें। अपने लाभ बनाए रखने या लागत का प्रबंध करने के लिए, आपको निश्चित तिथियों तक कार्रवाई करने की ज़रूरत हो सकती है। आपके पास यह जानकारी और मदद अपनी भाषा में मुफ्त में प्राप्त करने का अधिकार है। मदद के लिए अपने ID कार्ड पर सदस्य सेवाएँ नंबर पर कॉल करें। (TTY/TDD: 711)

Igbo
Ọkwa a nwere ozi di mkpa gbasara akwụkwọ anamachọihe ma ọ bụ elele gi. Chọgharja ụbọchị ndi di mkpa. I nwere ike ime ihe n'ụfọdụ ụbọchị iji dowe elele gi ma ọ bụ jikwaa ọnụego. I nwere ikike inweta ozi a yana enyemaka n'asụsụ gi n'efu. Kpọọ nọmba Ọrụ Onye Otu di na kaadi NJ gi maka enyemaka. (TTY/TDD: 711)

Korean
이 공지사항에는 귀하의 신청서 또는 혜택에 대한 중요한 정보가 있습니다. 중요 날짜를 살펴 보십시오. 혜택을 유지하거나 비용을 관리하기 위해 특정 마감일까지 조치를 취해야 할 수 있습니다. 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Russian
Настоящее уведомление содержит важную информацию о вашем заявлении или выплатах. Обратите внимание на контрольные даты. Для сохранения права на получение выплат или помощи с расходами от вас может потребоваться выполнение определенных действий в указанные сроки. Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Tagalog
May mahalagang impormasyon ang abisong ito tungkol sa inyong aplikasyon o mga benepisyo. Tukuyin ang mahahalagang petsa. Maaaring may kailangan kayong gawin sa ilang partikular na petsa upang mapanatili ang inyong mga benepisyo o mapamahalaan ang mga gastos. May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Urdu
یہ نوٹس آپ کی درخواست یا فائدوں کے بارے میں اہم معلومات پر مشتمل ہے۔ اہم تاریخیں دیکھیے۔ اپنے فائدوں یا لاگتوں کو منظم کرنے کے لیے آپ کو بعض تاریخوں پر اقدام کرنے کی ضرورت ہوسکتی ہے۔ آپ کو اپنی زبان میں مفت ان معلومات اور مدد کے حصول کا حق ہے۔ مدد کے لیے اپنے آئی ڈی کارڈ پر موجود ممبر سروس نمبر کو کال کریں۔ (TTY/TDD:711)

Vietnamese
Thông báo này có thông tin quan trọng về đơn đăng ký hoặc quyền lợi bảo hiểm của quý vị. Hãy tìm các ngày quan trọng. Quý vị có thể cần phải có hành động trước những ngày nhất định để duy trì quyền lợi bảo hiểm hoặc quản lý chi phí của mình. Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Yoruba
Àkìyèsí yíí ní iwífún pàtàkì nípá ibéèrè tàbí àwọn ànfàní rẹ. Wá déèti pàtàkì. O le ní láti gbé igbésè ní déèti kan pàtó láti tójú àwọn ànfàní tàbí sàkóso iye owó rẹ. O ní ètò láti gba iwífún yíí kí o sì sèrànwọ ní èdè rẹ lófèfè. Pe Nọmbà àwọn ipèsè ọmọ-ẹgbẹ lóri káàdì Ìdánimọ rẹ fún ìrànwọ. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



IF YOU NEED ASSISTANCE

ANTHEM BLUE CROSS AND BLUE SHIELD

Medical and Routine Vision Care

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

Dental Care

1-855-648-1411

Monday - Friday 8:00 a.m. - 9:00 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

On the Web at www.thelocalchoice.virginia.gov

MEDICARE

1-800-MEDICARE (1-800-633-4227)

On the Web at www.medicare.gov

