



# Your Advantage 65 Benefits

Health Benefits Plan Administered by  
Anthem Blue Cross and Blue Shield

**Effective January 1, 2024 – December 31, 2024**





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. 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 Advantage 65 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 TLC Medicare Coordinating Plans Member Handbook.**

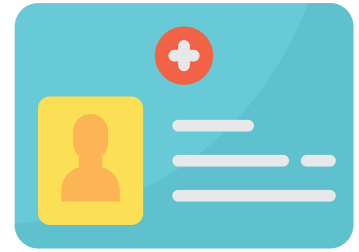
## Service Area

Wherever retirees live.

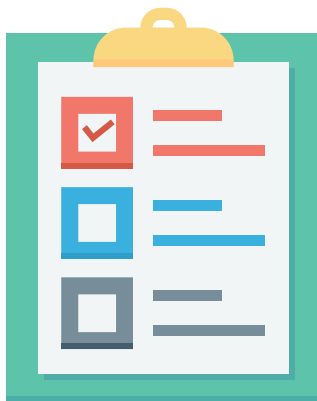
## How The Plan Works

**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 coinsurance for Medicare-approved charges. It also covers out-of-country Major Medical services.



## Choose Healthcare 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 coinsurance 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.

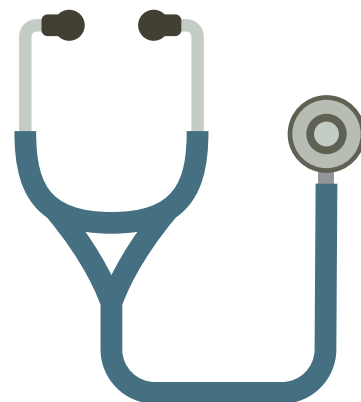


# Advantage 65

## What The Plan Covers

		Plan Pays
<b>PART A SERVICES</b>		
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
		<b>Plan Pays</b>
<b>PART B SERVICES</b>		
Physician And Other Services	■ Part B coinsurance of Medicare-approved charges for services such as: (after you pay the Medicare Part B calendar year deductible) <ul style="list-style-type: none"> <li>• Doctor's care</li> <li>• Surgical services</li> <li>• Outpatient x-ray and lab services</li> <li>• Professional ambulance service</li> </ul>	In full
<b>AT HOME RECOVERY SERVICES</b>	■ At-home recovery care for an illness or injury approved under a Medicare home health treatment plan. Benefits include: <ul style="list-style-type: none"> <li>• 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)</li> </ul>	Up to \$40 per visit (limited to \$1,600 per calendar year)
		<b>Plan Pays</b>
<b>OUT-OF-COUNTRY MAJOR MEDICAL SERVICES</b>		
(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 healthcare professional) or a hospital. For care by a doctor or other healthcare 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 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](http://www.medicare.gov)**.



# We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

## Spanish

Usted tiene derecho a recibir ayuda en su idioma en forma gratuita. Simplemente llame al número de Servicios para Miembros que figura en su tarjeta de identificación.

## Chinese

您有權免費獲得透過您使用的語言提供的幫助。請撥打您的ID卡片上的會員服務電話號碼。若您是視障人士，還可索取本文件的其他格式版本。

## Vietnamese

Quý vị có quyền nhận miễn phí trợ giúp bằng ngôn ngữ của mình. Chỉ cần gọi số Dịch vụ dành cho thành viên trên thẻ ID của quý vị. Bị khiếm thị? Quý vị cũng có thể hỏi xin định dạng khác của tài liệu này."

## Korean

귀하는 자국어로 무료 지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

## Tagalog

May karapatan ka na makakuha ng tulong sa iyong wika nang libre. Tawagan lamang ang numero ng Member Services sa iyong ID card. May kapansanan ka ba sa paningin? Maaari ka ring humiling ng iba pang format ng dokumentong ito.

## Russian

Вы имеете право на получение бесплатной помощи на вашем языке. Просто позвоните по номеру обслуживания клиентов, указанному на вашей идентификационной карте. Пациенты с нарушением зрения могут заказать документ в другом формате.

## Armenian

Դուք իրավունք ունեք ստանալ անվճար օգնություն ձեր լեզվով: Պարզապես զանգահարեք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշված է ձեր ID քարտի վրա:

## Farsi

"شما این حق را دارید تا به صورت رایگان به زبان مادری تان کمک دریافت کنید. کافی است با شماره خدمات اعضا (Member Services) درج شده روی کارت شناسایی خود تماس بگیرید." دچار اختلال بینایی هستید؟ می توانید این سند را به فرمت های دیگری نیز درخواست دهید.

## French

Vous pouvez obtenir gratuitement de l'aide dans votre langue. Il vous suffit d'appeler le numéro réservé aux membres qui figure sur votre carte d'identification. Si vous êtes malvoyant, vous pouvez également demander à obtenir ce document sous d'autres formats.

## Arabic

لك الحق في الحصول على مساعدة بلغتك مجاناً. ما عليك سوى الاتصال برقم خدمة الأعضاء الموجود على بطاقة الهوية. هل أنت ضعيف البصر؟ يمكنك طلب أشكال أخرى من هذا المستند.

## Japanese

お客様の言語で無償サポートを受けることができます。IDカードに記載されているメンバーサービス番号までご連絡ください。

## Haitian

Se dwa ou pou w jwenn èd nan lang ou gratis. Annik rele nimewo Sèvis Manm ki sou kat ID ou a. Èske ou gen pwoblèm pou wè? Ou ka mande dokiman sa a nan lòt fòm tou.

## Italian

Ricevere assistenza nella tua lingua è un tuo diritto. Chiama il numero dei Servizi per i membri riportato sul tuo tesserino. Sei ipovedente? È possibile richiedere questo documento anche in formati diversi

## Polish

Masz prawo do uzyskania darmowej pomocy udzielonej w Twoim języku. Wystarczy zadzwonić na numer działu pomocy znajdujący się na Twojej karcie identyfikacyjnej.

## Punjabi

ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਬਸ ਆਪਣੀ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਿਰਵਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੂਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

## TTY/TTD:711

### It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. By calling Member Services, our members can get free in-language support, and free aids and services if you have a disability. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. 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 in any of these areas, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279, or directly to 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. You can also call 1-800-368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>



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# If You Need Assistance

<p><b>Anthem Blue Cross and Blue Shield</b></p>	<p><b>Medical and Routine Vision Care</b>  <b>1-800-552-2682</b>  Monday through Friday 8:00 a.m. – 6:00 p.m.  On the Web at <a href="http://www.anthem.com/tlc">www.anthem.com/tlc</a></p> <p><b>Dental Care</b>  <b>1-855-648-1411</b>  Monday – Friday 8:00 a.m. – 9:00 p.m.  On the Web at <a href="http://www.anthem.com/tlc">www.anthem.com/tlc</a></p>
<p><b>The Local Choice</b></p>	<p><b>The Local Choice Health Benefits Program Commonwealth of Virginia</b>  Department of Human Resource Management  101 North 14th Street – 13th Floor  Richmond, VA 23219  On the Web at <a href="http://www.thelocalchoice.virginia.gov">www.thelocalchoice.virginia.gov</a></p>
<p><b>Medicare</b></p>	<p><b>1-800-MEDICARE</b> (1-800-633-4227)  On the Web at <a href="http://www.medicare.gov">www.medicare.gov</a></p>

Language Access Services - (TTY/TDD: 711)

(Spanish) - 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.  
(Korean) - 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오.  
The Commonwealth of Virginia complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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