

Member/Provider Guide to Care

The Anthem Medicare Preferred PPO plans, *National Access Plus*, allow you to access care from any doctor that accepts Medicare, in or out of the Anthem Medicare Preferred PPO provider network, and your coverage and cost share, if any, remains the same. Your doctor or medical providers may not be familiar with all of the details of the plan. This flyer contains important information that will help guide them in providing you with covered services.

Information for Members

You can seek care from any provider that accepts Medicare.

- This Preferred Provider Organization (PPO) plan gives you the freedom to go to any doctor or other licensed medical professional that accepts Medicare, anywhere in the United States.
- The provider does not have to be part of the Anthem Medicare Preferred PPO or Blue Medicare Advantage PPO (in non-Anthem states) network.

You have the flexibility to see providers in or out-of-network.

- Providers who have a contract with Anthem Blue Cross and Blue Shield or their local Blue Cross Plan (“in-network”) must accept this plan if you are a current patient.
- Providers who do not have a contract with Anthem Blue Cross and Blue Shield or their local Blue Cross Plan (“out-of-network”) have the choice to accept the plan, unless it is an emergency.

You pay the same cost share whether your provider is in or out-of-network.

- Any copay or cost share for covered services can be paid to the provider at the time of service or the provider may choose to bill you later after Anthem Blue Cross and Blue Shield or their local Blue Cross Plan processes the claim.
- Out-of-network providers must bill Anthem Blue Cross and Blue Shield or their local Blue Cross Plan, not Medicare.



Questions?



For help finding a provider, contact Anthem's First Impressions Team at **1.833.848.8729**. TTY users, call 711 from 8 a.m. to 9 p.m. EST

Once you are a member of the Anthem Medicare Preferred PPO plan, you or your doctor can contact Member Services at **1.833.848.8730**. TTY users, call 711

Information for Providers

The Anthem Medicare Preferred PPO is a new plan in 2020 for Electric Boat Retirees and their spouses. These plans offer a unique set of benefits to members. This flyer contains important information for in-network providers and can help out-of-network providers better understand the plan.

Key Highlights:

- Your patient's plan is a Preferred Provider Organization (PPO), not a Health Maintenance Organization (HMO). It works like a traditional PPO plan.
- In-network providers are paid according to their contract with Anthem Blue Cross and Blue Shield or their local Blue Cross Plan.
- Out-of-network providers are paid equivalent to Medicare's allowable fee schedule and you may balance bill the health plan, however, you may not bill the member. No contract needed.
- A member's cost-sharing level is the same whether in-network or out-of-network, which is much different than other Blue Cross and Blue Shield Medicare Advantage PPO plans with higher member cost-sharing for out-of-network services.
- This plan is open access. No referrals are required for patients to see specialists (no gatekeeper).
- No prior authorizations or prior notifications are required for out-of-network providers.
- Out-of-network providers not accepting Medicare assignment are able to balance bill the health plan up to the Medicare limiting charge. The excess charges will be paid by the Anthem Medicare Preferred PPO plan, not the member.



Care Coordination Information

In-network providers should refer to their contract with Anthem Blue Cross and Blue Shield or with their local Blue Cross Plan for more information regarding prior notification and prior authorization requirements. Out-of-network providers are not required to request prior authorization or submit prior notification to the plan.

Claims and Payment

Claims should be submitted to Anthem Blue Cross and Blue Shield, not Medicare. Providers should submit claims to their local Blue Cross plan in their state.

Anthem Medicare Preferred PPO plans were introduced in 2010 and are only offered to groups, such as employers, unions and government sub-entities. Benefit plans are often unique to each group. If a group qualifies via the Employer Group Waiver, its plan is available nationwide.

For information or inquiries, including payment or payment rates, member eligibility, benefits or claims status, call Anthem Blue Cross and Blue Shield at **1. 833.848.8730**, Monday through Friday, 8 a.m. to 9 p.m. EST, except holidays.