



Medicare Advantage Group Plan Enrollment Guide

Indiana State Teachers' Retirement Fund

Anthem Medicare Preferred (PPO) with Senior Rx Plus

January 1, 2025 – December 31, 2025



Get to know the plan

We're here to help

There can be a lot to sort through when it comes to selecting a health plan and managing your health. We created this guide to help you understand the basics of our Anthem Blue Cross and Blue Shield group Medicare plan. From choosing a doctor to learning about our convenient online tools and health programs, the important information is all right here at your fingertips. As you read, you will learn that Original Medicare doesn't cover everything. Group-sponsored coverage from your employer, like Medicare Advantage from Anthem, usually offers more.

You will also find step-by-step instructions on how to enroll. If you have more questions or need help, call our First Impressions Welcome Team for answer or plan details, and provide this group specific code IN000GRS. **1-833-848-8729** (TTY: **711**) Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays.

The plan at a glance



Indiana State Teachers' Retirement Fund offers you the Anthem Medicare Preferred (PPO) with Senior Rx Plus plan. This plan includes medical and prescription drug coverage, along with additional benefits and programs. Preferred Provider Organizations (PPOs) use a network of doctors, hospitals, and other care providers. You can see any doctor and visit any hospital you'd like as long as they accept Medicare.

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Medical benefit highlights

This plan covers many medical services, treatments, and tests. Plus, you can protect your health by getting your recommended checkups, shots, and screenings with preventive care services at no cost when you see a doctor that accepts Medicare and the plan. Here are some of the benefits that may be included:

Health and wellness

- Inpatient hospital care and ambulance services
- Emergency and urgent care, including access to emergency care across the U.S. and outside of the country
- Skilled nursing facility benefits
- Complex radiology services and radiation therapy
- Diagnostic procedures and testing services received in a doctor's office
- Lab services and outpatient X-rays
- Tobacco cessation counseling
- Routine hearing exams and hearing aid coverage
- Routine vision care

Nutrition

- Diabetes services and supplies
- Healthy Meals program*
- Medical nutrition therapy*
- Obesity screening and therapy*

Preventive care services

- \$0 copay for an annual wellness visit and routine physical exam
- Blood pressure and cholesterol tests
- Breast cancer (mammogram) screening
- Colorectal cancer (colonoscopy) screening
- Diabetes (blood sugar, kidney, retinopathy) screening
- Osteoporosis (bone density) screening
- Immunizations like flu and pneumococcal shots

Devices

- Durable medical equipment and related supplies
- Prosthetic devices



See your *Summary of Benefits* located in the appendix for more details.

* Benefit available if qualifying conditions are met.

Prescription drug benefit highlights

There are many ways to save on prescription drugs with the Anthem Medicare Preferred (PPO) with Senior Rx Plus plan.

Covered medications

- Find commonly prescribed brand-name and specialty drugs that Medicare Part D allows us to cover.
- Choose from a wide range of generic drugs to save even more money — and without sacrificing effectiveness.

Network pharmacies

- Access to over 64,000 network pharmacies to save money on your prescriptions.
- Most national chains and many local pharmacies are in our National Discount Network.

Home Delivery through CaredonRx Pharmacy

Save time by not waiting in line at the pharmacy and enjoy the convenience of having your maintenance medications delivered straight to you. With home delivery, you can receive up to 90 days of supplies often at a lower cost than filling your prescription at a regular pharmacy. Set up home delivery through your account online or on the **SydneySM Health** app.



Generics have the same active ingredients and effects as brand-name drugs, generally without the higher cost share. Generic drugs on our select generics list have a \$0 copay.



\$0 copay for select generics

These select generics have the same active ingredients and effects as brand-name drugs for a \$0 copay. If you don't see one of your drugs here, you can call us to check the full list for you.¹

Use	Name	
Cardiovascular	Amlodipine/benazepril capsule	Irbesartan tablet
	Atenolol/chlorthalidone tablet	Lisinopril/ hydrochlorothiazide tablet
	Atenolol tablet	Lisinopril tablet
	Benazepril/hydrochlorothiazide tablet	Losartan potassium/ hydrochlorothiazide tablet
	Benazepril tablet	Losartan potassium tablet
	Bisoprolol fumarate tablet	Metoprolol tartrate tablet
	Bisoprolol/hydrochlorothiazide tablet	Olmesartan tablet
	Carvedilol tablet	Quinapril tablet
	Chlorthalidone tablet	Ramipril tablet
	Enalapril/hydrochlorothiazide tablet	Trandolapril tablet
	Enalapril maleate tablet	Valsartan/hydrochlorothiazide tablet
	Fosinopril tablet	Valsartan tablet
	Furosemide tablet	
	Hydrochlorothiazide capsule/tablet	
Irbesartan/hydrochlorothiazide tablet		
Cholesterol	Atorvastatin tablet	
	Lovastatin tablet	
	Pravastatin sodium tablet	
	Rosuvastatin tablet	
	Simvastatin tablet ²	
Diabetes	Glimepiride tablet	
	Glipizide ER tablet	
	Glipizide/metformin tablet	
	Glipizide tablet	
	Metformin ER tablet ²	
	Metformin tablet	
	Pioglitazone tablet	
Osteoporosis	Alendronate sodium tablet	

¹ This list is current as of May 2024 and is subject to change. It is not a complete list of covered drugs.

² Not all dosages are covered at the select generics cost share.

Top 50 most prescribed drugs we cover

If you don't see one of your drugs here, you can call us to check the full list for you.¹

albuterol sulfate HFA	furosemide	omeprazole
alendronate sodium	hydrochlorothiazide	OZEMPIC
allopurinol	hydrocodone-acetaminophen	pantoprazole sodium
amlodipine besylate	JARDIANCE	potassium chloride
atenolol	latanoprost	pravastatin sodium
atorvastatin calcium	levothyroxine sodium	prednisone
carvedilol ²	lisinopril	rosuvastatin calcium
clopidogrel	lisinopril-hydrochlorothiazide	sertraline
donepezil	losartan potassium	simvastatin ²
duloxetine	losartan-hydrochlorothiazide	spironolactone
ELIQUIS ²	meloxicam	SYNTHROID
escitalopram oxalate	metformin	tamsulosin
ezetimibe	metformin ER	tramadol
famotidine	metoprolol succinate	trazodone
FARXIGA	metoprolol tartrate	valsartan
finasteride	montelukast sodium	XARELTO
fluticasone propionate		



Generic drugs appear in lowercase (lisinopril, for example), while brand-name drugs are in uppercase (ELIQUIS, for example).

¹ This list is current as of May 2024 and is subject to change. It is not a complete list of covered drugs.

² Not all dosages are covered at the select generics cost share.

Access to care

Discover a wide network of Medicare providers who deliver high-quality care.



Choose the doctors you want

You can see any doctor, specialist, or other care provider in or out of your plan's network who accepts both Medicare and your plan.

You will also benefit from:

- Paying the same copay or coinsurance amount, whether or not you see a care provider in or out of your plan's network.
- Having your benefits and coverage stay the same, no matter where you travel in the country.



What if a doctor says they don't accept this plan?

Ask the doctor or care provider to call the phone number on the back of your health plan ID card. We'll explain to them how they can submit a claim for your visit.



How to find care

Once you enroll, you'll be able to use our helpful Find Care tool to search for doctors and other care providers in your area.



Are you ready to enroll?

Visit page 14 to get started.

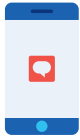


Questions?

Call our First Impressions Welcome Team for answers or plan details, and provide this group specific code IN000GRS. **1-833-848-8729** (TTY: **711**) Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays.

Perks and programs

This plan includes useful tools and programs to support your health and well-being — at no additional cost. Once you enroll, you'll have access and can begin using these valuable benefits.



Manage your health with our online tools and programs

Sydney Health app¹

The SydneySM Health app offers you ways to stay healthy and manage your health plan, all from the palm of your hand.²

After you receive your ID card, you can download the app from the App Store[®] or Google Play[™]. Then use the information on the card to set up your account. It only takes a few minutes to register.

Use the app to:

- See a live doctor via a virtual visit.
- Access plan and health resources.
- Check the status of claims.
- Use home delivery for prescription drugs.

MyHealth Advantage⁶

This program sends you personalized reminders about preventive care, medical tests, and ways to stay healthy. MyHealth Advantage also gives you access to health specialists who can answer your questions.

LiveHealth Online^{®3}

Visit with a doctor, therapist, or psychiatrist through live video on your phone, tablet, or computer with a camera. It's a great way to:

- Access a board-certified doctor in the comfort of your home, 24/7.
- Find help with common conditions like the flu, colds, sinus infections, pink eye, and skin rashes — and even have prescriptions sent to the pharmacy if needed.⁴
- Set up a 45-minute counseling session with a licensed therapist to find help when you feel depressed, anxious, or stressed. You can also meet with a board-certified psychiatrist to get medication management support if talk therapy alone isn't enough.⁵
- With the Anthem plan, video visits using LiveHealth Online are \$0.

¹ Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

² Online tools are offered to Anthem plan members as extra services. They are not part of the contract and can change or stop.

³ LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

⁴ Prescription availability is defined by physician judgment.

⁵ Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using LiveHealth Online. Psychiatrists on LiveHealth Online will not offer counseling or talk therapy.

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 988 (National Suicide Prevention Lifeline) or 911 and ask for help.

⁶ Carelon Health, Inc. is a separate company providing care management services on behalf of Anthem Medicare Preferred (PPO) with Senior Rx Plus.

Perks and programs



Convenient care services

The House Call program⁷

Receive an annual in-home health evaluation from a licensed clinician in the comfort of your own home to support the ongoing care you receive from your doctors.

24/7 NurseLine⁸

24/7 NurseLine puts you in touch with a registered nurse anytime of the day or night. Call **1-800-700-9184** (TTY: **711**) to have your questions answered.

Carelon Health Palliative Care⁹

In the event of a serious illness, Carelon Health Palliative Care is a community-based program that can provide an extra layer of support. A team of doctors, nurse practitioners, nurses, and social workers would work with your primary care provider to coordinate care. The Carelon Health Palliative Care clinical team is available 24/7. They provide extra care and attention, as well as education about illness, your plan of care, and medications. These services are provided through a combination of home-based visits and telehealth support.



Questions?

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⁷ The House Call program is administered by an independent contracted vendor.

⁸ The information contained in this program is for general guidance only. Your doctor will be specific regarding recommendations for your individual circumstances. Recommended treatments may not be covered under your health plan.

⁹ The Carelon companies are separate companies providing behavioral health, care pathways, pharmacy and value-based care delivery solutions through our digital platforms and technology services and research on behalf of Anthem Blue Cross and Blue Shield.

Perks and programs



Programs and services to support your whole health

SilverSneakers®

SilverSneakers is a fitness and lifestyle benefit that offers the opportunity to connect with your community, make friends, and stay active. Your membership gives you:¹⁰

- Access to thousands of participating locations with use of basic amenities, plus group exercise classes for all levels at select locations.^{11, 12}
- The SilverSneakers GO™ app so you can find locations near you, participate in live classes from your phone, and tailor workouts to your fitness level.
- Access to SilverSneakers LIVE virtual classes and the On-Demand library with hundreds of online videos so you can work out at home.

To find a location near you or join virtual classes, visit www.silversneakers.com/starthere or call **1-855-741-4985**, TTY: **711**, Monday to Friday, 8 a.m. to 8 p.m. ET.

Healthy meals

If you have a chronic illness or live with diabetes, you can have nutritious, balanced meals delivered to your home after a hospital stay.¹³

Anthem Health Guide

Whatever questions you might have, our Anthem Health Guide concierge service has answers.

Once you enroll, you can contact us by calling the number on the back of your ID card, logging in to www.anthem.com, or using the Sydney Health app.

¹⁰ Always talk with your doctor before starting an exercise program.

¹¹ Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

¹² Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved.

¹³ The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's Evidence of Coverage.

What is Medicare?

Medicare is a federal government health insurance program for people 65 or older. You may also be eligible if you:

- Are under age 65 with certain disabilities
- Have end-stage renal disease (ESRD)
- Have amyotrophic lateral sclerosis (ALS), also called Lou Gehrig's disease

More information is available at medicare.gov, or you can call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Medicare is available as follows:



Original Medicare

- Part A provides coverage for hospital benefits.
- Part B provides medical benefits.



Medicare Advantage

- Also called Part C.
- Bundles Parts A and B.
- Offers supplemental benefits and a first-class member service experience.
- Can include Part D, the prescription drug plan.

Medicare Advantage is a Medicare-approved plan available only through private insurance companies. The added benefits it offers are listed throughout this guide.

Original Medicare = government program		Offered by private insurance companies	
Medicare Part A	Medicare Part B	Medicare Part C	Medicare Part D
Original Medicare + Part C = Medicare Advantage			
Medicare Advantage + Part D = MAPD plan			

Medicare Advantage vs. Original Medicare

Compare coverage



The good thing about Medicare Advantage is that it limits how much you'll spend each year on treatment. Plus, the prices are often fixed, so you'll have a better idea of any costs beforehand.

Medicare Advantage can include prescription drug coverage (Part D) — something Original Medicare doesn't offer.

Medicare Advantage	Original Medicare
Plan pays 100% of covered medical costs for rest of plan year after annual out-of-pocket maximum is met*	No limit to medical costs you will pay annually — no annual out-of-pocket maximum
You will often pay copays (fixed dollar amounts)	You will pay percentage of cost (20% of the cost for common services like outpatient surgery and doctor visits)
Can include Part D prescription drug coverage	No Part D prescription drug coverage
Emergency care is covered outside of U.S.	No emergency care coverage outside of U.S.

* Not all medical costs are included in or are subject to the annual out-of-pocket maximum. Call our First Impressions Welcome Team if you have questions about Indiana State Teachers' Retirement Fund Anthem Medicare Preferred (PPO) with Senior Rx Plus plan benefits. 1-833-848-8729 (TTY: 711) Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays.

Medicare Part D

The prescription drug plan described in this guide is also known as a Medicare Part D plan. All of our covered drugs appear on a drug list called the Part D formulary.

If you take a drug that is not covered, you have three options:



- Ask your doctor to switch you to a covered drug
- Request an exception
- Request a temporary supply while discussing other drug options

Covered drugs are divided into levels or tiers. Drugs on the lowest-numbered tier generally cost less, while drugs on the highest-numbered tier generally cost the most. Each tier contains drugs that we cover based on their safety and effectiveness. This chart provides an overview of how the tiers and pricing generally work.

Drug type	Description	Possible tier coverage ²	Cost
Generic ¹	Same active ingredients and effects as brand-name drug without the brand-name	Tier 1	\$
Preferred brand-name	Safe and effective brand-name drugs that may not have a generic alternative	Tier 2	\$\$
Non-preferred brand-name	Less commonly used brand-name drugs that usually have a generic alternative	Tier 3	\$\$\$
Specialty	Cost \$950 or more for a 30-day supply. May require special handling.	Highest tier	\$\$\$\$

¹ High-cost generic medications may also appear on the same tiers as brand-name medications. Please consult the formulary for specific tier details.

² Some drug lists divide generic drugs into two tiers. For those lists, the tier number increases by one for all tiers after the first. For example, Tier 1 becomes Tier 1 and Tier 2, and the numbering continues up the tiers.

How to qualify and enroll

Qualifications for enrolling in Anthem Medicare Preferred (PPO) with Senior Rx Plus:

- You are a United States (U.S.) citizen or are lawfully present in the U.S.
- You live in the plan's service area.
- You are now entitled to Medicare Part A and enrolled in Part B.
- You keep paying your Medicare Part B premiums, unless they are paid by Medicaid or through another third party.
- You qualify for coverage under your or your spouse's group-sponsored health plan.

The Indiana State Teachers' Fund is able to offer a 35% discount on the 2025 premium only for the OP plan with the Indiana State Teachers' Fund Fee Stabilization Reserve. Your monthly premium will be \$178.98 rather than the full amount of \$275.36 for the 2025 Anthem Medicare Preferred (PPO) with Senior Rx Plus OP Group Plan.

To complete the form, you'll need:

- **Your Medicare number.** Fill out the requested information as it appears on your red, white, and blue Medicare card. If required, also attach a copy of your Medicare card, or your [letter from the Social Security Administration, or the Railroad Retirement Board] and send it along with your completed enrollment election form.
- **Your permanent address and phone number.**
- **To complete all items on the enrollment election form.** Double check that you've filled out the form entirely and included your signature.

Understanding the Medicare Prescription Payment Plan:

The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket Part D prescription drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your Part D prescription drug costs by spreading them across monthly payments that vary throughout the year (January – December). This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs. This program does not apply to Part B. It also does not apply to Extra Covered Drugs if your plan includes this benefit.

"Extra Help" from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact **1-833-848-8729** or visit **Medicare.gov**.

What to expect after you enroll

How to give others access to your health records

Fill out your Member Authorization Form at www.anthem.com/forms to give people that you choose access to your health records. You can also contact Member Services to request this form.



Keep an eye on your mailbox

After you enroll, you can sit back and relax. Once your enrollment is processed, you will receive:

- Proof of your enrollment request with your membership start date listed.
- Your ID card. You can begin using this card on your membership start date.
- A health survey to help us understand and address your needs. We'll call you within 90 days to talk about your experience to understand how we can better serve you.



Look out for your plan Welcome Guide

This guide can help you:

- Understand and make the most of your benefits.
- Find plan doctors and facilities in your health plan's network.
- Access information online.
- Find ways to connect with our team of personal advocates to answer any questions.



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Anthem Blue Cross and Blue Shield Group-Sponsored Health Plan Enrollment Election Form

All fields on this form are required unless noted with an asterisk*

Group sponsor name: **Indiana State Teachers' Retirement Fund** Group #: **IN000GRS**

Plan you will join:
Anthem Medicare Preferred (PPO) with Senior Rx Plus
 Plan 0P - \$178.98/per month
 Plan 5P - \$201.97/per month
 Plan 10P - \$68.47/per month

Requested effective date of coverage:
(__/__/____)
(M M / D D / Y Y Y Y)
Generally the effective date of enrollment will be the first of the month following the enrollment receipt date, unless a future date is requested and is allowed.

FIRST name: LAST name: MIDDLE initial:

Birthdate: (MM/DD/YYYY) Sex: M F Phone number: ()
(__/__/____) Cell Other

Permanent residence street address (Do not enter a P.O. Box):

City: State: ZIP code:

Mailing address, if different from your permanent address (P.O. Box allowed):
Street address: City: State: ZIP code:

Email address: _____
Your email address will be used for communications only from Anthem Blue Cross and Blue Shield. We will not share your email address. Thank you for providing your email address and phone number. We will only use this information to occasionally contact you by email, phone call, or text with Important Plan Information. In addition, may we also contact you about additional products and services that might interest you by email. Please know you can change your preference at any time by visiting www.anthem.com or contacting customer service.

Your Medicare information:

Medicare Number: _____
Note: The Medicare Number is required to complete your enrollment. If you do not provide your Medicare Beneficiary ID from your ID card, your enrollment into the plan may be delayed.



Please read and answer these important questions

1. Are you the retiree? Yes No

If "yes," retirement date (month/date/year): _____

If "no," name of retiree: _____ Retiree Medicare ID #: _____

2. Do you work? Yes No

Does your spouse work? Yes No

3. Do you have other medical insurance? Yes No

If "yes," what is the name of the health plan (e.g., Aetna, Humana, Cigna)? _____

What are the effective dates of coverage? _____

4. Are you a resident in a long-term care facility, such as a nursing home? Yes No

If "yes," please provide the following information:

Name of institution: _____

Address (number and street) and phone number of institution: _____

5. Will you have other prescription drug coverage (like VA or TRICARE) in addition to this plan? Yes No

Name of other coverage: _____ Member number for this coverage: _____ Group number for this coverage: _____

This document may be available in an alternate format, such as large print. Please call the First Impressions Welcome Team at **1-833-848-8729**, TTY: **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, for additional information or questions you may have.

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Race*		Ethnicity*	
<input type="checkbox"/> White	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Not of Hispanic, Latino/a, or Spanish Origin	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Puerto Rican	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Another Hispanic, Latino/a, or Spanish Origin	
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Mexican, Mexican American, Chicano/a	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Cuban	
<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> I choose not to answer	
<input type="checkbox"/> Japanese	<input type="checkbox"/> I choose not to answer		
<input type="checkbox"/> Korean			
What is your gender? Select one.*		Which of the following best represents how you think of yourself? Select one.*	
<input type="checkbox"/> Woman		<input type="checkbox"/> Lesbian or gay	
<input type="checkbox"/> Man		<input type="checkbox"/> Straight, that is, not gay or lesbian	
<input type="checkbox"/> Non-binary		<input type="checkbox"/> Bisexual	
<input type="checkbox"/> I use a different term: _____		<input type="checkbox"/> I use a different term: _____	
<input type="checkbox"/> I choose not to answer		<input type="checkbox"/> I don't know	
		<input type="checkbox"/> I choose not to answer	

IMPORTANT: Read and sign below:

- I must keep Medicare Part A and Part B to stay in the plan I have selected.
- **Release of information:** By joining this Medicare Advantage (Part D) prescription drug plan, I acknowledge that the plan will release my information to Medicare and other plans as is necessary for treatment, payment, and healthcare operations. I also acknowledge that Anthem Blue Cross and Blue Shield will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations.
- The information on this enrollment election form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Anthem Medicare Preferred (PPO) with Senior Rx Plus coverage begins, I must get all of my medical and prescription drug benefits from Anthem Blue Cross and Blue Shield. Benefits and services authorized by Anthem Blue Cross and Blue Shield and contained in my Anthem Medicare Preferred (PPO) with Senior Rx Plus *Evidence of Coverage* document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor Anthem Blue Cross and Blue Shield will pay for benefits or services.**
- I understand that as a member of this plan, I have the right to ask about the plan's decision regarding payments or coverage for services I receive. I also have the right to appeal plan decisions about payment or services if I disagree.
- I understand that by enrolling in this Medicare Advantage plan, I will automatically be disenrolled by CMS from any other Medicare Advantage plan or Medicare Part D prescription drug plan. I can only be in one Medicare Advantage plan at a time. It is my responsibility to inform the plan of any other prescription drug coverage that I have or may obtain in the future.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this enrollment election form means that I have read and understand the contents of this enrollment election form. If signed by an authorized representative (as described above), this signature certifies that:
 1. This person is authorized under state law to complete this enrollment election form, and
 2. Documentation of this authority is available upon request by Medicare.

Signature:

Today's date:

If you are the authorized representative, sign above and fill out these fields:

Name:

Address:

Phone number:

Relationship to enrollee:

HIPAA authorization

If you would like to authorize an individual to have the ability to speak with us and/or obtain protected health information (PHI) on your account, please complete the HIPAA (Health Insurance Portability and Accountability Act) Member Authorization Form located at www.anthem.com/forms. This form is valid for one year from the signature date.

- A printed form can be requested by contacting Member Services at the telephone number on the back of your ID card. **Sign and return it to the address on the form.**
- If you wish to continue having the authorized representative on your account, a new form is required annually.
- If you have a durable healthcare power of attorney document, it can also be returned with the HIPAA form.

Please return this enrollment election form to:

Anthem Blue Cross and Blue Shield

P.O. Box 173605

Denver, CO 80217-3605

Please refer to the Anthem Blue Cross and Blue Shield *Evidence of Coverage* for a complete listing of all plan benefits, conditions, limitations, and exclusions of coverage.

Our plan has free language interpreter services available to answer questions from non-English-speaking members. Please call the First Impressions Welcome Team number listed in this document to request interpreter services.

Anthem Blue Cross and Blue Shield is a PPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc., and Anthem HealthChoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC and Anthem Insurance Companies, Inc., dba Anthem Blue Cross and Blue Shield Retiree Solutions. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia with its affiliate Healthkeepers, Inc., and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Summary of Benefits



We've provided a *Summary of Benefits* so you can have a better understanding of what's covered and what's not, including:

- Costs you are responsible for
- What we cover under the plan
- Any copays or percentage of the cost
- Any out-of-pocket costs



Questions?

Call our First Impressions Welcome Team for answers or plan details, and provide this group specific code IN000GRS. **1-833-848-8729** (TTY: **711**) Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays.



Indiana State Teachers' Retirement Fund

2025 Summary of Benefits

PPO Plan 5PL

About this Plan:

Anthem Blue Cross and Blue Shield gives you the tools and resources to make the best decisions for your health, like this summary of benefits. It's a snapshot of your plan's covered benefits and services and what they cost. This Summary of Benefits doesn't list every service we cover or every limitation or exclusion. For more details about your benefits and services, please review your *Evidence of Coverage* (EOC). You can access your EOC online by logging into the member portal at www.anthem.com, or you can call Member Services with any questions you may have.

Doctor and hospital choice: You may go to doctors, specialists, and hospitals in or out of the network. You do not need a referral.

This plan offers coverage in our Centers for Medicare & Medicaid Services (CMS) defined geographic service area of all 50 states, Washington, DC, and all United States territories.

How much is the monthly premium?:

Contact your group plan benefit administrator to determine your actual premium amount, if applicable.

Questions?

Call our **Member Services Team** for answers or plan details and provide them with this group specific code IN000GRS.

Prospective Members, please contact your benefit administrator. When you enroll in the plan you will receive information that tells you where to go online to view your *Evidence of Coverage*.

Anthem Medicare Preferred (PPO) Benefits Effective: 01/01/2025 – 12/31/2025

Plan Features	In-network:	Out-of-network:
Annual medical deductible:	\$0 combined in-network and out-of-network	
Maximum out-of-pocket responsibility: (Does not include Part D prescription drugs)	\$3,400 combined in-network and out-of-network	

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Inpatient hospital care* No limit to the number of days covered by the plan	\$100 copay per admission \$300 out-of-pocket maximum per year combined with inpatient mental health care and combined in-network and out-of-network	\$100 copay per admission \$300 out-of-pocket maximum per year combined with inpatient mental health care and combined in-network and out-of-network
Outpatient hospital facility or ambulatory surgical center visit for surgery*	\$50 copay per visit	\$50 copay per visit
Outpatient hospital services observation room	\$50 copay per visit	\$50 copay per visit
Primary care office visit	\$5 copay per visit	\$5 copay per visit
Specialty care office visit	\$20 copay per visit	\$20 copay per visit
Preventive care, screenings, and tests	\$0 copay per visit	\$0 copay per visit
Emergency care	\$50 copay per visit \$50 copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	
Urgently needed services	\$20 copay per visit \$20 copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	
X-ray visit and/or simple diagnostic test*	\$20 copay per visit	\$20 copay per visit

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Complex diagnostic test and/or radiology visit*	\$50 copay per visit	\$50 copay per visit
Radiation therapy treatment*	\$20 copay per visit	\$20 copay per visit
Clinical/diagnostic lab test*	\$0 copay per visit	\$0 copay per visit
Medicare-covered basic hearing and balance exams performed by your specialist*	\$20 copay per visit	\$20 copay per visit
<p>Routine hearing services We have partnered with Hearing Care Solutions to bring you these discounts and services.</p>	<p>Must use a Hearing Care Solutions participating provider.</p> <p>Hearing exams \$0 copay for routine hearing exams 1 exam every calendar year combined in-network and out-of-network</p> <p>Hearing aids fitting evaluation \$0 copay for hearing aid fitting evaluations 1 evaluation per covered hearing aid combined in-network and out-of-network</p> <p>Routine hearing exams and fitting evaluations limit \$70 maximum benefit every calendar year combined in-network and out-of-network</p> <p>Hearing aids \$0 copay for hearing aids \$500 benefit per ear with a \$1,000 maximum benefit every three calendar years</p>	<p>Out-of-network providers must order hearing aids through Hearing Care Solutions.</p> <p>Hearing exams \$0 copay for routine hearing exams 1 exam every calendar year combined in-network and out-of-network</p> <p>Hearing aids fitting evaluation \$0 copay for hearing aid fitting evaluations 1 evaluation per covered hearing aid combined in-network and out-of-network</p> <p>Routine hearing exams and fitting evaluations limit \$70 maximum benefit every calendar year combined in-network and out-of-network</p> <p>Hearing aids \$0 copay for hearing aids through Hearing Care Solutions \$500 benefit per ear with a \$1,000 maximum benefit every three calendar years</p>

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Medicare-covered dental is non-routine care performed by your specialist*	\$20 copay per visit	\$20 copay per visit
Medicare-covered exams performed by your specialist to diagnose and treat eye diseases and conditions	\$20 copay per visit	\$20 copay per visit
Medicare-covered glaucoma screening	\$0 copay per visit	\$0 copay per visit
Medicare-covered eyewear following cataract surgery	\$5 copay per surgery	\$5 copay per surgery
Routine vision services	<p>Must use a Blue View Vision provider.</p> <p>Exams \$0 copay for routine vision exams 1 exam every calendar year combined in-network and out-of-network</p> <p>Eyewear \$0 copay for eyewear \$100 maximum benefit every two calendar years combined in-network and out-of-network</p>	<p>Exams \$70 reimbursement for routine vision exams 1 exam every calendar year combined in-network and out-of-network</p> <p>Eyewear \$100 reimbursement for eyewear, maximum benefit every two calendar years combined in-network and out-of-network</p>
<p>Inpatient services in a psychiatric hospital* No limit to the number of days covered by the plan</p>	\$100 copay per admission \$300 out-of-pocket maximum per year combined with inpatient hospital care and combined in-network and out-of-network	\$100 copay per admission \$300 out-of-pocket maximum per year combined with inpatient hospital care and combined in-network and out-of-network
Mental health professional individual therapy visit	\$20 copay per visit	\$20 copay per visit
Substance use disorder professional individual therapy visit	\$20 copay per visit	\$20 copay per visit

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Skilled nursing facility (SNF) care*	\$10 copay per day for days 1-100 per benefit period 100-day limit per benefit period	\$10 copay per day for days 1-100 per benefit period 100-day limit per benefit period
Outpatient rehabilitation services*	\$20 copay per visit	\$20 copay per visit
Ambulance services	Your provider must get an approval from the plan before you get ground, air, or water transportation that is not an emergency. \$50 copay per one-way trip for ambulance services	
Medicare Part B prescription drugs*	20% coinsurance for Part B drugs	20% coinsurance for Part B drugs
Chiropractic services* Medicare-covered	\$20 copay per visit	\$20 copay per visit
Acupuncture for chronic low back pain* Medicare-covered	\$5 copay per visit	\$5 copay per visit
Cardiac rehabilitation services*	\$0 copay per visit	\$0 copay per visit
Pulmonary rehabilitation services*	\$20 copay per visit	\$20 copay per visit
Blood glucose test strips, lancets, lancet devices, and glucose control solutions For a 30 day supply	If purchased through a pharmacy: \$0 copay per purchase of OneTouch® (made by LifeScan, Inc.) and ACCU-CHECK® (made by Roche Diagnostics) \$10 for all other brands when purchased through the pharmacy	If purchased through a pharmacy: \$0 copay per purchase of OneTouch® (made by LifeScan, Inc.) and ACCU-CHECK® (made by Roche Diagnostics) \$10 for all other brands when purchased through the pharmacy

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Blood glucose monitors	<p>If purchased through a pharmacy:</p> <p>\$0 copay per purchase of OneTouch® (made by LifeScan, Inc.) and ACCU-CHECK® (made by Roche Diagnostics)</p> <p>\$10 for all other brands when purchased through the pharmacy</p>	<p>If purchased through a pharmacy:</p> <p>\$0 copay per purchase of OneTouch® (made by LifeScan, Inc.) and ACCU-CHECK® (made by Roche Diagnostics)</p> <p>\$10 for all other brands when purchased through the pharmacy</p>
Therapeutic shoes	\$0 copay per purchase	\$0 copay per purchase
Diabetes self-management training	\$0 copay per visit	\$0 copay per visit
Continuous glucose monitors (CGMs)*	\$0 copay per purchase	\$0 copay per purchase
Durable medical equipment (DME) and related supplies*	10% coinsurance per purchase	10% coinsurance per purchase
Opioid treatment program services*	\$20 copay per visit	\$20 copay per visit
Podiatry services*	\$5 copay per visit	\$5 copay per visit
Routine foot care	\$5 copay per visit 12 visits per year combined in-network and out-of-network	\$5 copay per visit 12 visits per year combined in-network and out-of-network
Home health agency care*	\$0 copay per visit	\$0 copay per visit
<p>Hospice care</p> <p>When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and B services are paid for by Original Medicare, not this plan.</p>	\$20 copay for the one time only consultation 1 visit per lifetime	\$20 copay for the one time only consultation 1 visit per lifetime

Additional covered benefits and services	Member pays unless specified:
Video doctor visits LiveHealth Online†	\$0 copay for video doctor visits using LiveHealth Online
Health and wellness programs SilverSneakers® Membership† Take fitness classes virtually or visit a participating location.	\$0 copay for the SilverSneakers fitness benefit
24/7 NurseLine†	\$0 copay for 24/7 NurseLine
Foreign travel emergency (outside U.S. territories) Emergency care Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	Emergency care \$50 copay for emergency care \$50 copay is waived if the member is admitted to the hospital within 72 hours for the same condition.
Foreign Travel - Urgently Needed Services Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	Urgently needed services \$20 copay for urgently needed services \$20 copay is waived if the member is admitted to the hospital within 72 hours for the same condition.
Foreign Travel - Inpatient Care Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	Inpatient care \$100 copay per admission 60 days per lifetime
Healthy Meals†§* Meals delivered after being discharged from inpatient hospital visit or for members living with a chronic condition	\$0 copay for Healthy Meals 14 meals per qualifying event, allows up to four (4) events each year (56 meals in total).
Medicare Community Resource Support	\$0 copay for Medicare Community Resource Support

* Some services that fall within this benefit category require prior authorization. Based on the service you are receiving, your provider will know if prior authorization is needed. This means an approval in advance is needed, by your plan, to get covered services. In the network portion of a PPO, some in-

network medical services are covered only if your doctor or other in-network provider gets prior authorization from our plan. In a PPO, you do not need prior authorization to obtain out-of-network services. However, we recommend you ask for a pre-visit coverage decision to confirm that the services you are getting are covered and medically necessary. Benefit categories that include services that require prior authorization are marked with an asterisk in the benefits chart.

This document reflects cost shares only.

†Must use the plan approved provider

§ The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's Evidence of Coverage.

Some of the benefits and limitations listed above are combined in-network and out-of-network.

This information is not a complete description of the benefits. Contact the plan for more information. Limitations, copayments, coinsurance, and restrictions may apply. If there is a difference between this document and the *Evidence of Coverage* (EOC), the EOC is considered correct.

Benefits, premiums and/or copayments/coinsurance may change upon renewal or on January 1 of each year.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our member service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service.

Medicare & You 2025 resource: For more information, we encourage you to read Medicare & You 2025. This booklet is mailed to people with Medicare every year in the fall. It has a summary of Medicare benefits, rights, and protections. It also includes answers to the most frequently asked questions. If you don't have a copy of this booklet, request one at www.medicare.gov. Or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

The SilverSneakers fitness program is provided by Tivity Health, an independent company. SilverSneakers is a registered trademark of Tivity Health, Inc.©2024 Tivity Health, Inc. All rights reserved

**Your 2025 Prescription Drug Benefits Chart
Formulary B4, 10/30/60/200 (with Senior Rx Plus)
Indiana State Teachers' Retirement Fund**

Your retiree drug coverage includes Medicare Part D drug benefits and non-Medicare supplemental drug benefits. The cost shown below is what you pay after all benefits under your retiree drug coverage have been provided.

Formulary	B4
Deductible	\$250
Covered Services	What you pay

Part D Initial Coverage

Below is your payment responsibility from the time you meet your deductible until the amount paid by you reaches your Drug Plan Maximum Out of Pocket of \$2,000.

Retail Pharmacy	per 30-day supply (Specialty limited to a 30-day supply)
• Select Generics	\$0 copay Deductible waived on Select Generics
• Generics	\$10 copay
• Preferred Drugs	\$30 copay
• Non-Preferred Drugs	\$60 copay
• Specialty Drugs	\$200 copay

Covered Services	What you pay
Retail Pharmacy	per 90-day supply
<ul style="list-style-type: none"> • Select Generics 	\$0 copay Deductible waived on Select Generics
<ul style="list-style-type: none"> • Generics 	\$30 copay
<ul style="list-style-type: none"> • Preferred Drugs 	\$90 copay
<ul style="list-style-type: none"> • Non-Preferred Drugs 	\$180 copay

Many of our retail pharmacies can dispense more than a 30-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will need to pay one copay for each full or partial 30-day supply filled. For example, if you order a 90-day supply, you will need to pay three 30-day supply copays. If you get a 45-day or 50-day supply, you will need to pay two 30-day copays.

Covered Services	What you pay
Mail-Order Pharmacy	per 90-day supply (Specialty limited to a 30-day supply; 30-day Retail copay or coinsurance applies)
<ul style="list-style-type: none"> • Select Generics 	\$0 copay Deductible waived on Select Generics
<ul style="list-style-type: none"> • Generics 	\$20 copay
<ul style="list-style-type: none"> • Preferred Drugs 	\$60 copay
<ul style="list-style-type: none"> • Non-Preferred Drugs 	\$120 copay
<ul style="list-style-type: none"> • Specialty Drugs 	\$200 copay

Covered Services	What you pay
Part D Catastrophic Coverage	
Your responsibility for payment of covered drugs changes once you reach your Drug Plan Maximum Out of Pocket of \$2,000.	
Retail and Mail-Order Pharmacies	Up to a 90-day supply (Specialty limited to a 30-day supply)
<ul style="list-style-type: none"> All Part D Covered Prescription Drugs 	\$0 copay

- **Important Message About What You Pay for Vaccines:** All Advisory Committee on Immunization Practices (ACIP) recommended Part D vaccines are covered at no cost to you.

- **Important Message About What You Pay for Insulin:** You won't pay more than \$35 for a one month supply of each insulin product covered by your plan, no matter what cost-sharing tier it is on.

- **Vaccines:** Medicare covers some vaccines under Medicare Part B medical coverage and other vaccines under Medicare Part D drug coverage. Vaccines for Flu, including H1N1, and Pneumonia are covered under Medicare medical coverage. Vaccines for Chicken Pox, Shingles, Tetanus, Diphtheria, Meningitis, Rabies, Polio, Yellow Fever and Hepatitis A are covered under Medicare drug coverage. Hepatitis B is covered under drug coverage unless you fall into a high risk category, then it is covered under medical coverage. All other Advisory Committee on Immunization Practices (ACIP) recommended Part D vaccines are also covered under Medicare drug coverage for Medicare-eligible individuals under 65. You can fill and receive your vaccines at a network pharmacy or they can be administered at a physician's office. However, the physician will only submit a claim for a Part B vaccine. If you want to get a Part D vaccine at your physician's office you will pay for the entire cost of the vaccine and its administration and then ask your drug plan to reimburse you the cost of the vaccine and its administration. Please see your Evidence of Coverage for complete details on what you pay for vaccines.

- **Senior Rx Plus:** Your supplemental drug benefit is non-Medicare coverage that reduces the amount you pay, after your Group Part D benefits. The copay or coinsurance shown in this benefits chart is the amount you pay for covered drugs filled at network pharmacies.

Indiana State Teachers' Retirement Fund

2025 Summary of Benefits

PPO Plan 10PL

About this Plan:

Anthem Blue Cross and Blue Shield gives you the tools and resources to make the best decisions for your health, like this summary of benefits. It's a snapshot of your plan's covered benefits and services and what they cost. This Summary of Benefits doesn't list every service we cover or every limitation or exclusion. For more details about your benefits and services, please review your *Evidence of Coverage* (EOC). You can access your EOC online by logging into the member portal at www.anthem.com, or you can call Member Services with any questions you may have.

Doctor and hospital choice: You may go to doctors, specialists, and hospitals in or out of the network. You do not need a referral.

This plan offers coverage in our Centers for Medicare & Medicaid Services (CMS) defined geographic service area of all 50 states, Washington, DC, and all United States territories.

How much is the monthly premium?:

Contact your group plan benefit administrator to determine your actual premium amount, if applicable.

Questions?

Call our **Member Services Team** for answers or plan details and provide them with this group specific code IN000GRS.

Prospective Members, please contact your benefit administrator. When you enroll in the plan you will receive information that tells you where to go online to view your *Evidence of Coverage*.

Anthem Medicare Preferred (PPO) Benefits Effective: 01/01/2025 – 12/31/2025

Plan Features	In-network:	Out-of-network:
Annual medical deductible:	\$0 combined in-network and out-of-network	
Maximum out-of-pocket responsibility: (Does not include Part D prescription drugs)	\$6,000 combined in-network and out-of-network	

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Inpatient hospital care* No limit to the number of days covered by the plan	\$275 copay per day for days 1-7 per admission	\$275 copay per day for days 1-7 per admission
Outpatient hospital facility or ambulatory surgical center visit for surgery*	\$225 copay per visit	\$225 copay per visit
Outpatient hospital services observation room	\$225 copay per visit	\$225 copay per visit
Primary care office visit	\$10 copay per visit	\$10 copay per visit
Specialty care office visit	\$40 copay per visit	\$40 copay per visit
Preventive care, screenings, and tests	\$0 copay per visit	\$0 copay per visit
Emergency care	\$90 copay per visit \$90 copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	
Urgently needed services	\$35 copay per visit \$35 copay is waived if the member is admitted to the hospital within 72 hours for the same condition.	
X-ray visit and/or simple diagnostic test*	\$40 copay per visit	\$40 copay per visit
Complex diagnostic test and/or radiology visit*	\$125 copay per visit	\$125 copay per visit
Radiation therapy treatment*	20% coinsurance per visit	20% coinsurance per visit

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Clinical/diagnostic lab test*	\$0 copay per visit	\$0 copay per visit
Medicare-covered basic hearing and balance exams performed by your specialist*	\$40 copay per visit	\$40 copay per visit
<p>Routine hearing services We have partnered with Hearing Care Solutions to bring you these discounts and services.</p>	<p>Must use a Hearing Care Solutions participating provider.</p> <p>Hearing exams \$0 copay for routine hearing exams 1 exam every calendar year combined in-network and out-of-network</p> <p>Hearing aids fitting evaluation \$0 copay for hearing aid fitting evaluations 1 evaluation per covered hearing aid combined in-network and out-of-network</p> <p>Routine hearing exams and fitting evaluations limit \$70 maximum benefit every calendar year combined in-network and out-of-network</p> <p>Hearing Aids \$0 copay for hearing aids \$500 maximum benefit every calendar year</p>	<p>Out-of-network providers must order hearing aids through Hearing Care Solutions.</p> <p>Hearing exams \$0 copay for routine hearing exams 1 exam every calendar year combined in-network and out-of-network</p> <p>Hearing aids fitting evaluation \$0 copay for hearing aid fitting evaluations 1 evaluation per covered hearing aid combined in-network and out-of-network</p> <p>Routine hearing exams and fitting evaluations limit \$70 maximum benefit every calendar year combined in-network and out-of-network</p> <p>Hearing Aids \$0 copay for hearing aids through Hearing Care Solutions \$500 maximum benefit every calendar year</p>
Medicare-covered dental is non-routine care performed by your specialist*	\$40 copay per visit	\$40 copay per visit

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Routine dental services	Must use a LIBERTY Dental participating provider. Routine dental services \$0 copay for routine dental services \$75 maximum benefit per year combined in-network and out-of-network	Routine dental services \$0 copay for routine dental services \$75 maximum benefit per year combined in-network and out-of-network
Medicare-covered exams performed by your specialist to diagnose and treat eye diseases and conditions	\$40 copay per visit	\$40 copay per visit
Medicare-covered glaucoma screening	\$0 copay per visit	\$0 copay per visit
Medicare-covered eyewear following cataract surgery	\$0 copay per surgery	\$0 copay per surgery
Routine vision services	Must use a Blue View Vision provider. Exams \$0 copay for routine vision exams 1 exam every calendar year combined in-network and out-of-network Eyewear \$0 copay for eyewear \$100 maximum benefit every two calendar years combined in-network and out-of-network	Exams \$70 reimbursement for routine vision exams 1 exam every calendar year combined in-network and out-of-network Eyewear \$100 reimbursement for eyewear, maximum benefit every two calendar years combined in-network and out-of-network
Inpatient services in a psychiatric hospital* No limit to the number of days covered by the plan	\$235 copay per day for days 1-6 per admission	\$235 copay per day for days 1-6 per admission
Mental health professional individual therapy visit	\$40 copay per visit	\$40 copay per visit

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Substance use disorder professional individual therapy visit	\$40 copay per visit	\$40 copay per visit
Skilled nursing facility (SNF) care*	\$0 copay for days 1-20 per benefit period \$172 copay per day for days 21-100 per benefit period 100-day limit per benefit period	\$0 copay for days 1-20 per benefit period \$172 copay per day for days 21-100 per benefit period 100-day limit per benefit period
Outpatient rehabilitation services*	\$40 copay per visit	\$40 copay per visit
Ambulance services	Your provider must get an approval from the plan before you get ground, air, or water transportation that is not an emergency. \$265 copay per one-way trip for ambulance services	
Medicare Part B prescription drugs*	20% coinsurance for Part B drugs	20% coinsurance for Part B drugs
Chiropractic services* Medicare-covered	\$20 copay per visit	\$20 copay per visit
Acupuncture for chronic low back pain* Medicare-covered	\$10 copay per visit	\$10 copay per visit
Cardiac rehabilitation services*	\$0 copay per visit	\$0 copay per visit
Pulmonary rehabilitation services*	\$15 copay per visit	\$15 copay per visit

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Blood glucose test strips, lancets, lancet devices, and glucose control solutions For a 30 day supply	If purchased through a pharmacy: \$0 copay per purchase of OneTouch® (made by LifeScan, Inc.) and ACCU-CHECK® (made by Roche Diagnostics) \$10 for all other brands when purchased through the pharmacy	If purchased through a pharmacy: \$0 copay per purchase of OneTouch® (made by LifeScan, Inc.) and ACCU-CHECK® (made by Roche Diagnostics) \$10 for all other brands when purchased through the pharmacy
Blood glucose monitors	If purchased through a pharmacy: \$0 copay per purchase of OneTouch® (made by LifeScan, Inc.) and ACCU-CHECK® (made by Roche Diagnostics) \$10 for all other brands when purchased through the pharmacy	If purchased through a pharmacy: \$0 copay per purchase of OneTouch® (made by LifeScan, Inc.) and ACCU-CHECK® (made by Roche Diagnostics) \$10 for all other brands when purchased through the pharmacy
Therapeutic shoes	20% coinsurance per purchase	20% coinsurance per purchase
Diabetes self-management training	\$0 copay per visit	\$0 copay per visit
Continuous glucose monitors (CGMs)*	\$0 copay per purchase	\$0 copay per purchase
Durable medical equipment (DME) and related supplies*	20% coinsurance per purchase	20% coinsurance per purchase
Opioid treatment program services*	\$40 copay per visit	\$40 copay per visit
Podiatry services*	\$10 copay per visit	\$10 copay per visit
Routine foot care	\$10 copay per visit 12 visits per year combined in-network and out-of-network	\$10 copay per visit 12 visits per year combined in-network and out-of-network

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Home health agency care*	\$0 copay per visit	\$0 copay per visit
Hospice care When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and B services are paid for by Original Medicare, not this plan.	\$40 copay for the one time only consultation 1 visit per lifetime	\$40 copay for the one time only consultation 1 visit per lifetime

Additional covered benefits and services	Member pays unless specified:
Video doctor visits LiveHealth Online†	\$0 copay for video doctor visits using LiveHealth Online
Health and wellness programs SilverSneakers® Membership† Take fitness classes virtually or visit a participating location.	\$0 copay for the SilverSneakers fitness benefit
24/7 NurseLine†	\$0 copay for 24/7 NurseLine
Foreign travel emergency (outside U.S. territories) Emergency care Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	Emergency care \$90 copay for emergency care \$90 copay is waived if the member is admitted to the hospital within 72 hours for the same condition.
Foreign Travel - Urgently Needed Services Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	Urgently needed services \$35 copay for urgently needed services \$35 copay is waived if the member is admitted to the hospital within 72 hours for the same condition.
Foreign Travel - Inpatient Care Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	Inpatient care \$275 copay per admission 60 days per lifetime
Healthy Meals†§* Meals delivered after being discharged from inpatient hospital visit or for members living with a chronic condition	\$0 copay for Healthy Meals 14 meals per qualifying event, allows up to four (4) events each year (56 meals in total).
Medicare Community Resource Support	\$0 copay for Medicare Community Resource Support

* Some services that fall within this benefit category require prior authorization. Based on the service you are receiving, your provider will know if prior authorization is needed. This means an approval in advance is needed, by your plan, to get covered services. In the network portion of a PPO, some in-

network medical services are covered only if your doctor or other in-network provider gets prior authorization from our plan. In a PPO, you do not need prior authorization to obtain out-of-network services. However, we recommend you ask for a pre-visit coverage decision to confirm that the services you are getting are covered and medically necessary. Benefit categories that include services that require prior authorization are marked with an asterisk in the benefits chart.

This document reflects cost shares only.

†Must use the plan approved provider

§ The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's Evidence of Coverage.

Some of the benefits and limitations listed above are combined in-network and out-of-network.

This information is not a complete description of the benefits. Contact the plan for more information. Limitations, copayments, coinsurance, and restrictions may apply. If there is a difference between this document and the *Evidence of Coverage* (EOC), the EOC is considered correct.

Benefits, premiums and/or copayments/coinsurance may change upon renewal or on January 1 of each year.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our member service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service.

Medicare & You 2025 resource: For more information, we encourage you to read Medicare & You 2025. This booklet is mailed to people with Medicare every year in the fall. It has a summary of Medicare benefits, rights, and protections. It also includes answers to the most frequently asked questions. If you don't have a copy of this booklet, request one at www.medicare.gov. Or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

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The SilverSneakers fitness program is provided by Tivity Health, an independent company. SilverSneakers is a registered trademark of Tivity Health, Inc. ©2024 Tivity Health, Inc. All rights reserved

**Your 2025 Prescription Drug Benefits Chart
Formulary B5, 4/12/42/95/250 (with Senior Rx Plus)
Indiana State Teachers' Retirement Fund**

Your retiree drug coverage includes Medicare Part D drug benefits and non-Medicare supplemental drug benefits. The cost shown below is what you pay after all benefits under your retiree drug coverage have been provided.

Formulary	B5
Deductible	\$0
Covered Services	What you pay
Part D Initial Coverage	

Below is your payment responsibility until the amount paid by you reaches your Drug Plan Maximum Out of Pocket of \$2,000

Retail Pharmacy	per 30-day supply (Specialty limited to a 30-day supply)
• Select Generics	\$0 copay
• Preferred Generics	\$4 copay
• Generics	\$12 copay
• Preferred Drugs	\$42 copay
• Non-Preferred Drugs	\$95 copay
• Specialty Drugs	\$250 copay

Covered Services	What you pay
Retail Pharmacy	per 90-day supply
• Select Generics	\$0 copay
• Preferred Generics	\$12 copay
• Generics	\$36 copay
• Preferred Drugs	\$126 copay
• Non-Preferred Drugs	\$285 copay

Many of our retail pharmacies can dispense more than a 30-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will need to pay one copay for each full or partial 30-day supply filled. For example, if you order a 90-day supply, you will need to pay three 30-day supply copays. If you get a 45-day or 50-day supply, you will need to pay two 30-day copays.

Covered Services	What you pay
Mail-Order Pharmacy	per 90-day supply (Specialty limited to a 30-day supply; 30-day Retail copay or coinsurance applies)
<ul style="list-style-type: none"> • Select Generics 	\$0 copay
<ul style="list-style-type: none"> • Preferred Generics 	\$0 copay
<ul style="list-style-type: none"> • Generics 	\$24 copay
<ul style="list-style-type: none"> • Preferred Drugs 	\$84 copay
<ul style="list-style-type: none"> • Non-Preferred Drugs 	\$190 copay
<ul style="list-style-type: none"> • Specialty Drugs 	\$250 copay

Covered Services	What you pay
Part D Catastrophic Coverage	
Your responsibility for payment of covered drugs changes once you reach your Drug Plan Maximum Out of Pocket of \$2,000.	
Retail and Mail-Order Pharmacies	Up to a 90-day supply (Specialty limited to a 30-day supply)
<ul style="list-style-type: none"> All Part D Covered Prescription Drugs 	\$0 copay

- Important Message About What You Pay for Vaccines:** All Advisory Committee on Immunization Practices (ACIP) recommended Part D vaccines are covered at no cost to you.

- Important Message About What You Pay for Insulin:** You won't pay more than \$35 for a one month supply of each insulin product covered by your plan, no matter what cost-sharing tier it is on.

- Vaccines:** Medicare covers some vaccines under Medicare Part B medical coverage and other vaccines under Medicare Part D drug coverage. Vaccines for Flu, including H1N1, and Pneumonia are covered under Medicare medical coverage. Vaccines for Chicken Pox, Shingles, Tetanus, Diphtheria, Meningitis, Rabies, Polio, Yellow Fever and Hepatitis A are covered under Medicare drug coverage. Hepatitis B is covered under drug coverage unless you fall into a high risk category, then it is covered under medical coverage. All other Advisory Committee on Immunization Practices (ACIP) recommended Part D vaccines are also covered under Medicare drug coverage for Medicare-eligible individuals under 65. You can fill and receive your vaccines at a network pharmacy or they can be administered at a physician's office. However, the physician will only submit a claim for a Part B vaccine. If you want to get a Part D vaccine at your physician's office you will pay for the entire cost of the vaccine and its administration and then ask your drug plan to reimburse you the cost of the vaccine and its administration. Please see your Evidence of Coverage for complete details on what you pay for vaccines.

- Senior Rx Plus:** Your supplemental drug benefit is non-Medicare coverage that reduces the amount you pay, after your Group Part D benefits. The copay or coinsurance shown in this benefits chart is the amount you pay for covered drugs filled at network pharmacies.

Indiana State Teachers' Retirement Fund

2025 Summary of Benefits

PPO Plan OPD

About this Plan:

Anthem Blue Cross and Blue Shield gives you the tools and resources to make the best decisions for your health, like this summary of benefits. It's a snapshot of your plan's covered benefits and services and what they cost. This Summary of Benefits doesn't list every service we cover or every limitation or exclusion. For more details about your benefits and services, please review your *Evidence of Coverage* (EOC). You can access your EOC online by logging into the member portal at www.anthem.com, or you can call Member Services with any questions you may have.

Doctor and hospital choice: You may go to doctors, specialists, and hospitals in or out of the network. You do not need a referral.

This plan offers coverage in our Centers for Medicare & Medicaid Services (CMS) defined geographic service area of all 50 states, Washington, DC, and all United States territories.

How much is the monthly premium?:

Contact your group plan benefit administrator to determine your actual premium amount, if applicable.

Questions?

Call our **Member Services Team** for answers or plan details and provide them with this group specific code IN000GRS.

Prospective Members, please contact your benefit administrator. When you enroll in the plan you will receive information that tells you where to go online to view your *Evidence of Coverage*.

Anthem Medicare Preferred (PPO) Benefits Effective: 01/01/2025 – 12/31/2025

Plan Features	In-network:	Out-of-network:
Annual medical deductible:	\$200 combined in-network and out-of-network	
Maximum out-of-pocket responsibility: (Does not include Part D prescription drugs)	\$500 combined in-network and out-of-network	

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Inpatient hospital care* No limit to the number of days covered by the plan	\$0 copay per admission	\$0 copay per admission
Outpatient hospital facility or ambulatory surgical center visit for surgery*	\$0 copay per visit	\$0 copay per visit
Outpatient hospital services observation room	\$0 copay per visit	\$0 copay per visit
Primary care office visit	\$0 copay per visit	\$0 copay per visit
Specialty care office visit	\$0 copay per visit	\$0 copay per visit
Preventive care, screenings, and tests	\$0 copay per visit	\$0 copay per visit
Emergency care	\$0 copay per visit	
Urgently needed services	\$0 copay per visit	
X-ray visit and/or simple diagnostic test*	\$0 copay per visit	\$0 copay per visit
Complex diagnostic test and/or radiology visit*	\$0 copay per visit	\$0 copay per visit
Radiation therapy treatment*	\$0 copay per visit	\$0 copay per visit
Clinical/diagnostic lab test*	\$0 copay per visit	\$0 copay per visit

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Medicare-covered basic hearing and balance exams performed by your specialist*	\$0 copay per visit	\$0 copay per visit
<p>Routine hearing services We have partnered with Hearing Care Solutions to bring you these discounts and services.</p>	<p>Must use a Hearing Care Solutions participating provider.</p> <p>Hearing exams \$0 copay for routine hearing exams 1 exam every calendar year combined in-network and out-of-network</p> <p>Hearing aids fitting evaluation \$0 copay for hearing aid fitting evaluations 1 evaluation per covered hearing aid combined in-network and out-of-network</p> <p>Routine hearing exams and fitting evaluations limit \$70 maximum benefit every calendar year combined in-network and out-of-network</p> <p>Hearing aids \$0 copay for hearing aids \$500 maximum benefit every calendar year</p>	<p>Out-of-network providers must order hearing aids through Hearing Care Solutions.</p> <p>Hearing exams \$0 copay for routine hearing exams 1 exam every calendar year combined in-network and out-of-network</p> <p>Hearing aids fitting evaluation \$0 copay for hearing aid fitting evaluations 1 evaluation per covered hearing aid combined in-network and out-of-network</p> <p>Routine hearing exams and fitting evaluations limit \$70 maximum benefit every calendar year combined in-network and out-of-network</p> <p>Hearing aids \$0 copay for hearing aids through Hearing Care Solutions \$500 maximum benefit every calendar year</p>
Medicare-covered dental is non-routine care performed by your specialist*	\$0 copay per visit	\$0 copay per visit
Medicare-covered exams performed by your specialist to diagnose and treat eye diseases and conditions	\$0 copay per visit	\$0 copay per visit

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Medicare-covered glaucoma screening	\$0 copay per visit	\$0 copay per visit
Medicare-covered eyewear following cataract surgery	\$0 copay per surgery	\$0 copay per surgery
Routine vision services	<p>Must use a Blue View Vision provider.</p> <p>Exams \$0 copay for routine vision exams 1 exam every calendar year</p> <p>Frames \$130 allowance towards the purchase of frames 1 pair of eyeglass frames, once every two calendar years</p> <p>Eyeglass lenses in lieu of contact lenses \$0 copay for single vision, bifocal or trifocal eyeglass lenses 1 pair of standard plastic prescription lenses, once every calendar year</p> <p>Contact lenses in lieu of eyeglass lenses \$130 allowance towards the purchase of elective contact lenses \$0 copay for non-elective contact lenses 1 every calendar year</p>	<p>Exams \$70 reimbursement for routine vision exams 1 exam every calendar year</p> <p>Frames \$130 reimbursement towards the purchase of frames 1 pair of eyeglass frames, once every two calendar years</p> <p>Eyeglass lenses in lieu of contact lenses \$32 reimbursement on Single vision lenses \$48 reimbursement on Bifocal lenses \$85 reimbursement on Trifocal lenses 1 pair of standard plastic prescription lenses, once every calendar year</p> <p>Contact lenses in lieu of eyeglass lenses \$130 reimbursement towards the purchase of elective contact lenses \$210 reimbursement towards the purchase of non-elective contact lenses 1 every calendar year</p>
Inpatient services in a psychiatric hospital* No limit to the number of days covered by the plan	\$0 copay per admission	\$0 copay per admission
Mental health professional individual therapy visit	\$40 copay per visit	\$40 copay per visit

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Substance use disorder professional individual therapy visit	\$40 copay per visit	\$40 copay per visit
Skilled nursing facility (SNF) care*	\$0 copay for days 1-100 per benefit period 100-day limit per benefit period	\$0 copay for days 1-100 per benefit period 100-day limit per benefit period
Outpatient rehabilitation services*	\$0 copay per visit	\$0 copay per visit
Ambulance services	Your provider must get an approval from the plan before you get ground, air, or water transportation that is not an emergency. \$0 copay per one-way trip for ambulance services	
Medicare Part B prescription drugs*	\$0 copay for Part B drugs	\$0 copay for Part B drugs
Chiropractic services* Medicare-covered	\$0 copay per visit	\$0 copay per visit
Acupuncture for chronic low back pain* Medicare-covered	\$0 copay per visit	\$0 copay per visit
Cardiac rehabilitation services*	\$0 copay per visit	\$0 copay per visit
Pulmonary rehabilitation services*	\$0 copay per visit	\$0 copay per visit
Blood glucose test strips, lancets, lancet devices, and glucose control solutions For a 30 day supply	If purchased through a pharmacy: \$0 copay per purchase of OneTouch® (made by LifeScan, Inc.) and ACCU-CHECK® (made by Roche Diagnostics) \$10 for all other brands when purchased through the pharmacy	If purchased through a pharmacy: \$0 copay per purchase of OneTouch® (made by LifeScan, Inc.) and ACCU-CHECK® (made by Roche Diagnostics) \$10 for all other brands when purchased through the pharmacy

Covered benefits	In-network, members pay:	Out-of-network, members pay:
Blood glucose monitors	<p>If purchased through a pharmacy:</p> <p>\$0 copay per purchase of OneTouch® (made by LifeScan, Inc.) and ACCU-CHECK® (made by Roche Diagnostics)</p> <p>\$10 for all other brands when purchased through the pharmacy</p>	<p>If purchased through a pharmacy:</p> <p>\$0 copay per purchase of OneTouch® (made by LifeScan, Inc.) and ACCU-CHECK® (made by Roche Diagnostics)</p> <p>\$10 for all other brands when purchased through the pharmacy</p>
Therapeutic shoes	\$0 copay per purchase	\$0 copay per purchase
Diabetes self-management training	\$0 copay per visit	\$0 copay per visit
Continuous glucose monitors (CGMs)*	\$0 copay per purchase	\$0 copay per purchase
Durable medical equipment (DME) and related supplies*	\$0 copay per purchase	\$0 copay per purchase
Opioid treatment program services*	\$0 copay per visit	\$0 copay per visit
Podiatry services*	\$0 copay per visit	\$0 copay per visit
Routine foot care	\$0 copay per visit 12 visits per year combined in-network and out-of-network	\$0 copay per visit 12 visits per year combined in-network and out-of-network
Home health agency care*	\$0 copay per visit	\$0 copay per visit
<p>Hospice care</p> <p>When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and B services are paid for by Original Medicare, not this plan.</p>	\$0 copay for the one time only consultation 1 visit per lifetime	\$0 copay for the one time only consultation 1 visit per lifetime

Additional covered benefits and services	Member pays unless specified:
Video doctor visits LiveHealth Online†	\$0 copay for video doctor visits using LiveHealth Online
Health and wellness programs SilverSneakers® Membership† Take fitness classes virtually or visit a participating location.	\$0 copay for the SilverSneakers fitness benefit
24/7 NurseLine†	\$0 copay for 24/7 NurseLine
Foreign travel emergency (outside U.S. territories) Emergency care Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	Emergency care \$0 copay for emergency care
Foreign Travel - Urgently Needed Services Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	Urgently needed services \$0 copay for urgently needed services
Foreign Travel - Inpatient Care Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	Inpatient care \$0 copay per admission 60 days per lifetime
Healthy Meals†§* Meals delivered after being discharged from inpatient hospital visit or for members living with a chronic condition	\$0 copay for Healthy Meals 14 meals per qualifying event, allows up to four (4) events each year (56 meals in total).
Private duty nursing	20% coinsurance for covered private duty nursing \$5,000 maximum benefit per lifetime combined in-network and out-of-network
Medicare Community Resource Support	\$0 copay for Medicare Community Resource Support

* Some services that fall within this benefit category require prior authorization. Based on the service you are receiving, your provider will know if prior authorization is needed. This means an approval in advance is needed, by your plan, to get covered services. In the network portion of a PPO, some in-network medical services are covered only if your doctor or other in-network provider gets prior authorization from our plan. In a PPO, you do not need prior authorization to obtain out-of-network services. However, we recommend you ask for a pre-visit coverage decision to confirm that the services you are getting are covered and medically necessary. Benefit categories that include services that require prior authorization are marked with an asterisk in the benefits chart.

This document reflects cost shares only.

†Must use the plan approved provider

§ The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's Evidence of Coverage.

Some of the benefits and limitations listed above are combined in-network and out-of-network.

This information is not a complete description of the benefits. Contact the plan for more information. Limitations, copayments, coinsurance, and restrictions may apply. If there is a difference between this document and the *Evidence of Coverage* (EOC), the EOC is considered correct.

Benefits, premiums and/or copayments/coinsurance may change upon renewal or on January 1 of each year.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our member service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service.

Medicare & You 2025 resource: For more information, we encourage you to read Medicare & You 2025. This booklet is mailed to people with Medicare every year in the fall. It has a summary of Medicare benefits, rights, and protections. It also includes answers to the most frequently asked questions. If you don't have a copy of this booklet, request one at www.medicare.gov. Or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

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Your 2025 Prescription Drug Benefits Chart
Formulary B5, 5/10/45/40%/250 (with Senior Rx Plus)
Indiana State Teachers' Retirement Fund

Your retiree drug coverage includes Medicare Part D drug benefits and non-Medicare supplemental drug benefits. The cost shown below is what you pay after all benefits under your retiree drug coverage have been provided.

Formulary	B5
Deductible	\$150
Covered Services	What you pay
Part D Initial Coverage	

Below is your payment responsibility until the amount paid by you reaches your Drug Plan Maximum Out of Pocket of \$2,000

Retail Pharmacy	per 30-day supply (Specialty limited to a 30-day supply)
• Select Generics	\$0 copay Deductible waived on Select Generics
• Preferred Generics	\$5 copay
• Generics	\$10 copay
• Preferred Drugs	\$45 copay
• Non-Preferred Drugs	40% coinsurance with a maximum of \$250
• Specialty Drugs	\$250 copay

Covered Services	What you pay
Retail Pharmacy	per 90-day supply
<ul style="list-style-type: none"> • Select Generics 	\$0 copay Deductible waived on Select Generics
<ul style="list-style-type: none"> • Preferred Generics 	\$15 copay
<ul style="list-style-type: none"> • Generics 	\$30 copay
<ul style="list-style-type: none"> • Preferred Drugs 	\$135 copay
<ul style="list-style-type: none"> • Non-Preferred Drugs 	40% coinsurance with a maximum of \$750

Many of our retail pharmacies can dispense more than a 30-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will need to pay one copay for each full or partial 30-day supply filled. For example, if you order a 90-day supply, you will need to pay three 30-day supply copays. If you get a 45-day or 50-day supply, you will need to pay two 30-day copays.

Covered Services	What you pay
Mail-Order Pharmacy	per 90-day supply (Specialty limited to a 30-day supply; 30-day Retail copay or coinsurance applies)
<ul style="list-style-type: none"> • Select Generics 	\$0 copay Deductible waived on Select Generics
<ul style="list-style-type: none"> • Preferred Generics 	\$5 copay
<ul style="list-style-type: none"> • Generics 	\$10 copay
<ul style="list-style-type: none"> • Preferred Drugs 	\$90 copay
<ul style="list-style-type: none"> • Non-Preferred Drugs 	40% coinsurance with a maximum of \$500
<ul style="list-style-type: none"> • Specialty Drugs 	\$250 copay

Covered Services	What you pay
Part D Catastrophic Coverage	
Your responsibility for payment of covered drugs changes once you reach your Drug Plan Maximum Out of Pocket of \$2,000.	
Retail and Mail-Order Pharmacies	Up to a 90-day supply (Specialty limited to a 30-day supply)
<ul style="list-style-type: none"> All Part D Covered Prescription Drugs 	\$0 copay

- Important Message About What You Pay for Vaccines:** All Advisory Committee on Immunization Practices (ACIP) recommended Part D vaccines are covered at no cost to you.

- Important Message About What You Pay for Insulin:** You won't pay more than \$35 for a one month supply of each insulin product covered by your plan, no matter what cost-sharing tier it is on.

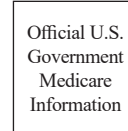
- Vaccines:** Medicare covers some vaccines under Medicare Part B medical coverage and other vaccines under Medicare Part D drug coverage. Vaccines for Flu, including H1N1, and Pneumonia are covered under Medicare medical coverage. Vaccines for Chicken Pox, Shingles, Tetanus, Diphtheria, Meningitis, Rabies, Polio, Yellow Fever and Hepatitis A are covered under Medicare drug coverage. Hepatitis B is covered under drug coverage unless you fall into a high risk category, then it is covered under medical coverage. All other Advisory Committee on Immunization Practices (ACIP) recommended Part D vaccines are also covered under Medicare drug coverage for Medicare-eligible individuals under 65. You can fill and receive your vaccines at a network pharmacy or they can be administered at a physician's office. However, the physician will only submit a claim for a Part B vaccine. If you want to get a Part D vaccine at your physician's office you will pay for the entire cost of the vaccine and its administration and then ask your drug plan to reimburse you the cost of the vaccine and its administration. Please see your Evidence of Coverage for complete details on what you pay for vaccines.

- Senior Rx Plus:** Your supplemental drug benefit is non-Medicare coverage that reduces the amount you pay, after your Group Part D benefits. The copay or coinsurance shown in this benefits chart is the amount you pay for covered drugs filled at network pharmacies.

IMPORTANT INFORMATION:

2025 Medicare Star Ratings

Anthem Blue Cross and Blue Shield - H4036



For 2025, Anthem Blue Cross and Blue Shield - H4036 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆
Health Services Rating: ★★★★★☆
Drug Services Rating: ★★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings are important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care.
- The number of members who left or stayed with the plan.
- The number of complaints Medicare got about the plan.
- Data from doctors and hospitals that work with the plan.

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Get more information on Star Ratings online

Compare Star Ratings for this and other plans online at www.medicare.gov/plan-compare.

Questions about this plan?

Contact Anthem Blue Cross and Blue Shield Monday through Friday, 8 a.m. to 9 p.m. ET at **1-833-848-8729** (toll free) or **711** (TTY). Current members please call **1-833-848-8730** or **711** (TTY).

Anthem Blue Cross and Blue Shield is a PPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Common health plan terms

Here are terms you'll come across in this guide and what they mean.



Care

Facility – A location for receiving care. Examples: hospital, skilled nursing facility (SNF), or imaging center.

Inpatient care – Medical treatment for someone formally admitted to a facility with a doctor's order. Without a doctor's order, it may be considered outpatient care, even if you stay overnight.

Outpatient care – Medical treatment for someone not admitted to a facility. It may take place in a doctor's office, clinic, or hospital outpatient department.

Preventive care – Services that help you stay healthy and detect health problems early when treatment works best. Examples: exams, shots, lab tests, screenings, and programs for health monitoring, counseling, and education.

Primary care provider (PCP) – A general practice doctor, nurse practitioner, or physician assistant who treats basic medical conditions and is often the first person you'll see for health concerns. PCPs provide checkups, vaccinations, and screenings. They help diagnose conditions and refer you to specialists when needed. You are not required to select a PCP.

Care provider – A doctor, nurse, clinician, hospital, health system, licensed healthcare facility, program, agency, or healthcare professional that delivers healthcare services.



Cost

Annual out-of-pocket maximum (or max OOP) – The maximum amount you pay for medical costs each plan year. After paying the max OOP, you pay nothing for covered services until the next plan year. Copays, coinsurance, and deductibles count toward the max OOP, but not all costs do.*

Summary of Benefits – A summarized list of medical care and drugs the plan covers.

Coinsurance – A percentage you may be required to pay for covered services or drugs after paying your deductible.

Copay – A fixed dollar amount you may be required to pay for covered services or drugs after paying your deductible.

Cost share – Also called “cost-sharing amount” or “your share of the costs.” It is usually a deductible, copay, or coinsurance. This is the amount you pay for covered services or drugs.

Covered services and drugs – Medical care and drugs your plan pays for under the plan terms.

Deductible – If applicable, the fixed dollar amount you pay for medical care or drugs before the plan begins to pay.

* Not all medical costs or services are included in or subject to the annual out-of-pocket maximum.

Required information for this plan year

Your rights, protections, and Medicare options

As a Medicare beneficiary, you have many rights and options put in place to protect you as a consumer. You have choices.

As a Medicare beneficiary, you can choose between:

- The Original (Fee-for-Service) Medicare plan.
- A Medicare health plan like the one offered in this guide.

You may have other options

The important thing to remember is that the choice is yours, keeping in mind that you may be able to join or leave a plan only at certain times. Please note that if you do not take your retiree benefits, it may affect other retiree benefits your group sponsor offers. No matter what you decide, you may still be eligible for the Original Medicare program.

Geographic service areas covered by this plan

This plan offers coverage in our Centers for Medicare & Medicaid Services (CMS) defined geographic service area of all 50 states, Washington, DC, and all United States territories.

Your Medicare protection

The plan must offer Medicare benefits to you for a full calendar year at a time, although benefits and cost sharing may change from year to year. The plan provider can decide each year whether to keep offering Medicare Advantage plans, or whether or not to continue offering plans in specific geographic areas like yours.

Also, Medicare may decide to end our contract.

If for some reason this plan is discontinued, we will send you a letter at least 90 days before your coverage ends explaining your options for Medicare coverage in your area.

For more information on the options and rights you have as a Medicare Advantage member with this plan, please contact our First Impressions Welcome Team and ask for a copy of the *Evidence of Coverage* (EOC).

Extra Help from Medicare

You may be able to find help to pay for your prescription drugs and other Medicare costs. If you qualify for Medicare's Extra Help and are enrolled in a Part D plan like this one, Medicare can pay up to 100% of your prescribed drugs. This can help offset your drug plan's monthly premium, plus coinsurance and copays for covered prescription drugs.

Extra Help can also close any drug coverage gaps and stop late enrollment penalties (LEPs). For more information, visit www.medicare.gov or www.ssa.gov, or call:

- **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.
- The Social Security Administration at **1-800-772-1213**, Monday to Friday, 7 a.m. to 7 p.m. ET. TTY users should call **1-800-325-0778**.
- Your state Medicaid office.

Required information for this plan year

Information about Medicare

To help you make more informed healthcare decisions, we are providing this important information about Medicare to use as a resource. If you have any questions, please contact our First Impressions Welcome Team.

Pay your Medicare Part B premiums

Once you enroll in this plan, you must still pay your Medicare Part B premiums. If you don't, Medicare will terminate your coverage and then you may have to pay a late enrollment penalty if you decide to reenroll.

Enrolling in other plans

If you decide to enroll in other plans, you will be disenrolled from your current plan.

Notifying your group sponsor

To ensure a smooth enrollment, make sure your group sponsor has your most up-to-date information and that it matches your Social Security information.

What to know about a drug list

A drug list is a list of drugs covered by the plan. We choose our list to provide good prescription coverage and a good value to you, as well.

Your full *Benefits Chart* will tell you if you have an open or closed drug list plan. Open plans cover almost all Medicare Part D eligible drugs, while closed plans cover most.

When new drugs come to market, we conduct a clinical and cost review and may add them to the drug list. To keep plans affordable, every year we may also remove drugs or change the cost you pay for them the following year. But don't worry; we'll notify you first and send you a new drug list when we make these changes.

Important: Check to see if your drug is on the drug list before you go to the pharmacy.

If the drug you take is not on our drug list, you will have to pay the full price of the drug. If that's the case, or if your drug comes with additional requirements or limits, you may be able to receive a temporary supply. We will notify you once the temporary supply is dispensed. You will have to contact your doctor and ask if you can switch to a different drug listed on our drug list.

About IRMAA and your income level

If your modified adjusted gross income on your IRS tax return from two years ago is above a certain limit, you must pay an income-related monthly adjustment amount (IRMAA) in addition to your monthly plan premium.

The Social Security Administration will contact you if you have to pay an IRMAA, which you must pay to them, not us.

High-income surcharges

If you must pay a high-income surcharge on your Medicare Part B or Part D premium to the Social Security Administration, please be sure to do so to avoid a mandatory disenrollment.

Required information for this plan year

Information about Medicare

We do not 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. Our plan has free language interpreter services available to answer questions from non-English-speaking members. Please call the First Impressions Welcome Team at the number listed in this guide to request interpreter services.

Out-of-network/noncontracted providers are under no obligation to treat Anthem Blue Cross and Blue Shield members, except in emergency situations. Please call our First Impressions Welcome Team at **1-833-848-8729**, TTY: **711**, **Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays**, for more information.

This information is not a complete description of benefits. Contact the plan for more information. Every year, Medicare evaluates plans based on a five-star rating system.

This guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the *Benefits Chart and Evidence of Coverage (EOC)*, which is received upon enrollment. In the event of a conflict between the *Benefits Chart* and *EOC* and this guide, the terms of the *Benefits Chart* and *EOC* will prevail.

Coordination of Benefits (COB) letter

If we receive Coordination of Benefits (COB) information from CMS, we are required to send a letter to you requesting verification of the other coverage information. The benefit verification letter we send will include information from CMS, including any other coverage that needs to be verified. Separately, we could receive COB information from other reporting sources in addition to CMS.

If the information is not correct in the letter, you can call Member Services or you can fill in the correct information on the letter and return it to the plan for processing.

If a response is not received within 21 days, the information on the letter is considered to be accurate.

If the previous carrier does not notify CMS of the previous plan termination prior to the plan enrollment process, a COB letter could be triggered for the plan that was just terminated.

Required information for this plan year

Information about Medicare

Some of the benefits mentioned are part of a special supplement program for the chronically ill. Not all members may qualify for these benefits

Anthem Blue Cross and Blue Shield is a PPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc., and Anthem HealthChoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC and Anthem Insurance Companies, Inc., dba Anthem Blue Cross and Blue Shield Retiree Solutions. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia with its affiliate Healthkeepers, Inc., and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Out-of-network/noncontracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost sharing that applies to out-of-network services.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-833-848-8730** (TTY: **711**). Someone who speaks your language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al número mencionado anteriormente (TTY: **711**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电上述数字 (TTY: **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電上述數字 (TTY: **711**)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa numero na nakasulat sa itaas (TTY: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au le numéro écrit ci-dessus (TTY: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi số được viết ở trên (TTY: **711**). Sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter die oben genannte Nummer (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 위에 나와있는 번호 (TTY: **711**) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону номер, указанный выше (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم ليس عليك سوى الاتصال بنا على الرقم المكتوب أعلاه (TTY: 711) فوري سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें ऊपर लिखा हुआ नंबर (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero il numero sopraindicato (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número o número escrito acima (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan nimewo ki ekri pi wo a (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer numer napisany powyżej (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、上記の番号 (TTY: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

