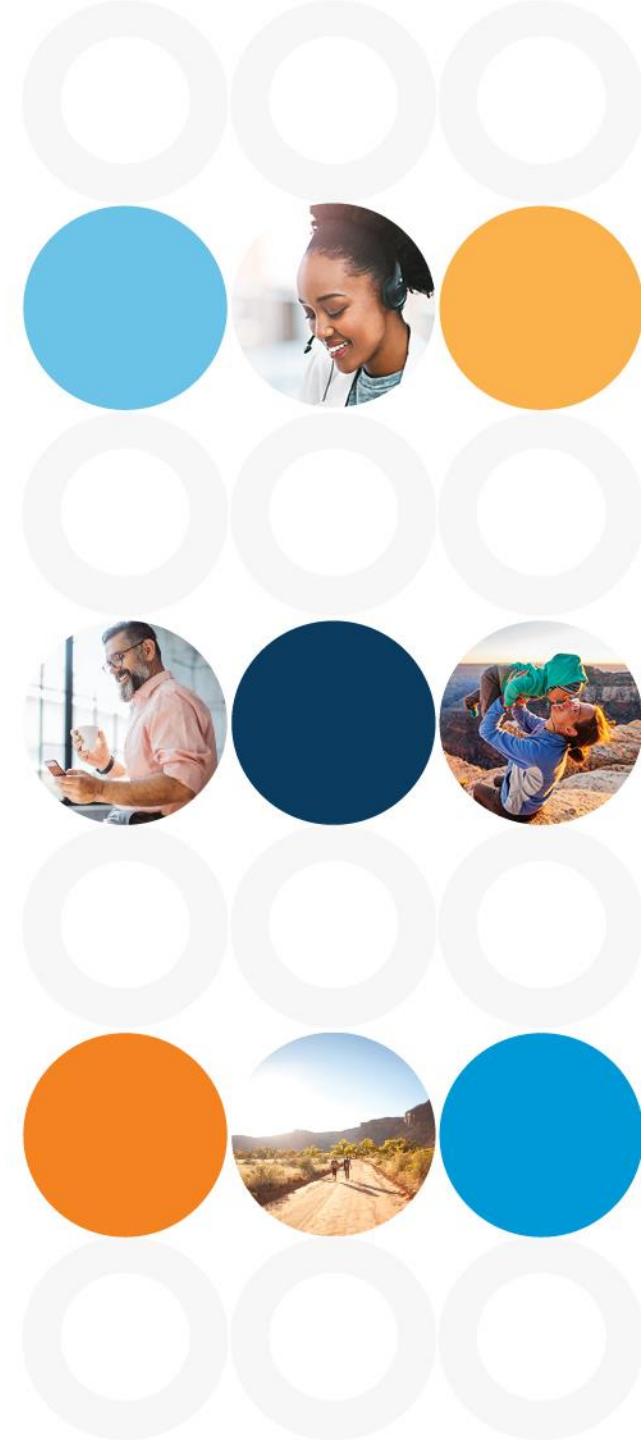




An Independent Licensee of the Blue Cross Blue Shield Association

AZ Blue Medicare Advantage Broker Product Training

CY2025



Learning Objectives

1. Identify the eligibility requirements for enrolling in a Medicare Advantage plan offered by Blue Cross® Blue Shield® of Arizona (AZ Blue)
2. Familiarize yourself with key plan features to properly explain the plan benefits, including its prescription drug coverage
3. Have an understanding of the plans' network providers, prescription drug formulary, and pharmacy networks
4. Comprehend the additional member benefits



Eligibility Requirements

- Available to all eligible Medicare beneficiaries who:
 - are entitled to Medicare Part A and enrolled into Part B, and
 - permanently reside in the AZ Blue Medicare Advantage Plan service area, and
 - have a valid election period.
- Individuals with ESRD are eligible to enroll into an AZ Blue Medicare Advantage plan for 2025.
- Individuals whose MA Plan terminates will have a special election period and can make one enrollment request into a new plan.





Summary of Plans

- AZ Blue offers Blue Best Life Classic and Blue Best Life Plus HMO Medicare Advantage Plans.
- AZ Blue will **NOT** be offering the BlueJourney PPO Medicare Advantage Plan in 2025.

AZ Blue Medicare Advantage Star Ratings

Medicare Star Ratings

- Centers for Medicare & Medicaid Services (CMS) evaluates plans each year based on a 5-Star Rating system. Star Ratings may change from one year to the next.
- **For 2024, AZ Blue Best Life Plans received a 4.0 Star Rating.**
- Learn more about Star Ratings at **Medicare.gov**.

Annual Contract

- AZ Blue contracts with CMS and is renewed annually.
- AZ Blue Medicare Advantage plan benefits, features, and premiums are subject to change annually.
 - In addition to the monthly plan premium, members must also pay:
 - their Part B premium
 - their Part A premium if applicable
 - and any applicable income-related premium adjustments.
 - Members who are subject to the CMS Part D Late Enrollment Penalty (LEP) will have the LEP added to their monthly premium.



Plan Types

AZ Blue offers the following Medicare Advantage Prescription Drug (MA-PD) plans:

HMO Plans

- Blue Best Life Classic (Maricopa/Pinal and Pima counties)
- Blue Best Life Plus (Maricopa/Pinal counties)

Non-Renewing MAPD Plans for 2025

PPO Plans

- BlueJourney (Maricopa and Pima counties); Members will NOT be cross walked to the Blue Best Life Classic or Plus HMO plans



Health Maintenance Organization (HMO)

HMO members must select a Primary Care Provider (PCP) to coordinate all their health care needs within the plan's network of providers.

MA organizations must pay for emergency and urgently needed care in or out of the service area. Renal dialysis and post-stabilization care following an emergency are covered when the member is temporarily away.

For plan year 2025, the Blue Best Life Classic and Plus HMO plans will not require a referral to see a specialist.

AZ Blue HMO Plans are available in the following service areas:

- All of Maricopa County, AZ
- All of Pima County, AZ
- All of Pinal County, AZ



2025 AZ Blue Medicare Advantage Plan Benefits



2025 Blue Best Life HMO Plans

Plan Name:	Classic		Plus
Counties	Maricopa and Pinal	Pima	Maricopa and Pinal
Premium	\$0	\$0	\$28
Maximum Out-of-Pocket Limit	\$2,800	\$2,800	\$2,500
Part B Premium Giveback	Not Covered	\$5	Not Covered
Primary Care Provider	\$0	\$0	\$0
Specialist	\$5	\$5	\$25
Acute Inpatient Hospital	Days 1- 5 : \$125/day	Days 1- 5 : \$125/day	Days 1- 6 : \$225/day
Inpatient Out-of-Pocket Max Per Admission	\$625	\$625	\$1,350
Outpatient Hospital	\$165	\$165	\$200
Ambulatory Surgical Center	\$50	\$50	\$150

2025 Blue Best Life HMO Plans, Cont'd

Plan Name:	Classic		Plus
Counties	Maricopa and Pinal	Pima	Maricopa and Pinal
Medical Benefits (Part C):			
Emergency Room	\$90	\$90	\$125
Urgent Care	\$25	\$25	\$25
Ambulance (Ground) Each Way	\$175	\$175	\$275
Podiatry (Medicare Covered)	\$5	\$5	\$25
Transportation	Not Covered	Not Covered	Not Covered
Outpatient Care and Services:			
Diagnostic Radiology- Medicare*	\$0-\$50	\$0-\$50	\$0-\$300
Outpatient Radiology- Medicare	\$0 PCP office \$50 all other settings	\$0 PCP office \$50 all other settings	\$150
Lab Services	\$0	\$0	\$0
Diagnostic Tests & Procedures*	\$0 lab services \$30 procedure + test	\$0 lab services \$30 procedure + test	\$0-\$75 or 20% coinsurance
Outpatient X-rays	\$0	\$0	\$10
Radiation Therapy	\$0 PCP office \$50 all other settings	\$0 PCP office \$50 all other settings	20% coinsurance

***For additional services and coverage details, please refer to the Summary of Benefits for Outpatient Diagnostic Test and Therapeutic Services and Supplies.**

2025 Blue Best Life HMO Plans Cont'd

Plan Name:	Classic		Plus
Counties	Maricopa and Pinal	Pima	Maricopa and Pinal
Rehabilitation Services:			
Intensive Cardiac Rehab	\$0	\$0	\$20
Pulmonary Rehabilitation	\$5	\$5	\$20
Cardiac Rehabilitation	\$0	\$0	\$20
PT/OT/ST	\$10	\$10	\$10
Mental Health Services:			
Inpatient	Days 1-6: \$125/day	Days 1-6: \$125/day	Days 1-6: \$225/day
Outpatient (Group/Individual)	\$15/\$15	\$15/\$15	\$25/\$25
Skilled Nursing (SNF)	Days 1-20: \$0/day Days 21-40: \$195/day Days 41-100: \$0/day	Days 1-20: \$0/day Days 21-40: \$195/day Days 41-100: \$0/day	Days 1-20: \$0/day Days 21-40: \$203/day Days 41-100: \$0/day

2025 Blue Best Life HMO Plans Cont'd

Plan Name:	Classic		Plus
Counties	Maricopa and Pinal	Pima	Maricopa and Pinal
Medicare Equipment/ Supplies:			
DME	20% coinsurance	20% coinsurance	20% coinsurance
Medicare Supplies	20% coinsurance	20% coinsurance	20% coinsurance
Prosthetics	20% coinsurance	20% coinsurance	20% coinsurance
Diabetic Monitoring Supplies*	\$0 Preferred 20% Non-Preferred	\$0 Preferred 20% Non-Preferred	0% Preferred 20% Non-Preferred
Hearing:			
Medicare Covered Exam:	\$0	\$0	\$25
Routine Hearing Exam:	\$0	\$0	\$0
Hearing Aid (Free Upgrade to Rechargeable Hearing Aid Options available)	\$699 copay (Advanced)/ \$999 copay (Premium) per ear per year	\$699 copay (Advanced)/ \$999 copay (Premium) per ear per year	\$699 copay (Advanced)/ \$999 copay (Premium) per ear per year

*** For additional services and coverage details, please refer to the Summary of Benefits for Outpatient Diagnostic Test and Therapeutic Services and Supplies.**

2025 Blue Best Life HMO Plans: Eye Coverage

Plan Name:	Classic		Plus
Counties	Maricopa and Pinal	Pima	Maricopa and Pinal
Vision:			
Medicare Covered Eye Exam	\$10	\$10	\$25
Medicare Covered Diabetic Eye Exam	\$0	\$0	\$0
Glaucoma Screening	\$0	\$0	\$0
Eyewear (After cataract surgery) Medicare-covered (standard frames and lenses)	\$0	\$0	20% coinsurance
Routine Eye Exam (non-Medicare)	\$0	\$0	\$0
Eyewear (non-Medicare) Contact lenses or frames only	\$200 Annual Allowance single purchase	\$200 Annual Allowance single purchase	\$200 Annual Allowance single purchase

2025 Blue Best Life HMO Plans: Dental Coverage

Plan Name:	Classic		Plus
Counties:	Maricopa and Pinal	Pima	Maricopa and Pinal
Dental:			
Medicare Covered (Part B)	\$10 copay	\$10 copay	20% coinsurance
Benefit Max OON and IN	\$2,000	\$2,000	\$3,000
Preventive Services 100% coverage (Oral Exam, X-rays, cleanings) Fluoride Treatment 1x per year	\$10 office visit copay and then 50% coverage for preventive services up to maximum plan benefit	\$10 office visit copay and then 50% coverage for preventive services up to maximum plan benefit	\$10 office visit copay and then 50% coverage for preventive services up to maximum plan benefit
Oral Exam	\$10 office visit copay 2x a year	\$10 office visit copay 2x a year	\$10 office visit copay 2x a year
Bitewing X-rays	\$10 office visit copay 2X a year	\$10 office visit copay 2X a year	\$10 office visit copay 2X a year
Necessary Anesthesia	Covered	Covered	Covered
Benefit Max	\$2,000	\$2,000	\$3,000
Comprehensive Type II & III Services	\$10 office visit copay then 50% coinsurance up to benefit maximum	\$10 office visit copay then 50% coinsurance up to benefit maximum	\$10 office visit copay then 50% coinsurance up to benefit maximum

2025 Blue Best Life HMO Plans: Dental Cont'd

Plan Name:	Classic		Plus
Counties:	Maricopa and Pinal	Pima	Maricopa and Pinal
Dental Types	Type II Coverage Services		Type II Coverage Services
Fillings- Composite & Amalgam	One treatment per tooth, per surface in a two-year period 50% coverage after a \$10 office visit copay	One treatment per tooth, per surface in a two-year period 50% coverage after a \$10 office visit copay	One treatment per tooth, per surface in a two-year period 50% coverage after a \$10 office visit copay
Emergency Palliative Treatment	Covered for emergency treatment of dental pain 50% coverage after \$10 office visit copay	Covered for emergency treatment of dental pain 50% coverage after \$10 office visit copay	Covered for emergency treatment of dental pain 50% coverage after \$10 office visit copay
Simple Extractions	50% coverage after \$10 office visit copay	50% coverage after \$10 office visit copay	50% coverage after \$10 office visit copay

2025 Blue Best Life HMO Plans: Dental Cont'd

Dental Options and Types	Option 6 Type III Coverage Services		Option 7 Type III Coverage Services
Prosthodontics- Bridges & Dentures	One per 7 Year Re-cement or re-bond one per 12 months	Seven-year replacement limit	Seven-year replacement limit
Oral Surgery- Surgical	Limited coverage 50% coverage after \$10 office visit copay	Limited coverage 50% coverage after \$10 office visit copay	Limited coverage 50% coverage after \$10 office visit copay
Endodontics- Pupal Therapy/ Root Canal	Limited coverage per AZ Blue dental coverage guidelines	Limited coverage per AZ Blue dental coverage guidelines	Limited coverage per AZ Blue dental coverage guidelines
Crowns/ Inlays/Onlays	Seven-year replacement limit	Seven-year replacement limit	Seven-year replacement limit
Periodontics- Non-Surgical	One per two-year period	One per two-year period	One per two-year period
Implants	Not covered	Not covered	Seven-year replacement limit

2025 Blue Best Life HMO Plans:

Chiropractic Coverage

Plan Name:	Classic		Plus
Counties:	Maricopa and Pinal	Pima	Maricopa and Pinal
Chiropractic:			
Medicare Covered Chiropractic	\$10	\$10	\$20
Medicare Covered Acupuncture	\$10	\$10	\$30
Non-Medicare Covered Chiropractic	\$15 30 Combined visits	\$15 30 Combined visits	\$15 30 Combined visits
Non-Medicare Covered Acupuncture	\$15 30 Combined visits	\$15 30 Combined visits	\$15 30 Combined visits
Non-Medicare Covered Therapeutic Massage	\$15 30 Combined visits	\$15 30 Combined visits	\$15 30 Combined visits

2025 Blue Best Life HMO Plans: Additional Coverage

Plan Name:	Classic		Plus
Counties	Maricopa and Pinal	Pima	Maricopa and Pinal
Additional Benefits			
Over the Counter (OTC)	\$75 per quarter*	\$75 per quarter*	\$50 per quarter*
SilverSneakers®	Covered	Covered	Covered
Travel & Worldwide Benefit	Emergency Room: \$120 Urgent Care: \$120 Transportation: \$120 Combined Coverage Limit: \$30,000	Emergency Room: \$120 Urgent Care: \$120 Transportation: \$120 Combined Coverage Limit: \$30,000	Emergency Room: \$100 Urgent Care: \$100 Transportation: \$100 Combined Coverage Limit: \$60,000
Mom's Meals	14 meals per qualifying discharge from an authorized stay at an inpatient hospital, skilled nursing facility, or rehabilitation facility.	14 meals per qualifying discharge from an authorized stay at an inpatient hospital, skilled nursing facility, or rehabilitation facility.	14 meals per qualifying discharge from an authorized stay at an inpatient hospital, skilled nursing facility, or rehabilitation facility.

***A preloaded card with a quarterly allowance that can be used at participating retail locations or through the phone-in/mail-in/online provider. AZ Blue has contracted for this benefit. Unused amounts will NOT roll over to next month.**

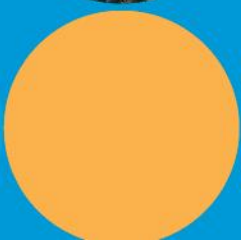
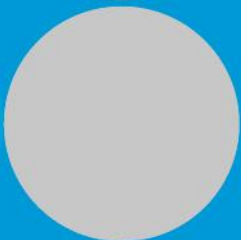
2025 Blue Best Life HMO Plans: Prescription Drug Coverage

Plan Name:	Classic		Plus
Counties	Maricopa, Pinal	Pima	Maricopa, Pinal
Prescription Drug Benefits:			
Part B (Insulin Drugs)	0%-20% coinsurance or \$35 max copay	0%-20% coinsurance or \$35 max copay	0%-20% coinsurance or \$35 max copay
Part D Deductible	\$0	\$0	\$0
Part D Copays by Tier: Normal Supply (Retail 30-day Supply)			
Tier 1: Preferred Generic	\$0	\$0	\$0
Tier 2: Generic	\$9	\$9	\$9
Tier 3: Preferred Brand	\$47	\$47	\$47
Tier 4 Non-Preferred Drug	\$100	\$100	\$100
Tier 5: Specialty	33%	33%	33%
Tier 6: Select	\$0	\$0	\$0

2025 Blue Best Life HMO Plans: Prescription Drug Coverage Cont'd

Plan Name:	Classic		Plus
Counties	Maricopa and Pinal	Pima	Maricopa and Pinal
Prescription Drug Benefits:			
Part B Drugs (Insulin Drugs)	0%-20% coinsurance or \$35 max copay	0%-20% coinsurance or \$35 max copay	0%-20% coinsurance or \$35 max copay
Part D Deductible	\$0	\$0	\$0
Part D by Tier: Extended Supply (Retail or Mail Order)- 100-Day Tier 1-2, 90-Day Tiers 3-5			
Tier 1: Preferred Generic	\$0	\$0	\$0
Tier 2 Generic:	\$9	\$9	\$9
Tier 3: Preferred Brand	\$141	\$141	\$141
Tier 4: Non-Preferred Drug	\$300	\$300	\$300
Tier 5: Specialty	N/A	N/A	N/A
Tier 6: Select Care Drugs	\$0	\$0	\$0

For additional information regarding out-of-pocket costs, benefits and rules of the plan(s), please refer to the Evidence of Coverage.



Medicare Part D Stages for AZ Blue Medicare Advantage Plans

Medicare Part D Stages

Yearly Deductible	Some plans may include a yearly deductible. Beneficiaries pay this amount before the plan begins to pay its share.	
Initial Coverage Limit (ICL)	ICL is the combined amounts of the plan's share and the beneficiary's copays and coinsurance, including the deductible.	Initial Coverage Limit: A newly defined standard (DS) Part D benefit design consisting of three phases: annual deductible, initial coverage, and catastrophic coverage; • In Contract Year (CY) 2025, the coverage gap phase will be eliminated, and the Part D Drug coverage will consist of a three-phase benefit. • A lower annual True-Out-Of-Pocket (TrOOP) threshold of \$2,000 • The sunset of the Coverage Gap Discount Program (CGDP) and establishment of the Manufacturer Discount Program (Discount Program); and • Changes to the liability of enrollees, Part D sponsors, manufacturers, and Centers for Medicare and Medicaid Services (CMS) in the newly defined standard (DS) Part D benefit design.
True Out-of-Pocket (TrOOP)	\$2,000	The following third-party arrangements will continue to contribute to TrOOP: LIS cost-sharing support, qualified State Pharmacy Assistance Programs, Indian Health Service and certain other Native American organizations and AIDS Drug Assistance Programs. TrOOP is the portion of spending on covered Part D drugs made by the beneficiary or on their behalf by certain third parties. The Inflation Reduction Act (IRA) updates which categories of payments count toward TrOOP spending.
Gap Coverage (Donut Hole)	Going away for Coverage Year 2025	Reduction of the Annual OOP Threshold to \$2,000 and elimination of the coverage gap phase. Sunsetting of the Coverage Gap Discount Program (CGDP) on January 1, 2025.
Catastrophic Coverage	Once the member's true out-of-pocket costs reach \$2,000, The catastrophic coverage stages begins. The members will pay no coinsurance or copay for the remainder of the year for their covered Part D Drugs.	



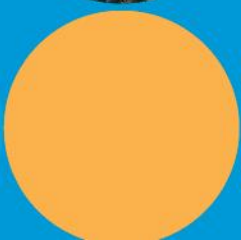
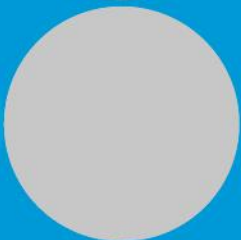
Coverage Gap

- As part of the CMS Part D redesign program, CMS will be sunsetting the Coverage Gap Discount Program (CGDP) on January 1, 2025.
 - There will be a reduction of the annual Out-Of-Pocket (OOP) threshold to \$2,000 and the elimination of the coverage gap phase.
- The coverage gap ends when the total OOP costs reach \$2,000.
- The member's cost is commonly called the "True Out-of-Pocket" costs or "TrOOP."
- Always refer to the prescription drug formulary for details.
 - You may access the formulary via AZblue.com/Medicare/medicare-advantage.

Catastrophic Coverage

- In 2025, once the member's TrOOP costs reach \$2,000, the catastrophic coverage stage begins.
- The member will pay \$0 for the remainder of the year for their covered Part D Drugs.





AZ Blue Medicare Advantage Plan Features

Plan Features

Provider Networks

AZ Blue Medicare Advantage plans have a network of doctors and hospitals in the service area(s).

The AZ Blue Medicare Advantage plan network contains over 2,600 primary care physicians, 16,500 specialists, and 50 hospitals.

Go to **[Azblue.com/Medicare/Medicare-Advantage](https://www.azblue.com/Medicare/Medicare-Advantage)** to access the most current provider and pharmacy directories.



Plan Features

Health Maintenance Organization (HMO)

- HMO members must select a Primary Care Provider (PCP) to coordinate all of their healthcare needs within the plan network of providers.
- For plan year 2025, the Blue Best Life Classic and Plus HMO plans will not require a referral to see a specialist.
- To change PCPs, members must contact AZ Blue to request change prior to seeing the new PCP.
- Requests made prior to the end of the month will be effective the 1st of the following month.



Plan Features

Emergency and Urgently Needed Care:

- Members can receive emergency care, in or out of the service area, from the nearest provider.
- Members are responsible for their share of the cost for covered services. If service in question is not covered, member may be responsible for the entire cost.
- Not covered outside of the U.S. except under limited circumstances.

Out-of-Network Services:

- Routine care received out of network is NOT covered for HMO plans.
- Emergency/urgently needed care is covered.
- Renal dialysis treatment is covered.



Low Income Subsidy (LIS)

LIS members may be eligible for reduced premiums, deductibles, coinsurance, and copays. Members eligible for LIS will have those benefits applied to their prescription drug benefits and plan premiums.

Beneficiaries with limited income and resources are encouraged to contact the following for more information and assistance to determine if they qualify for extra help.

- Contact the local Social Security office or call Social Security at **1-800-772-1213**
- Contact the local Medicaid office
- Apply online at **socialsecurity.gov**
- Call **1-800-MEDICARE**



Part A and Part B Benefits

Part A:

- When compared to Original Medicare Part A, AZ Blue Medicare Advantage plans significantly reduce out-of-pocket costs for extended hospital stays.
- For additional information, please refer to the Summary of Benefits (SB) via **[Azblue.com/Medicare/resources/documents-medicare-advantage-2024](https://www.azblue.com/Medicare/resources/documents-medicare-advantage-2024)**

Part B:

- Provides a fixed copayment in place of Original Medicare's deductible and coinsurance for most Part B services.
- Generally, it reduces a member's out-of-pocket costs.
- For additional information, please refer to the Summary of Benefits (SB) via **[Azblue.com/Medicare/resources/documents-medicare-advantage-2024](https://www.azblue.com/Medicare/resources/documents-medicare-advantage-2024)**



Formulary Tier Structure

Formulary:

A list of prescription medications that a health plan approved for coverage and that is dispensed through contracted pharmacies. This list may change during the year.

Tier 1: Preferred Generic

- Includes many generic drugs

Tier 2: Generic

- Includes generic drugs for which there are less expensive generic options

Tier 3: Preferred Brand

- Includes many brand name drugs; often there are no generic equivalents for brand name drugs in this tier

Tier 4: Non-Preferred Drug

- Includes brand name drugs for which there are less expensive brand options or generic equivalents

Tier 5: Specialty

- Includes expensive drugs for rare conditions

Tier 6: Select Care Drugs

- Includes vaccines which prevent illness, except those:
 - Covered by Medicare Part B, like flu and pneumonia
 - Provided by a vaccine manufacturer who doesn't participate in the coverage gap discount program



Formulary Management

Certain formulary prescriptions may be subject to limitations, including step therapy, quantity level limits, or prior authorization. For additional information, review the *Summary of Benefits*.

When working with clients to check coverage of their current drugs, it's important to explain the coverage of or restrictions on drugs they take.

To get more information and/or check the formulary:

- Go to **Azblue.com/Medicare/resources/documents-medicare-advantage-2024** and choose “Plan Documents & Forms”
- Go to **Medicare.gov**, follow the steps to enter the drugs you want to look at, and then click on the plan name
- Look in the plan's printed formulary booklet
- Contact Member Services



Pharmacy Networks

Members must use participating pharmacies in our large, nationwide network to receive in-network AZ Blue 2025 benefits. There are more than 50,000 in-network pharmacies.

Mail Order Pharmacy:

OptumRx is serving as the mail order pharmacy for all our 2025 MAPD plans. OptumRx is an independent company providing pharmacy benefit management services and can be reached at **1-844-883-8523** or **OptumRx.com**.

For assistance in finding a nearby network pharmacy, members can call Member Services and/or access the most current pharmacy directory at **AzBlue.com/Medicare/Medicare-advantage**.



Other Prescription Drug Coverage

Beneficiaries with Veterans Affairs (VA) prescription drug benefits, or those enrolled in prescription drug coverage through an employer or union group plan, should review their options carefully.

- Drugs covered by the VA are not eligible for additional coverage under Medicare Part D.
- Employer/Union group members need to determine whether their current coverage is creditable (employers are required to provide this notification) and whether enrollment into an MAPD plan will negatively impact their group benefits.

Creditable prescription drug coverage is that which is identified as at least as good as, or better than, standard Part D benefits.

- VA and employer or union group benefits are usually creditable
- Go to **Medicare.gov** for more information on creditable coverage

Beneficiaries with other prescription drug benefits should be encouraged to talk with their plan administrator before making a Part D enrollment decision.



Medicare Part D: Late Enrollment Penalty (LEP)

Beneficiaries without creditable coverage who do not enroll in a Medicare Part D plan when first eligible may be subject to a late enrollment penalty (LEP) charge.

LEP:

- 1% per uncovered month and is based on the national premium average at the time of enrollment
- In general, the penalty is in effect as long as the beneficiary has Medicare prescription drug coverage
 - If you don't join a Medicare drug plan when you first get Medicare
 - Go 63 days or more without creditable drug coverage
 - CMS will determine the penalty during the approval process and will notify Az Blue of the penalty amount to be applied to the premium

Penalty does not apply to:

- Individuals with creditable coverage
- LIS individuals

Additional information about LEP is described in Chapter 4 of the Prescription Drug Benefit Manual



Exclusions

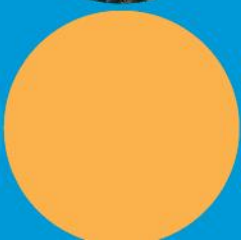
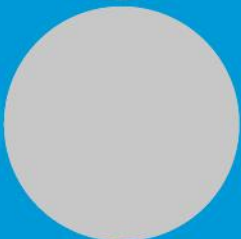
Medicare Part D “Excluded Drugs” (as defined by statute) are not:

- Covered by any Part D plan
- Included in the formulary
- Eligible for exception requests
- Included when calculating a member's TrOOP costs for catastrophic coverage benefits

Prescriptions purchased outside of the United States are not:

- Covered by any MAPD plan
- Included when calculating a member's TrOOP costs for catastrophic coverage benefits





Managing Prescription Drug Needs

Formulary Exceptions

- Members can request a formulary exception if a drug they take is not on the plan's formulary. Either the member or the provider should contact Member Services to begin the process.
- Generally, an exception request will be approved only if the alternative drug on the plan's formulary would not be as effective in treating the condition and/or would cause adverse medical effects.
- If a member requests a formulary exception for a drug and AZ Blue approves the exception, the member will pay Tier 4: Non-Preferred Brand drugs cost sharing for that drug.



Extended 100-Day & 90-Day Supplies for Prescription Drugs

- Members may wish to consider purchasing a 100-day or 90-day supply to take advantage of additional convenience in the following ways:
 - From an in-network maintenance dispensing pharmacy (identified by the letters MDP in the pharmacy directory)
 - Through the mail-service pharmacy (OptumRx)
- Members purchasing a drug from Tier 1 or Tier 2 will pay 1 copay for a 100-day supply when using one of these methods.
- Members purchasing a drug from Tiers 3 or 4 will pay 3x copay for a 3-month (90 day) supply when using one of the methods above.
- Prescriptions subject to maximum quantity limits may require prior authorization.



Medication Therapy Management (MTM)

CMS requires plans to provide clinical management of prescriptions for populations with multiple chronic diseases at no additional cost to members. They must meet the plan's eligibility for MTM. The MTM program:

- Reduces the risk of adverse events
- Is developed in cooperation with licensed and practicing pharmacists and physicians
- Describes the resources and time required to implement the program if using outside personnel and establishes the fees for pharmacists or others
- May be furnished by pharmacists or other qualified providers
- May distinguish between services in ambulatory and institutional settings
- Is coordinated with any care management plan established for a targeted individual under a chronic care improvement program (CCIP)

Members who are eligible for this program will be automatically enrolled, unless they opt out. Program components are designed to optimize the therapeutic outcomes for targeted beneficiaries.



Value-Added Items and Services (VAIS)

It is important to note that you can't market value-added items and services to prospective enrollees.

What is VAIS?

- Value-added items and services (VAIS) are items and services that are not benefits, are not part of the Plan/Part D Sponsor's benefit package, and may not be marketed to prospective enrollees or used as an inducement or incentive for enrollment.
- VAIS are non-Medicare covered services or items, typically discounts, offered by a VAIS provider to the enrollees of an MA plan.

NOTE: VAIS information cannot be included in or bound with materials intended for prospective enrollees or posted on parts of the website directed at prospective enrollees.



Discounts & Valuable Programs for Members

Blue 365*

Blue365® offers access to deals exclusively for Blue Members. Members may enjoy savings on a range of products and services from top health and wellness brands. Members should visit **blue365deals.com** for more information.

*Value-added items and services (VAIS) are items and services that are not plan benefits, are not part of the Plan's/Part D Sponsor's benefit package, and may not be marketed to prospective enrollees or used as an inducement or incentive for enrollment. VAIS are non-Medicare covered services or items, typically discounts, offered by a VAIS provider to the enrollees of an MA plan. NOTE: VAIS information cannot be included in or bound with materials intended for prospective enrollees or posted on parts of the website directed at prospective enrollees.



SilverSneakers Exercise & Healthy Aging Program

Provides access to several fitness facilities and exercise programs through the SilverSneakers Exercise & Healthy Aging Program.

Includes membership at a participating fitness facility and materials for a home exercise program, access to website, newsletter and more.

Visit **<https://tools.silversneakers.com/>** or call **1-866-584-7389**.

SilverSneakers®

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Course Summary

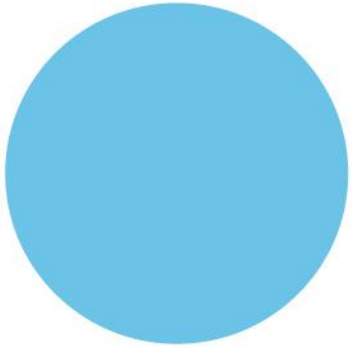
- AZ Blue Medicare Advantage plans provide benefits for all services covered under Medicare Part A and Part B, as well as some additional benefits not usually covered by Original Medicare. Additionally, they also provide Part D coverage.
- Members with HMO plans must use network providers, except for emergencies, where limited out-of-network coverage is available.
- The plans have a nationwide network of pharmacies and a 6-Tier drug formulary to help control prescription drug costs for members. Additionally, they meet the CMS requirements for Part D coverage.
- AZ Blue Medicare Advantage plans may not be suitable for individuals enrolled in employer or group benefits or other types of creditable prescription drug coverage. Beneficiaries should be encouraged to evaluate their current coverage to make an appropriate decision.
- Members eligible for low-income subsidy (LIS) can receive the LIS reduced premium and cost-sharing benefits through AZ Blue Medicare Advantage plans.



Course Summary *continued...*

- The AZ Blue Medicare Advantage Plans have no Part D deductible, so copays or coinsurance apply immediately.
- In addition to the monthly plan premium, members must continue to pay their Part B premium, Part A premium, if applicable, and any applicable income-related premium adjustments.
- Members who are subject to the Late Enrollment Penalty (LEP) will have it added to their monthly premium.
 - Beneficiaries without creditable coverage who do not enroll in a Medicare Part D plan when first eligible may be subject to a LEP charge.
 - 1% per uncovered month and is based on the national base beneficiary premium average at the time of enrollment.
 - In general, the penalty is in effect as long as the beneficiary has Medicare prescription drug coverage.
 - CMS will determine the penalty during the approval process and will notify AZ Blue of the penalty amount to be applied to the premium.





Thank You!

This concludes the module.

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