

Important reminder about your National Access Plus plan!



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

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

Anthem Blue Cross and Blue Shield is an LPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal. Anthem Insurance Companies, Inc. (AICI) is the legal entity that has contracted with the Centers for Medicare & Medicaid Services (CMS) to offer the LPPO plan noted above or herein. AICI is the risk-bearing entity licensed under applicable state law to offer the LPPO plan(s) noted. AICI has retained the services of its related companies and the authorized agents/brokers/producers to provide administrative services and/or to make the LPPO plan(s) available in this region. Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield of Wisconsin (BCBSWI), CompCare Health Services Insurance Corporation (CompCare) and Wisconsin Collaborative Insurance Company (WCIC). BCBSWI underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare or 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 and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

You have freedom of choice. The plus in your National Access Plus plan means you can see any doctor that accepts Medicare, in or out of your Anthem Medicare Preferred (PPO) provider network, and your copay or coinsurance percentage will be the same. You read it right – locally or nationwide, doctors or hospitals, in- or out-of-network – your cost share doesn't change. Now that's freedom of choice!

We've got you covered. When we say “any doctor,” we mean it. You can also see specialists and other providers - without a referral.

What if a doctor or other provider says they don't accept Anthem Blue Cross and Blue Shield's National Access Plus plan? Some doctors who aren't in our network don't know they can work with us. Use the flier on the next page to show them you have a National Access Plus plan with us. It tells them how to bill us for your visit.

We're here to help!

Our Anthem Blue Cross and Blue Shield Member Services team can answer your questions. Call us at 1-833-214-8952. TTY users, call 711. We're available Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays.



Important provider information

No contract required

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Your patients rely on you and the comprehensive care you provide. They look to you for information and guidance on how to achieve their health goals and maintain them. Your patient is a member of Anthem Blue Cross and Blue Shield's Medicare Advantage PPO plan with National Access Plus. This plan can help you continue seeing your patients even if you aren't part of our network.

With Anthem Blue Cross and Blue Shield's National Access Plus:

- Our Medicare Advantage PPO members have the freedom of receiving services from either network or non-network providers as long as the provider is eligible to receive payments from Medicare.
- No contract is required to see PPO members with a Medicare Advantage plan.
- Medicare allowable rates are paid to providers for covered services, less the members' copayment, coinsurance and/or deductible.
- Patients are not required to obtain a referral before they see a provider.
- Claims should be submitted to Anthem Blue Cross and Blue Shield, not Medicare. Providers should submit claims to their local Blue Cross plan in their state. If you have any questions, please call the number below.

If you have questions regarding submitting claims, member eligibility, copayment or coinsurance amounts or any other questions please call 1-833-214-8952, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays.