



Annual Notice of Changes

Be informed for better health

Thank you for choosing Anthem Blue Cross and Blue Shield. You are currently enrolled in the Anthem Medicare Preferred (PPO) with Senior Rx Plus plan. **Your membership renews on January 1, 2025 and lasts through December 31, 2025.** A summary of changes for the upcoming plan year starts on the next page.

You don't need to do anything to stay in your plan

If you choose not to stay enrolled in our plan, you or your spouse may not be able to reenroll in your retiree benefits. Please check with your group sponsor for their eligibility rules.





**Take a look at
what's changing**

Cleveland-Cliffs Inc.

Summary of Changes for 2025

PPO Plan 10PH

Formulary E4, 10/15/45/50 (with Senior Rx Plus)

This document provides a summary of the changes to your plan’s benefits and costs. This summary doesn’t list every service that we cover or list 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. The number to call is listed inside.

As a member of your plan, you can choose to receive care from out-of-network providers. However, please note, providers that do not contract with us are under no obligation to treat you, except in emergency situations.

Changes to Prescription Drug Costs and Benefits

We are making changes to costs and benefits for certain pharmacy services next year. The information below describes these changes.

Note: If you are in a program that helps pay for your drugs (“Extra Help”), the information about costs for Part D prescription drugs may not apply to you. You will receive a separate notice about your costs, if applicable.

Description	2024 (this year)	2025 (next year)
True Out of Pocket	\$8,000	Not applicable
Drug Plan Maximum Annual Out of Pocket	Not applicable	\$2,000 per year

Administrative Changes

Description	2024 (this year)	2025 (next year)
Healthy Meals	<p>A qualifying event to receive Healthy Meals includes:</p> <ul style="list-style-type: none"> 1) when you are in a hospital or a skilled nursing facility and are discharged home. 2) When your provider determines you have one of the following: <ul style="list-style-type: none"> a) a Body Mass Index (BMI) of 18.5 or under; or b) a BMI of 25 or higher; or c) an A1C level more than 9.0 <p>This benefit also qualifies as a Special Supplemental Benefit for the Chronically Ill (SSBCI).</p> <p>To receive meals as an SSBCI, you must meet the CMS mandated criteria, which may include providing supporting information from you or at times your physician.</p> <p>This criteria can be found in Chapter 4 in your plan's <i>Evidence of Coverage</i>.</p>	<p>There is no change to the post-discharge portion of the Healthy Meals benefit.</p> <p>However, beginning in 2025 members who qualify for Healthy Meals through their BMI, A1C level, or other chronic condition may need to meet the expanded Special Supplemental Benefits for the chronically ill (SSBCI) CMS criteria, in order to qualify for Healthy Meals:</p> <p>You may qualify for SSBCI if you:</p> <ul style="list-style-type: none"> 1) have a high risk for hospitalization; and 2) require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. <p>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 your plan's <i>Evidence of Coverage</i>.</p>

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current Part D prescription 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 program does not apply to Part B. It also does not apply to Extra Covered Drugs if your plan includes this benefit. To learn more about this payment option, please contact Member Services or visit www.medicare.gov .
Tier label	Preferred Brands	Preferred Drugs

Review plan documents online

Log in or create an online account at **www.anthem.com** to review these documents and find next plan year's benefits, changes, and costs. To request printed copies of your plan documents, please contact Member Services.

Evidence of Coverage (EOC)

This is a legal document that describes what is covered and what you pay for your Medicare Advantage coverage. It also explains your rights and responsibilities. Review the benefits charts located at the front of the *EOC* for more information about your benefits and costs. The *EOC* will be available online approximately two weeks after you receive this Annual Notice of Changes document.

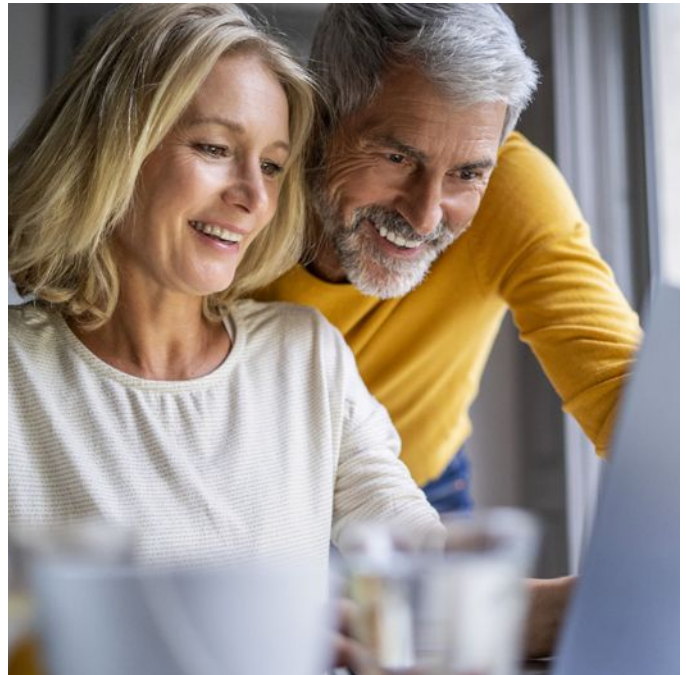
Drug lists

Learn about all the drugs we cover in your plan by reviewing the *Formulary* and *Extra Covered Drugs* list where applicable. You can check if your medications will continue to be covered and are on the same tier. You can also see if they are available by home delivery or if there are new or different restrictions such as prior authorization, step therapy or quantity limits. We encourage you to talk to your doctor and review your *EOC* to find out your options if any of these changes affect you.

Directory

To find a network hospital, doctor, service provider, or pharmacy in your area, choose the **Find Care** tool. You can search by doctor name, type, or specialty. You can also search by facility, pharmacy, or distance from your home.

A printed copy of the 2025 plan year directory is available beginning December 20, 2024. Plan year 2024 information is available through December 31, 2024. Requests for printed copies will be mailed within three business days.



For pharmacy-related questions: Call Pharmacy Member Services

1-833-360-3662 (TTY 711)
24 hours a day, 7 days a week



For all other questions: Call Member Services

1-833-812-1797 (TTY 711)
Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays

Tools to manage your benefits

Video visit with a doctor

See a doctor online for a \$0 copay with LiveHealth Online or through the **SydneySM Health** app.^{1,2,3} Video visits are available 24/7, and you don't have to go anywhere to be seen for commonly treated medical conditions and more. Check the benefits charts in your *Evidence of Coverage* for more information.

Get your medications through mail

With CarelonRx Pharmacy, you may get your maintenance medications delivered straight to you.⁴ Set up home delivery through your online account or our Sydney Health app to save time — and maybe even some money. Review the *EOC* online to learn more.



Ask questions anytime

Skip a phone call and select the **chat** icon in the app or on the website for help at any time. Ask questions about your plan or get help using the site.



Download the free Sydney Health app

- Share medical records.
- Locate nearby doctors, pharmacies, hospitals, and urgent care centers with GPS.
- View, download, or replace your health plan ID card.
- Check the status of recent medical or pharmacy claims.



Scan this QR code with your phone's camera to download

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

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

3 Other telehealth services may be available, but copays or additional charges may apply.

4 CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of your health plan.



Important things to know

Continue to pay your Medicare Part B premium

If you pay a premium for Medicare Part B, remember to continue paying it. This premium is normally deducted from your Social Security check each month. Refer to your *Evidence of Coverage* for more information.

If you lose your Part B eligibility for any reason, please contact Member Services.

Pharmacy network

Your plan has a network of pharmacies. In most cases, your prescription drugs are covered only if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may lower the amount you pay for your prescription drugs. Review the benefits chart located at the front of the *EOC* for more information.

Changes to care providers or coverage

During the year, we may make changes to the selection of care providers, including hospitals, doctors, and specialists, as well as pharmacies, benefits, and drug lists that are part of your plan. You may receive a notice if a mid-year change in our providers or coverage affects you. If you have questions, please contact Member Services for assistance.

Learn about opioid risks and alternative treatments

Using opioid medications to treat pain for more than seven days has serious risks, like addiction, overdose, or even death. If your pain continues, talk to your doctor about alternative treatments with less risk, such as nonopioid medications, acupuncture, or physical therapy. Find out how your plan covers these options by logging in to the website and checking the benefits charts in your *EOC*.

This plan covers treatment for opioid use disorder. The *EOC* online has the complete details.

Prescription drug changes

There may be some changes to your prescription drug plan due to the new prescription drug law. This includes eliminating the coverage gap, capping your out-of-pocket Part D prescription drug costs, and replacing the Coverage Gap Discount Program with the Manufacturer Discount Program. Details on how these changes impact your plan are included in the chart earlier in this document.

Preventive care services at no cost⁵

Protect your health by getting your recommended checkups, shots, and screenings.

Here's some of the most common preventive care benefits covered by your plan. Talk to your doctor about which are right for you.

- Annual Wellness Visit
- Blood pressure and cholesterol tests
- Breast cancer (mammogram) and colorectal cancer (colonoscopy) screenings
- Osteoporosis (bone density) and diabetes (blood sugar, kidney, retinopathy) screenings
- Immunizations like flu and pneumococcal shots

Some plans also include coverage for routine physical exams.

⁵ For HMO Plans, the provider must be in your plan's network. For some PPO plans, copays or coinsurance may apply if you use an out-of-network provider. Out-of-network providers must accept both Medicare and our plan. Refer to your *EOC* for details about your coverage and costs.

Learn about resources and your rights



You may qualify for help to pay for prescription drugs

There are agencies that can help pay for your prescription drugs, such as Medicare's "Extra Help" program, State Pharmaceutical Assistance Program (SPAP), and AIDS Drug Assistance Program (ADAP). If you qualify, you can get help paying for your drug plan's monthly premium, yearly deductible, coinsurance/copays, the coverage gap, and any late-enrollment penalty.

To learn more about these programs and additional benefits, contact these agencies. Contact information is listed in the last chapter of your *Evidence of Coverage* document online.



We have you covered

Your plan with us qualifies as Qualifying Health Coverage (QHC), so it satisfies your individual shared responsibility requirement. You can learn more information on the requirements for QHC at the Internal Revenue Service (IRS) website at **www.irs.gov/affordable-care-act/individuals-and-families**.



Free health insurance counseling is available

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. It is not connected with any insurance company or health plan. The counselors can answer your questions and help you understand your Medicare plan choices. Look in the last chapter of your *Evidence of Coverage* for your state's SHIP contact information.



Medicare Prescription Payment Plan

This 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 Member Services or **visit www.medicare.gov**.



Medicare & You Handbook

For more information, we encourage you to read Medicare & You. This document 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 document, 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**.

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 the phone number listed on your plan membership card (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 de teléfono que figura en su tarjeta de miembro del plan (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 您计划会员卡上的电话号码 (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 您計劃會員卡上的電話號碼 (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 pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa numero ng telepono na nakalista sa iyong membership card ng plano (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 numéro de téléphone inscrit sur votre carte de membre (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 điện thoại có trên thẻ hội viên chương trình của quý vị (TTY: **711**), sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter der auf Ihrer Plan-Mitgliedskarte (TTY: **711**) angegebenen Telefonnummer. 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 플랜 가입자 카드에 기재된 전화번호(TTY: **711**)로 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 номеру телефона, указанному на вашей карте участника плана (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 فوري، ليس عليك سوى الاتصال بنا على رقم الهاتف المدرج في بطاقة العضوية التابعة لخطتك (TTY: 711). 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 आपके प्लान सदस्यता कार्ड पर दिए गए नंबर पर (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 di telefono presente sulla vostra tessera di adesione al piano (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 de telefone indicado no seu cartão de membro do plano (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 dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan nimewo telefòn ki endike sou kat manm plan w lan (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 telefonu podany na karcie członka planu (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の無料の通訳サービスをご利用いただけます。通訳を希望される場合は、プランの会員証に記載されている電話番号 (TTY: 711) にお電話ください。日本語を話す者が対応いたします。これは無料のサービスです。

Protecting your privacy: Where to find our Notice of Privacy Practices

Your rights concerning your protected health information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law governing the privacy of individually identifiable health information. We are required by HIPAA to notify you of the availability of our Notice of Privacy Practices.

The notice describes our privacy practices, legal duties, and your rights concerning your Protected Health Information. We must follow the privacy practices described in the notice while it is in effect (it will remain in effect unless and until we publish and issue a new notice).

We may use publicly and/or commercially available data about you to provide you with information about available health plan benefits and services. We, including our affiliates and/or vendors, may call or text you by using an automatic telephone dialing system and/or an artificial voice. But we only do this in accordance with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be contacted by phone, just let the caller know, and we won't reach out this way anymore, or call **1-844-203-3796** to add your phone number to our Do Not Call list.

You may obtain a copy of our Notice of Privacy Practices on our website at **www.anthem.com/privacy** or you may contact Member Services using the contact information on your ID card.

State Notice of Privacy Practices

As we indicate in our HIPAA Notice of Privacy Practices, we must follow state laws that are more strict than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law.

Your Personal Information

We may collect, use, and share your nonpublic personal information (PI) as described in this notice. PI is information that identifies a person and is often gathered in an insurance matter.

If we use or disclose PI for underwriting purposes, we are prohibited from using or disclosing PI that is genetic information of an individual for such purposes.

We may collect PI about you from other persons or entities such as doctors, hospitals, or other carriers.

We may share PI with persons or entities outside of our company without your OK in some cases.

If we take part in an activity that would require us to give you a chance to opt-out of that activity, we will contact you. We will tell you how you can let us know that you do not want us to use or share your PI for a given activity.

You have the right to access and correct your PI.

Because PI is defined as any information that can be used to make judgments about your health, finances, character, habits, hobbies, reputation, career, and credit, we take reasonable safety measures to protect the PI we have about you.

A more detailed state notice is available upon request. Please call the phone number printed on your ID card.

This document may be available in an alternate format, such as large print. Please call Member Services for additional information.

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 Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensee of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.