

Summary of Benefits



Medicare Advantage and Part D

Plan year: January 1 – December 31, 2022

California

Sacramento, San Francisco counties

Anthem MediBlue Dual Advantage (HMO D-SNP)*

Anthem MediBlue Dual Plus (HMO D-SNP)*

22CAH0544M3

Thank you for your interest in our Medicare Advantage plans

Anthem Blue Cross offers benefits to help you stay healthy while protecting you from unexpected costs. This plan includes your hospital, medical, and drug benefits in one plan.

*** This plan uses a focused network of doctors and hospitals.**

Anthem MediBlue Dual Advantage (HMO D-SNP) and Anthem MediBlue Dual Plus (HMO D-SNP)

Anthem MediBlue Dual Advantage (HMO D-SNP) and Anthem MediBlue Dual Plus (HMO D-SNP)

Our service area includes these counties in CA: Sacramento, San Francisco

Do you have questions?



- You can learn more on our website, <https://shop.anthem.com/medicare/ca>.



- Please call us toll-free **1-844-250-2336** (TTY: **711**).
- Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

The *Summary of Benefits* does not include every service, limit, or exclusion, but the *Evidence of Coverage* does. Just give us a call to request a copy.

These are Dual Eligible Special Needs Plans (D-SNP)

Anthem MediBlue Dual Advantage (HMO D-SNP) and Anthem MediBlue Dual Plus (HMO D-SNP) are Medicare Advantage plans. They include hospital, medical, and prescription drug benefits. To join either one of these plans, the following must apply to you¹:

- You're entitled to Medicare Part A.
- You're enrolled in Medicare Part B and Medi-Cal (the state's Medicaid program).
- You live in our service area.

Eligibility

To be enrolled in this plan, you must also receive some level of Medical Assistance from Medi-Cal (the state Medicaid program) as described below:

¹ This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Anthem MediBlue Dual Advantage (HMO D-SNP) and Anthem MediBlue Dual Plus (HMO D-SNP)

- ❑ If you have **full Medicaid coverage (Full Benefit Dual Eligible [FBDE])** status, you are eligible for the Medi-Cal program. This may cover your share of Medicare costs.
- ❑ If you have **Qualified Disabled Working Individual (QDWI)** status, you are eligible for the Medi-Cal program, which pays your Medicare Part A premium.
- ❑ If you have **Qualified Medicare Beneficiary (QMB)** status, you are eligible for the Medi-Cal program, which pays your Medicare premiums, deductibles, and cost sharing. Some QMB members are also eligible to receive full Medicaid benefits (QMB+).
- ❑ If you have **Specified Low-Income Medicare Beneficiary (SLMB)** status, you are eligible for the Medi-Cal program. This pays your Medicare Part B premium. Some SLMB members are also eligible to receive full Medicaid benefits (SLMB+).
- ❑ If you have **Qualifying Individual (QI)** status, you are eligible for the Medi-Cal program. This pays your Medicare Part B premium.

Medicare coverage that goes beyond Original Medicare

- ❑ Our Medicare Advantage plans cover everything Original Medicare covers — Part A (hospital services) and Part B (medical services) — and more. We'll review these extra benefits later in this booklet. Some of the extra benefits are covered in this Summary of Benefits.
- ❑ These plans cover Medicare Part D drugs and Part B drugs (such as chemotherapy and some drugs administered by your provider). To see if your prescriptions are covered, follow the instructions in the “Know Your Drug Plan” section.
- ❑ If Medicaid eligibility changes, your cost may also change. You must recertify your Medicaid enrollment to keep receiving your Medicare cost-sharing coverage.

Is your PCP in our plan's network of doctors?



If you need to change your Primary Care Physician (PCP), give us a call and we'll help. Doctors can join or leave the network at any time, so check if they're in network with our Find a Doctor tool online. Just follow the steps below.

How to find a doctor/PCP in our plan:



- Go to <https://shop.anthem.com/medicare/ca>
 1. Select **Useful Tools** and choose **Find a Doctor**.
 2. Enter your ZIP code, county and the date you want your coverage to begin.
 3. Fill in the details (city, doctor's name, distance, etc.).
 4. Be sure to check that the doctor is listed as "In-Network" for this plan.
- Or you can ask us for the *Provider Directory*. The phone number is on page 2.

Know your drug plan

Prescription drugs are an important part of health and wellness

Anthem MediBlue Dual Advantage (HMO D-SNP) and Anthem MediBlue Dual Plus (HMO D-SNP) cover medications that help you stay your healthiest, at the lowest cost possible. Check the plan's drug list, or *Formulary*, to see if your prescriptions are covered and at what price.

How to check if your prescriptions (or an acceptable alternative) are covered and what they'll cost:



- Visit <https://shop.anthem.com/medicare/ca>
 1. Select **Useful Tools** and choose **Find Your Covered Drugs**.
 2. Enter your ZIP code, county and beginning coverage date.
 3. Enter your drug name, dosage, quantity and refill frequency, and select **Add Drug** or **Next**.
 4. Select your pharmacy, and then select **View All Plans**.
 5. Choose **Plan Details** and then **Drug Cost** to view the drug's tier, specific cost, and coverage details.
- You can also call us at the number on page 2 for a copy of the *Formulary*.

Find a pharmacy

Our plans include the majority of pharmacies in America, so you're likely to find one near you. If your pharmacy is not in this plan, you could end up paying more for your drugs.

To confirm your pharmacy is in the plan (or find a new one) see the *Pharmacy Directory* on our website at <https://shop.anthem.com/medicare/ca>. Under *Useful Tools*, choose **Find a Pharmacy** to enter your location and search details.

Our plans offer preferred and standard pharmacies. You may go to either type of pharmacy to fill your covered prescription drugs.



Summary of 2022 medical benefits

The next pages have more details about plan benefits, so you can choose the right plan for you.

Anthem MediBlue Dual Advantage (HMO D-SNP)

Anthem MediBlue Dual Plus (HMO D-SNP)

How much is my premium (monthly payment)?

\$0.00 - \$31.10 per month

\$0.00 - \$9.80 per month

Your Part B premium may be covered by your state's Medicaid agency for D-SNP enrollees. If you receive Extra Help, your monthly plan premium will be adjusted by the amount of help you receive.

How much is my deductible?

This plan does not have a medical deductible.

This plan does not have a medical deductible.

\$480.00 deductible per year for Part D prescription drugs.

\$480.00 deductible per year for Part D prescription drugs.

Drugs listed on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, Tier 5: Specialty Tier are included in the Part D deductible.

Drugs listed on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, Tier 5: Specialty Tier are included in the Part D deductible.

If you receive Extra Help from Medicare, your deductible amount depends on the level of Extra Help you receive.

If you receive Extra Help from Medicare, your deductible amount depends on the level of Extra Help you receive.

Is there a limit on how much I will pay for my covered medical services? (does not include Part D drugs)

\$7,550.00 per year from doctors and facilities in our plan

\$7,550.00 per year from doctors and facilities in our plan

Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Services you receive from doctors or facilities in our plan go toward your yearly limit. If you reach the limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for covered Part A and Part B services for the rest of the year.

Anthem MediBlue Dual Advantage (HMO D-SNP)

Anthem MediBlue Dual Plus (HMO D-SNP)

Inpatient Hospital¹

Facilities in our plan: **\$0.00** copay - Medicare-defined cost share
In 2021, the Medicare-defined cost share amounts for each benefit period are:

- \$1,484** deductible for days 1 through 60.
- \$371** copay per day for days 61 through 90.
- \$742** copay per day for 60 lifetime reserve days. These are "extra" days we cover once in your lifetime.

These amounts may change for 2022.

Facilities in our plan: **\$0.00** copay - Medicare-defined cost share
In 2021, the Medicare-defined cost share amounts for each benefit period are:

- \$1,484** deductible for days 1 through 60.
- \$371** copay per day for days 61 through 90.
- \$742** copay per day for 60 lifetime reserve days. These are "extra" days we cover once in your lifetime.

These amounts may change for 2022.

Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Your cost-share may vary by level of Medicaid eligibility.

Outpatient Hospital^{1,2}

Doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

Doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Ambulatory Surgical Center^{1,2}

Doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

Doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

**Anthem MediBlue Dual
Advantage (HMO D-SNP)**
**Anthem MediBlue Dual Plus
(HMO D-SNP)**
Doctor's Office Visits
Primary care physician (PCP) visit:

 PCPs in our plan: **\$0.00** copay

 PCPs in our plan: **\$0.00** copay

Specialist visit:^{1,2}

 Doctors in our plan: **\$0.00** copay

 Doctors in our plan: **\$0.00** copay

Preventive Care Screenings and Annual Physical Exams
Preventive care screenings:

 Doctors in our plan: **\$0.00** copay

 Doctors in our plan: **\$0.00** copay

Annual physical exam:

 Doctors in our plan: **\$0.00** copay

 Doctors in our plan: **\$0.00** copay

Anthem MediBlue Dual Advantage (HMO D-SNP)

Anthem MediBlue Dual Plus (HMO D-SNP)

Preventive Care Screenings and Annual Physical Exams

Covered preventive care screenings:

- | | |
|--|---|
| <input type="checkbox"/> Abdominal aortic aneurysm screening | <input type="checkbox"/> Hepatitis C Screening |
| <input type="checkbox"/> Annual “wellness” visit | <input type="checkbox"/> High Intensity Behavioral Counseling |
| <input type="checkbox"/> Bone mass measurement | <input type="checkbox"/> HIV screening |
| <input type="checkbox"/> Breast cancer screening (mammogram) | <input type="checkbox"/> Lung cancer screenings |
| <input type="checkbox"/> Cardiovascular disease (behavioral therapy) | <input type="checkbox"/> Medical nutrition therapy services |
| <input type="checkbox"/> Cardiovascular screening | <input type="checkbox"/> Obesity screenings and counseling |
| <input type="checkbox"/> Cervical and vaginal cancer screening | <input type="checkbox"/> Prostate cancer screenings (PSA) |
| <input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) | <input type="checkbox"/> Sexually transmitted infections screenings and counseling |
| <input type="checkbox"/> Depression screening | <input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) |
| <input type="checkbox"/> Diabetes prevention program | <input type="checkbox"/> Vaccines, including flu, hepatitis B, pneumococcal, and COVID-19 shots |
| <input type="checkbox"/> Diabetes screenings and monitoring | <input type="checkbox"/> “Welcome to Medicare” preventive visit (one-time) |

Any extra preventive services approved by Medicare during the contract year will be covered. When you use doctors in our plan, **100%** of the cost of preventive care screenings and annual physical exams is covered.

Anthem MediBlue Dual Advantage (HMO D-SNP)

Anthem MediBlue Dual Plus (HMO D-SNP)

Emergency Care

\$0.00 copay - **\$90.00** copay

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.

Emergency and Urgent Care Worldwide Coverage

\$0.00 copay

This plan covers urgent care and emergency services when traveling outside of the United States for less than six months. This benefit is limited to **\$100,000.00** per year.

\$0.00 copay - **\$90.00** copay

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.

Emergency and Urgent Care Worldwide Coverage

\$0.00 copay

This plan covers urgent care and emergency services when traveling outside of the United States for less than six months. This benefit is limited to **\$100,000.00** per year.

Your cost-share may vary by level of Medicaid eligibility.

Urgently Needed Services

\$0.00 copay - **\$65.00** copay

\$0.00 copay - **\$65.00** copay

Your cost-share may vary by level of Medicaid eligibility.

Diagnostic Radiology Services (such as MRIs, CT scans)^{1,2}

Doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

Doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

What you pay for these services may vary based on where you are treated and by your level of Medicaid eligibility.

**Anthem MediBlue Dual
Advantage (HMO D-SNP)**
**Anthem MediBlue Dual Plus
(HMO D-SNP)**
Diagnostic Tests and Procedures^{1,2}

Doctors and facilities in our plan: **\$0.00**
copay - **20%** coinsurance

Doctors and facilities in our plan: **\$0.00**
copay - **20%** coinsurance

What you pay for these services may vary based on where you are treated and by your level of Medicaid eligibility.

Lab Services^{1,2}

Doctors and facilities in our plan: **\$0.00**
copay - **20%** coinsurance

Doctors and facilities in our plan: **\$0.00**
copay - **20%** coinsurance

What you pay may be based on the service received, where you are treated, and/or on your level of Medicaid eligibility.

Outpatient X-rays^{1,2}

Doctors and facilities in our plan: **\$0.00**
copay - **20%** coinsurance

Doctors and facilities in our plan: **\$0.00**
copay - **20%** coinsurance

What you pay for these services may vary based on where you are treated and on your level of Medicaid eligibility.

Therapeutic Radiology Services (such as radiation treatment for cancer)^{1,2}

Doctors and facilities in our plan: **\$0.00**
copay - **20%** coinsurance

Doctors and facilities in our plan: **\$0.00**
copay - **20%** coinsurance

What you pay for these services may vary based on where you are treated and by your level of Medicaid eligibility.

Anthem MediBlue Dual Advantage (HMO D-SNP)

Anthem MediBlue Dual Plus (HMO D-SNP)

Hearing Services

Medicare-covered hearing services (Exam to diagnose and treat hearing and balance issues):^{1,2}

Doctors in our plan: **\$0.00** copay - **20%** coinsurance

Doctors in our plan: **\$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Routine hearing services:¹

This plan covers 1 routine hearing exam(s) and hearing aid fitting/evaluation(s) every year. **\$3,000.00** maximum plan benefit for hearing aids every year.

Doctors in our plan: **\$0.00** copay for routine hearing exam(s). **\$0.00** copay for hearing aids up to the maximum plan benefit amount.

This plan covers 1 routine hearing exam(s) and hearing aid fitting/evaluation(s) every year. **\$3,000.00** maximum plan benefit for hearing aids every year.

Doctors in our plan: **\$0.00** copay for routine hearing exam(s). **\$0.00** copay for hearing aids up to the maximum plan benefit amount.

Dental Services

Medicare-covered dental services (this does not include services for care, treatment, filling, removal or replacement of teeth):¹

Doctors and dentists in our plan: **\$0.00** copay - **20%** coinsurance

Doctors and dentists in our plan: **\$0.00** copay - **20%** coinsurance

Preventive dental services:

This plan covers: 2 oral exam(s), 2 cleaning(s), 1 dental X-ray(s), 1 fluoride treatment(s) every year.

Dentists in our plan: **\$0.00** copay

This plan covers: 2 oral exam(s), 2 cleaning(s), 1 dental X-ray(s) every year.

Dentists in our plan: **\$0.00** copay

Anthem MediBlue Dual Advantage (HMO D-SNP)

Anthem MediBlue Dual Plus (HMO D-SNP)

Dental Services

Comprehensive dental services:¹

This plan covers up to a **\$225.00** allowance for covered comprehensive dental services every quarter.

Doctors and dentists in our plan: **\$0.00** copay

We cover more dental care than what Original Medicare covers. You can use our coverage for these services and more: extra exams, cleanings, X-rays, fillings and repairs, root canals (endodontics), dental crowns (caps), bridges and implants, and dentures.

Any amount not used at the end of a quarter will carry over to the next quarter.

Any amount not used at the end of the calendar year will expire.

Not Covered

For Medicare-covered dental services, your cost-share may vary by level of Medicaid eligibility. To find a dental provider in our plan, follow the same steps as the "How to find a doctor/PCP in our plan" box at the beginning of this booklet. Then select **Dental Provider** under **Provider Type**.

Vision Services

Medicare-covered vision services:

Exam to diagnose and treat diseases and conditions of the eye¹

Doctors in our plan: **\$0.00** copay - **20%** coinsurance

Doctors in our plan: **\$0.00** copay - **20%** coinsurance

**Anthem MediBlue Dual
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**Anthem MediBlue Dual Plus
(HMO D-SNP)**
Vision Services
Eyeglasses or contact lenses after cataract surgery

Doctors in our plan: **\$0.00** copay - **20%** coinsurance

Doctors in our plan: **\$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Routine vision services:
Routine vision exam¹

This plan covers 1 routine eye exam(s) every year.

Doctors in our plan: **\$0.00** copay

This plan covers 1 routine eye exam(s) every year.

Doctors in our plan: **\$0.00** copay

Routine eyewear (lenses and frames)

This plan covers up to **\$50.00** for eyeglasses or contact lenses every year.

Doctors in our plan: **\$0.00** copay

This plan covers up to **\$300.00** for eyeglasses or contact lenses every year.

Doctors in our plan: **\$0.00** copay

To find a vision provider in our plan, follow the same steps as the "How to find a doctor/PCP in our plan" box at the beginning of this booklet. Then select **Vision Provider** under **Provider Type**.

Anthem MediBlue Dual Advantage (HMO D-SNP)

Anthem MediBlue Dual Plus (HMO D-SNP)

Mental Health Care

Inpatient visit:¹

Doctors and facilities in our plan: **\$0.00** copay - Medicare-defined cost share

In 2021, the Medicare-defined Cost Share amounts for each benefit period are:

- \$1,484** deductible for days 1 through 60.
- \$371** copay per day for days 61 through 90.
- \$742** copay per day for 60 lifetime reserve days. These are "extra" days we cover once in your lifetime.

These amounts may change for 2022.

Doctors and facilities in our plan: **\$0.00** copay - Medicare-defined cost share

In 2021, the Medicare-defined Cost Share amounts for each benefit period are:

- \$1,484** deductible for days 1 through 60.
- \$371** copay per day for days 61 through 90.
- \$742** copay per day for 60 lifetime reserve days. These are "extra" days we cover once in your lifetime.

These amounts may change for 2022.

Your cost-share may vary by level of Medicaid eligibility.

Outpatient individual and group therapy services:^{1,2}

Doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

Doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Anthem MediBlue Dual Advantage (HMO D-SNP)

Anthem MediBlue Dual Plus (HMO D-SNP)

Skilled Nursing Facility (SNF)¹

Doctors and facilities in our plan: **\$0.00** copay - Medicare-defined cost share
In 2021, the Medicare-defined cost share amounts for each benefit period are:

- \$0** copay per day for days 1 through 20.
- \$185.50** copay per day for days 21 through 100.

These amounts may change for 2022.

Doctors and facilities in our plan: **\$0.00** copay - Medicare-defined cost share
In 2021, the Medicare-defined cost share amounts for each benefit period are:

- \$0** copay per day for days 1 through 20.
- \$185.50** copay per day for days 21 through 100.

These amounts may change for 2022.

Our plan covers up to 100 days in a Skilled Nursing Facility (SNF).
Your cost-share may vary by level of Medicaid eligibility.

Physical Therapy^{1,2}

Doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

Doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Ambulance¹

Ground/Water Ambulance:

Emergency transportation services in our plan: **\$0.00** copay - **20%** coinsurance per trip

Emergency transportation services in our plan: **\$0.00** copay - **20%** coinsurance per trip

Air Ambulance:

Emergency transportation services in our plan: **\$0.00** copay - **20%** coinsurance per trip

Emergency transportation services in our plan: **\$0.00** copay - **20%** coinsurance per trip

Anthem MediBlue Dual Advantage (HMO D-SNP)

Anthem MediBlue Dual Plus (HMO D-SNP)

Ambulance¹

Your cost-share may vary by level of Medicaid eligibility.

Transportation

Not Covered

\$0.00 copay. This plan offers coverage for 48, one-way, routine transportation services every year. Trips are limited to 60 miles.

Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by contracted transportation vendors in our plan. If you need a ride, call us at least 48 hours ahead of time.

Medicare Part B Drugs¹

Other Part B Drugs:

Drugs obtained from doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

Drugs obtained from doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

Chemotherapy drugs:

Drugs obtained from doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

Drugs obtained from doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Additional benefits

Anthem MediBlue Dual Advantage (HMO D-SNP)

Anthem MediBlue Dual Plus (HMO D-SNP)

Acupuncture

Providers in our plan: **\$0.00** copay per visit. This plan offers coverage for unlimited visits every year.

Providers in our plan: **\$0.00** copay per visit. This plan offers coverage for unlimited visits every year.

Chiropractic Care^{1,2}

Medicare-covered chiropractic services:

Providers in our plan: **\$0.00** copay - **20%** coinsurance

Providers in our plan: **\$0.00** copay - **20%** coinsurance

Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position). Your cost-share may vary by level of Medicaid eligibility.

Routine chiropractic services:

Providers in our plan: **\$0.00** copay for 24 visits each year

Not Covered

Enhanced Drug Coverage

Our plan offers additional coverage of some prescription drugs not normally covered in a Medicare prescription drug plan. Covered drugs include: Sildenafil. Limit 4 tablets per month. Please refer to your Tier 1: Preferred Generic copay later in this Summary of Benefits for how much you will pay. Your plan's *Formulary* includes additional information about all drugs covered under this benefit.

Not Covered

Anthem MediBlue Dual Advantage (HMO D-SNP)

Anthem MediBlue Dual Plus (HMO D-SNP)

Foot Care (podiatry services)^{1,2}

Medicare-covered podiatry:

Doctors in our plan: **\$0.00** copay - **20%** coinsurance

Doctors in our plan: **\$0.00** copay - **20%** coinsurance

Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.

You pay nothing for Medicare-covered *routine* podiatry services. For all other Medicare-covered podiatry services, you pay the higher amount shown above.

Routine foot care:

Doctors in our plan: **\$0.00** copay
This plan covers: Unlimited routine foot care visits each year.

Doctors in our plan: **\$0.00** copay
This plan covers: Unlimited routine foot care visits each year.

Healthy Meals-Post Discharge

Not Covered

\$0.00 copay for up to 2 meals a day for 5 days following your discharge from the hospital or skilled nursing facility (SNF).

Home Health Care^{1,2}

Doctors and facilities in our plan: **\$0.00** copay

Doctors and facilities in our plan: **\$0.00** copay

**Anthem MediBlue Dual
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**Anthem MediBlue Dual Plus
(HMO D-SNP)**
LiveHealth® Online

Lets you talk to a board-certified doctor or licensed psychiatrist, psychologist, or therapist by live, two-way video on a computer, smartphone, or tablet

Lets you talk to a board-certified doctor or licensed psychiatrist, psychologist, or therapist by live, two-way video on a computer, smartphone, or tablet

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of our plan.

Medical Equipment/Supplies
Durable Medical Equipment (wheelchairs, oxygen, etc.):¹

Suppliers in our plan: **\$0.00** copay - **20%** coinsurance

Suppliers in our plan: **\$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Medical supplies and prosthetic devices (braces, artificial limbs, etc.):¹

Suppliers in our plan: **\$0.00** copay - **20%** coinsurance

Suppliers in our plan: **\$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Diabetic supplies and services:

Suppliers in our plan: **\$0.00** copay

Suppliers in our plan: **\$0.00** copay

Anthem MediBlue Dual Advantage (HMO D-SNP)

Anthem MediBlue Dual Plus (HMO D-SNP)

Medicare Community Resource Support

We assist you right over the phone by providing you with health-related information and by connecting you to local community-based services and support programs. We'll help you coordinate these services based on your unique needs. Call us at the number listed on your plan ID card and ask for the Medicare Community Resource Support team for more details.

We assist you right over the phone by providing you with health-related information and by connecting you to local community-based services and support programs. We'll help you coordinate these services based on your unique needs. Call us at the number listed on your plan ID card and ask for the Medicare Community Resource Support team for more details.

Outpatient Rehabilitation

Cardiac (heart) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period):¹

Doctors and facilities in our plan: **\$0.00**
copay - **20%** coinsurance

Doctors and facilities in our plan: **\$0.00**
copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Pulmonary (lung) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):¹

Doctors and facilities in our plan: **\$0.00**
copay - **20%** coinsurance

Doctors and facilities in our plan: **\$0.00**
copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Occupational therapy visit:^{1,2}

Doctors and facilities in our plan: **\$0.00**
copay - **20%** coinsurance

Doctors and facilities in our plan: **\$0.00**
copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Anthem MediBlue Dual Advantage (HMO D-SNP)

Anthem MediBlue Dual Plus (HMO D-SNP)

Outpatient Substance Abuse^{1,2}

Individual & Group therapy visit:

Doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

Doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Over-the-Counter Items

This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **\$20** every quarter. Unused OTC amounts do roll over to the next quarter. Unused OTC amounts do not roll over to the next calendar year.

There are three ways to access your benefit:

- Shop online or use the app and have items sent to your home or to a store location near you for pickup.
- Shop at more than 4,700 Walmart and Neighborhood Market stores and other participating retailers.
- Call to place an order and have items sent to your home.

This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **\$125** every quarter. Unused OTC amounts do roll over to the next quarter. Unused OTC amounts do not roll over to the next calendar year.

There are three ways to access your benefit:

- Shop online or use the app and have items sent to your home or to a store location near you for pickup.
- Shop at more than 4,700 Walmart and Neighborhood Market stores and other participating retailers.
- Call to place an order and have items sent to your home.

Personal Emergency Response System (PERS) coverage¹

Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you.

Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you.

Anthem MediBlue Dual Advantage (HMO D-SNP)

Anthem MediBlue Dual Plus (HMO D-SNP)

Renal Dialysis

Doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

Doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

SilverSneakers^{®†} Fitness program

When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **www.silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 8 a.m. to 8 p.m. ET.

When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **www.silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 8 a.m. to 8 p.m. ET.

[†]The SilverSneakers Fitness Program is provided by Tivity Health, an independent company. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.

24/7 NurseLine

24-hour access to a nurse helpline, seven days a week, 365 days a year

24-hour access to a nurse helpline, seven days a week, 365 days a year

Services with a 1 may need prior authorization (preapproval) from the plan.

Services with a 2 may need a referral from your doctor or Primary Care Physician (PCP).

Summary of Medicaid-covered benefits

Services available through California Department of Health Care Services:

The following services are not covered or may not be fully covered by Anthem MediBlue Dual Advantage (HMO D-SNP) and Anthem MediBlue Dual Plus (HMO D-SNP) but are available through Medicaid.

- Acupuncture services
- Acute administrative days, intermediate care facility services
- Blood and blood derivatives
- California Children Services (CCS)
- Certified family nurse practitioner
- Certified pediatric nurse practitioner services
- Child Health and Disability Prevention (CHDP) Program
- Childhood Lead Poisoning Case Management (provided by the Local County Health Departments)
- Chiropractic services
- Chronic hemodialysis
- Community-Based Adult Services (CBAS)
- Comprehensive perinatal services
- Dental services
- Drug Medi-Cal substance abuse services
- Durable medical equipment
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services and EPSDT supplemental services
- Enhanced case management
- Erectile dysfunction drugs
- Expanded alpha-fetoprotein testing (administered by the genetic disease branch of DHCS)

- Eyeglasses, contact lenses, low vision aids, prosthetic eyes and other eye appliances
- Federally Qualified Health Centers (FQHC) (Medi-Cal covered services only)
- Hearing aids
- Home and community-based waiver services (does not include EPSDT services)
- Home health agency services
- Home health aid services
- Hospice care
- Hospital outpatient department services and organized outpatient clinic services
- Human Immunodeficiency Virus and AIDS drugs
- Hysterectomy
- Indian health services (Medi-Cal covered services only)
- In-home medical care waiver services and nursing facility waiver services
- Inpatient hospital services
- Intermediate care facility services for the developmentally disabled
- Intermediate care facility services for the developmentally disabled - habilitative
- Intermediate care facility services for the developmentally disabled - nursing
- Intermediate care services
- Laboratory, radiological and radioisotope services
- Licensed midwife services
- Local Educational Agency (LEA) services
- Long-term care (LTC)
- Medical supplies
- Medical transportation services
- Multipurpose Senior Services Program (MSSP)
- Nurse anesthetist services
- Nurse midwife services
- Optometry services

- Organized outpatient clinic services
- Outpatient heroin detoxification services
- Outpatient mental health
- Part D drugs
- Pediatric subacute care services
- Personal care services
- Pharmaceutical services and prescribed drugs
- Physician services
- Podiatry services
- Prosthetic and orthotic appliances
- Physical therapy, occupational therapy, speech pathology and audiological services
- Psychotherapeutic drugs
- Rehabilitation center outpatient services
- Rehabilitation center services
- Renal homotransplantations
- Requirements applicable to EPSDT supplemental services
- Respiratory care services
- Rural health clinic services
- Scope of sign language interpreter services
- Services provided in a state or federal hospital
- Short-Doyle mental health Medi-Cal program services
- Skilled nursing facility services
- Sign language interpreter services
- Special duty nursing
- Specialized rehabilitative services in skilled nursing facilities and intermediate care facilities
- Specialty mental health services
- State supported services

- Subacute care services
- Swing bed services
- Targeted case management services
- Transitional inpatient care services
- Tuberculosis (TB) related services



Have Questions?

What you pay for covered services may depend on your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, please call: **1-800-541-5555**.



Summary of 2022 prescription drug coverage

Ways to save

1. Choose generic drugs on tiers 1 and 2 when available.
2. Use mail order.
3. Use a preferred pharmacy. To find a preferred pharmacy in this plan:
 - Visit <https://shop.anthem.com/medicare/ca> (select **Useful Tools**, and choose **Find a Pharmacy**). Preferred pharmacies are noted to the right of the pharmacy name.
 - Give us a call and we will send you a copy of the *Pharmacy Directory*.

Anthem MediBlue Dual Advantage (HMO D-SNP)

Anthem MediBlue Dual Plus (HMO D- SNP)

Stage 1: How much is my deductible?

\$480.00 deductible per year for Part D prescription drugs. Drugs listed on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, Tier 5: Specialty Tier are included in the Part D deductible. If you receive Extra Help from Medicare, your deductible amount depends on the level of Extra Help you receive.

\$480.00 deductible per year for Part D prescription drugs. Drugs listed on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, Tier 5: Specialty Tier are included in the Part D deductible. If you receive Extra Help from Medicare, your deductible amount depends on the level of Extra Help you receive.

Stage 2: Initial Coverage

After you pay your yearly deductible (if your plan has one), you pay the amount listed in the table on the following pages, until your total yearly drug costs reach **\$4,430**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

After you pay your yearly deductible (if your plan has one), you pay the amount listed in the table on the following pages, until your total yearly drug costs reach **\$4,430**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your covered drugs at retail pharmacies and mail-order pharmacies in our plan. Generally, you may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan.

If you qualify for low-income subsidy (LIS), also known as Medicare's Extra Help program, the amount you pay may be different in this Stage.

Stage 2: Initial Coverage

Retail and Mail Order Cost Sharing

Cost Sharing	Anthem MediBlue Dual Advantage (HMO D-SNP)	Anthem MediBlue Dual Plus (HMO D-SNP)
Tier 1: Preferred Generic, Tier 6: Select Care Drugs	\$0 copay	
Tier 1: Preferred Generic		\$0 copay
Generic drugs (including brand drugs treated as generic) on all other Tiers not referenced above	\$0, \$1.35, or \$3.95 copay or 15% of the cost, depending on the level of Extra Help you receive	\$0, \$1.35, or \$3.95 copay or 15% of the cost depending on the level of Extra Help you receive
All other brand drugs on all other Tiers not referenced above	\$0, \$4.00, or \$9.85 copay or 15% of the cost, depending on the level of Extra Help you receive	\$0, \$4.00, or \$9.85 copay or 15% of the cost depending on the level of Extra Help you receive

If you don't receive Extra Help, you pay the Medicare Part D cost share outlined in the Evidence of Coverage.

Depending on your level of Extra Help, your cost for a long-term supply may be the same for a 30-day supply. See the Evidence of Coverage for more details. You can determine which covered drugs are generic by reading the plan's Formulary.

Plan Tiers

Tier 1: Preferred Generic

Tier 2: Generic

Tier 4: Non-Preferred Drug

Tier 5: Specialty Tier

Stage 2: Initial Coverage

Retail and Mail Order Cost Sharing

Cost Sharing	Anthem MediBlue Dual Advantage (HMO D-SNP)	Anthem MediBlue Dual Plus (HMO D-SNP)
Tier 3: Preferred Brand		Tier 6: Select Care Drugs*
*Tier 6 applies to Anthem MediBlue Dual Advantage only		

Anthem MediBlue Dual Advantage (HMO D-SNP)

Anthem MediBlue Dual Plus (HMO D-SNP)

Stage 3: Coverage Gap

After your total yearly drug costs reach **\$4,430**, you continue to pay **\$0** copay for drugs for tiers 1 and 6 and your LIS level cost sharing for your drugs for tiers 2-5 until your total yearly drug costs reach **\$7,050**.

After your total yearly drug costs reach **\$4,430**, you continue to pay **\$0** copay for drugs for tier 1 and your LIS level cost sharing for your drugs for tiers 2-5 until your total yearly drug costs reach **\$7,050**.

Stage 4: Catastrophic Coverage

After your yearly out-of-pocket drug costs reach **\$7,050**, you pay either a **\$0.00** copay or the greater of **5%** the coinsurance or a **\$3.95** copay for a generic drug (or a drug that is treated like a generic) and a **\$9.85** copay for all other drugs. Your cost-share will depend on whether you receive "Extra Help".

After your yearly out-of-pocket drug costs reach **\$7,050**, you pay either a **\$0.00** copay or the greater of **5%** the coinsurance or a **\$3.95** copay for a generic drug (or a drug that is treated like a generic) and a **\$9.85** copay for all other drugs. Your cost-share will depend on whether you receive "Extra Help".

Ways we support your health

PremiumAssistSM

The PremiumAssistSM program helps you find local discounts and services for things like home repair, nutrition, and assistance with copays. Plus, once you become a D-SNP plan member (dually eligible for Medicare and Medicaid), we will help you keep your Medicaid benefits.

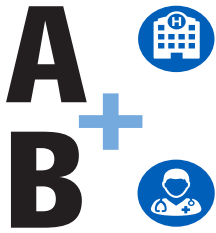
Services this program provides

- The Medicare Savings Complete program assists with eligibility, renewal, and enrollment for Medicaid benefits. An advocate will contact you or you can call us at **1-877-236-4471** (TTY: **711**).
- Recert Complete helps you meet the annual Medicaid enrollment deadline and advocates on your behalf to reenroll or maintain your Medicaid status.
- Community Connect puts you in touch with public and private benefits for which you may qualify.
- We assist with identifying Low Income Subsidy (LIS) resources that help cover Part D costs while you are in the coverage gap.

An overview of how Medicare works

If you're new to Medicare, this can help you decide what is right for you.

Original Medicare (Parts A and B) is a federal government program that helps cover:





- Inpatient care in hospitals and skilled nursing facilities (not custodial or long-term care).
- Hospice and some home healthcare services.
- Doctor services, hospital outpatient care, lab tests, medical equipment, and supplies.
- Most preventive services, including a yearly wellness exam.

Original Medicare (Parts A and B) does not cover:

- Prescription drugs.
- Vision, dental, or hearing care.



Here are your options

Option 1: an all-in-one Medicare Advantage plan	Option 2: One or both of the following
<p>Medicare Part C</p> <h3>C+D+Extras</h3> <ul style="list-style-type: none"> <input type="checkbox"/> Includes all of Part A (hospital) and Part B (medical) coverage <input type="checkbox"/> Usually includes Part D prescription drug coverage <input type="checkbox"/> Often offers extra services and benefits <input type="checkbox"/> Caps what you'll pay out-of-pocket for medical services 	<p>Medicare Supplement </p> <ul style="list-style-type: none"> <input type="checkbox"/> Medicare Part A or Part B deductibles, coinsurance, or copayments <input type="checkbox"/> Medicare Part B excess charges <input type="checkbox"/> Skilled nursing facility care coinsurance <input type="checkbox"/> Foreign travel emergencies <hr/> <p>Prescription drug coverage</p> <p>Part D </p> <ul style="list-style-type: none"> <input type="checkbox"/> Helps pay for many of your prescribed drugs <input type="checkbox"/> Gives you access to home delivery services and pharmacies across the country

When you can enroll

Initial Enrollment Period



You can sign up for a D-SNP plan when you are first eligible for Medicare. Your Initial Enrollment Period is a seven-month period that includes the three months before your 65th birthday month, the month you turn 65, and the three months after your 65th birthday month. You must be eligible for both Medicare and Medicaid to join a D-SNP.

Annual Enrollment Period - October 15 to December 7



This is the time each year to enroll in or change your Medicare Advantage or Part D plan. You may also switch to only Original Medicare (Parts A and B). New coverage begins January 1 of each year.

Special Enrollment Period - January 1 to September 30

As a D-SNP member, you can change plans one time per calendar quarter. This option is known as a Special Enrollment Period. For more help, call your agent or call us at the toll-free number on page 2.

Medicare ID cards

If you choose a Dual Eligible Special Needs plan (D-SNP):



You will not need your red, white, and blue Medicare ID card. Just present your DSNP member ID card for all your covered medical and drug benefits. We recommend you also carry your state Medicaid ID card in case your doctor needs it.

Avoid late-enrollment penalties

It's important to enroll in a Medicare plan when you're first eligible. If you don't, you may have to pay the following penalties:



Medicare Part A: You may have to buy Part A if you don't qualify for premium-free Part A. If you do not buy it when you're first eligible for Medicare, your monthly premium may go up 10%. You will have to pay the higher premium for twice the number of years you didn't sign up.

For example, if you delayed enrollment for one year and your monthly Part A premium was \$100, then you would have to pay a \$110 (10% increase) premium for two years (two times the one year you didn't have Medicare Part A).



Medicare Part B: Your monthly premium may increase 10% for each 12-month period you could have had Part B but didn't sign up. You'll have to pay this penalty for as long as you have Part B.



Medicare Part D: If you don't sign up when you're first eligible, you may have to pay this penalty for as long as you are enrolled in Part D, and it may increase every year. You may not have to pay it if you receive Extra Help or have proof of other creditable (as good as Medicare's) coverage.

How can I learn more about Medicare?

Medicare & You, a helpful tool



The United States government's *Medicare & You* handbook is a great way to learn about Medicare and find answers to your questions. If you do not have a copy, you can view it online at [medicare.gov](https://www.medicare.gov) or call Medicare for a copy at **1-800-MEDICARE (1-800-633-4227)**, 24/7. TTY users can call **1-877-486-2048**.

我們提供翻譯服務；請聯絡公司或您的代理人。

Hay disponibles servicios de traducción; póngase en contacto con el plan o su agente.

If you need emergency or urgent care, call 911 or go to the nearest doctor or facility that can help you. Most times, you must use doctors in our plan to receive covered medical care, except for emergencies and urgently needed care when doctors in our plan are not available or dialysis services when you are out of the service area. If you receive routine care from doctors outside our plan, neither Medicare nor Anthem Blue Cross will pay for it.

Anthem Blue Cross is an HMO D-SNP plan with a Medicare contract and a contract with the California Medicaid program. Enrollment in Anthem Blue Cross depends on contract renewal.

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

IMPORTANT INFORMATION:

2022 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Anthem Blue Cross - H0544

For 2022, Anthem Blue Cross - H0544 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

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

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

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Anthem Blue Cross 7 days a week from 8 a.m. to 8 p.m., (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30 at 1-844-250-2336 (toll-free) or 711 (TTY).

Current members please call 1-844-469-6831 (toll-free) or 711 (TTY).

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Anthem Blue Cross is an HMO D-SNP plan with a Medicare contract and a contract with the California Medicaid program. Enrollment in Anthem Blue Cross depends on contract renewal.

Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-844-250-2336** TTY: **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit <https://shop.anthem.com/medicare/ca> or call **1-844-250-2336** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.