Summary of Benefits

Thank you for your interest in our Medicare Advantage plans

It is hard to live with kidney failure on a daily basis. That's why we offer a Medicare Advantage plan to make your life easier — the Anthem Kidney Care (HMO-POS C-SNP) plan. This plan includes your hospital, medical, and drug benefits. You will also have a dedicated support team through DaVita Integrated Kidney Care.

Medicare Advantage and Part D

Plan year: January 1 – December 31, 2024

Connecticut

Fairfield, Hartford, Litchfield, Middlesex, New Haven, Tolland counties

Anthem Kidney Care (HMO-POS C-SNP)*

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

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Anthem Kidney Care (HMO-POS C-SNP)

Anthem Kidney Care (HMO-POS C-SNP)
Our service area includes these counties in CT: Fairfield, Hartford, Litchfield, Middlesex, New Haven, Tolland.

Do you have questions?

You can learn more on our website, **https://shop.anthem.com/medicare**. Or call us toll-free **1-844-248-7464** (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.

Anthem Kidney Care (HMO-POS C-SNP) is a Medicare Advantage Special Needs Plan. It includes hospital, medical, and prescription drug benefits in one plan. To join this plan, the following must apply to you:

- ☐ You're entitled to Medicare Part A.
- ☐ You're enrolled in Medicare Part B.
- ☐ You have end-stage renal disease (ESRD).
- ☐ You live in our service area.

You can use doctors and facilities outside this plan's network for certain services. If you go outside the network, your out-of-pocket cost may be higher.

Anthem Kidney Care (HMO-POS C-SNP)

Medicare coverage that goes beyond Original Medicare

- Medicare Advantage plans cover everything Original Medicare covers — Part A (hospital services) and Part B (medical services) — plus more.
- Medicare Advantage Prescription Drug Plans cover Medicare Part D drugs and Part B drugs.

This is a Health Maintenance Organization Point of Service Special Needs Plan (HMO-POS SNP). That means:

- We recommend you choose a primary care physician (PCP) who works with your DaVita Integrated Kidney Care team. Your PCP can help coordinate the care you need.
- Before you visit a specialist, we recommend you talk to your PCP first. They know your health history and can help you find the right care. You can use doctors who aren't in this plan for limited services, but your costs may be higher.

Is your PCP or nephrologist 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**

  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.

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**. Under **Useful Tools**, choose **Find a Pharmacy** to enter your location and search details. Preferred pharmacies are noted to the right of the pharmacy name. Or you can give us a call and we'll send you the directory.

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

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

- Visit **https://shop.anthem.com/medicare**
  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*.

Don't miss out on some Extra Help

Medicare offers Extra Help, a program with prescription drug assistance for people who qualify. Extra Help can cover prescription drug plan deductibles, premiums, copays, and coinsurance. Plus:

- The coverage gap stage will not apply to you.
- There are no late-enrollment penalties.

To find out if you qualify for Extra Help, call:

- Our helpful representatives at **1-844-248-7464** .
- **1-800-MEDICARE (1-800-633-4227)** (TTY: **1-877-486-2048**), 24 hours a day/7 days a week.
- The Social Security Administration at **1-800-772-1213** (TTY: **1-800-325-0778**) Monday to Friday, 8 a.m. to 7 p.m.
- Your state Medicaid office.

For more information about Medicare, you can read the *Medicare & You* handbook. If you don't have a copy of this booklet, you can access it online at the Medicare website (www.medicare.gov) or request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Summary of 2024 medical benefits

Anthem Kidney Care (HMO-POS C-SNP)

How much is my premium (monthly payment)?

$26.40 per month

You must continue to pay your Medicare Part B premium.

If you receive Extra Help from Medicare, your monthly plan premium will be lower or you might pay nothing.

How much is my deductible?

This plan does not have a medical deductible.

$310.00 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.

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

$8,300.00 per year from doctors and facilities in our plan
$12,450.00 per year from doctors or facilities both in and out of 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, both in and out of 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 (in or outside of our plan) for the rest of the year.

Anthem Kidney Care (HMO-POS C-SNP)

Inpatient Hospital[1]

Facilities in our plan: Medicare-defined Cost Share

Facilities not in our plan: Medicare-defined Cost Share

In 2024, the Medicare-defined cost share amounts for each benefit period are:

- **$1,632** deductible for days 1 through 60.
- **$408** copay per day for days 61 through 90.
- **$816** copay per day for 60 lifetime reserve days. These are "extra" days we cover once in your lifetime.

These amounts may change for 2025. We will provide updated cost share amounts at the website found on page 2 as soon as Medicare releases them.

Your copays for inpatient benefits are based on benefit periods. A benefit period starts on the first day you go into a hospital or skilled nursing facility (SNF) and ends when you haven't had any inpatient hospital care or skilled nursing care for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period starts. There's no limit to the number of benefit periods you can have.

Outpatient Hospital[1]

Doctors and facilities in our plan: **20%** coinsurance
Doctors and facilities not in our plan: **20%** coinsurance

What you will pay may depend on the service and where you are treated.

Ambulatory Surgical Center[1]

Doctors and facilities in our plan: **20%** coinsurance
Doctors and facilities not in our plan: **20%** coinsurance

Anthem Kidney Care (HMO-POS C-SNP)

Doctor's Office Visits

Primary care physician (PCP) visit:

PCPs in our plan: **$0.00** copay
PCPs not in our plan: **$0.00** copay

Specialist visit: [1]

Doctors in our plan: **$0.00** copay - **20%** coinsurance
Doctors not in our plan: **$0.00** copay - **20%** coinsurance

You pay nothing for Nephrologists services. For all other specialists' services, you pay the higher amount shown above.

Preventive Care Screenings and Annual Physical Exams

Preventive care screenings:

Doctors in our plan: **$0.00** copay
Doctors not in our plan: **20%** coinsurance

Annual physical exam:

Doctors in our plan: **$0.00** copay
Doctors not in our plan: Not Covered

Anthem Kidney Care (HMO-POS C-SNP)

Preventive Care Screenings and Annual Physical Exams

Covered preventive care screenings:

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

Emergency Care

$90.00 copay

Anthem Kidney Care (HMO-POS C-SNP)

Urgently Needed Services	
$25.00 copay	

Diagnostic Services, Labs, and Imaging[1]	
Diagnostic Radiology Services (such as MRIs, CT scans)	
Doctors' offices in our plan:	20% coinsurance
Outpatient facilities in our plan:	20% coinsurance
Doctors' offices and facilities not in our plan:	20% coinsurance
Diagnostic Tests and Procedures	
Doctors' offices in our plan:	20% coinsurance
Outpatient facilities in our plan:	20% coinsurance
Doctors' offices and facilities not in our plan:	20% coinsurance
Lab Services	
Doctors' offices in our plan:	20% coinsurance
Outpatient facilities in our plan:	20% coinsurance
Doctors' offices and facilities not in our plan:	20% coinsurance

Anthem Kidney Care (HMO-POS C-SNP)

Diagnostic Services, Labs, and Imaging[1]

Outpatient X-rays	
Doctors' offices in our plan:	20% coinsurance
Outpatient hospitals or facilities in our plan:	20% coinsurance
Freestanding facility or at-home portable x-ray services in our plan:	20% coinsurance
Doctors' offices, hospitals, and facilities not in our plan:	20% coinsurance
Therapeutic Radiology Services (such as radiation treatment for cancer)	
Doctors and facilities in our plan:	20% coinsurance
Doctors and facilities not in our plan:	20% coinsurance

Hearing Services

Medicare-covered hearing services (Exam to diagnose and treat hearing and balance issues):[1]

Doctors in our plan: **20%** coinsurance

Doctors not in our plan: Not Covered

Anthem Kidney Care (HMO-POS C-SNP)

Hearing Services

Routine hearing services: [1]

This plan covers 1 routine hearing exam every year. **$300.00** maximum plan benefit for over-the-counter hearing aids OR 1 routine hearing aid fitting evaluation and a **$2,000.00** maximum plan benefit for prescribed 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.

Doctors not in our plan: Not Covered

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: **20%** coinsurance

Doctors and dentists not in our plan: Not Covered

Preventive and Comprehensive[1] **Dental Combined Allowance**

This plan covers up to **$1,000** for covered preventive and comprehensive dental services every year.

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

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

Preventive dental services:

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

Dentists not in our plan: Not Covered

Anthem Kidney Care (HMO-POS C-SNP)

Dental Services

Comprehensive dental services:

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

Doctors and dentists not in our plan: Not Covered

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 eye

Doctors in our plan: **20%** coinsurance

Doctors not in our plan: Not Covered

Eyeglasses or contact lenses after cataract surgery

Doctors in our plan: **20%** coinsurance

Doctors not in our plan: Not Covered

Routine vision services:

Routine vision exam

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

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

Doctors not in our plan: Not Covered

Anthem Kidney Care (HMO-POS C-SNP)

Vision Services

Routine eyewear (lenses and frames)

This plan covers up to **$125.00** for eyeglasses or contact lenses every year.

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

Doctors not in our plan: Not Covered

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**.

Mental Health Care

Inpatient visit: [1]

Doctors and facilities in our plan: Medicare-defined Cost Share

Doctors and facilities not in our plan: Medicare-defined Cost Share

In 2024, the Medicare-defined Cost Share amounts for each benefit period are:

- **$1,632** deductible for days 1 through 60.
- **$408** copay per day for days 61 through 90.
- **$816** copay per day for 60 lifetime reserve days. These are "extra" days we cover once in your lifetime.

These amounts may change for 2025. We will provide updated cost share amounts at the website found on page 2 as soon as Medicare releases them.

Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital.

Your copays for inpatient benefits are based on benefit periods. A benefit period starts on the first day you go into a hospital or skilled nursing facility (SNF) and ends when you haven't had any inpatient hospital care or skilled nursing care for 60 days in a row. If you go into a hospital after one benefit period has ended, a new benefit period starts. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods you can have.

Outpatient individual and group therapy services: [1]

Doctors and facilities in our plan: **20%** coinsurance

Doctors and facilities not in our plan: **20%** coinsurance

Anthem Kidney Care (HMO-POS C-SNP)

Skilled Nursing Facility (SNF)[1]

Doctors and facilities in our plan: Medicare-defined cost share

Doctors and facilities not in our plan: Not Covered

In 2024, the Medicare-defined cost share amounts for each benefit period are:

- **$0.00** copay per day for days 1 through 20.
- **$204.00** copay per day for days 21 through 100.

These amounts may change for 2025. We will provide updated cost share amounts at the website found on page 2 as soon as Medicare releases them.

Our plan covers up to 100 days in a Skilled Nursing Facility (SNF).

Your copays for SNF benefits are based on benefit periods. A benefit period starts on the first day you go into a hospital or SNF and ends when you haven't had any inpatient hospital care or skilled nursing care for 60 days in a row. If you go into a SNF after one benefit period has ended, a new benefit period starts. There's no limit to the number of benefit periods you can have.

Physical Therapy[1]

Doctors and facilities in our plan: **20%** coinsurance
Doctors and facilities not in our plan: **20%** coinsurance

Ambulance[1]

Ground/Water Ambulance:

Emergency transportation services in and out of our plan: **20%** coinsurance per trip

Air Ambulance:

Emergency transportation services in and out of our plan: **20%** coinsurance per trip

Transportation

Transportation services in our plan: **$0.00** copay. This plan offers coverage for 20, one-way, routine transportation services every year. Trips are limited to 60 miles.
Transportation services not in our plan: Not Covered

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 (excluding weekends).

This plan allows you to select additional transportation benefits as part of the Essential Extras benefit. See that benefit description for more information.

Medicare Part B Drugs

Insulin furnished through an insulin pump:

Drugs obtained from doctors and facilities in our plan: **$35.00** copay
Drugs obtained from doctors and facilities not in our plan: **$35.00** copay

Other Part B Drugs:[1]

Drugs obtained from doctors and facilities in our plan: **0%** coinsurance - **20%** coinsurance
Drugs obtained from doctors and facilities not in our plan: **0%** coinsurance - **20%** coinsurance

Chemotherapy drugs:[1]

Drugs obtained from doctors and facilities in our plan: **0%** coinsurance - **20%** coinsurance
Drugs obtained from doctors and facilities not in our plan: **0%** coinsurance - **20%** coinsurance

You may see lower than the maximum coinsurance on certain chemotherapy and Part B drugs with prices that have increased faster than the rate of inflation.

Additional benefits

Essential Extras

Anthem Kidney Care (HMO-POS C-SNP):

We want you to have not just the best possible health, but comfort in your daily life. Choose **any one** of the following innovative benefits as part of a comprehensive plan that we will help you create.

Assistive Devices

This benefit provides a **$500** annual spending allowance for assistive and safety devices such as handrails, shower stools, hand-held shower heads, reaching devices, ADA toilet seats, and temporary wheelchair threshold ramps.

Everyday Options Allowance for Dental, Vision, and Hearing

This benefit provides a **$500** annual spending allowance for your dental, vision, and/or hearing needs. You get to choose how to use your annual spending allowance - toward out-of-pocket costs or additional services.

Groceries

If you have a diagnosed chronic condition, this benefit will provide a **$50** monthly spending allowance toward the purchase of eligible food items at participating retailers near you. Select eligible food items are also available for purchase online at vendor website.

Utilities

If you have a diagnosed chronic condition, this benefit will provide a **$150** quarterly spending allowance toward the payment of utilities including natural/propane gas, electric, water, cable, internet, or cell phone services.

Transportation

Get up to 60 one-way rides per year to plan approved locations.

Anthem Kidney Care (HMO-POS C-SNP)

Chiropractic Care[1]

Medicare-covered chiropractic services:

Providers in our plan: **20%** coinsurance

Providers not in our plan: **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).

Foot Care (podiatry services)[1]

Medicare-covered podiatry:

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

Doctors not in our plan: **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

Doctors not in our plan: Not Covered

This plan covers: Unlimited routine foot care visits each year.

Healthy Meals - Chronic Condition

$0.00 copay for up to 3 meals a day for 30 days to support your chronic condition nutritional needs.

You must use network providers.

Anthem Kidney Care (HMO-POS C-SNP)

Healthy Meals - Post Discharge

$0.00 copay for up to 2 meals a day for 7 days following your discharge from the hospital or skilled nursing facility (SNF).

You must use network providers.

Home Health Care[1]

Doctors and facilities in our plan: **$0.00** copay
Doctors and facilities not in our plan: **$0.00** copay

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.

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: **20%** coinsurance
Suppliers not in our plan: Not Covered

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

Suppliers in our plan: **20%** coinsurance
Suppliers not in our plan: **20%** coinsurance

Anthem Kidney Care (HMO-POS C-SNP)

Medical Equipment/Supplies

Diabetic supplies and services:

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

Suppliers not in our plan: **20%** coinsurance

Covered diabetic supplies include: glucose monitors, test strips, and lancets. See your *Evidence of Coverage* for all supplies covered.

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.

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: **20%** coinsurance

Doctors and facilities not in our plan: **20%** coinsurance

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: **20%** coinsurance

Doctors and facilities not in our plan: **20%** coinsurance

Occupational therapy visit:[1]

Doctors and facilities in our plan: **20%** coinsurance

Doctors and facilities not in our plan: **20%** coinsurance

Anthem Kidney Care (HMO-POS C-SNP)

Outpatient Substance Abuse[1]

Individual & Group therapy visit:

Doctors and facilities in our plan: **20%** coinsurance

Doctors and facilities not in our plan: **20%** coinsurance

Over-the-Counter Items

This benefit provides a spending allowance of **$100** every quarter for over-the-counter (OTC) health and wellness products like vitamins, first aid supplies, pain-relievers, and more.

You have a variety of convenient ways to use the benefit:

- Shop in-store at participating retailers near you.
- Shop online on the approved vendor website.
- Shop on the approved vendor mobile app.
- Call to place an order.
- Order by mail.

Personal Emergency Response System (PERS) coverage

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

Anthem Kidney Care (HMO-POS C-SNP)

Renal Dialysis

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance
Doctors and facilities not in our plan: **$0.00** copay for office visits or rounds in a dialysis facility when provided by a Nephrologist. Other In-area out-of-network dialysis is not covered.

You pay nothing for services obtained by a Nephrologist at a dialysis center. For all other dialysis treatments, you pay the cost-sharing amount shown above.

24/7 Nurseline

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

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

Summary of 2024 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** (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 Kidney Care (HMO-POS C-SNP)

Stage 1: How much is my deductible?

$310.00 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 qualify for low-income subsidy (LIS), also known as Medicare's Extra Help program, the Part D deductible does not apply to you.

The Part D deductible does not apply to Insulin drugs.

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 **$5,030**. 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 live in a long-term care facility, you pay the same as at a standard retail pharmacy.

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

Cost Sharing	Anthem Kidney Care (HMO-POS C-SNP)
Tier 1: Preferred Generic	
Preferred retail one-month supply	**$3.00***
Standard retail one-month supply	**$8.00***
Mail order three-month supply	**$0.00***
Tier 2: Generic	
Preferred retail one-month supply	**$9.00**
Standard retail one-month supply	**$14.00**
Mail order three-month supply	**$0.00**
Tier 3: Preferred Brand and Covered Insulin Drugs	
Preferred retail one-month supply	**$42.00**
Preferred retail one-month Insulin supply	**$35.00**
Standard retail one-month supply	**$47.00**
Standard retail one-month Insulin supply	**$35.00**
Mail order three-month supply	**$126.00**
Mail order three-month Insulin supply	**$105.00**
Tier 4: Non-Preferred Drug	
Preferred retail one-month supply	**$94.00**
Standard retail one-month supply	**$99.00**

Stage 2: Initial Coverage

Cost Sharing	Anthem Kidney Care (HMO-POS C-SNP)
Mail order three-month supply	**$282.00**
Tier 5: Specialty Tier	
Preferred retail one-month supply	**28%**
Standard retail one-month supply	**28%**
Mail order three-month supply	**Not available**
Tier 6: Select Care Drugs	
Preferred retail one-month supply	**$0.00***
Standard retail one-month supply	**$0.00***
Mail order three-month supply	**$0.00*100**

*Your deductible will not apply for these drugs.
[100] The three-month supply for this tier on this plan is 100 days.

Anthem Kidney Care (HMO-POS C-SNP)

Stage 3: Coverage Gap

After your total yearly drug costs reach **$5,030,** you will pay no more than **25%** of the plan's costs for formulary brand drugs and **25%** of the plan's costs for formulary generic drugs until your yearly out-of pocket drug costs reach **$8,000.**

Stage 4: Catastrophic Coverage

After your yearly out-of-pocket drug costs reach **$8,000,** the plan will pay all of your Medicare covered Part D drug costs for the rest of the year.

Your DaVita Integrated Kidney Care team works for you

With **DaVita Integrated Kidney Care**, your care team will coordinate with your dialysis center team, nephrologist and other providers.

As your care advocate, the DaVita Integrated Kidney Care team will:

- Dedicate time to learn about your health needs and listen to your concerns.
- Monitor your labs, review your medications, and help resolve problems before they become big ones.
- Coach you, providing motivation and tips so you can feel your best.
- Help you identify, access, and use your benefits.

As an integrated care patient, you will have quality care that helps you:

- Spend more time doing the things you enjoy and less time worrying about your health.
- Reduce your risk of being hospitalized.
- Have peace of mind, thanks to a team of dedicated experts working together to support you.

This plan includes these benefits:

- **$0** nephrologist copays
- Transportation
- Dental
- Vision
- Routine podiatry

Please refer to the benefits table section for more details.

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

Out-of-network/non-contracted providers are under no obligation to treat Anthem Kidney Care (HMO-POS C-SNP) 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 customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

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 and Blue Shield will pay for it.

Other physicians not affiliated with DaVita Integrated Kidney Care are available in our network.

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

Anthem Blue Cross and Blue Shield is an HMO/POS plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Form Approved
OMB#0938-1421

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-844-469-6821** (TTY: **711**). Someone who speaks English 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 **1-844-469-6821** (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計劃的任何疑 问。如果您需要此翻译服务，请致电 **1-844-469-6821** (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計劃可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-844-469-6821** (TTY: **711**)。我們講粵語的工作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 panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-844-469-6821** (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 **1-844-469-6821** (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 quí vị cần thông dịch viên xin gọi **1-844-469-6821** (TTY: **711**) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-844-469-6821** (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-844-469-6821** (TTY: **711**) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-844-469-6821 (TTY: 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة تتعلق بالخطة الصحية أو الأدوية. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-844-469-6821 (TTY: 711)** يمكن لشخص يتحدث الإنجليزية أن يساعدك. 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**1-844-469-6821**(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 **1-844-469-6821** (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 **1-844-469-6821** (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 **1-844-469-6821** (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 **1-844-469-6821** (TTY: **711**). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、**1-844-469-6821** (TTY: **711**) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

IMPORTANT INFORMATION:
2024 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Anthem Blue Cross and Blue Shield - H5854

For 2024, Anthem Blue Cross and Blue Shield - H5854 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★☆

Health Services Rating: ★★★½☆

Drug Services Rating: ★★★★½

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.**

Questions about this plan?

Contact Anthem Blue Cross and Blue Shield 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 1-844-248-7464 (toll-free) or 711 (TTY). Current members please call 1-844-469-6821 (toll-free) or 711 (TTY).

Anthem Blue Cross and Blue Shield is an HMO/POS plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Pre-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 **1-844-248-7464** 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

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **https://shop.anthem.com/medicare** or call **1-844-248-7464** 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.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ 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, 2025.
- ☐ 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).
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

☐ This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.