Summary of Benefits

Anthem

Summary of Benefits

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.

Medicare Advantage and Part D

Plan year: January 1 – December 31, 2024

California

Fresno, Kings, Los Angeles, Madera, Sacramento, Santa Clara, and Tulare counties

Anthem Full Dual Advantage Aligned (HMO D-SNP)

24CAH4471001 24_ABC_DSN

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Anthem Full Dual Advantage Aligned (HMO D-SNP) | 2024 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Anthem Full Dual Advantage Aligned (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Anthem Full Dual Advantage Aligned (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage.*

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If you have questions, please call Anthem Full Dual Advantage Aligned (HMO D-SNP) at **1-833-707-3129** (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. The call is free. For more information, visit **https://shop.anthem.com/medicare/ca**.

Anthem Full Dual Advantage Aligned (HMO D-SNP) | 2024 Summary of Benefits

A. Disclaimers

This is a summary of health services covered by Anthem Full Dual Advantage Aligned (HMO D-SNP) for 2024. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. You may *contact* Member Services at the phone number listed below to request a copy of your *Evidence of Coverage.* You can also access your *Evidence of Coverage* at the plan's website listed on the bottom of this page.

- 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 Partnership Plan, Inc. Independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.
- For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or 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. For more information about **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website (www.dhcs.ca.gov) or contact the Medi-Cal Office of the Ombudsman at 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m.
- You can get this document for free in other formats, such as large print, braille, or audio. Call **833-707-3129** (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. The call is free.
- You can get this document for free in other languages and formats, such as large print, braille, and data and audio CD. Call Member Services at the number listed on the bottom of this page. When calling, let us know if you want this to be a standing order. That means we will send the same documents in your requested format and language every year. You can also call us to change or cancel a standing order. You can also find your documents online at the website on the bottom of this page.
- This document is available for free in Arabic, Armenian, Chinese, Farsi, Hmong, Khmer, Korean, Russian, Spanish, Tagalog, and Vietnamese**.**

If you have questions, please call Anthem Full Dual Advantage Aligned (HMO D-SNP) at **1-833-707-3129** (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. The call is free. For more information, visit **https://shop.anthem.com/medicare/ca**.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What is a Medicare-Medi-Cal Coordination Plan?	A Medicare-Medi-Cal Coordination Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It is for people age 65 and older. A Medicare-Medi-Cal Coordination Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has care coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need.
Will I get the same Medicare and Medi-Cal benefits in Anthem Full Dual Advantage Aligned (HMO D-SNP) that I get now?	You will get most of your covered Medicare and Medi-Cal benefits directly from Anthem Full Dual Advantage Aligned (HMO D-SNP). You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like In-Home Support Services (IHSS), specialty mental health and substance use disorder services, or regional center services. When you enroll in Anthem Full Dual Advantage Aligned (HMO D-SNP), you and your care team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you are taking any Medicare Part D prescription drugs that Anthem Full Dual Advantage Aligned (HMO D-SNP) does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Anthem Full Dual Advantage Aligned (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the number listed on the bottom of this page.

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Frequently Asked Questions	Answers
Can I go to the same doctors I use now?	Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Anthem Full Dual Advantage Aligned (HMO D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Anthem Full Dual Advantage Aligned (HMO D-SNP)'s network.** If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Anthem Full Dual Advantage Aligned (HMO D-SNP)'s plan. • If you are currently under treatment with a provider that is out of Anthem Full Dual Advantage Aligned (HMO D-SNP)'s network or have an established relationship with a provider that is out of Anthem Full Dual Advantage Aligned (HMO D-SNP)'s network, call Member Services to check about staying connected and ask for continuity of care. You can continue using the doctors you use now for up to 12 months for Medicare-covered services and up to 12 months for Medi-Cal covered services. You will be notified within 30 calendar days before the end of the continuity of care period to transition your care to an in-network provider. Contact Member Services to request "Continuity of Care" at **1-833-707-3129** (TTY: **711**), Monday through Friday from 8 a.m. to 8 p.m. The call is free. To find out if your doctors are in the plan's network, call Member Services or read Anthem Full Dual Advantage Aligned (HMO D-SNP)'s *Provider and Pharmacy Directory* on the plan's website at **https://shop.anthem.com/medicare/ca**. If Anthem Full Dual Advantage Aligned (HMO D-SNP) is new for you, we will work with you to develop an Individualized Care Plan to address your needs.

Anthem Full Dual Advantage Aligned (HMO D-SNP) | 2024 Summary of Benefits

Frequently Asked Questions	Answers
What is an Anthem Full Dual Advantage Aligned (HMO D-SNP) care coordinator?	An Anthem Full Dual Advantage Aligned (HMO D-SNP) care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.
What is a Multipurpose Senior Services Program (MSSP)?	An MSSP provides on-going care coordination with health care providers beyond what your health plan already provides and can connect you to other needed community services and resources. This program helps you get services that help you live independently in your home.
What happens if I need a service but no one in Anthem Full Dual Advantage Aligned (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Anthem Full Dual Advantage Aligned (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where is Anthem Full Dual Advantage Aligned (HMO D-SNP) available?	The service area for this plan includes: Fresno, Kings, Los Angeles, Madera, Sacramento, Santa Clara, and Tulare counties in California. You must live in one of these areas to join the plan.
What is prior authorization? (continued on the next page)	Prior authorization means an approval from Anthem Full Dual Advantage Aligned to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Anthem Full Dual Advantage Aligned (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. Anthem Full Dual Advantage Aligned (HMO D-SNP) can provide you or

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Frequently Asked Questions	Answers
What is prior authorization? (continued)	your provider with a list of services or procedures that require you to get prior authorization from Anthem Full Dual Advantage Aligned (HMO D-SNP) before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the number listed at the bottom of this page for help.
What is a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Anthem Full Dual Advantage Aligned (HMO D-SNP) may not cover the services. Anthem Full Dual Advantage Aligned (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided. Refer to the *Evidence of Coverage* to learn more about when you will need to get a referral from your PCP.
Do I pay a monthly amount (also called a premium) under Anthem Full Dual Advantage Aligned (HMO D-SNP)?	No. Because you have Medi-Cal, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Anthem Full Dual Advantage Aligned (HMO D-SNP)?	No. You do not pay deductibles in Anthem Full Dual Advantage Aligned (HMO D-SNP).
What is the maximum out-of-pocket amount that I will pay for medical services as a member of Anthem Full Dual Advantage Aligned (HMO D-SNP)?	There is no cost sharing for medical services in Anthem Full Dual Advantage Aligned (HMO D-SNP), so your annual out-of-pocket costs will be $0.
Do I have a coverage gap for drugs?	No. Because you have Medicaid you will not have a coverage gap stage for your drugs.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital stay	$0	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. Prior authorization and referral required.
	Doctor or surgeon care	$0	Prior authorization required.
	Outpatient hospital services, including observation	$0	Prior authorization required.
	Ambulatory surgical center (ASC) services	$0	Prior authorization required.
You want a doctor (continued on the next page)	Visits to treat an injury or illness	$0	
	Specialist care	$0	Prior authorization required.
	Wellness visits, such as a physical	$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued)	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	
	"Welcome to Medicare" (preventative visit one time only)	$0	Limited to one time.
You need emergency care	Emergency room services	$0	This plan covers emergency room services, both in and out of network, and you do not need to obtain a referral or authorization prior to seeking medical care.
	Urgent care	$0	This plan covers urgently needed care services, both in and out of network, and you do not need to obtain a referral or authorization prior to seeking medical care.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Prior authorization required.
	Lab tests and diagnostic procedures, such as blood work	$0	Prior authorization may be required.
You need hearing/auditory services (continued on the next page)	Hearing screenings	$0	Prior authorization required.
	Hearing aids	$0	This plan includes a comprehensive hearing aid allowance of up to $3,000 for prescribed hearing aids or $300 for over-the-counter hearing aids

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services (continued)	Hearing aids (cont'd)		each calendar year. Limit of one pair of hearing aid(s) per year, regardless of type. Prior authorization required. Additional coverage may be available through Medi-Cal. Please refer to your *Evidence of Coverage* for more details or contact your care coordinator for help.
You need dental care (continued on the next page)	Dental check-ups and preventive care	$0	This plan includes an allowance of up to a $4,000 for covered preventive and comprehensive dental services every year. You have the flexibility to choose how to spend your annual allowance for covered dental services. You can find information about this plan's dental benefits in your *Evidence of Coverage*. Additional dental benefits are available through Medi-Cal: **www.dhcs.ca.gov/services/Pages/MediCalDental.aspx**
	Restorative and emergency dental care	$0	This plan includes an allowance of up to a $4,000 for covered preventive and comprehensive dental services every year. You have the flexibility to choose how to spend your annual allowance for covered dental services, subject to benefit limitations and/or exclusions. Prior authorization may be required for restorative dental.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)	Restorative and emergency dental care (cont'd)		You can find information about this plan's dental benefits in your *Evidence of Coverage*. Additional dental benefits are available through Medi-Cal: **www.dhcs.ca.gov/services/Pages/MediCalDental.aspx**
You need eye care	Eye exams	$0	This plan includes one routine eye exam every year.
	Glasses or contact lenses	$0	This plan includes a $350 annual allowance for glasses and/or contact lenses. Additional coverage may be available through Medi-Cal. Please refer to your *Evidence of Coverage* for more details or contact your care coordinator for help.
	Other vision care	$0	Please refer to your *Evidence of Coverage* for details.
You need mental health services	Mental health services	$0	Prior authorization and referral may be required.
	Inpatient and outpatient care and community-based services for people who need mental health services	$0	Prior authorization and referral required. Please refer to your *Evidence of Coverage* for more details.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	$0	Please refer to your *Evidence of Coverage* for details.
You need a place to live with people available to help you	Skilled nursing care	$0	This plan covers up to 100 days in a Skilled Nursing Facility (SNF). Additional coverage may be available through Medi-Cal.
	Nursing home care	$0	Please refer to your *Evidence of Coverage* for more details.
	Adult Foster Care and Group Adult Foster Care	$0	Prior authorization and referral required. Please refer to your *Evidence of Coverage* for more details.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Prior authorization required.
You need help getting to health services	Ambulance services	$0	Prior authorization applies to non-emergency ambulance transport services.
	Emergency transportation	$0	
	Transportation to medical appointments and services	$0	This plan includes 65 one-way trips to plan approved health and non-medical locations. Trips are limited to 60 miles and requires 48 hours advance notice. Please see the Additional Services section, later in this document, for additional transportation-related benefits. Additional coverage available through Medi-Cal.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B prescription drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Evidence of Coverage* for more information on these drugs. Prior authorization is required.
	Generic drugs (no brand name)	$0 for a 30-day supply.	There may be limitations on the types of drugs covered. Please refer to Anthem Full Dual Advantage Aligned (HMO D-SNP)'s *List of Covered Drugs* (Drug List) for more information. **Important Message About What You Pay for Vaccines** – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's List of Covered Drugs (Formulary). Our plan covers most Part D vaccines at no cost to you.
	Brand name drugs	$0 for a 30-day supply	There may be limitations on the types of drugs covered. Please refer to Anthem Full Dual Advantage Aligned (HMO D-SNP)'s *List of Covered Drugs* (Drug List) for more information.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to Anthem Full Dual Advantage Aligned (HMO D-SNP)'s

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Over-the-counter (OTC) drugs (cont'd)		*List of Covered Drugs* (Drug List) for more information. OTC coverage is available for many items through Medi-Cal RX. See *List of Covered Drugs* (Drug List) for more details. In addition to the coverage offered by Medi-Cal RX, this plan offers a supplemental OTC benefit through a combined monthly spending allowance. Please refer to the "Everyday Options Allowance" benefit later in this document for more information.
You need help getting better or have special health needs	Rehabilitation services	$0	Prior authorization and referral may be required.
	Medical equipment for home care	$0	Prior authorization required.
	Dialysis services	$0	
You need foot care	Podiatry services	$0	In addition to routine foot care, this plan includes coverage for unlimited, non-routine podiatry visits. Prior authorization is required.
	Orthotic services	$0	Prior authorization required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) **Note:** This is not a complete list of DME. For a complete list, contact Member Services or refer to Chapter 4 of your *Evidence of Coverage*.	Wheelchairs, crutches, and walkers	$0	Prior authorization required.
	Nebulizers	$0	Prior authorization required.
	Oxygen equipment and supplies	$0	Prior authorization required.
You need help living at home (continued on the next page)	Home health services	$0	Prior authorization required.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	For in-home services: please contact your care coordinator to get information on how to access these services. For home modifications: please refer to your *Evidence of Coverage* for details.
	Adult day health, Community Based Adult Services (CBAS), or other support services	$0	For CBAS and adult day health: please contact your care coordinator to get information on how to access these services. For other support services: please refer to your *Evidence of Coverage* for details. Prior authorization and referral may be required.
	Day habilitation services	$0	Prior authorization and referral required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Day habilitation services (cont'd)		These services are covered under CBAS (above). Please refer to your *Evidence of Coverage* for more details.
	Services to help you live on your own (home health care services or personal care attendant services)	$0	Please contact your care coordinator to get information on how to apply for and access these services. Prior authorization and referral may be required. Please refer to your *Evidence of Coverage* for more details.
Additional services (continued on the next page)	Diabetes supplies and services	~~$0~~	Prior authorization required. Some limitations may apply. Please refer to your *Evidence of Coverage* for more details.
	Prosthetic services	$0	Prior authorization required.
	Radiation therapy	$0	Prior authorization required.
	Services to help manage your disease	$0	Please refer to your *Evidence of Coverage* for details.
	24/7 NurseLine	$0	24-hour access to a nurse helpline, 7 days a week, 365 days a year: **855-658-9249.**
	Fitness	$0	• **SilverSneakers® Fitness Program** When you become our member, you can sign up for SilverSneakers. It's included in our plan. To

Anthem Full Dual Advantage Aligned (HMO D-SNP) | 2024 Summary of Benefits

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Fitness (cont'd)		learn more details, go to www.silversneakers.com or call SilverSneakers at 855-741-4985 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. ET. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved. • **Active Fitness Benefit** This plan covers a $25 each month allowance for the payment of access fees for fitness and recreational classes/programs provided by sports fitness facilities such as swimming pools where access fees apply. The amount rolls over from month to month. Any unused funds expire at the end of the year. • **Health & Fitness Tracker** You could enjoy a fitness tracking device (every other year), plus access to online programs to help you achieve your mental acuity and fitness goals.
	Healthy Meals	$0	If you have a diagnosed chronic condition, you can enjoy healthy meals delivered directly to your home. You could receive up to two meals a day for up to 90 days to support your nutritional needs.
	LiveHealth® Online	$0	Lets you talk to a board-certified doctor, or licensed psychiatrist, psychologist or therapist, by

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	LiveHealth® Online (cont'd)		live, two-way video on a computer, smartphone or tablet.
	Medicare Community Resource Support	$0	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.
	Everyday Options Allowance	$0	This plan offers a combined monthly allowance of $85 on your Benefits Prepaid Card. You have the flexibility to choose how you want to spend your allowance on any of these benefits: • **Assistive Devices:** toilet seats, shower stools, reaching devices, etc. • **Groceries (Grocery Card):** fresh meats, produce, pantry staples, and more • **OTC:** Health and wellness products like vitamins, first aid supplies, pain-relievers, and more • **Utilities:** Use for the payment of household utilities including propane/gas, electric, water, cable, cell phone service and internet.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued	Everyday Options Allowance (cont'd)		Allowance does not rollover each month or to the next calendar year.
	Personal Emergency Response System (PERS) coverage	$0	Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you. Please call Member Services for more information or to request the device. May require prior authorization.
	Transportation (non-medical)	$0	Transportation to non-medical, plan-approved locations such as grocery stores. The 65-trip limit is shared with the Medical Transportation benefit listed under the "You need help getting to health services" benefit, listed earlier in this section.
	Community Supports	$0	Services include: • Housing Transition Navigation Services • Housing Deposits • Housing Tenancy and Sustaining Services • Short-term Post Hospitalization Housing (STPH) • Recuperative Care (Medical Respite) • Respite Services • Day Habilitation

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued	Community Supports (cont'd)		• Nursing Facility Transition/Diversion to Assisted Living Facilities • Community Transitions Services/Nursing Facility Transitions to a Home • Personal Care and Homemaker Services • Environmental Accessibility Adaptations (Home Modifications) • Meals/Medically Tailored Meals • Sobering Centers

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the Anthem Full Dual Advantage Aligned (HMO D-SNP) *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Anthem Full Dual Advantage Aligned (HMO D-SNP) Member Services at the number listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit the website at **https://shop.anthem.com/medicare/ca**.

D. Benefits covered outside of Anthem Full Dual Advantage Aligned (HMO D-SNP)

There are some services that you can get that are not covered by Anthem Full Dual Advantage Aligned (HMO D-SNP) but are covered by Medicare, Medi-Cal, or a State or county agency. This is not a complete list. Call Member Services at the number listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
• Medi-Cal Dental (Smile California | Medi-Cal Dental Program) • In Home Supportive Services • Specialty mental health and substance use disorder services • Waiver programs including the Assisted Living Waiver and Multipurpose Senior Services Program, and regional center services Please contact your care coordinator to get information on eligibility and how to access these services.	$0
Certain hospice care services covered outside of Anthem Full Dual Advantage Aligned (HMO D-SNP)	$0
Psychosocial rehabilitation	$0
Targeted case management	$0
Rest home room and board	$0

E. Services that Anthem Full Dual Advantage Aligned (HMO D-SNP), Medicare, and Medi-Cal do not cover

This is not a complete list. Call Member Services at the number listed at the bottom of this page or refer to your *Evidence of Coverage* to find out about other excluded services.

Services Anthem Full Dual Advantage Aligned (HMO D-SNP), Medicare, and Medi-Cal do not cover
Services not considered “reasonable and necessary” according to standards of Medicare and Medi-Cal
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless required criteria are met
LASIK surgery

F. Your rights as a member of the plan

As a member of Anthem Full Dual Advantage Aligned (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it

- Ask for a second opinion. Anthem Full Dual Advantage Aligned (HMO D-SNP) will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive

- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
- **You have the right to file a complaint or appeal a denied, delayed, or modified service, please see section G below.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - Appeal certain decisions made by us or our providers
  - File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number (1-888-466-2219), or a TDD line (1-877-688-9891) for the hearing and speech impaired. The DMHC website (**www.dmhc.ca.gov**) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
  - Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature

If you have questions, please call Anthem Full Dual Advantage Aligned (HMO D-SNP) at **1-833-707-3129** (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. The call is free. For more information, visit **https://shop.anthem.com/medicare/ca**.

- Ask for a State Hearing
- Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call Anthem Full Dual Advantage Aligned (HMO D-SNP) Member Services at the number listed at the bottom of this page.

You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m., or the Medi-Cal Office of the Ombudsman at 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m.

G. How to file a complaint or appeal a denied, delayed, or modified service

If you have a complaint or think Anthem Full Dual Advantage Aligned (HMO D-SNP) improperly denied, delayed, or modified a service, call Member Services at the number listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *Evidence of Coverage*. You can also call Anthem Full Dual Advantage Aligned (HMO D-SNP) Member Services at the number listed at the bottom of this page.

You can submit appeals and grievances in writing.

Mail to:

Anthem Full Dual Advantage Aligned (HMO D-SNP)
Attn: Complaints, Appeals and Grievances
4361 Irwin Simpson Road
Mailstop: OH0205-A537
Mason, OH 45040

You can ask for an Independent Medical Review (IMR) from the Help Center at the California Department of Managed Health Care (DMHC). An IMR is available for any Medi-Cal covered service or item that is medical in nature. An IMR is a review of your case by doctors who are not part of our plan. If the IMR is decided in your favor, we must give you the service or item you requested. You pay no costs for an IMR.

In most cases, you must file an appeal with us before requesting an IMR. You must apply for an IMR within 6 months after we send you a written decision about your appeal. The DMHC may accept your application after 6 months for good reasons such as you had a medical condition that prevented you from asking for the IMR within 6 months, or you did not get adequate notice from us of the IMR process.

To ask for an IMR:

- Fill out the Independent Medical Review Application/Complaint Form available at: www.dmhc.ca.gov/fileacomplaint/submitanindependentmedicalreviewcomplaintform.aspx or call the DMHC Help Center at 1-888-466-2219. TTY users should call 1-877-688-9891.
- If you have them, attach copies of letters or other documents about the service or item that we denied. This can speed up the IMR process. Send copies of documents, not originals. The Help Center cannot return any documents.
- Fill out the Authorized Assistant Form if someone is helping you with your IMR. You can get the form at: www.dmhc.ca.gov/Portals/0/Docs/HC/AccessibleAAFormEnglish%20%285SG%29.pdf. Or call the Department's Help Center at 1-888-466-2219. TTY users should call 1-877-688-9891.
- Mail or fax your forms and any attachments to:

  Help Center
  Department of Managed Health Care
  980 9th Street, Suite 500
  Sacramento, CA 95814-2725
Fax: 1-916-255-5241

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Anthem Full Dual Advantage Aligned (HMO D-SNP) Member Services. Phone numbers are listed at the bottom of this page.

If you have questions, please call Anthem Full Dual Advantage Aligned (HMO D-SNP) at **1-833-707-3129** (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. The call is free. For more information, visit **https://shop.anthem.com/medicare/ca**.

- Or, call the Medi-Cal Customer Service Center at 1-800-541-5555. TTY users may call 1-800-430-7077.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call California Department of Health Care Services Fraud & Abuse Hotline at 1-800-822-6222.
- Or, call Department of Justice Office of the Attorney General Bureau of Medi-Cal Fraud and Elder Abuse at 1-800-722-0432. Your call is free and confidential.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Anthem Full Dual Advantage Aligned (HMO D-SNP) Member Services:

CALL: 833-707-3129

Calls to this number are free. 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.

Member Services also has free language interpreter services available for non-English speakers.

TTY: 711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free. 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.

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call Anthem Full Dual Advantage Aligned (HMO D-SNP)'s 24/7 NurseLine. A nurse will listen to your problem and tell you how to get care. The numbers for the 24/7 NurseLine are: **855-658-9249** (TTY: **711**). Calls to this number are free, seven days a week, 365 days a year.

Anthem Full Dual Advantage Aligned (HMO D-SNP) also has free language interpreter services available for non-English speakers.

Call **833-707-3129** (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. Calls to this number are free.

If you have questions, please call Anthem Full Dual Advantage Aligned (HMO D-SNP) at **1-833-707-3129** (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. The call is free. For more information, visit **https://shop.anthem.com/medicare/ca**.

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If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Anthem Full Dual Advantage Aligned (HMO D-SNP) Member Services:

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:

- Fresno County: **800-654-3937**
- Kings County: **800-655-2553**
- Los Angeles County: **800-854-7771**
- Madera County: **888-275-9779**
- Sacrament County: **888-881-4881**
- Santa Clara County: **855-278-4204**
- Tulare County: **800-320-1616**

Calls to these numbers are free. 24 hours a day, 7 days a week, including holidays.

Anthem Full Dual Advantage Aligned (HMO D-SNP) also has free language interpreter services available for non-English speakers.

NONDISCRIMINATION NOTICE

Discrimination is against the law. Anthem Full Dual Advantage Aligned (HMO D-SNP) follows State and Federal civil rights laws. Anthem Full Dual Advantage Aligned (HMO D-SNP) does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Anthem Full Dual Advantage Aligned (HMO D-SNP) provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - ✓ Qualified sign language interpreters
  - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - ✓ Qualified interpreters
  - ✓ Information written in other languages

If you need these services, contact Anthem Full Dual Advantage Aligned (HMO D-SNP) 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 by calling **1-833-897-1342**. If you cannot hear or speak well, please call TTY: 711. Upon request, this document can be made available to you in braille, large print, audio CD, data CD, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Anthem Full Dual Advantage Aligned (HMO D-SNP)
Customer Service
P O Box 60007
Los Angeles, CA 90060-0007
1-833-897-1342 (TTY: 711)
California Relay 711

HOW TO FILE A GRIEVANCE

If you believe that Anthem Full Dual Advantage Aligned (HMO D-SNP) has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Anthem Full Dual Advantage Aligned (HMO D-SNP) Plan's Compliance Coordinator. You can file a grievance by phone, in writing, or electronically:

- By phone: Contact the Compliance Coordinator between 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 by calling **1-888-230-7338**. Or, if you cannot hear or speak well, please call 711.

- In writing: Fill out a complaint form or write a letter and send it to:
  Anthem Full Dual Advantage Aligned (HMO D-SNP)
  Medicare Complaints, Appeals & Grievances:
  Mailstop: OH0205-A537
  4361 Irwin Simpson Rd.
  Mason, OH 45040

- Electronically: Visit the plan's website at: www.anthem.com/ca/nondiscrimination.

OFFICE OF CIVIL RIGHTS - CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-916-440-7370**. If you cannot speak or hear well, please call 711 (Telecommunications Relay Service).

- In writing: Fill out a complaint form or send a letter to:
  Deputy Director, Office of Civil Rights
  Department of Health Care Services
  Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413
  Complaint forms are available at
  http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- Electronically: Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.

- In writing: Fill out a complaint form or send a letter to:
  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201
  Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

- Electronically: Visit the Office for Civil Rights Complaint Portal at
  https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

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 **1-833-897-1342** (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 **1-833-897-1342** (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 **1-833-897-1342** (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 **1-833-897-1342** (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 panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-833-897-1342** (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 **1-833-897-1342** (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 **1-833-897-1342** (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 **1-833-897-1342** (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 **1-833-897-1342** (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 **1-833-897-1342** (TTY: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic : إننا نقدم خدمات المترجم الفوري المجانية لإلجابة عن أي أسئلة تتعلق بالصحة أو جدول االدوية لدينا. للحصول على مترجم فوري سيقوم شخص ما يتحدث العربية بمساعدتك ليس عليك سوى االتصال بنا على (TTY:**711**) **1-833-897-1342**. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ़्त दुभाषिया सेवाएं उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-833-897-1342 (TTY:711)** पर फोन करें. कोई व्यक्ति जो हिंदी बोलता है आपकी मदद कर सकता है. यह एक मुफ़्त 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 **1-833-897-1342** (TTY : **711**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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 **1-833-897-1342** (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 **1-833-897-1342** (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 **1-833-897-1342** (TTY: **711**). Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と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をございます。通訳をご用命になるには、**1-833-897-1342** (TTY:**711**) にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。

Armenian: Մենք ունենք թարգմանչական անվճար ծառայություններ՝ պատասխանելու ցանկացած հարցի, որը կարող եք ունենալ մեր առողջության կամ դեղերի ծրագրի վերաբերյալ: Բանավոր թարգմանիչ ստանալու համար զանգահարեք՝ **1-833-897-1342** (TTY՝ **711**): Անգլերենի իմացությամբ մեր աշխատակիցներից որևէ կարող է օգնել ձեզ: Սա անվճար ծառայություն է:

Farsi: ما خدمات ترجمه شفاهی رایگان را برای پاسخگویی به هرگونه سؤالی که ممکن است در مورد بیمه درمانی یا دارویی ما داشته باشید ارائه می دهیم. برای درخواست مترجم شفاهی، کافیست با ما به شماره **1-833-897-1342** (TTY: **711**) تماس بگیرید. یک کارمند انگلیسی زبان پاسخگوی شما خواهد بود. این خدمات رایگان است.

Hmong: Peb muaj cov kev pab cuam kws txhais lus pub dawb los teb txhua nqe lus nug uas tej zaum koj yuav muaj txog peb txoj phiaj xwm kho mob los sis txoj phiaj xwm yuav tshuaj noj. Txhawm rau thov ib tug kws txhais lus, ces tsuas yog hu rau peb ntawm tus xov tooj **1-833-897-1342** (TTY : **711**). Yuav muaj ib tug neeg txawj hais Lus Hmoob los pab koj. Nov yog ib qho kev pab cuam pub dawb xwb.

Khmer: យើងមានសេវាកម្មអ្នកបកប្រែភាសាដោយឥតគិតថ្លៃដើម្បីឆ្លើយទៅនឹងសំណួរដែលអ្នកអាចនឹងមានអំពីគម្រោងសុខភាព ឬឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែ សូមទូរស័ព្ទមកយើងខ្ញុំតាមរយៈលេខ **1-833-897-1342** (TTY៖ **711**)។ អ្នកណាម្នាក់ដែលនិយាយភាសារអង់គ្លេសអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មឥតគិតថ្លៃ។

Loatian: ພວກເຮົາມີບາງພາສາໂດຍບໍ່ເສຍຄ່າ ເພື່ອຕອບຄຳຖາມທີ່ທ່ານອາດມີກ່ຽວກັບແຜນການສຸຂະພາບ ຫຼື ຢາ ຂອງພວກເຮົາ. ເພື່ອຮັບເອົາບາງພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ **1-833-897-1342** (TTY: **711**). ບາງຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການທີ່ບໍ່ເສຍຄ່າ.

Punjabi: ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਦਵਾਈ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕੋਲ ਹੋ ਸਕਦੇ ਕਿਸੇ ਵੀ ਸਵਾਲਾਂ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫ਼ਤ ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਹਨ। ਕੋਈ ਦੁਭਾਸ਼ੀਆ ਲੈਣ ਲਈ, ਬੱਸ ਸਾਨੂੰ **1-833-897-1342** (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ। ਕੋਈ ਵਿਅਕਤੀ ਜੋ ਅੰਗਰੇਜ਼ੀ ਬੋਲਦਾ ਹੈ, ਉਹ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫ਼ਤ ਸੇਵਾ ਹੈ।

Thai: เรามีบริการล่ามฟรีเพื่อตอบคำถามที่ คุณสงสัยเกี่ยวกับแผนสุขภาพหรือยาของเรา หากต้องการล่าม เพียงโทรติดต่อหาเราที่ **1-833-897-1342** (TTY: **711**) พนักงานที่พูดภาษาอังกฤษพร้อมให้ความช่วยเหลือคุณ บริการนี้เป็นบริการฟรี

Ukrainian: Ми надаємо безкоштовні послуги з усного перекладу, щоб Ви могли поставити будь-які запитання щодо плану надання медичного обслуговування або препаратів і отримати на них відповіді. Якщо Вам потрібні послуги перекладача, просто зателефонуйте на номер **1-833-897-1342** (TTY: **711**). Вам допоможе хтось, хто говорить англійською. Послуга надається безкоштовно.

Iu Mien: Yie nbuo maaih faan waac mienh tengx wang-henh dau waac bun meih muangx dungh haaix zanc meih qiemx zuqc naaic gorngv taux yie mbuo nyei beu weih heng-wangc sou-gorn a'fai guangc yong-in jauv-louc gong. Liouh lorx longc faan waac mienh nor douc waac daaih lorx yie mbuo yiem njiec naaiv **1-833-897-1342** (TTY: **711**). Maaih haih gorngv benx ang gitv waac nyei mienh tengx nzie meih. Naaiv diuc gong-bou jauv-louc se wang-henh tengx hnangv oc.

IMPORTANT INFORMATION:
2024 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Anthem Blue Cross Partnership Plan - H4471

For 2024, Anthem Blue Cross Partnership Plan - H4471 received the following Star Ratings from Medicare:

Overall Star Rating:	**Plan too new to be measured**
Health Services Rating:	**Plan too new to be measured**
Drug Services Rating:	**Plan too new to be measured**

**Some plans do not have enough data to rate performance.*

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 Partnership Plan 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 1-844-309-6996 (toll-free) or 711 (TTY). Current members please call 1-833-897-1342 (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.

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 **1-844-309-6996** 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/ca** or call **1-844-309-6996** 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).
- ☐ 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.