

Summary of Benefits



Thank you for your interest in our Medicare Advantage plans

Anthem Blue Cross and Blue Shield 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, 2025

Georgia

Atlanta Metro, Fulton, Gwinnett, Macon, other Georgia counties. Full service area on page 2.

Anthem Dual Advantage (PPO D-SNP)

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Our service area includes these counties in GA: Appling, Atkinson, Bacon, Baker, Baldwin, Banks, Barrow, Bartow, Ben Hill, Berrien, Bibb, Bleckley, Brantley, Brooks, Bryan, Bulloch, Burke, Butts, Calhoun, Camden, Candler, Carroll, Catoosa, Charlton, Chatham, Chattahoochee, Chattooga, Cherokee, Clarke, Clay, Clayton, Clinch, Cobb, Coffee, Colquitt, Columbia, Cook, Coweta, Crawford, Crisp, Dade, Dawson, Decatur, DeKalb, Dodge, Dooly, Douglas, Early, Echols, Effingham, Elbert, Emanuel, Evans, Fannin, Fayette, Floyd, Forsyth, Franklin, Fulton, Gilmer, Glascock, Grady, Greene, Gwinnett, Habersham, Hall, Hancock, Haralson, Harris, Hart, Heard, Henry, Houston, Irwin, Jackson, Jasper, Jeff Davis, Jefferson, Jenkins, Johnson, Jones, Lamar, Lanier, Laurens, Lee, Liberty, Lincoln, Long, Lowndes, Lumpkin, Macon, Madison, Marion, McDuffie, McIntosh, Meriwether, Miller, Mitchell, Monroe, Montgomery, Morgan, Murray, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Peach, Pickens, Pierce, Pike, Polk, Pulaski, Putnam, Quitman, Rabun, Randolph, Richmond, Rockdale, Schley, Screven, Seminole, Spalding, Stephens, Stewart, Sumter, Talbot, Taliaferro, Tattnall, Taylor, Telfair, Terrell, Thomas, Tift, Toombs, Towns, Treutlen, Troup, Turner, Twiggs, Union, Upson, Walker, Walton, Ware, Warren, Washington, Wayne, Webster, Wheeler, White, Wilcox, Wilkes, Wilkinson, Worth.

Do you have questions?

You can learn more on our website, <https://shop.anthem.com/medicare>. Please call us toll-free **1-888-211-9817** (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 Dual Advantage (PPO D-SNP)

This is a Preferred Provider Organization Dual-Eligible Special Needs Plan (PPO D-SNP)

Anthem Dual Advantage (PPO D-SNP) is a Medicare Advantage plan. To join this plan, the following must apply to you⁷:

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

Eligibility

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

Anthem Dual Advantage (PPO D-SNP)

- If you have **Qualified Disabled Working Individual (QDWI)** status, you are eligible for the Georgia Medicaid program, which pays your Medicare Part A premium.
- If you have **Specified Low-Income Medicare Beneficiary (SLMB)** status, you are eligible for the Georgia Medicaid program. This pays your Medicare Part B premium.
- If you have **Qualifying Individual (QI)** status, you are eligible for the Georgia Medicaid program. This pays your Medicare Part B premium.

⁷ This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Medicare coverage that goes beyond Original Medicare

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

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

If you use a doctor in this plan, your costs will be lower. A doctor can join or leave this plan at any time, so check if they're in network with our Find a Doctor tool online. Just follow the steps listed.

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. Or you can give us a call and we'll send you the directory.

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 specific cost and coverage details.
- You can also call us at the number on page 2 for a copy of the *Formulary*.

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/medicare-and-you) 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 2025 medical benefits

Anthem Dual Advantage (PPO D-SNP)

How much is my premium (monthly payment)?

\$0.00 - \$30.80 per month

Your Part B premium may be covered by your state's Medicaid agency for D-SNP enrollees.

If you receive Extra Help, your monthly plan premium will be adjusted by the amount of help you receive.

How much is my deductible?

This plan does not have a medical deductible.

The Part D deductible does not apply to you.

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

\$5,000.00 per year from doctors and facilities in our plan

\$8,000.00 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 Dual Advantage (PPO D-SNP)

Inpatient Hospital¹

Facilities in our plan: Days 1-6: **\$300.00** per day, per admission / Days 7-90: **\$0.00** per day, per admission

Facilities not in our plan: **50%** coinsurance per stay

Our plan covers an unlimited number of days for an inpatient hospital stay.

Per-day cost sharing applies to each new inpatient admission (Note: transfers to an inpatient rehabilitation hospital is considered a new admission and cost sharing per day applies).

Outpatient Hospital¹

Doctors and facilities in our plan: **\$300.00** copay

Doctors and facilities not in our plan: **50%** coinsurance

Ambulatory Surgical Center¹

Doctors and facilities in our plan: **\$250.00** copay

Doctors and facilities not in our plan: **50%** coinsurance

Doctor's Office Visits

Primary care physician (PCP) visit:

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

PCPs not in our plan: **50%** coinsurance

Specialist visit: ¹

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

Doctors not in our plan: **50%** coinsurance

Anthem Dual Advantage (PPO D-SNP)

Preventive Care Screenings and Annual Physical Exams

Preventive care screenings:

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

Doctors not in our plan: **50%** coinsurance

Annual physical exam:

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

Doctors not in our plan: **50%** coinsurance

Covered preventive care screenings:

- Abdominal aortic aneurysm screening
- Alcohol misuse screenings and counseling
- 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
- 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
- Vision care
- “Welcome to Medicare” preventive visit (one-time)

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

Anthem Dual Advantage (PPO D-SNP)

Emergency Care

\$125.00 copay

Emergency and Urgent Care Worldwide Coverage

\$125.00 copay

This plan covers urgent care and emergency services when traveling outside of the United States for less than six months. This benefit is limited to **\$100,000** per year.

Urgently Needed Services

\$25.00 copay

Diagnostic Services, Labs, and Imaging¹

Diagnostic Radiology Services

CT scans, MRI, MRA, PET at the Doctors' offices in our plan:

\$225.00 copay

CT scans, MRI, MRA, PET at Outpatient facilities in our plan:

\$250.00 copay

Ultrasounds at the Doctors' offices in our plan:

\$0.00 copay

Ultrasounds at Outpatient facilities in our plan:

\$100.00 copay

Doctors' offices and facilities not in our plan:

50% coinsurance

Anthem Dual Advantage (PPO D-SNP)

Diagnostic Services, Labs, and Imaging¹

Diagnostic Tests and Procedures

Doctors' offices in our plan:	\$50.00 copay
Outpatient facilities in our plan:	\$100.00 copay
Doctors' offices and facilities not in our plan:	50% coinsurance

Lab Services

Doctors' offices in our plan:	\$0.00 copay
Outpatient facilities in our plan:	\$15.00 copay
Doctors' offices and facilities not in our plan:	50% coinsurance

Outpatient X-rays

Doctors' offices in our plan:	\$0.00 copay
Outpatient hospitals or facilities in our plan:	\$100.00 copay
Freestanding facility or at-home portable x-ray services in our plan:	\$0.00 copay
Doctors' offices, hospitals, and facilities not in our plan:	50% 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:	50% coinsurance

Anthem Dual Advantage (PPO D-SNP)

Hearing Services

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

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

Doctors not in our plan: **50%** coinsurance

Routine hearing services:¹

This plan covers 1 routine hearing exam up to a **\$59** maximum plan benefit every year. **\$300** maximum plan benefit for over-the-counter hearing aids OR 1 routine hearing aid fitting evaluation and a **\$3,000** 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: **20%** coinsurance for routine hearing exam(s).

Dental Services

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

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

Doctors and dentists not in our plan: **50%** coinsurance

Anthem Dual Advantage (PPO D-SNP)

Dental Services

Preventive and Comprehensive¹ Dental Combined Allowance

This plan covers up to a **\$3,000** allowance 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. Please note that dental crown and implant services require prior authorization. Please refer to the *Evidence of Coverage* for a full list of the dental benefits, limitations, and exclusions.

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: **20%** coinsurance

Comprehensive dental services:

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

Doctors and dentists not in our plan: **50%** coinsurance

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: **\$0.00** copay

Doctors not in our plan: **50%** coinsurance

Anthem Dual Advantage (PPO D-SNP)

Vision Services

Eyeglasses or contact lenses after cataract surgery

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

Doctors not in our plan: **\$0.00** copay

Routine vision services:

Routine vision exam

This plan covers 1 routine eye exam(s) every year. **\$69** maximum eye exam coverage amount.

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

Doctors not in our plan: **\$0.00** copay

Routine eyewear (lenses and frames)

This plan covers up to **\$325** for eyeglasses or contact lenses every year.

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

Doctors not in our plan: **\$0.00** copay

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

Anthem Dual Advantage (PPO D-SNP)

Mental Health Care

Inpatient visit:¹

Doctors and facilities in our plan: Days 1-6: **\$300.00** per day, per admission / Days 7-90: **\$0.00** per day, per admission

Doctors and facilities not in our plan: **50%** coinsurance per stay

Our plan covers unlimited inpatient days.

Per day cost sharing applies to each new inpatient admission. (Note: transfers to an inpatient rehabilitation hospital is considered a new admission and cost sharing per day applies).

Outpatient individual and group therapy services:¹

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

Doctors and facilities not in our plan: **50%** coinsurance

Skilled Nursing Facility (SNF)¹

Doctors and facilities in our plan: Days 1 - 20: **\$0.00** per day / Days 21 - 100: **\$214.00** per day

Doctors and facilities not in our plan: **50%** coinsurance per stay

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.

Anthem Dual Advantage (PPO D-SNP)

Physical Therapy¹

Doctors and facilities in our plan: **\$0.00** copay
Doctors and facilities not in our plan: **50%** coinsurance

Ambulance¹

Ground/Water Ambulance:

Emergency transportation services in and out of our plan: **\$275.00** copay per trip

Air Ambulance:

Emergency transportation services in and out of our plan: **\$275.00** copay per trip

Transportation

Plan approved health or non-health related locations

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

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

Before you schedule a ride from a transportation vendor not in our plan, please call us. We can help you schedule a ride from a transportation vendor in our plan.

Anthem Dual Advantage (PPO D-SNP)

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: **\$0.00** copay - **20%** coinsurance

Drugs obtained from doctors and facilities not in our plan: **\$0.00** copay - **50%** coinsurance

Chemotherapy drugs:¹

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

Drugs obtained from doctors and facilities not in our plan: **\$0.00** copay - **50%** 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

Anthem Dual Advantage (PPO D-SNP)

Acupuncture

Medicare-covered acupuncture services:¹

Providers in our plan: **\$20.00** copay
Providers not in our plan: **50%** coinsurance

Available for people with chronic low back pain under certain circumstances. Please see the *Evidence of Coverage* for more information.

Chiropractic Care¹

Medicare-covered chiropractic services:

Providers in our plan: **\$20.00** copay
Providers not in our plan: **50%** 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).

Anthem Dual Advantage (PPO D-SNP)

Everyday Options Allowance

This benefit provides a combined spending allowance of **\$80** each month on your Benefits Mastercard® Prepaid Card for **assistive devices, eligible food items, over-the-counter (OTC) health and wellness products, and utilities**. You have a variety of convenient ways to use the benefit:

- Shop in-store at participating retailers near you (Groceries and OTC only).
- Shop online on the approved vendor website.
- Shop on the approved vendor mobile app.
- Call to place an order.
- Order by mail (OTC and Assistive Devices only).
- With your utility provider.

Unused amounts expire at the end of each month.

Foot Care (podiatry services)¹

Medicare-covered podiatry:

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

Doctors not in our plan: **50%** coinsurance

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

Routine foot care:

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

Doctors not in our plan: **50%** coinsurance

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

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Home Health Care¹

Doctors and facilities in our plan: **\$0.00** copay
Doctors and facilities not in our plan: **50%** coinsurance

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

Medical Equipment/Supplies

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

Suppliers in our plan: **20%** coinsurance
Suppliers not in our plan: **50%** coinsurance

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

Suppliers in our plan: **20%** coinsurance
Suppliers not in our plan: **50%** coinsurance

Diabetic supplies and services:

Suppliers in our plan: **\$0.00** copay
Suppliers not in our plan: **50%** coinsurance
Covered diabetic supplies include: glucose monitors, test strips, and lancets.
See your *Evidence of Coverage* for all supplies covered.

Anthem Dual Advantage (PPO D-SNP)

Medicare Community Resource Support

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

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: **\$35.00** copay

Doctors and facilities not in our plan: **50%** 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: **\$15.00** copay

Doctors and facilities not in our plan: **50%** coinsurance

Occupational therapy visit:¹

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

Doctors and facilities not in our plan: **50%** coinsurance

Outpatient Substance Abuse¹

Individual & Group therapy visit:

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

Doctors and facilities not in our plan: **50%** coinsurance

Anthem Dual Advantage (PPO D-SNP)

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.

Renal Dialysis

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

SilverSneakers^{®†} Fitness program

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

[†]SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved. Tivity Health, Inc. is an independent company providing a fitness program on behalf of this plan.

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 2025 prescription drug coverage

You pay nothing (\$0) for Part D drugs for the entire year.

There may be limitations on the types of drugs covered. See Anthem Dual Advantage (PPO D-SNP)'s list of covered drugs (formulary), at <https://shop.anthem.com/medicare> for more information.

Ways we support your health

PremiumAssist

Centauri's PremiumAssist supports Medicare Advantage and D-SNP members in applying for and recertifying their Medicaid or Medicare Savings Program benefits. Plus, their highly trained associates can assist you in enrolling in Extra Help, which covers some or all your prescription costs..

Services this program provides:

- Medicaid and the Medicare Savings Program will pay for your Medicare Part B premium every month. A Centauri associate may call you or you can call them at **877-236-4471** (TTY: **711**), Monday through Friday between 9:00 AM and 7:30 PM (EST).
- Extra Help pays for your Medicare Part D co-pays, premiums, and deductibles. On average, members save \$5,000 per year.

Advance Directives Program

As a member of our plan, you will have access to an online advance care planning resource to create an advance directive where you can combine the elements of a:

- Living will.
- Medical power of attorney.
- Do not attempt resuscitation form.
- Organ donation form.

You can create your own digital care plan and even include video and audio files. If you already have these documents prepared, you can store them and ensure they are shared with your doctors and care providers 24 hours a day, seven days a week. You can add new information at any time as your health status or wishes change.

Out-of-network/non-contracted providers are under no obligation to treat Anthem Dual Advantage (PPO D-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.

The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Valid only in the U.S. No cash access. This is not a gift card or gift certificate. You have received this card as a gratuity without the payment of any monetary value or consideration.

Anthem Blue Cross and Blue Shield is an PPO D-SNP plan with a Medicare contract and a contract with the Georgia Medicaid program. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal. Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. Independent licensee of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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 **1-833-897-1345** (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 **1-833-897-1345** (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 **1-833-897-1345** (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 **1-833-897-1345** (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 **1-833-897-1345** (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 **1-833-897-1345** (TTY: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-833-897-1345** (TTY: **711**) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-833-897-1345** (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제 공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-833-897-1345** (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 **1-833-897-1345** (TTY: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

:Arabic إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم، فوري ليس عليك سوى الاتصال بنا على **1-833-897-1345** (TTY: **711**). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-833-897-1345** (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 **1-833-897-1345** (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 **1-833-897-1345** (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 **1-833-897-1345** (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 **1-833-897-1345** (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。通訳をご用命になるには、**1-833-897-1345** (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。

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 **1-888-211-9817** 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 **1-888-211-9817** 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, 2026.
- 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 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.