

# 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, 2025

**California**

Alameda county

**Anthem Dual Advantage (HMO D-SNP)**

25\_ABC\_DSNP\_1

NM

# Anthem Dual Advantage (HMO D-SNP)

## Anthem Dual Advantage (HMO D-SNP)

Our service area includes this county in CA: Alameda.

### Do you have questions?

You can learn more on our website, <https://shop.anthem.com/medicare/ca>. Please call us toll-free **1-844-309-6996** (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.

## This is a Dual Eligible Special Needs Plan (D-SNP)

Anthem Dual Advantage (HMO D-SNP) is a Medicare Advantage plan. To join this plan, the following must apply to you<sup>7</sup>:

- ☐ You're entitled to Medicare Part A.
- ☐ You're enrolled in Medicare Part B and California Medi-Cal (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 California Medi-Cal (Medicaid) (the state Medicaid program) as described below:

---

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

# Anthem Dual Advantage (HMO D-SNP)

## Anthem Dual Advantage (HMO D-SNP)

- If you have **Full Medicaid coverage (Full Benefit Dual Eligible (FBDE))** status, you are eligible for the California Medi-Cal (Medicaid) program. This may cover your share of Medicare costs, such as premiums for Part A and Part B, deductibles, coinsurance and copayments.
- If you have **Qualified Disabled Working Individual (QDWI)** status, you are eligible for the California Medi-Cal (Medicaid) program, which pays your Medicare Part A premium.
- If you have **Qualified Medicare Beneficiary (QMB)** status, you are eligible for the California Medi-Cal (Medicaid) program, which pays your Medicare premiums, deductibles, and cost sharing, except for Medicare Part D.
- If you have **Qualified Medicare Beneficiary Plus (QMB+)** status, you are eligible for the California Medi-Cal (Medicaid) program, which pays your Medicare premiums, deductibles, and cost sharing. You are also eligible to receive full Medicaid benefits.
- If you have **Specified Low-Income Medicare Beneficiary (SLMB)** status, you are eligible for the California Medi-Cal (Medicaid) program. This pays your Medicare Part B premium.

- If you have **Specified Low-Income Medicare Beneficiary Plus (SLMB+)** status, you receive help paying your Part B premiums. You are also eligible for full Medicaid benefits. In some situations, you may receive assistance from your state Medicaid program to help pay your Medicare cost share. If the service is covered by both Medicare and Medicaid, your cost share could be \$0. There may be times when you are responsible for cost sharing if a service or benefit is not covered by Medicaid.
- If you have **Qualifying Individual (QI)** status, you are eligible for the California Medi-Cal (Medicaid) program. This pays your Medicare Part B premium.

### Medicare coverage that goes beyond Original Medicare

- Medicare Advantage plans cover everything Original Medicare covers — Part A (hospital services) and Part B (medical services) — plus more.
- Medicare Advantage Prescription Drug Plans cover Medicare Part D drugs and Part B drugs.
- If Medicaid eligibility changes, your cost may also change. You must recertify your Medicaid enrollment to keep receiving your Medicare cost-sharing coverage.

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

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

### How to find a doctor/PCP in our plan:

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



### Find a pharmacy

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

To confirm your pharmacy is in the plan (or find a new one) see the *Pharmacy Directory* on our website at **<https://shop.anthem.com/medicare/ca>**. Under **Useful Tools**, choose **Find a Pharmacy** to enter your location and search details. 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/ca>**
  1. Select **Useful Tools** and choose **Find Your Covered Drugs**.
  2. Enter your ZIP code, county and beginning coverage date.
  3. Enter your drug name, dosage, quantity and refill frequency, and select **Add Drug** or **Next**.
  4. Select your pharmacy, and then select **View All Plans**.
  5. Choose **Plan Details** and then **Drug Cost** to view the 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](http://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 (HMO D-SNP)

## How much is my premium (monthly payment)?

**\$0.00 - \$6.40** 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)

**\$9,350.00** per year from doctors and facilities in our plan

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



## Anthem Dual Advantage (HMO D-SNP)

### Inpatient Hospital<sup>1</sup>

Facilities in our plan: **\$0.00** copay - Medicare-defined cost share

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

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

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

Our plan covers 90 days for an inpatient hospital stay.

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

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

### Outpatient Hospital<sup>1,2</sup>

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

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

### Ambulatory Surgical Center<sup>1,2</sup>

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

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

Anthem Dual Advantage (HMO D-SNP)

Doctor's Office Visits

Primary care physician (PCP) visit:

PCPs in our plan: \$0.00 copay

Specialist visit: <sup>1,2</sup>

Doctors in our plan: \$0.00 copay

Preventive Care Screenings and Annual Physical Exams

Preventive care screenings:

Doctors in our plan: \$0.00 copay

Annual physical exam:

Doctors in our plan: \$0.00 copay

## Anthem Dual Advantage (HMO D-SNP)

### Preventive Care Screenings and Annual Physical Exams

#### 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 (HMO D-SNP)

Emergency Care

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

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

Emergency and Urgent Care Worldwide Coverage

**\$0.00** copay

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

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

Urgently Needed Services

**\$0.00** copay - **\$45.00** copay

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

Diagnostic Services, Labs, and Imaging<sup>1,2</sup>

Diagnostic Radiology Services

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

\$0.00 copay - 20% coinsurance

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

\$0.00 copay - 20% coinsurance

Ultrasounds at the Doctors’ offices in our plan:

\$0.00 copay - 20% coinsurance

Anthem Dual Advantage (HMO D-SNP)

Diagnostic Services, Labs, and Imaging <sup>1,2</sup>	
Ultrasounds at Outpatient facilities in our plan:	\$0.00 copay - 20% coinsurance
<b>Diagnostic Tests and Procedures</b> Doctors’ offices in our plan: Outpatient facilities in our plan:	 \$0.00 copay - 20% coinsurance \$0.00 copay - 20% coinsurance
<b>Lab Services</b> Doctors’ offices in our plan: Outpatient facilities in our plan:	 \$0.00 copay - 20% coinsurance \$0.00 copay - 20% coinsurance
<b>Outpatient X-rays</b> Doctors’ offices in our plan: Outpatient hospitals or facilities in our plan: Freestanding facility or at-home portable x-ray services in our plan:	 \$0.00 copay - 20% coinsurance \$0.00 copay - 20% coinsurance \$0.00 copay - 20% coinsurance
<b>Therapeutic Radiology Services</b> (such as radiation treatment for cancer) Doctors and facilities in our plan:	 \$0.00 copay - 20% coinsurance

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

## Anthem Dual Advantage (HMO D-SNP)

### Hearing Services

**Medicare-covered hearing services** (Exam to diagnose and treat hearing and balance issues):<sup>1,2</sup>

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

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

**Routine hearing services:**<sup>1,2</sup>

This plan covers 1 routine hearing exam 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.

### Dental Services

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

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

## Anthem Dual Advantage (HMO D-SNP)

### Dental Services

#### Preventive and Comprehensive<sup>1</sup> Dental Combined Allowance

This plan covers up to a **\$1,400** 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

#### Comprehensive dental services:

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

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 - **20%** coinsurance

# Anthem Dual Advantage (HMO D-SNP)

## Vision Services

### Eyeglasses or contact lenses after cataract surgery

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

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

### Routine vision services:

#### Routine vision exam

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

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

#### Routine eyewear (lenses and frames)

This plan covers up to **\$300** for eyeglasses or contact lenses every year.

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

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



## Anthem Dual Advantage (HMO D-SNP)

### Mental Health Care

#### Inpatient visit:<sup>1</sup>

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

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

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

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

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

#### Outpatient individual and group therapy services:<sup>1,2</sup>

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

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

## Anthem Dual Advantage (HMO D-SNP)

### Skilled Nursing Facility (SNF)<sup>1</sup>

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

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

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

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

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

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

### Physical Therapy<sup>1,2</sup>

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

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

### Ambulance<sup>1</sup>

#### **Ground/Water Ambulance:**

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

#### **Air Ambulance:**

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

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

## Anthem Dual Advantage (HMO D-SNP)

### Transportation

#### **Plan approved health or non-health related locations**

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

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

### Medicare Part B Drugs

#### **Insulin furnished through an insulin pump:**

Drugs obtained from doctors and facilities in our plan: **\$0.00** copay - **\$35.00** copay

#### **Other Part B Drugs:<sup>1</sup>**

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

#### **Chemotherapy drugs:<sup>1</sup>**

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

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

# Additional benefits

## Anthem Dual Advantage (HMO D-SNP)

### Acupuncture

#### Medicare-covered acupuncture services:<sup>1,2</sup>

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

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

#### Routine acupuncture services:<sup>1</sup>

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

### Chiropractic Care<sup>1,2</sup>

#### Medicare-covered chiropractic services:

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

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

#### Routine chiropractic services:

Providers in our plan: **\$0.00** copay for 12 visits each year

## Anthem Dual Advantage (HMO D-SNP)

### Everyday Options Allowance

This benefit provides a combined spending allowance of **\$70** 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)<sup>1,2</sup>

#### Medicare-covered podiatry:

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

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

Your cost-share may vary based on your level of Medicaid eligibility.

#### Routine foot care:

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

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

# Anthem Dual Advantage (HMO D-SNP)

## Health and fitness tracker

This benefit provides a fitness tracking device (every other year) to help you achieve your physical fitness goals.

## Healthy Meals - Post Discharge

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

You must use network providers.

## Home Health Care<sup>1,2</sup>

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

## LiveHealth® Online

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

LiveHealth Online is 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.):<sup>1</sup>

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

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

## Anthem Dual Advantage (HMO D-SNP)

### Medical Equipment/Supplies

#### **Medical supplies and prosthetic devices** (braces, artificial limbs, etc.):<sup>1</sup>

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

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

#### **Diabetic supplies and services:**

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

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

### Medicare Community Resource Support

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

### Outpatient Rehabilitation

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

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

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

#### **Pulmonary (lung) rehab services** (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):<sup>1</sup>

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

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

# Anthem Dual Advantage (HMO D-SNP)

## Outpatient Rehabilitation

### Occupational therapy visit:<sup>1,2</sup>

Doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance  
Your cost-share may vary by level of Medicaid eligibility.

## Outpatient Substance Abuse<sup>1,2</sup>

### Individual & Group therapy visit:

Doctors and facilities in our plan: **\$0.00** copay - **20%** coinsurance  
Your cost-share may vary by level of Medicaid eligibility.

## 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: **\$0.00** copay - **20%** coinsurance  
Your cost-share may vary by level of Medicaid eligibility.



# Anthem Dual Advantage (HMO D-SNP)

## SilverSneakers<sup>®†</sup> 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.

<sup>†</sup>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.

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

# Summary of Medicaid-covered benefits

## Services available through California Medi-Cal (Medicaid):

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

For eligibility rules, assistance with coordinating your access to these benefits, and additional information about these services, please visit California Medi-Cal (Medicaid).

- ☐ Acupuncture services
- ☐ Audiological services
- ☐ Behavioral health treatment
- ☐ Blood and blood derivatives
- ☐ California Children Services (CCS)
- ☐ Certified family nurse practitioner
- ☐ Certified pediatric nurse practitioner services
- ☐ Childhood Lead Poisoning Case Management (provided by the Local County Health Departments)
- ☐ Chiropractic services
- ☐ Chronic hemodialysis
- ☐ Community-Based Adult Services (CBAS)
- ☐ Community health workers
- ☐ Comprehensive perinatal services
- ☐ Dental services\*
- ☐ Doula Services
- ☐ Dyadic Services
- ☐ Durable medical equipment

- ☐ Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services and EPSDT supplemental services
- ☐ Erectile and/or Sexual dysfunction drugs
- ☐ Expanded alpha-fetoprotein testing (administered by the genetic disease branch of CDPH)
- ☐ Eyeglasses, contact lenses, low vision aids, prosthetic eyes and other eye appliances
- ☐ Federally Qualified Health Centers (FQHC) (Medi-Cal covered services only)
- ☐ Hearing aids
- ☐ Home and community-based waiver services (does not include EPSDT services)
- ☐ Home health agency services
- ☐ Home health aide services
- ☐ Home Health Pharmacy Services - Total Parenteral and Enteral Nutrition under Medi-Cal Rx
- ☐ Home Health Other Pharmacy Services - Total Parenteral and Enteral Nutrition
- ☐ Hospice care
- ☐ Hospital outpatient department services and organized outpatient clinic services
- ☐ Human Immunodeficiency Virus and AIDS drugs
- ☐ Hysterectomy
- ☐ Indian health services (Medi-Cal covered services only)
- ☐ Inpatient hospital services
- ☐ Laboratory, radiological and radioisotope services
- ☐ Licensed midwife services
- ☐ Local Educational Agency (LEA) services
- ☐ Long-term care (LTC) Facility Services

- ☐ Medi-Cal Substance Abuse Services
- ☐ Medical supplies
- ☐ Medical & Non-Medical (NMT) transportation services
- ☐ Nurse anesthetist services
- ☐ Nurse midwife services
- ☐ Optometry services
- ☐ Organ and Bone Marrow Transplant Surgeries
- ☐ Outpatient mental health
- ☐ Outpatient heroin detoxification services
- ☐ Part D drugs
- ☐ Personal care services
- ☐ Pharmaceutical services and prescribed drugs under Medi-Cal Rx
- ☐ Other Pharmaceutical Services and Prescribed Drugs
- ☐ Pharmacist Services
- ☐ Physical therapy and Occupational therapy
- ☐ Physician services
- ☐ Podiatry services
- ☐ Preventative Services
- ☐ Prosthetic and orthotic appliances
- ☐ Private Duty Nursing
- ☐ Rehabilitation center outpatient services
- ☐ Rehabilitation center services
- ☐ Respiratory care services
- ☐ Rural health clinic services
- ☐ Scope of sign language interpreter services
- ☐ Services provided in a state or federal hospital
- ☐ Specialized rehabilitative services in skilled nursing facilities and intermediate care facilities

- ☐ Specialty mental health services
- ☐ Speech Pathology
- ☐ State supported services
- ☐ Swing bed services
- ☐ Targeted case management services (provided by Local Governmental Agencies)
- ☐ Transitional inpatient care services
- ☐ Tuberculosis (TB) related services (provided by the Local County Health Departments)

Medi-Cal coverage is based on your eligibility. Please check your Medi-Cal contract for a full list of services.

\*For a full list of services covered by the Medi-Cal Dental Program, call 1-800-322-6384 (TTY 1-800-735-2922) or visit Smile, California. These resources can also help you locate a Medi-Cal dental provider and file a grievance or complaint.

The categories above are not intended to be a complete list of benefits and are subject to the coverage and limitation policies listed in your Medicaid contract.

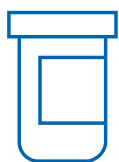
### Cost sharing and cost-sharing protections for all members

You may pay the cost sharing for the Medicare-covered benefits or be eligible to receive assistance through Medicaid. You will have no copays for prescriptions covered under the Medicare Part D drug benefit.

If you receive care from a noncontracted provider, the provider may not understand the plan or these billing rules. If you receive a bill for Medicare-covered services, please call the Customer Service phone number listed on your plan ID card.

### Have Questions?

What you pay for covered services may depend on your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, please call: **1-800-541-5555**, 8 a.m. - 5 p.m. PT, Monday - Friday. TTY users should call 1-800-430-7077.



## 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 (HMO D-SNP)'s list of covered drugs (formulary), at <https://shop.anthem.com/medicare/ca> 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.
- ☐ Depending on where you live, Centauri may be able to help you get additional community benefits such as utility assistance, nutrition, transportation and more.

## 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.



我們提供翻譯服務；請聯絡公司或您的代理人。

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

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

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 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.



## 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 **1-833-897-1342** (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 **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 panggagamot. 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 quý vị cần thông dịch viên xin gọi **1-833-897-1342** (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 **1-833-897-1342** (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 **1-833-897-1342** (TTY: **711**) 번으로 문의해 주십시오. 한국 어를 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 للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم، فوري ليس عليك سوى الاتصال بنا على **1-833-897-1342** (TTY: **711**). سيقيم 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 **1-833-897-1342** (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 **1-833-897-1342** (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 **1-833-897-1342** (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 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、**1-833-897-1342** (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。

**Armenian:** Մենք ունենք թարգմանչական անվճար ծառայություններ՝ պատասխանելու ցանկացած հարցի, որը կարող էք 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 سوالی که ممکن است در مورد بیمه درمانی یا دارویی ما داشته باشید ارائه می دهیم. برای درخواست مترجم شفاهی، کافست با ما به شماره 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:** យើងមានសេវាកម្មអនុកបកប្រែភាសាដោយឥតគិតថ្លៃដើម្បីជួយលើកលែង

នឹងសំណួរដែលអ្នកអាចនឹងមានអំពីកម្មវិធីសុខភាព ឬឱសថរបស់យើង។

ដើម្បីបិទទូលបានអនុកបកប្រែ សូមទូរសព្ទមកយើងឧប្បត្តិការរយៈពេល

**1-833-897-1342 (TTY: 711)** ។ អ្នកណាម្នាក់ដែលនិយាយភាសាអង់គ្លេសអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មឥតគិតថ្លៃ។

**Loatian:** ພວກເຮົາມີນ້າຍແປພາສາໂດຍບໍ່ເສຍຄ່າ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດມີກ່ຽວກັບແຜນການສຸຂະພາບ ຫຼືຢາຂອງພວກເຮົາ. ເພື່ອຮັບເອົານ້າຍແປພາສາ, ພຽງແຕ່ໃຫ້ຫາພວກເຮົາທີ່ **1-833-897-1342 (TTY: 711)**. ບາງຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການທີ່ບໍ່ເສຍຄ່າ.

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

**lu Mien:** Yie nbuo maaiah faan waac mienh tengx wang-henh dau waac bun meih muangx dugh 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)**. Maaiah haih gorngv benx ang gitv waac nyei mienh tengx nzie meih. Naaiv diuc gong-bou jauv-louc se wang-henh tengx hnangv oc.

## NONDISCRIMINATION NOTICE

---

Discrimination is against the law. Anthem Dual Advantage (HMO D-SNP) follows State and Federal civil rights laws. Anthem Dual Advantage (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 Dual Advantage (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 Dual Advantage (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 Dual Advantage (HMO D-SNP)  
Anthem Blue Cross  
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 Dual Advantage (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 Dual Advantage (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 Dual Advantage (HMO D-SNP)  
Medicare Complaints, Appeals & Grievances  
Mailstop: OH0205-A537  
P.O. Box 60007  
Mason, OH 45040

- **Electronically:** Visit the plan's website at: [www.anthem.com/ca/nondiscrimination](http://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](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

- **Electronically:** Send an email to [CivilRights@dhcs.ca.gov](mailto: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>



## IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



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](https://www.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, 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).
- ☐ 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.

