

Summary of Benefits



Medicare Advantage and Part D

Plan year: January 1 – December 31, 2025

Virginia

Central, NOVA, Southwest, Tidewater Regions, other Virginia counties. Full service area on page 8.

Anthem Full Dual Advantage (HMO D-SNP)

Introduction

This document is a brief summary of the benefits and services covered by Anthem Full Dual Advantage (HMO D-SNP) Dual Special Needs Plan. 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 (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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A. Disclaimers

This is a summary of health services covered by Anthem Full Dual Advantage (HMO D-SNP) for January 1 – December 31, 2025. 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 your *Evidence of Coverage*. You can also access your *Evidence of Coverage* at the plan's website listed on the bottom of this page.

- HealthKeepers, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Virginia Medicaid program. Enrollment in HealthKeepers, Inc. depends on contract renewal. HealthKeepers, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Virginia Medicaid program. Enrollment in HealthKeepers, Inc. depends on contract renewal. HealthKeepers, Inc., an independent licensee of the Blue Cross Blue Shield Association, serves all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. 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 **Anthem Full Dual Advantage (HMO D-SNP)**, you can check the <https://elderrightsva.org/> website. You can also call the Virginia Office of State Long Term Care Ombudsman, which advocates for people who have both Medicare and Medicaid, at 1-800-552-5019 (or 711 for Virginia Relay).
- You can get this document for free in other formats, such as large print, braille, or audio. Call **1-833-824-1393** (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.

- This document is available for free in Spanish, Chinese, Tagalog, French, Vietnamese, German, Korean, Russian, Arabic, Italian, Portuguese, French Creole, Polish, Hindi, Japanese, Amharic, Urdu, Farsi, Dari, Telugu, Ibo, Nepali, Bengali, Pashto.
- If you call us to request a change to your preferred language or format preference, 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 **<https://shop.anthem.com/medicare>**.
- Contact Anthem Full Dual Advantage (HMO D-SNP) at the phone number listed at the bottom of this page if there are any changes in your personal information, such as your address or phone number.
- Members may receive an allowance in the form of a Benefits Prepaid Card to pay for a wide range of approved items like groceries and utilities. Unused amounts do not roll over to the next benefit period (month or quarter) or next plan year. Benefits vary by plan.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions (FAQs)	Answers
What is a Anthem Full Dual Advantage (HMO D-SNP) DSNP?	<p>Our MAP plan is a Health Maintenance Organization (HMO) aligned with a Dual Eligible (Medicare and Medicaid) Special Needs Plan (D-SNP). This is a Fully Integrated Dual Eligible Special needs plan (FIDE D-SNP), which means it coordinates all of your Medicare, Medicaid, and prescription drug benefits – including extra benefits and services – in one plan.</p> <p>To be eligible to enroll in a FIDE SNP in Virginia, you must be entitled to Medicare Parts A and enrolled in Medicare Part B, and Medicaid (known as Cardinal Care in Virginia). You must live in the plan’s service area.</p> <p>Our plan combines your Medicaid home care and long-term care services and your Medicare services. It also has care coordinators to help you manage all of your providers and services.</p>

Frequently Asked Questions (FAQs)	Answers
<p>Will I get the same Medicare and Cardinal Care benefits in Anthem Full Dual Advantage (HMO D-SNP) that I get now?</p>	<p>You will get most of your covered Medicare and Cardinal Care benefits directly from Anthem Full Dual Advantage (HMO D-SNP). You will work with a team of providers 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 care manager's or care coordinator's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from Virginia or county agency, specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in Anthem Full Dual Advantage (HMO D-SNP), you and your care team will work together to develop an Individualized Care Plan (ICP) to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that Anthem Full Dual Advantage (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 (HMO D-SNP) to cover your drug if medically necessary. Medicaid may cover drugs through Cardinal Care that are not covered by Medicare. For more information, call Member Services at the numbers listed at the bottom of this page.</p>

Frequently Asked Questions (FAQs)	Answers
<p>Can I use the same health care providers I use now?</p>	<p>That is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) work with Anthem Full Dual Advantage (HMO D-SNP) and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Providers with an agreement with us are “in-network.” You must use the providers in Anthem Full Dual Advantage (HMO D-SNP)’s network. <input type="checkbox"/> If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Anthem Full Dual Advantage (HMO D-SNP)'s network. <input type="checkbox"/> If you are currently under treatment with a provider that is out of Anthem Full Dual Advantage (HMO D-SNP)’s network or have an established relationship with a provider that is out of Anthem Full Dual Advantage (HMO D-SNP)’s network, you can stay connected with your existing provider for a period of time. Call Members Services to check about staying connected. <p>To find out if your providers are in the plan’s network, call Member Services at the number at the bottom of this page or read Anthem Full Dual Advantage (HMO D-SNP)’s <i>Provider and Pharmacy Directory</i>. You can also visit our website at https://shop.anthem.com/medicare for the most current listing.</p> <p>If Anthem Full Dual Advantage (HMO D-SNP) is new for you, we will work with you to develop an Individualized Plan of Care to address your needs.</p>
<p>What is a Anthem Full Dual Advantage (HMO D-SNP) care coordinator or care manager?</p>	<p>An Anthem Full Dual Advantage (HMO D-SNP) care coordinator or care manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.</p>

Frequently Asked Questions (FAQs)	Answers
<p>What are Long-term Services and Supports (LTSS)?</p>	<p>Long Term Services and Support (LTSS) provide help to people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Anthem Full Dual Advantage (HMO D-SNP) provides LTSS if you are found to be eligible through the LTSS screening process. Often these services are provided at your home or in your community but they could also be provided in a nursing home or hospital when necessary. In some cases, a county or other agency may administer these services, and your care team will work with that agency. LTSS is available to members who meet certain clinical and financial requirements.</p> <p>To request a Long-Term Services and Supports (LTSS) screening in Virginia, you can contact your local Department of Social Services. The screening is conducted by a Community Based Screening Team (CBS), which includes a social worker and a health department nurse. The CBS will meet with the individual and a family member or caregiver to assess the individual's need for the CCC Plus waiver. The waiver allows the individual to receive care in their home or community, or in a nursing facility.</p> <p>If the individual is hospitalized, a discharge planner can perform the screening in the hospital.</p> <p>To qualify for LTSS, the individual must meet certain financial and functional criteria. They must also be eligible for Medicaid to receive and have waiver services paid by Medicaid.</p> <p>To find your local Department of Social Services please go to: https://www.dss.virginia.gov/localagency/index.cgi.</p>
<p>What happens if I need a service but no one in Anthem Full Dual Advantage (HMO D-SNP)'s network can provide it?</p>	<p>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 (HMO D-SNP) will cover services provided by an out-of-network provider.</p>

Frequently Asked Questions (FAQs)	Answers
<p>Where is Anthem Full Dual Advantage (HMO D-SNP) available?</p>	<p>The service area for this plan includes:</p> <p>Albemarle, Alexandria City, Alleghany, Amelia, Amherst, Appomattox, Arlington, Augusta, Bath, Bedford, Bland, Botetourt, Bristol City, Brunswick, Buchanan, Buckingham, Buena Vista City, Campbell, Caroline, Carroll, Charles City, Charlotte, Charlottesville City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Culpeper, Cumberland, Danville City, Dickenson, Dinwiddie, Emporia City, Essex, Fairfax, Fairfax City, Falls Church City, Fauquier, Floyd, Fluvanna, Franklin, Franklin City, Frederick, Fredericksburg City, Galax City, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City, Henrico, Henry, Highland, Hopewell City, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Lexington City, Loudoun, Louisa, Lunenburg, Lynchburg City, Madison, Manassas City, Manassas Park City, Martinsville City, Mathews, Mecklenburg, Middlesex, Montgomery, Nelson, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, Page, Patrick, Petersburg City, Pittsylvania, Poquoson City, Portsmouth City, Powhatan, Prince Edward, Prince George, Prince William, Pulaski, Radford City, Rappahannock, Richmond, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Russell, Salem City, Scott, Shenandoah, Smyth, Southampton, Spotsylvania, Stafford, Staunton City, Suffolk City, Surry, Sussex, Tazewell, Virginia Beach City, Warren, Washington, Waynesboro City, Westmoreland, Williamsburg City, Winchester City, Wise, Wythe, York counties, Virginia.</p> <p>You must live in one of these areas to join the plan.</p>

Frequently Asked Questions (FAQs)	Answers
<p>What is prior authorization?</p>	<p>Prior authorization means an approval from Anthem Full Dual Advantage (HMO D-SNP) 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 (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>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 (HMO D-SNP) can provide you or your provider a list of services or procedures that require you to get prior authorization from Anthem Full Dual Advantage (HMO D-SNP) before the service is provided.</p> <p>Refer to Chapter 3 of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p> <p>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.</p>
<p>What is a referral?</p>	<p>A referral means that your care team 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 care team, Anthem Full Dual Advantage (HMO D-SNP) may not cover the services. Anthem Full Dual Advantage (HMO D-SNP) can provide you with a list of services that require you to get a referral from your care team before the service is provided.</p> <p>Anthem Full Dual Advantage (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. For more information on when a referral is needed, call Member Services at the toll-free number below or refer to Chapter 3, Section 2.2, of the <i>Evidence of Coverage</i>. Refer to the <i>Evidence of Coverage</i> Chapter 3, Section 2.2 to learn more about when you will need to get a referral from your PCP or care team.</p>

Frequently Asked Questions (FAQs)	Answers
Do I pay a monthly amount (also called a premium) under Anthem Full Dual Advantage (HMO D-SNP)?	No. Because you have Cardinal Care, 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 (HMO D-SNP)?	No. You do not pay deductibles in Anthem Full Dual Advantage (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 (HMO D-SNP)?	There is no cost sharing for medical services in Anthem Full Dual Advantage (HMO D-SNP), so your annual out-of-pocket costs will be \$0. Members who get LTSS, including skilled and custodial nursing facility placement and CCC Plus Waiver Services, may have a monthly patient pay amount as determined by the Virginia Department of Social Services.

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	Inpatient hospital care	\$0	Our plan covers 90 days for an inpatient hospital stay. Your provider must get an approval from the plan before you are admitted to a hospital for a procedure, rehabilitation or transplant that you and your doctor planned ahead. This

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			<p>is called getting prior authorization. You do not need approval for emergency or urgently needed services.</p> <p>Except in an emergency, your health care provider must tell the plan of your hospital admission.</p>
	Outpatient hospital services, including observation	\$0	Prior authorization may be required.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization may be required.
	Doctor or surgeon care	\$0	Prior authorization may be required.
You want to use a health care provider	Visits to treat an injury or illness	\$0	Prior authorization may be required.
	Preventive care (care to keep you from getting sick, such as flu shots and screenings to check for cancer)	\$0	Influenza, Hepatitis B, pneumococcal vaccinations, and other vaccinations recommended for adults are covered. The full childhood immunization schedule is covered for members under the age of 21.
	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)
	<p>“Welcome to Medicare” (preventive visit one time only)</p>	<p>\$0</p>	
	<p>Specialist care</p>	<p>\$0</p>	<p>Prior authorization may be required.</p>
<p>You need emergency care</p>	<p>Emergency room services</p>	<p>\$0</p>	<p>You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization, and the hospital does not have to be in-network.</p> <p>In addition to the Medicare-covered emergency room services, this plan offers worldwide emergency care services when traveling outside of the United States and its territories for less than six months. Coverage is limited to \$100,000 per year for worldwide emergency services and urgent care. Contact the plan for details.</p>
	<p>Urgent care</p>	<p>\$0</p>	<p>Urgently needed services are not emergency care. You do not need prior authorization and the urgent care center does not have to be in-network.</p> <p>In addition to the Medicare-covered urgent care services, this plan offers urgently needed services when traveling outside of the United States and its territories for less than six months. Coverage is limited to \$100,000 per year for worldwide</p>

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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)
			emergency services and urgent care. Contact the plan for details.
You need medical tests	Lab tests and diagnostic procedures, such as blood work	\$0	Prior authorization may be required.
	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Prior authorization may be required.
You need hearing/auditory services	Hearing screenings (including routine hearing exams)	\$0	This plan covers 1 routine hearing exam every year. Prior authorization may be required.
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	In addition to the Medicare-covered hearing evaluations, this plan offers up to \$3,000 toward the purchase of one pair of supplemental prescribed hearing aid(s) or up to \$300 towards the purchase of one pair of over-the-counter hearing aid(s) and one (1) supplemental hearing aid fitting/evaluation every year. Prior authorization may be required. Additional services may be covered in accordance with your Medicaid benefits and guidelines. Covered for members under age 21.

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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)
<p>You need dental care</p>	<p>Dental check-ups and preventive care</p>	<p>\$0</p>	<p>Cardinal Care provides a full range of dental care for both children and adults through DentaQuest, its Medicaid Dental Benefits Administrator. Contact 888-912-3456 for information or visit https://www.dentaquest.com/en/members/virginia-medicaid-dental-coverage#accordion-82f12f4b30-item-117cdd34ad.</p> <p>This plan covers up to a \$4,000 allowance for covered preventive and comprehensive dental services every year.</p>
	<p>Restorative and emergency dental care</p>	<p>\$0</p>	<p>Cardinal Care provides coverage for restorative and emergency dental care. Braces for adults over age 21 are not covered. Contact DentaQuest for coverage information.</p> <p>Contact Member Services at the number listed at the bottom of this page or read the <i>Evidence of Coverage</i> for details.</p> <p>Prior authorization may be required.</p>
<p>You need eye care</p>	<p>Eye exams</p>	<p>\$0</p>	<p>Anthem Full Dual Advantage (HMO D-SNP) covers diagnostic examinations and optometric treatment procedures provided by ophthalmologists, optometrists, and opticians.</p>

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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)
			In addition to the Medicare-covered eye exam, this plan offers one (1) routine eye exam every year.
	Glasses or contact lenses	\$0	Coverage for eyeglasses is limited to members under age 21 except as a supplemental benefit. This plan covers up to \$425 for eyeglasses or contact lenses every year.
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	Please refer to your <i>Evidence of Coverage</i> for details.
You have a mental health condition	Mental Health Services	\$0	This plan provides coverage for a full range of inpatient and outpatient mental health services, including substance use disorder services. Prior authorization may be required.
	Inpatient and outpatient care and community-based services for people who need Mental Health Services	\$0	Anthem Full Dual Advantage (HMO D-SNP) provides coverage for inpatient and outpatient mental health services including, but not limited to, crisis intervention and psychiatric hospitalization, case management, therapeutic and rehabilitative services, and residential treatment.

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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)
			Prior authorization may be required. Please refer to your <i>Evidence of Coverage</i> for more information.
You need a substance use disorder services	Substance use disorder services	\$0	<p>Through the Cardinal Care Addiction and Recovery Treatment Services (ARTS) program, this plan provides coverage for a full range of addiction treatment services, including outpatient and intensive outpatient services, case management, residential and opioid treatment services.</p> <p>Prior authorization may be required. Please refer to your <i>Evidence of Coverage</i> for more information.</p>
You need a place to live with people available to help you	Skilled nursing care	\$0	<p>Anthem Full Dual Advantage (HMO D-SNP) provides coverage for skilled and intermediate nursing facility care. This plan covers up to 100 days in a Skilled Nursing Facility (SNF).</p> <p>Prior authorization may be required.</p>
	Nursing home care	\$0	Prior authorization may be required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization may be 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)
<p>You need help getting to health services</p>	Ambulance services	\$0	<p>Ambulance services for other cases (non-emergent) must be approved by us. In cases that are not emergencies, we may pay for an ambulance. Your condition must be serious enough that other ways of getting to a place of care could risk your life or health.</p> <p>Your provider must get an approval from the plan before you get ground, air or water transportation that is not an emergency.</p>
	Emergency transportation	\$0	<p>In emergency situations includes ground (ambulance) and air (airplane and helicopter) transportation. The transportation will take you to the nearest place that can give you care.</p> <p>Prior authorization may be required.</p>
	Transportation to medical appointments and services	\$0	<p>Includes transportation to services covered by Medicare.</p> <p>Please see the Additional Services section, later in this document, for additional transportation-related benefits.</p>
<p>You need drugs to treat</p>	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral

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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)
<p>your illness or condition</p>			<p>cancer drugs, and some drugs used with certain medical equipment. Read your <i>Evidence of Coverage</i> for more information on these drugs.</p> <p>Prior authorization may be required.</p>
	<p>Medicare Part D prescription drugs</p> <p>Generic and/or Brand name drugs</p>	<p>\$0 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Anthem Full Dual Advantage (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>Anthem Full Dual Advantage (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Anthem Full Dual Advantage (HMO D-SNP) for certain drugs.</p> <p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These specialty drugs are listed on the plan's website, list of covered drugs (formulary), and printed materials, as well as on the Medicare</p>

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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)
			<p>Prescription Drug Plan Finder on www.medicare.gov/plan-compare.</p> <p>Extended day supplies are available through retail pharmacies and mail-order.</p>
<p>You need help getting better or have special health needs</p>	<p>Rehabilitation services</p>	<p>\$0</p>	<p>Prior authorization may be required.</p>
	<p>Medical equipment for home care</p>	<p>\$0</p>	<p>Prior authorization may be required.</p>
	<p>Dialysis services</p>	<p>\$0</p>	
<p>You need foot care</p>	<p>Podiatry services</p>	<p>\$0</p>	<p>In addition to the Medicare-covered podiatry services, this plan offers four (4) routine foot care visits each year.</p> <p>Prior authorization is required.</p>
	<p>Orthotic services</p>	<p>\$0</p>	<p>Prior authorization may be required.</p>
<p>You need durable medical equipment (DME) Note: This is not a complete list, contact Member Services or</p>	<p>Wheelchairs, crutches, walkers, nebulizers, oxygen equipment and supplies</p>	<p>\$0</p>	<p>Anthem Full Dual Advantage (HMO D-SNP) provides coverage for wheelchairs, crutches and walkers, as well as a wide range of other DME items. DME coverage is based on medical necessity and has no maximum benefit limits.</p> <p>Prior authorization may be required.</p>

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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)
refer to Chapter 4 of the <i>Evidence of Coverage</i> .			
You need help living at home	Home health services	\$0	<p>Anthem Full Dual Advantage (HMO D-SNP) covers home health services, including nursing care, rehabilitation therapies and home aide services. Additionally, the Commonwealth Coordinated Care Plus (CCC Plus) Waiver provides coverage for other long-term services and supports such as private-duty nursing services. Consult with your Anthem Full Dual Advantage (HMO D-SNP) care team to request a LTSS screening for the CCC Plus Waiver.</p> <p>Prior authorization may be required.</p>
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	<p>Home modifications may be covered by Cardinal Care through the CCC Plus Waiver. Modifications may be made to your primary residence or primary vehicle and must enable you to function with greater independence. Speak with your care team to learn more.</p> <p>Prior authorization may be required.</p>
	Adult day health services	\$0	Anthem Full Dual Advantage (HMO D-SNP) provides these services if you

If you have questions, please call Anthem Full Dual Advantage (HMO D-SNP) at **1-866-803-5169** (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>.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			<p>are found to be eligible through the LTSS screening process.</p> <p>Prior authorization may be required.</p>
	Day habilitation services	\$0	Prior authorization may be required.
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	<p>Please contact your care coordinator to get information on how to apply for and access these services.</p> <p>Prior Authorization may be required.</p>
Additional services	Acupuncture	\$0	<p>In addition to the Medicare-covered acupuncture visits, this plan offers twelve (12) routine acupuncture visits each year.</p> <p>Prior authorization may be required.</p>
	Chiropractic services	\$0	Prior authorization may be required.
	Diabetic supplies	\$0	<p>This plan covers only OneTouch[®] (made by LifeScan, Inc.) and ACCU-CHECK[®] (made by Roche Diagnostics) blood glucose test strips and glucometers.</p> <p>We will not cover other brands unless your provider tells us it is medically necessary. Blood glucose test strips and glucometers MUST be purchased at a network retail or our mail-order pharmacy to be covered. If you</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			<p>purchase these supplies through a Durable Medical Equipment (DME) provider these items will NOT be paid for.</p> <p>Lancets are limited to the following manufacturers: LifeScan / Delica, Roche, Kroger and its affiliates which include Fred Meyer, King Soopers, City Market, Fry's Food Stores, Smith's Food and Drug Centers, Dillon Companies, Ralphs, Quality Food Centers, Baker, Scott's, Owen, Payless, Gerbes, Jay-C, Prodigy, and Good Neighbor.</p>
	Prosthetic services	\$0	<p>Anthem Full Dual Advantage (HMO D-SNP) provides coverage for medically necessary prosthetics for children under age 21 and for adults and children when recommended as part of an approved intensive rehabilitation program.</p> <p>Prior authorization may be required.</p>
	Radiation therapy	\$0	<p>Prior authorization may be required.</p>
	Services to help manage your disease	\$0	<p>Care management or care coordination services are provided to all Anthem Full Dual Advantage (HMO D-SNP) enrollees. Care management provides a more intensive level of service if your health requires it.</p> <p>Prior authorization may be required.</p>

If you have questions, please call Anthem Full Dual Advantage (HMO D-SNP) at **1-866-803-5169** (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>.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	24/7 NurseLine	\$0	24-hour access to a nurse helpline, 7 days a week, 365 days a year: 1-855-658-9249.
	Advanced Directives	\$0	<p>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:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Living will. <input type="checkbox"/> Medical power of attorney. <input type="checkbox"/> Do not attempt resuscitation form. <input type="checkbox"/> Organ donation form. <p>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.</p>
	Everyday Options Allowance	\$0	<p>This benefit provides a combined spending allowance of \$343 each month on your Benefits Mastercard® Prepaid Card for assistive devices, eligible food items, over-the-counter (OTC) health and wellness products, and utilities.</p> <p>You have a variety of convenient ways to use the benefit:</p>

If you have questions, please call Anthem Full Dual Advantage (HMO D-SNP) at **1-866-803-5169** (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>.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			<ul style="list-style-type: none"> <input type="checkbox"/> Shop in-store at participating retailers near you (Groceries and OTC only). <input type="checkbox"/> Shop online on the approved vendor website. <input type="checkbox"/> Shop on the approved vendor mobile app. <input type="checkbox"/> Call to place an order. <input type="checkbox"/> Order by mail (OTC and Assistive Devices only). <input type="checkbox"/> With your utility provider. <p>Unused amounts expire at the end of each month.</p>
	Health and Fitness Tracker	\$0	
	Healthy Meals - Chronic Condition	\$0	\$0.00 copay for up to 3 meals a day for 14 days to support your chronic condition nutritional needs.
	Healthy Meals - Post Discharge	\$0	\$0.00 copay for up to 2 meals a day for 7 days following your discharge from the hospital or skilled nursing facility (SNF).
	LiveHealth Online	\$0	<p>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.</p> <p>LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.</p>

If you have questions, please call Anthem Full Dual Advantage (HMO D-SNP) at **1-866-803-5169** (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>.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Medicare Community Resource Support	\$0	<p>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.</p> <p>For more details, call Member Services at the number listed on the bottom of the page and ask for the Medicare Community Resource Support team.</p>
	Personal Emergency Response System (PERS)	\$0	Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you. For more details, please call the Member Services phone number listed at the bottom of this page.
	SilverSneakers® Fitness program	\$0	<p>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 through Friday, 8 a.m. to 8 p.m. ET.</p> <p>* 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.</p>

If you have questions, please call Anthem Full Dual Advantage (HMO D-SNP) at **1-866-803-5169** (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>**.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Transportation	\$0	<p>\$0.00 copay. This plan offers coverage for 60, one-way, routine transportation services every year. Trips are limited to 60 miles.</p> <p>Additional services may be covered in accordance with your Medicaid benefits and guidelines.</p>

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 (HMO D-SNP)'s *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Anthem Full Dual Advantage (HMO D-SNP) Member Services at the number at the bottom of this page to get one. If you have questions, you can also call Member Services or visit <https://shop.anthem.com/medicare>.

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

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

Other services covered directly by Medicare or Medicaid	Your costs
Developmental disability support coordination	\$0
Transportation to Building Independence (BI), Community Living (CL), and Family and Individual Supports (FIS) waiver services	\$0

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

The following services are not covered by our plan. This is not a complete list. Call Member Services at the number listed at the bottom of this page to find out about other excluded services.

Services that Anthem Full Dual Advantage (HMO D-SNP), Medicare, and Medicaid do not cover
Nursing services provided in a Christian Science Sanatorium
Services not considered “reasonable and necessary” according to standards of Medicare and Virginia Cardinal Care Medicaid
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 (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 and care coordinator
- **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 (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.
 - Have your *Evidence of Coverage* and any printed materials from Anthem Full Dual Advantage (HMO D-SNP) translated into your primary language, and/or have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
 - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
- Get emergency and care services, 24 hours a day, 7 days a week, without prior authorization
 - 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
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
- File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.
 - File a complaint with the Virginia Department of Medical Assistance Services Member Helpline at 1-804-786-6145 (hearing impaired members contact Virginia Relay at 711). The Anthem Full Dual

Advantage (HMO D-SNP) website <https://shop.anthem.com/medicare> has complaint forms and instructions available online.

- Ask for a State Fair Hearing
- Get a detailed reason for why services were denied

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

You can also call the Virginia Office of the State Long Term Care Ombudsman for assistance. An “ombudsman” is an advocate who can assist you to resolve problems with plan coverage, plan benefits, health care, behavioral health care and long-term care services and supports. You can contact the Ombudsman at 1-800-552-5019 (TTY users call Virginia Relay at 711).

G. How to file a complaint or appeal a denied service

If you have a complaint or think Anthem Full Dual Advantage (HMO D-SNP) should cover something we denied, call Anthem Full Dual Advantage (HMO D-SNP) at **1-833-824-1393** (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. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of Anthem Full Dual Advantage (HMO D-SNP)'s *Evidence of Coverage*. You can also call Anthem Full Dual Advantage (HMO D-SNP) Member Services at **1-833-824-1393** (TTY: **711**).

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, contact us.

- Call us at Anthem Full Dual Advantage (HMO D-SNP) Member Services. The phone number is listed in the footer of each page of this document.
- Or, call Virginia Medicaid Managed Care Helpline at 1-800-643-2273. TTY users may call 1-800-817-6608.
- Call Virginia's Medicaid Fraud Control Unit at 1-800-371-0824 or 1-804-371-0779 (TTY users dial 711 for Virginia Relay) or by email at MFCU_mail@oag.state.va.us.
- 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.

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

CALL: 1-833-824-1393

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 people who do not speak English.

TTY: 711

This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.

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 (HMO D-SNP)'s 24/7 NurseLine at **1-855-658-9249** (TTY: **711**). A nurse will listen to your problem and tell you how to get care.
- 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.
- Anthem Full Dual Advantage (HMO D-SNP) also has free language interpreter service available for non-English speakers.
- TTY: **711**. 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.

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 **1-833-824-1393** (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 **1-833-824-1393** (TTY: **711**). Alguien que hable español lo 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 **1-833-824-1393** (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 **1-833-824-1393** (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 **1-833-824-1393** (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 **1-833-824-1393** (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 **1-833-824-1393** (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 **1-833-824-1393** (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 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-833-824-1393** (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 **1-833-824-1393** (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 ليس عليك سوى الاتصال بنا على **1-833-824-1393** (TTY: **711**) فوري 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 **1-833-824-1393** (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 **1-833-824-1393** (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 **1-833-824-1393** (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 1-833-824-1393 (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 1-833-824-1393 (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、1-833-824-1393 (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。

Amharic: ስለ ጤና ወይም የመድኃኒት ዕቅዳችን ሊኖርዎት የሚችል ማንኛውንም ጥያቄ ለመመለስ ነፃ የአስተርጓሚ አገልግሎት አለን። አስተርጓሚ ለማግኘት በ1-833-824-1393 (TTY: 711) ይደውሉልን። አማርኛ የሚናገር ሰው ሊረዳዎት ይችላል። ይህ ነፃ አገልግሎት ነው።

Urdu: ہمارے پاس ہماری صحت یا منشیات کے منصوبے کے بارے میں آپ کے کسی بھی سوال کا جواب دینے کے لئے مفت مترجم کی خدمات ہیں۔ مترجم حاصل کرنے کے لئے صرف ہمیں 1-833-824-1393 (TTY: 711) کوئی شخص جو اردو بولتا ہے آپ کی مدد کرسکتا ہے۔ یہ ایک مفت خدمت ہے۔

Farsi: ما خدمات مترجم شفاهی رایگان داریم که آماده پاسخ‌گویی به هر سوالی هستند که ممکن است درباره طرح‌های دارویی و سلامت ما داشته باشید. برای داشتن مترجم شفاهی با ما به شماره 1-833-824-1393 (TTY: 711) تماس بگیرید. شخصی که به زبان فارسی صحبت می‌کند به شما کمک خواهد کرد. این خدمات رایگان است.

Dari: ما خدمات ترجمان رایگان داریم تا به هر سوال که ممکن است در مورد طرح صحتی یا دواي ما داشته باشید جواب بدهیم. برای دریافت ترجمان کافیسٹ با شماره 1-833-824-1393 (TTY: 711) تماس بگیرید. کسی که به دری صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

Telugu: మా ఆరోగ్యం లేదా ఔషధ ప్లాన్ గురించి మీకు ఏవైనా ప్రశ్నలు ఉన్నట్లయితే సమాధానం ఇవ్వడానికి మేము ఉచిత అనువాద సేవలను కలిగి ఉన్నాయి. ఒక అనువాదకుని పొందడానికి 1-833-824-1393 (TTY: 711)లో మాకు కాల్ చేయండి. తెలుగు మాట్లాడే ఎవరైనా మీకు సహాయం చేయవచ్చు. ఇదొక ఉచిత సర్వీస్.

Igbo: Anyị nwere ọrụ maka itugharị asụsụ n'efu iji zaa ajujụ ọ bụla i nwere ike inwe gbasara atumatụ ahụike ma ọ bụ inu ọgwụ anyị. Iji nweta onye ntugharị asụsụ naanị kpọọ anyị na 1-833-824-1393 (TTY: 711). Onye na-asụ IGBO nwere ike inyere gi aka. Nke a bụ ọrụ n'efu.

Nepali: हाम्रो स्वास्थ्य वा औषधि योजनाको बारेमा तपाईंसँग भएका कुनै पनि प्रश्नको जवाफ दिन हामीसँग निःशुल्क अनुवादक सेवाहरू छन्। अनुवाद सेवा प्राप्त गर्न यो नम्बर **1-833-824-1393** (TTY: 711) मा फोन गर्नुहोस्। नेपाली भाषा बोल्नेले तपाईंलाई मद्दत गर्न सक्छ। यो निशुल्क सेवा हो"यो सेवा निशुल्क हो।

Bengali: আমাদেৱ স্বাস্থ্য বা ঔষুধ পরিকল্পনা সম্পর্কে আপনার যে কোনও প্রশ্নের উত্তর প্রদানের জন্য আমাদেৱ বিনামূল্যে দোভাষী পরিষেবা রয়েছে। একজন দোভাষী পেতে শুধু আমাদেৱ **1-833-824-1393** (TTY: 711) তে কল করুন। এমন কেউ যে বাংলা বলতে পারে সে আপনাকে সাহায্য করতে পারে। এটি একটি বিনামূল্যের পরিসেবা।

Pashto: مور د ژباړونکي وړيا خدمتونه لرو چې هرې پوښتنې ته ځواب ووايو چې تاسو يې زموږ د روغتيا يا درملو پلان په اړه لري. د ژباړونکي ترلاسه کولو لپاره يوازې مور ته په **1-833-824-1393** (TTY: 711) نځ ووهئ. يو څوک چې په پښتو خبرې کوي کولی شي ستاسو سره مرسته وکړي. دا يو وړيا خدمت دی.

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 **1-866-803-5169** 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 **1-866-803-5169** 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.

