Summary of Benefits

Anthem

Summary of Benefits

Thank you for your interest in our Medicare Advantage plans

Anthem Blue Cross offers benefits to help you stay healthy while protecting you from unexpected costs. This plan includes your hospital, medical, and drug benefits in one plan.

Medicare Advantage and Part D

Plan year: January 1 – December 31, 2026

California

Fresno, Kern, Kings, Madera, Sacramento, San Francisco, Santa Clara, and Tulare counties

Anthem Full Dual Advantage Aligned (HMO D-SNP)

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H4471_010-002_CA_HMO D-SNP 1081748CASENABC_0229

Anthem Full Dual Advantage Aligned (HMO D-SNP)| 2026 Summary of Benefits

Introduction

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

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A. Disclaimers

This is a summary of health services covered by Anthem Full Dual Advantage Aligned (HMO D-SNP) for 2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You may contact Customer Service at the phone number listed at the bottom of this page to request a copy of your *Member Handbook*. You can also access your *Member Handbook* at the plan's website listed on the bottom of this page.

- Anthem Blue Cross is an HMO D-SNP plan with a Medicare contract and a contract with the California Medicaid program. Enrollment in Anthem Blue Cross depends on contract renewal. Anthem Blue Cross is the trade name of Blue Cross of California Partnership Plan LLC. Independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For more information about **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website (www.dhcs.ca.gov/) or contact the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m.

- 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.

- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-833-897-1342 (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 Arabic, Armenian, Cambodian, Chinese, Farsi, Hindi, Hmong, Japanese, Korean, Laotian, Mien, Punjabi, Russian, Spanish, Tagalog, Thai, Ukrainian, and Vietnamese.

- You can get this document for free in the languages and formats mentioned above. Call Customer Service at the number listed on the bottom of this page. When calling, let us know if you want this to be a standing order. That means we will send the same documents in your requested format and language every year. You can also call us to change or cancel a

standing order. You can also find your documents online at the website listed on the bottom of this page.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you need help in your language, call 1-833-897-1342 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-833-897-1342 (TTY: 711). These services are free of charge.

العربية (Arabic)

تنبيه: إذا كنت تحتاج إلى المساعدة بلغتك، فاتصل على الرقم 1-833-897-1342 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأفراد ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والحروف الكبيرة. اتصل على الرقم 1-833-897-1342 (TTY: 711). هذه الخدمات مجانية دون أي تكلفة.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. եթե ձեր լեզվով օգնության կարիք ունեք, զանգահարեք 1-833-897-1342 (TTY: 711):
Հասանելի են նաև օգնություն և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպիսիք են բրայլյան և խոշոր տառերով փաստաթղթերը: Զանգահարեք 1-833-897-1342 (TTY: 711): Այս ծառայություններն անվճար են:

ភាសាខ្មែរ (Cambodian)

សូមជ្រាបៈ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក
សូមទូរសព្ទទៅលេខ 1-833-897-1342 (TTY: 711)។
ជំនួយនិងសេវាកម្មសម្រាប់ជនដែលមានពិការភាព
ដូចជាឯកសារជាអក្សរស្ទាប និងមានពុម្ពអក្សរធំ ក៏មានផងដែរ។
សូមទូរសព្ទទៅលេខ 1-833-897-1342 (TTY: 711)។
សេវាកម្មទាំងនេះមិនគិតថ្លៃនោះទេ។

中文 (Chinese)

注意：如果您需要您的语言协助，请致电 1-833-897-1342 (TTY: 711)。我们还可为残障人士提供帮助和服务，例如盲文和大字体印刷。致电 1-833-897-1342 (TTY: 711)。这类服务免费。

فارسی (Farsi)

توجه: اگر به کمک به زبان خودتان نیاز دارید، با 1-833-897-1342 (TTY: 711) تماس بگیرید. خدمات و پشتیبانی‌ها برای افراد معلول مانند اسناد با خط بریل یا چاپ درشت نیز موجود است. با 1-833-897-1342 (TTY: 711) تماس بگیرید. این خدمات رایگان و بدون هزینه است.

हिन्दी (Hindi)

ध्यान दें: यदि आपको अपनी भाषा में सहायता चाहिए तो कॉल करें 1-833-897-1342 (TTY: 711)। विकलांग लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज जैसी सहायताएं और सेवाएं भी उपलब्ध हैं। कॉल करें 1-833-897-1342 (TTY: 711)। ये सेवाएँ निःशुल्क हैं।

Hmoob (Hmong)

NCO NTSOOV: Yog koj xav tau kev pab ua koj yam lus, hu 1-833-897-1342 (TTY: 711). Muaj cov khoom thiab kev pab cuam rau cov neeg xiam oob qhab siv, xws li muaj ua ntawv xuas thiab ntawv luam loj. Hu 1-833-897-1342 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意：母国語での助けが必要な場合は、1-833-897-1342 (TTY: 711) までご連絡ください。点字や大活字の文書など、障害者の方ための補助やサービスもご利用いただけます。1-833-897-1342 (TTY: 711) までご連絡ください。これらのサービスは無料です。

한국어 (Korean)

주의: 한국어로 도움이 필요하시면, 1-833-897-1342 (TTY: 711)번으로 전화해 주십시오. 점자 및 대형 활자체 문서와 같은 장애인을 위한 지원 및 서비스도 제공됩니다. 1-833-897-1342 (TTY: 711)번으로 전화해 주십시오. 이러한 서비스는 무료입니다.

ພາສາລາວ (Laotian)

ເອົາໃຈໃສ່: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໃຫ້ໂທຫາ 1-833-897-1342 (TTY: 711). ມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການເຊັ່ນ ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ຕົວພິມຂະໜາດໃຫຍ່. ໂທ 1-833-897-1342 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ແມ່ນບໍ່ເສຍຄ່າທໍານຽມ.

Mienh Waac (Mien)

CAU FIM JANGX LONGX: Se gorngv meih qiemx longc mienh tengx faan benx meih nyei waac, douc waac lorz taux 1-833-897-1342 (TTY: 711). Ninh mbuo mbenc duqv maaih jaa-dorngx aengx caux gong-bou jau-louc tengx ziux goux waaic fangx mienh, dorh sou zoux benx braille, nqaapv bieqc domh zei-linh. Douc waac lorz 1-833-897-1342 (TTY: 711). Naaiv deix gong-bou jau-louc benx wangv-henh tengx hnangv oc.

'ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ 1-833-897-1342 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। 1-833-897-1342 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਬਿਨਾਂ ਕਿਸੇ ਸ਼ੁਲਕ ਹਨ।

Русский (Russian)

ВНИМАНИЕ: Если вы хотите получить помощь на вашем родном языке, позвоните по номеру 1-833-897-1342 (TTY: 711). Мы также предоставляем вспомогательные средства и услуги лицам с ограниченными возможностями, в том числе документы, набранные шрифтом Брайля или крупным шрифтом. Звоните по номеру телефона 1-833-897-1342 (TTY: 711). Эти услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: Si necesita ayuda en su idioma, llame al 1-833-897-1342 (TTY: 711). También hay ayudas y servicios disponibles para personas discapacitadas, como documentos en braille y letra grande. Llame al 1-833-897-1342 (TTY: 711). Estos servicios son sin cargo.

Tagalog (Filipino)

PAUNAWA: Kung kailangan mo ng tulong na nasa iyong wika, tumawag sa 1-833-897-1342 (TTY: 711). May available rin na mga tulong at serbisyo para sa mga taong may mga kapansanan, tulad ng mga dokumento na nasa braille at malaking print. Tumawag sa 1-833-897-1342 (TTY: 711). Walang bayad ang mga serbisyong ito.

ภาษาไทย (Thai)

หมายเหตุ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร 1-833-897-1342 (TTY: 711) นอกจากนี้ยังมีอุปกรณ์ช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารในรูปแบบอักษรเบรลล์และการพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทร 1-833-897-1342 (TTY: 711) บริการเหล่านี้ฟรี

Українська (Ukrainian)

УВАГА: Якщо ви бажаєте отримати допомогу вашою рідною мовою, зателефонуйте за номером 1-833-897-1342 (TTY: 711). Ми також надаємо допоміжні засоби та послуги особам з інвалідністю, зокрема документи, набрані шрифтом Брайля або великим шрифтом. Телефонуйте за номером 1-833-897-1342 (TTY: 711). Ці послуги надаються безкоштовно.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần giúp đỡ bằng ngôn ngữ của quý vị, hãy gọi số 1-833-897-1342 (TTY: 711). Cũng sẵn có sự trợ giúp và các dịch vụ cho người khuyết tật, như tài liệu bằng chữ nổi hoặc ở bản in khổ chữ lớn. Gọi số 1-833-897-1342 (TTY: 711). Các dịch vụ này được cung cấp

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a Medi-Medi Plan?	A Medi-Medi Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It's for people age 21 and older. A Medi-Medi Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has care coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need.
Will I get the same Medicare and Medi-Cal benefits in Anthem Full Dual Advantage Aligned (HMO D-SNP) that I get now? (continued on the next page)	You'll get most of your covered Medicare and Medi-Cal benefits directly from Anthem Full Dual Advantage Aligned (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like In-Home Supportive Services (IHSS), specialty mental health and substance use disorder services, or regional center services. When you enroll in Anthem Full Dual Advantage Aligned (HMO D-SNP), you and your care team will work together to develop an Individualized Plan of Care *or* a care plan to address your health and support needs, reflecting your personal preferences and goals.
Will I get the same Medicare and Medi-Cal benefits in Anthem Full Dual Advantage Aligned (HMO D-SNP) that I get now?	If you're taking any Medicare Part D drugs that Anthem Full Dual Advantage Aligned (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Anthem Full Dual Advantage Aligned (HMO D-SNP) to cover your drug if medically necessary. For more information, call Customer Service at the numbers listed at the bottom of this page.

Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued on the next page)	Often that's the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Anthem Full Dual Advantage Aligned (HMO D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Anthem Full Dual Advantage Aligned (HMO D-SNP)'s network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Anthem Full Dual Advantage Aligned (HMO D-SNP)'s plan. • If you're currently under treatment with a provider that's out of Anthem Full Dual Advantage Aligned (HMO D-SNP)'s network, or have an established relationship with a provider that's out of Anthem Full Dual Advantage Aligned (HMO D-SNP)'s network, call Customer Service to check about staying connected and ask for continuity of care. You can continue using the doctors you use now for up to 12 months for Medicare-covered services and up to 12 months for Medi-Cal covered services. You will be notified within 30 calendar days before the end of the continuity of care period to transition your care to an in-network provider. Contact Customer Service to request "Continuity of Care" at **1-833-897-1342** (TTY: **711**), Monday through Friday from 8 a.m. to 8 p.m. The call is free. To find out if your doctors are in the plan's network, call Customer Service or read Anthem Full Dual Advantage Aligned (HMO D-SNP)'s

Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued)	*Provider and Pharmacy Directory* on the plan's website at **shop.anthem.com/medicare/ca**. If Anthem Full Dual Advantage Aligned (HMO D-SNP) is new for you, we'll work with you to develop an Individualized Plan of Care *or* a care plan to address your needs.
What's an Anthem Full Dual Advantage Aligned (HMO D-SNP) care coordinator?	An Anthem Full Dual Advantage Aligned (HMO D-SNP) care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports (LTSS) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.
What's a Multipurpose Senior Services Program (MSSP)?	A MSSP provides on-going care coordination with health care providers beyond what your health plan already provides and can connect you to other needed community services and resources. This program helps you get services that help you live independently in your home.
What happens if I need a service but no one in Anthem Full Dual Advantage Aligned (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Anthem Full Dual Advantage Aligned (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where's Anthem Full Dual Advantage Aligned (HMO D-SNP) available?	The service area for this plan includes: Fresno, Kern, Kings, Madera, Sacramento, San Francisco, Santa Clara, and Tulare counties in California. You must live in one of these areas to join the plan.

Frequently Asked Questions	Answers
What's prior authorization?	Prior authorization means an approval from Anthem Full Dual Advantage Aligned (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 Aligned (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. Anthem Full Dual Advantage Aligned (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Anthem Full Dual Advantage Aligned (HMO D-SNP) before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Customer Service for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that's not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Anthem Full Dual Advantage Aligned (HMO D-SNP) may not cover the services. Anthem Full Dual Advantage Aligned (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided. Refer to the *Member Handbook* to learn more about when you'll need to get a referral from your PCP.
Do I pay a monthly amount (also called a premium) under Anthem Full Dual Advantage Aligned (HMO D-SNP)?	No. Because you have Medi-Cal, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Anthem Full Dual Advantage Aligned (HMO D-SNP)?	No. You don't pay deductibles in Anthem Full Dual Advantage Aligned (HMO D-SNP).

Frequently Asked Questions	Answers
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Anthem Full Dual Advantage Aligned (HMO D-SNP)?	There's no cost sharing for medical services in Anthem Full Dual Advantage Aligned (HMO D-SNP), so your annual out-of-pocket costs will be $0.

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 (continued on the next page)	Hospital stay	$0	Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization and referral may be required.
	Doctor or surgeon care	$0	Prior authorization and referral may be required.

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 (continued)	Outpatient hospital services, including observation	$0	Prior authorization and referral may be required.
	Ambulatory surgical center (ASC) services	$0	Prior authorization and referral may be required.
You want a doctor	Visits to treat an injury or illness	$0	Prior authorization and referral may be required.
	Specialist care	$0	Prior authorization and referral may be required.
	Wellness visits, such as a physical	$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	
	"Welcome to Medicare" (preventive visit one time only)	$0	Limited to one time.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	$0	This plan covers emergency room services, both in and out of network, and you do not need to obtain a referral or authorization prior to seeking medical care. 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. Please refer to your *Member Handbook* for more details.
	Urgent care	$0	Urgently needed services are not emergency care. You do not need prior authorization and you do not have to be in-network. 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 emergency services and urgent care. Contact the plan for details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Prior authorization and referral may be required.
	Lab tests and diagnostic procedures, such as blood work	$0	Prior authorization and referral may be required.
You need hearing/ auditory services	Hearing screenings	$0	This plan covers one (1) supplemental routine hearing exam every year. Prior authorization and referral may be required.
	Hearing aids	$0	This plan covers $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. Limit of one pair of hearing aid(s) per year, regardless of type. Prior authorization may be required. Additional coverage may be available through Medi-Cal. Please refer to your *Member Handbook* for more details or contact your care coordinator for help.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued on the next page)	Dental check-ups and preventive care	$0	This plan offers up to a combined $3,000 allowance for covered supplemental preventive and comprehensive dental services every year. Any amount not used at the end of the plan year will expire. You can use our coverage for these supplemental services: 2 oral exams, 2 cleanings, 2 fluoride treatments, and 2 X-rays every year. Please refer to the Member Handbook for a full list of the dental benefits, limitations, and exclusions. You can find information about this plan's dental benefits in your *Member Handbook*. Additional dental benefits are available through Medi-Cal: **www.dhcs.ca.gov/services/Pages/MediCalDental.aspx**

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)	Restorative and emergency dental care	$0	This plan offers up to a combined $3,000 allowance for covered supplemental preventive and comprehensive dental services every year. Any amount not used at the end of the plan year will expire. This plan covers preventive and comprehensive dental services that may have frequency limitations that vary based upon service up to the allowance amount every year (subject to prior authorization, limitations, and exclusions). Please note that dental pontics (bridges), advanced dental imaging, root canal, and complex extraction related services require prior authorization. Please refer to **Chapter 4** in the plan's *Member Handbook* for more details on prior authorizations, covered dental services, limitations, and exclusions. You can find information about this plan's dental benefits in your *Member Handbook.* Additional dental benefits are available through Medi-Cal: **www.dhcs.ca.gov/services/Pages/MediCalDental.aspx**

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	$0	This plan includes one routine eye exam every year. Additional coverage may be available through Medi-Cal. Please refer to your *Member Handbook* for more details or contact your care coordinator for help.
	Glasses or contact lenses	$0	This plan covers up to $425 for eyeglasses or contact lenses every year. Additional coverage may be available through Medi-Cal. Please refer to your *Member Handbook* for more details or contact your care coordinator for help.
	Other vision care	$0	Please refer to your *Member Handbook* for details.
You need mental health services	Mental health services	$0	Prior authorization and referral may be required. Please refer to your *Member Handbook* for more details.
	Inpatient and outpatient care and community-based services for people who need mental health services	$0	Prior authorization and referral may be required. Please refer to your *Member Handbook* for more details.
You need substance use disorder services	Substance use disorder services	$0	Prior authorization and referral may be required. Please refer to your *Member Handbook* for more details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	$0	This plan covers up to 100 days in a Skilled Nursing Facility (SNF) and an additional 80 days through Medi-Cal. Additional coverage may be available through Medi-Cal. Prior authorization may be required.
	Nursing home care	$0	Please refer to your *Member Handbook* for more details.
	Adult Foster Care and Group Adult Foster Care	$0	Prior authorization and referral may be required. Please refer to your *Member Handbook* for more details.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Prior authorization and referral may be required.
You need help getting to health services	Ambulance services	$0	Your provider must get an approval from the plan before you get ground, air or water transportation that is not an emergency.
	Emergency transportation	$0	
	Transportation to medical appointments and services	$0	Get up to 96 one-way rides to plan-approved health-related locations. Please see the Additional Services section, later in this document, for additional transportation-related benefits. Additional coverage available through Medi-Cal.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Member Handbook* for more information on these drugs. Prior authorization may be required.

You need drugs to treat your illness or condition (continued)	Medicare Part D drugs Part D Drug Coverage Deductible	**If you receive Extra Help,** This payment stage does not apply to you. **If you <u>do not</u> qualify for Extra Help,** You pay $615 (Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier) except for covered insulin products and most adult Part D vaccines.	There may be limitations on the types of drugs covered. Please refer to Anthem Full Dual Advantage Aligned (HMO D-SNP)'s *List of Covered Drugs* (*Drug List*) for more information. Once you or others on your behalf pay $2,100 you've reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the *Member Handbook* for more information on this stage. Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits and are covered under Part B. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's List of Covered Drugs (Formulary). Our plan covers most Part D vaccines at no cost to you.
	Tier 1: Preferred Generic Standard retail one-month supply Mail order three-month supply Tier 2: Generic Standard retail one-month supply	 $0 $0 $0	* If you receive Extra Help, the amount you pay is determined by your Extra Help low-income subsidy (LIS) coverage and whether you use a generic or brand drug. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance. Some network pharmacies allow you to get a long-term supply of

You need drugs to treat your illness or condition (continued)	Mail order three-month supply Tier 3: Preferred Brand Standard retail one-month supply Mail order three-month supply Tier 4: Non-Preferred Drug Standard retail one-month supply Mail order three-month supply Tier 5: Specialty Standard retail one-month supply	$0 $0 - $12.65 or 25%* $0 - $12.65 or 25%* If you receive Extra Help, you pay $0.00-12.65 per month supply of each covered insulin product. If you do not qualify for Extra Help, you won't pay more than $35.00 per month supply of each covered insulin product. $0 - $12.65 or 25%* $0 - $12.65 or 25%* $0 - $12.65 or 25%*	maintenance drugs. A 90- or 100-day supply has the same copay as a one-month supply if you receive Extra Help.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Mail order three-month supply	Not available Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to Anthem Full Dual Advantage Aligned (HMO D-SNP)'s *List of Covered Drugs* (*Drug List*) for more information. OTC coverage is available for many items through Medi-Cal RX. See *List of Covered Drugs* (Drug List) for more details. In addition to the coverage offered by Medi-Cal RX, this plan offers a supplemental OTC benefit through a combined monthly spending allowance. Please refer to the "Everyday Options Allowance" benefit later in this document for more information.
You need help getting better or have special health needs	Rehabilitation services	$0	Prior authorization and referral may be required.
	Medical equipment for home care	$0	Prior authorization may be required.
	Dialysis services	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services	$0	In addition to routine foot care, this plan includes coverage for unlimited, non-routine podiatry visits. Prior authorization and referral may be required.
	Orthotic services	$0	Prior authorization and referral may be required.
You need durable medical equipment (DME) **Note: This isn't a complete list of covered DME. For a complete list, contact Customer Service or refer to Chapter 4 of the *Member Handbook*.**	Wheelchairs, crutches, and walkers	$0	Prior authorization may be required.
	Nebulizers	$0	Prior authorization may be required.
	Oxygen equipment and supplies	$0	Prior authorization may be required.
You need help living at home (continued on the next page)	Home health services	$0	Prior authorization and referral may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	For home modifications such as grab bars: This plan offers a supplemental Home and Bathroom safety devices benefit through a combined monthly spending allowance. Please refer to the **Everyday Options Allowance** benefit later in this document for more information. For in-home services: please contact your care coordinator to get information on how to access these services. Prior authorization and referral may be required. For home modifications: please refer to your *Member Handbook* for details.
	Adult day health, Community Based Adult Services (CBAS), or other support services	$0	For CBAS and adult day health: please contact your care coordinator to get information on how to access these services. For other support services: please refer to your *Member Handbook* for details. Prior authorization and referral may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Day habilitation services	$0	Prior authorization and referral may be required. These services are covered under CBAS (above). Please refer to your *Member Handbook* for more details.
	Services to help you live on your own (home health care services or personal care attendant services)	$0	Please contact your care coordinator to get information on how to apply for and access these services. Prior authorization and referral may be required. Please refer to your *Member Handbook* for more details.
Additional services (continued on the next page)	Chiropractic services	$0	Prior authorization and referral may be required.
	Diabetes supplies and services	$0	Prior authorization may be required. Some limitations may apply. Please refer to your *Member Handbook* for more details.
	Prosthetic services	$0	Prior authorization may be required.
	Radiation therapy	$0	Prior authorization and referral may be required.
	Services to help manage your disease	$0	Please refer to your *Member Handbook* for details.
	Acupuncture	$0	This plan offers coverage for unlimited, routine acupuncture visits every year.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	California Integrated Care Management (CICM)	$0	Benefit eligibility includes: • Adults Experiencing Homelessness • Adults At Risk for Avoidable Hospital or ED Utilization • Adults with Serious Mental Health and/or SUD Needs • Adults Transitioning from Incarceration • Adults Living in the Community and At Risk for Long-Term Care (LTC) Institutionalization • Adult Nursing Facility Residents Transitioning to the Community • Adults who are Pregnant or Postpartum and Subject to Racial and Ethnic Disparities

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			• Adults with Documented Dementia Needs Please contact your care coordinator to get information on how to access these services. Through CICM, we will coordinate both medical and nonmedical services including Community Supports, that support social drivers of health such as housing, home modifications or medically-tailored meals.
	24/7 NurseLine	$0	24-hour access to a nurse helpline, 7 days a week, 365 days a year: **1-855-658-9249.**

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Fitness	$0	**SilverSneakers*® Fitness Program** When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to silversneakers.com or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 8 a.m. to 8 p.m. ET. **SilverSneakers is a registered trademark of Tivity Health, Inc. All rights reserved. Tivity Health, Inc. is an independent company providing a fitness program on behalf of this plan.* • **Active Fitness Benefit** This benefit provides a spending allowance of $25 each month on your Benefits Mastercard® Prepaid Card for the payment of access fees or lesson/clinic costs at sports facilities for golf, swimming, and tennis. The allowance cannot be applied to merchandise or other services. Unused amounts carry over each month and expire at the end of the plan year.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Healthy Meals - Chronic Condition	$0	Enjoy healthy meals delivered directly to your home. You could receive up to two meals a day for up to 90 days to support your nutritional needs. The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to **Chapter 4** in the plan's *Member Handbook*.
	Healthy Meals - Post Discharge	$0	Up to 2 meals a day for 7 days following your discharge from the hospital or skilled nursing facility (SNF).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	LiveHealth® Online	$0	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.
	Medicare Community Resource Support	$0	We assist you right over the phone by providing you with health-related information and by connecting you to local community-based services and support programs. We'll help you coordinate these services based on your unique needs. Call us at the number listed on your plan ID card and ask for the Medicare Community Resource Support team for more details.

Additional services (continued)	Everyday Options Allowance	$0	This benefit provides a combined monthly spending allowance of $95 each month on your Benefits Mastercard® Prepaid Card for assistive devices, healthy foods*, over-the-counter (OTC) health and wellness products, and utilities*. You have the flexibility to choose how you want to spend your allowance on any of the following benefits: **Assistive Devices**: ADA toilet seats, shower stools, hand-held shower heads, reaching devices, temporary wheelchair threshold ramps, and more. **Healthy Foods***: Food items like fresh meats, fruits, and vegetables. **OTC**: Health and wellness products like vitamins, first aid supplies, pain-relievers, and more. **Utilities***: Use toward the payment of natural/propane gas, electric, water, cable, internet, or cell phone services. Unused amounts expire at the end of each month. *The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to **Chapter 4** in the plan's *Member Handbook*.
	Personal Emergency Response System (PERS) coverage	$0	Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you. For more details, please call the Customer Service phone number listed at the bottom of this page.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Community Supports	$0	Services include: • Asthma remediation • Community Transitions Services/Nursing Facility Transitions to a Home • Day Habilitation • Environmental Accessibility Adaptations (Home Modifications) • Housing Deposits • Housing Tenancy and Sustaining Services • Housing Transition Navigation Services • Meals/Medically Tailored Meals • Nursing Facility Transition/Diversion to Assisted Living Facilities • Personal Care and Homemaker Services • Recuperative Care (Medical Respite) • Respite Services • Short-term Post Hospitalization Housing (STPH) • Sobering Centers

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Anthem Full Dual Advantage Aligned (HMO D-SNP) *Member Handbook*. If you don't have a *Member Handbook*, call Anthem Full Dual Advantage Aligned (HMO D-SNP)

Customer Service to get one. If you have questions, you can also call Customer Service or visit **shop.anthem.com/medicare/ca**.

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

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

Other services covered by Medicare, Medi-Cal, or a State Agency	**Your costs**
• In Home Supportive Services • County specialty mental health and substance use disorder services • Waiver programs including the Assisted Living Waiver and Multipurpose Senior Service Program, and regional center services Please contact your care coordinator to get information on eligibility and how to access these services.	$0
Certain dental services Dental Managed Care (DMC) member contact information can be found at www.dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMCMemberContactInformation. For Medi-Cal Dental Fee-for-Service, contact Medi-Cal Dental at 1-800-322-6384 or visit the website at smilecalifornia.org or sonriecalifornia.org.	$0
Certain hospice care services covered outside of Anthem Full Dual Advantage Aligned (HMO D-SNP)	$0
Psychosocial rehabilitation	$0
Targeted case management	$0
Rest home room and board	$0

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

This isn't a complete list. Call Customer Service at the numbers listed at the bottom of this page to find out about other excluded services.

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

F. Your rights as a member of the plan

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

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover

- How to get services
- How much services will cost you
- Names of health care providers

- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. Anthem Full Dual Advantage Aligned (HMO D-SNP) will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
- **You have the right to file a complaint or appeal a denied, delayed, or modified service, please see section G below.** This includes the right to:

- File a complaint or grievance against us or our providers
- Appeal certain decisions made by us or our providers
- File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number (1-888-466-2219), or a TDD line (1-877-688-9891) for the hearing and speech impaired. The DMHC website (www.dmhc.ca.gov/) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
- Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature
- Ask for a State Hearing
- Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision

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

You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m., or the Medi-Cal Office of the Ombudsman1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m.

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

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

Mail to:

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

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

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

To ask for an IMR:

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

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

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook.* You can also call Anthem Full Dual Advantage Aligned (HMO D-SNP) Customer Service.

H. What to do if you suspect fraud

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

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

- Call us at Anthem Full Dual Advantage Aligned (HMO D-SNP) Customer Service. Phone numbers are listed at the bottom of this page.
- Or, call the Medi-Cal Customer Service Center at 1-800-541-5555. TTY users may call 1-800-430-7077.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

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

1-833-897-1342

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.

Customer Service also has free language interpreter services available for non-English speakers.

TTY: 711

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

Calls to this number are free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call Anthem Full Dual Advantage Aligned (HMO D-SNP) 24/7 NurseLine. A nurse will listen to your problem and tell you how to get care. (*Example:* urgent care, emergency room). The numbers for the Anthem Full Dual Advantage Aligned (HMO D-SNP) 24/7 NurseLine are:

1-855-658-9249

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 Aligned (HMO D-SNP) also has free language interpreter services 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.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you need help in your language, call 1-833-897-1342 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-833-897-1342 (TTY: 711). These services are free of charge.

العربية (Arabic)

تنبيه: إذا كنت تحتاج إلى المساعدة بلغتك، فاتصل على الرقم 1-833-897-1342 (TTY: 711). تتوفر أيضًا المساعدات والخدمات للأفراد ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل والحروف الكبيرة. اتصل على الرقم 1-833-897-1342 (TTY: 711). هذه الخدمات مجانية دون أي تكلفة.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. եթե ձեր լեզվով օգնության կարիք ունեք, զանգահարեք 1-833-897-1342 (TTY՝ 711)։ Հասանելի են նաև օգնություն և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպիսիք են բրայլյան և խոշոր տառերով փաստաթղթերը։ Զանգահարեք 1-833-897-1342 (TTY՝ 711)։ Այս ծառայություններն անվճար են։

ភាសាខ្មែរ (Cambodian)
សូមជ្រាបៈ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក
សូមទូរសព្ទទៅលេខ 1-833-897-1342 (TTY: 711)។
ជំនួយនិងសេវាកម្មសម្រាប់ជនដែលមានពិការភាព
ដូចជាឯកសារជាអក្សរស្ទាប និងមានពុម្ពអក្សរធំ
ក៏មានផងដែរ។ សូមទូរសព្ទទៅលេខ 1-833-897-1342
(TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃនោះទេ។

中文 (Chinese)
注意：如果您需要您的语言协助，请致电 1-833-897-1342 (TTY: 711)。我们还可为残障人士提供帮助和服务，例如盲文和大字体印刷。致电 1-833-897-1342 (TTY: 711)。这类服务免费。

فارسی (Farsi)
توجه: اگر به کمک به زبان خودتان نیاز دارید، با 1-833-897-1342 (TTY: 711) تماس بگیرید. خدمات و پشتیبانی‌ها برای افراد معلول مانند اسناد با خط بریل یا چاپ درشت نیز موجود است. با 1-833-897-1342 (TTY: 711) تماس بگیرید. این خدمات رایگان و بدون هزینه است.

हिन्दी (Hindi)
ध्यान दें: यदि आपको अपनी भाषा में सहायता चाहिए तो कॉल करें 1-833-897-1342 (TTY: 711)। विकलांग लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज जैसी सहायताएं और सेवाएं भी उपलब्ध हैं। कॉल करें 1-833-897-1342 (TTY: 711)। ये सेवाएँ निःशुल्क हैं।

Hmoob (Hmong)
NCO NTSOOV: Yog koj xav tau kev pab ua koj yam lus, hu 1-833-897-1342 (TTY: 711). Muaj cov khoom thiab kev pab cuam rau cov neeg xiam oob qhab siv, xws li muaj ua ntawv xuas thiab ntawv luam loj. Hu 1-833-897-1342 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)
注意：母国語での助けが必要な場合は、1-833-897-1342 (TTY: 711) までご連絡ください。点字や大活字の文書など、障害者の方ための補助やサービスもご利用いただけます。1-833-897-1342 (TTY: 711) までご連絡ください。これらのサービスは無料です。

한국어 (Korean)
주의: 한국어로 도움이 필요하시면, 1-833-897-1342 (TTY: 711)번으로 전화해 주십시오. 점자 및 대형 활자체 문서와 같은 장애인을 위한 지원 및 서비스도 제공됩니다. 1-833-897-1342 (TTY: 711)번으로 전화해 주십시오. 이러한 서비스는 무료입니다.

ພາສາລາວ (Laotian)
ເອົາໃຈໃສ່: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໃຫ້ໂທຫາ 1-833-897-1342 (TTY: 711). ມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການເຊັ່ນ ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ຕົວພິມຂະໜາດໃຫຍ່. ໂທ 1-833-897-1342 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ແມ່ນບໍ່ເສຍຄ່າທໍານຽມ.

Mienh Waac (Mien)
CAU FIM JANGX LONGX: Se gorngv meih qiemx longc mienh tengx faan benx meih nyei waac, douc waac lorz taux 1-833-897-1342 (TTY: 711). Ninh mbuo mbenc duqv maaih jaa-dorngx aengx caux gong-bou jau-louc tengx ziux goux waaic fangx mienh, dorh sou zoux benx braille, nqaapv bieqc domh zei-linh. Douc waac lorz 1-833-897-1342 (TTY: 711). Naaiv deix gong-bou jau-louc benx wangv-henh tengx hnangv oc.

'ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ 1-833-897-1342 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। 1-833-897-1342 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਬਿਨਾਂ ਕਿਸੇ ਸ਼ੁਲਕ ਹਨ।

Русский (Russian)
ВНИМАНИЕ: Если вы хотите получить помощь на вашем родном языке, позвоните по номеру 1-833-897-1342 (TTY: 711). Мы также предоставляем вспомогательные средства и услуги лицам с ограниченными возможностями, в том числе документы, набранные шрифтом Брайля или крупным шрифтом. Звоните по номеру телефона 1-833-897-1342 (TTY: 711). Эти услуги предоставляются бесплатно.

Español (Spanish)
ATENCIÓN: Si necesita ayuda en su idioma, llame al 1-833-897-1342 (TTY: 711). También hay ayudas y servicios disponibles para personas discapacitadas, como documentos en braille y letra grande. Llame al 1-833-897-1342 (TTY: 711). Estos servicios son sin cargo.

Tagalog (Filipino)
PAUNAWA: Kung kailangan mo ng tulong na nasa iyong wika, tumawag sa 1-833-897-1342 (TTY: 711). May available rin na mga tulong at serbisyo para sa mga taong may mga kapansanan, tulad ng mga dokumento na nasa braille at malaking print. Tumawag sa 1-833-897-1342 (TTY: 711). Walang bayad ang mga serbisyong ito.

ภาษาไทย (Thai)
หมายเหตุ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร 1-833-897-1342 (TTY: 711) **นอกจากนี้ยังมีอุปกรณ์ช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารในรูปแบบอักษรเบรลล์และการพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทร** 1-833-897-1342 (TTY: 711) **บริการเหล่านี้ฟรี**

Українська (Ukrainian)
УВАГА: Якщо ви бажаєте отримати допомогу вашою рідною мовою, зателефонуйте за номером 1-833-897-1342 (TTY: 711). Ми також надаємо допоміжні засоби та послуги особам з інвалідністю, зокрема документи, набрані шрифтом Брайля або великим шрифтом. Телефонуйте за номером 1-833-897-1342 (TTY: 711). Ці послуги надаються безкоштовно.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần giúp đỡ bằng ngôn ngữ của quý vị, hãy gọi số 1-833-897-1342 (TTY: 711). Cũng sẵn có sự trợ giúp và các dịch vụ cho người khuyết tật, như tài liệu bằng chữ nổi hoặc ở bản in khổ chữ lớn. Gọi số 1-833-897-1342 (TTY: 711).
Các dịch vụ này được cung cấp miễn phí.

NONDISCRIMINATION NOTICE

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

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

- Free aids and services in a timely manner 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 in a timely manner to people whose primary language is not English, such as:
  - ✓ Qualified interpreters
  - ✓ Information written in other languages

If you need these services, contact Anthem Full Dual Advantage Aligned (HMO D-SNP) 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 **1-833-897-1342**. 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, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

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

HOW TO FILE A GRIEVANCE

If you believe that Anthem Full Dual Advantage Aligned (HMO D-SNP) has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability,

medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Anthem Full Dual Advantage Aligned (HMO D-SNP) Plan's Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact Anthem Full Dual Advantage Aligned (HMO D-SNP) Plan's Civil Rights Coordinator between 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30 by calling **1-888-230-7338**. Or, if you cannot hear or speak well, please call **711**.
- In writing: Fill out a complaint form or write a letter and send it to:
  Anthem Full Dual Advantage Aligned (HMO D-SNP)
  Medicare Complaints, Appeals & Grievances
  Mailstop: OH0205-A537
  4361 Irwin Simpson Rd
  Mason, OH 45040
- In person: Visit your doctor's office or Anthem Full Dual Advantage Aligned (HMO D-SNP) and say you want to file a grievance.

- Electronically: Visit the Anthem Full Dual Advantage Aligned (HMO D-SNP) website at: www.anthem.com/ca/nondiscrimination.

OFFICE OF CIVIL RIGHTS - CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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

- By phone: Call **1-916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:
  Deputy Director, Office of Civil Rights
  Department of Health Care Services
  Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

  Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.
- Electronically: Send an email to CivilRights@dhcs.ca.gov.

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

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

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

  Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
- Electronically: Visit the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

IMPORTANT INFORMATION:
2025 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Anthem Blue Cross - H4471

For 2025, Anthem Blue Cross - H4471 received the following Star Ratings from Medicare:

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

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

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at **medicare.gov/plan-compare.**

Questions about this plan?

Contact Anthem Blue Cross 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).

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 **1-844-591-2078** 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 **1-844-591-2078** 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, 2027.
- [ ] 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.