

# Summary of Benefits



## Medicare Advantage and Part D

**Plan year:** January 1 – December 31, 2026

### Indiana

All counties in Indiana

### **Anthem I PathWays Dual Care Advantage (HMO D-SNP)**

# Introduction

This document is a brief summary of the benefits and services covered by Anthem I PathWays Dual Care Advantage (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 I PathWays Dual Care 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 I PathWays Dual Care Advantage (HMO D-SNP) for January 1 – December 31, 2026. 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.

- Anthem Blue Cross and Blue Shield is an HMO D-SNP plan with a Medicare contract and a contract with the Indiana Medicaid program. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal. Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Blue Shield 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](http://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 Anthem I PathWays Dual Care Advantage (HMO D-SNP), you can check the PathWays webpage at [www.in.gov/pathways/home](http://www.in.gov/pathways/home) or contact the Anthem I PathWays Dual Care Advantage (HMO D-SNP) Office of the Ombudsman at 1-800-622-4484 Monday through Friday between the hours of 9 am and 5 pm.

**ATTENTION:** If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-833-412-4405** (TTY: **711**) or speak to your provider. Hours of operation are 8 a.m. to 8 p.m. local time, 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.

**Spanish – ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia en otros idiomas. También puede obtener ayudas y servicios auxiliares adecuados gratuitos para proporcionar información en formatos accesibles. Llame al número de teléfono indicado anteriormente o hable con su proveedor. El horario de atención es de 8 a.m. a 8 p.m. hora local, los siete días de la semana (excepto el Día de Acción de Gracias y Navidad) desde el 1.º de octubre hasta el 31 de marzo, y de lunes a viernes (excepto los días feriados) desde el 1.º de abril hasta el 30 de septiembre.

**Arabic** تنبيه: إذا كنت تتحدث ،العربية فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجاناً. اتصل برقم الهاتف المذكور أعلاه أو تحدث إلى مقدم الخدمة الخاص بك. ساعات العمل من الساعة 8 صباحاً حتى الساعة 8 مساءً على مدار الأسبوع (ما عدا أيام عيد الشكر وعيد الميلاد) بداية من 1 أكتوبر حتى 31 مارس ومن الاثنين حتى الجمعة (ما عدا أيام العطلات) من 1 أبريل حتى 30 سبتمبر.

**Burmese – သတိပြုရန်-** သွင်သည် ဗမာ ဘာသာစကားကို ပြောလျှင် သင့်အတွက် အခမဲ့ ဘာသာစကား အကူအညီ ဝန်ဆောင်မှု ရရှိနိုင်သည်။ သတင်းအချက်အလက်များ ပေးအပ်ရန်အတွက် သင့်တော်သည့် အထောက်အကူပြု ပစ္စည်းများနှင့် ဝန်ဆောင်မှု များကို အသုံးပြုရန် လွယ်ကူသည့် ပုံစံများဖြင့်လည်း အခမဲ့ ရရှိနိုင်သည်။ သင့်အဖွဲ့ဝင် ကတ်ပေါ်ရှိ ဖုန်းနံပါတ်ကို ခေါ်ဆိုပါ သို့မဟုတ် သင်၏ ကူညီပံ့ပိုးသူနှင့် စကားပြောဆိုပါ။ ရုံးဖွင့်ချိန်မှာ ဒေသစံတော်ချိန် နံနက် 8 နာရီမှ ညနေ 8 နာရီ၊ အောက်တိုဘာလ 1 ရက်နေ့မှ မတ်လ 31 ရက်နေ့အထိ တစ်ပတ်လျှင် ခုနစ်ရက် (ကျေးဇူးတော်နေ့နှင့် ခရစ်စမတ်နေ့မှအပ) နှင့် ဧပြီလ 1 ရက်မှ စက်တင်ဘာလ 30 ရက်အထိ တနင်္လာမှ သောကြာအထိ (ရုံးပိတ်ရက်များမှ အပ) ဖြစ်သည်။

**Chinese Simplified** – 注意：如果您说简体中文，我们可以为您提供免费的语言协助服务。我们还免费提供适当的辅助工具和服务，以可访问的格式提供信息。请拨打上面列出的电话号码或与您的提供者交谈。营业时间：10月1日至3月31日，每周七天（感恩节和圣诞节除外），4月1日至9月30日，周一至周五（节假日除外），当地时间上午8时至晚上8时。

**Chinese Traditional** – 注意：如果您說繁體中文，我們可以為您提供免費的語言協助服務。我們還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打上面列出的電話號碼或與您的提供者交談。營業時間：10月1日至3月31日，每週七天（感恩節和耶誕節除外），4月1日至9月30日，週一至週五（節假日除外），當地時間上午8時至晚上8時。

**Dutch** – LET OP: Als u Nederlands spreekt, kunt u gratis gebruikmaken van taalhulpdiensten. Ook zijn er gratis hulpmiddelen en diensten beschikbaar om informatie in toegankelijke formaten te verstrekken. Bel het bovenstaande telefoonnummer of neem contact op met uw provider. De openingstijden zijn van 8 a.m. tot 8 p.m. uur lokale tijd, zeven dagen per week (behalve Thanksgiving en kerstmis) vanaf 1 oktober tot en met 31 maart, en van maandag tot en met vrijdag (behalve feestdagen) vanaf 1 april tot en met 30 september.

**French** – ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique sont disponibles. Des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le numéro de téléphone mentionné ci-dessus ou appelez votre prestataire. Les heures d'ouverture sont de 8 a.m à 8 p.m., heure locale, sept jours sur sept (sauf Thanksgiving et Noël) du 1er octobre au 31 mars, et du lundi au vendredi (sauf jours fériés) du 1er avril au 30 septembre.

**German – ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Dienste zur sprachlichen Unterstützung zur Verfügung. Außerdem sind kostenlose Hilfsmittel und Dienste verfügbar, um Informationen in zugänglichen Formaten bereitzustellen. Rufen Sie die oben aufgeführte Telefonnummer an oder wenden Sie sich an Ihren Anbieter. Die Geschäftszeiten sind 8 Uhr bis 20 Uhr lokaler Zeit an sieben Tagen in der Woche (außer Thanksgiving und Weihnachten) vom 1. Oktober bis zum 31. März, und Montag bis Freitag (außer an Feiertagen) vom 1. April bis zum 30. September.

**Gujarati – ધ્યાન આપો:** જો તમે ગુજરાતી બોલો છો, તો તમારા માટે વિના મૂલ્યે ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોનમેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. ઉપર દર્શાવેલ ફોન નંબર પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો. કામકાજના કલાકો સ્થાનિક સમય મુજબ સવારે 8 વાગ્યાથી સાંજના 8 વાગ્યા સુધી, ઓક્ટોબર 1 થી માર્ચ 31 સુધી અઠવાડિયાના સાતેય દિવસ (થેક્સડેયિંગ અને ક્રિસમસ સિવાય) અને સોમવારથી શુક્રવાર (રજાઓ સિવાય) એપ્રિલ 1 થી સપ્ટેમ્બર 30 સુધી છે.

**Haitian Creole – ATANSYON:** Si w pale kreyòl ayisyen, sèvis asistans linguistik gratis disponib pou ou. Ed ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm ki aksesib disponib tou san w p ap peye. Rele nimewo telefòn yo bay anwo a oswa pale ak founisè w la. Orè fonksyònman yo se 8 a.m. rive 8 p.m., sèt jou sou sèt (eksepte Jou Thanksgiving ak Nwèl) soti 1ye Oktòb rive 31 Mas, ak Lendi pou rive Vandredi (eksepte jou ferye) soti 1ye Avril rive 30 Septanm.

**Hindi – ध्यान दें:** यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। पहुँच योग्य प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। ऊपर दिए गए फ़ोन नंबर पर कॉल करें या अपने प्रदाता से बात करें। कामकाज के घंटे, 1 अक्टूबर से 31 मार्च तक सप्ताह के सातों दिन (थैंक्सगिविंग और क्रिसमस को छोड़कर), और 1 अप्रैल से 30 सितंबर तक सोमवार से शुक्रवार (छुट्टियों को छोड़कर), स्थानीय समय अनुसार सुबह 8 बजे से रात 8 बजे तक हैं।

**Japanese** – 注意：日本語を話せる方向けに、無料の言語支援サービスをご提供しています。適切な補助器具・サービスも、利用者がアクセスしやすい方法でご提供しています。こちらでも無料でご利用いただけます。必要な情報取得にお役立てください。上記の電話番号にお電話いただくか、プロバイダーにお問い合わせください。営業時間は、10月1日から3月31日までは現地時間午前8時から午後8時まで週7日（感謝祭とクリスマスを除く）、および4月1日から9月30日まで（祝日を除く）は月曜日から金曜日までです。

**Korean** – 주의: 한국어를 구사하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 대체 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 제공됩니다. 위의 전화 번호로 전화하시거나 담당 의료 제공자에게 문의해 주십시오. 운영 시간은 현지 시간 오전 8시부터 오후 8시까지이며 10월 1일부터 3월 31일까지는 주 7일(추수 감사절과 성탄절은 제외) 내내, 4월 1일부터 9월 30일까지는 월요일부터 금요일까지(휴일은 제외)입니다.

**Pennsylvania Dutch** – BEACHTUNG: Wann Sie Pennsilfaanisch Deutsch schwetze, sin fer Sie gratis Schproochhilfsdiener verfügbar. Geeignet Hilfsmittel un Hilfsdiensch, fer Wiss in barrierefreie Formate bereitzustelle, sin aa gratis verfügbar. Rufe Sie die telefunnummer wu dobaue gennant is odder schwetze Sie mit Ihrem Versorger. Die Bedienungszeite sin vun 8:00 Owends bis 8:00 Moies Ortszeit, sieben Daag in der Woch (ausser Danksagungsdaag un Weihnachten) vum 1. Oktober bis 31. März, un vum 1. April bis 30. September Montag bis Freidaag (ausser Feiertag).

**Polish** – UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dostępne są również nieodpłatnie odpowiednie pomoce i usługi zapewniające informacje w dostępnych formatach. Zadzwoń pod numer telefonu podany powyżej lub porozmawiaj ze swoim dostawcą. Czynne od 8:00 rano do 8:00 wieczorem czasu lokalnego, czasu lokalnego, siedem dni w tygodniu (oprócz Święta Dziękczynienia i Bożego Narodzenia) od 1 października do 31 marca oraz od poniedziałku do piątku (oprócz świąt) od 1 kwietnia do 30 września.



**Punjabi** – ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਉੱਪਰ ਦਿੱਤੇ ਫੋਨ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ। ਕੰਮਕਾਜ ਦੇ ਘੰਟੇ, 1 ਅਕਤੂਬਰ ਤੋਂ 31 ਮਾਰਚ ਤੱਕ ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ (ਥੈਕਸਡੇਅ ਅਤੇ ਕ੍ਰਿਸਮਿਸ ਨੂੰ ਛੱਡ ਕੇ), ਅਤੇ 1 ਅਪ੍ਰੈਲ ਤੋਂ 30 ਸਤੰਬਰ ਤੱਕ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ (ਛੁੱਟੀਆਂ ਨੂੰ ਛੱਡ ਕੇ), ਸਥਾਨਕ ਸਮੇਂ ਅਨੁਸਾਰ ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8 ਵਜੇ ਤੱਕ ਹਨ।

**Russian** – ВНИМАНИЕ: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Позвоните по вышеуказанному номеру телефона или обсудите этот вопрос с вашим поставщиком услуг. Часы работы: с 08:00 до 20:00 в любой день недели (кроме Дня благодарения и Рождества) с 1 октября по 31 марта и с понедельника по пятницу (кроме праздничных дней) с 1 апреля по 30 сентября.

**Serbian** – ПАЖЊА: Ако говорите српски, доступне су вам бесплатне услуге помоћи за ваш језик. Бесплатно су вам доступна и одговарајућа помагала и услуге у доступним форматима како бисте добили информације које су вам потребне. Позовите број телефона наведен изнад или поразговарајте са својим пружаоцем услуга. Радно време је од 8 до 20 часова по локалном времену, седам дана у недељи (осим Дана захвалности и Божића) од 1. октобра до 31. марта, односно од понедељка до петка (осим празника) од 1. априла до 30. септембра.

**Tagalog** – PAUNAWA: Kung nagsasalita ka Tagalog, mayroong available na mga libreng serbisyo sa tulong sa wika para sa iyo. Ang naaangkop na mga karagdagang tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay available rin nang walang bayad. Tawagan ang numero ng telepono na nakalista sa itaas o makipag-usap sa iyong provider. Ang mga oras ng opisina ay 8 a.m. hanggang 8 p.m., lokal na oras, pitong araw sa isang linggo (maliban sa Thanksgiving at Pasko) mula Oktubre 1 hanggang Marso 31, at Lunes hanggang Biyernes (maliban sa mga holiday) mula Abril 1 hanggang Setyembre 30.



**Vietnamese** – CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí luôn sẵn sàng phục vụ quý vị. Các dịch vụ và hỗ trợ phụ trợ thích hợp cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi số điện thoại nêu trên hoặc nói chuyện với nhà cung cấp của quý vị. Giờ làm việc từ 8 giờ sáng đến 8 giờ tối, giờ địa phương, bảy ngày một tuần (Trừ Lễ Tạ ơn và Giáng sinh) từ ngày 1 Tháng Mười đến 31 Tháng Ba, và Thứ Hai đến Thứ Sáu (trừ các ngày lễ), từ ngày 1 Tháng Tư đến 30 Tháng Chín.

- ☐ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-833-412-4405** (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, Arabic, Burmese, Chinese, Dutch, French, German, Gujarati, Haitian Creole, Hindi, Japanese, Korean, Pennsylvania Dutch, Polish, Punjabi, Russian, Serbian, Tagalog, and Vietnamese.
- ☐ 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 I PathWays Dual Care 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.
- ☐ 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.

## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a PathWays FIDE SNP?	<p>Our plan is part of the Indiana PathWays and was designed to provide coordinated care. This program was designed by the Indiana Family and Social Services Administration (FSSA), the state agency that provides Medicaid to Hoosiers. Our plan combines your Medicare and Medicaid services. It combines your doctors, hospital, pharmacy, home care, other home and community-based services, nursing home care and other health care providers into one coordinated care system. It also has care coordinators to help you manage all the services you receive. They all work together to provide the care you need.</p> <p>To be eligible to enroll in a fully-integrated dual eligible (FIDE) special needs plan (SNP) in Indiana, you must be 60 years of age or older, be entitled to Medicare Parts A and B and be eligible for PathWays benefits.</p>

Frequently Asked Questions	Answers
<p><b>Will I get the same Medicare and Medicaid benefits in Anthem I PathWays Dual Care Advantage (HMO D-SNP) that I get now?</b></p>	<p>You'll get most of your covered Medicare and Medicaid benefits directly from Anthem I PathWays Dual Care Advantage (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 coordinator assessment. You may also get other benefits outside of your health plan the same way you do now, for example, directly from Medicaid Rehabilitation Option (MRO) behavioral health services, Area Agencies on Aging (AAAs) or services through Money Follows the Person (MFP) program.</p> <p>When you enroll in Anthem I PathWays Dual Care Advantage (HMO D-SNP), you and your care coordinator will work together to develop a person-centered care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you're taking any Medicare Part D drugs that Anthem I PathWays Dual Care Advantage (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 I PathWays Dual Care Advantage (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the number listed at the bottom of this page.</p>

Frequently Asked Questions	Answers
Can I use the same providers I use now?	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Anthem I PathWays Dual Care Advantage (HMO D-SNP) and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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. <b>You must use the providers in Anthem I PathWays Dual Care Advantage (HMO D-SNP)’s network.</b> If you use providers or pharmacies that aren’t in our network, the plan may not pay for these services or drugs.</li> <li><input type="checkbox"/> If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Anthem I PathWays Dual Care Advantage (HMO D-SNP)'s plan.</li> </ul> <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 I PathWays Dual Care Advantage (HMO D-SNP)’s Provider and Pharmacy Directory on the plan’s website at <b>shop.anthem.com/medicare</b>.</p> <p>If Anthem I PathWays Dual Care Advantage (HMO D-SNP) is new for you, we’ll work with you to develop a person-centered care plan to address your needs.</p> <p>If you’re undergoing treatment and switch, or newly enroll in a PathWays FIDE SNP plan, there are rules to help you continue your care. During your first 90 days of starting Anthem I PathWays Dual Care Advantage (HMO D-SNP) with we may not require prior authorization for the active course of treatment, even when the treatment is being provided by an out-of-network provider.</p>

Frequently Asked Questions	Answers
<b>What's an Anthem I PathWays Dual Care Advantage (HMO D-SNP) care coordinator?</b>	An Anthem I PathWays Dual Care Advantage (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. Call Member Services at the numbers listed at the bottom of this page if you need help reaching your care coordinator.
<b>What are Long-term Services and Supports (LTSS)?</b>	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Some of these supports also help caregivers involved with you, such as family or friends who provide help. Most of these types of services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, an Area Agency on Aging or another agency may administer these services, and your care coordinator will work with that agency.
<b>What happens if I need a service but no one in Anthem I PathWays Dual Care Advantage (HMO D-SNP)'s network can provide it?</b>	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Anthem I PathWays Dual Care Advantage (HMO D-SNP) will pay for the cost of an out-of-network provider. A prior authorization may be required.

Frequently Asked Questions	Answers
Where's Anthem I PathWays Dual Care Advantage (HMO D-SNP) available?	<p>The service area for this plan includes:</p> <p>Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, De Kalb, Dearborn, Decatur, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Franklin, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, La Porte, Lagrange, Lake, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Ohio, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Ripley, Rush, Scott, Shelby, Spencer, St. Joseph, Starke, Steuben, Sullivan, Switzerland, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wayne, Wells, White, Whitley counties, Indiana.</p> <p>You must live in one of these areas to join the plan.</p> <p>Call Member Services at the numbers listed at the bottom of this page for more information about whether the plan is available where you live.</p>
What's prior authorization?	<p>Prior authorization means an approval from Anthem I PathWays Dual Care Advantage (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network <b>before</b> you get the services. Anthem I PathWays Dual Care Advantage (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>Refer to <b>Chapter 3</b> of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in <b>Chapter 4</b> 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>



Frequently Asked Questions	Answers
<b>Do I pay a monthly amount (also called a premium) under Anthem I PathWays Dual Care Advantage (HMO D-SNP)?</b>	No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
<b>Do I pay a deductible as a member of Anthem I PathWays Dual Care Advantage (HMO D-SNP)?</b>	No. You don't pay deductibles in Anthem I PathWays Dual Care Advantage (HMO D-SNP).
<b>What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Anthem I PathWays Dual Care Advantage (HMO D-SNP)?</b>	There's no cost sharing for medical services in Anthem I PathWays Dual Care Advantage (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 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)
<b>You need hospital care (continued on the next page)</b>	Inpatient hospital care	<b>\$0</b>	If you need support leading up to, or after your hospital stay, contact your Care Coordinator by calling Member Services at the numbers listed at the bottom of this page.

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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)
<b>You need hospital care (continued)</b>			<p>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 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	<b>\$0</b>	Prior authorization may be required.
	Nursing facility and intermediate care facility services in institutions for mental diseases, age 65 and older	<b>\$0</b>	Intermediate Care Facility care isn't covered for individuals with Intellectual Disabilities. Members receiving psychiatric treatment in a state hospital will be disenrolled from the program.
	Clinic services, by an organized facility or clinic not part of a hospital, free standing ambulatory surgical center (ASC) services	<b>\$0</b>	Prior authorization may be required.
	Physician or surgeon care	<b>\$0</b>	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)
<b>You're seeking a healthcare provider</b>	Visits to treat an injury or illness	<b>\$0</b>	Prior authorization may be required.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	<b>\$0</b>	
	Wellness visits, such as a physical	<b>\$0</b>	
	"Welcome to Medicare" (preventive visit one time only)	<b>\$0</b>	
	Specialist care	<b>\$0</b>	Prior authorization may be required.
<b>You need emergency care (continued on the next page)</b>	Emergency room services	<b>\$0</b>	<p>You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do 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 <b>\$100,000</b> per year for worldwide emergency services and</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)
You need emergency care (continued)			urgent care. Contact the plan for details.
	Urgent care	<b>\$0</b>	<p>Urgently needed services are not emergency care. You do not need prior authorization and you do 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 <b>\$100,000</b> per year for worldwide emergency services and urgent care. Contact the plan for details.</p>
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	<b>\$0</b>	<p>Prior authorization may be required.</p> <p>Services must be ordered by a physician or other practitioner authorized to do so.</p>
	Lab tests and diagnostic procedures, such as blood work	<b>\$0</b>	Prior authorization may be required.
You need hearing/auditory services (continued on the next page)	Hearing screenings	<b>\$0</b>	<p>In addition to the Medicare-covered hearing evaluation services, this plan covers one (1) supplemental routine hearing exam every year.</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)
You need hearing/auditory services (continued)	Hearing aids	\$0	<p>In addition to the Medicare-covered hearing evaluations, this plan offers up to <b>\$2,000</b> toward the purchase of one pair of supplemental prescribed hearing aid(s) or up to <b>\$300</b> towards the purchase of one pair of over-the-counter hearing aid(s) and one (1) supplemental hearing aid fitting/evaluation every year.</p> <p>Prior authorization may be required.</p> <p>Additional services may be covered in accordance with your Medicaid benefits and guidelines.</p>
	Dental check-ups and preventive care	\$0	For additional information regarding your dental benefits and in-network providers call Member Services at the numbers listed at the bottom of this page.
You need dental care (continued on the next page)	Restorative and emergency dental care	\$0	<p>In addition to the Medicare-covered dental services, this plan offers up to <b>\$2,500</b> for covered supplemental preventive and comprehensive dental services every year. Any amount not used at the end of the calendar year will expire.</p> <p>Please refer to the <i>Evidence of Coverage</i> for a full list of the dental benefits, limitations, and exclusions.</p> <p>Prior authorization may be required.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need dental care (continued)</b>	Dentures	<b>\$0</b>	Prior authorization may be required.
	Medical/surgical services of a dentist	<b>\$0</b>	Prior authorization may be required.
<b>You need eye care</b>	Eye Exams	<b>\$0</b>	In addition to the Medicare-covered exam to treat an eye condition, this plan covers one (1) routine eye exam every year.
	Glasses	<b>\$0</b>	In addition to Medicare-covered eye wear, this plan covers up to <b>\$300</b> for supplemental eyeglasses or contact lenses every year.
	Other vision care	<b>\$0</b>	Please refer to your <i>Evidence of Coverage</i> for details.
<b>You need mental health services</b>	Inpatient and outpatient care and community-based services for people who need mental health services	<b>\$0</b>	Prior authorization may be required.
	Psychologist services	<b>\$0</b>	Prior authorization may be required.
<b>You need substance use disorder services</b>	Rehabilitation services: mental health and substance use disorder services	<b>\$0</b>	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)
<b>You need a place to live with people available to help you</b>	Skilled nursing care	<b>\$0</b>	This plan covers up to 100 days in a Skilled Nursing Facility (SNF).  Prior authorization may be required.
	Nursing home care	<b>\$0</b>	Prior authorization may be required.
	Adult Family Care	<b>\$0</b>	Prior authorization may be required.
	Assisted Living	<b>\$0</b>	Prior authorization may be required.
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	<b>\$0</b>	Prior authorization may be required.
<b>You need help getting to health services (continued in the next page)</b>	Ambulance services	<b>\$0</b>	Your provider must get an approval from the plan before you get ground, air or water transportation that is not an emergency.
	Emergency transportation	<b>\$0</b>	
	Non-emergency medical transportation	<b>\$0</b>	This plan offers 60, one-way, routine transportation services every year.  Trips are limited to 60 miles.  Routine transportation coverage is limited to plan-approved locations (within the local service area)

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services (continued)			provided by contracted transportation vendors in our plan. If you need a ride, call us at least 48 hours ahead of time (excluding weekends).
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	<b>\$0</b>	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 your <i>Evidence of Coverage</i> for more information on these drugs.  Prior authorization may be required.
	Medicare Part D drugs		<b>Part D Drug Deductible:</b> <b>If you receive Extra Help</b> , this payment stage does not apply to you. <b>If you do not qualify for Extra Help</b> , the deductible is <b>\$615.00</b> per year for Part D prescription drugs. Drugs listed on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, Tier 5: Specialty Tier are included in the Part D deductible.
	<b>Tier 1: Preferred Generic</b>		
	Standard retail one-month supply	<b>\$0.00</b>	
	Mail order three-month supply	<b>\$0.00</b>	
	<b>Tier 2: Generic</b>		
	Standard retail one-month supply	<b>\$0.00 - \$12.65 OR 25%*</b>	There may be limitations on the types of drugs covered. Refer to Anthem I PathWays Dual Care Advantage (HMO D-SNP)'s <i>List of Covered Drugs</i>
	Mail order three-month supply	<b>\$0.00 - \$12.65 OR 25%*</b>	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition (continued)</b>	<b>Tier 3: Preferred Brand</b>		( <i>Drug List</i> ) for more information.
	Standard retail one-month supply	<b>\$0.00 - \$12.65 OR 25%*</b>	Once you or others on your behalf pay <b>\$2,100</b> you've reached the catastrophic coverage stage and you pay <b>\$0</b> for all your Medicare drugs. Read the <i>Evidence of Coverage</i> for more information on this stage.
	Mail order three-month supply	<b>\$0.00 - \$12.65 OR 25%*</b>	
	<b>Tier 4: Non-Preferred Drug</b>		<b>Important message about what you pay for vaccines and insulin:</b> This plan covers most part D vaccines at no cost to you. If you receive Extra Help, you pay <b>\$0.00-\$12.65</b> for a one-month supply of any covered insulin. If you do not qualify for Extra Help, you will not pay more than <b>\$35</b> for a one-month supply of any covered insulin.
	Standard retail one-month supply	<b>\$0.00 - \$12.65 OR 25%*</b>	
	Mail order three-month supply	<b>\$0.00 - \$12.65 OR 25%*</b>	* 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.
	<b>Tier 5: Specialty Tier</b>		
	Standard retail one-month supply	<b>\$0.00 - \$12.65 OR 25%*</b>	
	Mail order three-month supply	<b>Not available</b>	
	<b>Tier 6: Select Care Drugs</b>		
	Standard retail one-month supply	<b>\$0.00</b>	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition (continued)</b>	Mail order three-month supply	<b>\$0.00</b>  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	<b>\$0</b>  This plan offers a supplemental Over-the-Counter (OTC) benefit through a combined monthly spending allowance. Please refer to the <b>Everyday Options Allowance</b> benefit later in this document for more information.	There may be limitations on the types of drugs covered. Please refer to Anthem I PathWays Dual Care Advantage (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information.
<b>You need help getting better or have special health needs (continued on the next page)</b>	Rehabilitation services	<b>\$0</b>	Prior authorization may be required.
	Medical equipment for home care	<b>\$0</b>	Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help getting better or have special health needs (continued)</b>	Dialysis services	<b>\$0</b>	
	Chiropractic services	<b>\$0</b>	Prior authorization may be required.
	Medical and remedial care- other practitioners	<b>\$0</b>	Prior authorization may be required.
	Religious non-medical health care institution and practitioner services	<b>\$0</b>	Prior authorization may be required.
	Speech, hearing and language disorder services	<b>\$0</b>	Prior authorization may be required.
<b>You need foot care</b>	Podiatry services	<b>\$0</b>	In addition to the Medicare-covered podiatry services, this plan covers <b>unlimited</b> supplemental foot care visits every year.  Prior authorization may be required.
	Orthotic services	<b>\$0</b>	Prior authorization may be required.
<b>You need durable medical equipment (DME) Note:</b> This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to <b>Chapter 4</b> of the <i>Evidence of Coverage</i> . (continued on the next page)	Wheelchairs, crutches, and walkers	<b>\$0</b>	Anthem I PathWays Dual Care 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.  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)
<b>You need durable medical equipment (DME)</b> (continued)	Oxygen equipment and supplies	<b>\$0</b>	Prior authorization may be required.
	Prosthetic devices	<b>\$0</b>	Prior authorization may be required.
<b>You need help living at home</b> (continued on the next page)	Home health services	<b>\$0</b>	Prior authorization may be required.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	<b>\$0</b>	<p>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 <b>Everyday Options Allowance</b> benefit later in this document for more information.</p> <p>For in-home services: please contact your care coordinator to get information on how to access these services.</p>



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help living at home (continued)</b>			<p>Additional services may be covered in accordance with your Medicaid benefits and guidelines.</p> <p>Prior authorization may be required.</p>
	Adult day health, Community Based Adult Services (CBAS), or other support services	<b>\$0</b>	<p>For Adult day health, and Community Based Adult Services (CBAS): please contact your care coordinator to get information on how to access these services.</p> <p>For other support services: please refer to your <i>Evidence of Coverage</i> for details.</p> <p>Prior authorization may be required.</p>
	Supports for caregivers that help you remain in the community (such as Caregiver Coaching, Respite, Integrative Health Care Coordination and Structured Family Caregiving)	<b>\$0</b>	
	Services to help you live on your own (home health care services, personal care attendant services and	<b>\$0</b>	<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>

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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)
<b>You need help living at home (continued)</b>	Personal Emergency Response Systems)		
	Services to help you with meal preparation and nutrition (such as Home-Delivered Meals and Nutritional Supplements)	<b>\$0</b>	
	Vehicle Modification	<b>\$0</b>	
	Pest Control	<b>\$0</b>	
<b>Additional services (continued on the next page)</b>	Hospice care	<b>\$0</b>	Prior authorization may be required.
	Diabetes supplies and services	<b>\$0</b>	
	Radiation therapy	<b>\$0</b>	Prior authorization may be required.
	Waiver case management	<b>\$0</b>	
	24/7 NurseLine	<b>\$0</b>	24-hour access to a nurse helpline, 7 days a week, 365 days a year: <b>1-855-658-9249.</b>
	Everyday Options Allowance	<b>\$0</b>	This benefit provides a combined monthly spending allowance of <b>\$289 each month</b> on your Benefits

**If you have questions**, please call Anthem I PathWays Dual Care Advantage (HMO D-SNP) at **1-833-412-4405** (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 **[shop.anthem.com/medicare](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)
Additional services (continued)			<p>Mastercard® Prepaid Card for assistive devices, healthy foods*, over-the-counter (OTC) health and wellness products, and utilities*.</p> <p>You have the flexibility to choose how you want to spend your allowance on any of the following benefits:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Assistive Devices:</b> ADA toilet seats, shower stools, hand-held shower heads, reaching devices, temporary wheelchair threshold ramps, and more.</li> <li><input type="checkbox"/> <b>Healthy Foods*:</b> Food items like fresh meats, fruits, and vegetables.</li> <li><input type="checkbox"/> <b>OTC:</b> Health and wellness products like vitamins, first aid supplies, pain-relievers, and more.</li> <li><input type="checkbox"/> <b>Utilities*:</b> Use toward the payment of natural/propane gas, electric, water, cable, internet, or cell phone services.</li> </ul> <p>Unused amounts expire at the end of each month.</p> <p>* 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</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services (continued)</b>			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 <i>Evidence of Coverage</i> .
	LiveHealth Online	<b>\$0</b>	<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>
	Medicare Community Resource Support	<b>\$0</b>	<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>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services (continued)</b>	Personal Emergency Response System (PERS)	<b>\$0</b>	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	<b>\$0</b>	<p>When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to <b><a href="https://silversneakers.com">silversneakers.com</a></b> 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. All rights reserved. Tivity Health, Inc. is an independent company providing a fitness program on behalf of this plan.</p>

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 I PathWays Dual Care Advantage (HMO D-SNP)'s *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Anthem I PathWays Dual Care 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 I PathWays Dual Care Advantage (HMO D-SNP)

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

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Certain mental health/behavioral health services such as Medicaid Rehabilitation Option services	\$0
Psychiatric Treatment in a State Hospital will result in disenrollment from the Anthem I PathWays Dual Care Advantage (HMO D-SNP)	\$0
Intermediate Care Facilities for Individuals with Intellectual Disabilities	\$0
Traumatic Brain Injury Waiver	\$0
Community Integration and Habilitation Waiver	\$0
Family Support Waiver	\$0



**E. Services that Anthem I PathWays Dual Care Advantage (HMO D-SNP), Medicare, and Medicaid don’t cover**

This isn’t 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 I PathWays Dual Care Advantage (HMO D-SNP), Medicare, and Medicaid do not cover
Cosmetic surgery or procedures
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television

**F. Your rights as a member of the plan**

As a member of Anthem I PathWays Dual Care 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’ll tell you about your rights at least once a year. For more information on your rights, read the *Evidence of Coverage*. 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 and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a Primary Medical Provider (PMP) and change your PMP 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 I PathWays Dual Care 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 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
  - 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
  - File a complaint with the Indiana Office of Administrative Law at 1-800-457-8283 toll-free phone or you may file a petition for review by submitting an online form, located here: [www.in.gov/oalp/file-a-petition-for-review/individuals-or-entities-file-a-petition-for-review/](http://www.in.gov/oalp/file-a-petition-for-review/individuals-or-entities-file-a-petition-for-review/). The Anthem I PathWays Dual Care Advantage (HMO D-SNP) website <https://shop.anthem.com/medicare> has complaint forms and instructions available online.
  - Appeal certain decisions made by the Indiana Office of Administrative Law or our providers
  - Ask for a State 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 I PathWays Dual Care Advantage (HMO D-SNP) Member Services at the number listed at the bottom of this page.

You can also call the Office of the Ombudsman at 1-800-622-4484, Monday through Friday between the hours of 9 am and 5 pm.

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

If you have a complaint or think Anthem I PathWays Dual Care Advantage (HMO D-SNP) should cover something we denied, call Member Services at **1-833-412-4405** (TTY: **711**) or at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call Anthem I PathWays Dual Care Advantage (HMO D-SNP) Member Services at **1-833-412-4405** (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 provider, hospital or other pharmacy is doing something wrong, please contact us.

- ☐ Call us at Anthem I PathWays Dual Care Advantage (HMO D-SNP) Member Services. The phone number is listed at the bottom of each page of this document.
- ☐ Or, call the Indiana FSSA Program Integrity Hotline at 1-800-457-4515 or you may send an email to [ProgramIntegrity.FSSA@fssa.in.gov](mailto:ProgramIntegrity.FSSA@fssa.in.gov).
- ☐ Or, call the Medicaid Customer Service Center at 1-800-403-0864. For TTY needs, members may call 1-877-466-8722.
- ☐ 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 I PathWays Dual Care Advantage (HMO D-SNP) Member Services:**

**CALL: 1-833-412-4405**

Calls to this number are free.

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

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

**TTY: 711**

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

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

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**If you have questions about your health:**

- ☐ Call your Primary Medical Provider (PMP). Follow your PMP's instructions for getting care when the office is closed.
- ☐ If your PMP's office is closed, you can also call Anthem I PathWays Dual Care 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.

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

- Anthem I PathWays Dual Care 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.
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## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-844-597-2614** (TTY: **711**) or speak to your provider. Hours of operation are 8 a.m. to 8 p.m. local time, 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.

**Spanish** – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia en otros idiomas. También puede obtener ayudas y servicios auxiliares adecuados gratuitos para proporcionar información en formatos accesibles. Llame al número de teléfono indicado anteriormente o hable con su proveedor. El horario de atención es de 8 a.m. a 8 p.m. hora local, los siete días de la semana (excepto el Día de Acción de Gracias y Navidad) desde el 1.o de octubre hasta el 31 de marzo, y de lunes a viernes (excepto los días feriados) desde el 1.o de abril hasta el 30 de septiembre.

**Arabic** - تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجاناً. اتصل برقم الهاتف المذكور أعلاه أو تحدث إلى مقدم الخدمة الخاص بك. ساعات العمل من الساعة 8 صباحاً حتى الساعة 8 مساءً على مدار الأسبوع (ما عدا أيام عيد الشكر وعيد الميلاد) بدايةً من 1 أكتوبر حتى 31 مارس، ومن الاثنين حتى الجمعة (ما عدا أيام العطلات) من 1 أبريل حتى 30 سبتمبر.

**Burmese** – သတိပုရိန်- သင်သည် ဗမာ ဘာသာစကားကို ပြောလျှင် သင့်အတွက် အခမဲ့ ဘာသာစကား အကူအညီ ဝန်ဆောင်မှု ရရှိနိုင်ပါသည်။ သတင်းအချက်အလက်များ ပေးအပ်ရန်အတွက် သင့်တော်သည့် အထောက်အကူပြုစုစည်းများနှင့် ဝန်ဆောင်မှုများကို အသုံးပြုရန် လွယ်ကူသည့် ပုံစံများဖြင့်လည်း အခမဲ့ ရရှိနိုင်ပါသည်။ သင့်အဖွဲ့ဝင် ကတ်ပေါ်ရှိ ဖုန်းနံပါတ်ကို ခေါ်ဆိုပါ သို့မဟုတ် သင်၏ ကူညီပံ့ပိုးသူနှင့် စကားပြောဆိုပါ။ ရုံးဖွင့်ချိန်မှာ ဒေသစံတော်ချိန် နံနက် ၈ နာရီမှ ညနေ ၈ နာရီ၊ အောက်တိုဘာလ ၁ ရက်နေ့မှ မတ်လ ၃၁ ရက်နေ့အထိ တစ်ပတ်လျှင် ခုနစ်ရက် (ကျေးဇူးတင်နံပါတ်နှင့် ခရစ်စတမတ်နေ့မှအပ) နှင့် ဧပြီလ ၁ ရက်မှ စက်တင်ဘာလ ၃၀ ရက်အထိ တနင်္လာမှ သင်္ဂြိုဟ်အထိ (ရုံးပိတ်ရက်များမှ အပ) ဖြစ်ပါသည်။

**Chinese Simplified** – 注意：如果您说简体中文，我们可以为您提供免费的语言协助服务。我们还免费提供适当的辅助工具和服务，以可访问的格式提供信息。请拨打上面列出的电话号码或与您的提供者交谈。营业时间：10月1日至3月31日，每周七天（感恩节和圣诞节除外），4月1日至9月30日，周一至周五（节假日除外），当地时间上午8时至晚上8时。



**Chinese Traditional** – 注意：如果您說繁體中文，我們可以為您提供免費的語言協助服務。我們還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打上面列出的電話號碼或與您的提供者交談。營業時間：10月1日至3月31日，每週七天（感恩節和耶誕節除外），4月1日至9月30日，週一至週五（節假日除外），當地時間上午8時至晚上8時。

**Dutch** – LET OP: Als u Nederlands spreekt, kunt u gratis gebruikmaken van taalhulpdiensten. Ook zijn er gratis hulpmiddelen en diensten beschikbaar om informatie in toegankelijke formaten te verstrekken. Bel het bovenstaande telefoonnummer of neem contact op met uw provider. De openingstijden zijn van 8 a.m. tot 8 p.m. uur lokale tijd, zeven dagen per week (behalve Thanksgiving en kerstmis) vanaf 1 oktober tot en met 31 maart, en van maandag tot en met vrijdag (behalve feestdagen) vanaf 1 april tot en met 30 september.

**French** – ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique sont disponibles. Des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le numéro de téléphone mentionné ci-dessus ou appelez votre prestataire. Les heures d'ouverture sont de 8 a.m à 8 p.m., heure locale, sept jours sur sept (sauf Thanksgiving et Noël) du 1er octobre au 31 mars, et du lundi au vendredi (sauf jours fériés) du 1er avril au 30 septembre.

**German** – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Dienste zur sprachlichen Unterstützung zur Verfügung. Außerdem sind kostenlose Hilfsmittel und Dienste verfügbar, um Informationen in zugänglichen Formaten bereitzustellen. Rufen Sie die oben aufgeführte Telefonnummer an oder wenden Sie sich an Ihren Anbieter. Die Geschäftszeiten sind 8 Uhr bis 20 Uhr lokaler Zeit an sieben Tagen in der Woche (außer Thanksgiving und Weihnachten) vom 1. Oktober bis zum 31. März, und Montag bis Freitag (außer an Feiertagen) vom 1. April bis zum 30. September.

**Gujarati** – ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે વનિ મૂલ્યે ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુવલ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ વનિ મૂલ્યે ઉપલબ્ધ છે. ઉપર દર્શાવેલ ફોન નંબર પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો. કામકાજના કલાકો સ્થાનિક સમય મુજબ સવારે 8 વાગ્યાથી સાંજના 8 વાગ્યા સુધી, ઓક્ટોબર 1 થી માર્ચ 31 સુધી અઠવાડિયાના સાતેય દિવસ (થેક્સગવિંગ અને ફ્રસિમસ સવાય) અને સોમવારથી શુક્રવાર (રજાઓ સવાય) એપ્રિલ 1 થી સપ્ટેમ્બર 30 સુધી છે.

**Haitian Creole** – ATANSYON: Si w pale kreyòl ayisyen, sèvis asistans linguistik gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm ki aksesib disponib tou san w p ap peye. Rele nimewo telefòn yo bay anwo a oswa pale ak founisè w la. Orè fonksyònman yo se 8 a.m. rive 8 p.m., sèt jou sou sèt (eksepte Jou Thanksgiving ak

Nwèl) soti 1ye Oktòb rive 31 Mas, ak Lendi pou rive Vandredi (eksepte jou ferye) soti 1ye Avril rive 30 Septanm.

**Hindi** – ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नशिल्क भाषा सहायता सेवाएं उपलब्ध हैं। पहुँच योग्य प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नशिल्क उपलब्ध हैं। ऊपर दिए गए फ़ोन नंबर पर कॉल करें या अपने प्रदाता से बात करें। कामकाज के घंटे, 1 अक्टूबर से 31 मार्च तक सप्ताह के सातों दिनों (थैंक्सगिविंग और क्रिसमस को छोड़कर), और 1 अप्रैल से 30 सितंबर तक सोमवार से शुक्रवार (छुट्टियों को छोड़कर), स्थानीय समय अनुसार सुबह 8 बजे से रात 8 बजे तक हैं।

**Japanese** – 注意：日本語を話せる方向けに、無料の言語支援サービスをご提供しています。適切な補助器具・サービスも、利用者がアクセスしやすい方法でご提供しています。こちらでも無料でご利用いただけます。必要な情報取得にお役立てください。上記の電話番号にお電話いただくか、プロバイダーにお問い合わせください。営業時間は、10月1日から3月31日までは現地時間午前8時から午後8時まで週7日（感謝祭とクリスマスを除く）、および4月1日から9月30日まで（祝日を除く）は月曜日から金曜日までです。

**Korean** – 주의: 한국어를 구사하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 대체 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 제공됩니다. 위의 전화 번호로 전화하시거나 담당 의료 제공자에게 문의해 주십시오. 운영 시간은 현지 시간 오전 8시부터 오후 8시까지이며 10월 1일부터 3월 31일까지는 주 7일(추수 감사절과 성탄절은 제외) 내내, 4월 1일부터 9월 30일까지는 월요일부터 금요일까지(휴일은 제외)입니다.

**Pennsylvania Dutch** – BEACHTUNG: Wann Sie Pennsilfaanisch Deitsch schwetze, sin fer Sie gratis Schproochhilfsdiener verfügbar. Geeignet Hilfsmittel un Hilfsdiensch, fer Wiss in barrierefreie Formate bereitzustelle, sin aa gratis verfügbar. Rufe Sie die telefunnummer wu dobaue gennant is odder schwetze Sie mit Ihrem Versorger. Die Bedienungszeite sin vun 8:00 Owends bis 8:00 Moies Ortszeit, sieben Daag in der Woch (ausser Danksagungsdaag un Weihnachten) vum 1. Oktober bis 31. März, un vum 1. April bis 30. September Montag bis Freidaag (ausser Feiertag).

**Polish** – UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dostępne są również nieodpłatnie odpowiednie pomoce i usługi zapewniające informacje w dostępnych formatach. Zadzwoń pod numer telefonu podany powyżej lub porozmawiaj ze swoim dostawcą. Czynne od 8:00 rano do 8:00 wieczorem czasu lokalnego, czasu lokalnego, siedem dni w tygodniu (oprócz Święta Dziękczynienia i Bożego Narodzenia) od 1 października do 31 marca oraz od poniedziałku do piątku (oprócz świąt) od 1 kwietnia do 30 września.

**Punjabi** – ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਉੱਪਰ ਦਿੱਤੇ ਫੋਨ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ। ਕੰਮਕਾਜ ਦੇ ਘੰਟੇ,

1 ਅਕਤੂਬਰ ਤੋਂ 31 ਮਾਰਚ ਤੱਕ ਹਫ਼ਤੇ ਦੇ ਸੱਤੇ ਦਿਨ (ਥੈਕਸਡੇਅ ਅਤੇ ਕਰਸਮਸ ਨੂੰ ਛੱਡ ਕੇ), ਅਤੇ 1 ਅਪ੍ਰੈਲ ਤੋਂ 30 ਸਤੰਬਰ ਤੱਕ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ (ਛੁੱਟੀਆਂ ਨੂੰ ਛੱਡ ਕੇ), ਸਥਾਨਕ ਸਮੇਂ ਅਨੁਸਾਰ ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8 ਵਜੇ ਤੱਕ ਹਨ।

**Russian – ВНИМАНИЕ:** Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Позвоните по вышеуказанному номеру телефона или обсудите этот вопрос с вашим поставщиком услуг. Часы работы: с 08:00 до 20:00 в любой день недели (кроме Дня благодарения и Рождества) с 1 октября по 31 марта и с понедельника по пятницу (кроме праздничных дней) с 1 апреля по 30 сентября.

**Serbian – ПАЖЊА:** Ако говорите срpsки, доступне су вам бесплатне услуге помоћи за ваш језик. Бесплатно су вам доступна и одговарајућа помагала и услуге у доступним форматима како бисте добили информације које су вам потребне. Позовите број телефона наведен изнад или поразговарајте са својим пружаоцем услуга. Радно време је од 8 до 20 часова по локалном времену, седам дана у недељи (осим Дана захвалности и Божића) од 1. октобра до 31. марта, односно од понедељка до петка (осим празника) од 1. априла до 30. септембра.

**Tagalog – PAUNAWA:** Kung nagsasalita ka Tagalog, mayroong available na mga libreng serbisyo sa tulong sa wika para sa iyo. Ang naaangkop na mga karagdagang tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay available rin nang walang bayad. Tawagan ang numero ng telepono na nakalista sa itaas o makipag-usap sa iyong provider. Ang mga oras ng opisina ay 8 a.m. hanggang 8 p.m., lokal na oras, pitong araw sa isang linggo (maliban sa Thanksgiving at Pasko) mula Oktubre 1 hanggang Marso 31, at Lunes hanggang Biyernes (maliban sa mga holiday) mula Abril 1 hanggang Setyembre 30.

**Vietnamese – CHÚ Ý:** Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí luôn sẵn sàng phục vụ quý vị. Các dịch vụ và hỗ trợ phụ trợ thích hợp cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi số điện thoại nêu trên hoặc nói chuyện với nhà cung cấp của quý vị. Giờ làm việc từ 8 giờ sáng đến 8 giờ tối, giờ địa phương, bảy ngày một tuần (Trừ Lễ Tạ ơn và Giáng sinh) từ ngày 1 Tháng Mười đến 31 Tháng Ba, và Thứ Hai đến Thứ Sáu (trừ các ngày lễ), từ ngày 1 Tháng Tư đến 30 Tháng Chín.

## IMPORTANT INFORMATION: 2025 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



Anthem HealthKeepers - H3447

**For 2025, Anthem HealthKeepers - H3447 received the following Star Ratings from Medicare:**

**Overall Star Rating:** ★★★★★

**Health Services Rating:** ★★★★★

**Drug Services Rating:** ★★★★★

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

### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

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

Star Ratings are based on factors that include:

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

**The number of stars show how well a plan performs.**

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

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

### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Questions about this plan?

Contact Anthem HealthKeepers 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 1-844-250-2334 (toll-free) or 711 (TTY).

Current members please call 1-844-533-2021 (toll-free) or 711 (TTY).

Anthem Blue Cross and Blue Shield is an HMO D-SNP plan with a Medicare contract and a contract with the Indiana Medicaid program. Enrollment in Anthem Blue Cross and Blue Shield 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 **1-844-597-2614** 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 **1-844-597-2614** 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.