

Summary of Benefits



Medicare Advantage and Part D

Plan year: January 1 – December 31, 2026

Ohio

Counties in Ohio. Full service area on page 11.

Anthem | MyCare Ohio Full Dual Advantage (HMO D-SNP)

Introduction

This document is a brief summary of the benefits and services covered by Anthem I MyCare Ohio Full Dual 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 MyCare Ohio Full Dual Advantage (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 I MyCare Ohio Full Dual Advantage (HMO D-SNP) for January 1 – December 31, 2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You may contact Member Services at the phone number listed below to request 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 and Blue Shield is an HMO D-SNP plan with a Medicare contract and a contract with the Ohio 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 Community Insurance Company. 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) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day/7 days a week. TTY users should call 1-877-486-2048.
- For more information about Medicaid, you can check the Ohio Department of Medicaid website **www.medicaid.ohio.gov**. You can also call the special Ombudsman for people who have both Medicare and Medicaid at toll-free phone 1-800-282-1206.

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 **1-833-727-2169** (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.

Amharic – ያስተውሉ:- አማርኛ የሚናገሩ ከሆነ፣ገንዘብ የቋንቋ እርዳታ አገልግሎቶች ለእርስዎ ይገኛሉ። መረጃን በተደራሽ ቅርጾች ለማቅረብ አግባብ የሆኑ ረዳት መረጃዎች እና አገልግሎቶችም በገንዘብ ይገኛሉ። ከላይ በተጠቀሰው ስልክ ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ። የስራ ሰዓቶች ከጠዋቱ 8 ሰዓት እስከ ከሰዓት 8 ሰዓት የአካባቢ ሰዓት፣ በሰዓት ሰዓት ቀናት (ከምስጋና እና የገና በዓላት በስተቀር) ከኦክቶበር 1 እስከ ሚያዝያ 31፣ እና ከሰኞ እስከ አርብ (ከበዓላት በስተቀር) ከሚያዝያ 1 እስከ ሴፕቴምበር 30 ናቸው።

Arabic تنبيه: إذا كنت تتحدث ،العربيةفإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجانًا. اتصل برقم الهاتف المذكور أعلاه أو تحدث إلى مقدم الخدمة الخاص بك. ساعات العمل من الساعة 8 صباحًا 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.

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务，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。

Dari توجه: اگر شما به دری، صحبت می کنید خدمات کمک زبان رایگان برای شما در دسترس است. کمک ها و خدمات کمکی مناسب برای ارائه معلومات در نمونه های قابل دسترس نیز به صورت رایگان در دسترس هستند. با شماره تلفون ذکر شده در بالا تماس بگیرید یا با ارائه دهنده خود صحبت کنید. ساعات کاری از 8 صبح تا 8 شب به وقت محلی هفت روز در هفته (به جز روز شکرگزاری و کریسمس) از 1 اکتوبر تا 31 مارچ و از دوشنبه تا جمعه (به جز ایام رخصتی) از 1 اپریل تا 30 سپتمبر می باشد.

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 ફોર્મેટમાં 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 દિવસે (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. 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 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 फोन नंबर पर कॉल करें या अपने प्रदाता से बात करें। कामकाज के घंटे, 1 अक्टूबर से 31 मार्च तक सप्ताह के सातों दिन (थेक्सडेयिंग 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।

Italian – ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuita in italiano. Sono inoltre disponibili gratuitamente adeguati supporti e servizi per ottenere informazioni in formato accessibile. Chiamare il numero di telefono riportato sopra o rivolgersi al proprio fornitore. Il servizio è attivo dalle 8.00 alle 20.00 ora locale, sette giorni su sette (eccetto il Giorno del Ringraziamento e Natale) dal 1° ottobre al 31 marzo, e dal lunedì al venerdì (eccetto i giorni festivi) dal 1° aprile al 30 settembre.

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。

Kinyarwanda – ICYITONDERWA: Niba uvuga niba ukoresha Ikiyinyarwanda, serivisi y’ubufasha mu ndimi uyihabwa ku buntu. Amakuru yose arebana na serivisi aboneka mu buryo bwose wifuzza kandi ku buntu. Hamagara numero iri ku karita yawe ikurunga nk’umunyamuryango cyangwa uvugishe uguha serivisi. Amasaha y’akazi ni 8:00 za mugitondo kugera 8:00 za ni mugoroba ku isaha isanzwe, iminsi irindwi mu cy’umweru (uretse ku minsi w’umuganura [Thanksgiving] na Noheli) guhera tariki 1 Ukwakira kugeza tariki 31 Werurwe, ku wa Mbere kugera ku wa Gatanu (uretse ku minsi y’ikiruhuko) guhera tariki 1 Mata kugera tariki 30 Nzeri.

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.

Nepali – ध्यान दिनुहोस्: तपाईं नेपाली बोलनुहुन्छ भने तपाईंका लागि निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। प्रयोग गर्न मिल्ने ढाँचामा जानकारी प्रदान गर्न उपयुक्त ढङ्गको सहयोगी यन्त्र र सेवाहरू पनि निःशुल्क रूपमा उपलब्ध छन्। माथि उल्लेख गरिएको फोन नम्बरमा कल गर्नुहोस् वा आफ्नो प्रदायकसँग कुराकानी गर्नुहोस्। कार्य सञ्चालन गरिने समय स्थानीय समयअनुसार बिहान 8 बजेदेखि साँझ 8 बजेसम्म हप्ताको सातै दिन (थ्याङ्क्सगिभिङ र क्रिसमसबाहेक) अक्टोबर 1 देखि मार्च 31 सम्म र सोमवारदेखि शुक्रवार (बिदाबाहेक) अप्रिल 1 देखि सेप्टेम्बर 30 सम्म हो। 30 Tháng Chín.

- You can get this document for free in other formats, such as large print, braille, or audio. Call **1-833-727-2169** (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, Amharic, Arabic, Chinese, Dari, Dutch, French, German, Gujarati, Haitian Creole, Hindi, Italian, Japanese, Kinyarwanda, Korean, Nepali, Pashto, Russian, Serbian, Somali, Swahili, Tagalog, Telugu, Turkish, Ukrainian, Uzbek, 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**](https://shop.anthem.com/medicare).
- Contact Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) at the phone number listed at the bottom of this page if there are any changes in your personal information, such as your address or phone number.
- 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 MyCare Plan? | <p>MyCare Ohio is a managed care program designed for Ohioans who receive BOTH Medicaid and Medicare benefits. This program has a team approach to coordinating your care based on your needs – a team with you at the center. The MyCare Ohio plan that you choose provides all the same benefits that Medicare and Medicaid offer, including long-term care services and mental/behavioral health services. Plus, your MyCare Ohio plan can include additional services to you.</p> |
| Will I get the same Medicare and Medicaid benefits in Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) that I get now? | <p>You'll get most of your covered Medicare and Medicaid benefits directly from Anthem I MyCare Ohio Full Dual 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, directly from a State or county agency, specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP), you and your care coordinator will work together to develop a 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 MyCare Ohio Full Dual 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 MyCare Ohio Full Dual 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 doctors 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 MyCare Ohio Full Dual Advantage (HMO D-SNP) and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> <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. You must use the providers in Anthem I MyCare Ohio Full Dual Advantage (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. <input type="checkbox"/> If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP)’s plan. <input type="checkbox"/> The plan must ensure member access to any federally qualified health center (FQHC) and/or rural health clinic (RHC), regardless of whether it’s an in-network provider. <input type="checkbox"/> If you’re currently under treatment with a provider that’s out Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP)’s network, or have an established relationship with a provider that’s out Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP)’s network, call Member Services to check about staying connected. <p>To find out if your providers are in the plan’s network, call Member Services at the number listed at the bottom of this page or read Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP)’s Provider Directory on the plan’s website at shop.anthem.com/medicare.</p> <p>If Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) is new for you, we’ll work with you to develop or care plan to address your needs.</p> |

| Frequently Asked Questions | Answers |
|--|--|
| What's an Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) care coordinator? | An Anthem I MyCare Ohio Full Dual 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. |
| What are Long-term Services and Supports (LTSS)? | Long-term services and supports refers to the services provided to help individuals safely perform daily tasks like bathing, getting dressed, or preparing meals. They can be offered in a home or community-based setting or in a facility like a nursing facility or assisted living facility. They include things like personal care aide services, home delivered meals, memory care, home health nursing and many others. |
| What happens if I need a service but no one in Anthem I MyCare Ohio Full Dual Advantage (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 I MyCare Ohio Full Dual Advantage (HMO D-SNP) will pay for the cost of an out-of-network provider. |

| Frequently Asked Questions | Answers |
|--|--|
| <p>Where's Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) available? (continued on the next page)</p> | <p>The service area for this plan includes:</p> <p>Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Vinton, Warren, Washington, Wayne, Williams, Wood, Wyandot counties, Ohio.</p> <p>You must live in one of these areas to join the plan.</p> <p>Anthem MyCare Ohio Full Dual Advantage will be available across Ohio in phases. Please refer to the schedule below.</p> <p>You can join the plan now if you live in one of these counties: Butler, Clark, Clermont, Clinton, Columbiana, Cuyahoga, Delaware, Franklin, Fulton, Geauga, Greene, Hamilton, Lake, Lorain, Lucas, Madison, Mahoning, Medina, Montgomery, Ottawa, Pickaway, Portage, Stark, Summit, Trumbull, Union, Warren, Wayne, Wood</p> <p>If you live in one of the counties below, the plan will be available soon. Here's when:</p> <p>April 1, 2026</p> <p>Ashtabula, Defiance, Erie, Fairfield, Fayette, Henry, Licking, Paulding, Sandusky, Williams</p> |

| Frequently Asked Questions | Answers |
|---|---|
| Where's Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) available? (continued) | <p>May 1, 2026 Allen, Ashland, Auglaize, Champaign, Crawford, Darke, Hancock, Hardin, Huron, Logan, Marion, Mercer, Miami, Morrow, Preble, Putnam, Richland, Seneca, Shelby, Van Wert, Wyandot, Knox</p> <p>June 1, 2026 Adams, Brown, Gallia, Highland, Jackson, Lawrence, Pike, Ross, Scioto, Vinton</p> <p>July 1, 2026 Belmont, Carroll, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Muskingum, Tuscarawas</p> <p>August 1, 2026 Athens, Hocking, Meigs, Monroe, Morgan, Noble, Perry, Washington</p> |

| Frequently Asked Questions | Answers |
|---|---|
| What's prior authorization? | <p>Prior authorization means an approval from Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network before you get the services. Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) can provide you or your provider a list of services or procedures that require you to get prior authorization from Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) before the service is provided.</p> <p>Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Member Handbook</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> |
| Do I pay a monthly amount (also called a premium) under Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP)? | No. Because you have Medicaid 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 I MyCare Ohio Full Dual Advantage (HMO D-SNP)? | No. You don't pay deductibles in Anthem I MyCare Ohio Full Dual Advantage (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 I MyCare Ohio Full Dual Advantage (HMO D-SNP)? | There's no cost sharing for medical services in Anthem I MyCare Ohio Full Dual 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, 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) | Inpatient hospital care | \$0 | <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>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.</p> <p>Except in an emergency, your health care provider must tell the plan of your hospital admission.</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) |
|---|--|-------------------------------------|---|
| You need hospital care (continued) | Outpatient hospital services, including observation | \$0 | Prior authorization may be required. |
| | Ambulatory surgical center (ASC) services | \$0 | Prior authorization may be required. |
| | Doctor or surgeon care | \$0 | Prior authorization may be required. |
| You want a doctor | Visits to treat an injury or illness | \$0 | Prior authorization may be required. |
| | Care to keep you from getting sick, such as flu shots and screenings to check for cancer | \$0 | |
| | Wellness visits, such as a physical | \$0 | |
| | “Welcome to Medicare” (preventive visit one time only) | \$0 | |
| | Specialist care | \$0 | Prior authorization may be required. |
| You need emergency care (continued on the next page) | Emergency room services | \$0 | You may use any emergency room if you reasonably believe you need emergency care. You do not need |

If you have questions, please call Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) at **1-844-612-7171** (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.

| 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) | | | <p>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 \$100,000 per year for worldwide emergency services and urgent care. Contact the plan for details.</p> |
| | Urgent care | \$0 | <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 \$100,000 per year for worldwide emergency services and urgent care. Contact the plan for details.</p> |
| You need medical tests (continued on the next page) | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) | \$0 | 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) |
|--|---|-------------------------------------|---|
| You need medical tests (continued) | Lab tests and diagnostic procedures, such as blood work | \$0 | Prior authorization may be required. |
| You need hearing/auditory services | Hearing screenings | \$0 | In addition to the Medicare-covered hearing evaluation services, this plan covers one (1) supplemental routine hearing exam every year. Prior authorization may be required. |
| | Hearing aids | \$0 | In addition to the Medicare-covered hearing evaluations, this plan covers 1 routine hearing exam every year. \$300 maximum plan benefit for over-the-counter hearing aids OR 1 routine hearing aid fitting evaluation and a \$3,000 maximum plan benefit for prescribed hearing aids every year. Prior authorization may be required. |
| You need dental care (continued on the next page) | Dental check-ups and preventive care | \$0 | In addition to the Medicare-covered dental services, this plan covers preventive dental services including oral exams, 1 cleaning every 6 months, and dental x-rays every year. Please refer to Chapter 4 in the plan's <i>Member Handbook</i> for more details on prior authorizations, covered dental services, limitations, and exclusions. |

| 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 | <p>In addition to the Medicare-covered dental services, this plan covers comprehensive dental services including restorative, endodontic, periodontic, and surgical extractions.</p> <p>Please refer to Chapter 4 in the plan's <i>Member Handbook</i> for more details on prior authorizations, covered dental services, limitations, and exclusions.</p> |
| You need eye care | Eye Exams | \$0 | In addition to the Medicare-covered exam to treat an eye condition, this plan covers one (1) routine eye exam every year. |
| | Glasses or contact lenses | \$0 | In addition to Medicare-covered eye wear, this plan covers up to \$350 for supplemental eyeglasses or contact lenses every year. |
| | Other vision care | \$0 | Please refer to your <i>Member Handbook</i> for details. |
| You need behavioral health services (continued on the next page) | Behavioral health services | \$0 | <p>This plan provides coverage for a full range of inpatient and outpatient mental health services, including substance use disorder services.</p> <p>Prior authorization may be required.</p> |
| | Inpatient and outpatient care and community-based | \$0 | Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) provides coverage for inpatient and outpatient |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|---|-------------------------------------|---|
| You need behavioral health services (continued) | services for people who need behavioral health services | | <p>mental health services including, but not limited to, crisis intervention, substance use disorder treatment, opioid treatment program, and behavioral health nursing services.</p> <p>Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital. 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.</p> <p>Prior authorization may be required. Please refer to your <i>Member Handbook</i> for more information.</p> |
| You need substance use disorder services | Substance use disorder services | \$0 | <p>Prior authorization may be required.</p> <p>Please refer to your <i>Member Handbook</i> for more information.</p> |
| You need a place to live with people available to help you (continued on the next page) | Skilled nursing care | \$0 | <p>This plan covers up to 100 days in a Skilled Nursing Facility (SNF).</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) |
|--|---|-------------------------------------|--|
| You need a place to live with people available to help you (continued) | Nursing home care | \$0 | Prior authorization may be required. |
| | Adult Foster Care and Group Adult Foster Care | \$0 | Prior authorization may be required. Please refer to your <i>Member Handbook</i> for details. |
| You need therapy after a stroke or accident | Occupational, physical, or speech therapy | \$0 | Prior authorization 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 | This plan offers supplemental unlimited one-way routine health related transportation every year. Trips are limited to 60 miles. Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by contracted transportation vendors in our plan. If you need a ride, call us at least 48 hours ahead of time (excluding weekends). |

| 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 your <i>Member Handbook</i> for more information on these drugs. Prior authorization may be required. |
| | Medicare Part D drugs | | Part D Drug Deductible: If you receive Extra Help , this payment stage does not apply to you. If you do not qualify for Extra Help , the deductible is \$615.00 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. |
| | Tier 1: Preferred Generic | | |
| | Standard retail one-month supply | \$0.00 | |
| | Mail order three-month supply | \$0.00 | |
| | Tier 2: Generic | | |
| | Standard retail one-month supply | \$0.00 - \$12.65 OR 25%* | There may be limitations on the types of drugs covered. Refer to Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information. |
| | Mail order three-month supply | \$0.00 - \$12.65 OR 25%* | |
| | Tier 3: Preferred Brand | | |
| | Standard retail one-month supply | \$0.00 - \$12.65 OR 25%* | Once you or others on your behalf pay \$2,100 you've reached the catastrophic coverage stage and you pay \$0 |

| 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 | \$0.00 - \$12.65 OR 25%* | <p>for all your Medicare drugs. Read the <i>Member Handbook</i> for more information on this stage.</p> <p>Important message about what you pay for vaccines and insulin: This plan covers most part D vaccines at no cost to you. If you receive Extra Help, you pay \$0.00-\$12.65 for a one-month supply of any covered insulin. If you do not qualify for Extra Help, you will not pay more than \$35 for a one-month supply of any covered insulin.</p> <p>* 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.</p> |
| | Tier 4: Non-Preferred Drug | | |
| | Standard retail one-month supply | \$0.00 - \$12.65 OR 25%* | |
| | Mail order three-month supply | \$0.00 - \$12.65 OR 25%* | |
| | Tier 5: Specialty Tier | | |
| | Standard retail one-month supply | \$0.00 - \$12.65 OR 25%* | |
| | Mail order three-month supply | Not available | |
| | Tier 6: Select Care Drugs | | |
| | Standard retail one-month supply | \$0.00 | |
| | Mail order three-month supply | \$0.00 | |
| | | Copays for drugs may vary based on the level of Extra Help you get. | |

| 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) | | Please contact the plan for more details. | |
| | Over-the-counter (OTC) drugs | \$0 | <p>There may be limitations on the types of drugs covered. Please refer to Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>In addition, this plan offers a supplemental Over-the-Counter (OTC) benefit through a combined monthly spending allowance. Please refer to the Everyday Options Allowance benefit later in this document for more information.</p> |
| You need help getting better or have special health needs | Rehabilitation services | \$0 | Prior authorization may be required. |
| | Medical equipment for home care, including waiver and supplemental adaptive | \$0 | Prior authorization may be required. |
| | Dialysis services | \$0 | |
| You need foot care (continued on the next page) | Podiatry services | \$0 | In addition to the Medicare-covered podiatry services, this plan covers |

If you have questions, please call Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) at **1-844-612-7171** (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.

| 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 (continued) | | | unlimited routine foot care visits every year. Prior authorization may be required. |
| | Orthotic services | \$0 | Prior authorization may be required. |
| You need durable medical equipment (DME) Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Member Handbook</i> . | 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 may be required. |
| | Home services, such as cleaning or | \$0 | For in-home services: please contact your care coordinator |

| 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) | housekeeping, or home modifications such as grab bars | | <p>to get information on how to access these services.</p> <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 Everyday Options Allowance benefit later in this document for more information.</p> |
| | Adult day health | \$0 | <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>Member Handbook</i> for details.</p> <p>Prior authorization may be required.</p> |
| | Assisted living services | \$0 | Please contact your care coordinator to get information on how to access these services. |
| | Community integration services | \$0 | Please contact your care coordinator to get information on how to access these services. |
| | Enhanced community living services | \$0 | Please contact your care coordinator to get information on how to access these services. |

| 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 delivered meals | \$0 | In addition, this plan offers Healthy Meals - Post Discharge: up to 2 meals a day for 21 days following your discharge from the hospital or skilled nursing facility (SNF). |
| | Out-of-home respite | \$0 | Please contact your care coordinator to get information on how to access these services. |
| | Personal emergency response services | \$0 | In addition, this plan 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. Please contact your care coordinator to get information on how to access these services. |
| | Waiver nursing | \$0 | Please contact your care coordinator to get information on how to access these services. |
| | Waiver social work counseling | \$0 | Please contact your care coordinator to get information on how to access these services. |
| | Waiver transportation | \$0 | Please contact your care coordinator to get information on how to access these services. |

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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 living at home (continued) | Day habilitation services | \$0 | Please contact your care coordinator to get information on how to access these services. |
| | Services to help you live on your own (home health care services or personal care attendant services) | \$0 | County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability. Please contact your care coordinator to get information on how to apply for and access these services. Prior Authorization may be required. |
| Additional services (continued on the next page) | Chiropractic services | \$0 | Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position). Prior authorization may be required. |
| | Diabetes supplies and services | \$0 | Covered diabetic supplies include: glucose monitors, test strips, and lancets. Prior authorization may be required. Some limitations may apply. Please refer to your <i>Member Handbook</i> for more details. |
| | Prosthetic services | \$0 | Prior authorization may be required. |
| | Radiation therapy | \$0 | 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) |
|--|--------------------------------------|-------------------------------------|---|
| Additional services (continued) | Services to help manage your disease | \$0 | Please refer to your Member Handbook for details. |
| | 24/7 NurseLine | \$0 | 24-hour access to a nurse helpline, 7 days a week, 365 days a year: 1-855-658-9249 . |
| | Everyday Options Allowance | \$0 | <p>This benefit provides a combined monthly spending allowance of \$240 each month on your Benefits 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"> <input type="checkbox"/> Assistive Devices: ADA toilet seats, shower stools, hand-held shower heads, reaching devices, temporary wheelchair threshold ramps, and more. <input type="checkbox"/> Healthy Foods*: Food items like fresh meats, fruits, and vegetables. <input type="checkbox"/> OTC: Health and wellness products like vitamins, first aid supplies, pain-relievers, and more. <input type="checkbox"/> Utilities*: Use toward the payment of natural/propane gas, electric, water, cable, internet, or cell phone services. <p>Unused amounts expire at the end of each month.</p> |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|-------------------------------------|-------------------------------------|--|
| Additional services (continued) | | | * 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 <i>Member Handbook</i> . |
| | 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. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|---|-------------------------------------|--|
| Additional services (continued) | | | 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. |
| | Personal Emergency Response System (PERS) | \$0 | Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you. For more details, please call the Member Services phone number listed at the bottom of this page. |
| | SilverSneakers*® Fitness program | \$0 | <p>When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to silversneakers.com or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. ET.</p> <p>* SilverSneakers is a registered trademark of Tivity Health, Inc. All rights reserved. Tivity Health, Inc. is an independent company providing a fitness program on behalf of this plan.</p> |
| | Transportation | \$0 | <p>This plan offers supplemental unlimited one-way, health related, plan approved transportation trips every year.</p> <p>This plan also offers a minimum of 60 one-way trips to community activities for members not enrolled in Home- and Community-based Services (HCBS).</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 MyCare Ohio Full Dual Advantage (HMO D-SNP)'s *Member Handbook*. If you don't have a *Member Handbook*, call Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) Member Services at the number at the bottom of this page to get one. If you have questions, you can also call Member Services or visit <https://shop.anthem.com/medicare>.

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

There are some services that you can get that aren't covered by Anthem I MyCare Ohio Full Dual 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 directly by Medicare or Medicaid | Your costs |
|---|------------|
| Certain hospice care services covered outside of Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) | \$0 |

E. Services that Anthem I MyCare Ohio Full Dual 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 MyCare Ohio Full Dual Advantage (HMO D-SNP), Medicare, and Medicaid do not cover |
|--|
| Services not considered “reasonable and necessary” according to standards of Medicare and OH MyCare |
| 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 I MyCare Ohio Full Dual Advantage (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We’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 and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they'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 MyCare Ohio Full Dual Advantage (HMO D-SNP) will pay for the cost of your second opinion visit.
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that 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 State Department of Managed Health Care at 1-800-324-8680 and TTY 711.
 - Appeal certain decisions made by State Department of Managed Health Care 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 *Member Handbook*. If you have questions, you can also call Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) Member Services at the number listed at the bottom of this page.

You can also call the special Ombudsperson for people who have Medicare and Medicaid at 1-800-282-1206, or the Medicaid Office of the Ombudsperson at 1-800-282-1206.

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

If you have a complaint or think Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) should cover something we denied, call Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) at **1-833-727-2169** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP)'s *Member Handbook*. You can also call Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) Member Services at **1-833-727-2169** (TTY: **711**).

If you have a complaint or think Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) should cover something we denied, call Member Services at **1-833-727-2169** (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 MyCare Ohio Full Dual Advantage (HMO D-SNP) Member Services at **1-833-727-2169** (TTY: **711**).

H. What to do if you suspect fraud

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

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

- ☐ Call us at Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) Member Services. The phone number is listed in the footer of each page of this document.
- ☐ 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.
- ☐ Or, call the Ohio Attorney General's Medicaid Fraud Control Unit at 1-614-466-0722, or the Ohio Attorney General's Help Center at 1-800-282-0515.

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

CALL: 1-833-727-2169

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 MyCare Ohio Full Dual Advantage (HMO D-SNP) Member Services:

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.

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 I MyCare Ohio Full Dual Advantage (HMO D-SNP)'s 24/7 NurseLine at **1-855-658-9249** (TTY: **711**). A nurse will listen to your problem and tell you how to get care.
- ☐ Calls to this number are free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.
- ☐ Anthem I MyCare Ohio Full Dual Advantage (HMO D-SNP) also has free language interpreter service available for non-English speakers.
- ☐ TTY: **711**. Calls to this number are free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

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 **1-844-612-7171** (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.

Amharic – ያስተውሉ:- አማርኛ የሚናገሩ ከሆነ፣ነጻ የቋንቋ እርዳታ አገልግሎቶች ለእርስዎ ይገኛሉ። መረጃን በተደራሽ ቅርጾች ለማቅረብ አግባብ የሆኑ ረዳት መርጃዎች እና አገልግሎቶችም በነጻ ይገኛሉ። ከላይ በተጠቀሰው ስልክ ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ። የስራ ሰዓቶች ከጠዋቱ 8 ሰዓት እስከ ከሰዓት 8 ሰዓት የአካባቢ ሰዓት፣ በሳምንት ሰዓት ቀናት (ከምስጋና እና የገና በዓላት በስተቀር) ከአክቶበር 1 እስከ ማርች 31፣ እና ከሰኞ እስከ አርብ (ከበዓላት በስተቀር) ከሚያዝያ 1 እስከ ሴፕቴምበር 30 ናቸው።

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.

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。

Dari - توجه: اگر شما به دری، صحبت می کنید، خدمات کمک زبان رایگان برای شما در دسترس است. کمک ها و خدمات کمکی مناسب برای ارائه معلومات در نمونه های قابل دسترس نیز به صورت رایگان در دسترس هستند. با شماره تلفون ذکر شده در بالا تماس بگیرید یا با ارائه دهنده خود صحبت کنید. ساعات کاری از 8 صبح تا 8 شب به وقت محلی، هفت روز در هفته (به جز روز شکرگزاری و کریسمس) از 1 اکتوبر تا 31 مارچ و از دوشنبه تا جمعه (به جز ایام رخصتی) از 1 اپریل تا 30 سپتمبر می باشد.

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 સ્થાનકિ સમય મુજબ સવારે 8 વાગ્યાથી સાંજના 8 વાગ્યા સુધી, ઓક્ટોબર 1 થી માર્ચ

31 સુધી અઠવાડિયાના સાતેય દવિસ (થેક્સગવિગિ અને ફ્રસિમસ સવાિય) અને સોમવારથી શુક્રવાર (રજાઓ સવાિય) 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 (थैंकसगविंग और फ्रसिमस 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।

Italian – ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuita in italiano. Sono inoltre disponibili gratuitamente adeguati supporti e servizi per ottenere informazioni in formato accessibile. Chiamare il numero di telefono riportato sopra o rivolgersi al proprio fornitore. Il servizio è attivo dalle 8.00 alle 20.00 ora locale, sette giorni su sette (eccetto il Giorno del Ringraziamento e Natale) dal 1° ottobre al 31 marzo, e dal lunedì al venerdì (eccetto i giorni festivi) dal 1° aprile al 30 settembre.

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。

Kinyarwanda – ICYITONDERWA: Niba uvuga niba ukoresha Ikiyinyarwanda, serivisi y'ubufasha mu ndimi uyihabwa ku buntu. Amakuru yose arebana na serivisi aboneka mu buryo bwose wifuzaga kandi ku buntu. Hamagara numero iri ku karita yawe ikurunga nk'umunyamuryango cyangwa uvugishe uguha serivisi. Amasaha y'akazi ni 8:00 za mugitondo kugera 8:00 za ni mugoroba ku isaha isanzwe, iminsi irindwi mu cy'umweru (uretse ku minsi w'umuganura [Thanksgiving] na Noheli) guhera tariki 1 Ukwakira kugeza tariki 31 Werurwe, ku wa Mbere kugera ku wa Gatanu (uretse ku minsi y'ikiruhuko) guhera tariki 1 Mata kugera tariki 30 Nzeri.

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.

Nepali - ध्यान दनुहोस्: तपाईं नेपाली बोलुनुहुन्छ भने तपाईंका लागुनिःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। प्रयोग गर्न मलिन ढाँचामा जानकारी प्रदान गर्न उपयुक्त ढङ्गको सहयोगी यन्त्र र सेवाहरू पनि निःशुल्क रूपमा उपलब्ध छन्। माथि उल्लेख गरिएको फोन नम्बरमा कल गर्नुहोस् वा आफ्नो प्रदायकसँग कुराकानी गर्नुहोस्। कार्य सञ्चालन गरिने समय स्थानीय समयअनुसार बहिन 8 बजेदेखि साँझ 8 बजेसम्म हप्ताको सातै दिन (थ्याङ्क्सगभिडि र क्रसिमसबाहेक) अक्टोबर 1 देखि मार्च 31 सम्म र सोमवारदेखि शुक्रवार (बदिबाहेक) अप्रिल 1 देखि सेप्टेम्बर 30 सम्म हो।

Pashto - پاملرنه: که تاسو په پښتو، خبرې کوئ، نو د ژبي د وړيا مرستې خدمات ستاسو لپاره شتون لري. اړوند مرستندويه وسايل او خدمتونه چې معلومات په لاسرسي وړ بن و کي وړاندې کوي، همداراز د لگښت پرته موجود دي. د پورته ذکر شوي تليفون شمير ته زنگ ووهئ يا له خپل چمتو کوونکي سره خبرې وکړئ. د فعاليت ساعتونه د محلي وخت له مخي له سهار 8 بجو څخه د ماينام تر 8 بجو پورې، اووه ورځي په اونۍ کي (پرته د مننه کولو او کرسمس ورځي) د اکتوبر له 1 نېټې څخه تر مارچ 31 پورې، او له اپريل 1 څخه تر سپټمبر 30 پورې د دوشنبې څخه تر جمعي پورې (پرته له رخصتيو) څخه دی.

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.

Somali – FIIRO GAAR AH: Haddii aad ku hadashid Soomaali, adeegyada caawinta luuqada oo bilaash ah ayaa lagu heli karaa. Gargaarada maqalka ku haboon iyo adeegyo lagu bixiyo warbixin qaabab la heli karo ayaa sidoo kale lagu helayaa si bilaash ah. Soo wac lambarka taleefonka kor ku qoran ama la hadal adeeg bixiyahaaga. Saacadaha shaqada waa 8 a.m. illaa 8 p.m. saacadaha maxaliga, todoba maalmood isbuucii (marka laga reebo fasaxa Mahadnaqa iyo Kirismaska) laga bilaabo Oktoobar 1 illaa Maarso 31, iyo Isniin illaa Jimcaha (marka laga reebo fasaxyada) laga bilaabo Abriil 1 illaa Sebteembar 30.

Swahili – ANGALIZO: Ikiwa unazungumza Swahili, huduma za usaidizi wa lugha zinapatikana kwako bila malipo. Vifaa na huduma saidizi vinavyofaa kwa ajili ya kutoa taarifa katika miundo inayopatikana kwa urahisi zinapatikana pia bila malipo. Piga nambari ya simu iliyoorodheshwa hapo juu au zungumza na mtoa huduma wako. Saa za kazi ni 8 a.m. hadi 8 p.m. kwa saa za eneo lako, siku saba kwa wiki (isipokuwa Sikukuu ya Shukrani na Krismasi) kuanzia Oktoba 1 hadi Machi 31, na Jumatatu hadi Ijumaa (isipokuwa likizo) kuanzia Aprili 1 hadi Septemba 30.

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.

Telugu – గమనిక: మేీరు తేలుగులో మాట్లాడదలచుకుంటే కనుక, మేీకు ఉచిత భష సహాయ సేవలు అందుబాటులో ఉన్నయి. అందుబాటులో ఉన్న ఫర్మాట్లలో సమాచరణని అందించడనికి తగిన సహాయక పరికరాలు, సేవలు కూడ ఉచితంగా లభిస్తయి. వైన జబితలో తలీవిన ఫోన్ నంబర్కు కల్ చేయండి లేదా మేీ వోర్షిడర్తో మాట్లాడండి. పని వేళలు అక్టోబర్ 1 నుండి మార్చి 31 వరకు వరనికి ఏడు రేజులు (థంక్స్ గివింగ్, క్రిస్మస్ మినహా) వటు, ఏప్రిల్ 1 నుండి సెప్టెంబర్ 30 వరకు సోమవారం నుండి శుక్రవారం వరకు (సెలమలు మినహా) న్ధనిక సమయం ఉదయం 8 గంటల నుండి రత్రి 8 గంటల వరకు.

Turkish – DİKKAT: Türkçe konuşuyorsanız, ücretsiz dil destek hizmetlerimizi kullanabilirsiniz. Erişilebilir formatlarda bilgi sağlamak için uygun yardımcı destek ve hizmetler de ücretsiz olarak sunulmaktadır. Yukarıdaki telefon numarasını arayın veya sağlayıcınızla konuşun. Çalışma saatleri 1 Ekim'den 31 Mart'a kadar haftanın yedi günü (Şükran Günü ve Noel hariç) ve 1 Nisan'dan 30 Eylül'e kadar Pazartesi'den Cuma'ya (tatiller hariç) 08:00 ö.ö. ile 08:00 ö.s. arasındır.

Ukrainian – УВАГА. Якщо ви розмовляєте українською, вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби й послуги для надання інформації в доступних форматах також можна отримати безкоштовно. Зателефонуйте за вказаним вище номером або зверніться до свого постачальника. Графік роботи: з 08:00 до 20:00 за місцевим часом, без вихідних (крім Дня подяки й Різдва) з 1 жовтня по 31 березня, і з понеділка по п'ятницю (крім святкових днів) з 1 квітня по 30 вересня.

Uzbek – DIQQAT: Agar siz o'zbek tilini bilsangiz, siz uchun bepul til yordam xizmatlari mavjud. Axborotni ochiq shakllarda taqdim etish uchun tegishli yordamchi vositalar va xizmatlar ham bepul taqdim etiladi. Yuqorida keltirilgan telefon raqamiga chaqiruv qiling yoki provayder bilan gaplashing. Ish vaqti: 1-oktabrdan 31-martgacha haftaning yetti kuni (Shukronalik kuni va Rojdestvo bayramidan tashqari) mahalliy vaqt bilan 8 a.m. dan 8 p.m. gacha va 1-apreldan 30-sentabrgacha dushanbadan jumagacha (bayram kunlaridan tashqari).

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.

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 **1-844-612-7171** 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 **1-844-612-7171** 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.