

Summary of Benefits



Medicare Advantage and Part D

Plan year: January 1 – December 31, 2026

Virginia

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

Anthem Full Dual Advantage Support (HMO D-SNP)

Introduction

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

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A. Disclaimers

This is a summary of health services covered by Anthem Full Dual Advantage Support (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.

- HealthKeepers, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Virginia Medicaid program. Enrollment in HealthKeepers, Inc. depends on contract renewal. HealthKeepers, Inc., an independent licensee of the Blue Cross Blue Shield Association, serves all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. Anthem is a registered trademark of Anthem Insurance Companies, Inc.
- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections, and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- For more information about **Anthem Full Dual Advantage Support (HMO D-SNP)**, you can check the <https://elderrightsva.org/> website. You can also call the Virginia Office of State Long Term Care Ombudsman, which advocates for people who have both Medicare and Medicaid, at 1-800-552-5019 (or 711 for Virginia Relay).

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 **1-833-824-1393** (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 መረጃዎች እና አገልግሎቶችም በነጻ ይገኛሉ። ከላይ በተጠቀሰው ስልክ ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ። የስራ ሰዓቶች ከጠዋቱ 8 ሰዓት እስከ ከሰዓት 8 ሰዓት የአካባቢ ሰዓት፣ በሰውንት ሰዓት ቀናት (ከምስጋና እና የገና በዓላት በስተቀር) ከኦክቶበር 1 እስከ ሚርች 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.

Bassa – KPÁÍN GBO: ɔ jǔké m̐ dyi ʔǎsɔ́-ʔwùdù po-nyò jǔin, wuɖu-xwíníin-mú-zà-zà bě se wídí pɛ́-ɛ́-ɛ́ dò kɔ́ nì bó m̐ bìi. Gbo-kpá-sɔ́ tɔ́ bě bó bɔ́ bě tò jè dé cé-é-dyèdè kò-é bě mú-é nì bó dèkè, ké ɔ se wídí-pɛ́-ɛ́-ɛ́ dò kɔ́. Fono nɔnba dà nɛin kɔ́ mɔɔ wùdù nì hwò-nyò. Kua-kɔ́-un-po-po àbà ti
8 a.m. gbo 8 p.m ti, muin dyodíóáun-wè mɛ́-éin-sɔ́ (ɔ sèin dɔ́un Zuo-po-po kè be-é-dyu-hwɔ) Kpa-dyua wè 1 muin kɔ́ Dunu-Tɔ́dɔ́ wè 31, kè do-do wè (ɔ sèin dɔ́un fɔ-wè) Zágidɔ́ wè 1 muin kɔ́ Dìu wè 30.

Bengali – মনোযোগ দিন: যদি আপনি বাংলা ভাষায় কথা বলেন, তবে আপনার জন্ম বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ রয়েছে। তথ্য সহজলভ্য ফরম্যাটে পাওয়ার জন্ম প্রয়োজনীয় সহায়ক সরঞ্জাম ও পরিষেবাও বিনামূল্যে প্রদান করা হয়। উপরে উল্লেখিত ফোন নম্বরে ফোন করুন অথবা আপনার পরিষেবা সরবরাহকারীর সাথে কথা বলুন। কার্যক্রমের সময় সকাল ৪ টা থেকে রাত ৪ টা পর্যন্ত (স্থানীয় সময় অনুযায়ী), সপ্তাহে সাত দিন (শুধুমাত্র থ্যাংকসগিভিং ও বড়দিন ছাড়া) অক্টোবর ১ থেকে মার্চ ৩১ পর্যন্ত এবং এপ্রিল ১ থেকে সেপ্টেম্বর ৩০ পর্যন্ত সোমবার থেকে শুক্রবার (ছুটির দিন ছাড়া) কার্যক্রম পরিচালিত হয়।

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。

Farsi توجه: اگر به زبان فارسی صحبت می کنید خدمات کمک زبانی رایگان قابل ارائه به شما است. وسایل و خدمات کمکی مناسب برای ارائه اطلاعات در قالب های مناسب معلولان نیز به صورت رایگان قابل ارائه است. با شماره تلفن بالا تماس بگیرید یا با ارائه دهنده تان صحبت کنید. ساعات کاری: از 8 صبح تا 8 شب به وقت محلی از 1 اکتبر تا 31 مارس (به جز کریسمس و روز شکرگزاری) در هفت روز هفته و از 1 آوریل تا 30 سپتامبر از دوشنبه تا جمعه (به جز تعطیلات).

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.

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।

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 बोल्नुहुन्छ 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.

Portuguese – ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para o número de telefone acima indicado ou fale com o seu fornecedor. Horário de expediente: das 8h às 20h, (hora local), sete dias por semana (exceto Dia de Ação de Graças e Natal) de 1 de outubro até 31 de março, e de segunda a sexta-feira (exceto feriados) de 1 de abril até 30 de setembro.

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.

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 – గమనీక: మనీరు తులగులో ముట్లాడదలచుకుంటే కనుక, మనీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉన్నాయో. అందుబాటులో ఉన్న ఫార్మూట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక పరికరాలు, సేవలు కూడా ఉచితంగా లభిస్తాయి. పైన జాబితాలో తలిపిన ఫోన్ నంబర్కు కాలి చేయండి లేదా మనీ పోస్ట్ వైడ్ థ్రూ ముట్లాడండి. పని వోళ్లు అక్టోబర్ 1 నుండి మార్చి 31 వరకు వారానికి ఏడు రోజులు (థంక్స్ గివ్రింగ్, క్రిస్మస్ మనహా) పాటు, ఏప్రిల్ 1 నుండి సెప్టెంబర్ 30 వరకు సోమవారం నుండి శుక్రవారం వరకు (సోలమలు మనహా) సోఫానీక సమయం ఉదయం 8 గంటల నుండి రాత్రి 8 గంటల వరకు.

Urdu توجہ دیں: اگر آپ اردو بولتے، ہیں تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون آلات اور خدمات بھی مفت دستیاب ہیں۔ اوپر درج فون نمبر پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔ کام کے اوقات مقامی وقت کے مطابق صبح 8 بجے تا شام 8 بجے کے سات دن (سوائے تھینکس گیونگ اور کرسمس کے) 1 اکتوبر سے 31 مارچ، تک اور پیر تا جمعہ (چھٹیوں کے علاوہ) 1 اپریل تا 30 ستمبر ہیں۔

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 **1-833-824-1393** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free.
- This document is available for free in Spanish, Amharic, Arabic, Bassa, Bengali, Chinese, Farsi, French, German, Hindi, Korean, Nepali, Portuguese, Russian, Tagalog, Telugu, Urdu, 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 Full Dual Advantage Support (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 Anthem Full Dual Advantage Support (HMO D-SNP) DSNP?	<p>Our Medicare Advantage plan (MAP) is a Health Maintenance Organization (HMO) aligned with a Dual Eligible (Medicare and Medicaid) Special Needs Plan (D-SNP). This is a Fully Integrated Dual Eligible Special needs plan (FIDE D-SNP), which means it coordinates all of your Medicare, Medicaid, and prescription drug benefits – including extra benefits and services – in one plan.</p> <p>To be eligible to enroll in a FIDE SNP in Virginia, you must be entitled to Medicare Parts A and enrolled in Medicare Part B, and Medicaid (known as Cardinal Care in Virginia). You must live in the plan’s service area.</p> <p>Our plan combines your Medicaid home care and long-term care services and your Medicare services. It also has care coordinators to help you manage all of your providers and services.</p>

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

Frequently Asked Questions	Answers
Can I use the same health care providers I use now?	<p>That's often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Anthem Full Dual Advantage Support (HMO D-SNP) and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in Anthem Full Dual Advantage Support (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 Full Dual Advantage Support (HMO D-SNP)'s network. <input type="checkbox"/> If you're currently under treatment with a provider that's out of Anthem Full Dual Advantage Support (HMO D-SNP)'s network, or have an established relationship with a provider that's out of Anthem Full Dual Advantage Support (HMO D-SNP)'s network, you can stay connected with your existing provider for a period of time. Call Members Services to check about staying connected. <p>To find out if your providers are in the plan's network, call Member Services at the number at the bottom of this page or read Anthem Full Dual Advantage Support (HMO D-SNP)'s Provider and Pharmacy Directory on the plan's website at shop.anthem.com/medicare.</p> <p>If Anthem Full Dual Advantage Support (HMO D-SNP) is new for you, we'll work with you to develop an Individualized Care Plan to address your needs.</p>

Frequently Asked Questions	Answers
What's an Anthem Full Dual Advantage Support (HMO D-SNP) care coordinator or care manager?	An Anthem Full Dual Advantage Support (HMO D-SNP) care coordinator is one main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	<p>Long Term Services and Support (LTSS) provide help to people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Anthem Full Dual Advantage Support (HMO D-SNP) provides LTSS if you're found to be eligible through the LTSS screening process. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. In some cases, a county or other agency may provide these services, and your care team will work with that agency. LTSS is available to members who meet certain clinical and financial requirements.</p> <p>To request a Long-Term Services and Supports (LTSS) screening in Virginia, you can contact your local Department of Social Services. The screening is conducted by a Community Based Screening Team (CBS), which includes a social worker and a health department nurse. The CBS will meet with the individual and a family member or caregiver to assess the individual's need for the CCC Plus waiver. The waiver allows the individual to receive care in their home or community, or in a nursing facility.</p> <p>If the individual is hospitalized, a discharge planner can perform the screening in the hospital.</p> <p>To qualify for LTSS, the individual must meet certain financial and functional criteria. They must also be eligible for Medicaid to receive and have waiver services paid by Medicaid.</p> <p>To find your local Department of Social Services please go to: https://www.dss.virginia.gov/localagency/index.cgi.</p>

Frequently Asked Questions	Answers
What happens if I need a service but no one in Anthem Full Dual Advantage Support (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Anthem Full Dual Advantage Support (HMO D-SNP) will cover services provided by an out-of-network provider.

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

Frequently Asked Questions	Answers
What's prior authorization?	<p>Prior authorization means an approval from Anthem Full Dual Advantage Support (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network before you get the services. Anthem Full Dual Advantage Support (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Anthem Full Dual Advantage Support (HMO D-SNP) can provide you or your provider a list of services or procedures that require you to get prior authorization from Anthem Full Dual Advantage Support (HMO D-SNP) before the service is provided.</p> <p>Refer to Chapter 3 of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the number listed at the bottom of this page for help.</p>
What's a referral?	<p>A referral means that your Primary Care Provider (PCP) must give you written approval before you can use specialists or other providers in the plan's network. This can be done electronically however if you don't get approval, Anthem Full Dual Advantage Support (HMO D-SNP) may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists.</p> <p>Anthem Full Dual Advantage Support (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP before the service is provided. For more information on when a referral is needed, call Member Services at the toll-free number below or refer to Chapter 3, Section 2.2, of the <i>Evidence of Coverage</i>.</p>

Frequently Asked Questions	Answers
Do I pay a monthly amount (also called a premium) under Anthem Full Dual Advantage Support (HMO D-SNP)?	No. Because you have Cardinal Care, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Anthem Full Dual Advantage Support (HMO D-SNP)?	No. You don't pay deductibles in Anthem Full Dual Advantage Support (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Anthem Full Dual Advantage Support (HMO D-SNP)?	There's no cost sharing for medical services in Anthem Full Dual Advantage Support (HMO D-SNP), so your annual out-of-pocket costs will be \$0. Members who get LTSS, including skilled and custodial nursing facility placement and CCC Plus Waiver Services, may have a monthly patient pay amount as determined by the Virginia Department of Social Services.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care (continued on the next page)	Inpatient hospital care	\$0	Our plan covers 90 days for an inpatient hospital stay. Your provider must get an approval from the plan before you are admitted to a hospital for a procedure, rehabilitation or transplant that you and your doctor

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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 hospital care (continued)			planned ahead. This is called getting prior authorization. You do not need approval for emergency or urgently needed services. Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Outpatient hospital services, including observation	\$0	Prior authorization may be required.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization may be required.
	Doctor or surgeon care	\$0	Prior authorization may be required.
You want to use a health care provider (continued on the next page)	Visits to treat an injury or illness	\$0	Prior authorization may be required.
	Preventive care (care to keep you from getting sick, such as flu shots and screenings to check for cancer)	\$0	Influenza, Hepatitis B, pneumococcal vaccinations, and other vaccinations recommended for adults are covered. The full childhood immunization schedule is covered for members under the age of 21.
	Wellness visits, such as a physical	\$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to use a health care provider (continued)	“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	<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 \$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 the urgent care center does not have to be in-network.</p> <p>In addition to the Medicare-covered urgent care services, this plan offers urgently needed services when traveling outside of the United States and its territories for less than six months. Coverage is limited to</p>

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)			\$100,000 per year for worldwide emergency services and urgent care. Contact the plan for details.
You need medical tests	Lab tests and diagnostic procedures, such as blood work	\$0	Prior authorization may be required.
	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Prior authorization may be required.
You need hearing/auditory services (continued on the next page)	Hearing screenings (including routine hearing exams)	\$0	Covered for members under age 21. This plan covers 1 routine hearing exam every year. Prior authorization may be required.
	Hearing aids (as well as fittings and associated accessories and supplies)	\$0	In addition to the Medicare-covered hearing evaluations, this plan offers up to \$3,000 toward the purchase of one pair of supplemental prescribed hearing aid(s) or up to \$300 towards the purchase of one pair of over-the-counter hearing aid(s) and one (1) supplemental hearing aid fitting/evaluation every year. Prior authorization may be required.

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)			Additional services may be covered in accordance with your Medicaid benefits and guidelines. Covered for members under age 21.
You need dental care (continued on the next page)	Dental check-ups and preventive care	\$0	<p>Cardinal Care provides a full range of dental care for both children and adults through DentaQuest, its Medicaid Dental Benefits Administrator. Contact 888-912-3456 for information or visit https://www.dentaquest.com/en/members/virginia-medicaid-dental-coverage/cardinal-care-smiles.</p> <p>In addition to the Medicare-covered dental services, this plan offers up to \$3,000 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>You can use our coverage for these supplemental services: 2 oral exams, 2 cleanings, 2 fluoride treatments, and 2 dental X-rays every year. Please refer to the Evidence of Coverage for a full list of the dental benefits, prior authorizations, limitations, and exclusions.</p>
	Restorative and emergency dental care	\$0	Cardinal Care provides coverage for restorative and emergency dental care. Braces for adults over age 21 are not covered. Contact DentaQuest for coverage information.

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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 dental care (continued)			<p>In addition to the Medicare-covered dental services, this plan offers up to \$3,000 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>You can use our coverage for these supplemental services: fillings and repairs, root canals (endodontics), dental crowns (caps), bridges, and dentures. Please note that dental crown services require prior authorization. Please refer to the <i>Evidence of Coverage</i> for a full list of the dental benefits, prior authorizations, limitations, and exclusions.</p> <p>Contact Member Services at the number listed at the bottom of this page or read the <i>Evidence of Coverage</i> for details.</p> <p>Prior authorization may be required.</p>
You need eye care (continued on the next page)	Eye Exams	\$0	Anthem Full Dual Advantage Support (HMO D-SNP) covers diagnostic examinations and optometric treatment procedures provided by ophthalmologists, optometrists, and opticians.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (continued)			In addition to the Medicare-covered eye exam, this plan offers one (1) routine eye exam every year.
	Glasses or contact lenses	\$0	Coverage for eyeglasses is limited to members under age 21 except as a supplemental benefit. This plan covers up to \$450 for eyeglasses or contact lenses every year.
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	\$0	Please refer to your <i>Evidence of Coverage</i> for details.
You have a mental health condition (continued on the next page)	Mental Health Services	\$0	This plan provides coverage for a full range of inpatient and outpatient mental health services, including substance use disorder services. Prior authorization may be required.
	Inpatient and outpatient care and community-based services for people who need Mental Health Services	\$0	Anthem Full Dual Advantage Support (HMO D-SNP) provides coverage for inpatient and outpatient mental health services including, but not limited to, crisis intervention and psychiatric hospitalization, case management, therapeutic and rehabilitative services, and residential treatment.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a mental health condition (continued)			Prior authorization may be required. Please refer to your <i>Evidence of Coverage</i> for more information.
You need substance use disorder services	Substance use disorder services	\$0	Through the Cardinal Care Addiction and Recovery Treatment Services (ARTS) program, this plan provides coverage for a full range of addiction treatment services, including outpatient and intensive outpatient services, case management, residential and opioid treatment services. Prior authorization may be required. Please refer to your <i>Evidence of Coverage</i> for more information.
You need a place to live with people available to help you	Skilled nursing care	\$0	Anthem Full Dual Advantage Support (HMO D-SNP) provides coverage for skilled and intermediate nursing facility care. This plan covers up to 100 days in a Skilled Nursing Facility (SNF). Prior authorization may be required.
	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>Evidence of Coverage</i> for details.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization may be required.
You need help getting to health services (continued on the next page)	Ambulance services	\$0	<p>Ambulance services for other cases (non-emergent) must be approved by us. In cases that are not emergencies, we may pay for an ambulance. Your condition must be serious enough that other ways of getting to a place of care could risk your life or health.</p> <p>Your provider must get an approval from the plan before you get ground, air or water transportation that is not an emergency.</p>
	Emergency transportation	\$0	<p>In emergency situations this plan includes ground (ambulance) and air (airplane and helicopter) transportation. The transportation will take you to the nearest place that can give you care.</p> <p>Prior authorization may be required.</p>
	Transportation to medical appointments and services	\$0	Includes transportation to services covered by Medicare. Cardinal Care also provides coverage through Medicaid for Non

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)			Emergency Medical Transportation services. Please see the Additional Services section, later in this document, for additional transportation-related 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>Evidence of Coverage</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. Please refer to Anthem Full Dual Advantage Support (HMO D-SNP)'s <i>List of Covered Drugs</i>
	Mail order three-month supply	\$0.00 - \$12.65 OR 25%*	

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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 drugs to treat your illness or condition (continued)	Tier 3: Preferred Brand		(<i>Drug List</i>) for more information.
	Standard retail one-month supply	\$0.00 - \$12.65 OR 25%*	Anthem Full Dual Advantage Support (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.
	Mail order three-month supply	\$0.00 - \$12.65 OR 25%*	
	Tier 4: Non-Preferred Drug		Some drugs have quantity limits.
	Standard retail one-month supply	\$0.00 - \$12.65 OR 25%*	Your provider must get prior authorization from Anthem Full Dual Advantage Support (HMO D-SNP) for certain drugs.
	Mail order three-month supply	\$0.00 - \$12.65 OR 25%*	
	Tier 5: Specialty Tier		You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These specialty drugs are listed on the plan's website, list of covered drugs (formulary), and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov/plan-compare .
	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	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Mail order three-month supply</p>	<p>\$0.00</p> <p>Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>Extended day supplies are available through retail pharmacies and mail-order.</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>
	<p>Over-the-counter (OTC) drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please refer to Anthem Full Dual Advantage Support (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</p>

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)			(OTC) benefit through a combined monthly spending allowance. Please refer to the Everyday Options Allowance benefit later in this document for more information.
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization may be required.
	Medical equipment for home care	\$0	Prior authorization may be required.
	Dialysis services	\$0	
You need foot care	Podiatry services	\$0	In addition to the Medicare-covered podiatry services, this plan offers four (4) routine foot care visits each year. Prior authorization is 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>Evidence of Coverage</i> . (continued on the next page)	Wheelchairs, crutches, walkers, nebulizers, oxygen equipment and supplies	\$0	Anthem Full Dual Advantage Support (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)
You need help living at home (continued on the next page)	Home health services	\$0	<p>Anthem Full Dual Advantage Support (HMO D-SNP) covers home health services, including nursing care, rehabilitation therapies and home aide services. Additionally, the Commonwealth Coordinated Care Plus (CCC Plus) Waiver provides coverage for other long-term services and supports such as private-duty nursing services. Consult with your Anthem Full Dual Advantage Support (HMO D-SNP) care team to request a LTSS screening for the CCC Plus Waiver.</p> <p>Prior authorization may be required.</p>
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	<p>Home modifications may be covered by Cardinal Care through the CCC Plus Waiver. Modifications may be made to your primary residence or primary vehicle and must enable you to function with greater independence. Speak with your care team to learn more.</p>

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)			Prior authorization may be required.
	Adult day health services	\$0	Anthem Full Dual Advantage Support (HMO D-SNP) provides these services if you are found to be eligible through the LTSS screening process. Prior authorization may be required.
	Day habilitation services	\$0	Prior authorization may be required.
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	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)	Acupuncture	\$0	In addition to the Medicare-covered acupuncture visits, this plan offers twelve (12) routine acupuncture visits each year. Prior authorization may be required.
	Chiropractic services	\$0	Prior authorization may be required.
	Diabetes supplies and services	\$0	This plan covers only ACCU-CHECK® (made by Roche Diagnostics) and Freestyle® (made by Abbott) blood glucose test strips and glucometers.

If you have questions, please call Anthem Full Dual Advantage Support (HMO D-SNP) at **1-844-618-1918** (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)
Additional services (continued)			<p>We will not cover other brands unless your provider tells us it is medically necessary. Blood glucose test strips and glucometers MUST be purchased at a network retail or our mail-order pharmacy to be covered. If you purchase these supplies through a Durable Medical Equipment (DME) provider these items will NOT be paid for.</p> <p>Lancets are limited to the following manufacturers: Trividia, Accu-chek, Freestyle and HTL-Strefa, Kroger and its affiliates, Prodigy, and Good Neighbor.</p>
	Prosthetic services	\$0	<p>Anthem Full Dual Advantage Support (HMO D-SNP) provides coverage for medically necessary prosthetics for children under age 21 and for adults and children when recommended as part of an approved intensive rehabilitation program.</p> <p>Prior authorization may be required.</p>
	Radiation therapy	\$0	<p>Prior authorization may be required.</p>
	Services to help manage your disease	\$0	<p>Care management or care coordination services are provided to all Anthem Full Dual Advantage Support (HMO D-SNP) enrollees. Care management provides a more intensive level of service if your health requires it.</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)			Prior authorization may be required.
	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 \$362 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>Evidence of Coverage</i> .
	Healthy Meals - Chronic Condition	\$0	\$0.00 copay for up to 3 meals a day for 14 days to support your chronic condition nutritional needs.
	Healthy Meals - Post Discharge	\$0	\$0.00 copay for up to 2 meals a day for 14 days following your discharge from the hospital or skilled nursing facility (SNF).
	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.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Medicare Community Resource Support	\$0	<p>We assist you right over the phone by providing you with health-related information and by connecting you to local community-based services and support programs. We'll help you coordinate these services based on your unique needs.</p> <p>For more details, call Member Services at the number listed on the bottom of the page and ask for the Medicare Community Resource Support team.</p>
	Personal Emergency Response System (PERS)	\$0	Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you. For more details, please call the Member Services phone number listed at the bottom of this page.
	SilverSneakers*® Fitness program	\$0	<p>When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to 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	\$0.00 copay. This plan offers coverage for 60, one-way, routine

If you have questions, please call Anthem Full Dual Advantage Support (HMO D-SNP) at **1-844-618-1918** (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)
Additional services (continued)			<p>transportation services every year. Trips are limited to 60 miles.</p> <p>Additional services may be covered in accordance with your Medicaid benefits and guidelines.</p>

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Anthem Full Dual Advantage Support (HMO D-SNP)'s *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Anthem Full Dual Advantage Support (HMO D-SNP) Member Services at the number at the bottom of this page to get one. If you have questions, you can also call Member Services or visit <https://shop.anthem.com/medicare>.

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

There are some services that you can get that aren't covered by Anthem Full Dual Advantage Support (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
Developmental disability support coordination	\$0
Transportation to waiver services provided through the Building Independence (BI), Community Living (CL), and Family and Individual Supports (FIS) Medicaid waivers	\$0

E. Services that Anthem Full Dual Advantage Support (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 Full Dual Advantage Support (HMO D-SNP), Medicare, and Medicaid do not cover
Nursing services provided in a Christian Science Sanatorium
Services not considered “reasonable and necessary” according to standards of Medicare and Virginia Cardinal Care Medicaid
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless required criteria are met
LASIK surgery

F. Your rights as a member of the plan

As a member of Anthem Full Dual Advantage Support (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 *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 care provider (PCP) and change your PCP at any time during the year
- Use a women's health care provider without a referral
- Get your covered services and drugs quickly
- Know about all treatment options, no matter what they cost or whether they're covered
- Refuse treatment, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. Anthem Full Dual Advantage Support (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
 - Have your *Evidence of Coverage* and any printed materials from Anthem Full Dual Advantage Support (HMO D-SNP) translated into your primary language, and/or have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
 - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience, or retaliation
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency and care services, 24 hours a day, 7 days a week, without prior authorization
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers.

- File a complaint with the Virginia Department of Medical Assistance Services Member Helpline at 1-804-786-6145 (hearing impaired members contact Virginia Relay at 711). The Anthem Full Dual Advantage Support (HMO D-SNP) website <https://shop.anthem.com/medicare> has complaint forms and instructions available online.
- Ask for a State Fair Hearing
- Get a detailed reason for why services were denied

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

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

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

If you have a complaint or think Anthem Full Dual Advantage Support (HMO D-SNP) should cover something we denied, call Member Services at **1-833-824-1393** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. You can file a complaint or appeal our decision.

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

H. What to do if you suspect fraud

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

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

- ☐ Call us at Anthem Full Dual Advantage Support (HMO D-SNP) Member Services. The phone number is listed in the footer of each page of this document.
- ☐ Or, call Virginia Medicaid Managed Care Helpline at 1-800-643-2273. TTY users may call 1-800-817-6608.
- ☐ Call Virginia's Medicaid Fraud Control Unit at 1-800-371-0824 or 1-804-371-0779 (TTY users dial 711 for Virginia Relay) or by email at MFCU_mail@oag.state.va.us.
- ☐ Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

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

CALL: 1-833-824-1393

Calls to this number are free.

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

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, call Anthem Full Dual Advantage Support (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 Full Dual Advantage Support (HMO D-SNP)'s 24/7 NurseLine at **1-855-658-9249** (TTY: **711**). A nurse will listen to your problem and tell you how to get care.
- ☐ Calls to this number are free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.
- ☐ Anthem Full Dual Advantage Support (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 **1-844-618-1918** (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.

Bassa – KPÁÍN GBO: ɔ jǔké m̩ d̩yí Bǎsɔ́ɔ̀-wùdù po-nyò jǔ́in, wuɖu-xwíníin-mú-zà-zà bě se wídǐ pɛ́ɛ-pɛ́ɛ dò kǔɛ nǐ bó m̩ bǐi. Gbo-kpá-sǔ tɔ̀ɔ̀ bě bó bǔ bě tò jè dé céé-dyèdè kò-č bě múɛɛ nǐ bó dɛkè, ké ɔ se wídǐ-pɛ́ɛ-pɛ́ɛ dò kǔ. Fɔno nɔnba d̩à n̩ɛin kǔ mɔɔ wùdù nǐ hwòò-nyòɔ̀. Kua-kɔ́ún-po-po àbà ti 8 a.m. gbo 8 p.m ti, muin dyodíóáun-wè meń̩ɛin-ɔ̀ɔ̀ (ɔ sèin d̩òun Zuo-po-po kè beè-dyu-hwɔ̀) Kpa-dyua wè 1 muin kɔ Dunu-Tòdɔ̀ wè 31, kè do-do wè (ɔ sèin d̩òun fɔ-wè) Zágidjɔ̀ wè 1 muin kɔ D̩i̩u wè 30.

Bengali – মনোযোগ দনি: যদি আপন বাংলা ভাষায় কথা বলেন, তবে আপনার জন্য বনিমূল্যে ভাষা সহায়তা পরষিবো উপলব্ধ রয়েছে। তথ্য সহজলভ্য ফরম্যাটে পাওয়ার জন্য প্রয়োজনীয় সহায়ক সরঞ্জাম ও পরষিবোও বনিমূল্যে প্রদান করা হয়। উপরে উল্লেখিত ফোন নম্বরে ফোন করুন অথবা আপনার পরষিবো সরবরাহকারীর সাথে কথা বলুন। কার্যক্রমের সময় সকাল ৪

টা থেকে রাত ৪ টা পর্যন্ত (স্থানীয় সময় অনুযায়ী), সপ্তাহে সাত দিন (শুধুমাত্র থ্যাংকসগভিং ও বড়দিন ছাড়া) অক্টোবর ১ থেকে মার্চ ৩১ পর্যন্ত এবং এপ্রিল ১ থেকে সেপ্টেম্বর ৩০ পর্যন্ত সোমবার থেকে শুরুর (ছুটির দিন ছাড়া) কার্যক্রম পরিচালিত হয়।

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。

Farsi - توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک زبانی رایگان قابل ارائه به شما است. وسایل و خدمات کمی مناسب برای ارائه اطلاعات در قالب های مناسب معلولان نیز به صورت رایگان قابل ارائه است. با شماره تلفن بالا تماس بگیرید یا با ارائه دهنده تماس صحبت کنید. ساعات کاری: از ۸ صبح تا ۸ شب به وقت محلی از ۱ اکتبر تا ۳۱ مارس (به جز کریسمس و روز شکرگزاری) در هفت روز هفته و از ۱ آوریل تا ۳۰ سپتامبر از دوشنبه تا جمعه (به جز تعطیلات).

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.

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 फोन 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।

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 बोल्नुहुन्छ भने तपाईंका लागि नशिल्क भाषा सहायता सेवाहरू उपलब्ध छन्। प्रयोग गर्न मिल्ने ढाँचामा जानकारी प्रदान गर्न उपयुक्त ढङ्गको सहयोगी यन्त्र र सेवाहरू पनि नशिल्क रूपमा उपलब्ध छन्। माथि उल्लेख गरिएको फोन नम्बरमा कल गर्नुहोस् वा आफ्नो प्रदायकसँग कुराकानी गर्नुहोस्। कार्य सञ्चालन गरिने समय स्थानीय समयानुसार बहिन 8 बजेदेखि साँझ 8 बजेसम्म हप्ताको सातै दिन (थ्याङ्क्सगभिङ र क्रिसमसबाहेक) अक्टोबर 1 देखि मार्च 31 सम्म र सोमवारदेखि शुक्रवार (बदिबाहेक) अप्रिल 1 देखि सेप्टेम्बर 30 सम्म हो।

Portuguese – ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para o número de telefone acima indicado ou fale com o seu fornecedor. Horário de expediente: das 8h às 20h, (hora local), sete dias por semana (exceto Dia de Ação de Graças e Natal) de 1 de outubro até 31 de março, e de segunda a sexta-feira (exceto feriados) de 1 de abril até 30 de setembro.

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.

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: మేరూ తేలుగులో మాట్లాడదలచుకుంటే కనుక, మేకు ఉచిత భషా సహాయ సేవలు అందుబాటులో ఉన్నాయి. అందుబాటులో ఉన్న ఫర్మాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక పరికరాలు, సేవలు కూడా ఉచితంగా లభిస్తాయి. వైన జబితలో తెలివిన ఫోన్ నంబర్లకు కల్ చేయండి లేదా మే వొరైవ్ డిజిటల్ మాట్లాడండి. పని వేళలు అక్టోబర్ 1 నుండి మార్చి 31 వరకు వారానికి ఏడు రోజులు (థంక్స్ గివింగ్, క్రిస్మస్ మినహా) వటు, ఏప్రిల్ 1 నుండి సెప్టెంబర్ 30 వరకు సోమవారం నుండి శుక్రవారం వరకు (సెలమలు మినహా) నాథనిక సమయం ఉదయం 8 గంటల నుండి రేతేరి 8 గంటల వరకు.

Urdu - توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون آلات اور خدمات بھی مفت دستیاب ہیں۔ اوپر درج فون نمبر پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔ کام کے اوقات مقامی وقت کے مطابق صبح 8 بجے تا شام 8 بجے، ہفتے کے سات دن (سوائے تھینکس گیونگ اور کرسمس کے) 1 اکتوبر سے 31 مارچ تک، اور پیر تا جمعہ (چھٹیوں کے علاوہ) 1 اپریل تا 30 ستمبر ہیں۔

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 - H4694

For 2025, Anthem HealthKeepers - H4694 received the following Star Ratings from Medicare:

Overall Star Rating: Plan too new to be measured

Health Services Rating: Plan too new to be measured

Drug Services Rating: Plan too new to be measured

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

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

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

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

Star Ratings are based on factors that include:

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

The number of stars show how well a plan performs.

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

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

Get More Information on Star Ratings Online

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

Questions about this plan?

Contact Anthem 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 1-800-652-6387 (toll-free) or 711 (TTY).
Current members please call 1-833-824-1393 (toll-free) or 711 (TTY).

HealthKeepers, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Virginia Medicaid program. Enrollment in HealthKeepers, Inc. depends on contract renewal.

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 **1-844-618-1918** 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 **1-844-618-1918** 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.