

# Summary of Benefits



## Medicare Advantage and Part D

**Plan year:** January 1 – December 31, 2027

### Indiana

All counties in Indiana

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

# Introduction

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

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## A. Disclaimers

This is a summary of health services covered by Anthem I PathWays Dual Care Advantage (HMO D-SNP) for January 1 – December 31, 2027. 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 Indiana Medicaid program. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal. Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.
- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.
- For more information about Anthem I PathWays Dual Care Advantage (HMO D-SNP), you can check the PathWays webpage at [www.in.gov/pathways/home](http://www.in.gov/pathways/home) or contact the Anthem I PathWays Dual Care Advantage (HMO D-SNP) Office of the Ombudsman at 1-800-622-4484 Monday through Friday between the hours of 9 am and 5 pm.
- You can get this document for free in other formats, such as large print, braille, or audio. Call **1-833-412-4405** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free.
- This document is available for free in Spanish, Arabic, Burmese, Chinese,

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Dutch, French, German, Gujarati, Haitian Creole, Hindi, Japanese, Korean, Pennsylvania Dutch, Polish, Punjabi, Russian, Serbian, Tagalog, and Vietnamese.

- If you call us to request a change to your preferred language or format preference, let us know if you want this to be a standing order. That means we will send the same documents in your requested format and language every year. You can also call us to change or cancel a standing order. You can also find your documents online at **shop.anthem.com/medicare**.

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

**English** – ATTENTION: If you need help in your language, 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 **1-844-671-5716 (TTY: 711)**. 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.

**Español (Spanish)** – ATENCIÓN: Si necesita ayuda en su idioma, 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. El horario de atención es de 8 a.m. a 8 p.m. hora local, los siete días de la semana (excepto el Día de Acción de Gracias y Navidad) desde el 1.º de octubre hasta el 31 de marzo, y de lunes a viernes (excepto los días feriados) desde el 1.º de abril hasta el 30 de septiembre.

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

**简体中文 (Chinese Simplified)** – 注意: 如果您在您的语言方面需要帮助, 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。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。

**繁體中文 (Chinese Traditional)** – 注意: 如果您在您的語言方面需要協助, 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 and 服務, 以無障礙格式提供資訊。請撥打上面列出的電話號碼。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。

**Français (French)** – ATTENTION : Si vous avez besoin d'aide dans votre langue, 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. Les heures d'ouverture sont de 8h à 20h, 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.

**Deutsch (German)** – ACHTUNG: Wenn Sie Hilfe in Ihrer Sprache benötigen, 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. 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.

**Kreyòl Ayisyen (Haitian Creole)** – ATANSYON: Si w bezwen èd nan lang ou, 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. 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.

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**हिंदी (Hindi)** – ध्यान दें: यदि आपको अपनी भाषा में सहायता चाहिए, 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। 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।

**Igbo (Igbo)** – NLEBA AMA: Ọ bụrụ na ịchọrọ enyemaka n'asụsụ gị, enyemaka asụsụ dị maka gị. E nwekwara ike inye aka na ọrụ enyemaka kwesịrị ekwesị iji nye ozi n'ụdị dị mfe ịnweta. Kpọọ nọmba ekwentị edere n'elu. Awa ọrụ bụ site n'elekere 8 ụ.t ruo 8 e.h. n'oge obodo, ụbọchị asaa n'izu (ma e wezụga Ekele na Krismas) site na Ọktoba 1 ruo Maachị 31, na Mọnde ruo Fraịdee (ma e wezụga ezumike) site na Eprel 1 ruo Septemba 30.

**日本語 (Japanese)** – 注意：ご使用の言語でのサポートが必要な場合には、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。

**ភាសាខ្មែរ (Khmer)** – សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សេវាជំនួយភាសាឥតគិតថ្លៃមានផ្តល់ជូនអ្នក។ មានផ្តល់ជូនដោយឥតគិតថ្លៃនូវសេវាកម្ម និងឧបករណ៍ជំនួយសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់បែបបទដែលអាចចូលប្រើបានផងដែរ។ ហៅទូរសព្ទទៅលេខទូរសព្ទដែលមាននៅខាងលើ។ ម៉ោងធ្វើការចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ម៉ោងក្នុងស្រុក ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ (លើកលែងតែថ្ងៃបុណ្យថ្ងៃអំណរគុណ និងបុណ្យណូអែល) ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ (លើកលែងតែថ្ងៃយប់សម្រាក) ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។

**한국어(Korean)** – 주의: 귀하의 언어로 도움이 필요하신 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 대체 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 제공됩니다. 위의 전화 번호로 전화해 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.

**Deutsch (Pennsylvania Dutch)** – WICH DICH: Wann du Hilf brauchsch fer communicat-e in Deitsch odder Englisch, kenne mer dich helfe in en latt differnti Wege, unni as es dich ennich eppes koschde zellt. Aa wann du Druwwel hoscht fer heere odder sehne, kenne mir dich Information beigriege in Wege as du ausmache un verschtehe kannsch; sell koscht dich aa nix. Duh der Phone-Number owwe calle. Du kannsch hold griege vun epper vun 8 Uhr meigeds bis acht Uhr oweds local Zeit, siwwe Daag die Woch (ausgnumme Thanksgiving un Grischdaag) vun October 1 deich March 31, un muundaags bis freidaags (ausgnumme Feiertaags) vun April 1 deich September 30.

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**ਪੰਜਾਬੀ (Punjabi)** – ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਉੱਪਰ ਦਿੱਤੇ ਫੋਨ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। ਕੰਮਕਾਜ ਦੇ ਘੰਟੇ, 1 ਅਕਤੂਬਰ ਤੋਂ 31 ਮਾਰਚ ਤੱਕ ਹਫ਼ਤੇ ਦੇ ਸੱਤੇ ਦਿਨ (ਬੈਂਕਸਗਿਵਿੰਗ ਅਤੇ ਕ੍ਰਿਸਮਿਸ ਨੂੰ ਛੱਡ ਕੇ), ਅਤੇ 1 ਅਪ੍ਰੈਲ ਤੋਂ 30 ਸਤੰਬਰ ਤੱਕ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ (ਛੁੱਟੀਆਂ ਨੂੰ ਛੱਡ ਕੇ), ਸਥਾਨਕ ਸਮੇਂ ਅਨੁਸਾਰ ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8 ਵਜੇ ਤੱਕ ਹਨ।

**Kiswahili (Swahili)** – ANGALIZO: Ikiwa unahitaji msaada kwa lugha yako, 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 simu kwa nambari iliyoorodheshwa hapo juu. 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 (Tagalog)** – PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, 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. 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.

**Twi (Twi)** – HYE NO NSO: Sɛ wohia mmɔa wɔ wo kasa mu a, kasa mu mmɔa a wontua hwee wɔ ho ma wo. Nneema ne mmɔa a eho hia nso wɔ ho a wɔde ma kwa senea ebeye a wobetumi anya nsem no wɔ ɔkwan a eye mmere sɛ wobete ase. Frɛ fon noma a wɔabobo wɔ atifi ho no. Nnonhwere a wɔde ye adwuma ye anɔpa 8 kosi anadwo 8 mpɔtam ho bere so, nna nson nnawɔtwe biara (Aseda ne Buronya nna nka ho) efiri Ahinime 1 kosi Ɔbenem 31, ne Dwoada kosi Fiada (nnapɔnna nka ho) efiri Oforisuo 1 kosi Ɔbo 30.

**Tiếng Việt (Vietnamese)** – CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, 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. 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.

**דיש (Yiddish)** – אויפמערקזאמקייט: אויב איר דארפֿט הילף אין אייער שפראך, פריי שפראך הילף באַדינונגס זענען בנימצא צו איר. צונעמען אַגזיליערי אַידס און באַדינונגס צו צושטעלן אינפֿארמאַציע אין צוטריטלעך פֿאַרמאַטירונגען זענען אויך פריי. רופן די טעלעפֿאָן נומער ליסטעד אויבן. שעה פון אָפּעראַציע זענען 8 a.m. צו 8 p.m. לאקאלע צייט, זיבן טעג אַ וואָך (אַחוץ טהאַנקסגיווינג און נישטל) פון 1 אקטאבער ביז 31 מער, און מאנטיק צו פרייטאג (חוץ האָלידייטס) פון 1 אפריל ביז 30 סעפטעמבער.

**Yorùbá (Yoruba)** – ÀKÍYÈSÍ: Tí o bá nílò ìrànṣíwọ́ ní èdè rẹ, àwọn isẹ ìrànṣíwọ́ èdè ọfẹ wà fún ọ. Àwọn ìrànṣíwọ́ àti isẹ ìrànṣíwọ́ tó yẹ láti pèsè iwífún ní àwọn ọ̀nà tí a lè gbà tún ráàyèsì lófẹ́. Pe nọhàbà tẹlífóònù tò wà lókè yí. Àkókò isẹ jẹ láti aago méjọ àárọ sí aago méjọ alẹ ní àkókò àdúgbò, ọjọ méje ní ọsẹ kan (yàtò sí ọjọ ìdúpe àti Kérésìmesì) láti ọjọ 1 oṣù kẹwá sí ọjọ 31 oṣù kẹta, àti ọjọ ajé sí ọjọ ẹti (yàtò sí ọjọ ìsinmi) láti ọjọ 1 oṣù kẹrin sí ọjọ 30 oṣù kẹsán.

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**If you have questions**, please call Anthem I PathWays Dual Care Advantage (HMO D-SNP) at **1-833-412-4405** (TTY 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit [shop.anthem.com/medicare](http://shop.anthem.com/medicare).

## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

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

| Frequently Asked Questions                                                                                                            | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Will I get the same Medicare and Medicaid benefits in Anthem I PathWays Dual Care Advantage (HMO D-SNP) that I get now?</b></p> | <p>You'll get most of your covered Medicare and Medicaid benefits directly from Anthem I PathWays Dual Care Advantage (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care coordinator assessment. You may also get other benefits outside of your health plan the same way you do now, for example, directly from Medicaid Rehabilitation Option (MRO) behavioral health services, Area Agencies on Aging (AAAs) or services through Money Follows the Person (MFP) program.</p> <p>When you enroll in Anthem I PathWays Dual Care Advantage (HMO D-SNP), you and your care coordinator will work together to develop a person-centered care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you're taking any Medicare Part D drugs that Anthem I PathWays Dual Care Advantage (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Anthem I PathWays Dual Care Advantage (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the number listed at the bottom of this page.</p> |

| Frequently Asked Questions                                                    | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Can I use the same providers I use now?                                       | <p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Anthem I PathWays Dual Care Advantage (HMO D-SNP) and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> <li>Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. <b>You must use the providers in Anthem I PathWays Dual Care Advantage (HMO D-SNP)’s network.</b> If you use providers or pharmacies that aren’t in our network, the plan may not pay for these services or drugs.</li> <li>If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Anthem I PathWays Dual Care Advantage (HMO D-SNP)’s plan.</li> </ul> <p>To find out if your providers are in the plan’s network, call Member Services at the number at the bottom of this page or read Anthem I PathWays Dual Care Advantage (HMO D-SNP)’s Provider and Pharmacy Directory on the plan’s website at <b><a href="http://shop.anthem.com/medicare">shop.anthem.com/medicare</a></b>.</p> <p>If Anthem I PathWays Dual Care Advantage (HMO D-SNP) is new for you, we’ll work with you to develop a person-centered care plan to address your needs.</p> <p>If you’re undergoing treatment and switch, or newly enroll in a PathWays FIDE SNP plan, there are rules to help you continue your care. During your first 90 days of starting with Anthem I PathWays Dual Care Advantage (HMO D-SNP) we may not require prior authorization for the active course of treatment, even when the treatment is being provided by an out-of-network provider.</p> |
| What’s an Anthem I PathWays Dual Care Advantage (HMO D-SNP) care coordinator? | <p>An Anthem I PathWays Dual Care Advantage (HMO D-SNP) care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need. Call Member Services at the numbers listed at the bottom of this page if you need help reaching your care coordinator.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| Frequently Asked Questions                                                                                                        | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What are Long-term Services and Supports (LTSS)?</b>                                                                           | Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Some of these supports also help caregivers involved with you, such as family or friends who provide help. Most of these types of services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, an Area Agency on Aging or another agency may administer these services, and your care coordinator will work with that agency.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>What happens if I need a service but no one in Anthem I PathWays Dual Care Advantage (HMO D-SNP)'s network can provide it?</b> | Most services will be provided by our network providers. If you need a service that can't be provided within our network, Anthem I PathWays Dual Care Advantage (HMO D-SNP) will pay for the cost of an out-of-network provider. A prior authorization may be required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Where's Anthem I PathWays Dual Care Advantage (HMO D-SNP) available?</b>                                                       | <p>The service area for this plan includes:</p> <p>Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clark, Clay, Clinton, Crawford, Daviess, Dearborn, Decatur, DeKalb, Delaware, Dubois, Elkhart, Fayette, Floyd, Fountain, Franklin, Fulton, Gibson, Grant, Greene, Hamilton, Hancock, Harrison, Hendricks, Henry, Howard, Huntington, Jackson, Jasper, Jay, Jefferson, Jennings, Johnson, Knox, Kosciusko, La Porte, Lagrange, Lake, Lawrence, Madison, Marion, Marshall, Martin, Miami, Monroe, Montgomery, Morgan, Newton, Noble, Ohio, Orange, Owen, Parke, Perry, Pike, Porter, Posey, Pulaski, Putnam, Randolph, Ripley, Rush, Scott, Shelby, Spencer, St. Joseph, Starke, Steuben, Sullivan, Switzerland, Tippecanoe, Tipton, Union, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Warrick, Washington, Wayne, Wells, White, Whitley counties, Indiana.</p> <p>You must live in one of these areas to join the plan.</p> <p>Call Member Services at the numbers listed at the bottom of this page for more information about whether the plan is available where you live.</p> |

**If you have questions**, please call Anthem I PathWays Dual Care Advantage (HMO D-SNP) at **1-833-412-4405** (TTY 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit [shop.anthem.com/medicare](https://shop.anthem.com/medicare).

| Frequently Asked Questions                                                                                        | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What's prior authorization?</b>                                                                                | <p>Prior authorization means an approval from Anthem I PathWays Dual Care Advantage (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network <b>before</b> you get the services. Anthem I PathWays Dual Care Advantage (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>Refer to <b>Chapter 3</b> of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in <b>Chapter 4</b> 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>                                |
| <b>What's a referral?</b>                                                                                         | <p>A referral means that your Primary Medical Provider (PMP) or care team must give you approval to go to someone that isn't your PMP. A referral is different than a prior authorization. If you don't get approval from your PMP, Anthem I PathWays Dual Care Advantage (HMO D-SNP) may not cover the services. Anthem I PathWays Dual Care Advantage (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PMP or care team before service is provided.</p> <p>Refer to the <i>Member Handbook</i> to learn more about when you'll need to get a referral from your PMP.</p> <p>PathWays has a list of services that members may access through a self-referral process. You can contact your care coordinator or Anthem I PathWays Dual Care Advantage (HMO D-SNP) Member Services at 1-833-412-4405 for more information.</p> |
| <b>Do I pay a monthly amount (also called a premium) under Anthem I PathWays Dual Care Advantage (HMO D-SNP)?</b> | <p>No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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| Frequently Asked Questions                                                                                                                          | Answers                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Do I pay a deductible as a member of Anthem I PathWays Dual Care Advantage (HMO D-SNP)?</b>                                                      | No. You don't pay deductibles in Anthem I PathWays Dual Care Advantage (HMO D-SNP).                                                                |
| <b>What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Anthem I PathWays Dual Care Advantage (HMO D-SNP)?</b> | There's no cost-sharing for medical services in Anthem I PathWays Dual Care Advantage (HMO D-SNP), so your annual out-of-pocket costs will be \$0. |

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## 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need hospital care</b>   | Inpatient hospital care                                                                                        | <b>\$0</b>                          | <p>If you need support leading up to, or after your hospital stay, contact your Care Coordinator by calling Member Services at the numbers listed at the bottom of this page.</p> <p>Your provider must get an approval from the plan before you are admitted to a hospital for a procedure, rehabilitation or transplant that you and your doctor planned ahead. This is called getting prior authorization. You do not need approval for emergency or urgently needed services.</p> <p>Except in an emergency, your health care provider must tell the plan of your hospital admission.</p> |
|                                 | Outpatient hospital services, including observation                                                            | <b>\$0</b>                          | Prior authorization may be required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                 | Nursing facility and intermediate care facility services in institutions for mental diseases, age 65 and older | <b>\$0</b>                          | Intermediate Care Facility care isn't covered for individuals with Intellectual Disabilities. Members receiving psychiatric treatment in a state hospital will be disenrolled from the program.                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>(continued on next page)</b> |                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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| Health need or concern                                       | Services you may need                                                                                                               | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------|
| <b>You need hospital care (continued from previous page)</b> |                                                                                                                                     |                                     |                                                                       |
|                                                              | Clinic services, by an organized facility or clinic not part of a hospital; free standing ambulatory surgical center (ASC) services | <b>\$0</b>                          | Prior authorization may be required.                                  |
|                                                              | Physician or surgeon care                                                                                                           | <b>\$0</b>                          | Prior authorization may be required.                                  |
| <b>You're seeking a healthcare provider</b>                  | Visits to treat an injury or illness                                                                                                | <b>\$0</b>                          | Prior authorization may be required.                                  |
|                                                              | Care to keep you from getting sick, such as flu shots and screenings to check for cancer                                            | <b>\$0</b>                          |                                                                       |
|                                                              | Wellness visits, such as a physical                                                                                                 | <b>\$0</b>                          |                                                                       |
|                                                              | "Welcome to Medicare" (preventive visit one time only)                                                                              | <b>\$0</b>                          |                                                                       |
|                                                              | Specialist care                                                                                                                     | <b>\$0</b>                          | Prior authorization may be required.                                  |

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| Health need or concern         | Services you may need   | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------|-------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need emergency care</b> | Emergency room services | <b>\$0</b>                          | <p>You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network.</p> <p>In addition to the Medicare-covered emergency room services, this plan offers worldwide emergency room needed services when traveling outside of the United States and its territories for less than six months. Coverage is limited to <b>\$100,000</b> per year for worldwide emergency room, emergency transportation, and urgent care. Contact the plan for details.</p> |
|                                | Urgent care             | <b>\$0</b>                          | <p>Urgently needed services are not emergency care. You do not need prior authorization and you do not have to be in-network.</p> <p>In addition to the Medicare-covered urgent care services, this plan offers worldwide urgently care needed services when traveling outside of the United States and its territories for less than six months. Coverage is limited to <b>\$100,000</b> per year for worldwide emergency room, emergency transportation, and urgent care. Contact the plan for details.</p>                                      |

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| Health need or concern                    | Services you may need                                                                                    | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need medical tests</b>             | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) | <b>\$0</b>                          | Prior authorization may be required.<br><br>Services must be ordered by a physician or other practitioner authorized to do so.                                                                                                                                                                                                                                                                  |
|                                           | Lab tests and diagnostic procedures, such as blood work                                                  | <b>\$0</b>                          | Prior authorization may be required.                                                                                                                                                                                                                                                                                                                                                            |
| <b>You need hearing/auditory services</b> | Hearing screenings                                                                                       | <b>\$0</b>                          | In addition to the Medicare-covered hearing evaluation services, this plan covers one (1) supplemental routine hearing exam every year.<br><br>Please refer to your <i>Member Handbook</i> for details.<br><br>Prior authorization may be required.                                                                                                                                             |
|                                           | Hearing aids                                                                                             | <b>\$0</b>                          | This plan covers <b>\$300</b> maximum plan benefit for over-the-counter hearing aids or one routine hearing aid fitting evaluation and a <b>\$2,000</b> maximum plan benefit for prescribed hearing aids every year. Up to one pair of hearing aid(s) per year, regardless of type.<br><br>Please refer to your <i>Member Handbook</i> for details.<br><br>Prior authorization may be required. |

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| Health need or concern          | Services you may need                 | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------|---------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need dental care</b>     | Dental check-ups and preventive care  | <b>\$0</b>                          | <p>For additional information regarding your dental benefits and in-network providers call Member Services at the numbers listed at the bottom of this page.</p> <p>Please refer to your <i>Member Handbook</i> for more details on prior authorizations, covered dental services, limitations, and exclusions.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                 | Restorative and emergency dental care | <b>\$0</b>                          | <p>In addition to the Medicare-covered dental services, this plan offers up to <b>\$2,500</b> for covered supplemental preventive and comprehensive dental services every year. Any amount not used at the end of the calendar year will expire.</p> <p>Please refer to your <i>Member Handbook</i> for more details on prior authorizations, covered dental services, limitations, and exclusions.</p> <p>Prior authorization may be required.</p> <p>Our plan partners with Liberty Dental to provide your dental benefits. To locate a network provider or for questions related to Liberty Dental Plan's clinical guidelines, you may call Liberty Dental Member Services at 1-888-700-0992 or search the Liberty Dental website at <a href="https://client.libertydentalplan.com/anthem/Index">https://client.libertydentalplan.com/anthem/Index</a>.</p> |
|                                 | Dentures                              | <b>\$0</b>                          | Prior authorization may be required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>(continued on next page)</b> |                                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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| Health need or concern                                     | Services you may need                  | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                   |
|------------------------------------------------------------|----------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need dental care (continued from previous page)</b> |                                        |                                     |                                                                                                                                         |
|                                                            | Medical/surgical services of a dentist | <b>\$0</b>                          | Prior authorization may be required.                                                                                                    |
| <b>You need eye care</b>                                   | Eye Exams                              | <b>\$0</b>                          | In addition to the Medicare-covered exam to treat an eye condition, this plan covers one (1) routine eye exam every year.               |
|                                                            | Glasses                                | <b>\$0</b>                          | In addition to Medicare-covered eye wear, this plan covers up to <b>\$300</b> for supplemental eyeglasses or contact lenses every year. |
|                                                            | Other vision care                      | <b>\$0</b>                          | Please refer to your <i>Member Handbook</i> for details.                                                                                |

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| Health need or concern                          | Services you may need                                                                                 | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need mental health services</b>          | Inpatient and outpatient care and community-based services for people who need mental health services | <b>\$0</b>                          | <p>Anthem I PathWays Dual Care Advantage (HMO D-SNP) provides coverage for inpatient and outpatient mental health services including, but not limited to, partial-hospitalization program, crisis intervention, substance use disorder treatment, opioid treatment program, and behavioral health therapy.</p> <p>Please refer to your <i>Member Handbook</i> for details or contact your care coordination for help.</p> <p>Prior authorization may be required. See Section D of this document for mental health specialty services.</p> |
|                                                 | Psychologist services                                                                                 | <b>\$0</b>                          | Prior authorization may be required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>You need substance use disorder services</b> | Rehabilitation services: mental health and substance use disorder services                            | <b>\$0</b>                          | <p>This plan provides coverage for substance use disorder full range of addiction services including outpatient and intensive outpatient services, and residential and opioid treatment services.</p> <p>Please refer to your <i>Member Handbook</i> for details or contact your care coordination for help. We contract with all Division of Mental Health and Addiction (DMHA) certified OTP providers across Indiana.</p> <p>Prior authorization may be required.</p>                                                                   |

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| Health need or concern                                            | Services you may need                     | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                                                    |
|-------------------------------------------------------------------|-------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need a place to live with people available to help you</b> | Skilled nursing care                      | <b>\$0</b>                          | <p>This plan covers up to 100 days in a Skilled Nursing Facility (SNF).</p> <p>Your Medicaid coverage will cover additional days as medically necessary.</p> <p>Prior authorization may be required.</p> |
|                                                                   | Nursing home care                         | <b>\$0</b>                          | <p>Please contact your care coordinator to get information on eligibility and how to access these services.</p> <p>Prior authorization may be required.</p>                                              |
|                                                                   | Adult Family Care                         | <b>\$0</b>                          | <p>Please contact your care coordinator to get information on eligibility and how to access these services.</p> <p>Prior authorization may be required.</p>                                              |
|                                                                   | Assisted Living                           | <b>\$0</b>                          | <p>Please contact your care coordinator to get information on eligibility and how to access these services.</p> <p>Prior authorization may be required.</p>                                              |
| <b>You need therapy after a stroke or accident</b>                | Occupational, physical, or speech therapy | <b>\$0</b>                          | Prior authorization may be required.                                                                                                                                                                     |

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| Health need or concern                          | Services you may need                | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                                                                                                                                                                                                                                        |
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| <b>You need help getting to health services</b> | Ambulance services                   | <b>\$0</b>                          | Your provider must get an approval from the plan before you get ground, air or water transportation that is not an emergency.                                                                                                                                                                                                                                                                |
|                                                 | Emergency transportation             | <b>\$0</b>                          | In addition to the Medicare-covered emergency transportation services, this plan offers worldwide emergency transportation needed services when traveling outside of the United States and its territories for less than six months. Coverage is limited to <b>\$100,000</b> per year for worldwide emergency room, emergency transportation, and urgent care. Contact the plan for details. |
|                                                 | Non-emergency medical transportation | <b>\$0</b>                          | <p>This plan offers 60, one-way, routine transportation services every year.</p> <p>Trips are limited to 60 miles.</p> <p>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).</p>             |

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| Health need or concern                            | Services you may need                                                                                                                                                                                           | Your costs for in-network providers                                     | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| You need drugs to treat your illness or condition | 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.<br><br>Prior authorization may be required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                   | Medicare Part D drugs<br><br><b>Tier 1: Preferred Generic</b><br><br><b>Tier 2: Generic</b><br><br><b>Tier 3: Preferred Brand</b><br><br><b>Tier 4: Non-Preferred Drug</b><br><br><b>Tier 5: Specialty Tier</b> | Your cost for a one-month (30-day) retail or mail-order supply is \$0*. | * If you lose your Medicaid eligibility or Extra Help, your cost for covered Part D prescription drugs may increase.<br><br>There may be limitations on the types of drugs covered. Refer to Anthem I PathWays Dual Care Advantage (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information.<br><br>Extended-day supplies are available at <b>retail and mail order</b> pharmacies for covered Part D prescription drugs in <b>Tiers 1–4</b> :<br><ul style="list-style-type: none"><li>• <b>Tier 1:</b> Up to a <b>100-day supply</b></li><li>• <b>Tiers 2–4:</b> Up to a <b>90-day supply</b></li><li>• <b>Tier 5:</b> Not eligible for an extended-day supply</li></ul> Your cost sharing for an extended-day supply is the same as your cost sharing for a one-month supply.<br><br>Please contact the plan for more |
| (continued on next page)                          |                                                                                                                                                                                                                 |                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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

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| Health need or concern                                                                          | Services you may need                                                   | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                          |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need help getting better or have special health needs (continued from previous page)</b> |                                                                         |                                     |                                                                                                                                                                                |
|                                                                                                 | Medical and remedial care- other practitioners                          | <b>\$0</b>                          | Prior authorization may be required.                                                                                                                                           |
|                                                                                                 | Religious non-medical health care institution and practitioner services | <b>\$0</b>                          | Prior authorization may be required.                                                                                                                                           |
|                                                                                                 | Speech, hearing and language disorder services                          | <b>\$0</b>                          | Prior authorization may be required.                                                                                                                                           |
| <b>You need foot care</b>                                                                       | Podiatry services                                                       | <b>\$0</b>                          | In addition to the Medicare-covered podiatry services, this plan covers <b>unlimited</b> supplemental foot care visits every year.<br><br>Prior authorization may be required. |
|                                                                                                 | Orthotic services                                                       | <b>\$0</b>                          | Prior authorization may be required.                                                                                                                                           |

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| Health need or concern                                                                                                                                                                                        | Services you may need                                                                    | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need durable medical equipment (DME) Note:</b><br>This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to <b>Chapter 4</b> of the <i>Member Handbook</i> . | Wheelchairs, crutches, and walkers                                                       | <b>\$0</b>                          | Anthem I PathWays Dual Care Advantage (HMO D-SNP) provides coverage for wheelchairs, crutches and walkers, as well as a wide range of other DME items. DME coverage is based on medical necessity and has no maximum benefit limits.<br><br>Prior authorization may be required.                                                                  |
|                                                                                                                                                                                                               | Oxygen equipment and supplies                                                            | <b>\$0</b>                          | Prior authorization may be required.                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                               | Prosthetic devices                                                                       | <b>\$0</b>                          | Prior authorization may be required.                                                                                                                                                                                                                                                                                                              |
| <b>You need help living at home</b>                                                                                                                                                                           | Home health services                                                                     | <b>\$0</b>                          | Prior authorization may be required.                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                               | Home services, such as cleaning or housekeeping, or home modifications such as grab bars | <b>\$0</b>                          | This plan offers a supplemental Home and Bathroom safety devices benefit through a combined monthly spending allowance. Please refer to the <b>Everyday Options Allowance</b> benefit later in this document for more information.<br><br>For in-home services: Please contact your care coordinator to get information on eligibility and how to |
| <b>(continued on next page)</b>                                                                                                                                                                               |                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                   |

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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) |
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**You need help living at home (continued from previous page)**

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|                                                                                                                                                                            |            | <p>access these services.</p> <p>Additional services may be covered in accordance with your Medicaid benefits and guidelines.</p> <p>Prior authorization may be required.</p>                                                                                                         |
| Adult day services or other support services                                                                                                                               | <b>\$0</b> | <p>For Adult day services: please contact your care coordinator to get information on eligibility and 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>       |
| Supports for caregivers that help you remain in the community (such as Caregiver Coaching, Respite, Integrative Health Care Coordination and Structured Family Caregiving) | <b>\$0</b> | <p>Please contact your care coordinator to get information on eligibility and how to access these services.</p> <p>Prior authorization may be required.</p>                                                                                                                           |
| Services to help you live on your own (home health care services, personal care attendant services and Personal Emergency                                                  | <b>\$0</b> | <p>Please contact your care coordinator to get information on eligibility and how to access these services. This plan includes coverage of one personal emergency response system and monthly monitoring in the member's home when arranged by the plan with a contracted vendor.</p> |

**(continued on next page)**

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| Health need or concern                                             | Services you may need                                                                                               | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                                                      |
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| <b>You need help living at home (continued from previous page)</b> |                                                                                                                     |                                     |                                                                                                                                                                                                            |
|                                                                    | Response Systems)                                                                                                   |                                     | Prior authorization may be required.                                                                                                                                                                       |
|                                                                    | Services to help you with meal preparation and nutrition (such as Home-Delivered Meals and Nutritional Supplements) | <b>\$0</b>                          | This plan offers Healthy Meals - Post Discharge: up to 2 meals a day for 10 days (maximum 20 meals) following your discharge from the hospital or skilled nursing facility (SNF).                          |
|                                                                    | Vehicle Modification                                                                                                | <b>\$0</b>                          | Please contact your care coordinator to get information on eligibility and how to access these services.<br><br>Prior authorization may be required.                                                       |
|                                                                    | Pest Control                                                                                                        | <b>\$0</b>                          | Please contact your care coordinator to get information on eligibility and how to access these services.<br><br>Prior authorization may be required.                                                       |
| <b>Additional services</b>                                         | Hospice Care                                                                                                        | <b>\$0</b>                          | Prior authorization may be required.                                                                                                                                                                       |
|                                                                    | Diabetes supplies and services                                                                                      | <b>\$0</b>                          | Covered diabetic monitors and supplies include continuous glucose monitors (CGMs) and sensors, blood glucose monitors, blood glucose test strips, and lancets.<br><br>Prior authorization may be required. |
| <b>(continued on next page)</b>                                    |                                                                                                                     |                                     |                                                                                                                                                                                                            |

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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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <b>Additional services (continued from previous page)</b> |                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                           |                            |                                     | Coverage limitations may apply. Please refer to your <i>Member Handbook</i> for details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                           | Radiation therapy          | <b>\$0</b>                          | Prior authorization may be required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                           | Waiver case management     | <b>\$0</b>                          | Please contact your care coordinator to get information on eligibility and how to access these services. Prior authorization may be required.                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                           | 24/7 NurseLine             | <b>\$0</b>                          | 24-hour access to a nurse helpline, 7 days a week, 365 days a year:<br><b>1-855-658-9249.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                           | Everyday Options Allowance | <b>\$0</b>                          | <p>This plan offers a spending allowance of <b>\$305</b> every month for:</p> <ul style="list-style-type: none"> <li>• <b>Assistive Devices:</b> ADA toilet seats, shower stools, hand-held shower heads, reaching devices, temporary wheelchair threshold ramps, and more.</li> <li>• <b>Over-the-Counter (OTC) products:</b> Health and wellness items like vitamins, first aid supplies, pain-relievers, and more.</li> </ul> <p>If you qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI), you may also be able to use this allowance on:</p> |
| <b>(continued on next page)</b>                           |                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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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) |
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**Additional services (continued from previous page)**

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|  |                   | <ul style="list-style-type: none"> <li>• <b>Healthy Foods:</b>* Healthy food items that assist in meeting your nutritional needs such as dairy products, fresh fruits, vegetables, meat, seafood, and other healthy pantry staples.</li> <li>• <b>Utilities:</b>* Use toward the payment of gas for your home, electric, water, cable, internet, or cell phone services.</li> </ul> <p>Unused amounts expire at the end of each month.</p> <p>* The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung 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>.</p> |
|  | LiveHealth Online | <p><b>\$0</b></p> <p>Lets you talk to a board-certified doctor, or licensed psychiatrist, psychologist or therapist, by live, two-way video on a computer,</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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| Health need or concern                                    | Services you may need                       | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <b>Additional services (continued from previous page)</b> |                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                           |                                             |                                     | <p>smartphone or tablet.</p> <p>LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.</p>                                                                                                                                                                                                                                                                                                              |
|                                                           | SilverSneakers*® Fitness program            | <b>\$0</b>                          | <p>When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to <b><a href="https://silversneakers.com">silversneakers.com</a></b> or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. ET.</p> <p>* SilverSneakers is a registered trademark of Tivity Health, Inc. All rights reserved. Tivity Health, Inc. is an independent company providing a fitness program on behalf of this plan.</p> |
|                                                           | Caregiver Way Membership - Enhanced Service | <b>\$0</b>                          | <p>Eligible members or their caregivers can receive a membership voucher to access the Caregiver Way social platform to connect with other resources for education, support and guidance on how to tend to the needs of a member.</p> <p>No benefit limits.</p>                                                                                                                                                                                                                                    |
|                                                           | Companion Connect - Enhanced Service        | <b>\$0</b>                          | <p>Eligible members receive a set of two voice-activated smart speakers with video calling capability; one for the member in the nursing facility and one</p>                                                                                                                                                                                                                                                                                                                                      |
| <b>(continued on next page)</b>                           |                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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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) |
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**Additional services (continued from previous page)**

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|                                                  |            | for a loved one.<br>Eligible for members living in a nursing facility with a long-term level of care.<br><br>One set per member per lifetime.                                                                                                                                                                      |
| COPD Relief Product - Enhanced Service           | <b>\$0</b> | Eligible members may select one product from a catalog of options, such as: a travel nebulizer, hypoallergenic bedding, HEPA air filter, and more.<br><br>Eligible for members diagnosed with COPD. One item per member per year.                                                                                  |
| Digital Mental Health Toolkit - Enhanced Service | <b>\$0</b> | Eligible members receive unlimited access to an online community which promotes behavioral health and wellness through instruction, coaching, goal setting and monitoring.<br><br>No benefit limits.                                                                                                               |
| Fresh Food Connect - Enhanced Service            | <b>\$0</b> | Eligible members can select one of the following options: <ul style="list-style-type: none"> <li>• 10 fresh ready-to-cook meals</li> <li>• Two fresh produce boxes, or</li> <li>• Online grocery delivery</li> </ul> Members not enrolled in this benefit as a covered service. One selection per member per year. |
| Healthy Lifestyle Aid - Enhanced Service         | <b>\$0</b> | Eligible members may select one item from a custom catalog of lifestyle                                                                                                                                                                                                                                            |

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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) |
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**Additional services (continued from previous page)**

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|-----------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                               |            | <p>aids, such as: a blood pressure cuff, digital thermometer, pulse oximeter, digital scale, and more.</p> <p>Members who are diagnosed with hypertension, diabetes, congestive heart failure, or coronary artery disease are eligible. One item per member per year.</p>                                                                                                                                              |
| Home Based Palliative Care - Enhanced Service | <b>\$0</b> | <p>Aspire is a home-based palliative care service that treats members with advanced illnesses who are estimated to be in their last year of life, and at high risk for high utilization rates.</p> <p>Eligible members have an advanced illness, are estimated to be in their last year of life, and are at high-risk of substantial healthcare utilization. Care Management referral required. No benefit limits.</p> |
| Home Essentials - Enhanced Service            | <b>\$0</b> | <p>Members transitioning to a community setting may select one of the following options to support the purchase of home goods and other essentials:</p> <ul style="list-style-type: none"> <li>• Thrift store gift card</li> <li>• Walmart gift card OR</li> <li>• One item from a custom-curated catalog</li> </ul> <p>One selection per member per year.</p>                                                         |
| Home Fitness Kit -Enhanced Service            | <b>\$0</b> | Eligible members receive unlimited access to online fitness and exercise                                                                                                                                                                                                                                                                                                                                               |

**(continued on next page)**

**If you have questions**, please call Anthem I PathWays Dual Care Advantage (HMO D-SNP) at **1-833-412-4405** (TTY 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit [shop.anthem.com/medicare](https://shop.anthem.com/medicare).

| Health need or concern                                    | Services you may need                    | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------|------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Additional services (continued from previous page)</b> |                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                           |                                          |                                     | <p>videos, and one at-home fitness kit.</p> <p>One kit per member per year.</p>                                                                                                                                                                                                                                                                                                                              |
|                                                           | Home Safety - Enhanced Services          | <b>\$0</b>                          | <p>Members can choose one safety item from a custom-curated catalog of home safety items to fit their personal home needs, such as: mold test kit, fire extinguisher, smoke alarm, or a medication lock box.</p> <p>One item per member per year.</p>                                                                                                                                                        |
|                                                           | Pharmacy (Rx) Benefit - Enhanced Service | <b>\$0</b>                          | <p>Eligible members receive \$0 copays for covered Part D prescription drugs at retail, mail order and specialty pharmacies.</p> <p>Members who meet and maintain all Medicare/Medicaid Dual eligibility criteria. No limits for covered Part D medications.</p>                                                                                                                                             |
|                                                           | Recuperative Care- Enhanced Service      | <b>\$0</b>                          | <p>Provides medical respite care for members experiencing homelessness or unstable housing, scheduled or receiving medical care and need a safe place to recuperate. The program is available to members throughout the state.</p> <p>Members must meet criteria of experiencing homelessness or unstable housing, high utilizer of emergent or inpatient health care services, and must be scheduled or</p> |
| <b>(continued on next page)</b>                           |                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                              |

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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) |
|------------------------|-----------------------|-------------------------------------|-----------------------------------------------------------------------|
|------------------------|-----------------------|-------------------------------------|-----------------------------------------------------------------------|

**Additional services (continued from previous page)**

|  |                                              |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--|----------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |                                              |            | receiving medical care and needing a safe place to recuperate.<br>No benefit limits.                                                                                                                                                                                                                                                                                                                                                                        |
|  | Remote Patient Monitoring                    | <b>\$0</b> | Eligible members will receive vital monitoring devices to manage their health through remote patient monitoring to have earlier intervention for any changes in health status, reducing the risk of hospital and emergency room visits.<br><br>Members diagnosed with heart failure, diabetes, COPD, chronic kidney disease, or hypertension, or at-risk of inpatient and ER visits, and who agree to participate in the program.<br><br>No benefit limits. |
|  | Sensory Solutions - Enhanced Service         | <b>\$0</b> | Members may receive a \$75 gift card for potential products such as a fidget spinner, puzzles, essential oils, weighted blankets, and more.<br><br>Members who are diagnosed with Alzheimer's disease, dementia or autism are eligible. One card per member per year.                                                                                                                                                                                       |
|  | Transportation Essentials - Enhanced Service | <b>\$0</b> | Eligible members can select between a gas card or a rideshare card.<br><br>\$50 limit. One selection per member per year.                                                                                                                                                                                                                                                                                                                                   |
|  | Vision Rehabilitation                        |            | Members with a visual impairment                                                                                                                                                                                                                                                                                                                                                                                                                            |

**(continued on next page)**

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| Health need or concern                                    | Services you may need       | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits)                                        |
|-----------------------------------------------------------|-----------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Additional services (continued from previous page)</b> |                             |                                     |                                                                                                              |
|                                                           | Training - Enhanced Service | \$0                                 | receive an in-home assessment and training on managing tasks necessary for daily life.<br>No benefit limits. |

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

## D. Benefits covered outside of Anthem I PathWays Dual Care Advantage (HMO D-SNP)

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

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

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

This isn't a complete list. Call Member Services at the number listed at the bottom of this page to find out about other excluded services.

| Services that Anthem I PathWays Dual Care Advantage (HMO D-SNP), Medicare, and Medicaid do not cover                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|
| Cosmetic surgery or procedures                                                                                                       |
| Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television                         |
| Services not considered "reasonable and necessary" according to standards of Medicare and Indiana PathWays for Aging                 |
| 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                                                                |
| A private room in a hospital, except when it is medically necessary                                                                  |
| Elective or voluntary enhancement procedures, except when medically necessary                                                        |
| LASIK surgery                                                                                                                        |

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

As a member of Anthem I PathWays Dual Care Advantage (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, 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,

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disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance

- Get information in other languages and formats (for example, large print, braille, or audio) free of charge
- Be free from any form of physical restraint or seclusion

- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a Primary Medical Provider (PMP) and change your PMP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. Anthem I PathWays Dual Care Advantage (HMO D-SNP) will pay for the cost of your second opinion visit.
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - File a petition for review with the Indiana Office of Administrative Law by submitting an online form, located here: [www.in.gov/oalp/file-a-petition-for-review/individuals-or-entities-file-a-petition-for-review/](http://www.in.gov/oalp/file-a-petition-for-review/individuals-or-entities-file-a-petition-for-review/). The Anthem I PathWays Dual Care Advantage (HMO D-SNP) website [shop.anthem.com/medicare](http://shop.anthem.com/medicare) has complaint forms and instructions available online.
  - Appeal certain decisions made by the Indiana Office of Administrative Law or our providers by phone, by mail or fax, or online.
    - Fax your appeal to: 317-232-4412
    - Email your appeal to [fssa.appeals@oalp.in.gov](mailto:fssa.appeals@oalp.in.gov)
    - Mail your appeal to: Family and Social Services Administration  
Office of Administrative Law Proceedings-FSSA Hearings  
100 N. Senate Ave., Room N802 Indianapolis, IN 46204
  - 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

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**If you have questions**, please call Anthem I PathWays Dual Care Advantage (HMO D-SNP) at **1-833-412-4405** (TTY 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit [shop.anthem.com/medicare](http://shop.anthem.com/medicare).

have questions, you can call Anthem I PathWays Dual Care Advantage (HMO D-SNP) Member Services at the number listed at the bottom of this page.

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

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

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

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call Anthem I PathWays Dual Care Advantage (HMO D-SNP) Member Services at **1-833-412-4405** (TTY: **711**).

## **H. What to do if you suspect fraud**

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

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

- Call us at Anthem I PathWays Dual Care Advantage (HMO D-SNP) Member Services. The phone number is listed at the bottom of each page of this document.
- Or, call the Indiana FSSA Program Integrity Hotline at 1-800-457-4515 or you may send an email to [ProgramIntegrity.FSSA@fssa.in.gov](mailto:ProgramIntegrity.FSSA@fssa.in.gov).
- Or, call the Medicaid Customer Service Center at 1-800-403-0864. For TTY needs, members may call 1-877-466-8722.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

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

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

Calls to this number are free.

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

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

**TTY: 711**

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

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

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

- Call your Primary Medical Provider (PMP). Follow your PMP's instructions for getting care when the office is closed.
- If your PMP's office is closed, you can also call Anthem I PathWays Dual Care Advantage (HMO D-SNP)'s 24/7 NurseLine at **1-855-658-9249** (TTY: **711**). A nurse will listen to your problem and tell you how to get care.
- Calls to this number are free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.
- Anthem I PathWays Dual Care Advantage (HMO D-SNP) also has free language interpreter service available for non-English speakers.

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

- TTY: **711**. Calls to this number are free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.
-

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

**English** – ATTENTION: If you need help in your language, 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 **1-844-671-5716** (TTY: **711**). 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.

**Español (Spanish)** – ATENCIÓN: Si necesita ayuda en su idioma, 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. 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.

**العربية (Arabic)** – تنبيه: إذا كنت تحتاج إلى المساعدة بلغتك، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجانًا. اتصل على رقم الهاتف المذكور أعلاه. ساعات العمل من الساعة 8 صباحًا 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.

**简体中文 (Chinese Simplified)** – 注意: 如果您在您的语言方面需要帮助, 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。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。

**繁體中文 (Chinese Traditional)** – 注意: 如果您在您的語言方面需要協助, 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 and 服務, 以無障礙格式提供資訊。請撥打上面列出的電話號碼。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。

**Français (French)** – ATTENTION : Si vous avez besoin d'aide dans votre langue, 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. Les heures d'ouverture sont de 8h à 20h, 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.

**Deutsch (German)** – ACHTUNG: Wenn Sie Hilfe in Ihrer Sprache benötigen, 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. 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.

**Kreyòl Ayisyen (Haitian Creole)** – ATANSYON: Si w bezwen èd nan lang ou, 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. 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.

**हिंदी (Hindi)** – ध्यान दें: यदि आपको अपनी भाषा में सहायता चाहिए, 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। 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।

**Igbo (Igbo)** – NLEBA AMA: Ọ bụrụ na ịchọrọ enyemaka n'asụsụ gị, enyemaka asụsụ dị maka gị. E nwekwara ike inye aka na ọrụ enyemaka kwesịrị ekwesị iji nye ozi n'ụdị dị mfe ịnweta. Kpọọ nọmba ekwentị edere n'elu. Awa ọrụ bụ site n'elekere 8 ụ.t ruo 8 e.h. n'oge obodo, ụbọchị asaa n'izu (ma e wezuga Ekele na Krismas) site na Ọktoba 1 ruo Maachị 31, na Mọnde ruo Fraịdee (ma e wezuga ezumike) site na Eprel 1 ruo Septemba 30.

**日本語 (Japanese)** – 注意：ご使用の言語でのサポートが必要な場合には、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。

**ភាសាខ្មែរ (Khmer)** – សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សេវាជំនួយភាសាឥតគិតថ្លៃមានផ្តល់ជូនអ្នក។ មានផ្តល់ជូនដោយឥតគិតថ្លៃនូវសេវាកម្ម និងឧបករណ៍ជំនួយសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់បែបបទដែលអាចចូលប្រើបានផងដែរ។ ហៅទូរសព្ទទៅលេខទូរសព្ទដែលមាននៅខាងលើ។ ម៉ោងធ្វើការចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ម៉ោងក្នុងស្រុក ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ (លើកលែងតែថ្ងៃបុណ្យថ្ងៃងអំណរគុណ និងបុណ្យល្អអំរល) ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ (លើកលែងតែថ្ងៃឈប់សម្រាក) ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។

**한국어(Korean)** – 주의: 귀하의 언어로 도움이 필요하신 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 대체 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 제공됩니다. 위의 전화 번호로 전화해 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.

**Deutsch (Pennsylvania Dutch)** – WICH DICH: Wann du Hilf brauchsch fer communicat-e in Deitsch odder Englisch, kenne mer dich helfe in en latt differnti Wege, unni as es dich ennich eppes koschde zellt. Aa wann du Druwwel hoscht fer heere odder sehne, kenne mir dich Information beigriege in Wege as du ausmache un verschtehe kannsch; sell koscht dich aa nix. Duh der Phone-Number owwe calle. Du kannsch hold griege vun epper vun 8 Uhr meigeds bis acht Uhr oweds local Zeit, siwwe Daag die Woch (ausnumme Thanksgiving un Grischdaag) vun October 1 deich March 31, un muundaags bis freidaags (ausnumme Feierdaage) vun April 1 deich September 30.

**ਪੰਜਾਬੀ (Punjabi)** – ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਉੱਪਰ ਦਿੱਤੇ ਫੋਨ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। ਕੰਮਕਾਜ ਦੇ ਘੰਟੇ, 1 ਅਕਤੂਬਰ ਤੋਂ 31 ਮਾਰਚ ਤੱਕ ਹਫ਼ਤੇ ਦੇ ਸੱਤੇ ਦਿਨ (ਬੈਂਕਸਗਿਵਿੰਗ ਅਤੇ ਕ੍ਰਿਸਮਿਸ ਨੂੰ ਛੱਡ ਕੇ), ਅਤੇ 1 ਅਪ੍ਰੈਲ ਤੋਂ 30 ਸਤੰਬਰ ਤੱਕ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ (ਛੁੱਟੀਆਂ ਨੂੰ ਛੱਡ ਕੇ), ਸਥਾਨਕ ਸਮੇਂ ਅਨੁਸਾਰ ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8 ਵਜੇ ਤੱਕ ਹਨ।

**Kiswahili (Swahili)** – ANGALIZO: Ikiwa unahitaji msaada kwa lugha yako, 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 simu kwa nambari iliyoorodheshwa hapo juu. 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 (Tagalog)** – PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, 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. 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.

**Twi (Twi)** – HYE NO NSO: Sɛ wohia mmɔa wɔ wo kasa mu a, kasa mu mmɔa a wontua hwee wɔ ho ma wo. Nneema ne mmɔa a eho hia nso wɔ ho a wɔde ma kwa senea ebeye a wobetumi anya nsem no wɔ ckwan a eye mmere sɛ wobete ase. Frɛ fon noma a wɔabobo wɔ atifi ho no. Nnonhwere a wɔde ye adwuma ye anɔpa 8 kosi anadwo 8 mpɔtam ho bere so, nna nson nnawɔtwe biara (Aseda ne Buronya nna nka ho) efiri Ahinime 1 kosi ɔbenem 31, ne Dwoada kosi Fiada (nnanɔnna nka ho) efiri Oforisuo 1 kosi ɔbo 30.

**Tiếng Việt (Vietnamese)** – CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, 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. 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.

**יידיש (Yiddish)** – אויפֿמערקזאַמקייט: אויב איר דאַרפֿט הילף אין אייער שפּראַך, פֿריי שפּראַך הילף באַדינונגס זענען בנימצא צו איר. צונעמען אַגזיליערי אַידס און באַדינונגס צו צושטעלן אינפֿאָרמאַציע אין צוטריטלעך פֿאַרמאַטירונגען זענען אויך פֿריי. רופן די טעלעפֿאָן נומער ליסטעד אויבן. שעה פֿון אָפּעראַציע זענען 8 a.m. צו 8 p.m. לאַקאַלע צייט, זיבן טעג אַ וואָך (אַחוץ טהאַנקסגיווינג און גיטל) פֿון 1 אקטאָבער ביז 31 מער, און מאַנטיק צו פֿרייטאָג (חוץ האָלידעיס) פֿון 1 אפריל ביז 30 סעפטעמבער.

**Yorùbá (Yoruba)** – ÀKÍYÈSÍ: Tí o bá nílò ìrànṣẹ́wọ́ ní èdè rẹ, àwọn isẹ ìrànṣẹ́wọ́ èdè ọfẹ wà fún ọ. Àwọn ìrànṣẹ́wọ́ àti isẹ ìrànṣẹ́wọ́ tó yẹ láti pèsè iwífún ní àwọn ọ̀nà tí a lè gbà tún ráàyèsì lófẹ́fẹ́. Pẹ nọ́nbà tẹlífóònú tò wà lókè yí. Àkókò isẹ jẹ láti aago méjọ àárọ sí aago méjọ alẹ ní àkókò àdúgbò, ọjọ méje ní ọsẹ kan (yàtò sí ọjọ ìdúpẹ àti Kérésìmesì) láti ọjọ 1 oṣù kẹwá sí ọjọ 31 oṣù kẹta, àti ọjọ ajé sí ọjọ ẹti (yàtò sí ọjọ isinmi) láti ọjọ 1 oṣù kẹrin sí ọjọ 30 oṣù kẹsán.



## IMPORTANT INFORMATION: 2026 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



### Anthem Blue Cross and Blue Shield - H0629

**For 2026, Anthem Blue Cross and Blue Shield - H0629 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 Blue Cross and Blue Shield 7 days a week from 8 a.m. to 8 p.m., (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30 at 1-844-597-2614 (toll-free) or 711 (TTY). Current members please call 1-833-727-2018 (toll-free) or 711 (TTY).

Anthem Blue Cross and Blue Shield is an HMO D-SNP plan with a Medicare contract and a contract with the Indiana Medicaid program. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-833-412-4405** TTY: **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

### 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 **1-833-412-4405** 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.

