

Summary of Benefits



Medicare Advantage and Part D

Plan year: January 1 – December 31, 2027

Ohio

All counties in Ohio

Anthem I MyCare Ohio Full Dual Support (HMO D-SNP)

Introduction

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

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A. Disclaimers

This is a summary of health services covered by Anthem I MyCare Ohio Full Dual Support (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 Ohio Medicaid program. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal. Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensee of the Blue Cross Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.
- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections, and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.
- For more information about Medicaid, you can check the Ohio Department of Medicaid website www.medicaid.ohio.gov. You can also call the special Ombudsman for people who have both Medicare and Medicaid at toll-free phone 1-800-282-1206.
- You can get this document for free in other formats, such as large print, braille, or audio. Call **1-833-727-2169** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free.
- This document is available for free in Spanish, Amharic, Arabic, Chinese, Dari, Dutch, French, German, Gujarati, Haitian Creole, Hindi, Italian, Japanese, Kinyarwanda, Korean, Nepali, Pashto, Russian, Serbian, Somali, Swahili,

Tagalog, Telugu, Turkish, Ukrainian, Uzbek, and Vietnamese.

- If you call us to request a change to your preferred language or format preference, let us know if you want this to be a standing order. That means we will send the same documents in your requested format and language every year. You can also call us to change or cancel a standing order. You can also find your documents online at **shop.anthem.com/medicare**.
- Contact Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) at the phone number listed at the bottom of this page if there are any changes in your personal information, such as your address or phone number.

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

English – ATTENTION: Language assistance, interpretation services, and auxiliary aids and services are available upon request at no cost to you. Services available include, but are not limited to: oral translation, written translation, and auxiliary aids. You can request these services and/or auxiliary aids by calling **1-833-727-2169**. Individuals with a hearing impairment may call 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: La asistencia en otros idiomas, los servicios de interpretación y las ayudas y servicios auxiliares están disponibles sin costo para usted si los solicita. Los servicios disponibles incluyen, entre otros, los siguientes: traducción oral, traducción escrita y ayudas auxiliares. Puede solicitar estos servicios y/o ayudas auxiliares llamando al **1-833-727-2169**. Las personas con discapacidad auditiva pueden llamar al TTY: **711**. 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.

አማርኛ (Amharic) – ያስተውሉ:- የቋንቋ እገዛ፣ የትርጉም አገልግሎቶች እንዲሁም አጋዥ መሣሪያዎችና አገልግሎቶች በተጠየቀ ጊዜ ለእርስዎ ያለ ምንም ክፍያ ይቀርባሉ። የሚገኙ አገልግሎቶች የሚከተሉትን ያካትታሉ፡ ነገር ግን በነዚህ ብቻ አይወሰኑም፡- የቃል ትርጉም፣ የጽሑፍ ትርጉም እና አጋዥ መሣሪያዎች። ወደ **1-833-727-2169** በመደወል እነዚህን አገልግሎቶች እና/ወይም አጋዥ መሣሪያዎች መጠየቅ ይችላሉ። የመስማት ችግር ያለባቸው ግለሰቦች ወደ TTY፡- **711** መደወል ይችላሉ። የሰራ ሰዓቶች ከ 8 a.m. እስከ 8 p.m. የአካባቢ ሰዓት አቆጣጠር፣ በሰዓት ሰዓት ቀናት (ከምስጋና እና (Thanksgiving) የገና በዓላት በስተቀር) ከአክቶበር 1 እስከ ማርች 31 እና ከሰኞ እስከ አርብ (ከበዓላት በስተቀር) ከኤፕሪል 1 እስከ ሴፕቴምበር 30 ናቸው።

العربية (Arabic) – تنبيه: تتوفر المساعدة اللغوية، وخدمات الترجمة الفورية، والوسائل والخدمات المساعدة، عند الطلب دون أي تكلفة عليك. وتشمل الخدمات المتاحة على سبيل المثال لا الحصر: الترجمة الشفوية والترجمة التحريرية والوسائل المساعدة. يمكنك طلب هذه الخدمات و/أو الوسائل المساعدة بالاتصال على **1-833-727-2169**. يمكن للأفراد الذين يعانون من ضعف السمع الاتصال بـ TTY: **711**. ساعات العمل من الساعة 8 صباحًا حتى الساعة 8 مساءً، حسب التوقيت المحلي، على مدار الأسبوع (ما عدا أيام عيد الشكر وعيد الميلاد) بدايةً من 1 أكتوبر حتى 31 مارس، ومن الاثنين حتى الجمعة (ما عدا أيام الإجازات) من 1 أبريل حتى 30 سبتمبر.

简体中文 (Chinese Simplified) – 注意：我们可应要求免费为您提供语言协助、口译服务以及辅助工具和服务。提供的服务包括但不限于：口译、笔译和辅助工具。您可以致电 **1-833-727-2169** 申请这些服务和/或辅助工具。听障人士可以致电 TTY: **711**。工作时间为当地时间上午 8 点至晚上 8 点，从 10 月 1 日至 3 月 31 日的每周七天（感恩节及圣诞节除外），以及从 4 月 1 日至 9 月 30 日的周一至周五（假期除外）。

繁體中文 (Chinese Traditional) – 注意：我們可應要求免費為您提供語言協助、口譯服務以及輔助工具 and 服務。提供的服務包括但不限於：口譯、筆譯和輔助工具。您可以致電 **1-833-727-2169** 申請這些服務和/或輔助工具。聽障人士可以致電 TTY: **711**。工作時間為當地時間上午 8 點至晚上 8 點，從 10 月 1 日至 3 月 31 日的每週七天（感恩節及耶誕節除外），以及從 4 月 1 日至 9 月 30 日的週一至週五（假期除外）。

دري (Dari) – توجه: کمک زبانی، خدمات ترجمه و کمک ها و خدمات جانبی بنا به درخواست و بدون مصرف برای شما در دسترس است. خدمات موجود شامل، اما نه محدود به موارد زیر است: ترجمه شفاهی، ترجمه مکتوب و کمک های جانبی. شما می توانید این خدمات و/یا کمک های جانبی را با تماس گرفتن درخواست کنید **1-833-727-2169**. افراد دارای اختلال شنوایی می توانند با TTY تماس بگیرند: **711**. ساعات کاری از 8 صبح تا 8 بجه شام به وقت محلی، هفت روز در هفته (به جز روز شکرگزاری و کریسمس) از 1 اکتوبر تا 31 مارچ و از دوشنبه تا جمعه (به جز ایام رخصتی) از 1 اپریل تا 30 سپتامبر می باشد.

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If you have questions, please call Anthem | MyCare Ohio Full Dual Support (HMO D-SNP) at **1-844-612-7171** (TTY 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit shop.anthem.com/medicare.

Français (French) – ATTENTION : une assistance linguistique, des services d'interprétation ainsi que des aides et services auxiliaires sont disponibles gratuitement sur demande. Les services disponibles comprennent notamment, sans s'y limiter : traduction orale, traduction écrite et aides auxiliaires. Vous pouvez demander ces services et/ou ces aides auxiliaires en appelant le **1-833-727-2169**. Les personnes malentendantes ou sourdes peuvent utiliser le service TTY au : **711**. Les heures d'ouverture sont de 8 a.m. à 8 p.m., heure locale, sept jours sur sept (sauf Thanksgiving et Noël) du 1er octobre au 31 mars, et du lundi au vendredi (sauf jours fériés) du 1er avril au 30 septembre.

Deutsch (German) – ACHTUNG: Auf Anfrage stehen Ihnen Sprachunterstützung, Dolmetscherdienste sowie Zusatzhilfen und Dienstleistungen kostenlos zur Verfügung. Zu den angebotenen Dienstleistungen gehören unter anderem die folgenden: Mündliche und schriftliche Übersetzungen sowie Zusatzhilfen. Sie können diese Dienstleistungen und/oder Zusatzhilfen unter der Telefonnummer **1-833-727-2169** anfordern. Personen mit einer Hörbeeinträchtigung können die TTY-Nummer anrufen: **711**. 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.

ગુજરાતી (Gujarati) – ધ્યાન આપો: ભાષાકીય સહાય, દુભાષિયાની સેવાઓ અને સહાયક સાધનો તેમજ સેવાઓ, વિનંતી કરવા પર તમારા માટે વિના મૂલ્યે ઉપલબ્ધ છે. ઉપલબ્ધ સેવાઓમાં નીચેનાનો સમાવેશ થાય છે, પરંતુ તે તેના પૂરતી મર્યાદિત નથી: મૌખિક અનુવાદ, લેખિત અનુવાદ અને સહાયક સાધનો. તમે **1-833-727-2169** પર કોલ કરીને આ સેવાઓ અને/અથવા સહાયક સાધનો માટે વિનંતી કરી શકો છો. શ્રવણ ક્ષતિ ધરાવતી વ્યક્તિઓ TTY પર કોલ કરી શકે છે: **711**. કામકાજના કલાકો સ્થાનિક સમય મુજબ સવારે 8 વાગ્યાથી સાંજના 8 વાગ્યા સુધી, ઓક્ટોબર 1 થી માર્ચ 31 સુધી અઠવાડિયાના સાતેય દિવસ (થેંક્સગિવિંગ અને ક્રિસમસ સિવાય) અને સોમવારથી શુક્રવાર (રજાઓ સિવાય) એપ્રિલ 1 થી સપ્ટેમ્બર 30 સુધી છે.

Kreyòl Ayisyen (Haitian Creole) – ATANSYON: Asistans lang, sèvis entèpretasyon, ak lòt sèvis sipò disponib gratis sou demann. Sèvis ki disponib yo gen ladan l bagay tankou: tradiksyon oral, tradiksyon ekri, ak lòt sèvis sipò. Ou ka mande sèvis ki annapre yo ak/oswa sèvis sipò lè w rele **1-833-727-2169**. Moun ki gen pwoblèm pou tande oswa ki soud ka itilize sèvis TTY nan **711**. Orè nou travay yo se 8 a.m. rive 8 p.m. lè lokal, sèt jou sou sèt (eksepte Thanksgiving ak Nwèl) soti 1ye oktòb rive 31 mas, epi lendi rive vandredi (eksepte jou ferye) soti 1ye avril rive 30 septanm.

日本語 (Japanese) – 注意：言語支援、通訳サービス、その他の補助器具・サービスは、ご要望に応じて無料でご利用いただけます。利用可能なサービスには、以下が含まれますが、これらに限定されません。口頭翻訳、文書翻訳、および補助器具。これらのサービスや補助器具をご希望の場合は、**1-833-727-2169**までお電話でお申し込みください。聴覚障害のある方は、TTYをご利用いただけます。**711**。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。

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Ikinyarwanda (Kinyarwanda) – ICYITONDERWA: Serivisi z'ubufasha bw'ururimi, serivisi z'ubusemuzi, n'ibikoresho bifasha abafite ibumuga bwo kutumva n'izindi, biraboneka iyo ubisabye kandi ku buntu. Serivisi ziboneka zirimo, ariko ntizigarukira gusa kuri izi zikurikira: ubusemuzi mvugo, ubusemuzi bw'inyandiko, ndetse n'ibikoresho byunganira. Ushobora gusaba izi serivisi kandi/cyangwa ibikoresho byunganira uhamagara kuri **1-833-727-2169**. Abafite ibumuga bwo kutumva bashobora guhamagara kuri TTY: **711**. Amasaha y'akazi ahera saa 8:00 za mugitondo kugera saa 8:00 z'umugoroba ku isaha isanzwe, iminsi irindwi mu cy'umweru (ukuyemo iminsi yo gushimira Imana na Noheli) guhera tariki ya 1 Ukwakira kugeza tariki ya 31 Werurwe, ku wa Mbere kugeza ku wa Gatanu (ukuyemo iminsi y'ikiruhuko) guhera tariki ya 1 Mata kugeza tariki ya 30 Nzeri.

한국어 (Korean) – 주의: 언어 지원, 통역 서비스, 추가 보조 및 서비스가 요청 시 무료로 제공됩니다. 이용 가능한 서비스에는 구두 번역, 서면 번역 및 추가 보조가 포함됩니다(이에만 국한되지 않음). **1-833-727-2169** 번으로 전화하여 이러한 서비스 및/또는 추가보조를 요청하실 수 있습니다. 청각 장애가 있는 분은 TTY: **711**번으로 전화하실 수 있습니다. 운영 시간은 10월 1일부터 3월 31일까지는 추수감사절과 크리스마스를 제외하고 주 7일 현지 시간 오전 8시-오후 8시, 4월 1일부터 9월 30일까지는 휴일을 제외하고 월요일-금요일, 같은 시간입니다.

मराठी (Marathi) – लक्ष या: भाषा सहाय्य, दुभाषी सेवा आणि सहाय्यक उपकरणे व सेवा विनंतीनुसार तुम्हाला विनाशुल्क उपलब्ध आहेत. उपलब्ध सेवांमध्ये खालील सेवांचा समावेश आहे, परंतु त्या इतक्यापुरत्या मर्यादित नाहीत: मौखिक अनुवाद, लिखित अनुवाद आणि सहाय्यक उपकरणे. तुम्ही **1-833-727-2169** वर कॉल करून या सेवा आणि/किंवा सहाय्यक उपकरणांची विनंती करू शकता. श्रवणदोष असलेल्या व्यक्ती TTY वर कॉल करू शकतात: **711**. कामकाजाची वेळ स्थानिक वेळेनुसार सकाळी 8 ते रात्री 8 पर्यंत, 1 ऑक्टोबर ते 31 मार्च पर्यंत आठवड्याचे सातही दिवस (थॅक्सगिव्हिंग आणि ख्रिसमस वगळून) आणि 1 एप्रिल ते 30 सप्टेंबर पर्यंत सोमवार ते शुक्रवार (सुट्ट्या वगळून) आहे.

नेपाली (Nepali) – ध्यान दिनुहोस्: अनुरोध भएमा तपाईंको लागि भाषा सहायता, दोभासे सेवाहरू र अन्य सहायता तथा सेवाहरू निःशुल्क उपलब्ध छन्। उपलब्ध सेवाहरूमा निम्न लगायतका छन्: मौखिक अनुवाद, लिखित अनुवाद र सहायक सामग्रीहरू। तपाईंले यी सेवाहरू र/वा सहायक सहायताहरू अनुरोध गर्न सक्नुहुन्छ: **1-833-727-2169**। श्रवणशक्तिमा समस्या भएका व्यक्तिहरूले TTY मा कल गर्न सक्छन्: **711**। कार्य सञ्चालन गरिने समय स्थानीय समयअनुसार बिहान 8 बजेदेखि साँझ 8 बजेसम्म हप्ताको सातै दिन (थ्याङ्क्सगिभिड र क्रिसमसबाहेक) अक्टोबर 1 देखि मार्च 31 सम्म र सोमवारदेखि शुक्रवार (बिदाबाहेक) अप्रिल 1 देखि सेप्टेम्बर 30 सम्म हो।

پښتو (Pashto) – پاملرنه: د ژبې مرسته، د ژباړې خدمتونه، او مرستندويه مرستې او خدمات ستاسو د غوښتنې په صورت کې وړيا شتون لري. شتون لرونکي خدمات په لاندې مواردو پورې محدود نه دي، بلکې نور خدمات هم پکې شامل دي: شفاهي ژباړه، ليکلي ژباړه، او مرستندويه وسايل. تاسو کولی شئ د دې خدماتو او/يا مرستندويه وسايلو غوښتنه د زنگ و هلو له لارې وکړئ **1-833-727-2169**. هغه کسان چې د اورېدو ستونزه لري، کولی شي د TTY له لارې اړيکه ونيسي: **711**. د فعاليت ساعتونه د محلي وخت له مخې له سهار 8 بجو څخه د ماښام تر 8 بجو پورې، اووه ورځې په اونۍ کې (پرته د منځنۍ کولو او کرسمس ورځې) د اکتوبر له 1 نېټې څخه تر مارچ 31 پورې، او له اپريل 1 څخه تر سپټمبر 30 پورې د دوشنبې څخه تر جمعي پورې (پرته له رخصتيو) څخه دی.

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If you have questions, please call Anthem | MyCare Ohio Full Dual Support (HMO D-SNP) at **1-844-612-7171** (TTY 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit shop.anthem.com/medicare.

Deutsch (Pennsylvania Dutch) – WICH DICH: Wann du Hilf brauchst fer communicat-e, kenne mer dich helfe in en latt differnti Wege, unni as es dich ennich eppes koschde zellt. Samm (un net all) vun die Services as mir provid-e kenne sin: Translations as geschwetzt odder gschriwwe sin un differnti annri Tools fer Leit helfe Sache verschteh un communicat-e. Du kannst froge fer ennich eppes wie des bei calle **1-833-727-2169**. Leit as Druwwel hen fer heere kenne TTY calle: **711**. Mir kenne dei Call nemme 8 Uhr meigeds bis 8 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.

Русский (Russian) – ВНИМАНИЕ: лингвистическую помощь, устный перевод, а также вспомогательные средства и поддержку предоставляют по запросу бесплатно. Покрывают, в частности, такие услуги: устный или письменный переводы и обеспечение вспомогательными средствами. Вы можете запросить их, позвонив по номеру телефона **1-833-727-2169**. Лица с нарушениями слуха могут обращаться по линии TTY: **711**. Часы работы: с 8 a.m. до 8 p.m. без выходных (кроме Дня благодарения и Рождества) с 1 октября по 31 марта и с понедельника по пятницу (кроме праздничных дней) с 1 апреля по 30 сентября.

Soomaali (Somali) – FIIRO GAAR AH: Caawimaad luuqadeed, adeegyada turjumaada, iyo qalabka gargaarka maqalka iyo adeegyo ayaa la helo marka la codsado kuwaas oo qarash la'aan kugu ah. Adeegyada la heli karo waxaa ka mid ah, laakiin kuma jiraan: turjumaada afka ah, turjumaada qoraalka ah, iyo qalabka gargaarka maqalka. Waxaad adeegyadaan ku codsan kartaa iyo/ama qalabka gargaarka maqalka adiga oo wacaya **1-833-727-2169**. Shaqsiyaadka qaba naafanimada maqalka waxay wici karaan TTY: **711**. Saacadaha shaqada waa 8 a.m. illaa 8 p.m. saacadaha maxaliga, todoba maalmood isbuucii (marka laga reebo fasaxa Mahadnaqa iyo Kirismaska) laga bilaabo Oktoobar 1 illaa Maarso 31, iyo Isniin illaa Jimcaha (marka laga reebo fasaxyada) laga bilaabo Abriil 1 illaa Sebteembar 30.

Kiswahili (Swahili) – ANGALIZO: Usaidizi wa lugha, huduma za ukalimani, pamoja na vifaa na huduma saidizi vinapatikana kwa ombi bila malipo yoyote kwako. Huduma zinazopatikana ni pamoja na, lakini hazikomei kwenye zifuatazo: ukalimani wa papo kwa papo, tafsiri ya maandishi, na vifaa saidizi. Unaweza kuomba huduma hizi na/au vifaa saidizi kwa kupiga simu kwa **1-833-727-2169**. Watu wenye ulemavu wa kusikia wanaweza kupiga simu kupitia TTY: **711**. Saa za kazi ni saa 8 asubuhi hadi saa 8 jioni kwa saa za eneo husika, siku saba kwa wiki (isipokuwa Sikukuu ya Shukrani na Krismasi) kuanzia Oktoba 1 hadi Machi 31, na Jumatatu hadi Ijumaa (isipokuwa sikukuu za umma) kuanzia Aprili 1 hadi Septemba 30.

తెలుగు (Telugu) – గమనిక: భాషా సహాయం, అనువాద సేవలు, మరియు సహాయక పరికరాలు మరియు సేవలు మీ అభ్యర్థన మేరకు మీకు ఎటువంటి ఖర్చు లేకుండా అందుబాటులో ఉంటాయి. అందుబాటులో ఉన్న సేవలలో ఇవి ఉన్నాయి, కానీ వీటికే పరిమితం కావు: మౌఖిక అనువాదం, లిఖిత అనువాదం మరియు సహాయక పరికరాలు. మీరు **1-833-727-2169** కు కాల్ చేయడం ద్వారా ఈ సేవలను మరియు/లేదా సహాయక పరికరాలను అభ్యర్థించవచ్చు. వినిపించే లోపం ఉన్న వ్యక్తులు TTYకి కాల్ చేయవచ్చు: **711**. పని వేళలు అక్టోబర్ 1 నుండి మార్చి 31 వరకు వారానికి ఏడు రోజులు (థాంక్స్ గివింగ్, క్రిస్మస్ మినహా), అలాగే ఏప్రిల్ 1 నుండి సెప్టెంబర్ 30 వరకు సోమవారం నుండి శుక్రవారం వరకు (సెలవులు మినహా) ఉదయం 8 గంటల నుండి రాత్రి 8 గంటల వరకు.

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Українська (Ukrainian) – УВАГА: лінгвістичну допомогу, усний переклад і допоміжні засоби й підтримку надають за запитом безкоштовно. Зокрема, покривають такі послуги: усний і письмовий переклади та забезпечення допоміжними засобами. Ви можете замовити їх, зателефонувавши за номером **1-833-727-2169**. Особи з порушеннями слуху можуть звертатися за лінією ТТТ: **711**. Години роботи: з 8 a.m. до 8 p.m. без вихідних (крім Дня подяки й Різдва) з 1 жовтня по 31 березня, з понеділка по п'ятницю (крім святкових днів) з 1 квітня по 30 вересня.

Tiếng Việt (Vietnamese) – CHÚ Ý: Hỗ trợ ngôn ngữ, dịch vụ thông dịch, cũng như các phương tiện hỗ trợ và dịch vụ phụ trợ được cung cấp theo yêu cầu và không tính phí cho quý vị. Các dịch vụ hiện có bao gồm, nhưng không chỉ gồm: dịch miệng, dịch thuật văn bản và các phương tiện hỗ trợ phụ trợ. Quý vị có thể yêu cầu các dịch vụ này và/hoặc các phương tiện hỗ trợ phụ trợ bằng cách gọi **1-833-727-2169**. Những người bị khiếm thính có thể gọi TTY: **711**. Giờ làm việc là từ 8 giờ sáng đến 8 giờ tối theo 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 nghỉ lễ), từ ngày 1 Tháng Tư đến 30 Tháng Chín.

יידיש (Yiddish) – אכטונג: שפראך-הילף, אינטערפרעטאציע-דינסטן, און צוגעהעריקע הילפס-מיטלען און סערוויסן זײַנען פֿאַראַן לויט אייער בקשה, אָן קיין קאָסטן פֿאַר אײַך. די פֿאַראַנענע סערוויסן נעמען אַרײַן, אָבער זײַנען נישט באַגרענעצט צו: מינדלעכע איבערזעצונג, שריפטלעכע איבערזעצונג, און צוגעהעריקע הילפס-מיטלען. איר קענט פארלאנגען די סערוויסן און/אדער צוגעהעריקע הילפס-מיטלען דורך רופן **1-833-727-2169**. מענטשן מיט אַ געהער־באַגרענעצונג קענען רופן TTY: **711**. די אַרבעטס-שעהן זענען 8 a.m. ביז 8 p.m. לאקאלע צייט, זיבן טעג אַ וואָך (אחוץ טהאַנקסגיווינג און ניטל) פון 1 אקטאבער ביז 31 מערץ, און מאנטיק ביז פרייטאג (חוץ פֿיערטעג) פון 1 אפריל ביז 30 סעפטעמבער.

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B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a MyCare Plan?	MyCare Ohio is a managed care program designed for Ohioans who receive BOTH Medicaid and Medicare benefits. This program has a team approach to coordinating your care based on your needs – a team with you at the center. The MyCare Ohio plan that you choose provides all the same benefits that Medicare and Medicaid offer, including long-term care services and mental/behavioral health services. Plus, your MyCare Ohio plan can include additional services to you.
Will I get the same Medicare and Medicaid benefits in Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) that I get now?	You'll get most of your covered Medicare and Medicaid benefits directly from Anthem I MyCare Ohio Full Dual Support (HMO D-SNP). You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care coordinator assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency, specialty mental health and substance use disorder services, or regional center services. When you enroll in Anthem I MyCare Ohio Full Dual Support (HMO D-SNP), you and your care coordinator will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Anthem I MyCare Ohio Full Dual Support (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.

If you have questions, please call Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) at **1-844-612-7171** (TTY 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit shop.anthem.com/medicare.

Frequently Asked Questions	Answers
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) and have a contract with us, you can keep going to them. - Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in Anthem I MyCare Ohio Full Dual Support (HMO D-SNP)’s network. If you use providers or pharmacies that aren’t in our network, the plan may not pay for these services or drugs. - If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Anthem I MyCare Ohio Full Dual Support (HMO D-SNP)’s plan. - The plan must ensure member access to any federally qualified health center (FQHC) and/or rural health clinic (RHC), regardless of whether it’s an in-network provider. - If you’re currently under treatment with a provider that’s out of Anthem I MyCare Ohio Full Dual Support (HMO D-SNP)’s network, or have an established relationship with a provider that’s out of Anthem I MyCare Ohio Full Dual Support (HMO D-SNP)’s network, call Member Services to check about staying connected. To find out if your providers are in the plan’s network, call Member Services at the number listed at the bottom of this page or read Anthem I MyCare Ohio Full Dual Support (HMO D-SNP)’s Provider Directory on the plan’s website at shop.anthem.com/medicare. If Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) is new for you, we’ll work with you to develop a care plan to address your needs.
What’s an Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) care coordinator?	An Anthem I MyCare Ohio Full Dual Support (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.

If you have questions, please call Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) at **1-844-612-7171** (TTY 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit shop.anthem.com/medicare.

Frequently Asked Questions	Answers
What are Long-term Services and Supports (LTSS)?	Long-term services and supports refers to the services provided to help individuals safely perform daily tasks like bathing, getting dressed, or preparing meals. They can be offered in a home or community-based setting or in a facility like a nursing facility or assisted living facility. They include things like personal care aide services, home delivered meals, memory care, home health nursing and many others.
What happens if I need a service but no one in Anthem I MyCare Ohio Full Dual Support (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where's Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) available?	The service area for this plan includes: Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Vinton, Warren, Washington, Wayne, Williams, Wood, Wyandot counties, Ohio. You must live in one of these areas to join the plan.

If you have questions, please call Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) at **1-844-612-7171** (TTY 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit shop.anthem.com/medicare.

Frequently Asked Questions	Answers
What's prior authorization?	Prior authorization means an approval from Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network before you get the services. Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) can provide you or your provider a list of services or procedures that require you to get prior authorization from Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) before the service is provided. Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization. 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.
Do I pay a monthly amount (also called a premium) under Anthem I MyCare Ohio Full Dual Support (HMO D-SNP)?	No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Anthem I MyCare Ohio Full Dual Support (HMO D-SNP)?	No. You don't pay deductibles in Anthem I MyCare Ohio Full Dual Support (HMO D-SNP).

If you have questions, please call Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) at **1-844-612-7171** (TTY 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit shop.anthem.com/medicare.

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

If you have questions, please call Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) at **1-844-612-7171** (TTY 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit **shop.anthem.com/medicare**.

C. List of covered services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital care	\$0	Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your Medicaid coverage will cover additional days as medically necessary. Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization may be required.
	Outpatient hospital services, including observation	\$0	Prior authorization may be required.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization may be required.
	Doctor or surgeon care	\$0	Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	\$0	Prior authorization may be required.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	Wellness visits, such as a physical	\$0	This plan covers one physical exam every year.
	“Welcome to Medicare” (preventive visit one time only)	\$0	
	Specialist care	\$0	Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	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. 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 \$100,000 per year for worldwide emergency room, emergency transportation, and urgent care. Contact the plan for details.
	Urgent care	\$0	Urgently needed services are not emergency care. You do not need prior authorization and you do not have to be in-network. In addition to the Medicare-covered urgent care services, this plan offers worldwide urgently care needed services when traveling outside of the United States and its territories for less than six months. Coverage is limited to \$100,000 per year for worldwide emergency room, emergency transportation, and urgent care. Contact the plan 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)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Prior authorization may be required.
	Lab tests and diagnostic procedures, such as blood work	\$0	Prior authorization may be required.
You need hearing/auditory services	Hearing screenings	\$0	In addition to the Medicare-covered hearing evaluation services, this plan covers one supplemental routine hearing exam every year. Prior authorization may be required. Please refer to your <i>Member Handbook</i> for details.
	Hearing aids	\$0	This plan covers \$300 maximum plan benefit for over-the-counter hearing aids or one routine hearing aid fitting evaluation and a \$3,000 maximum plan benefit for prescribed hearing aids every year. Up to one pair of hearing aid(s) per year, regardless of type. Prior authorization may be required. 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)
You need dental care	Dental check-ups and preventive care	\$0	In addition to the Medicare-covered dental services, this plan covers preventive dental services including three oral exams and two dental X-rays every year. Also covers one cleaning every six months. Please refer to Chapter 4 in the plan's <i>Member Handbook</i> for details on prior authorizations, covered dental services, limitations, and exclusions. To find dental providers in our network, please visit: https://client.libertydentalplan.com/anthem/Index
	Restorative and emergency dental care	\$0	In addition to the Medicare-covered dental services, this plan covers a range of restorative dental services to support oral health. Covered services include fillings (amalgam or resin-based restorations), crowns, Endodontic treatment (such a root canal), Periodontic services including scaling and root planing gum every 24 months per quadrant, surgical or routine extractions. This plan also covers prosthodontic services including full or partial dentures, oral surgery, facial and jaw prosthetics and certain implant-related services when medically necessary. Please refer to Chapter 4 in the plan's <i>Member Handbook</i> for details on prior authorizations, covered dental services, limitations, and exclusions. To find dental providers in our
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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued from previous page)			
			network, please visit: https://client.libertydentalplan.com/anthem/Index
You need eye care	Eye Exams	\$0	In addition to the Medicare-covered exam to treat an eye condition, this plan covers one routine eye exam every year.
	Glasses or contact lenses	\$0	In addition to Medicare-covered eye wear, this plan covers up to \$450 for supplemental eyeglasses or contact lenses every year.
	Other vision care	\$0	Please refer to your <i>Member Handbook</i> for details.
You need behavioral health services	Behavioral health services	\$0	This plan provides coverage for a full range of inpatient and outpatient mental health services, including substance use disorder services. Prior authorization may be required. Please refer to your <i>Member Handbook</i> for details or contact your care coordinator for help.
	Inpatient and outpatient care and community-based services for people who need behavioral health services	\$0	Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) provides coverage for inpatient and outpatient mental health services including, but not limited to, crisis intervention, substance use disorder treatment, opioid treatment program, and behavioral health nursing services.
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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need behavioral health services (continued from previous page)			
			Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your Medicaid coverage will cover additional days as medically necessary. Prior authorization may be required. Please refer to your <i>Member Handbook</i> for details.
You need substance use disorder services	Substance use disorder services	\$0	This plan provides coverage for use disorder services full range of addiction services including outpatient and intensive outpatient services, case management, residential and opioid treatment services. Prior authorization may be required. Please refer to your <i>Member Handbook</i> for details or contact your care coordinator for help.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	\$0	This plan covers up to 100 days in a Skilled Nursing Facility (SNF). Your Medicaid coverage will cover additional days as medically necessary. Prior authorization may be required.
	Nursing home care	\$0	Please contact your care coordinator to get information on eligibility and how to access these services. Prior authorization may be required.
	Adult Foster Care and Group Adult Foster Care	\$0	Please contact your care coordinator to get information on eligibility and how to access these services. Prior authorization may be required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization may be required.
You need help getting to health services	Ambulance services	\$0	Your provider must get an approval from the plan before you get ground, air or water transportation that is not an emergency.
	Emergency transportation	\$0	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 \$100,000 per year for worldwide emergency room, emergency

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services (continued from previous page)			
			transportation, and urgent care. Contact the plan for details.
	Transportation to medical appointments and services	\$0	This plan offers supplemental unlimited one-way, routine health-related transportation every year. Trips are limited to 60 miles. Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by contracted transportation vendors in our plan. If you need a ride, call us at least 48 hours ahead of time (excluding weekends).
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 information on these drugs. Step Therapy may be required for certain drugs. Prior authorization may be required.
	Medicare Part D drugs Tier 1: Preferred Generic Tier 2: Generic	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. There may be limitations on the types of drugs covered. Please refer to Anthem I MyCare Ohio Full Dual
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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)			
	Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier		Support (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information. Extended-day supplies are available at retail and mail order pharmacies for covered Part D prescription drugs in Tiers 1–4: • Tier 1: Up to a 100-day supply • Tiers 2–4: Up to a 90-day supply • Tier 5: Not eligible for an extended-day supply Your cost sharing for an extended-day supply is the same as your cost sharing for a one-month supply. Please contact the plan for more 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)
You need drugs to treat your illness or condition (continued from previous page)			
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to Anthem I MyCare Ohio Full Dual Support (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information. Additional OTC may be covered through Ohio Medicaid. See <i>List of Covered Drugs (Drug List)</i> for more details. In addition to the coverage offered by Ohio Medicaid, this plan offers a supplemental Over-the-Counter (OTC) benefit through a combined monthly spending allowance. Please refer to the Everyday Options Allowance benefit later in this document for more information.
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization may be required.
	Medical equipment for home care, including waiver and supplemental adaptive	\$0	Prior authorization may be required.
	Dialysis services	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services	\$0	In addition to the Medicare-covered podiatry services, this plan covers unlimited routine foot care visits every year. Prior authorization may be required.
	Orthotic services	\$0	Prior authorization may be required.
You need durable medical equipment (DME) Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Member Handbook</i>	Wheelchairs, crutches, and walkers	\$0	Prior authorization may be required.
	Nebulizers	\$0	Prior authorization may be required.
	Oxygen equipment and supplies	\$0	Prior authorization may be required.
You need help living at home	Home health services	\$0	Prior authorization may be required.
	Home services,		For in-home services: please contact
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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page)			
	such as cleaning or housekeeping, or home modifications such as grab bars	\$0	your care coordinator to get information on eligibility and how to access these services. Prior authorization may be required. For home modifications such as grab bars: This plan offers a supplemental Home and Bathroom safety devices benefit through a combined monthly spending allowance. Please refer to the Everyday Options Allowance benefit later in this document for more information.
	Adult day health	\$0	For Adult day health, and Community Based Adult Services (CBAS): please contact your care coordinator to get information on eligibility and how to access these services. For other support services: please refer to your <i>Member Handbook</i> for details. Prior authorization may be required.
	Assisted living services	\$0	Please contact your care coordinator to get information on eligibility and how to access these services. Prior authorization may be required.
	Community integration services	\$0	Please contact your care coordinator to get information on eligibility and how to access these services.
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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
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You need help living at home (continued from previous page)

		Prior authorization may be required.
Enhanced community living services	\$0	Please contact your care coordinator to get information on eligibility and how to access these services. Prior authorization may be required.
Home delivered meals	\$0	This plan offers Healthy Meals - Post Discharge: up to 2 meals a day for 21 days (maximum 42 meals) following your discharge from the hospital or skilled nursing facility (SNF).
Out-of-home respite	\$0	Please contact your care coordinator to get information on eligibility and how to access these services. Prior authorization may be required.
Personal emergency response services	\$0	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. The Personal Emergency Response System benefit provides an in-home device to notify appropriate personnel of an emergency (e.g., a fall). Please refer to your <i>Member Handbook</i> for details or contact your care coordinator for help.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page)			
	Waiver nursing	\$0	Please contact your care coordinator to get information on eligibility and how to access these services. Prior authorization may be required.
	Waiver social work counseling	\$0	Please contact your care coordinator to get information on eligibility and how to access these services. Prior authorization may be required.
	Waiver transportation	\$0	Please contact your care coordinator to get information on eligibility and how to access these services. Prior authorization may be required.
	Day habilitation services	\$0	Please contact your care coordinator to get information on eligibility and how to access these services. Prior authorization may be required.
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability. Please contact your care coordinator to get information on eligibility and how to access these services. 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)
Additional services	Asthma and COPD Relief Catalog -Value-Added Benefit	\$0	Members will be able to select up to two items from a custom catalog containing a variety of asthma and COPD relief solutions such as: • inhaler vaporizer kits • travel nebulizer • hypoallergenic bedding, pillow covers and mattress covers • HEPA air filters • asthma monitoring devices <i>Talk to your care coordinator to get more information about eligibility, limits, and approval requirements.</i>
	Caregiver relief	\$0	This plan provides up to 40 hours of respite care each year if you use an unpaid caregiver. This benefit is in addition to the services approved in your person-centered service plan. Prior authorization may be required. Please refer to your <i>Member Handbook</i> for details or contact your care coordinator for help.
	Caregiver Flex Funds	\$0	This program may provide limited financial support for approved items or services that help make caregiving easier, safer, or less stressful for caregivers of Anthem MyCare members. A Caregiver Support coordinator will review the caregiver's needs and explain what support may be available. Eligibility, limits, and
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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)

		approval requirements may apply, so caregivers should ask before making purchases. <i>Talk to your care coordinator to get more information about eligibility, limits, and approval requirements.</i>
Chiropractic Services	\$0	Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position). Prior authorization may be required.
Community Resource Link -Value-Added Benefit	\$0	This is an online resource which locates and displays all available local community-based programs, benefits, and services. <i>Talk to your care coordinator to get more information about eligibility, limits, and approval requirements.</i>
Cooking at Home Catalog - Value-Added Benefit	\$0	Members can select one item from a custom cooking catalog, such as: an air fryer, blender, toaster, utensils, and more. <i>Talk to your care coordinator to get more information about eligibility, limits, and approval requirements.</i>
Diabetes supplies and services	\$0	Covered diabetic monitors and supplies include continuous glucose monitors (CGMs) and sensors, blood

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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)			
			glucose monitors, blood glucose test strips, and lancets. Prior authorization may be required. Coverage limitations may apply. Please refer to your <i>Member Handbook</i> for details.
	Digital Library Membership and eReader - Value-Added Benefit	\$0	Members receive a digital library card and an eReader. <i>Talk to your care coordinator to get more information about eligibility, limits, and approval requirements.</i>
	Emotional Well-being Resource - Value-Added Benefit	\$0	Members receive unlimited access to the online community which promotes behavioral health and wellness through instruction, coaching, goal setting and monitoring. <i>Talk to your care coordinator to get more information about eligibility, limits, and approval requirements.</i>
	Everyday Options Allowance	\$0	This plan offers a spending allowance of \$405 every month for: • Assistive Devices: ADA toilet seats, shower stools, hand-held shower heads, reaching devices, temporary wheelchair threshold ramps, and more.
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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)

- **Over-the-Counter (OTC) products:** Health and wellness items like vitamins, first aid supplies, pain-relievers, and more.

If you qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI), you may also be able to use this allowance on:

- **Hair and Grooming Services***
- **Healthy Foods:*** Healthy food items that assist in meeting your nutritional needs such as dairy products, fresh fruits, vegetables, meat, seafood, and other healthy pantry staples.
- **Utilities:*** Use toward the payment of gas for your home, electric, water, cable, internet, or cell phone services.

Unused amounts expire at the end of each month.

* The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or

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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)			
			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> .
	Fresh Food Connect - Value-Added Benefit	\$0	Members can select one of the following options: • three boxes of farm-fresh produce delivery • annual Sam's Club membership • annual Costco membership • \$150 Healthy Grocery gift card <i>Talk to your care coordinator to get more information about eligibility, limits, and approval requirements.</i>
	Get Connected to Health - Value-Added Benefit	\$0	The Get Connected to Health program gives members a free smart cell phone preloaded with digital health apps and resources for quick access to care. <i>Talk to your care coordinator to get more information about eligibility, limits, and approval requirements.</i>
	Healthy Home -Value-Added Benefit	\$0	Members receive up to \$125 to use toward one of the following in-home services: • Pest control treatments to reduce pests in the home
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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)			
			Carpet cleaning services to help mitigate asthma triggers <i>Talk to your care coordinator to get more information about eligibility, limits, and approval requirements.</i>
	Home Safety Benefit - Value-Added Benefit	\$0	Members can select up to two home safety items, such as: - anti-slip tape for stairs, night lights, nonskid tub mat, nonslip bathroom floor mat, carpet tape for rugs, door alarms, smoke alarms, carbon monoxide detectors, medication lock boxes, fire extinguishers, water filtration kits, radon detectors, and mold tests <i>Talk to your care coordinator to get more information about eligibility, limits, and approval requirements.</i>
	Housing Stability Program	\$0	This referral program is designed to find safe and stable housing for members experiencing homelessness or at risk of homelessness. This program may also offer other social support(s) to eliminate stable housing barriers, (e.g. rental/utility arrears, security deposits, furniture needs). <i>Talk to your care coordinator to get more information about eligibility, limits, and approval requirements.</i>
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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)			
	Industry Certification Assistance - Value-Added Benefit	\$0	Members receive a \$100 gift card to help cover the cost of industry certifications. <i>Talk to your care coordinator to get more information about eligibility, limits, and approval requirements.</i>
	LiveHealth Online	\$0	Lets you talk to a board-certified doctor, or licensed psychiatrist, psychologist or therapist, by live, two-way video on a computer, smartphone or tablet. LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.
	Movie Night Package - Value-Added Benefit	\$0	Members can receive a movie night package which includes a \$50 movie gift card and a \$50 restaurant gift card to help reduce social isolation. <i>Talk to your care coordinator to get more information about eligibility, limits, and approval requirements.</i>
	Prosthetic services	\$0	Prior authorization may be required.
	Radiation therapy	\$0	Prior authorization may be required.
	SDOH Flex Funds	\$0	This benefit offers a one-time financial support to help with eligible expenses.
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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)			
			These funds can help remove barriers related to housing, employment, education, and other social needs. <i>Talk to your care coordinator to get more information about eligibility, limits, and approval requirements.</i>
	Sensory Solutions -Value-Added Benefit	\$0	Members can receive a \$100 gift card to purchase sensory products. <i>Talk to your care coordinator to get more information about eligibility, limits, and approval requirements.</i>
	Services to help manage your disease	\$0	Please refer to your <i>Member Handbook</i> for details.
	SilverSneakers*® Fitness program	\$0	When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to silversneakers.com or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. ET. * 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.
(continued on next page)			

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)			
	SUD Recovery Support - Value-Added Benefit	\$0	Members can receive access to our Substance Use Disorder Recovery Support program, which is a mobile platform that provides daily motivation/check-in, moderated peer support groups, secure messaging with clinicians and recovery coaches, appointment and medication reminders, and educational content to support ongoing recovery. <i>Talk to your care coordinator to get more information about eligibility, limits, and approval requirements.</i>
	Transportation - Community Transportation -Value-Added Benefit	\$0	Members receive up to 60 one-way rides to community resources and services (within 30 miles of their location). Note: Health-related trips are covered under the Medicare Supplemental Transportation benefit. See Transportation to medical appointments and services for details. <i>Talk to your care coordinator to get more information about eligibility, limits, and approval requirements.</i>
	Transportation Essentials - Value-Added Benefit	\$0	Members can select a \$100 gift card for one of the following transportation options: • Bus pass • Gas card
(continued on next page)			

If you have questions, please call Anthem | MyCare Ohio Full Dual Support (HMO D-SNP) at **1-844-612-7171** (TTY 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit shop.anthem.com/medicare.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)			
			Rideshare card <i>Talk to your care coordinator to get more information about eligibility, limits, and approval requirements.</i>
	24/7 NurseLine	\$0	24-hour access to a nurse helpline, 7 days a week, 365 days a year: 1-855-658-9249.

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

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

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

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Certain hospice care services covered outside of Anthem I MyCare Ohio Full Dual Support (HMO D-SNP)	\$0

E. Services that Anthem I MyCare Ohio Full Dual Support (HMO D-SNP), Medicare, and Medicaid don't cover

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

Services that Anthem I MyCare Ohio Full Dual Support (HMO D-SNP), Medicare, and Medicaid do not cover
Services not considered "reasonable and necessary" according to standards of Medicare and OH MyCare
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless required criteria are met
LASIK surgery
Infertility services
Chiropractic care, other than diagnostic x-rays and manual manipulation (adjustments) of the spine to correct alignment consistent with Medicare and Medicaid coverage guidelines.
A private room in a hospital, except when it is medically needed

F. Your rights as a member of the plan

As a member of Anthem I MyCare Ohio Full Dual Support (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *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:

If you have questions, please call Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) at **1-844-612-7171** (TTY 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit shop.anthem.com/medicare.

- Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance
- Get information in other languages and formats (for example, large print, braille, or audio) free of charge
- Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they're covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) will pay for the cost of your second opinion visit
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:

- Get timely medical care
- Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
- Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - File a complaint with State Department of Managed Health Care at 1-800-324-8680 and TTY 711.
 - Appeal certain decisions made by State Department of Managed Health Care or our providers
 - Ask for a State Hearing
 - Get a detailed reason for why services were denied

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

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

1-800-282-1206.

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

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

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

If you have a complaint or think Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) should cover something we denied, call Member Services at **1-833-727-2169** (TTY: **711**) or at the numbers listed at the bottom of this page. You may be able to appeal our decision.

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

H. What to do if you suspect fraud

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

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

- Call us at Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) Member Services. The phone number is listed in the footer of each page of this document.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- Or, call the Ohio Attorney General's Medicaid Fraud Control Unit at 1-614-466-0722, or the Ohio Attorney General's Help Center at 1-800-282-0515.

If you have questions, please call Anthem I MyCare Ohio Full Dual Support (HMO D-SNP) at **1-844-612-7171** (TTY 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit shop.anthem.com/medicare.

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

CALL: 1-833-727-2169

Calls to this number are free.

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

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

TTY: 711

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

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

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call Anthem I MyCare Ohio Full Dual Support (HMO D-SNP)'s 24/7 NurseLine at **1-855-658-9249** (TTY: **711**). A nurse will listen to your problem and tell you how to get care.
- Calls to this number are free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.
- Anthem I MyCare Ohio Full Dual Support (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 MyCare Ohio Full Dual Support (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.
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Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English – ATTENTION: Language assistance, interpretation services, and auxiliary aids and services are available upon request at no cost to you. Services available include, but are not limited to: oral translation, written translation, and auxiliary aids. You can request these services and/or auxiliary aids by calling **1-833-727-2169**. Individuals with a hearing impairment may call 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: La asistencia en otros idiomas, los servicios de interpretación y las ayudas y servicios auxiliares están disponibles sin costo para usted si los solicita. Los servicios disponibles incluyen, entre otros, los siguientes: traducción oral, traducción escrita y ayudas auxiliares. Puede solicitar estos servicios y/o ayudas auxiliares llamando al **1-833-727-2169**. Las personas con discapacidad auditiva pueden llamar al TTY: **711**. 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.

አማርኛ (Amharic) – ያስተውሉ:- የቋንቋ እዛዛ፣ የትርጉም አገልግሎቶች እንዲሁም አጋዥ መሣሪያዎችና አገልግሎቶች በተጠየቀ ጊዜ ለእርስዎ ያለ ምንም ክፍያ ይቀርባሉ። የሚገኙ አገልግሎቶች የሚከተሉትን ያካትታሉ፡ ነገር ግን በነዚህ ብቻ አይወሰኑም፡- የቃል ትርጉም፣ የጽሑፍ ትርጉም እና አጋዥ መሣሪያዎች። ወደ **1-833-727-2169** በመደወል እነዚህን አገልግሎቶች እና/ወይም አጋዥ መሣሪያዎች መጠየቅ ይችላሉ። የመስማት ችግር ያለባቸው ግለሰቦች ወደ TTY:- **711** መደወል ይችላሉ። የስራ ሰዓቶች ከ 8 a.m. እስከ 8 p.m. የአካባቢ ሰዓት አቆጣጠር፣ በሳምንት ሰዓት ቀናት (ከምስጋና እና (Thanksgiving) የገና በዓላት በስተቀር) ከአክቶበር 1 እስከ ማርች 31 እና ከሰኞ እስከ አርብ (ከበዓላት በስተቀር) ከኤፕሪል 1 እስከ ሴፕቴምበር 30 ናቸው።

العربية (Arabic) – تنبيه: تتوفر المساعدة اللغوية، وخدمات الترجمة الفورية، والوسائل والخدمات المساعدة، عند الطلب دون أي تكلفة عليك. وتشمل الخدمات المتاحة على سبيل المثال لا الحصر: الترجمة الشفوية والترجمة التحريرية والوسائل المساعدة. يمكنك طلب هذه الخدمات و/أو الوسائل المساعدة بالاتصال على **1-833-727-2169**. يمكن للأفراد الذين يعانون من ضعف السمع الاتصال بـ TTY: **711**. ساعات العمل من الساعة 8 صباحًا حتى الساعة 8 مساءً، حسب التوقيت المحلي، على مدار الأسبوع (ما عدا أيام عيد الشكر وعيد الميلاد) بدايةً من 1 أكتوبر حتى 31 مارس، ومن الاثنين حتى الجمعة (ما عدا أيام الإجازات) من 1 أبريل حتى 30 سبتمبر.

简体中文 (Chinese Simplified) – 注意：我们可应要求免费为您提供语言协助、口译服务以及辅助工具和服务。提供的服务包括但不限于：口译、笔译和辅助工具。您可以致电 **1-833-727-2169** 申请这些服务和/或辅助工具。听障人士可以致电 TTY: **711**。工作时间为当地时间上午 8 点至晚上 8 点，从 10 月 1 日至 3 月 31 日的每周七天（感恩节及圣诞节除外），以及从 4 月 1 日至 9 月 30 日的周一至周五（假期除外）。

繁體中文 (Chinese Traditional) – 注意：我們可應要求免費為您提供語言協助、口譯服務以及輔助工具和服务。提供的服務包括但不限於：口譯、筆譯和輔助工具。您可以致電 **1-833-727-2169** 申請這些服務和/或輔助工具。聽障人士可以致電 TTY: **711**。工作時間為當地時間上午 8 點至晚上 8 點，從 10 月 1 日至 3 月 31 日的每週七天（感恩節及耶誕節除外），以及從 4 月 1 日至 9 月 30 日的週一至週五（假期除外）。

دري (Dari) – توجه: کمک زبانی، خدمات ترجمه و کمک ها و خدمات جانبی بنا به درخواست و بدون مصرف برای شما در دسترس است. خدمات موجود شامل، اما نه محدود به موارد زیر است: ترجمه شفاهی، ترجمه مکتوب و کمک های جانبی. شما می توانید این خدمات و/یا کمک های جانبی را با تماس گرفتن درخواست کنید **1-833-727-2169**. افراد دارای اختلال شنوایی می توانند با TTY تماس بگیرند: **711**. ساعات کاری از 8 صبح تا 8 بجه شام به وقت محلی، هفت روز در هفته (به جز روز شکرگزاری و کریسمس) از 1 اکتوبر تا 31 مارچ و از دوشنبه تا جمعه (به جز ایام رخصتی) از 1 اپریل تا 30 سپتامبر می باشد.

Français (French) – ATTENTION : une assistance linguistique, des services d'interprétation ainsi que des aides et services auxiliaires sont disponibles gratuitement sur demande. Les services disponibles comprennent notamment, sans s'y limiter : traduction orale, traduction écrite et aides auxiliaires. Vous pouvez demander ces services et/ou ces aides auxiliaires en appelant le **1-833-727-2169**. Les personnes malentendantes ou sourdes peuvent utiliser le service TTY au : **711**. Les heures d'ouverture sont de 8 a.m. à 8 p.m., heure locale, sept jours sur sept (sauf Thanksgiving et Noël) du 1er octobre au 31 mars, et du lundi au vendredi (sauf jours fériés) du 1er avril au 30 septembre.

Deutsch (German) – ACHTUNG: Auf Anfrage stehen Ihnen Sprachunterstützung, Dolmetscherdienste sowie Zusatzhilfen und Dienstleistungen kostenlos zur Verfügung. Zu den angebotenen Dienstleistungen gehören unter anderem die folgenden: Mündliche und schriftliche Übersetzungen sowie Zusatzhilfen. Sie können diese Dienstleistungen und/oder Zusatzhilfen unter der Telefonnummer **1-833-727-2169** anfordern. Personen mit einer Hörbeeinträchtigung können die TTY-Nummer anrufen: **711**. 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.

ગુજરાતી (Gujarati) – ધ્યાન આપો: ભાષાકીય સહાય, દુભાષિયાની સેવાઓ અને સહાયક સાધનો તેમજ સેવાઓ, વિનંતી કરવા પર તમારા માટે વિના મૂલ્યે ઉપલબ્ધ છે. ઉપલબ્ધ સેવાઓમાં નીચેનાનો સમાવેશ થાય છે, પરંતુ તે તેના પૂરતી મર્યાદિત નથી: મૌખિક અનુવાદ, લેખિત અનુવાદ અને સહાયક સાધનો. તમે **1-833-727-2169** પર કોલ કરીને આ સેવાઓ અને/અથવા સહાયક સાધનો માટે વિનંતી કરી શકો છો. શ્રવણ ક્ષતિ ધરાવતી વ્યક્તિઓ TTY પર કોલ કરી શકે છે: **711**. કામકાજના કલાકો સ્થાનિક સમય મુજબ સવારે 8 વાગ્યાથી સાંજના 8 વાગ્યા સુધી, ઓક્ટોબર 1 થી માર્ચ 31 સુધી અઠવાડિયાના સાતેય દિવસ (થેંક્સગિવિંગ અને ક્રિસમસ સિવાય) અને સોમવારથી શુક્રવાર (રજાઓ સિવાય) એપ્રિલ 1 થી સપ્ટેમ્બર 30 સુધી છે.

Kreyòl Ayisyen (Haitian Creole) – ATANSYON: Asistans lang, sèvis entèpretasyon, ak lòt sèvis sipò disponib gratis sou demann. Sèvis ki disponib yo gen ladan l bagay tankou: tradiksyon oral, tradiksyon ekri, ak lòt sèvis sipò. Ou ka mande sèvis ki annapre yo ak/oswa sèvis sipò lè w rele **1-833-727-2169**. Moun ki gen pwoblèm pou tande oswa ki soud ka itilize sèvis TTY nan **711**. Orè nou travay yo se 8 a.m. rive 8 p.m. lè lokal, sèt jou sou sèt (eksepte Thanksgiving ak Nwèl) soti 1ye oktòb rive 31 mas, epi lendi rive vandredi (eksepte jou ferye) soti 1ye avril rive 30 septanm.

日本語 (Japanese) – 注意：言語支援、通訳サービス、その他の補助器具・サービスは、ご要望に応じて無料でご利用いただけます。利用可能なサービスには、以下が含まれますが、これらに限定されません。口頭翻訳、文書翻訳、および補助器具。これらのサービスや補助器具をご希望の場合は、**1-833-727-2169**までお電話でお申し込みください。聴覚障害のある方は、TTYをご利用いただけます。**711**。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。

Ikinyarwanda (Kinyarwanda) – ICYITONDERWA: Serivisi z'ubufasha bw'ururimi, serivisi z'ubusemuzi, n'ibikoresho bifasha abafite ibumuga bwo kutumva n'izindi, biraboneka iyo ubisabye kandi ku buntu. Serivisi ziboneka zirimo, ariko ntizigarukira gusa kuri izi zikurikira: ubusemuzi mvugo, ubusemuzi bw'inyandiko, ndetse n'ibikoresho byunganira. Ushobora gusaba izi serivisi kandi/cyangwa ibikoresho byunganira uhamagara kuri **1-833-727-2169**. Abafite ibumuga bwo kutumva bashobora guhamagara kuri TTY: **711**. Amasaha y'akazi ahera saa 8:00 za mugitondo kugera saa 8:00 z'umugoroba ku isaha isanzwe, iminsi irindwi mu cy'umweru (ukuyemo iminsi yo gushimira Imana na Noheli) guhera tariki ya 1 Ukwakira kugeza tariki ya 31 Werurwe, ku wa Mbere kugeza ku wa Gatanu (ukuyemo iminsi y'ikiruhuko) guhera tariki ya 1 Mata kugeza tariki ya 30 Nzeri.

한국어 (Korean) – 주의: 언어 지원, 통역 서비스, 추가 보조 및 서비스가 요청 시 무료로 제공됩니다. 이용 가능한 서비스에는 구두 번역, 서면 번역 및 추가 보조가 포함됩니다(이에만 국한되지 않음). **1-833-727-2169** 번으로 전화하여 이러한 서비스 및/또는 추가보조를 요청하실 수 있습니다. 청각 장애가 있는 분은 TTY: **711**번으로 전화하실 수 있습니다. 운영 시간은 10월 1일부터 3월 31일까지는 추수감사절과 크리스마스를 제외하고 주 7일 현지 시간 오전 8시-오후 8시, 4월 1일부터 9월 30일까지는 휴일을 제외하고 월요일-금요일, 같은 시간입니다.

मराठी (Marathi) – लक्ष द्या: भाषा सहाय्य, दुभाषी सेवा आणि सहाय्यक उपकरणे व सेवा विनंतीनुसार तुम्हाला विनाशुल्क उपलब्ध आहेत. उपलब्ध सेवांमध्ये खालील सेवांचा समावेश आहे, परंतु त्या इतक्यापुरत्या मर्यादित नाहीत: मौखिक अनुवाद, लिखित अनुवाद आणि सहाय्यक उपकरणे. तुम्ही **1-833-727-2169** वर कॉल करून या सेवा आणि/किंवा सहाय्यक उपकरणांची विनंती करू शकता. श्रवणदोष असलेल्या व्यक्ती TTY वर कॉल करू शकतात: **711**. कामकाजाची वेळ स्थानिक वेळेनुसार सकाळी 8 ते रात्री 8 पर्यंत, 1 ऑक्टोबर ते 31 मार्च पर्यंत आठवड्याचे सातही दिवस (थॅक्सगिव्हिंग आणि ख्रिसमस वगळून) आणि 1 एप्रिल ते 30 सप्टेंबर पर्यंत सोमवार ते शुक्रवार (सुट्ट्या वगळून) आहे.

नेपाली (Nepali) – ध्यान दिनुहोस्: अनुरोध भएमा तपाईंको लागि भाषा सहायता, दोभासे सेवाहरू र अन्य सहायता तथा सेवाहरू निःशुल्क उपलब्ध छन्। उपलब्ध सेवाहरूमा निम्न लगायतका छन्: मौखिक अनुवाद, लिखित अनुवाद र सहायक सामग्रीहरू। तपाईंले यी सेवाहरू र/वा सहायक सहायताहरू अनुरोध गर्न सक्नुहुन्छ: **1-833-727-2169**। श्रवणशक्तिमा समस्या भएका व्यक्तिहरूले TTY मा कल गर्न सक्छन्: **711**। कार्य सञ्चालन गरिने समय स्थानीय समयअनुसार बिहान 8 बजेदेखि साँझ 8 बजेसम्म हप्ताको सातै दिन (थ्याङ्क्सगिभिड र क्रिसमसबाहेक) अक्टोबर 1 देखि मार्च 31 सम्म र सोमवारदेखि शुक्रवार (बिदाबाहेक) अप्रिल 1 देखि सेप्टेम्बर 30 सम्म हो।

پښتو (Pashto) – پاملرنه: د ژبې مرسته، د ژباړې خدمتونه، او مرستندويه مرستې او خدمات ستاسو د غوښتنې په صورت کې وړيا شتون لري. شتون لرونکي خدمات په لاندې مواردو پورې محدود نه دي، بلکې نور خدمات هم پکې شامل دي: شفاهي ژباړه، ليکلي ژباړه، او مرستندويه وسايل. تاسو کولی شئ د دې خدماتو او/يا مرستندويه وسايلو غوښتنه د زنگ و هلو له لارې وکړئ **1-833-727-2169**. هغه کسان چې د اورېدو ستونزه لري، کولی شي د TTY له لارې اړيکه ونيسي: **711**. د فعاليت ساعتونه د محلي وخت له مخې له سهار 8 بجو څخه د ماښام تر 8 بجو پورې، اووه ورځې په اونۍ کې (پرته د منځنۍ کولو او کړسمس ورځې) د اکتوبر له 1 نېټې څخه تر مارچ 31 پورې، او له اپريل 1 څخه تر سپټمبر 30 پورې د دوښنبې څخه تر جمعې پورې (پرته له رخصتيو) څخه دی.

Deutsch (Pennsylvania Dutch) – WICH DICH: Wann du Hilf brauchst fer communicat-e, kenne mer dich helfe in en latt differnti Wege, unni as es dich ennich eppes koschde zellt. Samm (un net all) vun die Services as mir provid-e kenne sin: Translations as geschwetzt odder gschriwwe sin un differnti annri Tools fer Leit helfe Sache verschteh un communicat-e. Du kannst froge fer ennich eppes wie des bei calle **1-833-727-2169**. Leit as Druwwel hen fer heere kenne TTY calle: **711**. Mir kenne dei Call nemme 8 Uhr meigeds bis 8 Uhr oweds local Zeit, siwwe Daag die Woch (ausgunme Thanksgiving un Grischdaag) vun October 1 deich March 31, un muundaags bis freidaags (ausgunme Feierdaage) vun April 1 deich September 30.

Русский (Russian) – ВНИМАНИЕ: лингвистическую помощь, устный перевод, а также вспомогательные средства и поддержку предоставляют по запросу бесплатно. Покрывают, в частности, такие услуги: устный или письменный переводы и обеспечение вспомогательными средствами. Вы можете запросить их, позвонив по номеру телефона **1-833-727-2169**. Лица с нарушениями слуха могут обращаться по линии ТТТ: **711**. Часы работы: с 8 a.m. до 8 p.m без выходных (кроме Дня благодарения и Рождества) с 1 октября по 31 марта и с понедельника по пятницу (кроме праздничных дней) с 1 апреля по 30 сентября.

Soomaali (Somali) – FIIRO GAAR AH: Caawimaad luuqadeed, adeegyada turjumaada, iyo qalabka gargaarka maqalka iyo adeegyo ayaa la helo marka la codsado kuwaas oo qarash la'aan kugu ah. Adeegyada la heli karo waxaa ka mid ah, laakiin kuma jiraan: turjumaada afka ah, turjumaada qoraalka ah, iyo qalabka gargaarka maqalka. Waxaad adeegyadaan ku codsan kartaa iyo/ama qalabka gargaarka maqalka adiga oo wacaya **1-833-727-2169**. Shaqsiyaadka qaba naafanimada maqalka waxay wici karaan TTY: **711**. Saacadaha shaqada waa 8 a.m. illaa 8 p.m. saacadaha maxaliga, todoba maalmood isbuucii (marka laga reebo fasaxa Mahadnaqa iyo Kirismaska) laga bilaabo Oktoobar 1 illaa Maarso 31, iyo Isniin illaa Jimcaha (marka laga reebo fasaxyada) laga bilaabo Abriil 1 illaa Sebteembar 30.

Kiswahili (Swahili) – ANGALIZO: Usaidizi wa lugha, huduma za ukalimani, pamoja na vifaa na huduma saidizi vinapatikana kwa ombi bila malipo yoyote kwako. Huduma zinazopatikana ni pamoja na, lakini hazikomei kwenye zifuatazo: ukalimani wa papo kwa papo, tafsiri ya maandishi, na vifaa saidizi. Unaweza kuomba huduma hizi na/au vifaa saidizi kwa kupiga simu kwa **1-833-727-2169**. Watu wenye ulemavu wa kusikia wanaweza kupiga simu kupitia TTY: **711**. Saa za kazi ni saa 8 asubuhi hadi saa 8 jioni kwa saa za eneo husika, siku saba kwa wiki (isipokuwa Sikukuu ya Shukrani na Krismasi) kuanzia Oktoba 1 hadi Machi 31, na Jumatatu hadi Ijumaa (isipokuwa sikukuu za umma) kuanzia Aprili 1 hadi Septemba 30.

తెలుగు (Telugu) – గమనిక: భాషా సహాయం, అనువాద సేవలు, మరియు సహాయక పరికరాలు మరియు సేవలు మీ అభ్యర్థన మేరకు మీకు ఎటువంటి ఖర్చు లేకుండా అందుబాటులో ఉంటాయి. అందుబాటులో ఉన్న సేవలలో ఇవి ఉన్నాయి, కానీ వీటికే పరిమితం కావు: మౌఖిక అనువాదం, లిఖిత అనువాదం మరియు సహాయక పరికరాలు. మీరు **1-833-727-2169** కు కాల్ చేయడం ద్వారా ఈ సేవలను మరియు/లేదా సహాయక పరికరాలను అభ్యర్థించవచ్చు. వినికిడి లోపం ఉన్న వ్యక్తులు TTYకి కాల్ చేయవచ్చు: **711**. పని వేళలు అక్టోబర్ 1 నుండి మార్చి 31 వరకు వారానికి ఏడు రోజులు (థాంక్స్ గివింగ్, క్రిస్మస్ మినహా), అలాగే ఏప్రిల్ 1 నుండి సెప్టెంబర్ 30 వరకు సోమవారం నుండి శుక్రవారం వరకు (సెలవులు మినహా) ఉదయం 8 గంటల నుండి రాత్రి 8 గంటల వరకు.

Українська (Ukrainian) – УВАГА: лінгвістичну допомогу, усний переклад і допоміжні засоби й підтримку надають за запитом безкоштовно. Зокрема, покривають такі послуги: усний і письмовий переклади та забезпечення допоміжними засобами. Ви можете замовити їх, зателефонувавши за номером **1-833-727-2169**. Особи з порушеннями слуху можуть звертатися за лінією ТТТ: **711**. Години роботи: з 8 a.m. до 8 p.m. без вихідних (крім Дня подяки й Різдва) з 1 жовтня по 31 березня, з понеділка по п'ятницю (крім святкових днів) з 1 квітня по 30 вересня.

Tiếng Việt (Vietnamese) – CHÚ Ý: Hỗ trợ ngôn ngữ, dịch vụ thông dịch, cũng như các phương tiện hỗ trợ và dịch vụ phụ trợ được cung cấp theo yêu cầu và không tính phí cho quý vị. Các dịch vụ hiện có bao gồm, nhưng không chỉ gồm: dịch miệng, dịch thuật văn bản và các phương tiện hỗ trợ phụ trợ. Quý vị có thể yêu cầu các dịch vụ này và/hoặc các phương tiện hỗ trợ phụ trợ bằng cách gọi **1-833-727-2169**. Những người bị khiếm thính có thể gọi TTY: **711**. Giờ làm việc là từ 8 giờ sáng đến 8 giờ tối theo 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 nghỉ lễ), từ ngày 1 Tháng Tư đến 30 Tháng Chín.

יידיש (Yiddish) – אכטונג: שפראך-הילף, אינטערפרעטאציע-דינסטן, און צוגעהעריקע הילפס-מיטלען און סערוויסן זײַנען פֿאַראַן לויט אייער בקשה, אָן קיין קאָסטן פֿאַר אייך. די פֿאַראַנענע סערוויסן נעמען אַרײַן, אָבער זײַנען נישט באַגרענעצט צו: מינדלעכע איבערזעצונג, שריפטלעכע איבערזעצונג, און צוגעהעריקע הילפס-מיטלען. איר קענט פארלאנגען די סערוויסן און/אָדער צוגעהעריקע הילפס-מיטלען דורך רופן **1-833-727-2169**. מענטשן מיט אַ געהער־באַגרענעצונג קענען רופן TTY: **711**. די אַרבעטס-שעהן זענען 8 a.m. ביז 8 p.m. לאקאלע צייט, זיבן טעג אַ וואָך (אחוץ טהאַנקסגיווינג און ניטל) פון 1 אקטאבער ביז 31 מערץ, און מאנטיק ביז פרייטאג (חוץ פֿיערטעג) פון 1 אפריל ביז 30 סעפטעמבער.

IMPORTANT INFORMATION: 2026 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Anthem Blue Cross and Blue Shield - H2628

For 2026, Anthem Blue Cross and Blue Shield - H2628 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 1-844-612-7171 (toll-free) or 711 (TTY). Current members please call 1-833-727-2169 (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 Ohio Medicaid program. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-844-612-7171** TTY: **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit <https://shop.anthem.com/medicare> or call **1-844-612-7171** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

