Summary of Benefits

Summary of Benefits

Thank you for your interest in our Medicare Advantage plans

Anthem Blue Cross offers benefits to help support your health and help you manage your healthcare costs. This plan includes hospital and medical benefits, and prescription drug coverage.

Medicare Advantage and Part D

Plan year: January 1 – December 31, 2027

New York

Albany, Rensselaer, Saratoga, Schenectady counties

Anthem HealthPlus Full Dual Advantage (HMO D-SNP)

27NYH8432043 27_ABC_DSNP_1

Y0114_27_3021041_0179_U_M
H8432_043-000_NY_HMO D-SNP

1091005NYSENABC_0179

Anthem HealthPlus Full Dual Advantage (HMO D-SNP)

Our service area includes these counties in NY: Albany, Rensselaer, Saratoga, Schenectady.

Do you have questions?

You can learn more on our website, **shop.anthem.com/medicare**. Please call us toll-free at **1-844-671-5714** (TTY: **711**). Hours of operation: 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 Summary of Benefits does not list every covered service or rule.
The Evidence of Coverage includes full details. Call us to request a copy.

This is a Dual Eligible Special Needs Plan (D-SNP)

Anthem HealthPlus Full Dual Advantage (HMO D-SNP) is a Medicare Advantage plan. To join this plan, the following must apply to you†:

- You're entitled to Medicare Part A.
- You're enrolled in Medicare Part B and New York State Medicaid (the state's Medicaid program) or Anthem's Medicaid Managed Care plan.
- You live in our service area.

---

† This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Eligibility

To be enrolled in this plan, you must also receive some level of Medical Assistance from New York State Medicaid (the state Medicaid program) or Anthem's Medicaid Managed Care plan as described below:

Anthem HealthPlus Full Dual Advantage (HMO D-SNP)

- If you have **Full Medicaid coverage (Full Benefit Dual Eligible (FBDE))** status, you are eligible for the New York State Medicaid program or Anthem's Medicaid Managed Care plan. This may cover your share of Medicare costs, such as premiums for Part A and Part B, deductibles, coinsurance, and copayments.

- If you have **Qualified Medicare Beneficiary Plus (QMB+)** status, you are eligible for the New York State Medicaid program or Anthem's Medicaid Managed Care plan, which pays your Medicare premiums, deductibles, and cost sharing. You are also eligible to receive full Medicaid benefits.

Medicare coverage that goes beyond Original Medicare

- Medicare Advantage plans cover everything Original Medicare covers — Part A (hospital services) and Part B (medical services) — plus more.
- Medicare Advantage Prescription Drug Plans cover Medicare Part D drugs and Part B drugs.
- If Medicaid eligibility changes, your cost may also change. You must recertify your Medicaid enrollment to keep receiving your Medicare cost-sharing coverage.

Is your PCP in our plan's network of doctors?

If you need to change your primary care physician (PCP), give us a call and we'll help. Doctors can join or leave the network at any time, so check if they're in-network with our Find a Doctor tool online. Follow the steps listed.

How to find a doctor or provider in our plan:

- Go to **shop.anthem.com/medicare**
  1. Enter your ZIP code and county. Then select **View All Plans**.
  2. Select the **Medicare Advantage** or **Medicare Advantage Special Needs** tab.
  3. Select **Add Providers**.
  4. Enter your search details (doctor's name, specialty, or provider type).
  5. Check that the doctor or provider is **in your plan's network** for this plan.
- Or, ask for the Provider Directory. The phone number is on page 2.

Find a pharmacy

Our plans include the majority of pharmacies in America. Check the Pharmacy Directory to confirm your pharmacy is in-network. If your pharmacy is not in this plan, you could end up paying more for your drugs.

To confirm your pharmacy is in your plan's network (or to find a new one), go to **shop.anthem.com/medicare** to view the Pharmacy Directory. Enter your ZIP code and county, and then select **View All Plans.** Next, select **Medicare Advantage** or **Medicare Advantage Special Needs** tab and choose **Add Providers**. Select **Search for Pharmacies**, and enter your search details. Or you can call us and we'll send you the directory.

How to check if your prescriptions (or an acceptable alternative) are covered and what they may cost:

- Visit **shop.anthem.com/medicare**
  1. Enter your ZIP code and county. Then select **View All Plans**.
  2. Select the **Medicare Advantage** or **Medicare Advantage Special Needs** tab.
  3. Select **Add Drugs**.
  4. Enter your prescription details (drug name, dosage, quantity, refill frequency). Then **Add Drug**.
  5. To add another prescription, select **Add another drug**. When you're ready, select **Select Pharmacy.**
  6. Open **Plan Details.** Select the **Prescriptions** tab, and then select **Drug Cost** to see coverage and cost details.
- You can also call us at the number on page 2 for a copy of the Formulary.

For more information about Medicare, you can read the Medicare & You handbook. If you don't have a copy of this booklet, you can access it online at the Medicare website (medicare.gov/medicare-and-you) or request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Summary of 2027 medical benefits

Anthem HealthPlus Full Dual Advantage (HMO D-SNP)

How much is my premium (monthly payment)?

$0.00 per month

Your Part B premium is covered by your state's Medicaid agency for D-SNP enrollees.

How much is my deductible?

This plan does not have a medical deductible.

If you receive Extra Help from Medicare, the Part D deductible does not apply to you.

If you do not qualify for Extra Help, the deductible is **$700.00** per year for Part D prescription drugs. Drugs listed on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug and Tier 5: Specialty Tier are included in the Part D deductible.

The Part D deductible does not apply to Insulin drugs.

Is there a limit on how much I will pay for my covered medical services? (does not include Part D drugs)

$9,850.00 per year from doctors and facilities in our plan

Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Services you receive from doctors or facilities in our plan go toward your yearly limit. If you reach the limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for covered Part A and Part B services for the rest of the year.

Inpatient Hospital[1]

Facilities in our plan: **$0.00** copay per stay

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Outpatient Hospital[1]

Doctors and facilities in our plan: **$0.00** copay

Anthem HealthPlus Full Dual Advantage (HMO D-SNP)

Ambulatory Surgical Center[1]

Doctors and facilities in our plan: **$0.00** copay

Doctor's Office Visits

Primary care physician (PCP) visit:

PCPs in our plan: **$0.00** copay

Specialist visit:[1]

Doctors in our plan: **$0.00** copay

Preventive Care Screenings and Annual Physical Exams

Preventive care screenings:

Doctors in our plan: **$0.00** copay

Annual physical exam:

Doctors in our plan: **$0.00** copay

Preventive Care Screenings and Annual Physical Exams

Covered preventive care screenings:

- Abdominal aortic aneurysm screening
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)
- Cardiovascular disease screening tests
- Cervical and vaginal cancer screening
- Colorectal cancer screenings
- Depression screening
- Diabetes screening
- Diabetes self-management training, diabetic services, and supplies
- Health and wellness education programs
- HIV screening
- Immunizations
- Medical nutrition therapy
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screening and therapy to promote sustained weight loss
- Pre-exposure prophylaxis (PrEP) for HIV prevention
- Prostate cancer screening exams
- Screening and counseling to reduce alcohol misuse
- Screening for Hepatitis C Virus infection
- Screening for lung cancer with low dose computed tomography (LDCT)
- Screening for sexually transmitted infections (STIs) and counseling to prevent STIs
- Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- Vision care
- “Welcome to Medicare” preventive visit (one-time)

Any extra preventive services approved by Medicare during the contract year will be covered. When you use doctors in our plan, **100%** of the cost of preventive care screenings and annual physical exams will be covered.

Anthem HealthPlus Full Dual Advantage (HMO D-SNP)

Emergency Care

$0.00 copay

Emergency and Urgent Care Worldwide Coverage
$0.00 copay

This plan covers urgent care and emergency services, including emergency transportation, when traveling outside of the United States for less than six months. This benefit is limited to **$100,000** per year.

Urgently Needed Services

$0.00 copay

Diagnostic Services, Labs, and Imaging[1]

Diagnostic Radiology Services	
CT scans, MRI, MRA, PET at a physician's office or free-standing provider facilities in our plan:	**$0.00 copay**
CT scans, MRI, MRA, PET at hospital outpatient facilities in our plan:	**$0.00 copay**
Ultrasounds at a physician's office or free-standing provider facilities in our plan:	**$0.00 copay**
Ultrasounds at hospital outpatient facilities in our plan:	**$0.00 copay**

Anthem HealthPlus Full Dual Advantage (HMO D-SNP)

Diagnostic Services, Labs, and Imaging[1]

Diagnostic Tests and Procedures	
Physician's office or free-standing provider facilities in our plan:	**$0.00 copay**
Hospital outpatient facilities in our plan:	**$0.00 copay**
Lab Services	
Physician's office or free-standing provider facilities in our plan:	**$0.00 copay**
Hospital outpatient facilities in our plan:	**$0.00 copay**
Outpatient X-rays	
Physician's office in our plan:	**$0.00 copay**
Hospital outpatient facilities in our plan:	**$0.00 copay**
Free-standing facility or at-home portable X-ray services in our plan:	**$0.00 copay**

Anthem HealthPlus Full Dual Advantage (HMO D-SNP)

Diagnostic Services, Labs, and Imaging[1]

Therapeutic Radiology Services (such as radiation treatment for cancer) Physician's office, free-standing provider, or hospital outpatient facilities in our plan:	**$0.00 copay**

Hearing Services

Medicare-covered hearing services (Exam to diagnose and treat hearing and balance issues):[1]

Doctors in our plan: **$0.00** copay

Routine hearing services:[1]

This plan covers 1 routine hearing exam every year. **$300** maximum plan benefit for over-the-counter hearing aids OR 1 routine hearing aid fitting evaluation and a **$3,000** maximum plan benefit for prescribed hearing aids every year.

Doctors in our plan: **$0.00** copay for routine hearing exam(s). **$0.00** copay for hearing aids up to the maximum plan benefit amount.

Dental Services

Medicare-covered dental services (this does not include services for care, treatment, filling, removal or replacement of teeth):[1,2]

Doctors and dentists in our plan: **$0.00** copay

Preventive dental services:

Dentists in our plan: **$0.00** copay

This plan covers 2 oral exams (additional oral exams subject to plan limitation), 2 cleanings, fluoride treatments for members with qualifying medical conditions, and certain dental x-rays up to the plan's limitations every year. Please refer to **Chapter 4** in the plan's Evidence of Coverage for more details on covered dental services, limitations, and exclusions.

Comprehensive dental services:[1]

Doctors and dentists in our plan: **$0.00** copay

This plan covers comprehensive dental including Restorative Services, Endodontics, Periodontics, Implants, and other comprehensive dental services up to the plan's limitations. Prior-authorization applies to covered comprehensive services. Please reference the **Dental Services** section of your Evidence of Coverage for additional benefit information, limitations, and exclusions.

Please refer to Chapter 4 in the plan's Evidence of Coverage for more details on prior authorizations, covered dental services, limitations, and exclusions.

To find a dental provider in our plan, follow the same steps as the "How to find a doctor/PCP in our plan" box at the beginning of this booklet. Then select **Dental Provider** under **Provider Type**.

Vision Services

Medicare-covered vision services:

Exam to diagnose and treat diseases and conditions of the eye:

Doctors in our plan: **$0.00** copay

Eyeglasses or contact lenses after cataract surgery:

Doctors in our plan: **$0.00** copay

Routine vision services:

Routine vision exam:

This plan covers 1 routine eye exam(s) every year.

Doctors in our plan: **$0.00** copay

Routine eyewear (lenses and frames)**:**

This plan covers up to **$300** for eyeglasses or contact lenses every year.

Doctors in our plan: **$0.00** copay

To find a vision provider in our plan, follow the same steps as the "How to find a doctor/PCP in our plan" box at the beginning of this booklet. Then select **Vision Provider** under **Provider Type**.

Mental Health Care

Inpatient visit:[1]

Doctors and facilities in our plan: **$0.00** copay per stay

Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital.

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Outpatient individual and group therapy services:[1]

Doctors and facilities in our plan: **$0.00** copay

Skilled Nursing Facility (SNF)[1]

Doctors and facilities in our plan: **$0.00** copay per stay

Our plan covers up to 100 days in a Skilled Nursing Facility (SNF).

Physical Therapy[1]

Doctors and facilities in our plan: **$0.00** copay

Anthem HealthPlus Full Dual Advantage (HMO D-SNP)

Ambulance[1]

Ground/Water Ambulance:

Emergency transportation services in our plan: **$0.00** copay per trip

Air Ambulance:

Emergency transportation services in our plan: **$0.00** copay per trip

Transportation

Plan approved health related locations
You pay a **$0.00** copay. This plan offers coverage for 26, one-way, routine transportation services every year. Trips are limited to 60 miles.

Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by contracted transportation vendors in our plan. If you need a ride, call us at least 48 hours ahead of time (excluding weekends).

Medicare Part B Drugs

Insulin furnished through an insulin pump:

Drugs obtained from doctors and facilities in our plan: **$0.00** copay

Other Part B Drugs:[1]

Drugs obtained from doctors and facilities in our plan: **$0.00** copay

Chemotherapy drugs:[1]

Drugs obtained from doctors and facilities in our plan: **$0.00** copay

Additional benefits

Anthem HealthPlus Full Dual Advantage (HMO D-SNP)

Acupuncture

Medicare-covered acupuncture services:[1]

Providers in our plan: **$0.00** copay

Available for people with chronic low back pain under certain circumstances. Please see the Evidence of Coverage for more information.

Routine acupuncture services:[1]

Providers in our plan: **$0.00** copay per visit. This plan offers coverage for 24 visits every year.

Chiropractic Care[1]

Medicare-covered chiropractic services:

Providers in our plan: **$0.00** copay

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).

Diabetic Monitors, Supplies, and Services[1]

Continuous glucose monitors (CGMs) and sensors:
Suppliers in our plan: **$0.00** copay

Blood glucose monitors:
Suppliers in our plan: **$0.00** copay

Blood glucose test strips and lancets:
Suppliers in our plan: **$0.00** copay

Coverage limitations may apply. Please refer to your Evidence of Coverage for complete coverage details.

Everyday Options Allowance

This plan offers a spending allowance of **$170** every month for:

- **Assistive Devices:** ADA toilet seats, shower stools, hand-held shower heads, reaching devices, temporary wheelchair threshold ramps, and more.
- **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:

- **Healthy Foods:**[6] 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:**[6] 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.

Foot Care (podiatry services)[1]

Medicare-covered podiatry:

Doctors in our plan: **$0.00** copay

Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.

Routine foot care:

Doctors in our plan: **$0.00** copay

This plan covers: Unlimited routine foot care visits every year.

Healthy Meals - Post Discharge

$0.00 copay for up to 2 meals a day for 21 days (maximum 42 meals) following your discharge from the hospital or skilled nursing facility (SNF).

You must use network providers.

Home Health Care[1]

Doctors and facilities in our plan: **$0.00** copay

LiveHealth® Online

You pay a **$0.00** copay. 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.

Medical Equipment/Supplies

Durable Medical Equipment (wheelchairs, oxygen, etc.):[1]

Suppliers in our plan: **$0.00** copay

Medical supplies and prosthetic devices (braces, artificial limbs, etc.):[1]

Suppliers in our plan: **$0.00** copay

Anthem HealthPlus Full Dual Advantage (HMO D-SNP)

Outpatient Rehabilitation

Cardiac (heart) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period):[1]

Doctors and facilities in our plan: **$0.00** copay

Pulmonary (lung) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):[1]

Doctors and facilities in our plan: **$0.00** copay

Occupational therapy visit:[1]

Doctors and facilities in our plan: **$0.00** copay

Outpatient Substance Abuse[1]

Individual & Group therapy visit:

Doctors and facilities in our plan: **$0.00** copay

Personal Emergency Response System (PERS) coverage

You pay a **$0.00** copay for PERS coverage that includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you.

Renal Dialysis

Doctors and facilities in our plan: **$0.00** copay

SilverSneakers®†† Fitness program

You pay a **$0.00** copay for the SilverSneakers Fitness Program. 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 to 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.

24/7 Nurseline

You pay a **$0.00** copay for 24-hour access to a nurse line, seven days a week, 365 days a year.

Footnotes

Services with a 1 may need prior authorization (preapproval) from the plan.

Services with a 2 may need a referral from your doctor or Primary Care Physician (PCP).

Benefits with a 6: 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 Evidence of Coverage.

Summary of Medicaid-covered benefits

Services available through New York State Medicaid:

As a member of this Dual Eligible Special Needs Plan (D-SNP), you receive your Medicare-covered benefits through this plan. You also continue to receive Medicaid benefits for which you qualify through your state's Medicaid program.

Your Medicare and Medicaid benefits work together to help cover your health care needs. Medicaid may help pay Medicare premiums, deductibles, copayments, and coinsurance, depending on your Medicaid eligibility. Medicaid may also cover services that are not covered by Medicare. The benefits available to you depend on your Medicaid eligibility category and applicable state Medicaid rules.

This Summary of Benefits describes the Medicare-covered benefits available through this plan and identifies Medicaid-covered benefits where applicable. The Medicaid benefits shown reflect coverage available at the time this Summary of Benefits was published. In addition, if you are an IB-Dual program member enrolled with us, Anthem will provide many of these services to you. Medicaid benefits and cost-sharing protections may change during the year due to state or federal requirements.

For the most current information about your Medicaid benefits and cost-sharing protections, please contact Member Services or visit your state's Medicaid website at health.ny.gov/health_care/medicaid/.

- Adult day health care
- AIDS adult day health care
- Adult day health care
- Audiology, Hearing Aids Services & Products
- Buprenorphine Prescribers

- Consumer directed personal Assistance Services
- Court-ordered services
- Crisis intervention services
- Dental and Orthodontic services
- Durable Medical Equipment (DME)
- Emergency services including Post-Stabilization Care Services
- Emergency transportation
- EPSDT Services/Child Teen Health Program (C/THP)
- Experimental and /or Investigational Treatment
- Eye Care and Low Vision Services
- Family planning and reproductive health services
- Foot Care Services
- Home delivered meals
- Home Health Services
- Hospice
- Inpatient hospital services
- Inpatient Stay Pending Alternate Level of Medical Care
- Laboratory services
- LDSS Mandated SUD services
- Medical social services
- Mental Health Services (Excluding State Psychiatric Hospital, Residential Treatment Facilities (RTFs), Day Treatment)
- Midwifery services
- Non-emergency transportation
- Nurse practitioner services
- Observation services
- Personal care services
- Personal Emergency Response Services (PERS)
- Physician services

- Prescription and non-prescription (OTC) Drugs (covered by NYRx, the Medicaid pharmacy program), Medical Supplies, and Enteral Formula
- Preventative health services
- Private duty nursing services
- Prosthetic/Orthotic Services/Orthopedic Footwear
- Radiology services
- Rehabilitation services (not including Psychoscocial Rehabilitation (PSR)
- Renal Dialysis
- Residential Health Care Facility (Nursing Home) Services (RHCF)
- Second medical/surgical opinion
- Smoking cessation products
- SUD Inpatient Detoxification Services
- SUD Inpatient Rehabilitation and Treatment Services
- SUD Residential Addiction Treatment Services
- SUD Outpatient (Includes outpatient clinic; outpatient rehabilitations; and opioid treatment)
- SUD Medically Supervised Outpatient Withdrawal
- Tuberculosis Directly Observed Therapy

The categories above are not intended to be a complete list of benefits and are subject to the coverage and limitation policies listed in your Medicaid contract.

Cost sharing and cost-sharing protections for all members

You pay no cost sharing for the Medicare-covered benefits described in this Summary of Benefits. When you receive health services, the provider should not bill you. They should only bill the plan for those services and cost-sharing amounts.

If you receive care from a noncontracted provider, the provider may not understand the plan or these billing rules. If you receive a bill for Medicare-covered services, please call the Member Services phone number listed on your plan ID card.

New York's Integrated Benefit – Dually Eligible Enrollees Program (IB-Dual)

"Integrated Benefits for Dually Eligible Enrollees Program" or "IB-Dual" means a program that provides Medicaid and Medicare services for Dual Eligibles enrolled in Mainstream or HARP and also enrolled in an aligned D-SNP of the same organization.

While not an eligibility requirement for this plan, if you have both your Medicare and Medicaid from us, you are enrolled in the IB-Dual Program.

The IB-Dual Program covers all of your Medicare, New York Medicaid (Medicaid), and prescription drug benefits, including Medicare Part D, and extra benefits, in one health plan, with one Member Identification (ID) Card, and no copays for medical services or prescription drugs. An IB-Dual Program coordinates all of your care.

As an IB-Dual Program member, you do not lose any of your New York Medicaid Managed Care (MMC), Health and Recovery Plan (HARP) or Medicare benefits. Every service you have with New York Medicaid and Medicare is still available, along with access to some additional services.

Have Questions?

What you pay for covered services may depend on your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, please call: 1-800-541-2831, 8:00 a.m. - 8:00 p.m. ET, Monday - Friday, and Saturday from 9:00 a.m. - 1:00 p.m.. TTY users should call 1-800-662-1220.

Summary of 2027 prescription drug coverage

Anthem HealthPlus Full Dual Advantage (HMO D-SNP)

Stage 1: Yearly Deductible

If you receive Extra Help from Medicare, the Part D deductible does not apply to you.

If you do not qualify for Extra Help, the deductible is **$700.00** per year for Part D prescription drugs. Drugs listed on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug and Tier 5: Specialty Tier are included in the Part D deductible.

The Part D deductible does not apply to Insulin drugs.

Stage 2: Initial Coverage

After you pay your yearly deductible (if your plan has one), you move to the Initial Coverage Stage. In this stage, you pay the amounts listed in the table on the following pages, until your total year-to-date out-of-pocket costs reach **$2,400**.

You may get your covered drugs at retail pharmacies and mail-order pharmacies in our plan. Generally, you may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan.

Important message about what you pay for vaccines and insulin:
This plan covers most Part D vaccines at no cost to you. If you receive Extra Help, you pay **$0.00 - $14.40** for a one-month supply of any covered insulin. If you do not qualify for Extra Help, you will not pay more than **$35** for a one-month supply of any covered insulin.

Stage 2: Initial Coverage

Cost Sharing	Anthem HealthPlus Full Dual Advantage (HMO D-SNP)
Tier 1: Preferred Generic	
Standard retail one-month supply	**$0.00***
Mail order three-month supply[100]	**$0.00***
Tier 2: Generic	
Standard retail one-month supply	**$0.00 - $14.40 OR 25%‡**
Mail order three-month supply	**$0.00 - $14.40 OR 25%‡**
Tier 3: Preferred Brand	
Standard retail one-month supply	**$0.00 - $14.40 OR 25%‡**
Mail order three-month supply	**$0.00 - $14.40 OR 25%‡**
Tier 4: Non-Preferred Drug	
Standard retail one-month supply	**$0.00 - $14.40 OR 25%‡**
Mail order three-month supply	**$0.00 - $14.40 OR 25%‡**
Tier 5: Specialty Tier	
Standard retail one-month supply	**$0.00 - $14.40 OR 25%‡**
Mail order three-month supply	**Not available**

* Your deductible will not apply for these drugs.

‡ If you receive Extra Help, the amount you pay is determined by your Extra Help low-income subsidy (LIS) coverage and whether you use a generic or brand drug. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.

[100] The three-month supply for this tier on this plan is 100 days.

Stage 3: Catastrophic Coverage

During this stage, you pay nothing for your covered Part D drugs.

If you need emergency or urgent care, call 911 or go to the nearest doctor or facility that can help you. Most times, you must use doctors in our plan to receive covered medical care, except for emergencies and urgently needed care when doctors in our plan are not available, or dialysis services when you are out of the service area. If you receive routine care from doctors outside our plan, neither Medicare nor Anthem Blue Cross will pay for it.

Benefits with a 6: 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 Evidence of Coverage.

Discrimination is against the law. That's why we comply with applicable Federal civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, sex, age or disability.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Anthem Blue Cross is an HMO D-SNP plan with a Medicare contract and either a contract or a coordination of benefits agreement with the New York State Department of Health. Enrollment in Anthem Blue Cross depends on contract renewal. Services provided by Anthem HP, LLC. licensee of the Blue Cross Association, an association of independent Blue Cross plans. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

LANGUAGE ASSISTANCE

ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 877-269-5706 (TTY 711).	English
ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 877-269-5706 TTY 711).	Spanish
请注意：您可以免费获得语言协助服务和其他辅助服务。请致电 877-269-5706 (TTY 711)。	Chinese
ملاحظة: خدمات المساعدة اللغوية والمساعدات الأخرى المجانية متاحة لك. اتصل بالرقم 877-269-5706 (TTY 711).	Arabic
주의: 언어 지원 서비스 및 기타 지원을 무료로 이용하실 수 있습니다. 877-269-5706 (TTY 711) 번으로 연락해 주십시오.	Korean
ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика и другие виды помощи. Звоните по номеру 877-269-5706 (TTY 711).	Russian
ATTENZIONE: Sono disponibili servizi di assistenza linguistica e altri ausili gratuiti. Chiamare il 877-269-5706 (TTY 711).	Italian
ATTENTION : Des services d'assistance linguistique et d'autres ressources d'aide vous sont offerts gratuitement. Composez le 877-269-5706 (TTY 711).	French
ATANSYON: Gen sèvis pou bay asistans nan lang ak lòt èd ki disponib gratis pou ou. Rele 877-269-5706 (TTY 711).	French Creole
אכטונג: שפראך הילף סערוויסעס און אנדערע הילף, זענען אוועילעבל פאר אייך אומזיסט. רופט 877-269-5706 (TTY 711) .	Yiddish
UWAGA: Dostępne są bezpłatne usługi językowe oraz inne formy pomocy. Zadzwoń: 877-269-5706 (TTY 711).	Polish
ATENSYON: Available ang mga serbisyong tulong sa wika at iba pang tulong nang libre. Tumawag sa 877-269-5706 (TTY 711).	Tagalog
মনোযোগ নামূল্যে ভাষা সহায়তা পরিষেবা এবং অন্যান্য সাহায্য আপনার জন্য উপলব্ধ। 877-269-5706 (TTY 711) -এ ফোন করুন।	Bengali
VINI RE: Për ju disponohen shërbime asistence gjuhësore dhe ndihma të tjera falas. Telefononi 877-269-5706 (TTY 711).	Albanian
ΠΡΟΣΟΧΗ: Υπηρεσίες γλωσσικής βοήθειας και άλλα βοηθήματα είναι στη διάθεσή σας, δωρεάν. Καλέστε στο 877-269-5706 (TTY 711).	Greek
توجہ فرمائیں: زبان میں معاونت کی خدمات اور دیگر معاونتیں آپ کے لیے بلا معاوضہ دستیاب ہیں۔ کال کریں 877-269-5706 (TTY 711) ۔	Urdu

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 **1-844-671-5714** 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 **1-844-671-5714** 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.