

Summary of Benefits



Thank you for your interest in our Medicare Advantage plans

Anthem Blue Cross and Blue Shield 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

Virginia

Central, NOVA, Southwest, Tidewater Regions, other Virginia counties. Full service area on page 2.

Anthem Dual Advantage Plus (PPO D-SNP)

Anthem Dual Advantage Plus (PPO D-SNP)

Our service area includes these counties in VA: Albemarle, Alleghany, Amelia, Amherst, Appomattox, Augusta, Bath, Bedford, Bland, Botetourt, Bristol City, Brunswick, Buchanan, Buckingham, Buena Vista City, Campbell, Caroline, Carroll, Charles City, Charlotte, Charlottesville City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Culpeper, Cumberland, Danville City, Dickenson, Dinwiddie, Emporia City, Essex, Falls Church City, Fauquier, Floyd, Fluvanna, Franklin, Franklin City, Frederick, Fredericksburg City, Galax City, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City, Henrico, Henry, Highland, Hopewell City, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Lexington City, Loudoun, Louisa, Lunenburg, Lynchburg City, Madison, Manassas City, Manassas Park City, Martinsville City, Mathews, Mecklenburg, Middlesex, Montgomery, Nelson, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, Page, Patrick, Petersburg City, Pittsylvania, Poquoson City, Portsmouth City, Powhatan, Prince Edward, Prince George, Pulaski, Radford City, Rappahannock, Richmond, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Russell, Salem City, Scott, Shenandoah, Smyth, Southampton, Spotsylvania, Stafford, Staunton City, Suffolk City, Surry, Sussex, Tazewell, Virginia Beach City, Warren, Washington, Waynesboro City, Westmoreland, Williamsburg City, Winchester City, Wise, Wythe, York.

Do you have questions?

You can learn more on our website, **shop.anthem.com/medicare**. Please call us toll-free at **1-844-618-1917** (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 Preferred Provider Organization Dual-Eligible Special Needs Plan (PPO D-SNP)

Anthem Dual Advantage Plus (PPO 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 Virginia Medicaid (the state's Medicaid program).
- You live in our service area.

Eligibility

To be enrolled in this plan, you must also receive some level of Medical Assistance from Virginia Medicaid (the state Medicaid program) as described below:

Anthem Dual Advantage Plus (PPO D-SNP)

- If you have **Qualified Medicare Beneficiary (QMB)** status, you are eligible for the Virginia Medicaid program, which pays your Medicare premiums, deductibles, and cost sharing, except for Medicare Part D.

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.

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

- 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 use a doctor in our plan, your costs will be lower. A doctor can join or leave this plan 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](https://www.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 Dual Advantage Plus (PPO 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 **\$105.00** per year for Part D prescription drugs. Drugs listed on 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.

Anthem Dual Advantage Plus (PPO D-SNP)

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

\$14,800.00 per year from doctors or facilities both in and out of 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, both in and out of 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 (in or outside of our plan) for the rest of the year.

Inpatient Hospital¹

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

Facilities not 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.

Anthem Dual Advantage Plus (PPO D-SNP)

Outpatient Hospital¹

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

Doctors and facilities not in our plan: **\$0.00** copay

Ambulatory Surgical Center¹

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

Doctors and facilities not in our plan: **\$0.00** copay

Doctor's Office Visits

Primary care physician (PCP) visit:

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

PCPs not in our plan: **\$0.00** copay

Specialist visit:¹

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

Doctors not in our plan: **\$0.00** copay

Anthem Dual Advantage Plus (PPO D-SNP)

Preventive Care Screenings and Annual Physical Exams

Preventive care screenings:

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

Doctors not in our plan: **\$0.00** copay

Preventive Part B immunizations obtained from doctors in our plan or doctors not in our plan: **\$0.00** copay

Annual physical exam:

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

Doctors not in our plan: **\$0.00** copay

Anthem Dual Advantage Plus (PPO D-SNP)

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 Dual Advantage Plus (PPO 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 Imaging¹

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 Dual Advantage Plus (PPO D-SNP)

Diagnostic Services, Labs, and Imaging¹

Physician's office, free-standing provider or hospital outpatient facilities not in our plan:

\$0.00 copay

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

Physician's office, free-standing provider or hospital outpatient facilities not 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

Physician's office, free-standing provider or hospital outpatient facilities not in our plan:

\$0.00 copay

Anthem Dual Advantage Plus (PPO D-SNP)

Diagnostic Services, Labs, and Imaging ¹	
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
Physician’s office, free-standing provider or hospital outpatient facilities not in our plan:	\$0.00 copay
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
Physician’s office, free-standing provider or hospital outpatient facilities not in our plan:	\$0.00 copay

Anthem Dual Advantage Plus (PPO D-SNP)

Hearing Services

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

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

Doctors not in our plan: **\$0.00** copay

Routine hearing services:¹

This plan covers 1 routine hearing exam up to a **\$59** maximum plan benefit 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.

Doctors not in our plan: **\$0.00** copay for routine hearing exam(s). **\$0.00** copay for prescription or OTC hearing aids.

Anthem Dual Advantage Plus (PPO D-SNP)

Dental Services

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

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

Doctors and dentists not in our plan: **\$0.00** copay

Preventive and Comprehensive¹ Dental Combined Allowance:

This plan covers up to a **\$2,250** allowance for covered preventive and comprehensive dental services every year.

Any amount not used at the end of the plan year will expire.

Preventive dental services:

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

Dentists not in our plan: **\$0.00** copay

This plan covers 2 oral exams, 2 cleanings, 2 fluoride treatments, and 2 dental X-rays every year.

Comprehensive dental services:

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

Doctors and dentists not in our plan: **\$0.00** copay

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**.

Anthem Dual Advantage Plus (PPO D-SNP)

Vision Services

Medicare-covered vision services:

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

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

Doctors not in our plan: **\$0.00** copay

Eyeglasses or contact lenses after cataract surgery:

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

Doctors not in our plan: **\$0.00** copay

Routine vision services:

Routine vision exam:

This plan covers 1 routine eye exam(s) every year. **\$69** maximum eye exam coverage amount.

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

Doctors not in our plan: **\$0.00** copay

Routine eyewear (lenses and frames):

This plan covers up to **\$325** for eyeglasses or contact lenses every year.

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

Doctors not 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**.

Anthem Dual Advantage Plus (PPO D-SNP)

Mental Health Care

Inpatient visit:¹

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

Doctors and facilities not 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

Doctors and facilities not in our plan: **\$0.00** copay

Skilled Nursing Facility (SNF)¹

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

Doctors and facilities not in our plan: **\$0.00** copay per stay

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

Anthem Dual Advantage Plus (PPO D-SNP)

Physical Therapy¹

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

Doctors and facilities not in our plan: **\$0.00** copay

Ambulance¹

Ground/Water Ambulance:

Emergency transportation services in and out of our plan: **\$0.00** copay per trip

Air Ambulance:

Emergency transportation services in and out of our plan: **\$0.00** copay per trip

Transportation

Plan approved health related locations

\$0.00 copay. This plan offers coverage for 24, one-way, routine transportation services every year. Trips are limited to 60 miles.

If you use a transportation provider not in our plan, you pay **\$0.00** copay.

Routine transportation coverage is limited to plan-approved locations (within the local service area). If you need a ride, call us or your transportation vendor at least 48 hours ahead of time (excluding weekends).

Before you schedule a ride from a transportation vendor not in our plan, please call us. We can help you schedule a ride from a transportation vendor in our plan.

Anthem Dual Advantage Plus (PPO D-SNP)

Medicare Part B Drugs

Insulin furnished through an insulin pump:

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

Drugs obtained from doctors and facilities not in our plan: **\$0.00** copay

Other Part B Drugs:¹

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

Drugs obtained from doctors and facilities not in our plan: **\$0.00** copay

Chemotherapy drugs:¹

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

Drugs obtained from doctors and facilities not in our plan: **\$0.00** copay

Additional benefits

Anthem Dual Advantage Plus (PPO D-SNP)

Acupuncture

Medicare-covered acupuncture services:¹

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

Providers not 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.

Chiropractic Care¹

Medicare-covered chiropractic services:

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

Providers not 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).

Anthem Dual Advantage Plus (PPO D-SNP)

Diabetic Monitors, Supplies, and Services¹

Continuous glucose monitors (CGMs) and sensors:

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

Suppliers not in our plan: **\$0.00** copay

Blood glucose monitors:

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

Suppliers not in our plan: **\$0.00** copay

Blood glucose test strips and lancets:

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

Suppliers not 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 **\$75** every month for:

- **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.

Unused amounts expire at the end of each month.

Anthem Dual Advantage Plus (PPO D-SNP)

Foot Care (podiatry services)¹

Medicare-covered podiatry:

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

Doctors not 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

Doctors not in our plan: **\$0.00** copay

This plan covers: 4 routine foot care visit(s) every year.

Healthy Meals - Post Discharge

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

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

Providers not in our plan: **\$5.00** copay. The maximum value for every covered meal is **\$10**.

Home Health Care¹

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

Doctors and facilities not in our plan: **\$0.00** copay

Anthem Dual Advantage Plus (PPO D-SNP)

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

Suppliers not in our plan: **\$0.00** copay

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

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

Suppliers not in our plan: **\$0.00** copay

Anthem Dual Advantage Plus (PPO 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

Doctors and facilities not 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

Doctors and facilities not in our plan: **\$0.00** copay

Occupational therapy visit:¹

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

Doctors and facilities not in our plan: **\$0.00** copay

Outpatient Substance Abuse¹

Individual & Group therapy visit:

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

Doctors and facilities not in our plan: **\$0.00** copay

Anthem Dual Advantage Plus (PPO D-SNP)

Personal Emergency Response System (PERS) coverage

Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you.

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

Providers not in our plan: **\$0.00** copay

Renal Dialysis

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

Doctors and facilities not in our plan: **\$0.00** copay

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.

Facilities in our plan: **\$0.00** copay

Facilities not in our plan: **\$0.00** copay. The maximum value for a monthly fitness membership is **\$40**.

†† 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.

Anthem Dual Advantage Plus (PPO D-SNP)

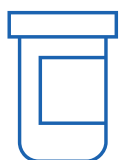
24/7 Nurseline

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.

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 2027 prescription drug coverage

Anthem Dual Advantage Plus (PPO 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 **\$105.00** per year for Part D prescription drugs. Drugs listed on 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 Dual Advantage Plus (PPO D-SNP)
Tier 1: Preferred Generic Standard retail one-month supply Mail order three-month supply ¹⁰⁰	\$0.00* \$0.00*
Tier 2: Generic Standard retail one-month supply Mail order three-month supply	\$0.00* \$0.00*
Tier 3: Preferred Brand Standard retail one-month supply Mail order three-month supply	\$0.00 - \$14.40 OR 25%‡ \$0.00 - \$14.40 OR 25%‡
Tier 4: Non-Preferred Drug Standard retail one-month supply Mail order three-month supply	\$0.00 - \$14.40 OR 25%‡ \$0.00 - \$14.40 OR 25%‡
Tier 5: Specialty Tier Standard retail one-month supply Mail order three-month supply	\$0.00 - \$14.40 OR 32%‡ 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.

Out-of-network/non-contracted providers are under no obligation to treat Anthem Dual Advantage Plus (PPO D-SNP) members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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 and Blue Shield 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 and Blue Shield is a PPO D-SNP plan with a Medicare contract and a contract with the Virginia Medicaid Program. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal. Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. Anthem Blue Cross and Blue Shield is an independent licensee of the Blue Cross Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

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

English – ATTENTION: If you need help in your language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-844-671-5716** (TTY: **711**). Hours of operation are 8 a.m. to 8 p.m. local time, seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Español (Spanish) – ATENCIÓN: Si necesita ayuda en su idioma, tiene a su disposición servicios gratuitos de asistencia en otros idiomas. También puede obtener ayudas y servicios auxiliares adecuados gratuitos para proporcionar información en formatos accesibles. Llame al número de teléfono indicado anteriormente. El horario de atención es de 8 a.m. a 8 p.m. hora local, los siete días de la semana (excepto el Día de Acción de Gracias y Navidad) desde el 1.º de octubre hasta el 31 de marzo, y de lunes a viernes (excepto los días feriados) desde el 1.º de abril hasta el 30 de septiembre.

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

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

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

简体中文 (Chinese Simplified) – 注意: 如果您在您的语言方面需要帮助, 我们可以为您提供免费的语言协助服务。我们还免费提供适当的辅助工具和服务, 以可访问的格式提供信息。请拨打上面列出的电话号码。营业时间: 10月1日至3月31日, 每周七天(感恩节和圣诞节除外), 4月1日至9月30日, 周一至周五(节假日除外), 当地时间上午8时至晚上8时。

繁體中文 (Chinese Traditional) – 注意: 如果您在您的語言方面需要協助, 我們可以為您提供免費的語言協助服務。我們還免費提供適當的輔助工具 and 服務, 以無障礙格式提供資訊。請撥打上面列出的電話號碼。營業時間: 10月1日至3月31日, 每週七天(感恩節和耶誕節除外), 4月1日至9月30日, 週一至週五(節假日除外), 當地時間上午8時至晚上8時。

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

Français (French) – ATTENTION : Si vous avez besoin d'aide dans votre langue, des services gratuits d'assistance linguistique sont disponibles. Des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le numéro de téléphone mentionné ci-dessus. Les heures d'ouverture sont de 8h à 20h, heure locale, sept jours sur sept (sauf Thanksgiving et Noël) du 1er octobre au 31 mars, et du lundi au vendredi (sauf jours fériés) du 1er avril au 30 septembre.

हिंदी (Hindi) – ध्यान दें: यदि आपको अपनी भाषा में सहायता चाहिए, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। पहुँच योग्य प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। ऊपर दिए गए फ़ोन नंबर पर कॉल करें। कामकाज के घंटे, 1 अक्टूबर से 31 मार्च तक सप्ताह के सातों दिन (थैंक्सगिविंग और क्रिसमस को छोड़कर), और 1 अप्रैल से 30 सितंबर तक सोमवार से शुक्रवार (छुट्टियों को छोड़कर), स्थानीय समय अनुसार सुबह 8 बजे से रात 8 बजे तक हैं।

한국어(Korean) – 주의: 귀하의 언어로 도움이 필요하신 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 대체 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 제공됩니다. 위의 전화 번호로 전화해 주십시오. 운영 시간은 현지 시간 오전 8시부터 오후 8시까지이며 10월 1일부터 3월 31일까지는 주 7일(추수 감사절과 성탄절은 제외) 내내, 4월 1일부터 9월 30일까지는 월요일부터 금요일까지(휴일은 제외)입니다.

ພາສາລາວ (Laotian) – ເອົາໃຈໃສ່: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ນອກຈາກນີ້ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມທີ່ເໝາະສົມໃນການໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທຫາເບີໂທລະສັບທີ່ລະບຸໄວ້ຂ້າງເທິງ. ເວລາເຮັດວຽກແມ່ນ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ ຕາມເວລາໃນທ້ອງຖິ່ນ, ເຈັດມື້ຕໍ່ອາທິດ (ຍົກເວັ້ນວັນຂອບໃຈພະເຈົ້າ ແລະ ວັນຄຣິດສະມາດ) ຕັ້ງແຕ່ວັນທີ 1 ຕຸລາ ຫາ ວັນທີ 31 ມີນາ, ແລະ ວັນຈັນ ເຖິງ ວັນສຸກ (ຍົກເວັ້ນວັນພັກ) ຕັ້ງແຕ່ວັນທີ 1 ເມສາ ຫາ 30 ກັນຍາ.

मराठी (Marathi) – लक्ष द्या: जर तुम्हाला तुमच्या भाषेत मदतीची गरज असेल, तर तुमच्यासाठी मोफत भाषा सहाय्यता सेवा उपलब्ध आहेत. सुलभ स्वरूपात माहिती देण्यासाठी योग्य पूरक साधने आणि सेवा देखील विनामूल्य उपलब्ध आहेत. वर नमूद फोन नंबर वर कॉल करा. कामकाजाची वेळ 1 ऑक्टोबर ते 31 मार्च पर्यंत स्थानिक वेळेनुसार सकाळी 8 ते रात्री 8, आठवड्याचे सातही दिवस (थँक्सगिव्हिंग आणि ख्रिसमस वगळून) आणि 1 एप्रिल ते 30 सप्टेंबर पर्यंत सोमवार ते शुक्रवार (सुट्ट्या वगळून) आहे.

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

Русский (Russian) – ВНИМАНИЕ: Если вам нужна помощь на вашем языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Позвоните по вышеуказанному номеру телефона. Часы работы: с 08:00 до 20:00 в любой день недели (кроме Дня благодарения и Рождества) с 1 октября по 31 марта и с понедельника по пятницу (кроме праздничных дней) с 1 апреля по 30 сентября.

Soomaali (Somali) – FIIRO GAAR AH: Haddii aad caawin ugu baahan tahay luuqadaada, adeegyada caawinta luuqada oo bilaash ah ayaa lagu heli karaa. Gargaarada maqalka ku haboon iyo adeegyo lagu bixiyo warbixin qaabab la heli karo ayaa sidoo kale lagu helayaa si bilaash ah. Soo wac lambarka taleefonka kor ku qoran. 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.

Tagalog (Tagalog) – PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, mayroong available na mga libreng serbisyo sa tulong sa wika para sa iyo. Ang naaangkop na mga karagdagang tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay available rin nang walang bayad. Tawagan ang numero ng telepono na nakalista sa itaas. Ang mga oras ng opisina ay 8 a.m. hanggang 8 p.m., lokal na oras, pitong araw sa isang linggo (maliban sa Thanksgiving at Pasko) mula Oktubre 1 hanggang Marso 31, at Lunes hanggang Biyernes (maliban sa mga holiday) mula Abril 1 hanggang Setyembre 30.

తెలుగు (Telugu) – గమనిక: మీకు మీ భాషలో సహాయం అవసరమైతే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉన్నాయి. అందుబాటులో ఉన్న ఫారాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక పరికరాలు, సేవలు కూడా ఉచితంగా లభిస్తాయి. పైన పేర్కొన్న ఫోన్ నంబర్ కు కాల్ చేయండి. పని వేళలు అక్టోబర్ 1 నుండి మార్చి 31 వరకు వారానికి ఏడు రోజులు (థంర్స్ గివింగ్, క్రిస్మస్ మినహా) పాటు, ఏప్రిల్ 1 నుండి సెప్టెంబర్ 30 వరకు సోమవారం నుండి శుక్రవారం వరకు (సిలవులు మినహా) స్థానిక సమయం ఉదయం 8 గంటల నుండి రాత్రి 8 గంటల వరకు.

ภาษาไทย (Thai) – หมายเหตุ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ เรามีบริการช่วยเหลือด้าน ภาษาฟรีสำหรับคุณ นอกจากนี้ยังมีความช่วยเหลือและบริการเสริมที่เหมาะสม เพื่อให้ข้อมูลในรูปแบบที่เข้าถึง ได้โดยไม่เสียค่าใช้จ่ายอีกด้วย โทรไปยังหมายเลขโทรศัพท์ที่ระบุไว้ด้านบน เวลาทำการคือ 08.00 น. ถึง 20.00 น. ตามเวลาท้องถิ่น เจ็ดวันต่อสัปดาห์ (ยกเว้นวันขอคุณพระเจ้าและวันคริสต์มาส) ตั้งแต่วันที่ 1 ตุลาคม ถึง 31 มีนาคม และวันจันทร์ถึงวันศุกร์ (ยกเว้นวันหยุด) ตั้งแต่วันที่ 1 เมษายน ถึง 30 กันยายน

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

Tiếng Việt (Vietnamese) – CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, các dịch vụ hỗ trợ ngôn ngữ miễn phí luôn sẵn sàng phục vụ quý vị. Các dịch vụ và hỗ trợ phụ trợ thích hợp cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi số điện thoại nêu trên. Giờ làm việc từ 8 giờ sáng đến 8 giờ tối, giờ địa phương, bảy ngày một tuần (trừ Lễ Tạ ơn và Giáng sinh) từ ngày 1 Tháng Mười đến 31 Tháng Ba, và Thứ Hai đến Thứ Sáu (trừ các ngày lễ), từ ngày 1 Tháng Tư đến 30 Tháng Chín.

IMPORTANT INFORMATION: 2026 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Anthem Blue Cross and Blue Shield - H2441

For 2026, Anthem Blue Cross and Blue Shield - H2441 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 1-844-618-1917 (toll-free) or 711 (TTY). Current members please call 1-833-824-1358 (toll-free) or 711 (TTY).

Anthem Blue Cross and Blue Shield is a PPO D-SNP plan with a Medicare contract and a contract with the Virginia 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 **1-844-618-1917** TTY: **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit <https://shop.anthem.com/medicare> or call **1-844-618-1917** 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).
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.

☐

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.