Summary of Benefits

Anthem

Medicare Advantage and Part D

Plan year: January 1 – December 31, 2019

California

Ventura county

Anthem MediBlue Dual Advantage (HMO SNP)

19CAH0544055

Thank you for your interest in our Medicare Advantage plans

Anthem Blue Cross offers a variety of benefits designed to help keep you healthy while protecting you from unexpected medical and drug costs. This booklet tells you what we cover, what you may pay and more.

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Anthem MediBlue Dual Advantage (HMO SNP)

Our service area includes the following counties: Ventura

Have questions?

- If you **are not** a member of our plan, please call us toll-free **1-844-250-2336** (TTY: **711**), and follow the instructions to be connected to a representative.
- If you **are** a member of our plan, please call us toll-free at **1-888-230-7338** (TTY: **711**). We are open 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 learn more about us on our website at **https://shop.anthem.com/medicare/ca**.

While the Summary of Benefits does not include every service, limit or exclusion, the *Evidence of Coverage* does. Just give us a call to request a copy.

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

Anthem MediBlue Dual Advantage (HMO SNP) is a Medicare Advantage and prescription drug plan. It includes hospital, medical and prescription drug benefits in one plan. To join this plan, you must[1]:

- Be entitled to Medicare Part A,
- Enrolled in Medicare Part B and Medi-Cal and
- Live in our service area.

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

Eligibility

Anthem MediBlue Dual Advantage (HMO SNP) is available to anyone with both Medicare Parts A and B and who receives Medical Assistance from the state Medicaid program to cover Medicare cost sharing.

- Anthem MediBlue Dual Advantage (HMO SNP) members with **Qualified Medicare Beneficiary (QMB)** status are covered by the Medi-Cal program for their Medicare cost sharing. Some QMB members are also eligible for full Medicaid benefits (QMB+).
- Anthem MediBlue Dual Advantage (HMO SNP) plan members with **full Medicaid coverage (Full Benefit Dual Eligible (FBDE))** status are enrolled in the Medi-Cal program that pays their Medicare cost sharing. These members are also eligible to receive the additional Medicaid benefits described in the plan Evidence of Coverage.

Cost sharing and cost-sharing protections for all members

In an Anthem MediBlue Dual Advantage (HMO SNP) plan, the state Medicaid program pays the cost sharing for Medicare-covered medical services you receive. You pay no cost sharing for the Medicare-covered benefits described later in this Summary of Benefits. You will pay small copayments for prescriptions covered under the Medicare Part D prescription drug benefit. When you receive health services, the provider should only bill Anthem MediBlue Dual Advantage (HMO SNP) for the cost of those services and cost-sharing amounts. The provider should not bill you for services or cost sharing.

If you receive care from a non-contracted provider, the provider may not understand Anthem MediBlue Dual Advantage (HMO SNP) or these billing rules. If you receive a bill from a provider for Medicare-covered services, please notify Customer Service so we can help you. Please see Chapter 7 of your Anthem MediBlue Dual Advantage (HMO SNP) *Evidence of Coverage* for more information.

Medicare coverage that goes beyond Original Medicare

- Like all Medicare Advantage health plans, we cover everything that Original Medicare covers — Part A (hospital services) and Part B (medical services). Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are covered in this Summary of Benefits.
- This plan covers Medicare Part D drugs and Part B drugs (such as chemotherapy and some drugs administered by your provider). To see if your prescription drugs are covered, follow the instructions in the "Know Your Drug Plan" section of this booklet.

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

You must choose a **P**rimary **C**are **P**rovider (PCP) in our network (plan) for covered services.[2] A PCP is your main doctor who provides most of your medical care, including routine care and hospitalizations. Your PCP will also help coordinate your care after a stay in the hospital. If you use a doctor or facility that is not in our plan, we may not cover the services.

Before you get care from a specialist, we highly recommend you talk to your PCP first. Doing so will keep your PCP informed and will help ensure you get the right care. Many specialist services require a referral from your PCP. So if you have a favorite specialist, make sure to ask if the specialist is in the plan's network.

A PCP can join or leave the plan's network at any time, so be sure to ask the PCP if he or she is in the plan's network, taking new patients and accepts Medicare and Medicaid. You can find a PCP in the plan's network or check the PCP status online. Just follow the steps below. If, for any reason, you need to change your PCP, give us a call – we can help you.

[2] 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 get 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 get routine care from doctors outside our plan, neither Medicare nor Anthem Blue Cross will pay for it.

How to find a doctor/PCP in our plan:

- Go to **https://shop.anthem.com/medicare/ca**.
  1. Scroll to the *Useful Tools* section and choose the tab labeled **Find a Doctor**.
  2. Enter your ZIP code, county and the date you want your coverage to begin and select **Continue**.
  3. Fill in the details of your search (city, doctor's name, distance, etc.).
  4. Be sure to check that the doctor displays as "In-Network" for these plans.
- Or you can call us and ask for a copy of the *Provider Directory*. The phone number is on page 2.

Know your drug plan

Prescription drugs are an important part of health and wellness

Our plan gives you access to the drugs you need to get healthy and stay active.

What is a formulary?

The formulary is a list of drugs covered by our plan that tells you:

- Which drugs require prior authorization from your plan before you fill your prescription,
- If there is a quantity limit on the frequency, amount or dosage,
- If you need to try other drugs first (called step therapy),
- And the cost-sharing tier a drug is in.

Our plan groups each drug into "tiers." The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Learn more by going to the "Summary of 2019 prescription drug coverage" section in this guide.

How to find if your drugs (or an acceptable alternative) are covered and what they'll cost:

- Visit **https://shop.anthem.com/medicare/ca**.
  1. Scroll to the *Useful Tools* section and choose the tab labeled **Find Your Covered Drugs**.
  2. Enter your ZIP code, county and beginning coverage date; then select **Continue**.
  3. Enter the name of your drug, dosage, quantity and refill frequency, and select **Add Drug**.
  4. Select your pharmacy.
  5. Select **View All Plans**.
  6. Make sure to choose **Show drug cost details** to view what tier your drugs are in, specific costs and coverage details.
- You can also call Customer Service at the number on page 2 to get a copy of the *Formulary*.

Can I use any pharmacy to fill my covered prescriptions?

To get the best savings on your covered Part D drugs, you must generally use a pharmacy in our plan. You may get your covered drugs from pharmacies that are **not** in our plan, but only when you are unable to get your prescription drugs from a pharmacy that **is** in our plan.

Our plan offers preferred and standard pharmacies. You may go to either type of pharmacy to fill your covered prescription drugs. Your costs will be the same if you use a preferred or standard pharmacy.

To find a pharmacy in our plan, see our online *Pharmacy Directory* on our website at **https://shop.anthem.com/medicare/ca** (under *Useful Tools*, select **Find a Pharmacy**, and enter your location and search details). Preferred pharmacies are indicated above the pharmacy name. Or you can give us a call and we'll send you a copy.

Summary of 2019 medical benefits

On the following pages, you can review more about our plan benefits to help you choose the right plan for you. If you want to compare our plan with other Medicare health plans, call and ask the other plans for a copy of their Summary of Benefits.

Be in the know

Before you continue, here are some important things to know as you review our plan benefits:

- Services listed on the following pages with a [1] may require prior authorization (pre-approval).

Anthem MediBlue Dual Advantage (HMO SNP)

How much is my premium (monthly payment)?

$0.00 per month

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.

The Stage 1 Part D deductible does not apply to you because you get Extra Help from Medicare.

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

$6,700 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 get from doctors or facilities in our plan, goes toward the 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 our plan) for the rest of the year.

Inpatient Hospital[1]

Facilities in our plan: $0.00 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. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Anthem MediBlue Dual Advantage (HMO SNP)
Outpatient Hospital [1]
Doctors and facilities in our plan: $0.00 copay
Doctor's Office Visits[1]
Primary care physician (PCP) visit:
PCPs in our plan: $0.00 copay
Specialist visit:
Doctors in our plan: $0.00 copay
Note: We highly recommend you talk to your PCP first, before you get care from a specialist.
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 - continued

Covered Preventive care screenings:

- Abdominal aortic aneurysm screening
- Annual "wellness" visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes prevention program
- Diabetes screenings and monitoring
- Hepatitis C Screening
- High Intensity Behavioral Counseling
- HIV screening
- Lung cancer screenings
- Medical nutrition therapy services
- Obesity screenings and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including flu shots, hepatitis B shots, pneumococcal shots
- "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 this plan, 100% of the cost of preventive care screenings and annual physical exams are covered.

Emergency Care

$0.00 copay

This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to $25,000.00 per year for worldwide emergency services. $0.00 copay

Anthem MediBlue Dual Advantage (HMO SNP)

Urgently Needed Services

$0.00 copay

Diagnostic Radiology Services (such as MRIs, CT scans)[1]

Doctors and facilities in our plan: $0.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Diagnostic Tests and Procedures[1]

Doctors and facilities in our plan: $0.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Lab Services[1]

Doctors and facilities in our plan: $0.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Outpatient X-rays[1]

Doctors and facilities in our plan: $0.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Anthem MediBlue Dual Advantage (HMO SNP)

Therapeutic Radiology Services (such as radiation treatment for cancer)[1]

Doctors and facilities in our plan: $0.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Hearing Services[1]

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

Doctors in our plan: $0.00 copay

Routine hearing services:

This plan covers 1 routine hearing exam(s) and hearing aid fitting/evaluation(s) every year. $3,000.00 maximum plan benefit for hearing aids every year.

Doctors in our plan: $0.00 copay for routine hearing exam(s). $0.00 copay for hearing aids.

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Dental Services

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

Doctors and dentists in our plan: $0.00 copay

Dental Services - continued

Preventive dental services:

This plan covers: 2 oral exam(s), 2 cleaning(s), 1 dental X-ray(s), 1 fluoride treatment(s) every year.

Dentists in our plan: $0.00 copay

Comprehensive dental services:

This plan covers up to a $600.00 allowance for comprehensive dental services every quarter.

Doctors and dentists in our plan: $0.00 copay

We cover more dental care than what Original Medicare covers. You can use our coverage for these services and more: extra exams, cleanings, X-rays, fillings and repairs, root canals (endodontics), dental crowns (caps), bridges and implants, and dentures.

Any amount not used at the end of a quarter will carry over to the next quarter. Any amount not used at the end of the calendar year will expire.

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

Vision Services - continued

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 $50.00 for eyeglasses or contact lenses every year.

Doctors in our plan: $0.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Mental Health Care

Inpatient visit:[1]

Doctors and facilities in our plan: $0.00 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. But 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

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Anthem MediBlue Dual Advantage (HMO SNP)
Skilled Nursing Facility (SNF)[1]
Doctors and facilities in our plan: $0.00 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
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
Not Covered
Medicare Part B Drugs[1]
Other Part B Drugs:
Drugs in our plan: $0.00 copay
Chemotherapy drugs:
Drugs in our plan: $0.00 copay

More benefits and ways we support your health

Anthem MediBlue Dual Advantage (HMO SNP)

Acupuncture

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

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

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).

Routine chiropractic services:

Providers in our plan: $0.00 copay for 24 visits each year.

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Enhanced Drug Coverage

Our plan offers additional coverage of some prescription drugs not normally covered in a Medicare prescription drug plan. Covered drugs include:

- Sildenafil. Limit 4 tablets per month.

Please refer to your Tier 1: Preferred Generic copay later in this Summary of Benefits for how much you will pay. Your plan's *Formulary* includes additional information about all drugs covered under this benefit.

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.

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Routine foot care:

Doctors in our plan: $0.00 copay

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

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Home Health Care[1]

Doctors and facilities in our plan: $0.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

LiveHealth Online

Lets you talk to a board-certified doctor, or licensed psychologist or therapist, by live, two-way video on a computer, smartphone or tablet.
Please refer to the *Evidence of Coverage* for additional information.

Anthem MediBlue Dual Advantage (HMO SNP)

Medical Equipment/Supplies[1]

Durable Medical Equipment (wheelchairs, oxygen, etc.):

Suppliers in our plan: $0.00 copay

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

Suppliers in our plan: $0.00 copay

Diabetic supplies and services:[1]

Suppliers in our plan: $0.00 copay

Medicare Community Resource Support

We assist you right over the phone by providing you with health-related information and by connecting you to local community-based services and support programs. We'll help you coordinate these services based on your unique needs.

Outpatient Rehabilitation[1]

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):

Doctors and facilities in our plan: $0.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Outpatient Rehabilitation[1] - continued

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

Doctors and facilities in our plan: $0.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Occupational therapy visit:

Doctors and facilities in our plan: $0.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Outpatient Substance Abuse[1]

Individual & Group therapy visit:

Doctors and facilities in our plan: $0.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Outpatient Surgery[1]

Ambulatory surgical center:

Doctors and facilities in our plan: $0.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Over-the-Counter Items

This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to $20 every quarter. Unused OTC amounts do roll over to the next quarter. Unused OTC amounts do not roll over to the next calendar year.

There are many ways to access your benefit:

- Shop online or use the mobile app and have items sent to your home or to a store location near you for pickup
- Shop at more than 4,600 Walmart and Neighborhood Market stores and other participating retailers
- Call to place an order and have items sent to your home

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. Please refer to the *Evidence of Coverage* for additional information.

Renal Dialysis

Doctors and facilities 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 **www.silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. ET.

* The SilverSneakers Fitness Program is provided by Tivity Health, an independent company. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.

24/7 Nurse HelpLine

24-hour access to a nurse helpline, 7 days a week, 365 days a year.
Please refer to the *Evidence of Coverage* for additional information.

Summary of Medicaid-covered benefits

The following services are not covered by our plan but are available through Medicaid.

Anthem MediBlue Dual Advantage (HMO SNP)

Services available through California Department of Health Care Services

- Acupuncture services
- Early and periodic screening, diagnosis, and treatment (EPSDT) services and EPSDT supplemental services
- Long-term care
- Sign language interpreter services
- Special duty nursing

In addition, Medicaid provides benefits beyond that of what our plan offers. Please check your Medicaid contract for a full list of 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, call: 1-800-300-1506

Summary of 2019 prescription drug coverage

Know where to go:

Once you become a member of our plan, Chapters 5 and 6 of your *Evidence of Coverage* include lots of important details about your pharmacy benefit.

To find a pharmacy in our plan:

- Visit **https://shop.anthem.com/medicare/ca** (under *Useful Tools*, select **Find a Pharmacy**, and enter your location and search details). Preferred pharmacies are indicated above the pharmacy name.
- Give us a call and we'll send you a copy of the *Pharmacy Directory*.

How much do I pay for Part D drugs?

Stage 1: Deductible

The Stage 1 Part D deductible does not apply to you because you get Extra Help from Medicare.

Stage 2: Initial Coverage

You pay the following until your total yearly drug costs reach $3,820. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

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 that are **not** in our plan, but only when you are unable to get your prescription drugs from a pharmacy that **is** in our plan. If you live in a long-term care facility, you pay the same as at a retail pharmacy.

If you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program, the amount you pay may be different in this Stage.

Stage 2: Initial Coverage

Anthem MediBlue Dual Advantage (HMO SNP)

Cost Sharing	Preferred Retail Pharmacy: One-month supply	Mail Order: Three-month supply
Tier 1: Preferred Generic	$0.00	$0.00
Tier 2: Generic	$0.00 - $3.40. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.	$0.00 - $3.40. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Tier 3: Preferred Brand	$0.00 - $8.50. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.	$0.00 - $8.50. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.

Stage 2: Initial Coverage		
Anthem MediBlue Dual Advantage (HMO SNP)		
Tier 4: Nonpreferred Drugs	$0.00 - $8.50. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.	$0.00 - $8.50. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Tier 5: Specialty Tier	$0.00 - $8.50. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.	Not available for a long-term supply

Your costs will be the same if you use a pharmacy that offers standard cost-sharing, mail-order or a pharmacy that offers preferred cost-sharing.

Stage 3: Coverage Gap

Anthem MediBlue Dual Advantage (HMO SNP)

After you enter the coverage gap, you will pay your low income subsidy (LIS) level cost-sharing for generic and brand name drugs unless your plan has extra generic gap coverage.

For drugs on Tier 1 you will pay: $0.00.

You will stay in the gap until your costs total **$5,100**, which is the end of the coverage gap. Note - not everyone will enter the coverage gap.

Stage 4: Catastrophic Coverage

Anthem MediBlue Dual Advantage (HMO SNP)

After your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach $5,100, you pay nothing for your covered drugs for the rest of the year.

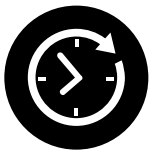
Ways we support your health

Get fit and be healthy with SilverSneakers®

We offer the SilverSneakers[1] fitness program as a plan benefit at no cost to you. SilverSneakers includes:

- All basic amenities at participating locations nationwide.
- Group exercise classes at some sites.
- Fun social activities.
- Access to a secure, members-only online community.

How to get started: When you become our member, you have SilverSneakers. Go to **www.silversneakers.com** to find over 14,000 nationwide fitness locations and SilverSneakers FLEX classes, and get your unique SilverSneakers ID number. Just show your ID number at the fitness location front desk or to the SilverSneakers FLEX instructor to start working out! You can use more than one location at a time. If you already have a gym membership, SilverSneakers does not replace it or your gym privileges. For more details, visit **www.silversneakers.com** or call SilverSneakers Customer Service at **1-855-741-4985** (TTY: **711**), Monday through Friday, 8 a.m. to 8 p.m. Eastern Time.



24/7 Nurse HelpLine

You can talk with a registered nurse (RN) for non-emergencies any time of the day or night year-round. HelpLine RNs:

- Answer basic health questions.
- Help assess your symptoms and determine the appropriate level of care.

[1] The SilverSneakers fitness program is provided by Tivity Health, an independent company. Tivity Health, SilverSneakers and SilverSneakers FLEX are registered trademarks or trademarks of Tivity Health, Inc. and/or its subsidiaries and/or affiliates in the USA and/or other countries.

LiveHealth Online[†]

Using LiveHealth Online, you can visit with a board-certified doctor or licensed psychologist or therapist from the comfort and privacy of your home using your smartphone, tablet or computer for a $0 copay. Doctors are available 24 hours a day, 7 days a week to assess common health conditions like the flu, a cold, sinus infection, pink eye, sore throat and more. When you're having a tough time coping or feeling stressed, you can make an appointment and visit with a therapist in four days or less. Getting started is easy. You can sign up at **livehealthonline.com** or by downloading our free mobile app.

BenefitsCheckUp®

BenefitsCheckUp® National Council on Aging

We're proud to be working with the National Council on Aging (NCOA), a nonprofit organization that has been serving seniors since 1950, to make this service available to you. It's easy, and it's completely confidential.

Visit abcca.benefitscheckup.org to see if you qualify for programs that can help you pay for:

- Prescription drugs and medical costs
- Food
- Utility bills
- Housing/rent
- Legal services
- In-home services

Or use BenefitsCheckUp® to find:

- Employment assistance
- Tax relief
- Veteran's benefits
- Volunteer work
- Other helpful information and resources

Medicare Community Resource Support

We assist you right over the phone by providing you with health-related information and by connecting you to local community-based services and support programs. We'll help you coordinate these services based on your unique needs.

[†] LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of our plan.

An overview of how Medicare works

If you're new to Medicare, this information can help you decide what option is right for you.

A + B

ORIGINAL MEDICARE (PARTS A and B) is offered by the federal government. It helps cover the costs for:

- Inpatient care in hospitals and skilled nursing facilities (not custodial or long-term care).
- Hospice and some home health care services.
- Doctors' services, hospital outpatient care and some home health care services, as well as lab tests, medical equipment and supplies.
- Most preventive services, including a yearly wellness exam.

But Original Medicare doesn't cover everything. Parts A and B don't cover:

- Part D prescription drugs.
- Routine vision, dental or hearing care.

How Medicare works - continued

Option 1	Choose all your coverage in one plan

C+D

MEDICARE PART C (offered by private insurers) can also be called a "Medicare Advantage" plan and:

- Includes all of Part A (hospital) and Part B (medical) coverage.
- Usually includes Part D prescription drug coverage.
- Often offers extra services and benefit options.
- Have yearly limits on your out-of-pocket costs for medical services.

- OR -

Option 2	Choose one or both of the following

D

MEDICARE PART D (offered by private insurers) is stand-alone prescription drug coverage and:

- Helps pay for many of your prescribed drugs.
- Gives you access to mail-order options and retail drug stores across the country.

Medicare Supplement

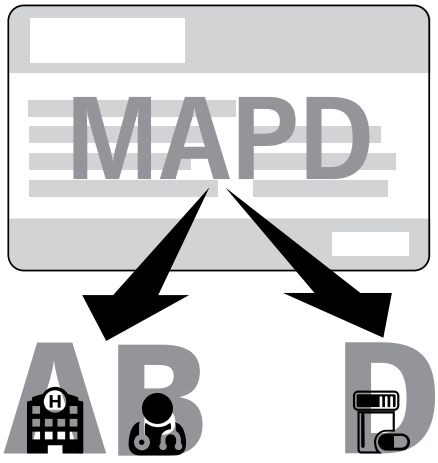
MEDICARE SUPPLEMENT (offered by private insurers) bridges the gap in costs that are not fully covered by Original Medicare, such as:

- Medicare Part A or Part B deductibles, coinsurance or copayments.
- Medicare Part B excess charges.
- Skilled Nursing Facility care coinsurance.
- Foreign Travel Emergencies.

Medicare ID cards

The Medicare plan option you choose will determine the plan ID card or cards you will need to carry with you at all times.

- **If you choose one of our Dual-Eligible Special Needs (D-SNP) plans:** You should put away your red, white and blue Medicare ID card because all you'll need to carry is one card. Just present your D-SNP plan ID card for all your covered medical and drug benefits. We recommend that you also carry your state Medicaid ID card just in case your doctor may need to see it.



How can I learn more about Medicare?

Medicare & You – a helpful tool

We strongly recommend you obtain a copy of the official U.S. government's *Medicare & You* handbook to get the answers to all of your questions about Medicare. If you do not have a copy, you can view it online at **www.medicare.gov** or call Medicare for a copy at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users can call **1-877-486-2048**.

When you can enroll

Initial coverage period

You can sign up for a D-SNP when you are first eligible for Medicare. Your initial enrollment phase is a 7-month period that includes the 3 months before you turn 65, the month you turn 65 and the 3 months after you turn 65. You must be eligible for both Medicare and Medicaid to join a D-SNP.

Annual election period - October 15 to December 7

During this time frame each year, you can enroll in or change your Medicare Advantage or Part D plan. You may also switch to Original Medicare (Parts A and B). New coverage begins January 1 of each year, after you've enrolled.

Special enrollment period - January 1 to September 30

As a D-SNP member, you can change plans one time per calendar quarter. This option is known as a special enrollment period. For more help, call your agent or Customer Service (toll-free number is listed on page 2).

ATENCIÓN: Si habla español, los servicios de asistencia lingüística están disponibles sin costo alguno para usted. Llame al **1-888-230-7338** (TTY: **711**).

This information is not a complete description of benefits. Call **1-888-230-7338** (TTY: **711**) for more information.

Anthem Blue Cross is an HMO DSNP plan with a Medicare contract and a contract with the California Medicaid program. Enrollment in Anthem Blue Cross depends on contract renewal.

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

It's important we treat you fairly
That's why we follow Federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call Customer Service for help (TTY: 711).

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 4361 Irwin Simpson Rd, Mailstop: OH0205-A537; Mason, Ohio 45040-9498. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TTY: 1- 800-537-7697) or online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Get help in your language
Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Customer Service number on the back of your ID card.

English: You have the right to get this information and help in your language for free. Call Customer Service for help.

Spanish: Tiene el derecho de obtener esta información y ayuda en su idioma de forma gratuita. Llame al número de Servicios para Miembros para obtener ayuda.

Arabic:
يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل بخدمة العملاء للمساعدة.

Armenian: Դուք իրավունք ունեք Ձեր լեզվով ստանալու այս տեղեկատվությունը և ցանկացած օգնություն՝ անվճար: Օգնություն ստանալու համար զանգահարեք հաճախորդների սպասարկման կենտրոն:

Chinese: 您有權使用您的語言免費獲得該資訊和協助。請致電客戶服務部尋求協助。

Farsi:
شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید.
برای دریافت کمک با مرکز خدمات مشتریان تماس بگیرید.

French: Vous avez le droit d’accéder gratuitement à ces informations et à une aide dans votre langue. Pour obtenir de l’aide, veuillez appeler le service client.

Haitian: Ou gen dwa resevwa enfòmasyon sa a ak asistans nan lang ou pale a pou gratis. Rele nimewo Sèvis Kliyan an pou jwenn èd.

Italian: Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il Servizio clienti.

Japanese: この情報と支援を希望する言語で無料で受けることができます。サポートが必要な場合はカスタマー サービスにお電話ください。

Korean: 귀하께는 본 정보와 도움을 비용없이 귀하의 언어로 받으실 권리가 있습니다. 도움을 받으시려면 고객 서비스부로 연락해 주십시오.

Polish: Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. Zadzwoń pod numer Działu Obsługi Klienta w celu uzyskania pomocy.

Portuguese: Você tem o direito de receber gratuitamente estas informações e ajuda no seu idioma. Ligue para o Atendimento ao Cliente para obter ajuda.

Russian: Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания клиентов.

Tagalog: May karapatan kang makuha ang impormasyon at tulong na ito sa sarili mong wika ng walang kabayaran. Tumawag sa Serbisyo para sa mga Kustomer para matulungan ka.

Vietnamese: Bạn có quyền được biết về thông tin này và được hỗ trợ bằng ngôn ngữ của bạn miễn phí. Hãy liên hệ với Dịch vụ khách hàng để được hỗ trợ.

Anthem Blue Cross - H0544

2018 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.

2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2018, Anthem Blue Cross received the following Overall Star Rating from Medicare.

4.5 Stars

We received the following Summary Star Rating for Anthem Blue Cross's health/drug plan services:

Health Plan Services:	 4.5 Stars
Drug Plan Services:	 5 Stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

We do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability in our health programs and activities.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 1-844-398-0642 (toll-free) or 711 (TTY), from October 1 to February 14. Our hours of operation from February 15 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-844-398-0642 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-398-0642 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-398-0642 (TTY：711) 。

Current members please call 1-888-230-7338 (toll-free) or 711 (TTY).

*Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next.

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

Anthem Blue Cross is an HMO DSNP plan with a Medicare contract and a contract with the California Medicaid program. Enrollment in Anthem Blue Cross depends on contract renewal.

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 1-844-469-6831 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

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **https://shop.anthem.com/medicare/ca** or call 1-844-469-6831 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.

Understanding Important Rules

- ☐ 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, 2020.
- ☐ 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.

Anthem Blue Cross is an HMO DSNP plan with a Medicare contract and a contract with the California Medicaid program. Enrollment in Anthem Blue Cross depends on contract renewal.