



Annual Notice of Changes

Anthem Blue Cross Cal MediConnect Plan
(Medicare-Medicaid Plan)

Have questions?
Call us at **1-855-817-5785** (TTY: 711),
Monday through Friday from 8 a.m. to 8 p.m.
This call is free. Or visit duals.anthem.com.



Anthem Blue Cross Cal MediConnect Plan (Medicare-Medicaid Plan) offered by Anthem Blue Cross

Annual Notice of Changes for 2020

Introduction

You are currently enrolled as a member of Anthem Blue Cross Cal MediConnect Plan. Next year, there will be some changes to the plan's benefits, coverage, rules, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers.....	3
B. Reviewing Your Medicare and Medi-Cal Coverage for Next Year.....	3
B1. Additional Resources.....	4
B2. Information about Anthem Blue Cross Cal MediConnect Plan.....	4
B3. Important things to do:.....	6
C. Changes to the network providers and pharmacies.....	7
D. Changes to benefits and costs for next year.....	8
D1. Changes to benefits and costs for medical services.....	8
D2. Changes to prescription drug coverage.....	8
D3. Stage 1: "Initial Coverage Stage".....	10
D4. Stage 2: "Catastrophic Coverage Stage".....	12
E. Administrative changes.....	14
F. How to choose a plan.....	15
F1. How to stay in our plan.....	15
F2. How to change plans.....	15

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For more information, visit duals.anthem.com.

G. How to get help 18

- G1. Getting help from Anthem Blue Cross Cal MediConnect Plan..... 18
- G2. Getting help from the state enrollment broker 19
- G3. Getting help from the Cal MediConnect Ombuds Program 19
- G4. Getting help from the Health Insurance Counseling and Advocacy Program 19
- G5. Getting help from Medicare 20
- G6. Getting help from the California Department of Managed Health Care 20

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A. Disclaimers

- ❖ Anthem Blue Cross Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Anthem Blue Cross Cal MediConnect Plan Member Handbook.

B. Reviewing Your Medicare and Medi-Cal Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. See section F2 for more information.

If you choose to leave Anthem Blue Cross Cal MediConnect Plan, your membership will end on the last day of the month in which your request was made.

If you leave our plan, you will still be in the Medicare and Medi-Cal programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (go to page 15 to see your choices).
- You will continue to be enrolled in Anthem Blue Cross for your Medi-Cal benefits, unless you choose a different Medi-Cal only plan (go to page 18 for more information).

If you have questions, please call Anthem Blue Cross Cal MediConnect Plan at 1-855-817-5785 (TTY: 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free.



For more information, visit duals.anthem.com.

B1. Additional Resources

- **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-855-817-5785 (TTY: 711)**, Monday through Friday from 8 a.m. to 8 p.m. The call is free.

ATENCIÓN: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia de idiomas. Llame al **1-855-817-5785 (TTY: 711)**, de lunes a viernes, de 8:00 a. m. a 8:00 p. m. La llamada es gratuita. Spanish

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 **1-855-817-5785 (TTY: 711)**，週一至週五上午 8：00-晚上 8：00。通話免費。 Chinese

CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ, miễn phí, cho quý vị. Xin gọi số **1-855-817-5785 (TTY: 711)**, Thứ Hai đến Thứ Sáu từ 8:00 sáng đến 8:00 tối. Cuộc gọi được miễn tính cước phí. Vietnamese

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo nang walang bayad ang mga serbisyo ng tulong sa wika. Tumawag sa **1-855-817-5785 (TTY: 711)**, Lunes hanggang Biyernes, 8:00 a.m. hanggang 8:00 p.m. Libre ang tawag. Tagalog

- You can get this Annual Notice of Changes for free in other formats, such as large print, braille, or audio. Call **1-855-817-5785 (TTY: 711)**, Monday through Friday from 8 a.m. to 8 p.m. The call is free.
- You can get this document for free in other languages and formats, such as large print, braille, or audio. Call Member Services at the number listed on the bottom of this page. When calling, let us know if you want this to be a standing order. That means we will send the same documents in your requested format and language every year. You can also call us to change or cancel a standing order. You can also find your documents online at **duals.anthem.com**.

B2. Information about Anthem Blue Cross Cal MediConnect Plan

- Anthem Blue Cross Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.
- Coverage under Anthem Blue Cross Cal MediConnect Plan is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient

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Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/affordable-care-act/individuals-and-families> for more information on the individual shared responsibility requirement.

- Anthem Blue Cross Cal MediConnect Plan is offered by Anthem Blue Cross. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Anthem Blue Cross. When it says “the plan” or “our plan,” it means Anthem Blue Cross Cal MediConnect Plan.



B3. Important things to do:

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit and cost changes to make sure they will work for you next year.
 - Look in sections D and D1 for information about benefit and cost changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different cost-sharing tier? Can you continue to use the same pharmacies?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - Look in section D2 for information about changes to our drug coverage.
 - Your drug cost may have risen next year.
 - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - To get additional information on drug prices, visit <https://go.medicare.gov/drugprices>. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information.
 - Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- **Check to see if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including specialists you see regularly, in our network? What about your pharmacy? What about the hospitals or other providers you use?



- Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

If you decide to stay with Anthem Blue Cross Cal MediConnect Plan:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (see section F2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section F2, page 15 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2020.

We strongly encourage you to **review our current *Provider and Pharmacy Directory*** to see if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at **duals.anthem.com**. You may also call Member Services at **1-855-817-5785** (TTY: **711**), Monday through Friday from 8 a.m. to 8 p.m. for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 of your *Member Handbook*.



If you have questions, please call Anthem Blue Cross Cal MediConnect Plan at 1-855-817-5785 (TTY: 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free. **For more information**, visit duals.anthem.com.

D. Changes to benefits and costs for next year

D1. Changes to benefits and costs for medical services

We are changing our coverage for certain medical services next year. The following table describes these changes.

	2019 (this year)	2020 (next year)
Opioid Treatment Services	Opioid Treatment Services is not covered.	Opioid Treatment Services is covered.
Exercise and Strength Training	Exercise and strength training is not covered.	Exercise and strength training is covered.

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at duals.anthem.com. You may also call Member Services at **1-855-817-5785** (TTY: **711**), Monday through Friday from 8 a.m. to 8 p.m. for updated drug information or to ask us to mail you a *List of Covered Drugs*.

If we cover a drug only for some medical conditions, it is clearly identified on our Drug List and in Medicare Plan Finder along with the specific medical conditions that are covered.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to see if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at **1-855-817-5785** (TTY: **711**), Monday through Friday from 8 a.m. to 8 p.m. to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.

If you have questions, please call Anthem Blue Cross Cal MediConnect Plan at 1-855-817-5785 (TTY: 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free.



For more information, visit duals.anthem.com.

- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
 - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, see Chapter 9 of the *2020 Member Handbook* or call Member Services at **1-855-817-5785** (TTY: **711**), Monday through Friday from 8 a.m. to 8 p.m.
 - If you need help asking for an exception, you can contact Member Services. See Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your case manager.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply will be for up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the *Member Handbook*.)
 - When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Formulary exceptions are granted until the end of the plan year. Any formulary exceptions granted during the current plan year would need to be resubmitted for the 2020 plan year.

Changes to prescription drug costs

There are two payment stages for your Medicare Part D prescription drug coverage under Anthem Blue Cross Cal MediConnect Plan. How much you pay depends on which stage you are in when you get a prescription filled or refilled.



If you have questions, please call Anthem Blue Cross Cal MediConnect Plan at 1-855-817-5785 (TTY: 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free. **For more information**, visit duals.anthem.com.

These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
<p>During this stage, the plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2020.</p> <p>You begin this stage when you have paid a certain amount of out-of-pocket costs.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches **\$6,350.00**. At that point, the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. See Chapter 6 of your *Member Handbook* for more information on how much you will pay for prescription drugs.

D3. Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, the plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You will pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you will pay the lower price.

We moved some of the drugs on the Drug List to a lower or higher drug tier. If your drugs move from tier to tier, this could affect your copay. To see if your drugs will be in a different tier, look them up in the Drug List.

The following table shows your costs for drugs in each of our four (4) drug tiers. These amounts apply **only** during the time when you are in the Initial Coverage Stage.



	2019 (this year)	2020 (next year)
<p>Drugs in Tier 1</p> <p>(Medicare Part D preferred generic and brand-name drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 2</p> <p>(Medicare Part D preferred and non-preferred brand and generic drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0-\$8.50 per prescription.</p>	<p>Your copay for a one-month (31-day) supply is \$0-\$8.95 per prescription.</p>
<p>Drugs in Tier 3</p> <p>(Non-Medicare Medi-Cal – State approved prescription generic and brand name drugs)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 4</p> <p>(Non-Medicare Medi-Cal approved over-the-counter (OTC) drugs that require a prescription from your provider)</p> <p>Cost for a one-month supply of a drug in Tier 4 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>

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The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$6,350.00**. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. See Chapter 6 of your *Member Handbook* for more information how much you will pay for prescription drugs.

D4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit **\$6,350.00** for your prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year.



If you have questions, please call Anthem Blue Cross Cal MediConnect Plan at 1-855-817-5785 (TTY: 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free. **For more information**, visit duals.anthem.com.

Anthem Blue Cross Cal MediConnect Plan ANNUAL NOTICE OF CHANGES FOR 2020

The following table shows your costs for drugs in each of our four (4) drug tiers.

	2019 (this year)	2020 (next year)
<p>Drugs in Tier 1 (Medicare Part D preferred generic and brand-name drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 2 (Medicare Part D preferred and non-preferred brand and generic drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 3 (Non-Medicare Medi-Cal State approved drugs)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 4 (Non-Medicare Over-the-counter (OTC) drugs. Covered OTC drugs require a prescription from your provider)</p> <p>Cost for a one-month supply of a drug in Tier 4 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>

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E. Administrative changes

	2019 (this year)	2020 (next year)
Pharmacy Benefit Manager (PBM)	Your plan currently works with Express Scripts to process all of your pharmacy claims.	Your plan will be working with their new PBM, IngenioRx, to process all of your pharmacy claims. It will be important for you to know that the information on your member ID card will change and you will need to give your new ID card to your pharmacist when you make your first visit to the pharmacy in 2020. The address for claims reimbursement and customer service numbers for drug related questions will also change, so please make sure to check your <i>Member Handbook</i> .
Mail-order	Your current mail-order vendor is Express Scripts.	Your new mail-order vendor will be IngenioRx Home Delivery. If you elect to use mail-order to receive your prescriptions, you will need to use IngenioRx Home Delivery. More information on the mail-order process and changes to the auto-refill process can be found in Chapter 5 of the <i>Member Handbook</i> .
Specialty Pharmacy	For 2019, your specialty pharmacy is Accredo.	For 2020, your specialty pharmacy is IngenioRx.

If you have questions, please call Anthem Blue Cross Cal MediConnect Plan at 1-855-817-5785 (TTY: 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free.



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	2019 (this year)	2020 (next year)
Opioid Coverage Change	Currently, if you are taking an opioid drug and are allowed refills, you are allowed to get a 31, 62, or 93 day supply.	Next year, you will only be allowed to obtain a 31 day supply.
Long-term Care Pharmacy Coverage Change	Currently, your one month supply at a Long-term Care Pharmacy is 31 days.	Next year, your one month supply at a Long-term Care Pharmacy is 34 days.
Glucose Monitor Quantity Limit	Currently, you can get one glucose monitor per 180 days.	Next year, you can get one glucose monitor per 365 days.
Lancets	Currently, we cover up to 100 lancets per month.	Next year, lancets will not have a monthly limit.

F. How to choose a plan

F1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Cal MediConnect plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2020.

F2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Cal MediConnect plan, or moving to Original Medicare.

How you will get Medicare services

You will have three options for getting your Medicare services. By choosing one of these options, you will automatically end your membership in our Cal MediConnect plan:

If you have questions, please call Anthem Blue Cross Cal MediConnect Plan at 1-855-817-5785 (TTY: 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free.



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<p>1. You can change to:</p> <p>A Medicare health plan, such as a Medicare Advantage Plan or, if you meet eligibility requirements and live within the service area, a Program of All-inclusive Care for the Elderly (PACE)</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. This call is free.</p> <p>For PACE inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit https://www.aging.ca.gov/HICAP/. <p>You will automatically be disenrolled from Anthem Blue Cross Cal MediConnect Plan when your new plan's coverage begins.</p>
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If you have questions, please call Anthem Blue Cross Cal MediConnect Plan at 1-855-817-5785 (TTY: 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free.



For more information, visit duals.anthem.com.

<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. This call is free.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit https://www.aging.ca.gov/HICAP/. <p>You will automatically be disenrolled from Anthem Blue Cross Cal MediConnect Plan when your Original Medicare coverage begins.</p>
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For more information, visit duals.anthem.com.

<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit https://www.aging.ca.gov/HICAP/.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. This call is free.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit https://www.aging.ca.gov/HICAP/. <p>You will automatically be disenrolled from Anthem Blue Cross Cal MediConnect Plan when your Original Medicare coverage begins.</p>
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How you will get Medi-Cal services

If you leave our Cal MediConnect plan, you will continue to get your Medi-Cal services through Anthem Blue Cross unless you select a different plan for your Medi-Cal services. Your Medi-Cal services include most long-term services and supports and behavioral health care.

If you want to choose a different plan for your Medi-Cal services, you need to tell Health Care Options. You can call Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 6:00 pm. TTY users should call 1-800-430-7077.

G. How to get help

G1. Getting help from Anthem Blue Cross Cal MediConnect Plan

Questions? We're here to help. Please call Member Services at **1-855-817-5785** (TTY: **711**). We are available for phone calls Monday through Friday from 8 a.m. to 8 p.m. Calls to these numbers are free.

If you have questions, please call Anthem Blue Cross Cal MediConnect Plan at 1-855-817-5785 (TTY: 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free.



For more information, visit duals.anthem.com.

Your 2020 Member Handbook

The *2020 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2020 Member Handbook* will be available by October 15. An up-to-date copy of the *2020 Member Handbook* is always available on our website at duals.anthem.com. You may also call Member Services at **1-855-817-5785** (TTY: **711**), Monday through Friday from 8 a.m. to 8 p.m. to ask us to mail you a *2020 Member Handbook*.

Our website

You can also visit our website at **duals.anthem.com**. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

G2. Getting help from the state enrollment broker

You can call Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 am to 6:00 pm. TTY users should call 1-800-430-7077.

G3. Getting help from the Cal MediConnect Ombuds Program

The Cal MediConnect Ombuds Program can help you if you are having a problem with Anthem Blue Cross Cal MediConnect Plan. The ombudsman's services are free. The Cal MediConnect Ombuds Program:

- Works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- Makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- Is not connected with us or with any insurance company or health plan. The phone number for the Cal MediConnect Ombuds Program is 1-855-501-3077.

G4. Getting help from the Health Insurance Counseling and Advocacy Program

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your Cal MediConnect plan choices and answer questions about switching plans. HICAP is not connected with us or with any insurance company or health plan. HICAP has trained counselors in every county, and services are free. HICAP's phone number is 1-800-434-0222. For more information or to find a local HICAP office in your area, please visit <https://www.aging.ca.gov/HICAP/>.

If you have questions, please call Anthem Blue Cross Cal MediConnect Plan at 1-855-817-5785 (TTY: 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free.



For more information, visit duals.anthem.com.

G5. Getting help from Medicare

To get information directly from Medicare, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. This call is free.

Medicare's Website

You can visit the Medicare website (<https://www.medicare.gov/>). If you choose to disenroll from your Cal MediConnect plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov/> and click on "Find health & drug plans.")

Medicare & You 2020

You can read the *Medicare & You 2020* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov/>) or 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. This call is free.

G6. Getting help from the California Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-855-817-5785** (TTY: **711**), Monday through Friday from 8 a.m. to 8 p.m. and use your health plan's grievance process before contacting the Department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you.

If you need help with a grievance involving an urgent issue, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. For urgent issues, you may call the Department first without filing a grievance with your health plan.

You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services.

If you have questions, please call Anthem Blue Cross Cal MediConnect Plan at 1-855-817-5785 (TTY: 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free.



For more information, visit duals.anthem.com.

Anthem Blue Cross Cal MediConnect Plan ANNUAL NOTICE OF CHANGES FOR 2020

The Department also has a toll-free telephone number (1-888-HMO-2219) and a TTY line (1-877-688-9891) for the hearing and speech impaired. The Department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

If you have questions, please call Anthem Blue Cross Cal MediConnect Plan at 1-855-817-5785 (TTY: 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free. **For more information**, visit duals.anthem.com.



Have questions?

Call us at **1-855-817-5785** (TTY: **711**),
Monday through Friday from 8 a.m. to 8 p.m.
This call is free. Or visit **duals.anthem.com**.



Anthem Blue Cross Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. Anthem Blue Cross is the trade name for Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.