



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 2022

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*.

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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*.
- ❖ Using opioid medications to treat pain for more than seven days has serious risks like - addiction, overdose, or even death. If your pain continues, talk to your doctor about alternative treatments with less risk. Some choices to ask your doctor about are: Non opioid medications, acupuncture, or physical therapy to see if they are right for you. Find out how your plan covers these options by calling Member Services at **1-855-817-5785** (TTY: **711**).

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. Refer to section E2 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 (refer to page 15).
- You will get your Medi-Cal benefits through a Medi-Cal managed care plan of your choice (refer to page 17 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 Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at 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 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 costs may have risen since last 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 www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage. (Click the “dashboards” link in the middle of the Note toward the bottom of the page. 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 if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, 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 (refer to section E2 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 E2, page 14 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2022.

We strongly encourage you to **review our current *Provider and Pharmacy Directory*** to find out 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, refer to 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 for medical services

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

	2021 (this year)	2022 (next year)
Multipurpose Senior Services Program (MSSP)	A care management program that provides Home and Community-Based Services (HCBS) to Medi-Cal eligible individuals.	Multipurpose Senior Services Program (MSSP) is not 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*.

The *List of Covered Drugs* is also called the “Drug List.”

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 find out 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.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.

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.



- 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, refer to Chapter 9 of the *2022 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. Refer to 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, refer to 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 2022 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. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
During this stage, the plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay. You begin this stage when you fill your first prescription of the year.	During this stage, the plan pays all of the costs of your drugs through December 31, 2022. You begin this stage when you have paid a certain amount of out-of-pocket costs.



The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches **\$7,050**. At that point, the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. Refer to 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 find out 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.



	2021 (this year)	2022 (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-\$9.20 per prescription.</p>	<p>Your copay for a one-month (31-day) supply is \$0-\$9.85 per prescription.</p>
<p>Drugs in Tier 3</p> <p>(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>(Medi-Cal State 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>

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.

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$7,050**. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. Refer to Chapter 6 of your *Member Handbook* for more information on how much you will pay for prescription drugs.

D4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit **\$7,050** for your prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year.

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



	2021 (this year)	2022 (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 per prescription.</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 3</p> <p>(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>(Medi-Cal State 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>

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.

E. How to choose a plan

E1. 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 2022.

E2. How to change plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medi-Cal, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in Anthem Blue Cross Cal MediConnect Plan will end on December 31 and your membership in the new plan will start on January 1.
- The **Medicare Advantage Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan will start the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, when:

- Medicare or the state of California has enrolled you into a Cal MediConnect plan,
- Your eligibility for Medi-Cal or Extra Help has changed,
- You are getting care in a nursing home or a long-term care hospital, **or**
- You have moved out of our service area.

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.

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:

<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 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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<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 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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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>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 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 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.

When you ask to end your membership in our Cal MediConnect plan, you will need to let Health Care Options know which Medi-Cal managed care plan you want to join. You can call Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 a.m. to 6:00 p.m. TTY users should call 1-800-430-7077.

F. How to get help

F1. 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 only, call **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.



Read your 2022 Member Handbook

The *2022 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 *2022 Member Handbook* will be available by October 15. An up-to-date copy of the *2022 Member Handbook* is 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 *2022 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*).

F2. Getting help from the state enrollment broker

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

F3. 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.

F4. 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 the 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 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.



F5. 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 (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. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2022

You can read the *Medicare & You 2022* 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 (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.

F6. 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 emergency, 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. 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. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website www.dmhca.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.