Santa Clara County, CA
2020

Summary of Benefits

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

Anthem BlueCross

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.**

H6229_20_110047_U CMS Accepted 10/01/2019

Anthem Blue Cross Cal MediConnect Plan (Medicare-Medicaid Plan): **Summary of Benefits 2020**

H6229_20_110047_U CMS Accepted 10/01/2019 501669CADENABC

Introduction

This document is a brief summary of the benefits and services covered by Anthem Blue Cross Cal MediConnect Plan. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Anthem Blue Cross Cal MediConnect Plan. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook.*

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A. Disclaimers

This is a summary of health services covered by Anthem Blue Cross Cal MediConnect Plan for 2020. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- 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. It is for people with both Medicare and Medi-Cal.
- Under Anthem Blue Cross Cal MediConnect Plan you can get your Medicare and Medi-Cal services in one health plan. An Anthem Blue Cross Cal MediConnect Plan case manager will help manage your health care needs.
- 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 *Member Handbook*.
- 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 document 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**.

B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Cal MediConnect Plan?	A Cal MediConnect Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has case managers to help you manage all your providers and services. They all work together to provide the care you need. Anthem Blue Cross Cal MediConnect Plan (Medicare-Medicaid Plan) is a Cal MediConnect Plan that provides benefits of Medi-Cal and Medicare to enrollees.
What is an Anthem Blue Cross Cal MediConnect Plan case manager?	An Anthem Blue Cross Cal MediConnect Plan case manager is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.

Frequently Asked Questions (FAQ)	Answers
What are Long-Term Services and Supports (LTSS)?	LTSS are for members who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. LTSS include the following programs: Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and long-term skilled nursing care provided by Nursing Facilities (NF).
Will you get the same Medicare and Medi-Cal benefits in Anthem Blue Cross Cal MediConnect Plan that you get now?	You will get most of your covered Medicare and Medi-Cal benefits directly from Anthem Blue Cross Cal MediConnect Plan. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. When you enroll in Anthem Blue Cross Cal MediConnect Plan, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals. Also, if you are taking any Medicare Part D prescription drugs that Anthem Blue Cross Cal MediConnect Plan does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Anthem Blue Cross Cal MediConnect Plan to cover your drug if medically necessary.

Frequently Asked Questions (FAQ)	Answers
Can you go to the same doctors you see now?	Often that is the case. If your providers (including doctors and pharmacies) work with Anthem Blue Cross Cal MediConnect Plan and have a contract with us, you can keep going to them. • Providers who have an agreement with us are "in-network." **You must use the providers in Anthem Blue Cross Cal MediConnect Plan's network.** • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Anthem Blue Cross Cal MediConnect Plan's plan. To find out if your doctors are in the plan's network, call Member Services or read Anthem Blue Cross Cal MediConnect Plan's *Provider and Pharmacy Directory*. If Anthem Blue Cross Cal MediConnect Plan is new for you, we will work with you to develop an Individualized Care Plan to address your needs. You can continue seeing the doctors you go to now for 12 months for Medicare-covered services and 12 months for Medi-Cal covered services. Contact Member Services to request "Continuity of Care" at **1-855-817-5785** (TTY: **711**), Monday through Friday from 8 a.m. to 8 p.m. The call is free.
What happens if you need a service but no one in Anthem Blue Cross Cal MediConnect Plan's network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Anthem Blue Cross Cal MediConnect Plan will pay for the cost of an out-of-network provider.
Where is Anthem Blue Cross Cal MediConnect Plan available?	The service area for this plan includes: Santa Clara County, California. You must live in this area to join the plan.
Do you pay a monthly amount (also called a premium) under Anthem Blue Cross Cal MediConnect Plan?	You will not pay any monthly premiums to Anthem Blue Cross Cal MediConnect Plan for your health coverage.

Frequently Asked Questions (FAQ)	Answers
What is prior authorization?	Prior authorization means that you must get approval from Anthem Blue Cross Cal MediConnect Plan before you can get a specific service or drug or see an out-of-network provider. Anthem Blue Cross Cal MediConnect Plan may not cover the service or drug if you do not get approval. If you need urgent or emergency care or out-of-area dialysis services, you do not need to get approval first. Anthem Blue Cross Cal MediConnect Plan can provide you with a list of services or procedures that require you to obtain prior authorization from Anthem Blue Cross Cal MediConnect Plan before the service is provided. See Chapter 3 of the *Member Handbook* to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the *Member Handbook* to learn which services require a prior authorization.
What is a referral?	A referral means that your primary care provider (PCP) must give you approval before you can see someone that is not your PCP or use other providers in the plan's network. If you don't get approval, Anthem Blue Cross Cal MediConnect Plan may not cover the services. You don't need a referral to see certain specialists, such as women's health specialists. See Chapter 3 of the *Member Handbook* to learn more about when you will need to get a referral from your PCP.
What is Extra Help?	Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs such as premiums, deductibles, and copays. Extra Help is also called the "Low-Income Subsidy," or "LIS." Your prescription drug copays under Anthem Blue Cross Cal MediConnect Plan already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at **1-800-772-1213**. TTY users should call **1-800-325-0778**.

Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help? (This section is continued on the next page)	**If you have general questions or questions about our plan, services, service area, billing, or Member ID cards, please call Anthem Blue Cross Cal MediConnect Plan Member Services:** **CALL** **1-855-817-5785** Calls to this number are free. Monday through Friday from 8 a.m. to 8 p.m. After-hours messaging is available 24 hours a day, 7 days a week, including holidays. Member Services also has free language interpreter services available for people who do not speak English. **TTY** **711** Calls to this number are free. Monday through Friday from 8 a.m. to 8 p.m.

Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help? (continued from previous page)	**If you have questions about your health, please call the Nurse Advice Call line:** **CALL** **1-800-224-0336** Calls to this number are free. 24 hours a day, 7 days a week, including holidays. **TTY** **711** Calls to this number are free. 24 hours a day, 7 days a week, including holidays. **If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:** **CALL** **1-855-278-4204** Calls to this number are free. 24 hours a day, 7 days a week, including holidays. **TTY** **711** Calls to this number are free. 24 hours a day, 7 days a week, including holidays.

C. Overview of Services

The following chart is a quick overview of what services you may need, your costs and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You want to see a doctor (This section is continued on the next page)	Visits to treat an injury or illness	$0	You must go to network doctors, specialists, and hospitals. Authorization rules may apply. Referral required for specialists (for certain benefits).
	Wellness visits, such as a physical	$0	Annual Wellness Visit every 12 months.
	Transportation to a doctor's office	$0	**Non-Medical Transportation (NMT)** Unlimited trips to plan-approved locations every year. The plan will ensure compliance with The Medicaid Assurance of Transportation provisions to provide necessary transportation for beneficiaries to and from providers. **Non-Emergency Medical Transportation (NEMT)** Provides transportation options for those unable to be transported through traditional means of transportation and/or at the request of the provider or case manager.
	Specialist care	$0	You must go to network doctors, specialists and hospitals. Authorization rules may apply. Referral required for network specialists (for certain benefits).

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You want to see a doctor (continued from previous page)	Care to keep you from getting sick, such as flu shots	$0	$0 copay for all preventive services covered under Original Medicare.
	"Welcome to Medicare" preventive visit (one time only)	$0	During the first 12 months of your new Part B coverage, you can get either a "Welcome to Medicare" preventive visit or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness visit.
You need medical tests	Lab tests, such as blood work	$0	Authorization and referral rules may apply.
	X-rays or other pictures, such as CAT scans	$0	Authorization and referral rules may apply.
	Screening tests, such as tests to check for cancer	$0	Authorization and referral rules may apply.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need drugs to treat your illness or condition (This section is continued on the next page)	Generic drugs (no brand name)	$0 - $3.60 copay for up to a 93-day supply of covered Part D generic drugs. Tier 1 Medicare Part D Generic Drugs $0.00 copay (Up to a 93-day supply at a network retail or mail-order pharmacy). Tier 2 Medicare Part D Generic Drugs $0.00 - $3.60 copay (Up to a 93-day supply at a network retail or mail-order pharmacy). Tier 3 Medi-Cal (state) Approved Non-Medicare Covered Prescription Generic Drugs $0.00 copay (Up to a 31-day supply at a network retail pharmacy).	There may be limitations on the types of drugs covered. Please see Anthem Blue Cross Cal MediConnect Plan's *List of Covered Drugs* (Drug List) for more information. You are also covered for up to a 93-day extended day supply of some Tier 1 and Tier 2 drugs from network retail or mail-order pharmacies. Your copay will be the same for a 31-day supply or a 93-day supply.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)	Generic drugs (no brand name)	Tier 4 Medi-Cal (state) Approved Non-Medicare Over-the-Counter (OTC) Generic Drugs $0.00 copay (Up to a 31-day supply at a network retail pharmacy). Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	
	Brand name drugs	$0.00 - $8.95 copay for up to a 93-day supply of covered Part D brand name drugs. Tier 1 Medicare Part D Brand Name Drugs $0.00 copay (Up to a 93-day supply at a network retail or mail-order pharmacy).	There may be limitations on the types of drugs covered. Please see Anthem Blue Cross Cal MediConnect Plan's *List of Covered Drugs* (Drug List) for more information. You are also covered for up to a 93-day extended day supply of some Tier 1 and Tier 2 drugs from network retail or mail-order pharmacies. Your copay will be the same for a 31-day supply or a 93-day supply of Tier 1 and Tier 2 drugs.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)	Brand name drugs	Tier 2 Medicare Part D Brand Name Drugs - $0.00 - $8.95 copay (Up to a 93-day supply at a network retail or mail-order pharmacy). Tier 3 Medi-Cal (state) Approved Non-Medicare Covered Prescription Brand Name Drugs $0.00 copay (Up to a 31-day supply at a network retail pharmacy). Tier 4 Medi-Cal (state) Approved Non-Medicare Over-the-Counter (OTC) Brand Drugs $0.00 copay (Up to a 31-day supply at a network retail pharmacy)	

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)	Brand name drugs	Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please see Anthem Blue Cross Cal MediConnect Plan's *List of Covered Drugs* (Drug List) for more information. OTC drugs are limited to Tier 4 OTC drugs covered by Medi-Cal and must be prescribed by a licensed provider.
	Medicare Part B prescription drugs	$0	Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Member Handbook* for more information on these drugs.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered. Authorization and/or referral rules may apply. Contact plan for details.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need emergency care	Emergency room services	$0	Prior authorization is not required for in-network or out-of-network emergency medical care whenever you need it, anywhere in the United States or its territories. Emergency and urgent care services worldwide up to a combined $10,000 limit. Contact plan for details.
	Ambulance services	$0	Prior authorization is not required for in-network and out-of-network emergency ambulance services. For non-emergency ambulance services, authorization requirements may apply.
	Urgent care	$0	This is NOT emergency care. Urgent care is when a condition, illness or injury is not life threatening, but medical care is needed right away. Urgent care services can be obtained out of network without prior authorization. Emergency and urgent care services covered worldwide up to a combined $10,000 limit. Contact plan for details.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need hospital care	Hospital stay	$0	No limit to the number of days covered by the plan for each hospital stay. Your doctor must tell the plan that you are going to be admitted to the hospital, except in an emergency. You must go to network hospitals. Authorization and/or referrals are required for in-network and out-of-network hospitals.
	Doctor or surgeon care	$0	Doctor and surgeon care are provided as part of your hospital stay.
You need help getting better or have special health needs (This section is continued on the next page)	Rehabilitation services	$0	**Outpatient Rehabilitation Services** Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered. Authorization and/or referral rules may apply. Contact plan for details. **Cardiac and Pulmonary Rehabilitation Services** Authorization and/or referral rules may apply. Contact plan for details.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need help getting better or have special health needs (continued from previous page)	Medical equipment for home care	$0	Authorization rules may apply. Contact plan for details.
	Skilled nursing care	$0	**Skilled Nursing Facility (SNF)** No limit to the number of days covered by the plan each SNF stay. No prior hospital stay is required. Authorization and/or referral rules may apply. Contact plan for details. **Home Health Care (including medically necessary intermittent skilled nursing care)** Authorization and/or referral rules may apply. Contact plan for details.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need eye care	Eye exams	$0	Medically necessary vision exams for the diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk. Authorization and/or referral rules may apply. One routine eye exam every year. Prior authorization is not required for services provided by a contracted provider.
	Glasses or contact lenses	$0	One pair of eyeglasses (lenses and frames) or contact lenses after cataract surgery. Authorization rules may apply. One pair of eyeglasses (lenses and frames) or contact lenses every two years. $100 plan coverage limit for supplemental eyewear every two years.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need hearing or auditory services	Hearing screenings	$0	One routine hearing screening exam per year from a network provider is covered. Authorization and/or referral rules may apply.
	Hearing aids	$0	Hearing aid benefit $1,510 allowance including sales tax, per fiscal year (July 1 – June 30), and includes molds, modification supplies and accessories and other services covered under Medi-Cal. This is a total allowance for both ears. Referral rules may apply.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	$0	Authorization and/or referral rules may apply.
	Diabetes supplies and services	$0	Covered services include: • Diabetes self-management training • Diabetes monitoring supplies • Therapeutic shoes or inserts Contact the plan for a list of covered supplies. Authorization rules may apply.
You have a mental health condition	Mental or behavioral health services	$0	Covered services include: • Individual therapy visit • Group therapy visit • Medication management visit with a psychiatrist or licensed qualified prescribers • Partial hospitalization program services Authorization and/or referral rules may apply.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You have a substance abuse problem	Substance abuse services	$0	**Inpatient Hospital Care:** Includes Substance Use Disorder medical detoxification. No limit to the number of days covered by the plan for each hospital stay. Your doctor must tell the plan that you are going to be admitted to the hospital, except in an emergency. Authorization rules may apply. **Outpatient Substance Use Disorder Treatment.** Covered services include: • Individual substance use disorder outpatient treatment visit by a licensed qualified professional • Group substance use disorder outpatient treatment visit by a licensed qualified professional Authorization and/or referral rules may apply.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need long-term mental health services	Inpatient care for people who need mental health care	$0	**In-Network** You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. Plan covers 60 lifetime reserve days. $0 copay per lifetime reserve day. Your doctor must tell the plan that you are going to be admitted to the hospital, except in an emergency. Authorization rules may apply. **Institution for Mental Disease Services for Individuals 65 or Older** Authorization rules may apply. Contact plan for details.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need durable medical equipment (DME)	Wheelchairs	$0	Provided when medically necessary and prescribed by a licensed provider. Authorization rules may apply. Contact plan for details.
	Nebulizers	$0	Provided when medically necessary and prescribed by a licensed provider. Authorization rules may apply. Contact plan for details.
	Crutches	$0	Authorization rules may apply. Contact plan for details.
	Canes/Walkers	$0	Provided when medically necessary and prescribed by a licensed provider. Authorization rules may apply. Contact plan for details.
	Oxygen equipment and supplies	$0	Provided when medically necessary and prescribed by a licensed provider. Authorization rules may apply. Contact plan for details.
You need help living at home (This section is continued on the next page)	Meals brought to your home	$0	You may be covered for these services if you meet the state's eligibility requirements. Contact plan for details.
	Home services, such as cleaning or housekeeping	$0	You may be covered for these services if you meet the state's eligibility requirements. Contact plan for details.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need help living at home (continued from previous page)	Changes to your home, such as ramps and wheelchair access	$0	You may be covered for these services if you meet the state's eligibility requirements. Contact plan for details.
	Training to help you get paid or unpaid jobs	$0	You may be covered for these services if you meet the state's eligibility requirements. Contact plan for details.
	Home health care services	$0	You may be covered for these services if you meet the state's eligibility requirements. Contact plan for details.
	Services to help you live on your own	$0	You may be covered for these services if you meet the state's eligibility requirements. Contact plan for details.
	Adult day services or other support services	$0	You may be covered for these services if you meet the state's eligibility requirements. Contact plan for details.
You need a place to live with people available to help you	Assisted living or other housing services	$0	You may be covered for these services if you meet the state's eligibility requirements. Contact plan for details.
	Nursing home care	$0	You may be covered for these services if you meet the state's eligibility requirements. Authorization rules may apply. Contact plan for details.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
Your caregiver needs some time off	Respite care	$0	You may be covered for these services if you meet the state's eligibility requirements. Contact plan for details.

D. Other services that Anthem Blue Cross Cal MediConnect Plan covers

This is not a complete list. Call Member Services or read the *Member Handbook* to find out about other covered services.

Other services covered by Anthem Blue Cross Cal MediConnect Plan	Your costs for in-network providers
Comprehensive Health Assessment – Members get a complete health exam by a specially trained nurse. The nurse will discuss treatment choices and follow-up care to help you manage your health. Members get a yearly head-to-toe check-up. This includes a physical exam, pain level check, labs and more.	$0
Diabetes Management Program – This program can help you learn how to control your blood sugar levels. As part of the program, you will have access to a toll-free helpline and exercise and healthy eating classes. All members with diabetes are welcome to join.	$0
Hypertension Program – This program helps members learn about high blood pressure and how to monitor their blood pressure. Members will also get frequent wellness check-ups.	$0
Anticoagulation Therapy Program – This program is for members who take blood thinner medicine. As part of the program, members learn about medicine side effects and how to take your medicine the right way.	$0

Other services covered by Anthem Blue Cross Cal MediConnect Plan	Your costs for in-network providers
Congestive Heart Failure (CHF) Program – We help you learn how to stop CHF from getting worse. We work with you to help you be as healthy as you can be. All members with CHF are welcome to join.	$0
Chronic Obstructive Pulmonary Disease (COPD) Program – As part of the program, you will get tools that can help you live healthier with COPD. This can help prevent frequent visits to the hospital due to problems with COPD. All members with COPD are welcome to join.	$0
Ideal Life Program – As part of this program, you may get electronic tools that you can use at home to monitor your condition. These monitoring tools will send information to your nurse. The nurse will review the information she gets to make sure you are doing ok. This program is for members with CHF and/or high blood pressure. You must qualify to get these monitoring tools.	$0
Exercise and Strength Training – A medically supervised exercise program to improve and increase muscle strength, balance, mobility, flexibility and overall fitness. Members are supervised by a physical therapist or fitness coaches specially trained in muscle development who develop a personalized plan for each member. Members may self-refer to this CareMore Care Center based program. Contact Member Services for more information.	$0
Podiatry Services	$0 Podiatry visits are limited for medically necessary foot care. $0 for 12 visits per year for routine foot care. Authorization rules may apply.

Other services covered by Anthem Blue Cross Cal MediConnect Plan	Your costs for in-network providers
LiveHealth® Online	$0 For live, two-way video consult with participating board-certified physician or licensed psychologist or therapist, go to livehealthonline.com.
Acupuncture	$0 Limited to two outpatient services per calendar month, delivered by approved providers. Authorization rules apply for additional medically necessary visits.
Chiropractic Services	$0 Chiropractic visits are limited to manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part). Authorization and/or referral rules may apply.
Prosthetic Devices	$0 Authorization rules apply. Contact plan for details.
Incontinence Cream and Diapers	$0 Authorization rules apply.

Other services covered by Anthem Blue Cross Cal MediConnect Plan	Your costs for in-network providers
Kidney Disease and Conditions	$0 Dialysis in a center or in the home is covered when prescribed by a licensed provider. Authorization and/or referral rules may apply.
Tobacco Cessation Counseling for Pregnant Women	$0 Authorization rules may apply. Contact plan for details.
Wellness/Education and Other Supplemental Benefits and Services	$0 The plan covers the following supplemental education/wellness programs: • Health and wellness education services and programs, including: o Nutritional counseling o Smoking and Tobacco Use Cessation Visits o 24-hour Nurse Advice Call Line
Nursing Home Services	$0 Authorization and/or referral rules may apply. Contact plan for details.
Case Management	$0 Authorization rules may apply. Contact plan for details.

Other services covered by Anthem Blue Cross Cal MediConnect Plan	Your costs for in-network providers
Nursing Facility Resident Services	$0 for: • Nursing facility resident chiropractic care and foot care • Nursing facility resident vision and dental • Nursing facility resident acupuncture • Nursing facility resident hearing exams and hearing aids Authorization and/or referral rules may apply. Contact plan for details.
Multi-Senior Services Program (MSSP)	$0 Contact plan for details. $4,285 plan coverage limit for Multi-Senior Services Program (MSSP) every year. Authorization and/or referral rules may apply.

Other services covered by Anthem Blue Cross Cal MediConnect Plan	Your costs for in-network providers
Meal Delivery	$0 You may qualify for this service after discharge from the hospital if you: • Are homebound, at risk • Have trouble preparing food and don't have anyone to help you in your home Covers up to two meals per day for seven days of meals/planning Prior authorization may be required.
Institution for Mental Disease Services for Individuals 65 or Older	$0 You may be covered for these services if you meet the state's eligibility requirements. Referral from your doctor and prior authorization may be required.
Care Plan Optional (CPO) services	CPO services may be available under your Individualized Care Plan. These services give you more help at home. These services can help you live more independently but do **not** replace long-term services and supports (LTSS) that you are authorized to get under Medi-Cal. If you need help or would like to find out how CPO services may help you, contact your case manager.

E. Services covered outside of Anthem Blue Cross Cal MediConnect Plan

This is not a complete list. Call Member Services to find out about other services not covered by Anthem Blue Cross Cal MediConnect Plan but available through Medicare or Medi-Cal.

Other services covered by Medicare or Medi-Cal	Your costs
Some hospice care services	$0
California Community Transitions (CCT) pre-transition coordination services and post-transition services	$0
Certain dental services, such as X-rays, cleanings, fillings, root canals, extractions, crowns, and dentures	Services that are covered under Denti-Cal, the Medi-Cal dental program, are not chargeable to you. However, you are responsible for your share of the cost amount, if applicable. You are responsible for paying for services not covered by your plan or by Denti-Cal.

F. Services that Anthem Blue Cross Cal MediConnect Plan, Medicare, and Medi-Cal do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Anthem Blue Cross Cal MediConnect Plan, Medicare, or Medi-Cal
Services not reasonable and necessary, according to the standards of Medicare and Medi-Cal, unless these services are listed by our plan as covered services.
Experimental medical and surgical treatments, items and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatments and items are those that are not generally accepted by the medical community.

Services not covered by Anthem Blue Cross Cal MediConnect Plan, Medicare, or Medi-Cal
Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary.
Cosmetic surgery or other cosmetic work, unless because of an accidental injury or to improve a part of the body that is not shaped right. However, we will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Reversal of sterilization procedure and non-prescription contraceptive supplies.

G. Your rights as a member of the plan

As a member of Anthem Blue Cross Cal MediConnect Plan, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity**. This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
  - Get information in other formats (e.g., large print, braille, and/or audio)
  - Be free from any form of physical restraint or seclusion
  - Not be billed by network providers
  - Have your questions and concerns answered completely and courteously
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a Primary Care Provider (PCP) and you can change your PCP at any time during the year
  - See a women's health care provider without a referral

- Get your covered services and drugs quickly
- Know about all treatment options, no matter what they cost or whether they are covered
- Refuse treatment, even if your doctor advises against it
- Stop taking medicine
- Ask for a second opinion. Anthem Blue Cross Cal MediConnect Plan will pay for the cost of your second opinion visit.
- Create and apply an advance directive, such as a will or health care proxy.

- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help you communicate with your doctors and your health plan. Call **1-855-817-5785** (TTY: **711**), Monday through Friday from 8 a.m. to 8 p.m. if you need help with this service
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services, 24 hours a day, 7 days a week, without prior approval in an emergency
  - See an out of network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers with the California Department of Managed Health Care (DMHC). The DMHC has a toll-free phone number **(1-888-HMO-2219)** and a TTY line **(1-877-688-9891)** for the hearing and speech impaired. The DMHC's website (http://www.hmohelp.ca.gov) has complaint forms, Independent Medical Review (IMR) application forms, and instructions online. You also have the right to appeal certain decisions made by us or our providers.
  - Ask for an Independent Medical Review of Medi-Cal services or items that are medical in nature from the California Department of Managed Health Care
  - Ask for a state fair hearing from the State of California
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the Anthem Blue Cross Cal MediConnect Plan *Member Handbook*. If you have questions, you can also call Anthem Blue Cross Cal MediConnect Plan Member Services.

H. How to file a complaint or appeal a denied service

If you have a complaint or think Anthem Blue Cross Cal MediConnect Plan should cover something we denied, 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. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Anthem Blue Cross Cal MediConnect Plan *Member Handbook*. You can also call Anthem Blue Cross Cal MediConnect Plan Member Services.

You can submit appeals and grievances in writing:

Mail to: Anthem Blue Cross Cal MediConnect Plan
Attn: Medicare Complaints, Appeals and Grievances
4361 Irwin Simpson Road
Mail Location OH0102 - B325
Mason, OH 45040

You can ask for an Independent Medical Review (IMR) from the Help Center at the California Department of Managed Health Care (DMHC). An IMR is available for any Medi-Cal covered service or item that is medical in nature. An IMR is a review of your case by doctors who are not part of our plan. If the IMR is decided in your favor, we must give you the service or item you requested. You pay no costs for an IMR.

In most cases, you must file an appeal with us before requesting an IMR. You must **apply for an IMR within 6 months** after we send you a written decision about your appeal. The DMHC may accept your application after 6 months for good reasons such as you had a medical condition that prevented you from asking for the IMR with 6 months, or you did not get adequate notice from us of the IMR process.

To ask for an IMR:

- Fill out the Independent Medical Review Application/Complaint Form available at: https://www.dmhc.ca.gov/fileacomplaint/submitanindependentmedicalreviewcomplaintform.aspx or call the DMHC Help Center at 1-888-466-2219. TTY users should call1-877-688-9891.

- If you have them, attach copies of letters or other documents about the service or item that we denied. This can speed up the IMR process. Send copies of documents, not originals. The Help Center cannot return any documents.
- Fill out the Authorized Assistant Form if someone is helping you with your IMR. You can get the form at: https://www.dmhc.ca.gov/Portals/0/Docs/HC/AccessibleAAFormEnglish%20%285SG%29.pdf. Or call the Department's Help Center at 1-888-466-2219. TTY users should call 1-877-688-9891.
- Mail or fax your forms and any attachments to:

  Help Center
  Department of Managed Health Care
  980 9th Street, Suite 500
  Sacramento, CA 95814-2725
  FAX: 916-255-5241

I. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital, or other pharmacy is doing something wrong, please contact us.

- Call us at Anthem Blue Cross Cal MediConnect Plan Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at **1-800-MEDICARE** (**1-800-633-4227**). TTY users should call **1-877-486-2048**. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call California Department of Health Care Services Fraud and Abuse Hotline at **1-800-822-6222**.
- Or, call Department of Justice Office of the Attorney General Bureau of Medi-Cal Fraud and Elder Abuse at **1-800-722-0432**. Your call is free and confidential.

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 BlueCross

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