



Medicare Advantage and Part D

Plan Year: January 1 - December 31, 2023

California

Los Angeles, Santa Clara counties

Anthem MediBlue Full Dual Advantage (HMO D-SNP)

23CAH41611001

Anthem MediBlue Full Dual Advantage (HMO D-SNP) | 2023 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Anthem MediBlue Full Dual Advantage (HMO D-SNP). 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 MediBlue Full Dual Advantage (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call Anthem MediBlue Full Dual Advantage (HMO D-SNP) at **1-833-707-3129** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.anthem.com/medicare/ca>.

Anthem MediBlue Full Dual Advantage (HMO D-SNP) | 2023 Summary of Benefits

A. Disclaimers



This is a summary of health services covered by Anthem MediBlue Full Dual Advantage (HMO D-SNP) for 2023. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You may *contact* Member Services at the phone number listed below to request a copy of your *Member Handbook*. You can also access your *Member Handbook* at the plan's website listed on the bottom of this page.

- ❖ Anthem MediBlue Full Dual Advantage (HMO D-SNP) is an HMO D-SNP plan with a Medicare contract and a contract with the California Medicaid program. Enrollment in Anthem Blue Cross Partnership Plan depends on contract renewal. 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.
- ❖ For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. 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. For more information about **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website (www.dhcs.ca.gov) or contact the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-833-707-3129** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free.
- ❖ You can get this document for free in other languages and formats, such as large print, braille, and data and audio CD. 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 the website on the bottom of this page.



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B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What is a Medicare-Medi-Cal Coordination Plan?	<p>A Medicare-Medi-Cal Coordination 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 age 65 and older. A Medicare-Medi-Cal Coordination Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has care coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need.</p>
Will I get the same Medicare and Medi-Cal benefits in Anthem MediBlue Full Dual Advantage (HMO D-SNP) that I get now?	<p>You will get most of your covered Medicare and Medi-Cal benefits directly from Anthem MediBlue Full Dual Advantage (HMO D-SNP). 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 based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like In-Home Support Services (IHSS), specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in Anthem MediBlue Full Dual Advantage (HMO D-SNP), you and your care team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that Anthem MediBlue Full Dual Advantage (HMO D-SNP) 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 MediBlue Full Dual Advantage (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the number listed on the bottom of this page.</p>



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Frequently Asked Questions	Answers
Can I go to the same doctors I use now?	<p>Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Anthem MediBlue Full Dual Advantage (HMO D-SNP) and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in Anthem MediBlue Full Dual Advantage (HMO D-SNP)’s network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Anthem MediBlue Full Dual Advantage (HMO D-SNP)’s plan.• If you are currently under treatment with a provider that is out of Anthem MediBlue Full Dual Advantage (HMO D-SNP)’s network or have an established relationship with a provider that is out of Anthem MediBlue Full Dual Advantage (HMO D-SNP)’s network, call Member Services to check about staying connected. You can continue using the doctors you use now for up to 12 months for Medicare-covered services and up to 12 months for Medi-Cal covered services. You will be notified within 30 calendar days before the end of the continuity of care period to transition your care to an in-network provider. Contact Member Services to request “Continuity of Care” at 1-833-707-3129 (TTY: 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free. <p>To find out if your doctors are in the plan’s network, call Member Services or read Anthem MediBlue Dual Advantage’s <i>Provider and Pharmacy Directory</i> on the plan’s website, at https://shop.anthem.com/medicare/ca.</p> <p>If Anthem MediBlue Full Dual Advantage (HMO D-SNP) is new for you, we will work with you to develop an Individualized Care Plan to address your needs.</p>



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Frequently Asked Questions	Answers
What is an Anthem MediBlue Full Dual Advantage (HMO D-SNP) care coordinator?	An Anthem MediBlue Full Dual Advantage (HMO D-SNP) care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, 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. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.
What is a Multipurpose Senior Services Program (MSSP)?	An MSSP provides on-going care coordination with health care providers beyond what your health plan already provides and can connect you to other needed community services and resources. This program helps you get services that help you live independently in your home.
What happens if I need a service but no one in Anthem MediBlue Full Dual Advantage (HMO D-SNP)'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 MediBlue Full Dual Advantage will pay for the cost of an out-of-network provider.
Where is Anthem MediBlue Full Dual Advantage (HMO D-SNP) available?	The service area for this plan includes: Los Angeles County and Santa Clara County, California. You must live in one of these areas to join the plan.
What is prior authorization? (continued on the next page)	<p>Prior authorization means an approval from Anthem MediBlue Full Dual Advantage to seek services outside of our network or to get services not routinely covered by our network before you get the services. Anthem MediBlue Full Dual Advantage (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Anthem MediBlue Full Dual Advantage can provide you or your provider</p>



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Frequently Asked Questions	Answers
What is prior authorization? (continued)	with a list of services or procedures that require you to get prior authorization from Anthem MediBlue Full Dual Advantage before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the number listed at the bottom of this page for help.
What is a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Anthem MediBlue Full Dual Advantage may not cover the services. Anthem MediBlue Full Dual Advantage can provide you with a list of services that require you to get a referral from your PCP before the service is provided. Refer to the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.
Do I pay a monthly amount (also called a premium) under Anthem MediBlue Full Dual Advantage (HMO D-SNP)?	No. Because you have Medi-Cal, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Anthem MediBlue Full Dual Advantage (HMO D-SNP)?	No. You do not pay deductibles in Anthem MediBlue Full Dual Advantage (HMO D-SNP).
What is the maximum out-of-pocket amount that I will pay for medical services as a member of Anthem MediBlue Full Dual Advantage (HMO D-SNP)?	There is no cost sharing for medical services in Anthem MediBlue Full Dual Advantage (HMO D-SNP), so your annual out-of-pocket costs will be \$0.



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C. List of covered services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital stay	\$0	Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. Prior authorization and referral required.
	Doctor or surgeon care	\$0	Prior authorization and referral required.
	Outpatient hospital services, including observation	\$0	Prior authorization and referral required.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization and referral required.
You want a doctor (continued on the next page)	Visits to treat an injury or illness	\$0	Prior authorization and referral may be required.
	Specialist care	\$0	Prior authorization and referral required.
	Wellness visits, such as a physical	\$0	



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued)	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	“Welcome to Medicare” (preventative visit one time only)	\$0	Limited to one time.
You need emergency care	Emergency room services	\$0	This plan covers emergency room services, both in and out of network, and you do not need to obtain a referral or authorization prior to seeking medical care.
	Urgent care	\$0	This plan covers urgently needed care services, both in and out of network, and you do not need to obtain a referral or authorization prior to seeking medical care.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Prior authorization and referral required.
	Lab tests and diagnostic procedures, such as blood work	\$0	Prior authorization and referral may be required.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need hearing/auditory services</p>	Hearing screenings	\$0	Prior authorization and referral required.
	Hearing aids	\$0	<p>Prior authorization and referral required.</p> <p>Additional coverage may be available through Medi-Cal.</p> <p>Please refer to your <i>Member Handbook</i> for more details or contact your care coordinator for help.</p>
<p>You need dental care (continued on the next page)</p>	Dental check-ups and preventive care	\$0	<p>You can find information about this plan’s dental benefits in your <i>Member Handbook</i>. To find a dentist in your area that is in the plan’s network at: https://shop.anthem.com/medicare/ca.</p> <p>Select Useful Tools > Find a Doctor > enter your personal information > Dental Provider</p> <p>Additional dental benefits are available through Medi-Cal: https://www.dhcs.ca.gov/services/Pages/MediCalDental.aspx</p>
	Restorative and emergency dental care	\$0	<p>This plan includes a \$1500 annual allowance for comprehensive dental services such as extractions and dentures.</p> <p>Prior authorization may be required for restorative dental.</p> <p>You can find information about this plan’s dental benefits in your <i>Member Handbook</i>. To find a</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)	Restorative and emergency dental care (cont'd)		dentist in your area that is in the plan's network at: https://shop.anthem.com/medicare/ca . Select Useful Tools > Find a Doctor > enter your personal information > Dental Provider Additional dental benefits are available through Medi-Cal: https://www.dhcs.ca.gov/services/Pages/MediCalDental.aspx
You need eye care	Eye exams	\$0	This plan includes one routine eye exam every year.
	Glasses or contact lenses	\$0	This plan includes a \$300 annual allowance for glasses and/or contact lenses. Prior authorization and referral required. Please refer to your <i>Member Handbook</i> for more details or contact your care coordinator for help. Additional coverage may be available through Medi-Cal.
	Other vision care	\$0	
You need mental health services	Mental health services	\$0	Prior authorization and referral may be required.
	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	Prior authorization and referral required. Please refer to your <i>Member Handbook</i> for more details.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	\$0	Please refer to your <i>Member Handbook</i> for details.
You need a place to live with people available to help you	Skilled nursing care	\$0	This plan covers up to 100 days in a Skilled Nursing Facility (SNF).
	Nursing home care	\$0	Please refer to your <i>Member Handbook</i> for more details.
	Adult Foster Care and Group Adult Foster Care	\$0	Prior authorization and referral required. Please refer to your <i>Member Handbook</i> for more details.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization and referral required.
You need help getting to health services	Ambulance services	\$0	Prior authorization applies to non-emergency ambulance transport services.
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	This plan includes 65 one-way trips to plan approved locations. Trips are limited to 60 miles and requires 48 hours advance notice. Additional coverage available through Medi-Cal. Please refer to your <i>Member Handbook</i> for details.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition</p>	Medicare Part B prescription drugs	\$0	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.</p> <p>Prior authorization is required.</p>
	Generic drugs (no brand name)	\$0	<p>There may be limitations on the types of drugs covered. Please refer to Anthem MediBlue Full Dual Advantage (HMO D-SNP)'s <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Extended day supplies are available on Tier 1 and Tier 6 prescriptions at the same cost.</p>
	Brand name drugs	\$0	<p>There may be limitations on the types of drugs covered. Please refer to Anthem MediBlue Full Dual Advantage (HMO D-SNP)'s <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Extended day supply is not available on brand name prescriptions.</p>
	Over-the-counter (OTC) drugs	\$0	<p>There may be limitations on the types of drugs covered. Please refer to Anthem MediBlue Full Dual Advantage (HMO D-SNP)'s <i>List of Covered Drugs</i> (Drug List) for more information.</p>



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Health need or concern	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	Rehabilitation services	\$0	Prior authorization and referral required.
	Medical equipment for home care	\$0	Prior authorization and referral required.
	Dialysis services	\$0	Prior authorization and referral required.
You need foot care	Podiatry services	\$0	In addition to routine foot care, this plan includes coverage for unlimited, non-routine podiatry visits.
	Orthotic services	\$0	Prior authorization and referral required.
You need durable medical equipment (DME) Note: This is not a complete list of DME. For a complete list, contact Member Services or refer to Chapter 4 of your <i>Member Handbook</i>).	Wheelchairs, crutches, and walkers	\$0	Prior authorization and referral required.
	Nebulizers	\$0	Prior authorization and referral required.
	Oxygen equipment and supplies	\$0	Prior authorization and referral required.
You need help living at home (continued on the next page)	Home health services	\$0	Prior authorization and referral required.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	For in-home services: please contact your care coordinator to get information on how to access these services.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Home services, such as cleaning or housekeeping, or home modifications such as grab bars (cont'd)		For home modifications: please refer to your <i>Member Handbook</i> for details.
	Adult day health, Community Based Adult Services (CBAS), or other support services	\$0	For CBAS and adult day health: please contact your care coordinator to get information on how to access these services. For other support services: please refer to your <i>Member Handbook</i> for details. Prior authorization and referral may be required.
	Day habilitation services	\$0	Prior authorization and referral required. These services are covered under CBAS (above). Please refer to your <i>Member Handbook</i> for more details.
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Please contact your care coordinator to get information on how to apply for and access these services. Prior authorization and referral may be required. Please refer to your <i>Member Handbook</i> for more details.
Additional services (continued on the next page)	Chiropractic services	\$0	Prior authorization and referral required.
	Diabetes supplies and services	\$0	Prior authorization and referral required.
	Prosthetic services	\$0	Prior authorization and referral required.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Radiation therapy	\$0	Prior authorization and referral required.
	Services to help manage your disease	\$0	Please refer to your <i>Member Handbook</i> for details.
	24/7 NurseLine	\$0	24-hour access to a nurse helpline, 7 days a week, 365 days a year: 1-855-658-9249 .
	Essential Extras (To select a benefit, please call Member Services or see your <i>Member Handbook</i> for instructions.)	\$0	You may select two of these benefits each calendar year, at no additional cost: <ul style="list-style-type: none"> • Assistive Devices You could get an annual allowance of up to \$500 for assistive and safety devices, such as handrails, shower stools, raised toilet seats, and temporary mobility ramps. • Flex Account – Dental, Vision, Hearing Enjoy up to \$500 per year in additional coverage for your dental, vision, or hearing needs. You get to choose how to spend your annual allowance towards out-of-pocket costs or additional services. • Flex Account – Utilities You can receive \$50 each month towards the payment of household utilities including gas, electric, water, sewer, broadband and even cellular plans.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Essential Extras (cont'd)		<ul style="list-style-type: none"> • Healthy Groceries Save on the cost of healthy groceries with \$50 each month, good toward purchases at participating stores near you. • In-Home Support Enjoy up to 60 hours per calendar year of companionship and independent activities of daily living, such as helping with light chores, errands, tech support, and more. • Transportation If you need a ride to plan-approved locations, this benefit gives you 60 one-way trips per year.
	Fitness	\$0	<ul style="list-style-type: none"> • SilverSneakers® Fitness Program When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to www.silversneakers.com or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. ET. <small>*The SilverSneakers Fitness Program is provided by Tivity Health, an independent company. SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. © 2022 TivityHealth, Inc. All rights reserved.</small> • Flex Account – Active Fitness This plan covers a \$25 each month allowance for the payment of access fees for fitness and



If you have questions, please call Anthem MediBlue Full Dual Advantage (HMO D-SNP) at **1-833-707-3129** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.anthem.com/medicare/ca>.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Fitness (cont'd)		recreational classes/programs provided by sports fitness facilities such as golf courses, swimming pools, and tennis courts where access fees apply. The amount expires at the end of the month. Any unused funds expire at the end of the year. <ul style="list-style-type: none"> Health & Fitness Tracker You could enjoy a fitness tracking device (every other year), plus access to online programs to help you achieve your mental acuity and fitness goals.
	Healthy Meals	\$0	You can enjoy healthy meals delivered directly to your home. You could receive up to two meals a day for up to 90 days to support your nutritional needs.
	LiveHealth® Online	\$0	Lets you talk to a board-certified doctor, or licensed psychiatrist, psychologist or therapist, by live, two-way video on a computer, smartphone or tablet.
	Medicare Community Resource Support	\$0	We assist you right over the phone by providing you with health-related information and by connecting you to local community-based services and support programs. We'll help you coordinate these services based on your unique needs.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Medicare Community Resource Support (cont'd)		Call us at the number listed on your plan ID card and ask for the Medicare Community Resource Support team for more details.
	Over-the-Counter (OTC) Items	\$0	There are three ways to access your benefit: <ul style="list-style-type: none"> • Shop online or use the app and have items sent to your home or to a store location near you for pickup • Shop at more than 4,700 Walmart and Neighborhood Market stores and other participating retailers • Call to place an order and have items sent to your home
	Personal Emergency Response System (PERS) coverage	\$0	Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you. May require prior authorization.
	Community Supports	\$0	Services include: <ul style="list-style-type: none"> • Housing Transition Navigation Services • Housing Deposits • Housing Tenancy and Sustaining Services • Short-term Post Hospitalization Housing (STPH)



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Community Supports (cont'd)		<ul style="list-style-type: none"> • Recuperative Care (Medical Respite) • Respite Services • Day Habilitation • Nursing Facility Transition/Diversion to Assisted Living Facilities • Community Transitions Services/Nursing Facility Transitions to a Home • Personal Care and Homemaker Services • Environmental Accessibility Adaptations (Home Modifications) • Meals/Medically Tailored Meals • Sobering Centers

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the Anthem MediBlue Full Dual Advantage (HMO D-SNP) *Member Handbook*. If you don't have a *Member Handbook*, call Anthem MediBlue Full Dual Advantage (HMO D-SNP) Member Services at the number listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit the website at <https://shop.anthem.com/medicare/ca>.

D. Benefits covered outside of Anthem MediBlue Full Dual Advantage (HMO D-SNP)

There are some services that you can get that are not covered by Anthem MediBlue Full Dual Advantage (HMO D-SNP) but are covered by Medicare, Medi-Cal, or a State or county agency. This is not a complete list. Call Member Services at the number listed at the bottom of this page to find out about these services.



If you have questions, please call Anthem MediBlue Full Dual Advantage (HMO D-SNP) at **1-833-707-3129** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.anthem.com/medicare/ca>.

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Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
<ul style="list-style-type: none"> • Medi-Cal Dental (Smile California Medi-Cal Dental Program) • In Home Supportive Services • Specialty mental health and substance use disorder services • Waiver programs including the Assisted Living Waiver and Multipurpose Senior Services Program, and regional center services <p>Please contact your care coordinator to get information on eligibility and how to access these services.</p>	\$0
Certain hospice care services covered outside of Anthem MediBlue Full Dual Advantage (HMO D-SNP)	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0
Rest home room and board	\$0

E. Services that Anthem MediBlue Full Dual Advantage (HMO D-SNP), Medicare, and Medi-Cal do not cover

This is not a complete list. Call Member Services at the number listed at the bottom of this page or refer to your *Member Handbook* to find out about other excluded services.



If you have questions, please call Anthem MediBlue Full Dual Advantage (HMO D-SNP) at **1-833-707-3129** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.anthem.com/medicare/ca>.

Anthem MediBlue Full Dual Advantage (HMO D-SNP) | 2023 Summary of Benefits

Services Anthem MediBlue Full Dual Advantage (HMO D-SNP), Medicare, and Medi-Cal do not cover

Services not considered “reasonable and necessary” according to standards of Medicare and Medi-Cal

Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study

Surgical treatment for morbid obesity except when medically necessary

Elective or voluntary enhancement procedures

Cosmetic surgery or other cosmetic work unless required criteria are met

LASIK surgery

F. Your rights as a member of the plan

As a member of Anthem MediBlue Full Dual Advantage (HMO D-SNP), 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 medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion



If you have questions, please call Anthem MediBlue Full Dual Advantage (HMO D-SNP) at **1-833-707-3129** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.anthem.com/medicare/ca>.

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- **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 language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers
- **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 change your PCP at any time during the year
 - Use 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 health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. Anthem MediBlue Full Dual Advantage (HMO D-SNP) will pay for the cost of your second opinion visit
 - Make your health care wishes known in an advance directive
- **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 with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency



If you have questions, please call Anthem MediBlue Full Dual Advantage (HMO D-SNP) at **1-833-707-3129** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.anthem.com/medicare/ca>.

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- Use 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
 - File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number (1-888-466-2219), or a TDD line (1-877-688-9891) for the hearing and speech impaired. The DMHC website (www.dmhc.ca.gov) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
 - Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature
 - Appeal certain decisions made by DMHC or our providers
 - Ask for a State Hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call Anthem MediBlue Full Dual Advantage (HMO D-SNP) Member Services at the number listed at the bottom of this page.

You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m., or the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m.

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

If you have a complaint or think Anthem MediBlue Full Dual Advantage (HMO D-SNP) should cover something we denied, call Member Services at the number listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *Member Handbook*. You can also call Anthem MediBlue Full Dual Advantage (HMO D-SNP) Member Services at the number listed at the bottom of this page.



If you have questions, please call Anthem MediBlue Full Dual Advantage (HMO D-SNP) at **1-833-707-3129** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.anthem.com/medicare/ca>.

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You can submit appeals and grievances in writing.

Mail to:

Anthem MediBlue Full Dual Advantage (HMO D-SNP)
Attn: Complaints, Appeals and Grievances
4361 Irwin Simpson Road
Mailstop: OH0205-A537
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 within 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: www.dmhc.ca.gov/fileacomplaint/submitanindependentmedicalreviewcomplaintform.aspx or call the DMHC Help Center at 1-888-466-2219. TTY users should call 1-877-688-9891.
- 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: 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: 1-916-255-5241



If you have questions, please call Anthem MediBlue Full Dual Advantage (HMO D-SNP) at **1-833-707-3129** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.anthem.com/medicare/ca>.

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H. 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 MediBlue Full Dual Advantage (HMO D-SNP) Member Services. Phone numbers are listed at the bottom of this page.
- Or, call the Medi-Cal Customer Service Center at 1-800-841-2900. TTY users may call 1-800-497-4648.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. This call is free.
- Or, call California Department of Health Care Services Fraud & 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.



If you have questions, please call Anthem MediBlue Full Dual Advantage (HMO D-SNP) at **1-833-707-3129** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. For more information, visit <https://shop.anthem.com/medicare/ca>.

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If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Anthem MediBlue Full Dual Advantage (HMO D-SNP) Member Services:

CALL: 1-833-707-3129

Calls to this number are free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Member Services also has free language interpreter services available for non-English speakers.

TTY: 711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call Anthem MediBlue Dual Advantage's 24/7 NurseLine. A nurse will listen to your problem and tell you how to get care. The numbers for the 24/7 NurseLine are: **1-855-658-9249** (TTY: **711**). Calls to this number are free, seven days a week, 365 days a year.

Anthem MediBlue Full Dual Advantage (HMO D-SNP) also has free language interpreter services available for non-English speakers.

Call **1-833-707-3129** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. Calls to this number are free.

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:

- Los Angeles County: **1-800-854-7771**, (TTY: **711**)
- Santa Clara County: **1-855-278-4204**, (TTY: **711**)

Calls to these numbers are free. 24 hours a day, 7 days a week, including holidays.

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