# Summary of Benefits



Summary of Benefits

## Thank you for your interest in our Medicare Advantage plans

Anthem Blue Cross and Blue Shield offers benefits to help support your health and help you manage your healthcare costs. This plan includes hospital and medical benefits, and prescription drug coverage.

## Medicare Advantage and Part D

**Plan year:** January 1 – December 31, 2027

**Missouri**

Christian, Dallas, Douglas, Greene, Hickory, Laclede, Polk, Pulaski, Webster, Wright counties

**Anthem Medicare Advantage (HMO-POS)**

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# Anthem Medicare Advantage (HMO-POS)

Our service area includes these counties in MO: Christian, Dallas, Douglas, Greene, Hickory, Laclede, Polk, Pulaski, Webster, Wright.



### Do you have questions?

You can learn more on our website, **shop.anthem.com/medicare**. Or call us toll-free at **1-844-603-1409** (TTY: **711**). Hours of operation: 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 Summary of Benefits does not list every covered service or rule. The Evidence of Coverage includes full details. Call us to request a copy.

Anthem Medicare Advantage (HMO-POS) is a Medicare Advantage plan. It includes hospital, medical, and prescription drug benefits. To join this plan, the following must apply to you:

- You're entitled to Medicare Part A.
- You're enrolled in Medicare Part B.
- You live in our service area.

You can use doctors and facilities outside this plan's network for certain services. You can use either network or out-of-network providers for non-Medicare dental services covered by the plan. If you go outside the network, your out-of-pocket cost may be higher.

### Medicare coverage that goes beyond Original Medicare

- Medicare Advantage plans cover everything Original Medicare covers — Part A (hospital services) and Part B (medical services) — plus more.
- Medicare Advantage Prescription Drug Plans cover Medicare Part D drugs and Part B drugs.

### This is a Health Maintenance Organization Point of Service (HMO-POS) plan. That means:

- You will choose a primary care physician (PCP) in the plan's network of doctors for covered services. Your PCP provides most of your medical care, including routine care and hospitalizations. They can help you save time and money by directing you to specialists when needed.
- Before you visit a specialist, talk with your PCP first. They know your health history and can help you find the right care. You can use doctors who aren't in the plan for a limited number of services, but your costs may be higher.

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

If you need to change your primary care physician (PCP), give us a call and we'll help. Doctors can join or leave the network at any time, so check if they're in-network with our Find a Doctor tool online. Follow the steps listed.

**How to find a doctor or provider in our plan:**

- Go to **shop.anthem.com/medicare**
  1. Enter your ZIP code and county. Then select **View All Plans**.
  2. Select the **Medicare Advantage** or **Medicare Advantage Special Needs** tab.
  3. Select **Add Providers**.
  4. Enter your search details (doctor's name, specialty, or provider type).
  5. Check that the doctor or provider is **in your plan's network** for this plan.
- Or, ask for the Provider Directory. The phone number is on page 2.

## Find a pharmacy

Our plans include the majority of pharmacies in America. Check the Pharmacy Directory to confirm your pharmacy is in-network. If your pharmacy is not in this plan, you could end up paying more for your drugs.

To confirm your pharmacy is in your plan's network (or to find a new one), go to **shop.anthem.com/medicare** to view the Pharmacy Directory. Enter your ZIP code and county, and then select **View All Plans.** Next, select **Medicare Advantage** or **Medicare Advantage Special Needs** tab and choose **Add Providers**. Select **Search for Pharmacies**, and enter your search details. You can also select to see which are Preferred pharmacies. Or you can call us and we'll send you the directory.

Our plan offers preferred and standard pharmacies. You may go to either type of pharmacy to fill your covered prescription drugs.

**How to check if your prescriptions (or an acceptable alternative) are covered and what they may cost:**

- Visit **shop.anthem.com/medicare**
  1. Enter your ZIP code and county. Then select **View All Plans**.
  2. Select the **Medicare Advantage** or **Medicare Advantage Special Needs** tab.
  3. Select **Add Drugs**.
  4. Enter your prescription details (drug name, dosage, quantity, refill frequency). Then **Add Drug**.
  5. To add another prescription, select **Add another drug**. When you're ready, select **Select Pharmacy.**
  6. Open **Plan Details.** Select the **Prescriptions** tab, and then select **Drug Cost** to see coverage and cost details.
- You can also call us at the number on page 2 for a copy of the Formulary.



## Don’t miss out on some Extra Help

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won’t have a late enrollment penalty.

### To find out if you qualify for Extra Help, call:

- Our representatives at **1-844-603-1409** (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.
- 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours a day/7 days a week.
- The Social Security Administration at 1-800-772-1213 (TTY: 1-800-325-0778) Monday to Friday, 8 a.m. to 7 p.m.
- Your state Medicaid office.

For more information about Medicare, you can read the Medicare & You handbook. If you don't have a copy of this booklet, you can access it online at the Medicare website (medicare.gov/medicare-and-you) or request a copy 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.

# Optional supplemental dental and/or vision benefits

You can add an Optional Supplemental Benefits (OSB) package to the plan for an additional monthly premium. Optional Supplemental Benefits may not be available with every Medicare Advantage plan. See the Optional Supplemental Dental and Vision Plans section of the medical benefits chart for more details.



# Summary of 2027 medical benefits

## Anthem Medicare Advantage (HMO-POS)

### How much is my premium (monthly payment)?

**$0.00** per month

You must continue to pay your Medicare Part B premium.

### How much is my deductible?

This plan does not have a medical deductible.

**$210.00** deductible per year for Part D prescription drugs.

Drugs listed on Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier are included in the Part D deductible.

The amount you pay is determined by the covered Part D prescription and if you receive Extra Help low-income subsidy coverage. Please refer to your 2027 LIS Rider for the specific amount if you receive Extra Help.

The Part D deductible does not apply to Insulin drugs.

## Anthem Medicare Advantage (HMO-POS)

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

**$4,450.00** per year from doctors and facilities in our plan

Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Services you receive from doctors or facilities in our plan go toward your yearly limit. If you reach the limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for covered Part A and Part B services for the rest of the year.

### Inpatient Hospital[1]

Facilities in our plan: Days 1-6: **$350.00** per day, per admission / Days 7-90: **$0.00** per day, per admission

Our plan covers an unlimited number of days for an inpatient hospital stay.

Per-day cost sharing applies to each new inpatient admission (Note: transfers to an inpatient rehabilitation hospital are considered a new admission and cost sharing per day applies).

### Outpatient Hospital[1]

Doctors and facilities in our plan: **$325.00** copay

## Anthem Medicare Advantage (HMO-POS)

### Ambulatory Surgical Center[1]

Doctors and facilities in our plan: **$275.00** copay

### Doctor's Office Visits

**Primary care physician (PCP) visit:**

PCPs in our plan: **$0.00** copay

**Specialist visit:[1]**

Doctors in our plan: **$35.00** copay

### Preventive Care Screenings and Annual Physical Exams

**Preventive care screenings:**

Doctors in our plan: **$0.00** copay

**Annual physical exam:**

Doctors in our plan: **$0.00** copay

## Preventive Care Screenings and Annual Physical Exams

**Covered preventive care screenings:**

- Abdominal aortic aneurysm screening
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)
- Cardiovascular disease screening tests
- Cervical and vaginal cancer screening
- Colorectal cancer screenings
- Depression screening
- Diabetes screening
- Diabetes self-management training, diabetic services, and supplies
- Health and wellness education programs
- HIV screening
- Immunizations
- Medical nutrition therapy
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screening and therapy to promote sustained weight loss
- Pre-exposure prophylaxis (PrEP) for HIV prevention
- Prostate cancer screening exams
- Screening and counseling to reduce alcohol misuse
- Screening for Hepatitis C Virus infection
- Screening for lung cancer with low dose computed tomography (LDCT)
- Screening for sexually transmitted infections (STIs) and counseling to prevent STIs
- Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- Vision care
- “Welcome to Medicare” preventive visit (one-time)

Any extra preventive services approved by Medicare during the contract year will be covered. When you use doctors in our plan, **100%** of the cost of preventive care screenings and annual physical exams will be covered.

## Anthem Medicare Advantage (HMO-POS)

### Emergency Care

**$150.00** copay

**Emergency and Urgent Care Worldwide Coverage**
**$150.00** copay

This plan covers urgent care and emergency services, including emergency transportation, when traveling outside of the United States for less than six months. This benefit is limited to **$100,000** per year.

### Urgently Needed Services

**$45.00** copay

### Diagnostic Services, Labs, and Imaging[1]

| | |
|---|---|
| **Diagnostic Radiology Services** | |
| CT scans, MRI, MRA, PET at a physician's office or free-standing provider facilities in our plan: | **$100.00 copay** |
| CT scans, MRI, MRA, PET at hospital outpatient facilities in our plan: | **$225.00 copay** |
| Ultrasounds at a physician's office or free-standing provider facilities in our plan: | **$75.00 copay** |
| Ultrasounds at hospital outpatient facilities in our plan: | **$125.00 copay** |

## Anthem Medicare Advantage (HMO-POS)

### Diagnostic Services, Labs, and Imaging[1]

| | |
|---|---|
| **Diagnostic Tests and Procedures** | |
| Physician's office or free-standing provider facilities in our plan: | **$60.00 copay** |
| Hospital outpatient facilities in our plan: | **$105.00 copay** |
| **Lab Services** | |
| Physician's office or free-standing provider facilities in our plan: | **$5.00 copay** |
| Hospital outpatient facilities in our plan: | **$5.00 copay** |
| **Outpatient X-rays** | |
| Physician's office in our plan: | **$90.00 copay** |
| Hospital outpatient facilities in our plan: | **$125.00 copay** |
| Free-standing facility or at-home portable X-ray services in our plan: | **$90.00 copay** |

## Anthem Medicare Advantage (HMO-POS)

### Diagnostic Services, Labs, and Imaging[1]

| | |
|---|---|
| **Therapeutic Radiology Services** (such as radiation treatment for cancer)<br>Physician's office, free-standing provider, or hospital outpatient facilities in our plan: | **20% coinsurance** |

### Hearing Services

**Medicare-covered hearing services** (Exam to diagnose and treat hearing and balance issues):[1]

Doctors in our plan: **$35.00** copay

**Routine hearing services:**[1]

This plan covers 1 routine hearing exam every year. **$300** maximum plan benefit for over-the-counter hearing aids OR 1 routine hearing aid fitting evaluation and a **$1,500** maximum plan benefit for prescribed hearing aids every year.

Doctors in our plan: **$0.00** copay for routine hearing exam(s). **$0.00** copay for hearing aids up to the maximum plan benefit amount.

## Dental Services

**Medicare-covered dental services** (this does not include services for care, treatment, filling, removal or replacement of teeth):[1]

Doctors and dentists in our plan: **$0.00** copay

**Preventive and Comprehensive[1] Dental Combined Allowance:**

This plan covers up to a **$2,500** allowance for covered preventive and comprehensive dental services every year.

Any amount not used at the end of the plan year will expire.

**Preventive dental services:**

Dentists in our plan: **$0.00** copay
Dentists not in our plan: **20%** coinsurance

This plan covers 2 oral exams, 2 cleanings, 2 fluoride treatments, and 2 dental X-rays every year.

**Comprehensive dental services:**

Doctors and dentists in our plan: **25%** coinsurance
Doctors and dentists not in our plan: **50%** coinsurance

Please refer to Chapter 4 in the plan's Evidence of Coverage for more details on prior authorizations, covered dental services, limitations, and exclusions.

To find a dental provider in our plan, follow the same steps as the "How to find a doctor/PCP in our plan" box at the beginning of this booklet. Then select **Dental Provider** under **Provider Type**.

## Anthem Medicare Advantage (HMO-POS)

### Vision Services

**Medicare-covered vision services:**

**Exam to diagnose and treat diseases and conditions of the eye:**

Doctors in our plan: **$35.00** copay

**Eyeglasses or contact lenses after cataract surgery:**

Doctors in our plan: **$0.00** copay

**Routine vision services:**

**Routine vision exam:**

This plan covers 1 routine eye exam(s) every year.

Doctors in our plan: **$0.00** copay

**Routine eyewear** (lenses and frames)**:**

This plan covers up to **$150** for eyeglasses or contact lenses every year.

Doctors in our plan: **$0.00** copay

To find a vision provider in our plan, follow the same steps as the "How to find a doctor/PCP in our plan" box at the beginning of this booklet. Then select **Vision Provider** under **Provider Type**.

## Mental Health Care

**Inpatient visit:**[1]

Doctors and facilities in our plan: Days 1-6: **$350.00** per day, per admission / Days 7-90: **$0.00** per day, per admission

Our plan covers unlimited inpatient days.

Per day cost sharing applies to each new inpatient admission. (Note: transfers to an inpatient rehabilitation hospital is considered a new admission and cost sharing per day applies).

**Outpatient individual and group therapy services:**[1]

Doctors and facilities in our plan: **$30.00** copay

## Skilled Nursing Facility (SNF)[1]

Doctors and facilities in our plan: Days 1 - 20: **$20.00** per day / Days 21 - 100: **$221.00** per day

Our plan covers up to 100 days in a Skilled Nursing Facility (SNF).

Your copays for SNF benefits are based on benefit periods. A benefit period starts on the first day you go into a hospital or SNF and ends when you haven't had any inpatient hospital care or skilled nursing care for 60 days in a row. If you go into a SNF after one benefit period has ended, a new benefit period starts. There's no limit to the number of benefit periods you can have.

## Anthem Medicare Advantage (HMO-POS)

### Physical Therapy[1]

Doctors and facilities in our plan: **$35.00** copay

### Ambulance[1]

**Ground/Water Ambulance:**

Emergency transportation services in our plan: **$295.00** copay per trip

**Air Ambulance:**

Emergency transportation services in our plan: **$295.00** copay per trip

### Transportation

Not Covered

## Medicare Part B Drugs

**Insulin furnished through an insulin pump:**

Drugs obtained from doctors and facilities in our plan: **$35.00** copay

**Other Part B Drugs:**[1]

Drugs obtained from doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

**Chemotherapy drugs:**[1]

Drugs obtained from doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

You may pay less than the maximum coinsurance for certain Part B and chemotherapy rebatable drugs. The list and the cost of each rebatable drug changes every quarter.

# Additional benefits

## Anthem Medicare Advantage (HMO-POS)

### Acupuncture

**Medicare-covered acupuncture services:**[1]

Providers in our plan: **$20.00** copay

Available for people with chronic low back pain under certain circumstances. Please see the Evidence of Coverage for more information.

### Chiropractic Care[1]

**Medicare-covered chiropractic services:**

Providers in our plan: **$20.00** copay

Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).

## Anthem Medicare Advantage (HMO-POS)

### Diabetic Monitors, Supplies, and Services[1]

**Continuous glucose monitors (CGMs) and sensors:**
Suppliers in our plan: **$0.00** copay

**Blood glucose monitors:**
Suppliers in our plan: **$0.00** copay

**Blood glucose test strips and lancets:**
Suppliers in our plan: **$0.00** copay

Coverage limitations may apply. Please refer to your Evidence of Coverage for complete coverage details.

## Anthem Medicare Advantage (HMO-POS)

### Foot Care (podiatry services)[1]

**Medicare-covered podiatry:**

Doctors in our plan: **$0.00** copay - **$35.00** copay

Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.

You pay nothing for Medicare-covered *routine* podiatry services. For all other Medicare-covered podiatry services, you pay the higher amount shown above.

**Routine foot care:**

Doctors in our plan: **$0.00** copay

This plan covers: 12 routine foot care visit(s) every year.

### Healthy Meals - Post Discharge

**$0.00** copay for up to 2 meals a day for 10 days (maximum 20 meals) following your discharge from the hospital or skilled nursing facility (SNF).

You must use network providers.

### Home Health Care[1]

Doctors and facilities in our plan: **$0.00** copay

# Anthem Medicare Advantage (HMO-POS)

## LiveHealth® Online

You pay a **$0.00** copay. 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.

LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

## Medical Equipment/Supplies

**Durable Medical Equipment** (wheelchairs, oxygen, etc.):[1]

Suppliers in our plan: **20%** coinsurance

**Medical supplies and prosthetic devices** (braces, artificial limbs, etc.):[1]

Suppliers in our plan: **20%** coinsurance

# Anthem Medicare Advantage (HMO-POS)

## Outpatient Rehabilitation

**Cardiac (heart) rehab services** (with a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period):[1]

Doctors and facilities in our plan: **$40.00** copay

**Pulmonary (lung) rehab services** (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):[1]

Doctors and facilities in our plan: **$20.00** copay

**Occupational therapy visit:**[1]

Doctors and facilities in our plan: **$35.00** copay

## Outpatient Substance Abuse[1]

**Individual & Group therapy visit:**

Doctors and facilities in our plan: **$30.00** copay

# Anthem Medicare Advantage (HMO-POS)

## Over-the-Counter Products

This benefit provides a spending allowance of **$72** every quarter on your Benefits Prepaid Card for over-the-counter (OTC) health and wellness products like vitamins, first aid supplies, pain-relievers, and more.

You have a variety of convenient ways to use the benefit:

- Shop in-store at participating retailers near you
- Shop online on the approved vendor website
- Shop on the approved vendor's mobile app
- Call to place an order
- Order by mail

Unused amounts expire at the end of every quarter.

## Renal Dialysis

Doctors and facilities in our plan: **20%** coinsurance

## 24/7 Nurseline

You pay a **$0.00** copay for 24-hour access to a nurse line, seven days a week, 365 days a year.

## Footnotes

Services with a 1 may need prior authorization (preapproval) from the plan.



# Summary of 2027 prescription drug coverage

## Ways to save

1. Choose generic drugs on tiers 1 and 2 when available.
2. Use mail order.
3. Use a preferred pharmacy. To find a preferred pharmacy in this plan:
   - Visit **shop.anthem.com/medicare** Enter your ZIP code and county, and then select a plan. Next, select **Add Drugs**. Enter your prescription details, and then select **Add Drugs**. Select **Select Pharmacy** to continue. In the left panel, select Preferred, and then select **Apply**.
   - Give us a call and we will send you a copy of the Pharmacy Directory.

## Anthem Medicare Advantage (HMO-POS)

### Stage 1: Yearly Deductible

**$210.00** deductible per year for Part D prescription drugs.

Drugs listed on Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier are included in the Part D deductible.

The amount you pay is determined by the covered Part D prescription and if you receive Extra Help low-income subsidy coverage. Please refer to your 2027 LIS Rider for the specific amount if you receive Extra Help.

The Part D deductible does not apply to Insulin drugs.

### Stage 2: Initial Coverage

After you pay your yearly deductible (if your plan has one), you move to the Initial Coverage Stage. In this stage, you pay the amounts listed in the table on the following pages, until your total year-to-date out-of-pocket costs reach **$2,400**.

The amount you pay is determined by the covered Part D prescription and if you receive Extra Help low-income subsidy coverage. Please refer to your 2027 LIS Rider for the specific amount if you receive Extra Help.

You may get your covered drugs at retail pharmacies and mail-order pharmacies in our plan. Generally, you may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan. If you live in a long-term care facility, you pay the same as at a standard retail pharmacy.

**Important message about what you pay for vaccines and insulin:** This plan covers most Part D vaccines at no cost to you and you will not pay more than **$35** for a one-month supply for any covered Insulin.

## Stage 2: Initial Coverage

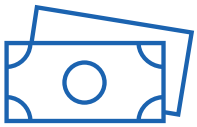
| Cost Sharing | Anthem Medicare Advantage (HMO-POS) |
|---|---|
| **Tier 1: Preferred Generic** | |
| Preferred retail one-month supply | **$0.00*** |
| Standard retail one-month supply | **$0.00*** |
| Mail order three-month supply[100] | **$0.00*** |
| **Tier 2: Generic** | |
| Preferred retail one-month supply | **$0.00*** |
| Standard retail one-month supply | **$10.00*** |
| Mail order three-month supply | **$0.00*** |
| **Tier 3: Preferred Brand** | |
| Preferred retail one-month supply | **25%** |
| Standard retail one-month supply | **25%** |
| Mail order three-month supply | **25%** |
| **Tier 4: Non-Preferred Drug** | |
| Preferred retail one-month supply | **28%** |
| Standard retail one-month supply | **28%** |
| Mail order three-month supply | **28%** |
| **Tier 5: Specialty Tier** | |
| Preferred retail one-month supply | **31%** |
| Standard retail one-month supply | **31%** |
| Mail order three-month supply | **Not available** |

* Your deductible will not apply for these drugs.

[100] The three-month supply for this tier on this plan is 100 days.

## Stage 3: Catastrophic Coverage

During this stage, you pay nothing for your covered Part D drugs.



# Optional supplemental dental and vision plans

# Package 1: Preventive Dental

## Anthem Medicare Advantage (HMO-POS)

### How much is the monthly payment?

An extra **$16.00** per month. You must keep paying your Medicare Part B monthly payment.

### How much is the deductible?

This package does not have a deductible.

### Is there a limit on how much the plan will pay?

**Dental Providers in our plan:**

- The plan will pay up to **$500** for the following preventive dental benefits each year (benefit maximum).

Talk to your doctor and confirm all coverage, costs, and codes before you receive services.

### Benefits included:

**Dental Providers in our plan:**

You pay no copay for:

- Two exams
- Two cleanings

## Benefits included:

- Dental X-rays: include one full-mouth **or** panoramic X-ray **and** one set/series of bitewing X-rays each year **and** up to seven periapical images per calendar year
- Two fluoride treatments

**Dental Providers not in our plan:**
You pay **20%** of the covered charges for:

- Two exams
- Two cleanings
- Dental X-rays include one full-mouth **or** panoramic X-ray **and** one set/series of bitewing X-rays each year **and** up to seven periapical images per calendar year
- Two fluoride treatments

Exclusions & Limits for this benefit package:

- To receive in-network cost sharing you must use in-network providers.

Since these services are not normally covered under Original Medicare, we offer them as a Supplemental Benefit for an extra monthly payment through this Optional Supplemental Package.

# Package 2: Dental and Vision

## Anthem Medicare Advantage (HMO-POS)

### How much is the monthly payment?

An extra **$24.00** per month. You must keep paying your Medicare Part B monthly payment.

### How much is the deductible?

This package does not have a deductible.

### Is there a limit on how much the plan will pay?

**Dental Providers in our plan:**

- The plan will pay up to **$1,000** for the following preventive and comprehensive dental benefits each year (benefit maximum).

Talk to your doctor and confirm all coverage, costs, and codes before you receive services.

### Benefits included:

#### Dental:

**Dental Providers in our plan:**
You pay no copay for:

- Two exams

## Benefits included:

- Two cleanings
- Dental X-rays: include one full-mouth **or** panoramic X-ray **and** one set/series of bitewing X-rays each year **and** up to seven periapical images per calendar year
- Two fluoride treatments

You pay **20%** of the covered charges for certain restorative dental services (fillings).

You pay **50%** of the covered charges for certain endodontic, periodontic, and oral surgery dental services which include, but are not limited to, the following:

- Root canal treatment
- Periodontal scaling, root planing, and other gum related treatments
- Simple and surgical extractions
- Sedation and anesthesia used during covered procedures

Exclusions & Limits for this benefit package:

- Dentures and crowns are excluded.
- To receive in-network cost sharing you must use in-network providers.

**Dental Providers not in our plan:**
You pay **30%** of the covered charges for:

- Two exams
- Two cleanings
- X-rays include one full-mouth **or** panoramic X-ray **and** one set/series of bitewing X-rays each year **and** up to seven periapical images per calendar year.
- Two fluoride treatments.

You pay **60%** of the covered charges for certain restorative dental services (fillings). You pay **75%** of the covered charges for certain endodontic, periodontic, and oral surgery dental services which include, but are not limited to, the following:

- Root canal treatment
- Periodontal scaling, root planing, and other gum related treatments
- Simple and surgical extractions
- Sedation and anesthesia used during covered procedures

## Benefits included:

Exclusions & limits for this benefit package:

- Dentures and crowns are excluded.
- Out-of-network dental services are covered at the out-of-network cost sharing.

### Vision

This package offers a **$150** reimbursement allowance toward the purchase of eyewear. The benefit applies to corrective (prescription) glasses, lenses, frames, and/or contact lenses.
Talk to your provider and confirm all coverage, costs, and codes prior to services being rendered.

Exclusions & limits for this benefit package:

- Safety eyewear, non-prescription sunglasses, and non-prescription lenses or contacts are not covered.
- To receive in-network cost sharing you must use in-network providers.

Since these services are not normally covered under Original Medicare, we offer them as a Supplemental Benefit for an extra monthly payment through this Optional Supplemental Package.

# Package 3: Enhanced Dental and Vision

## Anthem Medicare Advantage (HMO-POS)

### How much is the monthly payment?

An extra **$41.00** per month. You must keep paying your Medicare Part B monthly payment.

### How much is the deductible?

This package does not have a deductible.

### Is there a limit on how much the plan will pay?

**Dental Providers in our plan:**

- The plan will pay up to **$2,000** for the following preventive and comprehensive dental benefits each year (benefit maximum).

Talk to your doctor and confirm all coverage, costs, and codes before you receive services.

### Benefits included:

#### Dental:

**Dental Providers in our plan:**
You pay no copay for:

## Benefits included:



- Two exams
- Two cleanings
- Dental X-rays: include one full-mouth **or** panoramic X-ray **and** one set/series of bitewing X-rays each year **and** up to seven periapical images per calendar year
- Two fluoride treatments

You pay **20%** of the covered charges for certain restorative dental services (fillings).

You pay **50%** of the covered charges for certain endodontic, periodontic, prosthodontic, and oral surgery dental services which include, but are not limited to, the following:

- Root canal treatment
- Periodontal scaling, root planing, and other gum related treatments
- Simple and surgical extractions
- Crowns (once per tooth every five years)
- Complete denture, immediate denture, or partial denture (one set of dentures every five years)
- Denture adjustment, repair, replacement, rebasing, and relining
- Sedation and anesthesia used during covered procedures

**Dental Providers not in our plan:**
You pay **30%** of the covered charges for:

- Two exams
- Two cleanings
- Dental X-rays include one full-mouth **or** panoramic X-ray **and** one set/series of bitewing X-rays each year **and** up to seven periapical images per calendar year.
- Two fluoride treatments.

You pay **60%** of the covered charges for certain restorative dental services (fillings).

You pay **75%** of the covered charges for certain endodontic, periodontic,

## Benefits included:

prosthodontic, and oral surgery dental services which include, but are not limited to, the following:

- Root canal treatment
- Periodontal scaling, root planing, and other gum related treatments
- Simple and surgical extractions
- Crowns (once per tooth every five years)
- Complete denture, immediate denture, or partial denture (one set of dentures every five years)
- Denture adjustment, repair, replacement, rebasing, and relining
- Sedation and anesthesia used during covered procedures

Exclusions & Limits for this benefit package:

- Out-of-network dental services are covered at the out-of-network cost sharing.

### Vision

This package offers a **$200** reimbursement allowance toward the purchase of eyewear. The benefit applies to corrective (prescription) glasses, lenses, frames, and/or contact lenses.
Talk to your provider and confirm all coverage, costs, and codes prior to services being rendered.

Exclusions & limits for this benefit package:

- Safety eyewear, non-prescription sunglasses, and non-prescription lenses or contacts are not covered.
- To receive in-network cost sharing you must use in-network providers.

Since these services are not normally covered under Original Medicare, we offer them as a Supplemental Benefit for an extra monthly payment through this Optional Supplemental Package.

If you need emergency or urgent care, call 911 or go to the nearest doctor or facility that can help you. Most times, you must use doctors in our plan to receive covered medical care, except for emergencies and urgently needed care when doctors in our plan are not available, or dialysis services when you are out of the service area. If you receive routine care from doctors outside our plan, neither Medicare nor Anthem Blue Cross and Blue Shield will pay for it.

Discrimination is against the law. That's why we comply with applicable Federal civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, sex, age or disability.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Anthem Blue Cross and Blue Shield is an HMO-POS plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal. In Missouri (excluding 30 counties in the Kansas City area): Anthem Blue Cross and Blue Shield is the trade name of RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensees of the Blue Cross Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

**Notice of Availability of Language Assistance Services and Auxiliary Aids and Services**

**English** – ATTENTION: If you need help in your language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-844-671-5716** (TTY: **711**). Hours of operation are 8 a.m. to 8 p.m. local time, 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.

**Español (Spanish)** – ATENCIÓN: Si necesita ayuda en su idioma, tiene a su disposición servicios gratuitos de asistencia en otros idiomas. También puede obtener ayudas y servicios auxiliares adecuados gratuitos para proporcionar información en formatos accesibles. Llame al número de teléfono indicado anteriormente. El horario de atención es de 8 a.m. a 8 p.m. hora local, los siete días de la semana (excepto el Día de Acción de Gracias y Navidad) desde el 1.º de octubre hasta el 31 de marzo, y de lunes a viernes (excepto los días feriados) desde el 1.º de abril hasta el 30 de septiembre.

**Shqip (Albanian)** – VËMENDJE: Nëse keni nevojë për ndihmë në gjuhën tuaj, për ju ofrohen falas shërbime asistence gjuhësore. Gjithashtu ofrohen falas mjete ndihmëse dhe shërbime të përshtatshme për të ofruar informacionin në formate të aksesueshme. Telefononi në numrin që tregohet më sipër. Orari i punës është 08:00 deri në 20:00 sipas orës lokale, shtatë ditë në javë (përveç Ditës së Falënderimeve dhe Krishtlindjeve) nga 1 tetori deri në 31 mars, dhe nga e hëna në të premte (përveç pushimeve) nga 1 prilli deri në 30 shtator.

**አማርኛ (Amharic)** – ያስተውሉ፦ በቋንቋዎ እገዛ የሚፈልጉ ከሆነ፣ነጻ የቋንቋ እርዳታ አገልግሎቶች ለእርስዎ ይገኛሉ። መረጃን በተደራሽ ቅርጸቶች ለማቅረብ አግባብ የሆኑ ረዳት መርጃዎች እና አገልግሎቶችም በነጻ ይገኛሉ። ከላይ በተጠቀሰው ስልክ ቁጥር ይደውሉ። የስራ ሰዓቶች ከጠዋቱ 8 ሰዓት እስከ ከሰዓት 8 ሰዓት የአካባቢ ሰዓት፣ በሳምንት ሰባት ቀናት (ከምስጋና እና የገና በዓላት በስተቀር) ከኦክቶበር 1 እስከ ማርች 31፣ እና ከሰኞ እስከ አርብ (ከበዓላት በስተቀር) ከኤፕሪል 1 እስከ ሴፕቴምበር 30 ናቸው።

**العربية (Arabic)** – تنبيه: إذا كنت تحتاج إلى المساعدة بلغتك، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجانا. اتصل على رقم الهاتف المذكور أعلاه. ساعات العمل من الساعة 8 صباحًا حتى الساعة 8 مساءً على مدار الأسبوع (ما عدا أيام عيد الشكر وعيد الميلاد) بدايةً من 1 أكتوبر حتى 31 مارس، ومن الاثنين حتى الجمعة (ما عدا أيام العطلات) من 1 أبريل حتى 30 سبتمبر.

**বাংলা (Bengali)** – মনোযোগ দিন: যদি আপনি নিজের ভাষায় সহায়তা চান, তবে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ রয়েছে। তথ্য সহজলভ্য ফরম্যাটে পাওয়ার জন্য প্রয়োজনীয় সহায়ক সরঞ্জাম ও পরিষেবাও বিনামূল্যে প্রদান করা হয়। উপরে উল্লেখিত ফোন নম্বরে ফোন করুন। কার্যক্রমের সময় সকাল 8 টা থেকে রাত 8 টা পর্যন্ত (স্থানীয় সময় অনুযায়ী), সপ্তাহে সাত দিন (শুধুমাত্র থ্যাংকসগিভিং ও বড়দিন ছাড়া) অক্টোবর 1 থেকে মার্চ 31 পর্যন্ত এবং এপ্রিল 1 থেকে সেপ্টেম্বর 30 পর্যন্ত সোমবার থেকে শুক্রবার (ছুটির দিন ছাড়া) কার্যক্রম পরিচালিত হয়।

**简体中文 (Chinese Simplified)** – 注意：如果您在您的语言方面需要帮助，我们可以为您提供免费的语言协助服务。我们还免费提供适当的辅助工具和服务，以可访问的格式提供信息。请拨打上面列出的电话号码。营业时间：10 月 1 日至 3 月 31 日，每周七天（感恩节和圣诞节除外），4 月 1 日至 9 月 30 日，周一至周五（节假日除外），当地时间上午 8 时至晚上 8 时。

**繁體中文 (Chinese Traditional)** – 注意：如果您在您的語言方面需要協助，我們可以為您提供免費的語言協助服務。我們還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打上面列出的電話號碼。營業時間：10 月 1 日至 3 月 31 日，每週七天（感恩節和耶誕節除外），4 月 1 日至 9 月 30 日，週一至週五（節假日除外），當地時間上午 8 時至晚上 8 時。

**دری (Dari)** – توجه: اگر شما در زبان تان ضرورت به کمک دارید، خدمات کمک زبانی رایگان برای شما در دسترس است. کمک ها و خدمات کمکی مناسب برای ارائه معلومات در نمونه های قابل دسترس نیز به صورت رایگان در دسترس هستند. با شماره تیلفون ذکر شده در بالا تماس بگیرید. ساعات کاری از 8 صبح تا 8 شب به وقت محلی، هفت روز در هفته (به جز روز شکرگزاری و کریسمس) از 1 اکتوبر تا 31 مارچ و از دوشنبه تا جمعه (به جز ایام رخصتی) از 1 اپریل تا 30 سپتمبر می‌باشد.

**فارسی (Farsi)** – توجه: اگر نیاز به کمک به زبان خودتان دارید، خدمات کمک زبانی رایگان قابل ارائه به شما است. وسایل و خدمات کمکی مناسب برای ارائه اطلاعات در قالب‌های مناسب معلولان نیز به‌صورت رایگان قابل ارائه است. با شماره تلفن بالا تماس بگیرید. ساعات کاری: از 8 صبح تا 8 شب به وقت محلی از 1 اکتبر تا 31 مارس (به‌جز کریسمس و روز شکرگزاری) در هفت روز هفته و از 1 آوریل تا 30 سپتامبر از دوشنبه تا جمعه (به‌جز تعطیلات).

**Français (French)** – ATTENTION : Si vous avez besoin d'aide dans votre langue, des services gratuits d'assistance linguistique sont disponibles. Des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le numéro de téléphone mentionné ci-dessus. Les heures d'ouverture sont de 8h à 20h, heure locale, sept jours sur sept (sauf Thanksgiving et Noël) du 1er octobre au 31 mars, et du lundi au vendredi (sauf jours fériés) du 1er avril au 30 septembre.

**Deutsch (German)** – ACHTUNG: Wenn Sie Hilfe in Ihrer Sprache benötigen, stehen Ihnen kostenlose Dienste zur sprachlichen Unterstützung zur Verfügung. Außerdem sind kostenlose Hilfsmittel und Dienste verfügbar, um Informationen in zugänglichen Formaten bereitzustellen. Rufen Sie die oben aufgeführte Telefonnummer an. Die Geschäftszeiten sind 8 Uhr bis 20 Uhr lokaler Zeit an sieben Tagen in der Woche (außer Thanksgiving und Weihnachten) vom 1. Oktober bis zum 31. März, und Montag bis Freitag (außer an Feiertagen) vom 1. April bis zum 30. September.

**Ελληνικά (Greek)** – ΠΡΟΣΟΧΗ: Αν χρειάζεστε βοήθεια στη γλώσσα σας, οι δωρεάν υπηρεσίες γλωσσικής υποστήριξης είναι διαθέσιμες για εσάς. Διατίθενται επίσης δωρεάν κατάλληλα βοηθητικά μέσα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε στο τηλέφωνο που αναγράφεται παραπάνω. Το ωράριο λειτουργίας είναι από τις 8 π.μ. έως τις 8 μ.μ. στην τοπική ώρα, επτά ημέρες την εβδομάδα (εκτός από την ημέρα των Ευχαριστιών και την ημέρα των Χριστουγέννων) από 1 Οκτωβρίου έως 31 Μαρτίου, και από Δευτέρα έως Παρασκευή (εκτός από τις αργίες) από 1 Απριλίου έως 30 Σεπτεμβρίου.

**ગુજરાતી (Gujarati)** – ધ્યાન આપો: જો તમને તમારી ભાષામાં મદદની જરૂર છે, તો તમારા માટે વિના મૂલ્યે ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. ઉપર દર્શાવેલ ફોન નંબર પર કૉલ કરો. કામકાજના કલાકો સ્થાનિક સમય મુજબ સવારે 8 વાગ્યાથી સાંજના 8 વાગ્યા સુધી, ઑક્ટોબર 1 થી માર્ચ 31 સુધી અઠવાડિયાના સાતેય દિવસ (થેંક્સગિવિંગ અને ક્રિસમસ સિવાય) અને સોમવારથી શુક્રવાર (રજાઓ સિવાય) એપ્રિલ 1 થી સપ્ટેમ્બર 30 સુધી છે.

**Kreyòl Ayisyen (Haitian Creole)** – ATANSYON: Si w bezwen èd nan lang ou, sèvis asistans lenguistik gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma ki aksesib disponib tou san w p ap peye. Rele nimewo telefòn yo bay anwo a. Orè fonksyònman yo se 8 a.m. rive 8 p.m., sèt jou sou sèt (eksepte Jou Thanksgiving ak Nwèl) soti 1ye Oktòb rive 31 Mas, ak Lendi pou rive Vandredi (eksepte jou ferye) soti 1ye Avril rive 30 Septanm.

**ʻŌlelo Hawai ʻi (Hawaiian)** – HO ʻOLOHE MAI: Loa ʻa nā kōkua unuhi makuahine manuahi inā makemake ʻoe i kēia mau kōkua ʻōlelo. Loa ʻa pū kekahi mau kōkua a me kāko ʻo kūpono manuahi nā ho ʻolako kōkua kōko ʻolua a me nā pono lako kōkua a me nā hulu launa ʻē a ʻe kekahi. E kāhea i ka helu kelepona i ha ʻi ʻia ma luna iho nei. ʻO nā hola hemo ai he 8 am ā hiki i 8 pm manawa kūloko, ʻehiku lā o ka pule (koe nā lā Thanksgiving a me ke Kalikimaka) mai ʻOkakopa 1 ā hiki i Malaki 31, a mai me ka Pō ʻakahi ā hiki i ka Pō ʻalima (koe nā lā ho ʻomaha) mai ʻApelila 1 ā hiki i Kepakemapa 30.

**हिंदी (Hindi)** – ध्यान दें: यदि आपको अपनी भाषा में सहायता चाहिए, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। पहुँच योग्य प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। ऊपर दिए गए फ़ोन नंबर पर कॉल करें। कामकाज के घंटे, 1 अक्टूबर से 31 मार्च तक सप्ताह के सातों दिन (थैंक्सगिविंग और क्रिसमस को छोड़कर), और 1 अप्रैल से 30 सितंबर तक सोमवार से शुक्रवार (छुट्टियों को छोड़कर), स्थानीय समय अनुसार सुबह 8 बजे से रात 8 बजे तक हैं।

**Hmoob (Hmong)** – CEEB TOOM: Yog koj xav tau kev pab ua koj yam lus, muaj kev pab txhais lus pab dawb rau koj. Muaj cov khoom pab cuam thiab kev pab cuam txog lus raws qhov tsim nyog kom muab tau tej ntaub ntawv ua cov qauv ntawv uas siv tau yam tsis sau nqi dab tsi. Hu rau tus npawb xov tooj muaj npe saum toj no. Cov sij hawm yog 8 teev sawv ntxov txog 8 teev tsaus ntuj, sij hawm hauv zos, xya hnub rau ib vij (tsis suav hnub Ua Tsaug Tswv Ntuj thiab Khiv Xis Maj) txij thaum Lub Kaum Hlis Ntuj Tim 1 mus txog Lub Peb Hlis Ntuj Tim 31, thiab hnub Monday mus txog hnub Friday (tsis suav cov hnub so) thaum Lub Plaub Hlis Ntuj Tim 1 mus txog Lub Cuaj Hlis Ntuj Tim 30.

**Igbo (Igbo)** – NLEBA AMA: Ọ bụrụ na ịchọrọ enyemaka n'asụsụ gị, enyemaka asụsụ dị maka gị. E nwekwara ike inye aka na ọrụ enyemaka kwesịrị ekwesị iji nye ozi n'ụdị dị mfe ịnweta. Kpọọ nọmba ekwentị edere n'elu. Awa ọrụ bụ site n'elekere 8 ụ.t ruo 8 e.h. n'oge obodo, ụbọchị asaa n'izu (ma e wezụga Ekele na Krismas) site na Ọktoba 1 ruo Maachị 31, na Mọnde ruo Fraịdee (ma e wezụga ezumike) site na Eprel 1 ruo Septemba 30.

**Ilocano (Ilocano)** – PAKDAAR: No masapulmo ti tulong iti lengguahem, adda maalam a libre a serbisio a tulong iti lengguahe. Maipaay met a libre dagiti tumutop a katulungan a ramit ken serbisio tapno maited ti impormasion kadagiti pormat a nalaka a maala. Tawagan ti numero ti telepono a nakalista iti ngato. Dagiti oras a silulukatda ket 8 a.m. agingga 8 p.m. lokal nga oras, pito nga aldaw ti makalawas (malaksid iti Aldaw ti Panagyaman ken Paskua) manipud Oktubre 1 agingga iti Marso 31, ken Lunes agingga Biernes (malaksid kadagiti piesta opisial) manipud Abril 1 agingga iti Setiembre 30.

**Italiano (Italian)** –ATTENZIONE: se hai bisogno di supporto nella tua lingua, sono disponibili servizi di assistenza linguistica gratuita. Sono inoltre disponibili gratuitamente adeguati supporti e servizi per ottenere informazioni in formato accessibile. Chiama il numero di telefono riportato sopra. Il servizio è attivo dalle 8.00 alle 20.00 ora locale, sette giorni su sette (eccetto il Giorno del Ringraziamento e Natale) dal 1º ottobre al 31 marzo, e dal lunedì al venerdì (eccetto i giorni festivi) dal 1º aprile al 30 settembre.

**日本語 (Japanese)** – 注意： ご使用の言語でのサポートが必要な場合には、無料の言語支援サービスをご提供しています。適切な補助器具・サービスも、利用者がアクセスしやすい方法でご提供しています。こちらも無料でご利用いただけます。必要な情報取得にお役立てください。上記の電話番号にお電話ください。営業時間は、10 月 1 日から 3 月 31 日までは現地時間午前 8 時から午後 8 時まで週 7 日（感謝祭とクリスマスを除く）、および 4 月 1 日から 9 月 30 日まで（祝日を除く）は月曜日から金曜日までです。

**ភាសាខ្មែរ (Khmer)** – សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សេវាជំនួយភាសាឥតគិតថ្លៃមានផ្តល់ជូនអ្នក។ មានផ្តល់ជូនដោយឥតគិតថ្លៃនូវសេវាកម្ម និងឧបករណ៍ជំនួយសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់បែបបទដែលអាចចូលប្រើបានផងដែរ។ ហៅទូរសព្ទទៅលេខទូរសព្ទដែលមាននៅខាងលើ។ ម៉ោងធ្វើការចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ម៉ោងក្នុងស្រុក ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ (លើកលែងតែថ្ងៃបុណ្យថ្លែងអំណរគុណ និងបុណ្យណូអែល) ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា និងថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ (លើកលែងតែថ្ងៃឈប់សម្រាក) ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។

**Ikinyarwanda (Kinyarwanda)** – ICYITONDERWA: Niba ukeneye ubufasha mu rurimi rwawe, serivisi y'ubufasha mu ndimi uyihabwa ku buntu. Amakuru yose arebana na serivsi aboneka mu buryo bwose wifuza kandi ku buntu. Hamagara nomero iri ku karita yawe ikurunga nk'umunyamuryango. Amasaha y'akazi ni 8:00 za mugitondo kugera 8:00 za ni mugoroba ku isaha isanzwe, iminsi irindwi mu cy'umweru (uretse ku munsi w'umuganura [Thanksgiving] na Noheli) guhera tariki 1 Ukwakira kugeza tariki 31 Werurwe, ku wa Mbere kugera ku wa Gatanu (uretse ku minsi y'ikiruhuko) guhera tariki 1 Mata kugera tariki 30 Nzeri.

**한국어(Korean)** – 주의: 귀하의 언어로 도움이 필요하신 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 대체 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 제공됩니다. 위의 전화 번호로 전화해 주십시오. 운영 시간은 현지 시간 오전 8시부터 오후 8시까지이며 10월 1일부터 3월 31일까지는 주 7일(추수 감사절과 성탄절은 제외) 내내, 4월 1일부터 9월 30일까지는 월요일부터 금요일까지(휴일은 제외)입니다.

**ພາສາລາວ (Laotian)** – ເອົາໃຈໃສ່: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ນອກຈາກນີ້ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມທີ່ເໝາະສົມໃນການໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທຫາເບີໂທລະສັບທີ່ລະບຸໄວ້ຂ້າງເທິງ. ເວລາເຮັດວຽກແມ່ນ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ ຕາມເວລາໃນທ້ອງຖິ່ນ, ເຈັດມື້ຕໍ່ອາທິດ (ຍົກເວັ້ນວັນຂອບໃຈພະເຈົ້າ ແລະ ວັນຄຣິດສມາດ) ຕັ້ງແຕ່ວັນທີ 1 ຕຸລາ ຫາ ວັນທີ 31 ມີນາ, ແລະ ວັນຈັນ ເຖິງ ວັນສຸກ (ຍົກເວັ້ນວັນພັກ) ຕັ້ງແຕ່ວັນທີ 1 ເມສາ ຫາ 30 ກັນຍາ.

**मराठी (Marathi)** – लक्ष द्या: जर तुम्हाला तुमच्या भाषेत मदतीची गरज असेल, तर तुमच्यासाठी मोफत भाषा सहाय्यता सेवा उपलब्ध आहेत. सुलभ स्वरूपात माहिती देण्यासाठी योग्य पूरक साधने आणि सेवा देखील विनामूल्य उपलब्ध आहेत. वर नमूद फोन नंबर वर कॉल करा. कामकाजाची वेळ 1 ऑक्टोबर ते 31 मार्च पर्यंत स्थानिक वेळेनुसार सकाळी 8 ते रात्री 8, आठवड्याचे सातही दिवस (थँक्सगिव्हिंग आणि ख्रिसमस वगळून) आणि 1 एप्रिल ते 30 सप्टेंबर पर्यंत सोमवार ते शुक्रवार (सुट्ट्या वगळून) आहे.

**नेपाली (Nepali)** – ध्यान दिनुहोस्: तपाईंलाई आफ्नो भाषामा सहयोग चाहिएको छ भने तपाईंका लागि निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। प्रयोग गर्न मिल्ने ढाँचामा जानकारी प्रदान गर्न उपयुक्त ढङ्गको सहयोगी यन्त्र र सेवाहरू पनि निःशुल्क रूपमा उपलब्ध छन्। माथि उल्लेख गरिएको फोन नम्बरमा कल गर्नुहोस्। कार्य सञ्चालन गरिने समय स्थानीय समयअनुसार बिहान 8 बजेदेखि साँझ 8 बजेसम्म हप्ताको सातै दिन (थ्याङ्क्सगिभिङ र क्रिसमसबाहेक) अक्टोबर 1 देखि मार्च 31 सम्म र सोमवारदेखि शुक्रवार (बिदाबाहेक) अप्रिल 1 देखि सेप्टेम्बर 30 सम्म हो।

**پښتو (Pashto)** – پاملرنه: که تاسو ته په خپله ژبه کې مرسته پکار وي، وړیا ژبني مرستې خدمتونه ستاسو لپاره شتون لري. مناسبه مرستندویه وسایل او خدمتونه هم وړیا په لاسرسۍ بڼه کې چمتو دي. پورته یاد شوی ټیلیفون نمبر ته زنګ ووهئ .د کار وختونه د سیمې په وخت له سهار 8 څخه تر مابنام 8 پورې دي، اوه ورځې په اونۍ کې (د مننې ورځ او کرسمس پرته) د اکتوبر له لومړۍ نیټې تر مارچ 31 پورې، او د اپریل له لومړۍ نیټې تر سپټمبر 30 پورې د دوشنبې څخه تر جمعې پورې (رخصتیو پرته).

**Deitsch (Pennsylvania Dutch)** – WICHDICH: Wann du Hilf brauchscht fer communicat-e in Deitsch odder Englisch, kenne mer dich helfe in en latt differnti Wege, unni as es dich ennich eppes koschde zellt. Aa wann du Druwwel hoscht fer heere odder sehne, kenne mir dich Information beigriege in Wege as du ausmache un verschtehe kannscht; sell koscht dich aa nix. Duh der Phone-Number owwe calle. Du kannscht hold griege vun epper vun 8 Uhr meigeds bis acht Uhr oweds local Zeit, siwwe Daag die Woch (ausgnumme Thanksgiving un Grischdaag) vun October 1 deich March 31, un muundaags bis freidaags (ausgnumme Feierdaage) vun April 1 deich September 30.

**Polski (Polish)** – UWAGA: Jeśli potrzebujesz pomocy w swoim języku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dostępne są również nieodpłatnie odpowiednie pomoce i usługi zapewniające informacje w dostępnych formatach. Zadzwoń pod numer telefonu podany powyżej. Czynne od 8:00 rano do 8:00 wieczorem czasu lokalnego, siedem dni w tygodniu (oprócz Święta Dziękczynienia i Bożego Narodzenia) od 1 października do 31 marca oraz od poniedziałku do piątku (oprócz świąt) od 1 kwietnia do 30 września.

**Português (Portuguese)** – ATENÇÃO: Se necessita de ajuda no seu idioma, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para o número de telefone acima indicado. Horário de expediente: das 8h às 20h, (hora local), sete dias por semana (exceto Dia de Ação de Graças e Natal) de 1 de outubro até 31 de março, e de segunda a sexta-feira (exceto feriados) de 1 de abril até 30 de setembro.

**ਪੰਜਾਬੀ (Punjabi)** – ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਉਪਲਬਧ ਹਨ। ਉੱਪਰ ਦਿੱਤੇ ਫ਼ੋਨ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। ਕੰਮਕਾਜ ਦੇ ਘੰਟੇ, 1 ਅਕਤੂਬਰ ਤੋਂ 31 ਮਾਰਚ ਤੱਕ ਹਫ਼ਤੇ ਦੇ ਸੱਤੇ ਦਿਨ (ਥੈਂਕਸਗਿਵਿੰਗ ਅਤੇ ਕ੍ਰਿਸਮਿਸ ਨੂੰ ਛੱਡ ਕੇ), ਅਤੇ 1 ਅਪ੍ਰੈਲ ਤੋਂ 30 ਸਤੰਬਰ ਤੱਕ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ (ਛੁੱਟੀਆਂ ਨੂੰ ਛੱਡ ਕੇ), ਸਥਾਨਕ ਸਮੇਂ ਅਨੁਸਾਰ ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8 ਵਜੇ ਤੱਕ ਹਨ।

**Русский (Russian)** – ВНИМАНИЕ: Если вам нужна помощь на вашем языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Позвоните по вышеуказанному номеру телефона. Часы работы: с 08:00 до 20:00 в любой день недели (кроме Дня благодарения и Рождества) с 1 октября по 31 марта и с понедельника по пятницу (кроме праздничных дней) с 1 апреля по 30 сентября.

**Gagana Samoa (Samoan)** – FA‘ASILASILAGA TAUA: Afai e te mana‘omia se fesoasoani i lau gagana, e avanoa mo oe auaunaga fesoasoani i le gagana e aunoa ma se totogi. O loo avanoa fo‘i meafaigaluega ma auaunaga fesoasoani talafeagai e tuuina atu ai faamatalaga i fa‘atulagaga e faigofie ona maua, e aunoa ma se totogi. Faamolemole valaau i le numera o le telefoni o loo lisiina i luga. O itula faigaluega e amata mai le 8 i le taeao (8 a.m.) se‘ia oo i le 8 i le afiafi (8 p.m.), i aso e fitu o le vaiaso (sei vagana ai le Aso Fa‘afetai ma le Aso Kerisimasi) mai le Aso 1 o Oketopa se‘ia oo i le Aso 31 o Mati, ma mai le Aso Gafua i le Aso Faraile (sei vagana ai aso malolo) mai le Aso 1 o Aperila se‘ia oo i le Aso 30 o Setema.

**Српски (Serbian)** – ПАЖЊА: Ако вам је потребна помоћ на вашем језику, доступне су вам бесплатне услуге помоћи за ваш језик. Бесплатно су вам доступна и одговарајућа помагала и услуге у доступним форматима како бисте добили информације које су вам потребне. Позовите број телефона наведен изнад. Радно време је од 8 до 20 часова по локалном времену, седам дана у недељи (осим Дана захвалности и Божића) од 1. октобра до 31. марта, односно од понедељка до петка (осим празника) од 1. априла до 30. септембра.

**Soomaali (Somali)** – FIIRO GAAR AH: Haddii aad caawin ugu baahan tahay luuqadaada, adeegyada caawinta luuqada oo bilaash ah ayaa laguu heli karaa. Gargaarada maqalka ku haboon iyo adeegyo lagu bixiyo warbixin qaabab la heli karo ayaa sidoo kale lagu helayaa si bilaash ah. Soo wac lambarka taleefonka kor ku qoran. Saacadaha shaqada waa 8 a.m. illaa 8 p.m. saacadaha maxaliga, todoba maalmood isbuucii (marka laga reebo fasaxa Mahadnaqa iyo Kirismaska) laga bilaabo Oktoobar 1 illaa Maarso 31, iyo Isniin illaa Jimcaha (marka laga reebo fasaxyada) laga bilaabo Abriil 1 illaa Sebteembar 30.

**Kiswahili (Swahili)** – ANGALIZO: Ikiwa unahitaji msaada kwa lugha yako, huduma za usaidizi wa lugha zinapatikana kwako bila malipo. Vifaa na huduma saidizi vinavyofaa kwa ajili ya kutoa taarifa katika miundo inayopatikana kwa urahisi zinapatikana pia bila malipo. Piga simu kwa nambari iliyoorodheshwa hapo juu. Saa za kazi ni 8 a.m. hadi 8 p.m. kwa saa za eneo lako, siku saba kwa wiki (isipokuwa Sikukuu ya Shukrani na Krismasi) kuanzia Oktoba 1 hadi Machi 31, na Jumatatu hadi Ijumaa (isipokuwa likizo) kuanzia Aprili 1 hadi Septemba 30.

**Tagalog (Tagalog)** – PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, mayroong available na mga libreng serbisyo sa tulong sa wika para sa iyo. Ang naaangkop na mga karagdagang tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay available rin nang walang bayad. Tawagan ang numero ng telepono na nakalista sa itaas. Ang mga oras ng opisina ay 8 a.m. hanggang 8 p.m., lokal na oras, pitong araw sa isang linggo (maliban sa Thanksgiving at Pasko) mula Oktubre 1 hanggang Marso 31, at Lunes hanggang Biyernes (maliban sa mga holiday) mula Abril 1 hanggang Setyembre 30.

**తెలుగు (Telugu)** – గమనిక: మీకు మీ భాషలో సహాయం అవసరమైతే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉన్నాయి. అందుబాటులో ఉన్న ఫార్మాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక పరికరాలు, సేవలు కూడా ఉచితంగా లభిస్తాయి. పైన పేర్కొన్న ఫోన్ నంబర్‌కు కాల్ చేయండి. పని వేళలు అక్టోబర్ 1 నుండి మార్చి 31 వరకు వారానికి ఏడు రోజులు (థాంక్స్ గివింగ్, క్రిస్మస్ మినహా) పాటు, ఏప్రిల్ 1 నుండి సెప్టెంబర్ 30 వరకు సోమవారం నుండి శుక్రవారం వరకు (సెలవులు మినహా) స్థానిక సమయం ఉదయం 8 గంటల నుండి రాత్రి 8 గంటల వరకు.

**ภาษาไทย (Thai)** – **หมายเหตุ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ เรามีบริการช่วยเหลือด้านภาษาฟรีสำหรับคุณ นอกจากนี้ยังมีความช่วยเหลือและบริการเสริมที่เหมาะสม เพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่ายอีกด้วย โทรไปยังหมายเลขโทรศัพท์ที่ระบุไว้ด้านบน เวลาทำการคือ** 08.00 **น. ถึง** 20.00 **น. ตามเวลาท้องถิ่น เจ็ดวันต่อสัปดาห์ (ยกเว้นวันขอบคุณพระเจ้าและวันคริสต์มาส) ตั้งแต่วันที่** 1 **ตุลาคม ถึง** 31 **มีนาคม และวันจันทร์ถึงวันศุกร์ (ยกเว้นวันหยุด) ตั้งแต่วันที่** 1 **เมษายน ถึง** 30 **กันยายน**

**Twi (Twi)** – HYƐ NO NSO: Sɛ wohia mmoa wɔ wo kasa mu a, kasa mu mmoa a wontua hwee wɔ ho ma wo. Nneɛma ne mmoa a ɛho hia nso wɔ ho a wɔde ma kwa sɛnea ɛbɛyɛ a wobetumi anya nsɛm no wɔ ɔkwan a ɛyɛ mmere sɛ wobɛte ase. Frɛ fon nɔma a wɔabobɔ wɔ atifi hɔ no. Nnɔnhwere a wɔde yɛ adwuma yɛ anɔpa 8 kosi anadwo 8 mpɔtam hɔ bere so, nna nson nnawɔtwe biara (Aseda ne Buronya nna nka ho) efiri Ahinime 1 kosi Ɔbɛnem 31, ne Dwoada kosi Fiada (nnapɔnna nka ho) efiri Oforisuo 1 kosi Ɔbɔ 30.

**Українська (Ukrainian)** – УВАГА. Якщо вам потрібна допомога рідною мовою, ви можете скористатися безкоштовними послугами мовної підтримки. Відповідні допоміжні засоби й послуги для надання інформації в доступних форматах також можна отримати безкоштовно. Зателефонуйте за вказаним вище номером. Графік роботи: з 08:00 до 20:00 за місцевим часом, без вихідних (крім Дня подяки й Різдва) з 1 жовтня по 31 березня й із понеділка по п'ятницю (крім святкових днів) з 1 квітня по 30 вересня.

**اردو (Urdu)** – توجہ دیں: اگر آپ کو اپنی زبان میں مدد کی ضرورت ہو، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون آلات اور خدمات بھی مفت دستیاب ہیں۔ اوپر درج فون نمبر پر کال کریں۔ کام کے اوقات مقامی وقت کے مطابق صبح 8 بجے تا شام 8 بجے، ہفتے کے سات دن (سوائے تھینکس گیونگ اور کرسمس کے) 1 اکتوبر سے 31 مارچ تک، اور پیر تا جمعہ (چھٹیوں کے علاوہ) 1 اپریل تا 30 ستمبر ہیں۔

**Tiếng Việt (Vietnamese)** – CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, các dịch vụ hỗ trợ ngôn ngữ miễn phí luôn sẵn sàng phục vụ quý vị. Các dịch vụ và hỗ trợ phụ trợ thích hợp cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi số điện thoại nêu trên. Giờ làm việc từ 8 giờ sáng đến 8 giờ tối, giờ địa phương, bảy ngày một tuần (trừ Lễ Tạ ơn và Giáng sinh) từ ngày 1 Tháng Mười đến 31 Tháng Ba, và Thứ Hai đến Thứ Sáu (trừ các ngày lễ), từ ngày 1 Tháng Tư đến 30 Tháng Chín.

**דיש (Yiddish)** – אויפמערקזאמקייט: אויב איר דאַרפֿט הילף אין אייער שפּראַך, פריי שפּראַך הילף באַדינונגס זענען בנימצא צו איר. צונעמען אַגזיליערי אידס און באַדינונגס צו צושטעלן אינפֿאָרמאַציע אין צוטריטלעך פֿאָרמאַטירונגען זענען אויך פריי. רופן די טעלעפֿאָן נומער ליסטעד אויבן. שעה פון אָפּעראַציע זענען .8 a.m צו 8 p.m. לאקאלע צייט, זיבן טעג אַ וואָך (אַחוץ טהאַנקסגיווינג און ניטל) פון 1 אקטאבער ביז 31 מער, און מאנטיק צו פרייטאג (חוץ האָלידייַס) פון 1 אפריל ביז 30 סעפטעמבער.

**Yorùbá (Yoruba)** – ÀKÍYÈSÍ: Tí o bá nílò ìrànlọ́wọ́ ní èdè rẹ, àwọn iṣẹ́ ìrànlọ́wọ́ èdè ọ̀fẹ́ wà fún ọ. Àwọn ìrànlọ́wọ́ àti iṣẹ́ ìrànlọ́wọ́ tó yẹ láti pèsè ìwífún ní àwọn ọ̀nà tí a lè gbà tún ráàyèsi lọ́fẹ̀ẹ́. Pe nọ́ńbà tẹlifóònù tó wà lókè yìí. Àkókò iṣẹ́ jẹ́ láti aago méjọ àárọ̀ sí aago méjọ alẹ́ ní àkókò àdúgbò, ọjọ́ méje ní ọ̀sẹ̀ kan (yàtọ̀ sí ọjọ́ ìdúpẹ́ àti Kérésìmesì) láti ọjọ́ 1 oṣù kẹ̀wá sí ọjọ́ 31 oṣù kẹta, àti ọjọ́ ajé sí ọjọ́ ẹtì (yàtọ̀ sí ọjọ́ ìsinmi) láti ọjọ́ 1 oṣù kẹrin sí ọjọ́ 30 oṣù kẹ̀sán.

**IMPORTANT INFORMATION:**
2027 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Anthem HealthKeepers - H3447

**For 2027, Anthem HealthKeepers - H3447 received the following Star Ratings from Medicare:**

**Overall Star Rating:** ★★★☆☆

**Health Services Rating:** ★★★☆☆

**Drug Services Rating:** ★★★½☆

**Every year, Medicare evaluates plans based on a 5-star rating system.**

### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

**The number of stars show how well a plan performs.**

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at **Medicare.gov/plan-compare.**

### Questions about this plan?

Contact Anthem HealthKeepers 7 days a week from 8 a.m. to 8 p.m., (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30 at 1-844-603-1409 (toll-free) or 711 (TTY).
Current members please call 1-855-251-8826 (toll-free) or 711 (TTY).

Anthem Blue Cross and Blue Shield, Anthem Blue Cross and Blue Shield HP and Anthem Blue Cross and Blue Shield Retiree Solutions are HMO, HMO-POS, and PPO plans with a Medicare contract. Anthem Blue Cross and Blue Shield is a SNP plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Anthem Blue Cross and Blue Shield and Anthem Blue Cross and Blue Shield Retiree Solutions depends on contract renewal.

# Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-844-603-1409** TTY: **711**, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

### Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **https://shop.anthem.com/medicare** or call **1-844-603-1409** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

### Understanding Important Rules

- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.