Summary of Benefits

Anthem

Thank you for your interest in our Medicare Advantage plans

If you have chronic kidney disease (CKD) or end stage renal disease (ESRD), you may need more support. Anthem Kidney Care (PPO C-SNP) is a Medicare Advantage plan that can help with your kidney care. This plan includes your hospital and medical benefits and prescription drug coverage. You will also have a support team to help you manage your care.

Medicare Advantage and Part D

Plan year: January 1 – December 31, 2027

California

Fresno, Kern, Kings, Madera, Merced, Monterey, San Diego, San Joaquin, San Luis Obispo, Stanislaus, Tulare, Ventura counties

Anthem Kidney Care (PPO C-SNP)

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Anthem Kidney Care (PPO C-SNP)

Our service area includes these counties in CA: Fresno, Kern, Kings, Madera, Merced, Monterey, San Diego, San Joaquin, San Luis Obispo, Stanislaus, Tulare, Ventura.

Do you have questions?

You can learn more on our website, **shop.anthem.com/medicare/ca**. Or call us toll-free at **1-844-591-2080** (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 Kidney Care (PPO C-SNP) is a Medicare Advantage Special Needs Plan. It includes hospital, medical, and prescription drug benefits in one plan. 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 have chronic kidney disease (CKD) or you have end-stage renal disease (ESRD).
- You live in our service area.

You can go to any doctor or facility. However, if you stay inside the network, your out-of-pocket costs may be lower. Ask your current doctor if they are in this plan.

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 Preferred Provider Organization Special Needs Plan (PPO SNP). That means:

- We recommend you choose a primary care physician (PCP) who works with your Kidney Care team. Your PCP can help coordinate the care you need.
- You can see any doctor or specialist, in or out of this plan, without a referral.
- You can see any doctor or specialist, but your costs may be higher if you go outside this plan.

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

If you use a doctor in our plan, your costs will be lower. A doctor can join or leave this plan 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/ca**
  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/ca** 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/ca**
  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 **1-844-591-2080** (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.



Summary of 2027 medical benefits

Anthem Kidney Care (PPO C-SNP)

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.

This plan does not have a Part D deductible.

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

$9,850.00 per year from doctors and facilities in our plan
$14,800.00 per year from doctors or facilities both in and out of 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, both in and out of 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 (in or outside of our plan) for the rest of the year.

Anthem Kidney Care (PPO C-SNP)

Inpatient Hospital[1]

Facilities in our plan: Medicare-defined cost share
Facilities not in our plan: Medicare-defined cost share

In 2026, the Medicare-defined cost share amounts for each benefit period are:

- **$1,736** deductible for days 1 through 60.
- **$434** copay per day for days 61 through 90.
- **$868** copay per day for 60 lifetime reserve days. These are "extra" days we cover once in your lifetime.

These amounts may change for 2027. We will provide updated cost share amounts at the website found on page 2 as soon as Medicare releases them.

Your copays for inpatient benefits are based on benefit periods. A benefit period starts on the first day you go into a hospital or skilled nursing facility (SNF) and ends when you haven't had any inpatient hospital care or skilled nursing care for 90 days in a row. If you go into a hospital or 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.

Outpatient Hospital[1]

Doctors and facilities in our plan: **20%** coinsurance
Doctors and facilities not in our plan: **20%** coinsurance

Ambulatory Surgical Center[1]

Doctors and facilities in our plan: **20%** coinsurance
Doctors and facilities not in our plan: **20%** coinsurance

Anthem Kidney Care (PPO C-SNP)

Doctor's Office Visits

Primary care physician (PCP) visit:

PCPs in our plan: **$0.00** copay
PCPs not in our plan: **$0.00** copay

Specialist visit:[1]

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

You pay nothing for Nephrologist services. For all other specialist services, you pay the higher amount shown above.

Preventive Care Screenings and Annual Physical Exams

Preventive care screenings:

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

Preventive Part B immunizations obtained from doctors in our plan or doctors not in our plan: **$0.00** copay

Annual physical exam:

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

Anthem Kidney Care (PPO C-SNP)

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 Kidney Care (PPO C-SNP)

Emergency Care

$115.00 copay

Urgently Needed Services

$40.00 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:	**20% coinsurance**
CT scans, MRI, MRA, PET at hospital outpatient facilities in our plan:	**20% coinsurance**
Ultrasounds at a physician's office or free-standing provider facilities in our plan:	**20% coinsurance**
Ultrasounds at hospital outpatient facilities in our plan:	**20% coinsurance**
Physician's office, free-standing provider or hospital outpatient facilities not in our plan:	**20% coinsurance**

Anthem Kidney Care (PPO C-SNP)

Diagnostic Services, Labs, and Imaging[1]

Diagnostic Tests and Procedures	
Physician's office or free-standing provider facilities in our plan:	**20% coinsurance**
Hospital outpatient facilities in our plan:	**20% coinsurance**
Physician's office, free-standing provider or hospital outpatient facilities not in our plan:	**20% coinsurance**
Lab Services	
Physician's office or free-standing provider facilities in our plan:	**20% coinsurance**
Hospital outpatient facilities in our plan:	**20% coinsurance**
Physician's office, free-standing provider or hospital outpatient facilities not in our plan:	**20% coinsurance**

Anthem Kidney Care (PPO C-SNP)

Diagnostic Services, Labs, and Imaging[1]

Outpatient X-rays	
Physician's office in our plan:	**20% coinsurance**
Hospital outpatient facilities in our plan:	**20% coinsurance**
Free-standing facility or at-home portable X-ray services in our plan:	**20% coinsurance**
Physician's office, free-standing provider or hospital outpatient facilities not in our plan:	**20% coinsurance**
Therapeutic Radiology Services (such as radiation treatment for cancer)	
Physician's office, free-standing provider, or hospital outpatient facilities in our plan:	**20% coinsurance**
Physician's office, free-standing provider or hospital outpatient facilities not 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: **20%** coinsurance
Doctors not in our plan: **20%** coinsurance

Routine hearing services:[1]

This plan covers 1 routine hearing exam up to a **$59** maximum plan benefit every year. **$300** maximum plan benefit for over-the-counter hearing aids OR 1 routine hearing aid fitting evaluation and a **$2,000** 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.
Doctors not in our plan: **20%** coinsurance for routine hearing exam(s). **80%** coinsurance for prescription or OTC hearing aids.

Anthem Kidney Care (PPO C-SNP)

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: **20%** coinsurance
Doctors and dentists not in our plan: **20%** coinsurance

Preventive and Comprehensive[1] Dental Combined Allowance:

This plan covers up to a **$3,000** 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: **$0.00** copay
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**.

Vision Services

Medicare-covered vision services:

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

Doctors in our plan: **20%** coinsurance
Doctors not in our plan: **20%** coinsurance

Eyeglasses or contact lenses after cataract surgery:

Doctors in our plan: **20%** coinsurance
Doctors not in our plan: **20%** coinsurance

Routine vision services:

Routine vision exam:

This plan covers 1 routine eye exam(s) every year. **$69** maximum eye exam coverage amount.

Doctors in our plan: **$0.00** copay
Doctors not in our plan: **$0.00** copay

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

This plan covers up to **$250** for eyeglasses or contact lenses every year.

Doctors in our plan: **$0.00** copay
Doctors not 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: Medicare-defined cost share
Doctors and facilities not in our plan: Medicare-defined cost share

In 2026, the Medicare-defined Cost Share amounts for each benefit period are:

- **$1,736** deductible for days 1 through 60.
- **$434** copay per day for days 61 through 90.
- **$868** copay per day for 60 lifetime reserve days. These are "extra" days we cover once in your lifetime.

These amounts may change for 2027. We will provide updated cost share amounts at the website found on page 2 as soon as Medicare releases them.

Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital.

Your copays for inpatient benefits are based on benefit periods. A benefit period starts on the first day you go into a hospital or skilled nursing facility (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 hospital after one benefit period has ended, a new benefit period starts. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods you can have.

Outpatient individual and group therapy services:[1]

Doctors and facilities in our plan: **20%** coinsurance
Doctors and facilities not in our plan: **20%** coinsurance

Anthem Kidney Care (PPO C-SNP)

Skilled Nursing Facility (SNF)[1]

Doctors and facilities in our plan: Medicare-defined cost share
Doctors and facilities not in our plan: Medicare-defined cost share

In 2026, the Medicare-defined cost share amounts for each benefit period are:

- **$0.00** copay per day for days 1 through 20.
- **$217** copay per day for days 21 through 100.

These amounts may change for 2027. We will provide updated cost share amounts at the website found on page 2 as soon as Medicare releases them.

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.

Physical Therapy[1]

Doctors and facilities in our plan: **20%** coinsurance
Doctors and facilities not in our plan: **20%** coinsurance

Ambulance[1]

Ground/Water Ambulance:

Emergency transportation services in and out of our plan: **20%** coinsurance per trip

Anthem Kidney Care (PPO C-SNP)

Ambulance[1]

Air Ambulance:

Emergency transportation services in and out of our plan: **20%** coinsurance per trip

Transportation

Plan approved health related locations
$0.00 copay. This plan offers coverage for 52, one-way, routine transportation services every year. Trips are limited to 60 miles.

If you use a transportation provider not in our plan, you pay **80%** coinsurance.

Routine transportation coverage is limited to plan-approved locations (within the local service area). If you need a ride, call us or your transportation vendor at least 48 hours ahead of time (excluding weekends).

Before you schedule a ride from a transportation vendor not in our plan, please call us. We can help you schedule a ride from a transportation vendor in our plan.

Medicare Part B Drugs

Insulin furnished through an insulin pump:

Drugs obtained from doctors and facilities in our plan: **$35.00** copay
Drugs obtained from doctors and facilities not 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
Drugs obtained from doctors and facilities not 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
Drugs obtained from doctors and facilities not 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 Kidney Care (PPO C-SNP)

Acupuncture

Medicare-covered acupuncture services:[1]

Providers in our plan: **20%** coinsurance
Providers not in our plan: **20%** coinsurance

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%** coinsurance
Providers not in our plan: **20%** coinsurance

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 Kidney Care (PPO C-SNP)

Diabetic Monitors, Supplies, and Services[1]

Continuous glucose monitors (CGMs) and sensors:
Suppliers in our plan: **$0.00** copay
Suppliers not in our plan: **20%** coinsurance

Blood glucose monitors:
Suppliers in our plan: **$0.00** copay
Suppliers not in our plan: **20%** coinsurance

Blood glucose test strips and lancets:
Suppliers in our plan: **$0.00** copay
Suppliers not in our plan: **20%** coinsurance

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

Everyday Options Allowance

This plan offers a spending allowance of **$60** every month for:

- **Over-the-Counter (OTC) products:** Health and wellness items like vitamins, first aid supplies, pain-relievers, and more.

If you qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI), you may also be able to use this allowance on:

- **Healthy Foods:**[6] Healthy food items that assist in meeting your nutritional needs such as dairy products, fresh fruits, vegetables, meat, seafood, and other healthy pantry staples.

Unused amounts expire at the end of each month.

Anthem Kidney Care (PPO C-SNP)

Foot Care (podiatry services)[1]

Medicare-covered podiatry:

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

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
Doctors not in our plan: **20%** coinsurance

This plan covers: Unlimited routine foot care visits every year.

Healthy Meals - Chronic Condition

This plan covers meals for up to 3 meals a day for 30 days to support your chronic condition nutritional needs.

Providers in our plan: **$0.00** copay
Providers not in our plan: **$5.00** copay. The maximum value for every covered meal is **$10.**

This benefit requires the diagnosis of a chronic condition.

Anthem Kidney Care (PPO C-SNP)

Healthy Meals - Post Discharge

This plan covers meals for up to 2 meals a day for 7 days (maximum 14 meals) following your discharge from the hospital or skilled nursing facility (SNF).

Providers in our plan: **$0.00** copay
Providers not in our plan: **$5.00** copay. The maximum value for every covered meal is **$10.**

Home Health Care[1]

Doctors and facilities in our plan: **$0.00** copay
Doctors and facilities not in our plan: **$0.00** copay

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
Suppliers not in our plan: **20%** coinsurance

Anthem Kidney Care (PPO C-SNP)

Medical Equipment/Supplies

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

Suppliers in our plan: **20%** coinsurance
Suppliers not in our plan: **20%** coinsurance

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: **20%** coinsurance
Doctors and facilities not in our plan: **20%** coinsurance

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%** coinsurance
Doctors and facilities not in our plan: **20%** coinsurance

Occupational therapy visit:[1]

Doctors and facilities in our plan: **20%** coinsurance
Doctors and facilities not in our plan: **20%** coinsurance

Outpatient Substance Abuse[1]

Individual & Group therapy visit:

Doctors and facilities in our plan: **20%** coinsurance
Doctors and facilities not in our plan: **20%** coinsurance

Anthem Kidney Care (PPO C-SNP)

Personal Emergency Response System (PERS) coverage

Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you.

Providers in our plan: **$0.00** copay
Providers not in our plan: **80%** coinsurance

Renal Dialysis

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance
Doctors and facilities not in our plan: **$0.00** copay - **20%** coinsurance

You pay nothing for services obtained by a Nephrologist at a dialysis center. For all other dialysis treatments, you pay the cost-sharing amount shown above.

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 **silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 8 a.m. to 8 p.m. ET.

Facilities in our plan: **$0.00** copay
Facilities not in our plan: **75%** coinsurance. The maximum value for a monthly fitness membership is **$40.**

†† SilverSneakers is a registered trademark of Tivity Health, Inc. All rights reserved. Tivity Health, Inc. is an independent company providing a fitness program on behalf of this plan.

Anthem Kidney Care (PPO C-SNP)

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.

Benefits with a 6: The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's Evidence of Coverage.



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/ca** 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 Kidney Care (PPO C-SNP)

Stage 1: Yearly Deductible

This plan does not have a Part D deductible.

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 Kidney Care (PPO C-SNP)
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	**$5.00**
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	**29%**
Standard retail one-month supply	**29%**
Mail order three-month supply	**29%**
Tier 5: Specialty Tier	
Preferred retail one-month supply	**33%**
Standard retail one-month supply	**33%**
Mail order three-month supply	**Not available**

[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.

Your Kidney Care team works for you

If you have chronic kidney disease, you have unique healthcare needs. Your dedicated Kidney Care support team members are experts in kidney disease education, prevention, and management.

As your care advocate, the Kidney Care team will:

- Dedicate time to learn about your health needs and listen to your concerns.
- Monitor your labs, review your medications, and help resolve problems before they become big ones.
- Coach you, providing motivation and tips so you can feel your best.
- Help you identify, access, and use your benefits.

All of these services are provided at no additional cost to you.

As an integrated care patient, you will have quality care that helps you:

- Spend more time doing the things you enjoy and less time worrying about your health.
- Reduce your risk of being hospitalized.
- Have peace of mind knowing you're not alone in taking care of your health.

This plan includes these benefits:

- **$0** nephrologist copays
- Transportation
- Dental
- Vision
- Over-the-counter (OTC)
- Healthy Foods
- Routine podiatry

Please refer to the benefits table section for more details.

Out-of-network/non-contracted providers are under no obligation to treat Anthem Kidney Care (PPO C-SNP) members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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 BC Health Insurance Company will pay for it.

Benefits with a 6: The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's Evidence of Coverage.

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 BC Health Insurance Company is a PPO plan with a Medicare contract. Enrollment in Anthem BC Health Insurance Company depends on contract renewal. Anthem BC Health Insurance Company is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross 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 **1-844-671-5714** (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.

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.

Հայերեն (Armenian) – ՈՒՇԱԴՐՈՒԹՅՈՒՆ. եթե ձեզ օգնություն է հարկավոր ձեր լեզվով, ապա ձեզ հասանելի են անվճար լեզվական օգնության ծառայություններ: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համար համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես հասանելի են անվճար: Զանգահարեք վերը նշված հեռախոսահամարով: Աշխատանքային ժամերն են՝ 8 a.m.-ից 8 p.m.-ը, շաբաթը յոթ օր (բացառությամբ Գոհաբանության և Սուրբ Ծննդյան տոների) հոկտեմբերի 1-ից մարտի 31-ը, և երկուշաբթիից ուրբաթ (բացառությամբ տոնական օրերի) ապրիլի 1-ից սեպտեմբերի 30-ը:

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。

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).

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.

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.

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។

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.

Mienh (Mien) – CAU FIM JANGX LONGX: Beiv hnangv meih qiemx long mienh tengx porv benx meih wuov waac, ninh mbuo mbenc ziangx wangv henh tengx liuc leiz porv waac bun bei. Maaih jaa-dorngx tengx mienh aengx caux liepc ziangx gong-bou jauv-louc nyei waac-fienx bun bieqc muangx mv zuqc ndortv nyaanh cingv. Ziux ga'nguaaic zeiv-dauh wuov norm nam mber mborqv finx yaac duqv. Zoux gong nyei ziangh hoc se yiem 8 dimv lungh ndorm taux 8 dimv lungh muonx ziux buonh deic ziangh hoc oc, yietc norm leiz baaix zoux gong siec hnoi (cih njiec naaiv norm Thanksgiving hnoi aengx caux Christmas) yiem naaiv ziepc hlaax saengh 1 taux faah hlaax 31, aengx caux yiem leiz baaix yietv taux leiz baaix hmz (cih njiec gingc mv zoux gong nyei hnoi) yiem naaiv feix hlaax saengh 1 taux juov hlaax 30.

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.

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.

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**

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, і з понеділка по п’ятницю (крім святкових днів) з 1 квітня по 30 вересня.

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.

IMPORTANT INFORMATION:
2027 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Anthem Blue Cross and Blue Shield - H4909

For 2027, Anthem Blue Cross and Blue Shield - H4909 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 Blue Cross and Blue Shield 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 1-844-591-2080 (toll-free) or 711 (TTY). Current members please call 1-844-648-9540 (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 **1-844-591-2080** 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/ca** or call **1-844-591-2080** 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.

☐ This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.