

# Summary of Benefits

## for Anthem MediBlue Dual Advantage (HMO SNP)

**Available in:** Select Counties\* in Indiana \*See Page 2 for a list of counties.

**Plan year:** January 1, 2018 – December 31, 2018

In this section, you'll learn about some of the benefits and services we cover and other important details to help you choose the right Medicare Advantage plan for you. While the Summary of Benefits do not list every service, limit or exclusion, the *Evidence of Coverage* does. Just give us a call and request a copy.

### Have questions? Here's how to reach us and our hours of operation:

- If you **are not** a member of this plan, please call us toll-free **1-844-250-2334** (TTY: **711**), and follow the instructions to be connected to a representative.
- If you **are** a member of this plan, please call us toll-free at **1-844-533-2021** (TTY: **711**). 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30.
- You can learn more about us on our website at **<https://shop.anthem.com/medicare>**.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

# What you should know about our plan

Anthem MediBlue Dual Advantage (HMO SNP) is a Medicare Advantage and prescription drug plan. It includes hospital, medical and prescription drug benefits in one plan. To join this plan, you must:

- Be entitled to Medicare Part A,
- Enrolled in Medicare Part B and Indiana Family and Social Services Administration and
- Live in our service area (see below).

**Our service area includes:** Adams, Allen, Bartholomew, Boone, Brown, Clark, Clay, Clinton, De Kalb, Dearborn, Decatur, Elkhart, Floyd, Gibson, Hamilton, Hancock, Hendricks, Henry, Howard, Huntington, Jefferson, Johnson, Kosciusko, La Porte, Lagrange, Lake, Madison, Marion, Marshall, Miami, Montgomery, Noble, Parke, Porter, Posey, Putnam, Ripley, Shelby, St. Joseph, Starke, Steuben, Sullivan, Tippecanoe, Tipton, Vanderburgh, Vigo, Wabash, Warrick, Wells, Whitley

With this plan, you must use doctors and facilities in our plan. If you use a doctor or facility not in our plan, we may not cover the services.

You can find a doctor in our plan online.

Go to <https://shop.anthem.com/medicare> and choose *Find a Doctor (be sure to check that the doctor displays as “In-Network” for these plans)*. Or you can call us and ask for a copy of the *Provider Directory*.



## What do we cover?

- Like all Medicare health plans, we cover everything that Original Medicare covers – Part A (hospital services) and Part B (medical services), plus more. Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are covered in this enrollment guide.
- Medicare Part D drugs and Part B drugs (such as chemotherapy and some drugs administered by your provider).
- To see if your prescription drugs are covered, you can view our *Formulary* (list of covered Part D prescription drugs) and any restrictions on our website at <https://shop.anthem.com/medicare>. Or you can call us and ask for a copy of the *Formulary*.

## What are my drug costs?

Our plan groups each drug into “tiers.” The amount you pay depends on the drug’s tier and what stage of the benefit you have reached.

### How to find out what your covered drugs will cost:

- Step 1:** Find your drug on the *Formulary*.
- Step 2:** Identify the drug tier.
- Step 3:** Go to the *Summary of 2018 prescription drug coverage* section in this guide to match the tier.



# Can I use any pharmacy to fill my covered prescriptions?



To get the best savings on your covered Part D drugs, you must generally use a pharmacy in our plan. 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.

Our plan offers preferred and standard pharmacies. You may go to either type of pharmacy to fill your covered prescription drugs. Your costs will be the same if you use a preferred or standard pharmacy.

To find a pharmacy in our plan, see our online *Pharmacy Directory* on our website at <https://shop.anthem.com/medicare> (under *Useful Tools*, select *Find a Pharmacy*). Or you can give us a call and we'll send you a copy.

# How can I learn more about Medicare?



If you're still a little unclear about what Medicare is and how it works, refer to your current *Medicare & You* handbook. If you do not have a copy, you can view it online at [www.medicare.gov](http://www.medicare.gov) or call Medicare for a copy at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

If you want to compare our plan with other Medicare health plans, call and ask the other plans for a copy of their Summary of Benefits booklets.

Now that you are familiar with how Medicare works and some of the benefits included in our plan, it's time to consider the type of plan you may need. On the following pages, you can review more about our plan benefits to help you choose the right plan for you.







# Summary of 2018 medical benefits



## **Medicare coverage that goes beyond original Medicare**

Our plans provide even more benefits than you get with Original Medicare. Make sure to check out the extra health benefits available to you in the *More Benefits* section toward the back of this guide.

## **Be in the know**

Before you continue, here are some important things to know as you review our plan options:

- Services with a <sup>1</sup> may require prior authorization (pre-approval).

## **Anthem MediBlue Dual Advantage (HMO SNP)**

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

\$0.00 per month

Part B premium is covered by Indiana Family and Social Services Administration for D-SNP enrollees.

### **How much is my deductible?**

This plan does not have a medical deductible.

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

\$6,700 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.

Your limit for services you get from doctors or facilities in our plan goes toward the yearly limit. If you reach the limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for the rest of the year. This applies to covered, Part A and Part B services (in or outside of our plan).

You will still need to pay your monthly payment (if you have one) and cost-sharing for your Part D prescription drugs.

### **Inpatient Hospital<sup>1</sup>**

**Facilities in our plan:** \$0.00 copay

Our plan covers:

- 90 days for an inpatient hospital stay.
- 60 “lifetime reserve days.” These are “extra” days we cover once in your lifetime. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.



## **Anthem MediBlue Dual Advantage (HMO SNP)**

### **Outpatient Hospital <sup>1</sup>**

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

### **Doctor's Office Visits<sup>1</sup>**

**Primary Care Physician (PCP) visit:**

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

**Specialist visit:**

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

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

### **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

## Anthem MediBlue Dual Advantage (HMO SNP)

### Preventive Care Screenings and Annual Physical Exams - continued

#### Covered Preventive care screenings:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual “wellness” visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes prevention program
- Diabetes screenings and monitoring
- HIV screenings
- Lung cancer screenings
- Medical nutrition therapy services
- Obesity screenings and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including flu shots, hepatitis B shots, pneumococcal shots
- “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 this plan, 100% of the cost of preventive care screenings and annual physical exams are covered.

#### Emergency Care

\$0.00 copay

Outside the U.S., this plan may cover emergency care, urgent care and ground transportation up to a \$25,000 limit. If the cost of the service is more than \$25,000, you will have to pay the difference.

#### Urgently Needed Services

\$0.00 copay

## **Anthem MediBlue Dual Advantage (HMO SNP)**

### **Diagnostic Radiology Services (such as MRIs, CT scans)<sup>1</sup>**

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

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

### **Diagnostic Tests and Procedures<sup>1</sup>**

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

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

### **Lab Services<sup>1</sup>**

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

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

### **Outpatient X-rays<sup>1</sup>**

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

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

### **Therapeutic Radiology Services (such as radiation treatment for cancer)<sup>1</sup>**

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

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

## Anthem MediBlue Dual Advantage (HMO SNP)

### Hearing Services<sup>1</sup>

#### Medicare-covered hearing services

Exam to diagnose and treat hearing and balance issues:

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

#### Routine hearing services:

This plan covers 1 routine hearing exam(s) and hearing aid fitting/evaluation(s) every year. \$3,000.00 maximum plan benefit for hearing aids every year.

**Doctors in our plan:** \$0.00 copay for routine hearing exam(s). \$0.00 copay for hearing aids.

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Hearing benefits are offered through Nations Hearing . Please call customer service for more details.

### Dental Services

**Medicare-covered dental services** (this does not include services in connection with care, treatment, filling, removal or replacement of teeth):

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

#### Preventive dental services:

This plan covers: 2 oral exam(s) every year, 2 cleaning(s) every year, 1 dental X-ray(s) every year.

**Dentists in our plan:** \$0.00 copay

## Anthem MediBlue Dual Advantage (HMO SNP)

### Dental Services - continued

#### Comprehensive dental services:

This plan covers up to a \$200.00 allowance for comprehensive dental services every quarter.

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

We cover more dental care than what Original Medicare covers. You can use our coverage for these services and more: extra exams, cleanings, X-rays, fillings and repairs, root canals (endodontics), dental crowns (caps), bridges and implants, and dentures.

Any amount not used at the end of a quarter will carry over to the next quarter. Any amount not used at the end of the calendar year will expire.

Dental benefits are offered through Liberty Dental. Please call customer service for more details.

### Vision Services

#### Medicare-covered vision services:

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

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

##### Eyeglasses or contact lenses after cataract surgery

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

#### Routine vision services:

##### Routine eye exam

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

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

## **Anthem MediBlue Dual Advantage (HMO SNP)**

### **Vision Services - continued**

#### **Routine eye wear** (lenses and frames)

This plan covers up to \$200.00 for eyeglasses or contact lenses every year.

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

Vision benefits are offered through Blue View Vision. Please call customer service for more details.

### **Mental Health Care**

#### **Inpatient visit:** <sup>1</sup>

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

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.

This plan covers:

- 90 days for an inpatient hospital stay.
- 60 “lifetime reserve days.” These are “extra” days we cover once in your lifetime. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

#### **Outpatient psychiatric individual and group therapy services:** <sup>1</sup>

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

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

## **Anthem MediBlue Dual Advantage (HMO SNP)**

### **Skilled Nursing Facility (SNF)<sup>1</sup>**

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

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

### **Physical Therapy<sup>1</sup>**

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

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

### **Ambulance<sup>1</sup>**

**Emergency transportation services in our plan:** \$0.00 copay

### **Transportation<sup>1</sup>**

**Transportation services in our plan:** \$0.00 copay. This plan offers coverage for 24, one-way, routine transportation services every year. Trips are limited to 60 miles.

Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by our contracted vendor, LogistiCare. If you need a ride, call us at least 48 hours ahead of time.

### **Medicare Part B Drugs<sup>1</sup>**

**Drugs in our plan:** \$0.00 copay

# More benefits and ways we support your health



## Anthem MediBlue Dual Advantage (HMO SNP)

### Chiropractic Care<sup>1</sup>

#### Medicare-covered chiropractic services:

**Providers in our plan:** \$0.00 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).

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

### Home Health Care<sup>1</sup>

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

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

### Meals Benefit

\$0.00 copay for up to 20 meals following your discharge from the hospital.

### Outpatient Substance Abuse<sup>1</sup>

#### Individual & Group therapy visit:

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

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.



## Anthem MediBlue Dual Advantage (HMO SNP)

### Outpatient Surgery<sup>1</sup>

#### Ambulatory surgical center:

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

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

### Over-the-Counter Items

This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to \$50 every quarter. Unused OTC amounts do roll over to the next quarter. Unused OTC amounts do not roll over to the next calendar year. Catalog orders are limited to one per month.

Please visit our website to see a list of covered, over-the-counter items.

### Renal Dialysis

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

### Outpatient Rehabilitation<sup>1</sup>

**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):

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

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

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

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

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

## **Anthem MediBlue Dual Advantage (HMO SNP)**

### **Outpatient Rehabilitation<sup>1</sup> - continued**

#### **Occupational therapy visit:**

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

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

### **Foot Care (podiatry services)<sup>1</sup>**

#### **Medicare-covered podiatry:**

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

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

#### **Routine foot care:**

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

This plan covers 6 routine foot care visit(s) every year.

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

### **Medical Equipment/Supplies<sup>1</sup>**

#### **Durable Medical Equipment (wheelchairs, oxygen, etc.)**

**Suppliers in our plan:** \$0.00 copay

#### **Medical supplies and prosthetic devices (braces, artificial limbs, etc.)**

**Suppliers in our plan:** \$0.00 copay

## **Anthem MediBlue Dual Advantage (HMO SNP)**

### **Medical Equipment/Supplies<sup>1</sup> - continued**

#### **Diabetic supplies and services<sup>1</sup>**

**Suppliers in our plan:** \$0.00 copay

### **Personal Emergency Response System (PERS) coverage**

\$0.00 copay

Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you. Please refer to the *Evidence of Coverage* for additional information.

### **LiveHealth Online**

Lets you talk to a doctor by live, two-way video on a computer, smartphone or tablet.

Please refer to the *Evidence of Coverage* for additional information.

### **24/7 Nurse HelpLine**

24-hour access to a nurse helpline, 7 days a week, 365 days a year.

Please refer to the *Evidence of Coverage* for additional information.

## Anthem MediBlue Dual Advantage (HMO SNP)

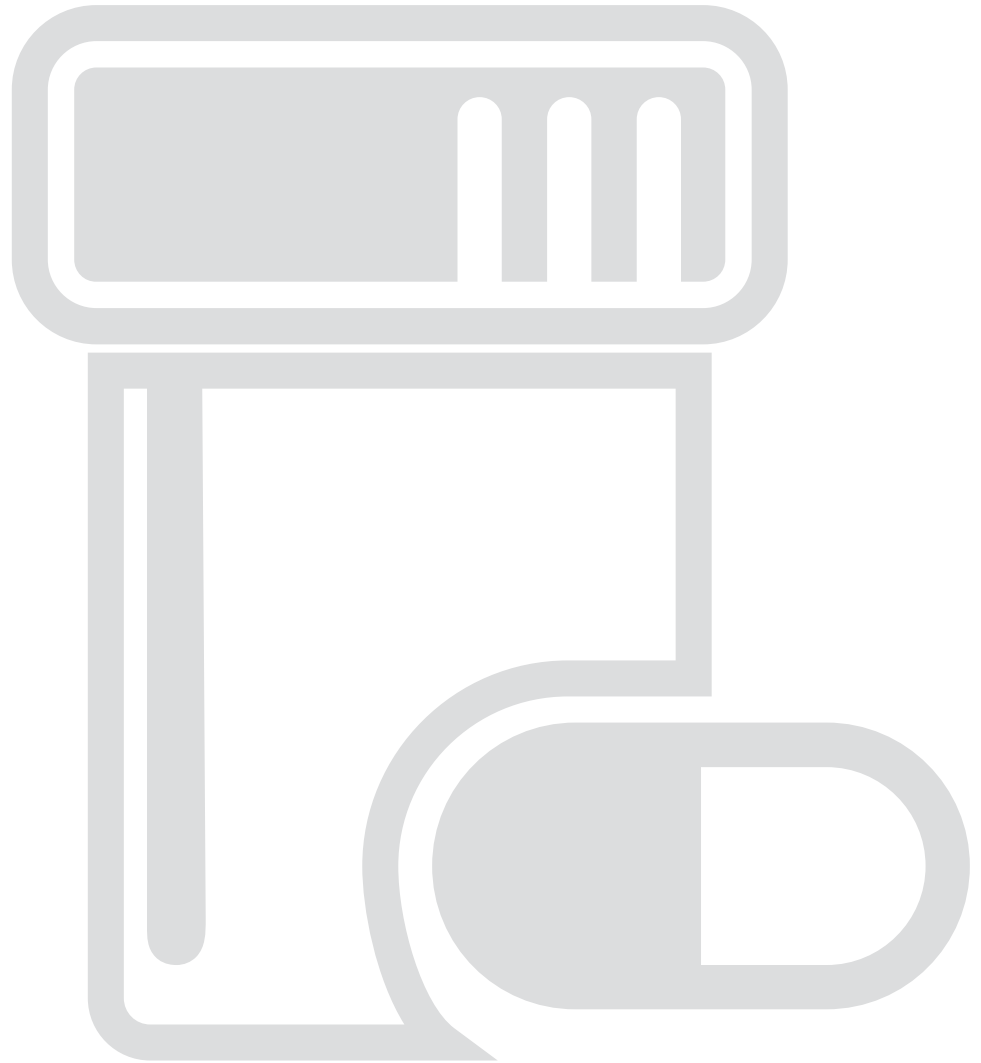
### SilverSneakers®\* Fitness Program

\$0.00 copay

When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to [www.silversneakers.com](http://www.silversneakers.com) or call SilverSneakers at **1-855-741-4985** (TTY: **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

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# Summary of 2018 prescription drug coverage



## **Know where to go:**

Once you become a member of our plan, Chapters 5 and 6 of your *Evidence of Coverage* include lots of important details about your pharmacy benefit.

## **Anthem MediBlue Dual Advantage (HMO SNP)**

### **How much do I pay for Part D drugs?**

#### **Stage 1: Deductible**

This stage does not apply to you because you get Extra Help from Medicare.

#### **Stage 2: Initial Coverage**

You pay the following until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

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 retail pharmacy.

## Stage 2: Initial Coverage

### Anthem MediBlue Dual Advantage (HMO SNP)

<b>Preferred Retail, Standard Retail and Standard Mail Order Cost Sharing</b>	<b>One-month supply</b>	<b>Three-month supply</b>
<b>Tier 1: Preferred Generic</b>	\$0.00	\$0.00
<b>Tier 2: Generic</b>	\$0.00 - \$3.35. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.	\$0.00 - \$3.35. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
<b>Tier 3: Preferred Brand</b>	\$0.00 - \$8.35. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.	\$0.00 - \$8.35. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
<b>Tier 4: Nonpreferred Drugs</b>	\$0.00 - \$8.35. The amount you pay is determined by the covered Part D prescription and your low-income subsidy	\$0.00 - \$8.35. The amount you pay is determined by the covered Part D prescription and your low-income subsidy

## Stage 2: Initial Coverage

### Anthem MediBlue Dual Advantage (HMO SNP)

Preferred Retail, Standard Retail and Standard Mail Order Cost Sharing	One-month supply	Three-month supply
	coverage. Please refer to your LIS Rider for the specific amount you pay.	coverage. Please refer to your LIS Rider for the specific amount you pay.
<b>Tier 5: Specialty Tier</b>	\$0.00 - \$8.35. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.	Not available for a long-term supply
<b>Tier 6: Select Care Drugs</b>	\$0.00	\$0.00



## Stage 3: Coverage Gap

### Anthem MediBlue Dual Advantage (HMO SNP)

After you enter the coverage gap, you will pay your low income subsidy (LIS) level cost-sharing for generic and brand name drugs unless your plan has extra generic gap coverage. You will stay in the gap until your costs total \$5,000, which is the end of the coverage gap. Note - not everyone will enter the coverage gap.

To learn more about your extra gap coverage, see the following chart to find out how much you will pay for your covered drugs.

Preferred Retail, Standard Retail and Standard Mail Order Cost Sharing	One-month supply	Three-month supply
<b>Tier 6: Select Care Drugs</b> Covered Drugs; All	\$0.00	\$0.00

## **Stage 4: Catastrophic Coverage**

### **Anthem MediBlue Dual Advantage (HMO SNP)**

After your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach \$5,000, you pay nothing for your covered drugs for the rest of the year.



# Summary of Medicaid-covered benefits



## Have questions?

What you pay for covered services may depend on your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call: 1-800-457-4584

# Statement of Medicaid Benefits and Cost-Sharing Protections

## Eligibility

The Anthem MediBlue Dual Advantage (HMO SNP) plan is available to anyone with both Medicare Parts A and B and who receives Medical Assistance from the state Medicaid program to cover Medicare cost sharing.

- Anthem MediBlue Dual Advantage (HMO SNP) members with **Qualified Medicare Beneficiary (QMB)** status are covered by the Indiana Family and Social Services Administration program for their Medicare cost sharing. Some QMB members are also eligible for full Medicaid benefits (QMB+).

## Cost sharing and cost-sharing protections for all members

In an Anthem MediBlue Dual Advantage (HMO SNP) plan, the state Medicaid program pays the cost sharing for Medicare-covered medical services you receive. You pay no cost sharing for the Medicare-covered benefits described earlier in this Summary of Benefits. You will pay small copayments for prescriptions covered under the Medicare Part D prescription drug benefit. When you receive health services, the provider should only bill Anthem MediBlue Dual Advantage (HMO SNP) or the state Medicaid program for the cost of those services and cost-sharing amounts. The provider should not bill you for services or cost sharing.

If you receive care from a non-contracted provider, the provider may not understand Anthem MediBlue Dual Advantage (HMO SNP) or these billing rules. If you receive a bill from a provider for Medicare-covered services, please notify Customer Service so we can help you. Please see Chapter 7 of your Anthem MediBlue Dual Advantage (HMO SNP) *Evidence of Coverage* for more information.

## Section A. Anthem MediBlue Dual Advantage (HMO SNP) Members with Full Medicaid Coverage

The benefits listed below are covered by Medicaid. The benefits mentioned earlier in this Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Indiana Family and Social Services Administration covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

<b>Benefit</b>	<b>Indiana Family and Social Services Administration</b>	<b>Anthem MediBlue Dual Advantage (HMO SNP)</b>
<b>Clinic Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Federally Qualified Health Center Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Inpatient Hospital Services (other than in an Institution for Mental Diseases)</b>	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Outpatient Hospital Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Rehabilitation Services: Mental Health and Substance Abuse</b>	Covered by Medicaid (coverage limitations) based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Rural Health Clinic Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.

<b>Benefit</b>	<b>Indiana Family and Social Services Administration</b>	<b>Anthem MediBlue Dual Advantage (HMO SNP)</b>
<b>Certified Registered Nurse Anesthetist Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Chiropractor Services</b>	Covered by Medicaid (coverage limitations) based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Dental Services</b>	Covered by Medicaid (coverage limitations) based on your eligibility level.	Limited coverage by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Nurse Midwife Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Nurse Practitioner Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Optometrist Services</b>	Covered by Medicaid (coverage limitations) based on your eligibility level.	Not Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Physician Services</b>	Covered by Medicaid (coverage limitations)	Covered by Medicare. Check the Plan's Evidence

Benefit	Indiana Family and Social Services Administration	Anthem MediBlue Dual Advantage (HMO SNP)
	based on your eligibility level.	of Coverage for any additional coverage.
<b>Podiatrist Services</b>	Covered by Medicaid (coverage limitations) based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Psychologist Services</b>	Covered by Medicaid (coverage limitations) based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Prescription Drugs</b>	Covered by Medicaid based on your eligibility level.	Covered Medicare Part D Prescription Drugs when on the plan formulary and subject to any LIS copayment. Medicare covered Part B drugs subject to Medicare coverage guidelines.
<b>Therapy Services: Physical, Speech &amp; Occupational</b>	Covered by Medicaid (coverage limitations) based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Dentures</b>	Covered by Medicaid (coverage limitations) based on your eligibility level.	Not Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Eyeglasses</b>	Covered by Medicaid (coverage limitations)	Not Covered by Medicare. Check the Plan's Evidence

Benefit	Indiana Family and Social Services Administration	Anthem MediBlue Dual Advantage (HMO SNP)
	based on your eligibility level.	of Coverage for any additional coverage.
<b>Hearing Aids</b>	Covered by Medicaid (coverage limitations) based on your eligibility level.	Not Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Medical Equipment and Supplies</b>	Covered by Medicaid (coverage limitations) based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Prosthetic and Orthotic Devices</b>	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Ambulance Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Non-emergency Medical Transportation Services</b>	Covered by Medicaid (coverage limitations) based on your eligibility level.	Not Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Diagnostic, Screening and Preventive Services</b>	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.



Benefit	Indiana Family and Social Services Administration	Anthem MediBlue Dual Advantage (HMO SNP)
<b>Early and Periodic Screening, Diagnosis and Treatment</b>	Covered by Medicaid based on your eligibility level.	Not covered by Medicare.
<b>Extended Services for Pregnant Women</b>	Covered by Medicaid based on your eligibility level.	Not covered by Medicare.
<b>Family Planning Services</b>	Covered by Medicaid based on your eligibility level.	Not covered by Medicare.
<b>Laboratory and X-Ray Services, outside Hospital or Clinic</b>	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Targeted Case Management</b>	Covered by Medicaid based on your eligibility level.	Check the Plan's Evidence of Coverage for any additional coverage.
<b>Home and Community-Based Services Waiver</b>	Covered by Medicaid based on your eligibility level.	Not covered by Medicare.
<b>Home Health Services</b>	Covered by Medicaid (coverage limitations) based on your eligibility level. Includes nursing services, home health aides, and medical supplies/equipment.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.

<b>Benefit</b>	<b>Indiana Family and Social Services Administration</b>	<b>Anthem MediBlue Dual Advantage (HMO SNP)</b>
<b>Hospice Care</b>	Covered by Medicaid based on your eligibility level.	Covered by Medicare, with additional benefits covered under IN FamilyCare.
<b>Inpatient Hospital, Nursing Facility and Intermediate Care Facility Services In Institution for Mental Diseases</b>	Covered for ages 65 and older by Medicaid (coverage limitations) based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Intermediate Care Facility Services for the Mentally Retarded</b>	Covered by Medicaid (coverage limitations) based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Nursing Facility Services, other than in an Institution for Mental Diseases</b>	Covered by Medicaid (coverage limitations) based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
<b>Religious Non-Medical Health Care Institution and Practitioner Services</b>	Covered by Medicaid (coverage limitations) based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-844-533-2021** (TTY: **711**). Our office hours are from 8 a.m. to 8 p.m., seven days a week, October 1 to February 14 (except holidays); 8 a.m. to 8 p.m., Monday – Friday, February 15 to September 30 (except holidays).

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

Premium, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Anthem Blue Cross and Blue Shield is an HMO DSNP plan with a Medicare contract and a contract with the Indiana Medicaid program. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

## **Anthem Blue Cross and Blue Shield - H9954**

### **2018 Medicare Star Ratings\***

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2018, Anthem Blue Cross and Blue Shield received the following Overall Star Rating from Medicare.

  
3.5 Stars

We received the following Summary Star Rating for Anthem Blue Cross and Blue Shield's health/drug plan services:

Health Plan Services:

  
3.5 Stars

Drug Plan Services:

  
3.5 Stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at [www.medicare.gov](http://www.medicare.gov).

We do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability in our health programs and activities.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 1-844-337-7143 (toll-free) or 711 (TTY), from October 1 to February 14. Our hours of operation from February 15 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-844-337-7143 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-337-7143 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-337-7143 (TTY: 711)。

Current members please call 1-844-533-2021 (toll-free) or 711 (TTY).

\*Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Anthem Blue Cross and Blue Shield is an HMO DSNP plan with a Medicare contract and a contract with the Indiana Medicaid program. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

## **It's important we treat you fairly**

That's why we follow Federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call Customer Service for help (TTY: 711).

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 4361 Irwin Simpson Rd, Mailstop: OH0205-A537; Mason, Ohio 45040-9498. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TTY: 1- 800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## **Get help in your language**

Separate from our language assistance program, we make documents available in alternate formats. If you need a copy of this document in an alternate format, please call Customer Service.

**English:** You have the right to get this information and help in your language for free. Call Customer Service for help.

**Spanish:** Tiene el derecho de obtener esta información y ayuda en su idioma de forma gratuita. Llame al número de Servicios para Miembros para obtener ayuda.

**Albanian:** Keni të drejtën të merrni falas këtë informacion dhe ndihmë në gjuhën tuaj. Telefononi shërbimin për klientët nëqoftëse keni nevojë për ndihmë.

**Arabic:**

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل بخدمة العملاء للمساعدة.

**Burmese:** သင်သည် ဤသတင်းအချက်အလက်များနှင့် ပတ်သက်ပြီး သင့်ဘာသာစကားဖြင့် အခမဲ့အကူအညီ ရပိုင်ခွင့်ရှိသည်။ အကူအညီအတွက် သုံးစွဲသူ ဝန်ဆောင်မှုကို ခေါ်ဆိုပါ။

**Chinese:** 您有權使用您的語言免費獲得該資訊和協助。請致電客戶服務部尋求協助。

**Dutch:** U hebt het recht om deze informatie en hulp gratis in uw taal te krijgen. Bel de klantenservice voor hulp.

**French:** Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour obtenir de l'aide, veuillez appeler le service client.

**German:** Sie haben das Recht, diese Informationen und Unterstützung kostenfrei in Ihrer eigenen Sprache zu erhalten. Bitte rufen Sie den Kundendienst an, um Hilfe anzufordern.

**Hindi:** आपके पास इस जानकारी और सहायता को अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सहायता के लिए सदस्य सेवा पर कॉल करें।

**Hmong:** Koj muaj cai tau txais cov ntaub ntauv no thiab tau txais kev pab txhais ua koj hom lus pub dawb rau koj. Yog xav tau kev pab hu rau Lub Chaw Muab Kev Pabcuam Rau Cov Neeg Tuaj Siv Peb Qhov Kev Pab (Customer Service).

**Japanese:** この情報と支援を希望する言語で無料で受けることができます。サポートが必要な場合はカスタマー サービスにお電話ください。

**Korean:** 귀하께서는 본 정보와 도움을 비용없이 귀하의 언어로 받으실 권리가 있습니다. 도움을 받으시려면 고객 서비스부로 연락해 주십시오.

**Lao:** ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄໍາແນະນໍາເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຜ່າຍບໍລິການລູກຄ້າສໍາລັບຄໍາແນະນໍາ.

**Pennsylvania Dutch:** Du hoscht es Recht fer des Information un koschdefrei Hilf in dei eengi Schprooch griege. Du kannscht Customer Service fer Hilf uffrufe.

**Polish:** Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. Zadzwoń pod numer Działu Obsługi Klienta w celu uzyskania pomocy.

**Punjabi:** ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਗਾਹਕ ਸੇਵਾ ਨੂੰ ਕਾਲ ਕਰੋ।

**Russian:** Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания клиентов.

**Tagalog:** May karapatan kang makuha ang impormasyon at tulong na ito sa sarili mong wika ng walang kabayaran. Tumawag sa Serbisyo para sa mga Kustomer para matulungan ka.

**Vietnamese:** Bạn có quyền được biết về thông tin này và được hỗ trợ bằng ngôn ngữ của bạn miễn phí. Hãy liên hệ với Dịch vụ khách hàng để được hỗ trợ.