

2023 Welcome Guide

All you need to know, all in one place



Anthem Medicare Preferred (PPO) with Senior Rx Plus plan

We're here to support you

Thank you for joining our plan. This guide provides tips to help you get the most out of your benefits. You'll learn how to reach us, who to see and where to go for benefits and services, where to find benefit information, and more to support your health and well-being.



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Technology at your service

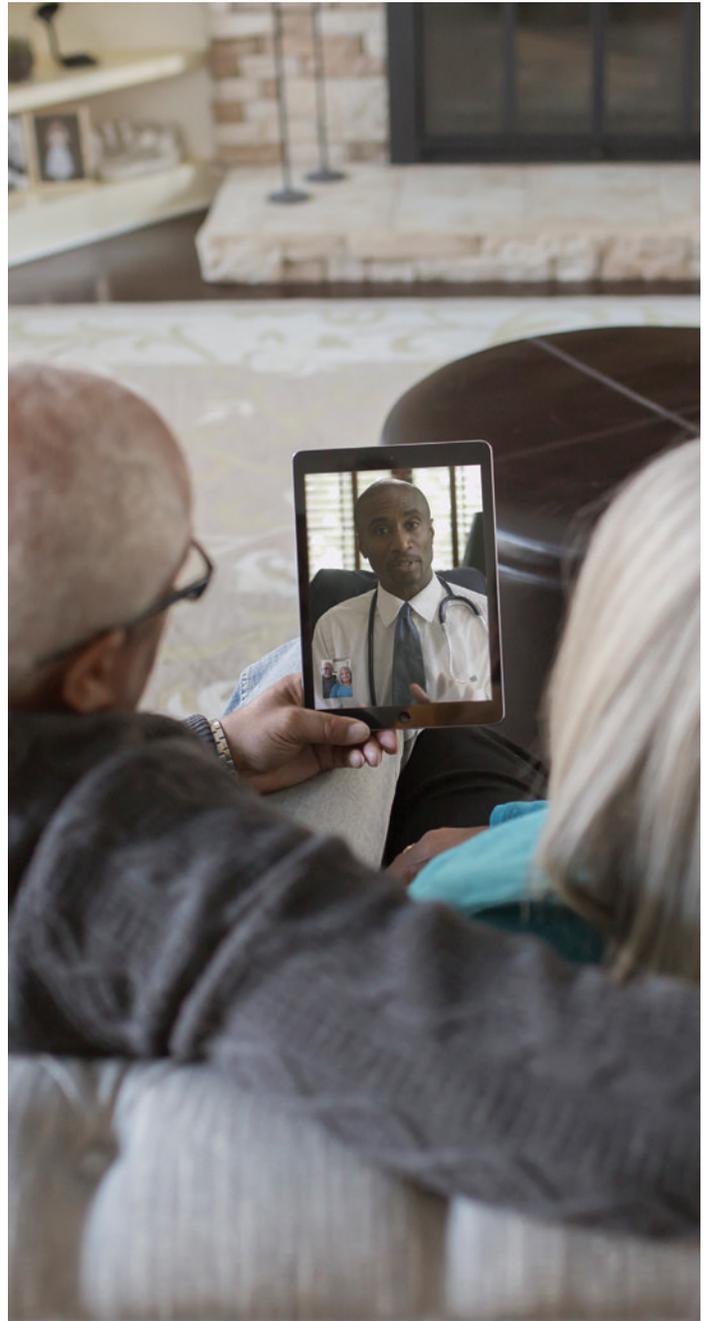
Visit www.anthem.com

Our member website makes it easy and convenient for you to view your plan details, find a doctor, find a pharmacy, refill your prescriptions, and more. All with less paperwork and fewer phone calls. Create your secure online account from a computer or the Sydney Health mobile app, log in, and do things like:

- Check your claims status and history.
- Find out how much your prescriptions cost.
- Search for a doctor, pharmacy, or specialist in your plan.
- Send us a secure message 24/7 when you have a question or need help.
- Learn more about self-care and various health conditions and treatments.

Video chat with a doctor

Your benefits include telehealth (or visits with a doctor using a smartphone, tablet, or PC with a webcam) through LiveHealth[®] Online¹ at no additional cost to you. Doctors can even send prescriptions directly to your pharmacy. It's easy with the member website or Sydney Health mobile app. Book a virtual visit today.



¹The plan provides LiveHealth Online for a \$0 copay. Other telehealth services may be available, but copays or additional charges may apply.

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of the plan.



Download the Sydney Health mobile app

With our app, you get on-the-go access to your plan benefits through your smartphone or tablet. Once you download it, you can:

- Log in and pull up your plan membership card.
- Find nearby doctors and pharmacies.
- Live chat with us.



Download the Sydney Health mobile app from Google Play™ or the App Store® today. Or download it now by scanning this QR code.





Tools and plan details at your fingertips

Your secure online account lets you stay in control of your health. When you log in at www.anthem.com, you can do things like:

- Review your **Evidence of Coverage (EOC)**, which describes your coverage and any applicable costs.
- Find a network doctor, service provider, or pharmacy using our **Find Care** tool. Once logged in, search by doctor name or type, specialty, facility, or pharmacy name, and distance from your home.

- Visit **Pharmacy** under *My Plan*, then choose **Price a Medication** to see if a drug is covered on your drug lists and what you will pay.

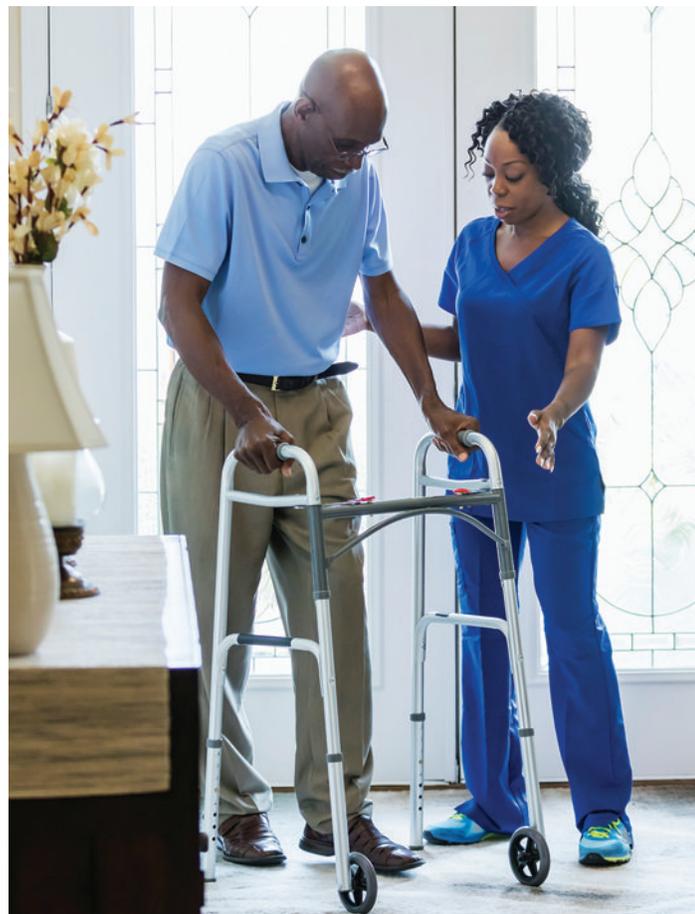
If you need help, have questions, or would like a printed copy of our *Evidence of Coverage, Provider and Pharmacy Directory*, or drug lists mailed to you, please call us at the Member Services number listed at the back of this guide.

Personalize your care

Tell us about yourself so we can connect you to the best care possible. And get access to care when and where you need it.

Complete your Health Risk Assessment

The more we know about your health history, the better we can guide you to helpful benefits and services. That's why within your first 90 days of being a member, we will call you to answer this simple health survey. And we will call you every 12 months you are enrolled in our plan to keep your care and services up to date. If we cannot reach you by phone, then we'll mail you a letter with instructions on how to complete the survey.



Know how your network works for you

Your plan offers a wide network of expert healthcare providers for you to choose from. Before you get care, it's important you understand some plan coverage rules and resources.

- You can see any doctor, provider, or specialist who participates in Medicare anywhere in the United States, Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, and Northern Mariana Islands.
- Your benefits and any applicable copay or coinsurance remain the same whether you see an in- or out-of-network provider.
- You do not need referrals for care.
- Doctors and facilities outside of the plan are not obligated to treat plan members except in medical emergencies. For more information, as well as the cost-sharing that may apply to out-of-network services, call our Member Services number or see your *EOC*.





Where to get care

If you're injured, not feeling well, or have a health issue, call your primary care provider (PCP) first. If you need care right away and your PCP cannot see you, you have more choices for getting care fast:

- Use **LiveHealth Online** to speak with a doctor, psychologist, or therapist for issues like a headache, fever, anxiety, or depression right at home.
- Call **24/7 NurseLine** at the number on your plan membership card when you have health questions or need advice. A nurse is there to help you anytime, day or night.
- Visit an **urgent care center** for issues like a sprain or vomiting that will not stop. You don't need an appointment, and most centers have late and weekend hours.
- Go to the nearest **emergency room (ER)** or call 911 if you have severe symptoms like chest pain, trouble breathing, or bleeding that won't stop.

Extra benefits to support your whole health

You are provided additional benefits, programs, and services to get the most out of your health plan. Here are the special benefits you get just for being our member.



Annual health exams

Meet with your PCP each year for a checkup to stay on top of your health. Talk to your PCP about what's on your mind as well as vaccines, your medications, screening for anxiety or depression, your fall risk, and your ability to perform daily tasks.



House Call program²

Enhance the care you receive from your current providers with an in-home health visit from a licensed clinician. A House Call clinician will come to your home and dedicate time to listen to your health concerns and answer your questions, as well as:

- Perform routine screenings and a health assessment.
- Review your prescriptions and test results with you.
- Give follow-up care suggestions to your doctor.

Taking part in House Call is optional.



Preventive care services,

like screenings for diabetes or kidney disease.



Hearing care

Get a routine hearing exam and hearing aid allowance, up to \$3,000 per ear every 36 months. Contact Hearing Care Solutions for more information at 1-855-312-2545.



²House Call program is administered by either Matrix Medical Network or Signify Health, independent companies.



MyHealth Advantage program

for helpful health reminders about needed care and tests to keep you well. You'll also have access to health specialists who can answer your questions.



Healthy Meals⁵

Have healthy balanced meals delivered to your home after being discharged from the hospital or if you have a chronic illness.



Aspire Health³

If you're facing a serious illness, this community-based program gives you an extra layer of support through home visits and telehealth appointments. This support to members and their families is provided by a team of doctors, nurses, and social workers who work with members' providers to coordinate care. A clinical team is there 24/7 for participating members to offer extra care, attention, and education.

³Aspire Health is a separate company providing coordination of care through home-based visits and telehealth services on behalf of this plan.

⁴Members must have a chronic illness, as defined by CMS, to qualify.

⁵Members must have a certain BMI, an A1c level greater than 9, or a chronic illness as defined by CMS to qualify.



Keep moving with SilverSneakers®⁶

Regular physical activity can boost your mood and health. Stay energized with the SilverSneakers fitness program. With this no-cost benefit, you get:

- Membership to thousands of fitness locations nationwide.
- **SilverSneakers LIVE™** full-length live classes, including cardio dance, yoga, and a member orientation class, right from home.
- **SilverSneakers On-Demand™** online workout videos from low-impact exercises to high-energy cardio, nutrition information, and more.
- **SilverSneakers FLEX®** classes and group exercise classes at fitness locations nationwide.
- **SilverSneakers GO™** mobile app for workout programs based on your fitness level and activity alerts to help you stay on track.

To get started, create your account at **SilverSneakers.com** or download the app at **<https://go.silversneakers.com/silversneakers-go-promo>**.



Medicare community resource support

We're here when you need help finding resources in your community, like food pantries, home maintenance or utility assistance programs, social activities, and more. Call Member Services at the number listed at the back of this guide and ask to speak with a Medicare Education and Outreach social worker.



For more detailed information or questions about your benefits, you can:

- Review the *Evidence of Coverage (EOC)*.
- Visit the member website, **www.anthem.com**.
- Call us at the Member Services number listed at the back of this guide.



⁶ SilverSneakers, the SilverSneakers shoe logotype, and SilverSneakers FLEX are registered trademarks of Tivity Health, Inc. SilverSneakers LIVE, SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2022 Tivity Health, Inc. All rights reserved.

Your prescription drug benefits

CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of your health plan. You have access to a large retail pharmacy network with more than 65,000 pharmacies nationwide. Plus, your plan covers generic and brand-name drugs as well as high-cost specialty drugs beyond the minimum standard Medicare requires.

Ways to fill your prescriptions

You can either pick up your prescriptions in a retail pharmacy or have them mailed to you:

- **In store at a network pharmacy.** Take your written prescription and plan membership card to a store location or ask your doctor to call it in. Go to the *Find Care* page on our member website to search for a pharmacy near you.
- **By mail order through CarelonRx Mail.** Log in to your secure member account, go to *Pharmacy under My Plan*, and request home delivery for your prescription refills. You can request 90-day supplies of your prescription drugs to save time and money.

Tip: Visit *Pharmacy under My Plan* at www.anthem.com, then choose **Price a Medication** to see if a drug is covered and what you'll pay.



Important information

Get a summary of your benefits and rights with *Medicare & You*

We encourage you to read this booklet, which gets mailed to you each fall. It also provides answers to the most asked questions by Medicare members. If you want a copy now, visit www.medicare.gov or call **1-800-MEDICARE** (TTY **1-877-486-2048**).

Remember to pay your Part B premium

If you lose your Part B eligibility for any reason, please call us at the Member Services number listed at the back of this guide. If you pay a premium for Medicare Part B, remember to continue paying it. This premium is normally deducted from your Social Security check each month. Refer to your *Evidence of Coverage (EOC)* for more information.

About IRMAA and your income level

If your modified adjusted gross income on your IRS tax return from two years ago is above a certain limit, you must pay an income-related monthly adjustment amount (IRMAA) in addition to your monthly plan premium. The Social Security Administration will contact you if you have to pay an IRMAA, which you must pay to them, not us.

Learn about opioid risks and alternative treatments

Using opioid medications to treat pain for more than seven days has serious risks, like addiction, overdose, or even death. If your pain continues, talk to your doctor about alternative treatments with less risk. Some choices to ask your doctor about are non-opioid medications, acupuncture, or physical therapy to see if they are right for you. Find out how Medicare covers these options by logging in to your secure member account.

Some services require prior authorization

Prior authorization is the approval doctors and pharmacies request and receive from your plan before providing you with certain services, treatments, therapies, or Part B drugs and supplies.

When you visit an in-network provider, the provider will ask us for prior authorization. If you visit an out-of-network provider, please ask for prior authorization. It helps us work with the provider to confirm the care you receive is covered and medically necessary. Refer to the benefits charts in your *EOC* document online for more information about this process and the benefits that require prior authorization.

Notice of privacy practices

Important information about your rights and our responsibilities

Protecting your personal health information is important. Each year, we're required to send you specific information about your rights and some of our duties to help keep your information safe. This notice combines three of these required yearly communications:

- State notice of privacy practices
- Health Insurance Portability and Accountability Act (HIPAA) notice of privacy practices
- Breast reconstruction surgery benefits

Would you like to go paperless and read this online or on your mobile app? Go to www.anthem.com and sign up to get these notices by email.

State notice of privacy practices

When it comes to handling your health information, we follow relevant state laws, which are sometimes stricter than the federal HIPAA privacy law.

This notice:

- Explains your rights and our duties under state law.
- Applies to health, dental, vision and life insurance benefits you may have.

Your state may give you additional rights to limit sharing your health information. Please call the Member Services phone number on your plan membership card for more details.

Your personal information

Your nonpublic (private) personal information (PI) identifies you and it's often gathered in an insurance matter. You have the right to see and correct your PI. We may collect, use and share your PI as described in this notice. Our goal is to protect your PI because your information can be used to make judgments about your health, finances, character, habits, hobbies, reputation, career and credit.

We may receive your PI from others, such as doctors, hospitals or other insurance companies. We may also share your PI with others outside our company — without your approval, in some cases. But we take

reasonable measures to protect your information. If an activity requires us to give you a chance to opt out, we'll let you know, and we'll let you know how to tell us you don't want your PI used or shared for an activity you can opt out of.

THIS NOTICE DESCRIBES HOW MEDICAL, VISION AND DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION WITH REGARD TO YOUR HEALTH BENEFITS. PLEASE READ CAREFULLY.

HIPAA notice of privacy practices

We keep the health and financial information of our current and former members private as required by law, accreditation standards and our own internal rules. We're also required by federal law to give you this notice to explain your rights and our legal duties and privacy practices.

Your protected health information

There are times we may collect, use and share your Protected Health Information (PHI) as allowed or required by law, including the HIPAA Privacy rule. Here are some of those times:

Payment: We collect, use and share PHI to take care of your account and benefits, or to pay claims for healthcare you get through your plan.

Healthcare operations: We collect, use and share PHI for our healthcare operations.

Treatment activities: We don't provide treatment, but we collect, use and share information about your treatment to offer services that may help you, including sharing information with others providing you treatment.

Examples of ways we use your information:

- We keep information on file about your premium and deductible payments.
- We may give information to a doctor's office to confirm your benefits.
- We may share explanation of benefits (EOB) with the subscriber of your plan for payment purposes.
- We may share PHI with your doctor or hospital so that they may treat you.

- We may use PHI to review the quality of care and services you get.
- We may use PHI to help you with services for conditions like asthma, diabetes or traumatic injury.
- We may collect and use publicly and/or commercially available data about you to support you and help you get health plan benefits and services.
- We may use your PHI to create, use or share de-identified data as allowed by HIPAA.
- We may also use and share PHI directly or indirectly with health information exchanges for payment, healthcare operations and treatment. If you don't want your PHI to be shared in these situations, visit www.anthem.com/privacy for more information.

Sharing your PHI with you: We must give you access to your own PHI. We may also contact you about treatment options or other health-related benefits and services. When you or your dependents reach a certain age, we may tell you about other plans or programs for which you may be eligible, including individual coverage. We may also send you reminders about routine medical checkups and tests. You may get emails that have limited PHI, such as welcome materials. We'll ask your permission before we contact you.

Sharing your PHI with others: In most cases, if we use or share your PHI outside of treatment, payment, operations or research activities, we have to get your okay in writing first. We must also get your written permission before:

- Using your PHI for certain marketing activities.
- Selling your PHI.
- Sharing any psychotherapy notes from your doctor or therapist.

We may also need your written permission for other situations not mentioned above. You always have the right to cancel any written permission you have given at any time.

You have the right and choice to tell us to:

- Share information with your family, close friends or others involved with your current treatment or payment for your care.
- Share information in an emergency or disaster relief situation.

If you can't tell us your preference, for example in an emergency or if you're unconscious, we may share your PHI if we believe it's in your best interest. We may also share your information when needed to lessen a serious and likely threat to your health or safety.

Other reasons we may use or share your information:

We are allowed, and in some cases required, to share your information in other ways — usually for the good of the public, such as public health and research. We can share your information for these specific purposes:

- Helping with public health and safety issues, such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medicines
 - Reporting suspected abuse neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
- Doing health research.
- Obeying the law, if it requires sharing your information.
- Responding to organ donation groups for research and certain reasons.
- Addressing workers' compensation, law enforcement and other government requests, and to alert proper authorities if we believe you may be a victim of abuse or other crimes.
- Responding to lawsuits and legal actions.

If you're enrolled with us through an employer, we may share your PHI with your group health plan.

If the employer pays your premium or part of it, but doesn't pay your health insurance claims, your employer can only have your PHI for permitted reasons and is required by law to protect it.

Authorization: We'll get your written permission before we use or share your PHI for any purpose not stated in this notice. You may cancel your permission at any time, in writing. We will then stop using your PHI for that purpose. But if we've already used or shared your PHI with your permission, we cannot undo any actions we took before you told us to stop.

Genetic information: We cannot use your genetic information to decide whether we'll give you coverage or decide the price of that coverage.

Race, ethnicity, language, sexual orientation and gender identity: We may receive race, ethnicity, language, sexual orientation and gender identity information about you and protect this information as described in this notice. We may use this information to help you, including identifying your specific needs, developing programs and educational materials and offering interpretation services. We don't use race, ethnicity, language, sexual orientation and gender identity information to decide whether we'll give you coverage, what kind of coverage and the price of that coverage. We don't share this information with unauthorized persons.

Your rights

Under federal law, you have the right to:

- Send us a written request to see or get a copy of your PHI, including a request for a copy of your PHI through email. Remember, there's a risk your PHI could be read by a third party when it's sent unencrypted, meaning regular email. So we will first confirm that you want to get your PHI by unencrypted email before sending it to you. We will provide you a copy of your PHI usually within 30 days of your request. If we need more time, we will let you know.
- Ask that we correct your PHI that you believe is wrong or incomplete. If someone else, such as your doctor, gave us the PHI, we'll let you know so you can ask him or her to correct it. We may

say "no" to your request, but we'll tell you why in writing within 60 days.

- Send us a written request not to use your PHI for treatment, payment or healthcare operations activities. We may say "no" to your request, but we'll tell you why in writing.
- Request confidential communications. You can ask us to send your PHI or contact you using other ways that are reasonable. Also, let us know if you want us to send your mail to a different address if sending it to your home could put you in danger.
- Send us a written request to ask us for a list of those with whom we've shared your PHI. We will provide you a list usually within 60 days of your request. If we need more time, we will let you know.
- Ask for a restriction for services you pay for out of your own pocket: If you pay in full for any medical services out of your own pocket, you have the right to ask for a restriction. The restriction would prevent the use or sharing of that PHI for treatment, payment or operations reasons. If you or your provider submits a claim to us, we may not agree to a restriction (see "Your rights" above). If a law requires sharing your information, we don't have to agree to your restriction.
- Call Member Services at the phone number on your plan membership card to use any of these rights. A representative can give you the address to send the request. They can also give you any forms we have that may help you with this process.

How we protect information

We're dedicated to protecting your PHI, and we've set up a number of policies and information practices to help keep your PHI secure and private. If we believe your PHI has been breached, we must let you know.

We keep your oral, written and electronic PHI safe using the right procedures, and through physical and electronic ways. These safety measures follow federal and state laws. Some of the ways we keep

your PHI safe include securing offices that hold PHI, password-protecting computers, and locking storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. These policies limit access to PHI to only those employees who need the data to do their jobs. Employees are also required to wear ID badges to help keep unauthorized people out of areas where your PHI is kept. Also, where required by law, our business partners must protect the privacy of data we share with them as they work with us. They're not allowed to give your PHI to others without your written permission, unless the law allows it and it's stated in this notice.

Potential impact of other applicable laws

HIPAA, the federal privacy law, generally doesn't cancel other laws that give people greater privacy protections. As a result, if any state or federal privacy law requires us to give you more privacy protections, then we must follow that law in addition to HIPAA.

To see more information

To read more information about how we collect and use your information, your privacy rights, and details about other state and federal privacy laws, please visit our Privacy web page at www.anthem.com/privacy.

Calling or texting you

We, including our affiliates and/or vendors, may call or text you by using an automatic telephone dialing system and/or an artificial voice. But we only do this in accordance with the Telephone Consumer Protection Act (TCPA). The calls may be about treatment options or other health-related benefits and services for you. If you don't want to be contacted by phone, just let the caller know or call **1-844-203-3796** to add your phone number to our Do Not Call list. We will then no longer call or text you.

Complaints

If you think we haven't protected your privacy, you can file a complaint with us at the Member Services phone number on your plan membership card. You may also file a complaint with the U.S. Department

of Health and Human Services Office for Civil Rights by visiting [hhs.gov/ocr/privacy/hipaa/complaints/](https://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not take action against you for filing a complaint.

Contact information

You may call us at the Member Services phone number on your plan membership card. Our representatives can help you apply your rights, file a complaint or talk with you about privacy issues.

Copies and changes

You have the right to get a new copy of this notice at any time. Even if you have agreed to get this notice by electronic means, you still have the right to ask for a paper copy. We reserve the right to change this notice. A revised notice will apply to PHI we already have about you, as well as any PHI we may get in the future. We're required by law to follow the privacy notice that's in effect at this time. We may tell you about any changes to our notice through a newsletter, our website or a letter.

Effective date of this notice

The original effective date of this Notice was April 14, 2003 and was most recently revised in June 2022.

Breast reconstruction surgery benefits

A mastectomy that's covered by your health plan includes benefits that comply with the Women's Health and Cancer Rights Act of 1998, which provides for:

- Reconstruction of the breast(s) that underwent a covered mastectomy.
- Surgery and reconstruction of the other breast to restore a symmetrical appearance.
- Prosthesis and coverage for physical complications related to all stages of a covered mastectomy, including lymphedema.

You'll pay your usual deductible, copay and/or coinsurance. For details, contact your plan administrator.

For more information about the Women's Health and Cancer Rights Act, go to the United States Department of Labor website at www.dol.gov/agencies/ebsa/laws-and-regulations/laws/whcra.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-963-0436. Someone who speaks your language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-963-0436. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-963-0436。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-963-0436。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-963-0436. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-963-0436. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-963-0436 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-963-0436. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-963-0436번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-963-0436. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-844-963-0436**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية

Hindi:

हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-844-963-0436** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-963-0436. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

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