



Welcome Guide

All you need to know about
your plan and benefits

Anthem Medicare Preferred (PPO) with Senior Rx Plus plan

We're here to support you

Welcome to your Anthem Blue Cross and Blue Shield plan. This guide provides tips to help you get the most from your plan and benefits. You'll learn how to reach us, who to see, and where to find information and services to support your health and well-being.



Let's get started

Ways to access your plan:

- Register on the secure member website
- Download the SydneySM Health app

Learn about your plan:

- View your *Evidence of Coverage (EOC)*
- Find care providers and pharmacies
- Review prescription drug lists
- Call Member Services

Personalize your care:

- Understand your plan's network
- Where and how to get care

Prescription drug benefits:

- Find a pharmacy
- Fill your prescriptions

Understand your benefits:

- Complete your health assessment
- Schedule preventive care services
- Learn about health and wellness programs

Important information:

- *Medicare & You* handbook
- Remember to pay your Part B premium
- IRMAA and your income level
- Prior authorizations
- Notice of privacy practices
- Multi-language interpreter services



Ways to access your plan

Register on the secure member website

Visit **www.anthem.com**

Our member website makes it easy and convenient for you to stay in control of your health, with less paperwork and fewer phone calls.

Download the Sydney Health app

The SydneySM Health app gives you on-the-go access to your plan benefits through your smartphone or tablet.¹ Download the app to:



Search for a doctor, pharmacy, or specialist in your plan.



Have a video visit with a board-certified doctor without an appointment.



Find or update your primary care doctor information.



View the costs for care and prescriptions.



See your plan details and learn about health and wellness programs.



Check your claims status and history.



View and use your digital plan membership card.



Chat with a Member Services representative.



Scan this QR code with your phone's camera to download the Sydney Health app from Google Play™ or the App Store® today.

¹ Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023.



Learn about your plan

Access your plan documents online at www.anthem.com

View your *Evidence of Coverage (EOC)*

Learn about what is covered and what you will pay. It also explains your rights and responsibilities.

Find care providers and pharmacies

Locate a network doctor, care provider, or pharmacy in your area using the **Find Care** tool on the website. You can search by doctor name, type, or specialty. You can also search by facility, pharmacy, or distance from your home.

Printed copies of the directory can be ordered by contacting Member Services and will be mailed within three business days. The 2024 directory will be available to request after December 22, 2023.

Review prescription drug lists

Check to see the drugs covered by your plan and what you will pay. You can check if your medications will continue to be covered and are on the same tier. You can also see if they are available through CarelonRx home delivery or if there are new restrictions or step therapy plans.²

Call Member Services

Contact us if you need help, have questions, or would like a printed copy of your *EOC*, and/or provider and pharmacy directory, and/or drug lists mailed to you. The Member Services number is listed at the back of this guide.

² CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of your health plan.

Personalize your care



Understand your plan's network

Your plan offers a wide network of expert care 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, care provider, or specialist who participates in Medicare and accepts your plan 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 a provider in or out of your plan's network.
- You do not need referrals for care.
- If a doctor or other provider says they don't accept this plan, have them call the provider phone number on the back of your plan membership card. We'll explain how they can submit a claim for your visit.
- For more information, call our Member Services number or see your *EOC*.



Personalize your care

Where and how to get care

Call your doctor

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 receiving the care you need.

Video chat with a doctor

See a doctor online for a \$0 copay with LiveHealth Online.³ This convenient care option is available 24/7 which means you can have a virtual doctor's visit from anywhere, anytime.⁴ You can be seen for commonly treated medical conditions and more. Go to **www.livehealthonline.com** or the Sydney Health app to schedule your virtual visit. For additional information, see the benefits chart in your *Evidence of Coverage*.

Call 24/7 NurseLine

When health issues arise after hours and the doctor's office is closed, you can still find the answers you need. Call the 24/7 NurseLine at the number on your plan membership card when you have health questions or need advice. A registered nurse is there to help you anytime, day or night.

Visit an urgent care center

If you need immediate care for a condition that is not life threatening, like a sprain or vomiting, you don't need an appointment to see a doctor. Most urgent care centers have late and weekend hours to help with conditions that need to be treated right away.

Get emergency care

If you are experiencing an emergency health situation or have severe symptoms like chest pain, trouble breathing, or bleeding that won't stop, call **911** or go to the nearest emergency room (ER).

³ LiveHealth Online is the trade name of Caredon Health, Inc., a separate company, providing telehealth services on behalf of the plan.

⁴ Other telehealth services may be available, but copays or additional charges may apply.

Prescription drug benefits

Find a pharmacy

You have access to a nationwide pharmacy network with more than 65,000 pharmacies. Your CarelonRx plan covers generic and brand-name drugs, as well as high-cost specialty drugs beyond the minimum standard Medicare requires.

Fill your prescriptions

You can either pick up your prescriptions in a retail pharmacy or have them delivered to your home.

- **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.
- **Home delivery through CarelonRx Pharmacy:** Log in on the member website and request home delivery for your prescription refills. You can request 90-day supplies of your prescription drugs and easily set up automatic refills and reminders to save time and money.

Multi-dose packaging

Eliminate pill bottles by synchronizing your monthly medications into one easy-to-use packaging system.

- Available to members with 3 or more maintenance medications
- Over-the-counter maintenance medications can be included in your customized packaging
- Automatic refills and free delivery
- The Preferred Pharmacy Tier copay applies
- Sign up at: <https://sortpak.com/get-started/> or call toll free at **1-877-570-7787**

Members can save money by using a preferred pharmacy. Log in on the member website, choose the **Find Care** tool, and type “pharmacy” to find preferred pharmacies near you.

Your active home delivery prescriptions and pharmacy prior authorizations will be transferred to us effective January 1, 2024. Please be sure to call Pharmacy Member Services to confirm your address and provide payment information. You will need to request new prescriptions from your doctor for any controlled substances and specialty drugs. You may also need to contact your doctor for new prior authorizations.

If you enrolled after January 1, 2024, call Pharmacy Member Services for help transferring your active home delivery prescriptions.

Understand your benefits

Complete your health 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. We'll then call you every 12 months you are enrolled in our plan, to keep your care and services up to date. If we can't reach you by phone, we'll mail you a letter with instructions on how to complete the survey.

Schedule preventive care services

Scheduling regular checkups and exams is an important part of your healthcare and can help find any health issues early. Talk to your doctor regularly and they can recommend screenings for things like diabetes or kidney disease.



Annual health exams

Seeing your primary care provider each year for a checkup helps you stay on top of your health. You can ask them questions and discuss:

- Preventive care
- Vaccines
- Medications
- Screening for anxiety or depression
- Your ability to perform tasks



Hearing care

Routine hearing exam and hearing aid allowance.

Understand your benefits

Learn about health and wellness programs



The House Call program⁵

To support the care you receive from your current doctor, you can also meet with a licensed clinician in-person at your home or face-to-face virtually on your phone, tablet, or laptop. During a House Call visit, the clinician will take time to answer your questions and perform basic screenings, including:

- Your height, weight, and body mass index (BMI).
- Your blood pressure and other vital signs.
- A review of your prescriptions.

The clinician will share your results with your doctor and help you schedule any follow-up care, if needed. Participation in the House Call program is completely voluntary and is offered at no additional cost to you.

MyHealth Advantage program

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

Carelon Health⁶

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

Healthy Meals⁷

Have healthy balanced meals delivered to your home after a hospital stay or if you have a chronic illness.

⁵ The House Call program is administered by either Matrix Medical Network or Signify Health, independent companies.

⁶ Carelon Health is a separate company providing coordination of care through home-based visits and telehealth services on behalf of this plan.

⁷ Members must have a certain BMI, an A1c level greater than 9, or a chronic illness as defined by CMS to qualify.

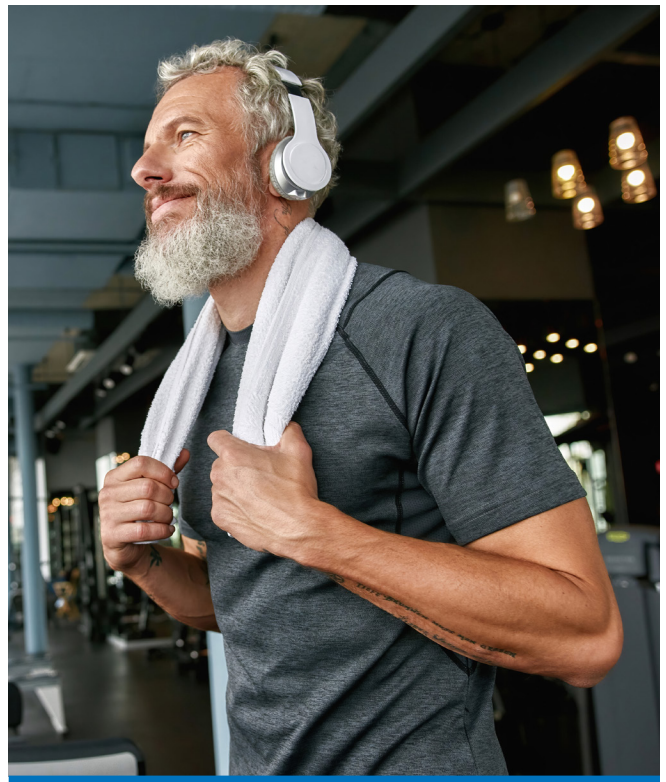
Understand your benefits

Learn about health and wellness programs

Keep moving with SilverSneakers®

Regular physical activity can boost your mood and health. Stay energized with the SilverSneakers fitness program.⁸ With this no-cost benefit, you get:

- Membership to thousands of fitness locations nationwide.⁹
- 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 Community classes and group exercise classes held in settings outside the gym.¹⁰
- SilverSneakers GO mobile app for workout programs based on your fitness level, with activity alerts to help you stay on track.



To get started, create your account at **www.SilverSneakers.com** or download the app at **www.SilverSneakers.com/GO**.

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, and social activities. Call the Member Services number on the back of this guide and ask to speak with a Medicare Community Resource Support team member.

⁸ The SilverSneakers fitness program is provided by Tivity Health, an independent company. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved.

⁹ Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

¹⁰ Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

Understand your benefits

Learn about health and wellness programs



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

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

Important information



Medicare & You handbook

Get a summary of your benefits and rights from this helpful document that is mailed to you each fall. It provides answers to the most asked questions by Medicare members. To get your copy, visit **www.medicare.gov** or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **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 on 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.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. 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.

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 need to pay an IRMAA, which you must pay to them, not us.

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 a care provider in your plan's network, they will ask us for prior authorization. If you visit a care provider outside of your plan's network, please ask them to request a pre-visit coverage decision for you. It helps us work with them to confirm the care you receive is covered and medically necessary. Refer to the benefits chart in your *EOC* online for more information and the benefits that require prior authorization.

Important information

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 must 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/**. 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.
- Prostheses 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 **dol.gov/agencies/ebsa/laws-and-regulations/laws/whcra**.

Multi-language interpreter services

Form Approved
OMB# 0938-1421

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 the phone number listed on your plan membership card (TTY: **711**). 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 número de teléfono que figura en su tarjeta de miembro del plan (TTY: **711**). 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，请致电您计划会员卡上的电话号码 (TTY: **711**)。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，請致電您計劃會員卡上的電話號碼 (TTY: **711**)。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 numero ng telepono na nakalista sa iyong membership card ng plano (TTY: **711**). 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 numéro de téléphone inscrit sur votre carte de membre (TTY: **711**). 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 số điện thoại có trên thẻ hội viên chương trình của quý vị (TTY: **711**), sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter der auf Ihrer Plan-Mitgliedskarte (TTY: **711**) angegebenen Telefonnummer. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 플랜 가입자 카드에 기재된 전화번호(TTY: **711**)로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Multi-language interpreter services

Form Approved

OMB# 0938-1421

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 номеру телефона, указанному на вашей карте участника плана (TTY: 711). 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 رقم الهاتف المدرج في بطاقة العضوية التابعة لخطتك (TTY: 711).. 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 आपके प्लान सदस्यता कार्ड पर दिए गए नंबर पर (TTY: 711) 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 di telefono presente sulla vostra tessera di adesione al piano (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número de telefone indicado no seu cartão de membro do plano (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan nimewo telefòn ki endike sou kat manm plan w lan (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer telefonu podany na karcie członka planu (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするための無料の通訳サービスをご利用いただけます。通訳を希望される場合は、プランの会員証に記載されている電話番号 (TTY: 711) にお電話ください。日本語を話す者が対応いたします。これは無料のサービスです。

Form CMS-10802

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For pharmacy-related questions, call:

1-833-460-1066 (TTY 711)

24 hours a day, 7 days a week

For all other questions, call:

1-844-889-6357 (TTY 711)

Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays

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Some of the benefits mentioned are part of a special supplement program for the chronically ill. Not all members may qualify for these benefits.

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