



# Summary of Benefits

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

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

**Plan year:** January 1, 2017 – December 31, 2017

In this section, you'll learn about some of the services we cover, what you'll pay for those services and other important details to help you choose the right Medicare Advantage plan for you. While the benefit information provided does not list every service that we cover or list every limitation or exclusion, you can get a complete list of those services. Just give us a call and ask for the *Evidence of Coverage*.

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

- If you **are not** a member of this plan, please call toll free **1-844-248-7464** (TTY: **711**), and follow the instructions to be connected to a representative.
- If you **are** a member of this plan, call our toll-free Customer Service number at **1-844-533-2091** (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 [www.anthem.com/shop](http://www.anthem.com/shop).

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

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# What you should know about our plan



**Anthem MediBlue Dual Advantage (HMO SNP)** is a Medicare Advantage and prescription drug plan, which include 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 HUSKY Health, and live in our service area.

**Our service area includes:** CT: Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, Windham

With this plan, you must use a provider in the plan's network. If you use providers that are not in our network, the plan may not pay for these services.

You can find a doctor in the network online — visit [www.anthem.com/shop](http://www.anthem.com/shop) and choose Find a Doctor. *(Be sure to check that the doctor displays as “In-Network” for these plans.)* Or you can call Customer Service and request 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 outlined in this booklet.
- Medicare Part D drugs and Part B drugs (such as chemotherapy and some drugs administered by your provider).
  - To see if your drugs are covered, you can view the plan's *Formulary* (list of covered Part D prescription drugs) and any restrictions on our website at [www.anthem.com/shop](http://www.anthem.com/shop). Or you can call us for a copy of the *Formulary*.

## What are my drug costs?

Our plan groups each medication into one of six “tiers.” The amount you pay depends on the drug’s tier and what stage of the benefit you have reached (refer to **The four stages of coverage**).

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

**Step 1:** Find your drug on the *Formulary*.

**Step 2:** Next, identify the drug tier.

**Step 3:** Then, go to the Prescription Drug Benefits section further in this booklet to match the tier.

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



To receive the lowest out-of-pocket costs on your covered Part D drugs, you must generally use a pharmacy in our network. If you use a pharmacy that is not in our network, you may pay more for your covered drugs.

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

For a complete listing of network pharmacies, refer to our plan's *Pharmacy Directory* on our website at [www.anthem.com/shop](http://www.anthem.com/shop) (under *Useful Tools*, select **Find a Pharmacy**). Next to the pharmacy name, you will see a preferred cost-sharing indicator (a ♦ symbol). Or you can give us a call, and we will send you a copy.

# How can I learn more about Medicare or compare my choices with other plans?



- Visit our online Medicare tutorial at <https://www.anthem.com/medicarebasics/>.
- Refer to your current Medicare & You handbook. 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, ask the other plans for their Summary of Benefits booklets. Or you can go online to [www.medicare.gov](http://www.medicare.gov) and use the Medicare Plan Finder.

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 our available plan with varying coverage levels to help you choose the right plan for you.



## Be in the know

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

- Services with a <sup>1</sup> may require prior authorization.
- Services with a <sup>2</sup> may require a referral from your doctor.

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

### **How much is my premium?**

**\$0.00** per month

Part B premium is covered by HUSKY Health 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 in-network providers

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 received from in-network providers will count 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 for covered in-network Part A and Part B services.

Refer to the "Medicare & You" handbook for Medicare-covered services. For HUSKY Health -covered services, refer to the Medicaid Coverage section in this document.

You will still need to pay your cost sharing for your Part D prescription drugs.

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

**In-network: You pay nothing**

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

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

This plan covers:

- 90 days for an inpatient hospital stay.
- 60 “lifetime reserve days.” These are “extra” days that we cover. 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.

### **Doctor’s Office Visits<sup>1,2</sup>**

**Primary care physician visit:**

**In-network: You pay nothing**

**Specialist visit:**

**In-network: You pay nothing**

### **Preventive Care Screenings and Annual Physical Exams**

**Preventive care screenings:**

**In-network: You pay nothing**

**Annual physical exam:**

**In-network: You pay nothing**

## 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 screenings and monitoring
- HIV screening
- 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 additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.

### Emergency Care

**In-network: You pay nothing**

This plan offers limited coverage for urgent and emergency care outside of the United States. This plan may provide coverage up to a **\$25,000** limit. If the cost of the service exceeds **\$25,000**, you are responsible for the difference.

### Urgently Needed Services

**In-network: You pay nothing**



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

### **Diagnostic Radiology Services** (such as MRIs, CT scans)<sup>1,2</sup>

In-network: You pay nothing

### **Diagnostic Tests and Procedures**<sup>1,2</sup>

In-network: You pay nothing

### **Lab Services**<sup>1,2</sup>

In-network: You pay nothing

### **Outpatient X-rays**<sup>1,2</sup>

In-network: You pay nothing

### **Therapeutic Radiology Services (such as radiation treatment for cancer)**<sup>1,2</sup>

In-network: You pay nothing

### **Hearing Services**<sup>1,2</sup>

**Medicare covered hearing services**  
(Exam to diagnose and treat hearing and balance issues):

In-network: You pay nothing

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

### **Hearing Services<sup>1,2</sup> - continued**

#### **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.

In-network: \$0.00 copay for routine hearing exam(s). \$0.00 copay for hearing aids.

### **Dental Services**

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

**In-network: You pay nothing**

#### **Preventive dental services:**

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

In-network: \$0.00 copay

#### **Comprehensive dental services:**

Not Covered

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

### **Vision Services**

**Medicare covered vision services:**

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

**In-network: You pay nothing**

**Eyeglasses or contact lenses after cataract surgery**

**In-network: You pay nothing**

**Routine vision services:**

**Routine eye exam**

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

**In-network: \$0.00 copay**

**Routine eye wear**

**This plan covers up to \$75.00 for eye glasses or contact lenses every year.**

**In-network: \$0.00 copay**

### **Mental Health Care**

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

**In-network: You pay nothing**

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

### **Mental Health Care- continued**

Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.

This plan covers:

- 90 days for an inpatient hospital stay.
- 60 “lifetime reserve days.” These are “extra” days that we cover. 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 individual and group therapy visit: <sup>1,2</sup>**

**In-network: You pay nothing**

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

**In-network: You pay nothing**

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

#### **Outpatient Rehabilitation<sup>1,2</sup>**

**Cardiac (heart) rehab services** (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):

**In-network: You pay nothing**

**Pulmonary (lung) rehab services** (for a maximum of 2 one-hour sessions per day for up to 36 sessions):

**In-network: You pay nothing**

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

### **Outpatient Rehabilitation<sup>1,2</sup> - continued**

**Occupational therapy visit:**

**In-network: You pay nothing**

**Physical therapy and speech/language therapy visit:**

**In-network: You pay nothing**

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

**In-network: You pay nothing**

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

**Not covered**

### **Foot Care (*podiatry services*)<sup>1,2</sup>**

**Medicare covered podiatry:**

**In-network: You pay nothing**

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

**Routine foot care:**

**Not Covered**

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

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

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

**In-network: You pay nothing**

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

**In-network: You pay nothing**

**Diabetic supplies and services**

**In-network: You pay nothing**

### **Wellness Programs**

**Healthways SilverSneakers<sup>®</sup>\* Fitness program: You pay nothing**

When you become our member, you can sign up for SilverSneakers. Additional details can be found at [www.silversneakers.com](http://www.silversneakers.com). Or you can call SilverSneakers Customer Service at **1-855-741-4985** (TTY: **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

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

**In-network: You pay nothing**

# Outpatient Prescription Drug Benefits

How much do I pay for Part D drugs?

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

### **Stage 1: Deductible**

Because you receive "Extra Help" to pay your prescription drugs, this payment stage does not apply to you.

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

You pay the following until your total yearly drug costs reach \$3,700. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail-order pharmacies.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.

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

### **Stage 2: Initial Coverage - Preferred Retail, Standard Retail and Standard Mail Order Cost Sharing**

#### **Tier 1: Preferred Generic**

One-month supply:

**\$0.00 - \$3.30** 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.

Three-month supply:

**\$0.00 - \$3.30** 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.

#### **Tier 2: Generic**

One-month supply:

**\$0.00 - \$3.30** 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.

Three-month supply:

**\$0.00 - \$3.30** 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.

#### **Tier 3: Preferred Brand**

One-month supply:

**\$0.00 - \$8.25** 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.

Three-month supply:

**\$0.00 - \$8.25** 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.



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

### **Stage 2: Initial Coverage - Preferred Retail, Standard Retail and Standard Mail Order Cost Sharing - continued**

#### **Tier 4: Non-Preferred Drug**

One-month supply:

**\$0.00 - \$8.25** 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.

Three-month supply:

**\$0.00 - \$8.25** 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.

#### **Tier 5: Specialty Tier**

One-month supply:

**\$0.00 - \$8.25** 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.

Three-month supply:

**N/A**

#### **Tier 6: Select Care Drugs**

One-month supply:

**\$0.00** copay

Three-month supply:

**\$0.00** copay

## Anthem MediBlue Dual Advantage (HMO SNP)

### Stage 3: Coverage Gap

After you enter the coverage gap, you will pay your low income subsidy (LIS) level cost sharing for your generic and brand drugs unless your plan has additional generic gap coverage. You will stay in the gap until your costs total **\$4,950**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

You may pay even less for the generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. For additional gap coverage see the chart that follows to find out how much your drugs will cost you.

### Stage 3: Coverage Gap - Preferred Retail, Standard Retail and Standard Mail Order Cost Sharing

#### Tier 6: Select Care Drugs

Drugs Covered:

**All**

One-month supply:

**\$0.00** copay

Three-month supply:

**\$0.00** copay

### Stage 4: Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$4,950**, you pay nothing for your covered drugs for the rest of the year.

## Additional Benefits

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

#### **Chiropractic Care<sup>1,2</sup>**

**In-Network: You pay nothing**

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).

#### **Home Health Care<sup>1,2</sup>**

**In-Network: You pay nothing**

#### **Outpatient Substance Abuse<sup>1,2</sup>**

**Individual & Group therapy visit:**

**In-Network: You pay nothing**

#### **Outpatient Surgery<sup>1,2</sup>**

**Ambulatory surgical center:**

**In-Network: You pay nothing**

**Outpatient hospital:**

**In-Network: You pay nothing**

#### **Over-the-Counter Items**

**This plan covers certain approved non-prescription over-the-counter drugs and health related items; up to \$20 every month. Unused OTC amounts do not roll over from month to month. Orders are limited to one per month.**

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

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

### **Renal Dialysis**

**In-Network: You pay nothing**

# More ways we support your health

## Anthem Blue Cross and Blue Shield: We're here to help.

Anthem Blue Cross and Blue Shield is more than a company that provides medical coverage. We're a group of people committed to your health. Now, when times are tougher for many of us, Anthem Blue Cross and Blue Shield is committed to helping everyone get the tools and solutions they need to lead healthier lives.

## Looking for Medicare coverage that goes beyond original Medicare?

Anthem Blue Cross and Blue Shield works with the federal government to bring you even more benefits than you get with Original Medicare. Lower copays, extra benefits, pharmacy and medical coverage, advice from nurses and many other important health benefits are yours from one company — all **with \$0 monthly plan premiums**.

Our plan gives you extra benefits not included in Original Medicare, such as:

### Anthem MediBlue Dual Advantage (HMO SNP)

**LiveHealth Online:** LiveHealth Online provides members with access to a doctor via live, two-way video on a computer, smartphone or tablet.

**24/7 Nurse HelpLine:** 24-hour access to a nurse helpline, 7 days a week, 365 days a year.

**Meals Benefit: \$0.00 copay** for up to 10 post hospitalization discharge meals each year.

**Wellness Programs: Healthways SilverSneakers®\* Fitness program:** You pay nothing

When you become our member, you can sign up for SilverSneakers. Additional details can be found at [www.silversneakers.com](http://www.silversneakers.com). Or you can call SilverSneakers Customer Service at **1-855-741-4985** (TTY: **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

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# 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)** or **Qualified Medicare Beneficiary Plus (QMB+)** status are covered by the HUSKY Health Medicaid program for their Medicare cost sharing.
- Anthem MediBlue Dual Advantage (HMO SNP) plan members with full Medicaid coverage are enrolled in the HUSKY Health Medicaid program that pays their Medicare cost sharing. These members are also eligible to receive the additional Medicaid benefits described below.
- Anthem MediBlue Dual Advantage (HMO SNP) plan members with **Specified Low-Income Beneficiary Plus (SLMB+)** status are covered by the HUSKY Health Medicaid program for their Medicare cost sharing.

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

<b>Benefit</b>	<b>HUSKY Health</b>	<b>Anthem MediBlue Dual Advantage (HMO SNP)</b>
<b>Smoking Cessation</b>	Covered in full by HUSKY Health.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
<b>Preventative Services</b>	Covered in full by HUSKY Health.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
<b>Doctor's visits</b>	Covered in full by HUSKY Health.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
<b>Family planning</b>	Covered in full by HUSKY Health.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
<b>Hospital stays</b>	Covered in full by HUSKY Health.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.

<b>Benefit</b>	<b>HUSKY Health</b>	<b>Anthem MediBlue Dual Advantage (HMO SNP)</b>
<b>Physical/occupation/Speech therapy</b>	Covered in full by HUSKY Health.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
<b>Audiology services and hearing aids</b>	Covered in full by HUSKY Health.	Covered by Medicare, with additional services available under our plan.
<b>Durable medical equipment</b>	Covered in full by HUSKY Health.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
<b>Ambulatory Services</b>	Covered in full by HUSKY Health.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
<b>Laboratory Test</b>	Covered in full by HUSKY Health.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
<b>Maternity Care</b>	Covered in full by HUSKY Health.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
<b>Dialysis</b>	Covered in full by HUSKY Health.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.



<b>Benefit</b>	<b>HUSKY Health</b>	<b>Anthem MediBlue Dual Advantage (HMO SNP)</b>
<b>Home Health Services</b>	Covered in full by HUSKY Health.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
<b>Hospice Services</b>	Covered in full by HUSKY Health.	Covered by Medicare, with additional benefits covered under CT FamilyCare.
<b>Hospital outpatient care</b>	Covered in full by HUSKY Health.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
<b>X-rays and other radiology services</b>	Covered in full by HUSKY Health.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
<b>Orthotics and prosthetic devices</b>	Covered in full by HUSKY Health.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
<b>Behavioral Health services</b>	Covered in full by HUSKY Health.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
<b>Dental Health Services</b>	Covered in full by HUSKY Health.	Covered by Medicare, with additional services available under our plan.

<b>Benefit</b>	<b>HUSKY Health</b>	<b>Anthem MediBlue Dual Advantage (HMO SNP)</b>
<b>Pharmacy</b>	Covered in full by HUSKY Health.	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>Non-emergency transportation</b>	Covered in full by HUSKY Health.	Covered by Medicare, with additional services available under our plan.
<b>Nurse Advice line</b>	Covered in full by Community Health Network of Connecticut (CHNCT)	Covered by Medicare, with additional services available under our plan.
<b>Person-Centered Medical Home</b>	Covered in full by HUSKY Health.	Not covered by Medicare. Check your Medicaid Evidence of Coverage to see what's covered.
<b>Community Meetings</b>	Covered in full by Community Health Network of Connecticut (CHNCT)	Not covered by Medicare. Check your Medicaid Evidence of Coverage to see what's covered.
<b>Emergency care</b>	Covered in full by HUSKY Health.	Not covered by Medicare. Check your Medicaid Evidence of Coverage to see what's covered.
<b>Member Services Staff</b>	Covered in full by Community Health	Not covered by Medicare. Check your Medicaid

<b>Benefit</b>	<b>HUSKY Health</b>	<b>Anthem MediBlue Dual Advantage (HMO SNP)</b>
	Network of Connecticut (CHNCT)	Evidence of Coverage to see what's covered.
<b>Vision</b>	Covered in full by HUSKY Health.	Covered by Medicare, with additional services available under our plan.

This document is available in other formats such as Braille. This information is available for free in other languages. Please call our customer service number at **1-844-533-2091 (TTY: 711)** from **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.**

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 co-payments/co-insurance may change on January 1 of each year.

Premium, co-pays, co-insurance, 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 a D-SNP plan with a Medicare contract and a contract with the Connecticut Medicaid program. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

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