



Anthem HealthKeepers
Offered by HealthKeepers, Inc.



Commonwealth Coordinated Care
Medicare & Medicaid working together for you



Summary of Benefits

Anthem HealthKeepers Medicare-Medicaid Plan (MMP),
a Commonwealth Coordinated Care Plan

Virginia

Member Services: 1-855-817-5787 (TTY: 711)
Monday through Friday 8 a.m. to 8 p.m. local time



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Y0071_H0147_15_23320_R_v2 CMS Approved 02/18/2015

Anthem HealthKeepers Medicare-Medicaid Plan

A Commonwealth Coordinated Care Plan

Summary of Benefits



This is a summary of health services covered by Anthem HealthKeepers Medicare-Medicaid Plan (MMP), a Commonwealth Coordinated Care plan, for 2015. This is only a summary. Please read the Member Handbook for the full list of benefits.

- ❖ HealthKeepers, Inc. is a health plan that provides benefits of both the Medicare and Medicaid programs to enrollees who receive both Medicare and Medicaid.
- ❖ Under Anthem HealthKeepers MMP, a Commonwealth Coordinated Care plan, you can get your Medicare and Medicaid services in one health plan. An Anthem HealthKeepers MMP care manager will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the Member Handbook.
- ❖ Limitations, copays and restrictions may apply. For more information, call Anthem HealthKeepers MMP Member Services or read the Anthem HealthKeepers MMP Member Handbook.
- ❖ Benefits, list of covered drugs, pharmacy and provider networks, and/or copayments may change from time to time throughout the year and on January 1 of each year.
- ❖ Copays for prescription drugs may vary based on the level of Extra Help you receive. Please contact the plan for more details.
- ❖ You can ask for this information in other formats, such as Braille or large print. Call 1-855-817-5787 (TTY: 1-800-855-2880). The call is free.
- ❖ You can get this information for free in other languages. Call 1-855-817-5787 (TTY: 1-800-855-2880). The call is free.
- ❖ Puede recibir esta información sin cargo en otros idiomas. Llame al 1-855-817-5787 (TTY: 1-800-855-2884). La llamada es gratuita.
- ❖ HealthKeepers, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association

If you have questions, please call HealthKeepers, Inc. at 1-855-817-5787 (TTY: 1-800-855-2880), Monday through Friday 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit mss.anthem.com/cc.



Anthem HealthKeepers MMP: Summary of Benefits

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care managers to help you manage all your providers and services. They all work together to provide the care you need.
What is an Anthem HealthKeepers MMP care manager?	An Anthem HealthKeepers MMP care manager is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are long-term services and supports?	Long-term services and supports (LTSS) are a variety of services and supports that help elderly individuals and individuals with disabilities meet their daily needs for assistance and improve the quality of their lives. Examples include assistance with bathing, dressing and other basic activities of daily life and self-care, as well as support for everyday tasks such as laundry, shopping, and transportation. LTSS are provided over a long period of time, usually in homes and communities, but also in facility-based settings such as nursing facilities.

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Anthem HealthKeepers MMP: Summary of Benefits

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<p>Will you get the same Medicare and Medicaid benefits in Anthem HealthKeepers MMP that you get now?</p>	<p>You will get your covered Medicare and Medicaid benefits directly from HealthKeepers, Inc. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change.</p> <p>When you enroll in Anthem HealthKeepers MMP, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs. During this time, you can keep your current providers (including out-of-network providers) for 180 days after you first enroll. You can also keep getting your prior authorized services for the duration of the prior authorization or for 180 days after you first enroll, whichever is sooner.</p> <p>If you are in a nursing facility at the time of program implementation, you may remain in the facility as long as you continue to meet the criteria for nursing facility care, unless you or your family prefers to move to a different nursing facility or return to the community. Nursing home criteria are established by the Virginia Department of Medical Assistance Services.</p> <p>When you join our plan, if you are taking any Medicare Part D prescription drugs that Anthem HealthKeepers MMP does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Anthem HealthKeepers MMP to cover your drug if medically necessary.</p>

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Can you go to the same doctors you see now?	<p>Often, that is the case. If your providers (including doctors, therapists, and pharmacies) work with HealthKeepers, Inc. and have a contract with us, you can keep going to them. Providers with an agreement with us are in-network. You must use the providers in the Anthem HealthKeepers MMP network. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the Anthem HealthKeepers MMP.</p> <p>To find out if your doctors are in the plan's network, call Member Services or read the Anthem HealthKeepers MMP Provider and Pharmacy Directory.</p> <p>If Anthem HealthKeepers MMP is new for you, you can continue seeing the doctors you go to now (including out-of-network providers) for 180 days after you first enroll.</p>
What happens if you need a service but no one in the Anthem HealthKeepers MMP network can provide it?	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, HealthKeepers, Inc. will pay for the cost of an out-of-network provider.</p>

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<p>Where is Anthem HealthKeepers MMP available?</p>	<p>The service area for this plan includes five regions in Virginia:</p> <p>North: Arlington, Culpeper, Fairfax County, Fauquier, Loudoun, Prince William, Alexandria, Fairfax City, Falls Church, City of Manassas, Manassas Park</p> <p>Central: Amelia, Brunswick, Caroline, Charles City, Chesterfield, Cumberland, Dinwiddie, Essex, Goochland, Greensville, Hanover, Henrico, King and Queen, King George, King William, Lancaster, Lunenburg, Mecklenburg, Middlesex, New Kent, Northumberland, Nottoway, Powhatan, Prince Edward, Prince George, Richmond Co., Southampton, Spotsylvania, Stafford, Surry, Sussex, Westmoreland, Colonial Heights, Emporia, Franklin City, Fredericksburg, Hopewell, Petersburg, Richmond City</p> <p>Tidewater: Accomack, Gloucester, Isle Of Wight, James City County, Mathews, Northampton, York, Chesapeake, Hampton, Newport News, Norfolk, Poquoson, Portsmouth, Suffolk, Virginia Beach, Williamsburg</p> <p>Western-Charlottesville: Albemarle, Augusta, Buckingham, Fluvanna, Greene, Louisa, Madison, Nelson, Orange, Rockingham, Charlottesville, Harrisonburg, Staunton, Waynesboro</p> <p>Southwest-Roanoke: Alleghany, Bath, Bedford County, Botetourt, Craig, Floyd, Franklin County, Giles, Henry, Highland, Montgomery, Patrick, Pulaski, Roanoke County, Rockbridge, Wythe, Bedford City, Buena Vista, Covington, Lexington, Martinsville, Radford, Roanoke City, Salem</p> <p>You must live in one of these areas to join the plan.</p>
<p>Do you pay a monthly amount (also called a premium) under Anthem HealthKeepers MMP?</p>	<p>You will not pay any monthly premiums to HealthKeepers, Inc. for your health coverage.</p>
<p>What is prior authorization?</p>	<p>Prior authorization means you must get approval from HealthKeepers, Inc. before you can get a specific service or drug or see an out-of-network provider. HealthKeepers, Inc. may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p>

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What is a referral?	A referral means that your primary care provider must give you approval to see someone that is not your primary care provider. If you don't get approval, HealthKeepers, Inc. may not cover the services, and you may be billed for these services. There are certain specialists in which you do not need a referral, such as women's health specialists. For more information on when a referral is necessary, see the Member Handbook.
What is Extra Help?	Extra Help is a Medicare program that helps reduce your prescription drug program costs such as copays. Your prescription drug copays under Anthem HealthKeepers MMP already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users may call 1-800-325-0778.
Who should you contact if you have questions or need help?	<p>If you have general questions or questions about our plan, services, billing, or member cards, please call Anthem HealthKeepers MMP Member Services:</p> <p>CALL 1-855-817-5787</p> <p>Calls to this number are free. Call us Monday through Friday from 8 a.m. to 8 p.m. local time. You can also reach your care manager 24/7 by calling this number.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 1-800-855-2880</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Call us Monday through Friday from 8 a.m. to 8 p.m. local time.</p>

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Who should you contact if you have questions or need help?	<p>If you have questions about your health, please call the Nurse Advice Call line:</p> <p>CALL 1-855-817-5787</p> <p>Calls to this number are free. Call 24 hours a day, 7 days a week.</p> <p>TTY 1-800-855-2880</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. TTY users can reach our 24-hour Nurse Advice Call line through this number 24 hours a day, 7 days a week.</p> <p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</p> <p>CALL 1-855-817-5787</p> <p>Calls to this number are free. Call the Behavioral Health Crisis Line 24 hours a day, 7 days a week.</p> <p>TTY 1-800-855-2880</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. TTY users can reach the Behavioral Health Crisis Line through this number 24 hours a day, 7 days a week.</p>

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Anthem HealthKeepers MMP: Summary of Benefits

The following chart is a quick overview of what services you may need, your costs and rules about the benefits.

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions & benefit information (rules about benefits)
You want to see a doctor	Visits to treat an injury or illness	\$0 copay	\$0 copay for each covered primary care doctor visit.
	Wellness visits, such as a physical	\$0 copay	\$0 copay for each covered primary care doctor visit.
	Transportation to a doctor's office	\$0 copay	\$0 copay for each round trip to plan-approved locations.
	Specialist care	\$0 copay	\$0 copay for each covered specialist visit. Referral from your PCP may be required.
	Care to keep you from getting sick, such as flu shots	\$0 copay	\$0 copay for each covered primary care doctor visit.
	Welcome to Medicare preventive visit (one-time only)	\$0 copay	\$0 copay for each covered primary care doctor visit.
You need medical tests	Lab tests, such as blood work	\$0 copay	\$0 copay for each covered lab service. Authorization rules may apply.
	X-rays or other pictures, such as CAT scans	\$0 copay	\$0 copay for each covered service. Authorization rules may apply.
	Screening tests, such as tests to check for cancer	\$0 copay	\$0 copay for each covered service. Authorization rules may apply.

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Anthem HealthKeepers MMP: Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition</p> <p><i>There may be limitations on the types of drugs covered. Please see the Anthem HealthKeepers MMP List of Covered Drugs (Drug List) for more information.</i></p>	<p>Generic drugs (no brand name)</p>	<p>\$0-\$6.60 for a 31-day supply</p> <p>There are 4 tiers.</p> <ul style="list-style-type: none"> • Tier 1 is a Part D (Medicare) tier; \$0 to \$2.65 copay • Tier 2 is a Part D (Medicare) tier; \$0 to \$6.60 copay • Tier 3 is Medicaid-only covered drugs; \$0 copay • Tier 4 is over-the-counter drugs with a prescription; \$0 copay <p>Copays for prescription drugs may vary based on the level of Extra Help you receive. Please contact the plan for more details.</p>	<p>You are also covered for 93-day extended supplies of prescription drugs from retail pharmacies or our mail-order pharmacy. You pay the 31-day supply copayment for a 93-day extended supply.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition</p> <p>(continued)</p> <p><i>There may be limitations on the types of drugs covered. Please see the Anthem HealthKeepers MMP List of Covered Drugs (Drug List) for more information.</i></p>	<p>Brand name drugs</p>	<p>\$0-\$6.60 for a 31-day supply</p> <p>There are 4 tiers.</p> <ul style="list-style-type: none"> • Tier 1 is a Part D (Medicare) tier; \$0 to \$2.65 copay • Tier 2 is a Part D (Medicare) tier; \$0 to \$6.60 copay • Tier 3 is Medicaid-only covered drugs; \$0 copay • Tier 4 is over-the-counter drugs with a prescription; \$0 copay <p>Copays for prescription drugs may vary based on the level of Extra Help you receive. Please contact the plan for more details.</p>	<p>You are also covered for 93-day extended supplies of prescription drugs from retail pharmacies or our mail-order pharmacy. You pay the 31-day supply copayment for a 93-day extended supply.</p> <p>There may be limitations on the types of drugs covered. Please see the Anthem HealthKeepers MMP List of Covered Drugs (Drug List) for more information.</p>
	<p>Over-the-counter (OTC) drugs</p>	<p>\$0 copay</p>	<p>Anthem HealthKeepers MMP covers some OTC drugs when they are written as prescriptions by your provider. <i>There may be limitations on the types of drugs covered.</i> Please see the Anthem HealthKeepers MMP List of Covered Drugs (Drug List) for more information.</p>

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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Medicare Part B prescription drugs covered by the Anthem HealthKeepers MMP</p> <p>Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs and some drugs used with certain medical equipment. Read the member handbook for more information on these drugs.</p>	<p>\$0 copay</p>	<p>You are covered for Part B drugs from network providers. Referral from your doctor and prior authorization may be required.</p>
<p>You need therapy after a stroke or accident</p>	<p>Occupational, physical or speech therapy</p>	<p>\$0 copay</p>	<p>\$0 copay for:</p> <ul style="list-style-type: none"> • Covered Occupational Therapy (OT) visits • Additional acute and nonacute OT services • Covered Physical Therapy (PT) and/or Speech and Language Pathology (SLP) visits • Additional acute and nonacute PT and SLP services <p>Medically necessary services are covered. Authorization rules may apply.</p>
<p>You need emergency care</p>	<p>Emergency room services</p>	<p>\$0 copay</p>	<p>\$0 copay for covered emergency room visits. No prior authorization required for emergency services.</p> <p>Out-of-network services are covered.</p> <p>Services are not covered outside the U.S. and its territories except under limited circumstances. Call Member Services for details.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions & benefit information (rules about benefits)
<p>You need emergency care</p> <p>(continued)</p>	Ambulance services	\$0 copay	\$0 copay for covered, medically necessary ambulance services. Authorization may apply.
	Urgent care	\$0 copay	<p>\$0 copay for covered urgently needed care visits. No prior authorization required for urgent care services.</p> <p>Out-of-network services are covered.</p> <p>Services are not covered outside the U.S. and its territories except under limited circumstances. Call Member Services for details.</p>
<p>You need hospital care</p>	Hospital stay	\$0 copay	<p>\$0 copay for covered hospital stays.</p> <p>No limit to the number of days covered by the plan for each hospital stay.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
	Doctor or surgeon care	\$0 copay	<p>\$0 copay for covered hospital stays</p> <p>No limit to the number of days covered by the plan for each hospital stay.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions & benefit information (rules about benefits)
<p>You need help getting better or have special health needs</p>	Rehabilitation services	\$0 copay	<p>\$0 copay for:</p> <ul style="list-style-type: none"> • Covered inpatient rehabilitation services; no limit to number of days covered for each hospital stay • Covered and additional PT, OT and SLP services • Covered and supplemental cardiac rehabilitation services, including intensive services • Covered and supplementary pulmonary rehabilitation services <p>No limit on the number of supplemental cardiac or pulmonary rehabilitation services. Authorization rules may apply.</p>
	Medical equipment for home care	\$0 copay	\$0 copay for covered durable medical equipment Authorization rules may apply.
	Skilled nursing care	\$0 copay	Authorization rules may apply.
<p>You need eye care</p>	Eye exams	\$0 copay	<p>\$0 copay for:</p> <ul style="list-style-type: none"> • Covered diagnosis and treatment for diseases and conditions of the eye, including a yearly glaucoma screening for people at risk • One supplemental routine eye exam every two years



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions & benefit information (rules about benefits)
<p>You need eye care</p> <p>(continued)</p>	Glasses or contact lenses	\$0 copay	<p>\$0 copay for:</p> <ul style="list-style-type: none"> • One pair of covered eyeglasses (lenses and frames) or contact lenses after cataract surgery • Up to one pair(s) of eyeglasses (lenses and frames) every year; \$100 plan coverage limit for supplemental eyewear every year
<p>You need dental care</p>	Dental checkups	\$0 copay	<p>\$0 copay for covered dental benefits</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> • Up to two oral exams every year • Up to two cleanings every year • Up to one dental X-ray every year
<p>You need hearing/auditory services</p>	Hearing screenings	\$0 copay	<p>\$0 copay for:</p> <ul style="list-style-type: none"> • Covered diagnostic hearing exams • Up to one supplemental routine hearing exam every year <p>Authorization rules may apply.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions & benefit information (rules about benefits)
<p>You need hearing/auditory services</p> <p>(continued)</p>	Hearing aids	\$0 copay	<p>\$0 copay for up to one supplemental hearing aid every year</p> <p>\$1,000 plan coverage limit for supplemental hearing aids every year</p> <p>Authorization rules may apply.</p>
<p>You have a chronic condition, such as diabetes or heart disease</p>	Services to help manage your disease	\$0 copay	<p>\$0 copay for covered diabetes self-management training</p> <p>Authorization rules may apply.</p>
	Diabetes supplies and services	\$0 copay	<p>\$0 copay for covered:</p> <ul style="list-style-type: none"> • Diabetes monitoring supplies • Therapeutic shoes or inserts <p>Diabetic supplies and services are limited to specific manufacturers, products and/or brands. Contact the plan for a list of covered supplies.</p> <p>Authorization rules may apply.</p>



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You have a mental health condition	Mental or behavioral health services	\$0 copay	<p>\$0 copay for:</p> <ul style="list-style-type: none"> • Each covered individual therapy visit • Each covered group therapy visit • Each covered individual therapy visit with a psychiatrist • Each covered group therapy visit with a psychiatrist • Covered partial hospitalization program services <p>Authorization rules may apply.</p>
You have a substance abuse problem	Substance abuse services	\$0 copay	<p>\$0 copay for:</p> <ul style="list-style-type: none"> • Each covered individual substance abuse outpatient treatment visit • Each covered group substance abuse outpatient treatment visit <p>Authorization rules may apply.</p>
You need long-term mental health services	Inpatient care for people who need mental health care	\$0 copay	<p>\$0 copay for up to 190 inpatient days in a psychiatric hospital</p> <p>Call Member Services about coverage beyond 190 days.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions & benefit information (rules about benefits)
You need durable medical equipment (DME)	Wheelchairs	\$0 copay	Authorization rules may apply.
	Canes	\$0 copay	Authorization rules may apply.
	Crutches	\$0 copay	Authorization rules may apply.
	Walkers	\$0 copay	Authorization rules may apply.
	Oxygen	\$0 copay	Authorization rules may apply.
You need help living at home	Changes to your home, such as ramps and wheelchair access	\$0 copay	Services are only available to members on the EDCD waiver. State eligibility requirements may apply.
	Personal care assistant (You may be able to employ your own assistant. Call Member Services for more information.)	\$0 copay*	Services are only available to members on the EDCD waiver. State eligibility requirements may apply.
	Home health care services	\$0 copay	Available to all members based on need.
	Adult day services or other support services	\$0 copay*	Services are only available to members on the EDCD waiver. State eligibility requirements may apply.
	Personal emergency response system (PERS)	\$0 copay	Services are only available to members on the EDCD waiver. State eligibility requirements may apply.
You need a place to live with people available to help you	Nursing facility care	\$0 copay*	Services are available to members meeting specific level of care criteria.
Your caregiver needs some time off	Respite care	\$0 copay*	Services are only available to members on the EDCD waiver. State eligibility requirements may apply. Yearly maximum cap applies.

* You must contribute toward the cost of this service when your income exceeds an allowable amount. This contribution, known as the patient pay amount, is required if you live in a nursing facility or receive services through the Elderly or Disabled with Consumer Direction (EDCD) Waiver.



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Anthem HealthKeepers MMP: Summary of Benefits

Other services that Anthem HealthKeepers MMP covers

This is not a complete list. Call Member Services or read the Member Handbook to find out about other covered services.

Other services covered by Anthem HealthKeepers MMP	Your costs for <u>in-network</u> providers
Tobacco cessation counseling for pregnant women	\$0 copay; contact us for more details
Respiratory care services	\$0 copay; contact us for more details
Family planning services	\$0 copay; contact us for more details
Case management (long-term care)	\$0 copay; contact us for more details
Case management	\$0 copay; contact us for more details
Community mental health rehabilitation services	\$0 copay; contact us for more details
Outpatient mental health services	\$0 copay; contact us for more details
Outpatient substance abuse treatment	\$0 copay; contact us for more details
Pregnancy services (residential and day treatments)	\$0 copay; contact us for more details
High-risk prenatal services	\$0 copay; contact us for more details
HIV testing and treatment counseling	\$0 copay; contact us for more details
Federally Qualified Health Center access	\$0 copay; contact us for more details
Temporary detention/emergency custody/court-ordered services	\$0 copay; contact us for more details
Telemedicine services	\$0 copay; contact us for more details
Additional skilled nursing facility days	\$0 copay; contact us for more details

Services that Anthem HealthKeepers MMP does not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services <u>not</u> covered by Anthem HealthKeepers MMP	Additional Information
Targeted Case Management Services	Includes both referral/transition management and clinical services such as monitoring, self-management support, medication review and adjustment for Enrollees with behavioral health disorders or developmental disabilities. Outpatient substance abuse case management is available from HealthKeepers, Inc.
Certain dental services, unless otherwise noted	Anthem HealthKeepers MMP covers some medically necessary procedures. Call Member Services for more information.
Case Management Services for Participants of Auxiliary Grants	An income supplement for individuals who receive Supplemental Security Income (SSI) and certain other aged, blind, or disabled individuals who reside in a licensed assisted living facility (ALF) or an approved adult foster care (AFC) home.

If you have questions, please call HealthKeepers, Inc. at 1-855-817-5787 (TTY 1-800-855-2880)

Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit mss.anthem.com/ccs.



Anthem HealthKeepers MMP: Summary of Benefits

Your rights as a member of the plan

As a member of Anthem HealthKeepers MMP, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the Member Handbook. Your rights include but are not limited to the following:

- **You have a right to respect, fairness and dignity.** This includes:
 - The right to get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
 - The right to request information in other formats (e.g., audio CD-ROM, large print, cassette, Braille)
 - The right to be free from any form of restraint or seclusion
 - The right not to be billed by providers
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right:
 - To choose a Primary Care Provider (PCP) and you can change your PCP at any time
 - To see a women's health care provider without a referral
 - To get your covered services and drugs quickly
 - To know about all treatment options, no matter what they cost or whether they are covered
 - To refuse treatment, even if your doctor advises against it
 - To stop taking medicine
 - To ask for a second opinion. HealthKeepers, Inc. will pay for the cost of your second opinion visit
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get medical care timely

If you have questions, please call HealthKeepers, Inc. at 1-855-817-5787 (TTY 1-800-855-2880) Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit mss.anthem.com/ccs.



Anthem HealthKeepers MMP: Summary of Benefits

- Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
- Have interpreters to help with communication with your doctors and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means:
 - You have the right to get emergency services without prior approval in an emergency
 - You have the right to see an out-of-network urgent or emergency care provider when necessary
- **You have a right to confidentiality and privacy.** This includes:
 - The right to ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - The right to have your personal health information kept private
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - Ask for a state fair hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the Anthem HealthKeepers MMP Member Handbook. If you have questions, you can also call Anthem HealthKeepers MMP Member Services.

If you have a complaint or think we should cover something we denied

If you have a complaint or think Anthem HealthKeepers MMP should cover something we denied, call HealthKeepers, Inc. at 1-855-817-5787 (TTY: 1-800-855-2880). You are able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Anthem HealthKeepers MMP Member Handbook. You can also call Anthem HealthKeepers MMP Member Services.

You must file your appeal within 60 days of the denial notice. Call Member Services to file an appeal by phone or submit your appeal in writing:

By mail to:	By fax to:
Complaints, Appeals and Grievances HealthKeepers, Inc. P.O. Box 61116 Virginia Beach, VA 23466-1599	1-855-856-1724



If you have questions, please call HealthKeepers, Inc. at 1-855-817-5787 (TTY 1-800-855-2880) Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit mss.anthem.com/ccs.

Anthem HealthKeepers MMP: Summary of Benefits

If you have a complaint, also called a grievance, you can call Member Services and tell us. Call 1-855-817-5787 (TTY 1-800-855-2880). Or you can send it to us in writing:

By mail to:	By fax to:
Complaints, Appeals and Grievances HealthKeepers, Inc. P.O. Box 61116 Virginia Beach, VA 23466-1599	1-855-856-1724

If you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at HealthKeepers, Inc. Member Services. Phone numbers are on the cover of this summary.
- Or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free 24 hours a day, 7 days a week.



Have questions?

Call us toll free at 1-855-817-5787
(TTY: 711) Monday through Friday from
8 a.m. to 8 p.m. local time. Or visit
mss.anthem.com/ccc.



Anthem HealthKeepers
Offered by HealthKeepers, Inc.



Commonwealth Coordinated Care
Medicare & Medicaid working together for you

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook.

Limitations, copays, and restrictions may apply. For more information, call Anthem HealthKeepers MMP Member Services or read the Anthem HealthKeepers MMP Member Handbook.

Benefits, List of Covered Drugs, pharmacy and provider networks and/or copayments may change from time to time throughout the year and on January 1 of each year.

HealthKeepers, Inc. is a health plan that contracts with both Medicare and the Virginia Department of Medical Assistance Services to provide benefits of both programs to enrollees. HealthKeepers, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.