



**We're here for you. Call me today and let's see if our plan is right for you.**

- To speak with a licensed insurance agent:  
**Jim Barricks**

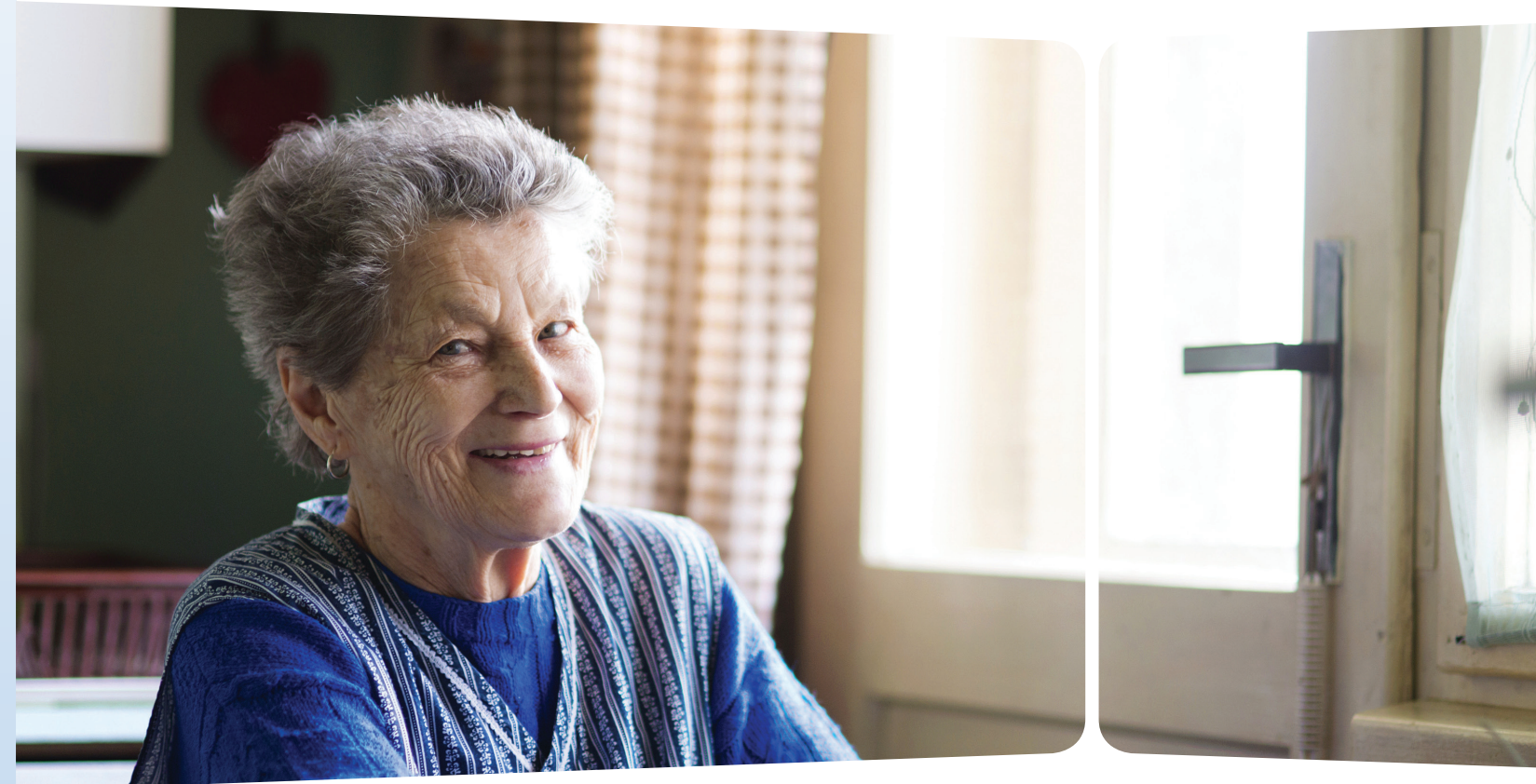
an authorized licensed insurance agent for  
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**(877)566-5454**

7 a.m. to 5 p.m., seven days a week

- Visit **[www.anthem.com/ca/medicare](http://www.anthem.com/ca/medicare)**.

Part B premium is covered by the State for full dual members. This plan is available to anyone who has both Medical Assistance from the State and Medicare. Premiums, copays, coinsurance and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The SilverSneakers Fitness Program is provided by Healthways, Inc., an independent company. Healthways and SilverSneakers are registered trademarks of Healthways, Inc. and/or its subsidiaries. ©2016 Healthways, Inc. All rights reserved. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-211-9813 (TTY 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-211-9813 (TTY 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-211-9813 (TTY 711)。LiveHealth® Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross.

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## Plan Highlights

### **2017 California Medicare Advantage Plan Anthem MediBlue Dual Advantage (HMO SNP)**

The plan in this guide is available in the following county:  
California: Kern

### **Want more from a Medicare Advantage Plan? We can help!**

Use this handy guide to shop smarter for a Medicare Advantage Plan. Compare our benefits to those of Original Medicare and choose the plan that is best for you.

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Benefits	Anthem MediBlue Dual Advantage (HMO SNP) H0564-056-000	Original Medicare
PLAN DETAILS		
Monthly Plan Premium (payment)	\$0 monthly plan premium	You pay the Part B premium each month. This does not include Part D prescription drug coverage.
Annual Plan Deductible	\$0 deductible for major medical services	In 2016, the deductible amounts were: \$1,288 annual deductible for inpatient hospital admissions; \$166 annual deductible for Part B services. These amounts may change for 2017.
Primary Care Physician Visit	\$0 copay	20% coinsurance
Specialist Visit	\$0 copay	20% coinsurance
X-ray Services	\$0 copay	20% coinsurance
Additional Benefits and Services		
Dental Care: Comprehensive*	\$0 copay for comprehensive dental services like dentures, crowns and fillings for up to \$400 every year	Not covered
Dental Care: Routine	\$0 copay for 2 oral exams, 2 cleanings and 1 dental X-ray every year	Not covered
Hearing Care: Routine Care and Hearing Aids	\$0 copay for 1 routine hearing exam and hearing aids are covered with a limit of \$3,000 every year	Not covered
LiveHealth® Online	Included	Not covered
Nurse HelpLine	Included	Not covered
Over-the-Counter (OTC) Benefit	\$180 allowance per year to spend on approved health care items	Not covered
Podiatry Care: Routine	24 routine visits to foot doctor (Podiatry)	Not covered
SilverSneakers® Fitness Membership	Included	Not covered
Transportation: Routine	48 one-way routine transportation services every year	Not covered
Vision Care: Routine Exams and Routine Eyewear	\$0 copay for 1 routine eye exam and eyewear up to \$300 limit every year	Not covered
World Wide Emergency Coverage	Included	Not covered

\*Under your supplemental dental coverage. Any unused amount at the end of a three-month benefit period will carry over to the next three months; however, any unused amount at the end of the calendar year will expire.