

Anthem Medicare Advantage (HMO-POS) FAQs

Will I get a new ID card to use next year?

Yes, you will receive a new ID card from Anthem before the end of the year. However, rest assured if you don't have it in time for January 1st, you can continue to use your old card as your member ID# is staying the same.

Will I get a new Nations benefit Mastercard?

No, you will not get a new Nations Benefit Mastercard. Make sure to hang on to the card you have. If you ever misplace it, RetireMed can help you order a new one.

Please remember that the Nations Benefit Mastercard will only have the Over-the-counter (OTC) allowance amount loaded.

Do I get a separate card to use for the dental and vision benefit that is part of my plan?

No, you do not get a separate card. You will use your member ID card.

Do I have to do anything to keep my plan?

No, your plan will automatically renew for next year. You do not need to do anything further.

How can I order a Fitbit before the year is over?

Click the link below to order a Fitbit before 12/31/25

[Health and Fitness](#)

Do I still have Silver Sneakers?

No. Starting January 1st, 2026 Anthem no longer offers the Silver Sneakers program for Medicare Advantage Plans. Anthem is the only insurance company that has decided to not offer a fitness membership for 2026.

I am concerned about the out-of-pocket maximum increase.

There has been some misunderstanding that this is a deductible. A deductible is a dollar amount you must pay out of pocket before your insurance covers your claims.

The **out-of-pocket maximum** is the most you'll have to pay for covered medical care in a year.

Throughout the year, when you see doctors, have tests done, or go to the hospital, you pay costs such as copays or coinsurance. All of those payments add up. Once the total amount you've paid reaches your plan's out-of-pocket maximum, your insurance will then pay 100% of the covered costs for the rest of the year.

Think of it as a "cap" or limit on how much you'll spend out of your own pocket. It provides financial protection, so you won't pay more than a certain amount for covered services in a calendar year.

The out-of-pocket maximum increase has been a top concern. While most individuals prefer this number to be low, nationally only 4% of seniors reach their maximum each year.

Can I add an Optional Supplemental Dental and Vision Package to my plan?

Yes, you can enroll in one of the three optional packages now during the Annual Enrollment Period and it will go in effect on January 1st. You also have an opportunity to enroll in a package during the first 3 months of the year. You can cancel the package at any time.

Are referrals needed?

No, referrals are not needed to see a specialist. However, the doctor's office may require a referral as part of their office policy, but Anthem does not require it.

Do I still have access to the Essential Extra Benefits?

No. Anthem will no longer offer the Essential Extra Benefits for 2026. These benefits include the following outlined below:

1. \$500 annual allowance for dental, vision, hearing
2. \$50 monthly allowance for healthy groceries
3. \$500 annual allowance for assistive devices
4. \$150 quarterly allowance for utilities
5. Transportation

Will Anthem continue to offer the Fitbit benefit?

No, Anthem will no longer offer the "health and fitness tracker" benefit which was the Fitbit.

Will Anthem continue to offer the Personal Emergency Response System (PERS) benefit?

No, Anthem will no longer offer the Personal Emergency Response system benefit. If you are currently utilizing it, no action is required, as Anthem will stop the service effective January 1, 2026.

How can I check to see if a doctor is covered by my plan?

To access providers in network for 2026 visit this website: [Search Results: Your Doctors \(anthem.com\)](https://www.anthem.com/search-results-your-doctors)

- Type in your zip code
 - If you are looking for a provider that is more than 100 miles away from your zip code, you need to put in the zip code of where that provider is located
- Select the county
- It defaults to the 2026 directory
- Click the orange "continue" button
- You will be directed to a new page where you can select icons related to your search. Click the Doctor/Medical professional button. It will then let you search for an actual name (spelling is key!) OR you can choose from a list of specialties if you want a general list of doctors of a specific type, for example cardiologists, dentists, vision providers etc.

Has my dental benefit changed for 2026?

You still have dental coverage as part of your plan benefits. You also can still receive dental care from an out of network dentist and still have coverage. When you go out of network you will pay more than if you stay in network. The dental network is still Liberty Dental.

Has the mail order pharmacy for my plan changed?

No. Anthem's mail order benefit is still managed by CarelonRx.

What is the maximum out of pocket for prescription drugs (Part D) for 2026?

The max out of pocket for covered prescription drugs (Part D) in 2026 across all Medicare plans is \$2,100 for the calendar year. This is the most you will spend on medications that are covered by the plan. If you reach this amount, then your cost will be reduced to \$0 for the remainder of the calendar year.

What is the drug deductible on my plan for 2026?

The drug deductible for 2026 is \$275 for the calendar year and it applies to medications on Tiers 3, 4, and 5. Covered insulins and adult vaccines are not subject to the deductible.

If I am participating in the Medicare Prescription Payment Plan, do I need to do anything for it to continue?

Your participation in the program will be automatically renewed for 2026 if you stay enrolled in your current plan. No action is needed.