



Choosing and using your plan

Your guide to open enrollment and making the most of your benefits

Anthem Blue Access PPO Medical Plan Options
Ashland County
Effective January 1, 2024



Time to review your plan

Your trusted health partner

Anthem is committed to being your trusted healthcare partner. We're developing technology, solutions, programs, and services that give you greater access to care. We are also working with healthcare professionals to make sure you get affordable quality healthcare.



Time to review your plan

A great way to start is to focus on what's important to you

Open enrollment is the time to explore your benefits, programs, and resources that can support your health and well-being all year long.

This guide was created to help you understand our plans. It also has tips, tools, and resources that can help you reach your health and wellness goals when you become a member.

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How to enroll

Your benefits administrator or human resources representative will contact you soon with specific enrollment instructions for your organization.

Understanding your benefits

When choosing your plan, think of the four “C”s:

1. **Consider** your personal situation. If things have changed since last year, you may want to look for benefits that fit those needs.

- Have your healthcare needs changed?
- Do you go to the doctor more often now?
- Is a special prescription drug needed?
- Are you expecting a baby?

2. **Compare** all the costs:

- Monthly payment
- Deductible
- Coinsurance
- Copay
- Out-of-pocket limit

3. **Check** to see if your doctors, hospitals, and other healthcare professionals are covered by the plan.

4. **Choose** the right plan for your needs.

Common healthcare terms

Coinsurance:

Once you've met your deductible, you and your health plan share the cost of covered healthcare services. The coinsurance is your share of the costs, usually a percent of the cost of care. Your plan details show what portion of the cost you will pay.

Copay:*

A flat fee you pay for covered services, such as doctor visits.

Deductible:

A set amount you pay each year for covered services before your plan starts to pay for covered healthcare costs.

You can use your HSA/FSA/HRA toward your deductible.

Out-of-pocket limit:

This is the maximum amount you could pay before your plan starts to pay 100% of all covered healthcare costs.* It's the sum of the deductible and coinsurance amounts.

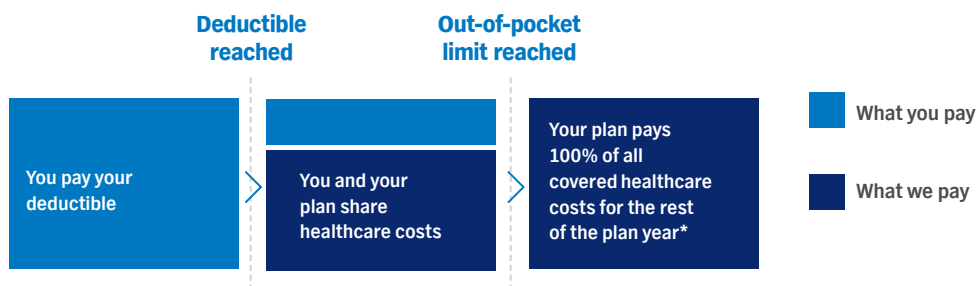
Premium:

The premium, also called a monthly payment, is what you pay for the plan. It's the money that comes out of your paycheck.

Glossary of terms:

Visit [anthem.com/glossary](https://www.anthem.com/glossary)

What you pay and what your plan pays



This chart is only an example. Your actual cost share will depend on your plan, the service you receive, and the doctor you choose. Refer to your plan details to see your actual share of the cost.

* There are plans that require you to pay a copay at the time of service.

Explore your plan

Review the health plan below to find the right fit for your needs.

PPO

With a preferred provider organization (PPO) plan, you can go to almost any doctor or hospital — giving you more choices and flexibility.

- You can choose a primary care doctor from the plan's network for preventive care, such as checkups and screenings.
- You do not need to have a primary care doctor to see a specialist.
- When you want to see a specialist, such as an orthopedic doctor or a cardiologist, you do not need to visit your primary care doctor first for a referral. This can save you time and a copay.
- You'll pay less if you choose doctors and facilities in your plan



Pharmacy Benefits

What your plan will cover

Your medication coverage

Your plan covers:

- Brand-name and generic drugs on your drug list.
- Certain preventive drugs at a more affordable or no extra cost to you.
- Most specialty drugs if you have an ongoing health matter or serious illness, such as cancer or hepatitis C.

Your drug list

Your plan includes various drug lists. You can check the lists for your medicines and the brand-name and generic drugs that are included. Typically, drugs on lower tiers cost less.

If your medication isn't on the list, you will see other options. Drug lists can change, so you may want to check it again when you have a new prescription.

To find the latest drug lists:

- Visit [fm.formularynavigator.com/FBO/143/National_3_Tier_ABCBS.pdf](https://www.farmformularynavigator.com/FBO/143/National_3_Tier_ABCBS.pdf) for the **National 3-tier** Drug List.
- Most specialty drugs are covered if you have an ongoing health issue or a serious illness.

Your pharmacy options

You have choices for filling your prescriptions, including local pharmacies in your plan's network and convenient home delivery.

- **Retail pharmacies:** Your costs may be lower if you use one of the pharmacies in your plan's network.
- **Home delivery:** If there are medications you take regularly, you can save time and money with our home-delivery service.
- **Specialty pharmacy:** If you have a health condition that requires specialty medicine, such as those you take by injection or infusion, or that needs special handling, you will need to order through CarelonRx Specialty Pharmacy.

How your pharmacy benefits work

Depending on the plan you choose, you will either have a copay or coinsurance.

- **Copay:** A fixed amount you pay for a covered prescription until you reach your out-of-pocket maximum. Your copay is

based on which tier the drug is on. See the *Save money with Tier 1 drugs* section for details.

- **Coinsurance:** Your share of the drug costs. It is the percentage of costs you pay for a covered prescription until you reach your out-of-pocket maximum.

Once you're a member, you can use the Price a Medication tool on [anthem.com](https://www.anthem.com) to compare costs and find generic equivalents.

Using your plan



How to use your plan

This guide shows you ways to make using your plan easier. You will also discover tools and resources that can help you reach your health and wellness goals.



How to use your plan

Register for online tools and resources

Your plan comes with great tools and programs to help you reach your health goals that may come at no extra cost, and save money on health products and services. For detailed information, use the **Sydney Health** mobile app or register at **anthem.com**.

Sydney Health mobile app

Discover a powerful and more personalized health app. Access your benefits and wellness tools to improve your overall health with the **Sydney Health** app. The app works with you by guiding you to better overall health — and brings your benefits and health information together in one convenient place. **Sydney Health** has everything you need to know to make the most of your benefits while taking care of your health.

Working with you:

- Reminding you about important preventive care needs.
- Planning and tracking your health goals, fitness, and rewards.
- Guiding you with insights based on your history and changing health needs.
- Empowering you with personalized resources to find and compare doctors and check costs.

Working for you:

- **Giving you instant access** to your benefits.
- **Chat** - If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem Health Guide.
- **Virtual Care** - Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.
- **Community Resources** - This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

Use your ID card from your phone

Quickly access your ID card on your phone by using the **Sydney Health** mobile app or logging in at **anthem.com**. Your digital ID card works the same as a paper one. You can share it with your doctor or pharmacy by printing a copy anytime you need one, or emailing or faxing it from your computer or mobile device. You also can download your ID card for quicker access.

Find a doctor in your plan

The right doctor can make all the difference. Choosing a doctor who is in your plan's network can save you money. Your plan includes a broad selection of high-quality doctors. If you decide to receive care from doctors outside the plan's network, it will cost you more and your care might not be covered.

To find a healthcare professional or facility in your plan's network, use the **Find Care** tool on the **Sydney Health** mobile app or at **anthem.com**. You can search for doctors, hospitals, pharmacies, and high-quality labs such as Quest Diagnostics and Labcorp.

You may choose to see an Enhanced Personal Health Care (EPHC) doctor as your primary care doctor. EPHC doctors spend extra time with you to provide high-quality care that is focused on your whole health, not just your symptoms. This includes building a care plan around your needs, helping you better manage any chronic disease and helping you with access to specialists when you need them.

*Virtual annual preventive care (wellness) visits through the Sydney Health app are available starting September 2022. The virtual annual preventive care (wellness) visit is covered in full unless the employer has a limit or cap under their benefit plan.

Virtual primary care medical services provided by Preventive Medical Associates P.C. through an arrangement with Hydrogen Health, which provides the virtual care platform.

Eligible employees are those who have not yet had an annual preventive care (wellness) visit during the plan year (either virtual or in-person) whose group benefit plan covers a virtual primary care exam. If an employer group has a cap on the number of preventive care (wellness) visits that are covered in full and the employee has exceeded the cap but would like to have another preventive care (wellness) visit, they may be responsible for copays and other out-of-pocket costs for the visit. Employees should consult their benefit plan and/or contact Member Services if they have any questions.

Your doctor will determine if a prescription is needed at time of visit.

Sydney Health is offered through an arrangement with Cerebral Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

Other virtual care services offered through an arrangement with LiveHealth Online.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of your health plan.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

How to use your plan

Schedule a checkup

Preventive care, such as regular checkups and screenings, can help you avoid health issues in the future. Your plan covers these services at little or no extra cost when you see a doctor in your plan's network:

- Yearly physical
- Well-child visits
- Flu shot
- Routine shots
- Screenings and tests

Travel with peace of mind

Your health plan goes with you when you're away from home and need care immediately. The BlueCard program gives you access to services across the country. This includes 1.7 million doctors and hospitals with Blue Cross Blue Shield companies.¹ If you're traveling out of the country, you can receive care through the Blue Cross Blue Shield Global Core program. It gives you access to doctors and hospitals in more than 190 countries and territories around the world.²

If you need care in the U.S., go to **anthem.com**. When you're outside the U.S., visit **bcbsglobalcore.com** or download the BCBS Global Core mobile app. You also can call Blue Cross Blue Shield Global Core 24/7 at 011-800-810-BLUE (2583) or call collect by dialing 0170 and telling the operator you want to call 011-804-673-1177.

If you have questions about travel benefits, call the Member Services number on your ID card before you leave home.

Where to go for care when you need it now

When it is an emergency, call 911 or go to the nearest emergency room. If you need nonemergency care right away:

- Check to see if your primary care doctor can see you.
- Search for nearby urgent care to avoid costly emergency room visits and long wait times.
- Have a virtual chat with your doctor from your mobile device or computer.
- Call 24/7 NurseLine and receive helpful advice from a registered nurse.

¹ Blue Cross Blue Shield Association, Personalized Healthcare, Nationwide (accessed March 2023): [bcbs.com](https://www.bcbs.com).

² GeoBlue, More than 20 years as a leader in international healthcare (accessed March 2023): [about-geo-blue.com](https://www.about-geo-blue.com).

³ If you have a high-deductible health plan and have not met your deductible, the price of a visit will be \$39, starting on the date in 2023 your plan renews.

Other virtual care services offered through an arrangement with LiveHealth Online.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of your health plan.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher.

You may also receive a bill for any charges not covered by your health plan.

Make the most of your pharmacy benefits

Understanding medicine coverage and costs

- **Search the drug list.** Find out if your medicines are covered and which tier they are in. Lower-cost, brand-name drugs and generics are usually in Tiers 1 and 2. You will save the most money if you use Tier 1 drugs.
- **Price a medication.** See how much a medicine costs before you get it. You can compare retail drug costs at local pharmacies and see the price of generic options. Results will include the cost of up to a 90-day supply and home delivery.
- **Check if there are generic options.** If you take a brand-name drug, you can find a list of generic options that are just as effective and cost less. Be sure to talk with your doctor to see if a generic option is right for you.
- **Save money on certain noncovered medicines.** If your prescription isn't covered by your plan, you may be able to receive a discount. Share your member ID card at the pharmacy, and the available discount will automatically be applied.
- **Most specialty drugs are covered, if you need them.** Specialty drugs are for people with long-term or serious health matters, such as cancer, rheumatoid arthritis, and hepatitis C. They are drugs taken by injection or infusion or that require special handling or need to be given by a doctor or nurse. If you have a health matter that requires a specialty drug, you will need to order it through the CaredonRx Specialty Pharmacy. In certain cases, you may also choose other specialty pharmacies in your plan's network.

For more information on specialty drugs, visit [anthem.com/pharmacyinformation/rxnetworks.html](https://www.anthem.com/pharmacyinformation/rxnetworks.html) or call the Pharmacy Member Services number on your ID card.

Coverage requirements

Certain medications require you to take other steps before your plan covers them. Here are examples:

- **Preapproval, also known as prior authorization.** This means Anthem needs to approve a drug before the pharmacy fills it. If you already have preapproval, you or your doctor will need to fill out a new form at [anthem.com](https://www.anthem.com).

- **Step therapy.** You may need to try other medicine before we can cover the one your doctor prescribed.
- **Quantity limits.** To help protect your health, your plan may limit how much medication you can receive each month.
- **Dose optimization.** If a higher strength is available, you may be able to switch from taking multiple doses to a single dose each day.
- **90-day supply.** If you take maintenance medication for ongoing conditions like asthma, diabetes, or high cholesterol, your plan may require that you set up 90-day supplies at a pharmacy, including CVS, or through home delivery.

You have pharmacy options

Choose a pharmacy that's in your plan. You have many retail pharmacies from which to choose. Use a pharmacy that is in your plan to avoid paying full price. To find a pharmacy in your plan, visit [anthem.com/pharmacyinformation/rxnetworks.html](https://www.anthem.com/pharmacyinformation/rxnetworks.html), and choose your network list.

Your plan uses the **Base Network** list of pharmacies.

The **Base Network** is our national pharmacy network and includes nearly 70,000 retail pharmacies across the country. To find a pharmacy, visit [anthem.com/pharmacyinformation/rxnetworks.html](https://www.anthem.com/pharmacyinformation/rxnetworks.html) and choose the **Base Network** list.

Make the most of your pharmacy benefits

Receive a 90-day refill at a retail pharmacy. Ninety-day supplies of covered medications are available at participating retail pharmacies. You can save time with fewer trips to the pharmacy by switching to a 90-day supply for medications you take on a regular basis. Depending on your plan, you may also save on copays. That's because a 90-day supply of certain drugs usually costs less than three 30-day refills.

- **Home delivery.** Save time and money with home delivery. If you take medicines regularly or need them on a longterm basis, you can also save time with home delivery. With CarelonRx Home Delivery, you can receive up to a 90-day supply of medications delivered quickly and safely to you. Plus, with home delivery, you receive free standard shipping on automatic refills, so you won't need to go to the pharmacy. Depending on your plan, you may also save on copays. Once you're a member, visit [anthem.com](https://www.anthem.com) to sign up or call the Pharmacy Member Services number on your ID card.

For more information, go to [anthem.com/FAQs](https://www.anthem.com/FAQs) , select your state, and then **Pharmacy**.

Drug type		Cost
Tier 1	Preferred generic drugs	\$
Tier 2	Preferred brand-name and newer, higher-cost generic drugs	\$\$
Tier 3	Nonpreferred brand-name and generic drugs	\$\$\$

Plan extras that support your health

Medical guidance

24/7 NurseLine — You can connect with a registered nurse who will answer your health questions wherever you are — anytime, day or night. They can help you decide where to go for care and find doctors and other healthcare professionals in your area.

Call **800-337-4770**.

Anthem Health Guides — Highly trained Anthem associates are like personal support guides who can help you with all your healthcare needs. They can help you connect with the right resources, stay on top of the screenings and tests you need, and find doctors. Reach an Anthem Health Guide by calling **855-603-7982**. You also can go to **anthem.com** to send a secure email or chat with them online.

Behavioral Health Resource — Extra support can make a difference with things like depression, anxiety, substance use, or eating disorders. Our caring professionals will work with you to arrange counseling and support services that meet your individual and family needs. You can call **866-785-2789**, 24/7, for help with understanding your benefits, guiding you to resources, and connecting you to the care you need.

Blue Distinction Centers — If you are having surgery or a major procedure such as knee or hip replacement, look for this designation. Blue Distinction Centers or Blue Distinction Center hospitals are recognized for excellent care and faster recovery times. Blue Distinction Centers+ are also recognized for lower costs. You do not pay extra for access to a Blue Distinction Center. It's part of your plan.

Building Healthy Families — This program offers support to help your family from preconception through the stages of pregnancy, childbirth, and early childhood (to age 5 and beyond). It is available 24/7 through our **Sydney Health** app and features an extensive content library covering topics to support diverse families, including single parents, same-sex, or multicultural couples. In addition, the app features many tools, including fertility, diaper change, and feeding trackers, due date calculators, and blood pressure monitoring. Visit the **Sydney Health** app to enroll today.

Case Management — If you're coming home after surgery or have a serious health condition, a nurse care manager can help answer your questions about your follow-up care, medicines and treatment options, coordinate benefits for home therapy or medical supplies, and find community resources to help you. Your nurse care manager will call you, but you also can call the Member Services number on your ID card.

ConditionCare — Receive support from a dedicated nurse team to manage ongoing conditions, such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, heart disease, or heart failure. Work with dietitians, health educators, and pharmacists who can help you learn about your condition and manage your health. Call **888-249-3820** to begin.

Diabetes Prevention Program — This 12-month program can help you lose weight and lower your risk of developing type 2 diabetes. Anthem and Lark have come together to offer you this program at no extra cost; it's part of your health plan. The program is flexible, customized for you, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help you make small changes that can improve your health and decrease your risk over time. Use the **Sydney Health** mobile app to complete the Lark prediabetes survey. Go to My Health Dashboard > Programs > search for Lark Diabetes Prevention Program.

Emotional well-being resources — Your emotional well-being is an important part of your overall health. Emotional well-being resources, administered by Learn to Live, can help you identify the thoughts and behavior patterns that affect your emotional well-being — and work through them with online programs and personalized coaching. You will learn effective ways to manage stress, depression, anxiety, and sleep issues. To access these resources, visit **anthem.com**, go to My Health Dashboard, choose Programs, and select Emotional Well-being Resources.

SmartShopper — This program can help lower your out-of-pocket cost when you need a covered medical procedure or screening. When your doctor recommends a medical service or test, call the SmartShopper Personal Assistant Team at **866-285-7078**, or go to **smartshopper.com** and follow the prompts. Earn a cash reward anytime you choose an eligible lower-cost, high-value doctor or facility for certain health services.

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: CEBCO Anthem Blue Access PPO **ASHLAND COUNTY PLAN YEAR 2024/ 2D-Wellness Plan**

Your Network: Blue Access

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$800 person / \$1,600 family	\$1,600 person / \$3,200 family
Overall Out-of-Pocket Limit	\$3,200 person / \$6,400 family	\$6,400 person / \$12,800 family
<p>The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.</p> <p>All medical deductibles, copayments and coinsurance apply toward the out-of-pocket limit(s) (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).</p> <p>In-Network and Non-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.</p>		
Doctor Visits (virtual and office) <i>You are encouraged to select a Primary Care Physician (PCP).</i>		
Medical Chats and Virtual Visits for Primary Care <i>from our Online Provider K Health, available through Sydney Health are covered at \$0 copay per visit medical deductible does not apply.</i>		
Virtual Visits from online provider LiveHealth Online <i>for urgent/acute medical and mental health and substance abuse care available through Sydney Health or via www.livehealthonline.com are covered at \$0 copay per visit medical deductible does not apply.</i>		
Primary Care (PCP) and Mental Health and Substance Abuse Care <i>virtual and office</i>	\$20 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Specialist Care <i>virtual and office</i>	\$40 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
<u>Other Practitioner Visits</u>		
Routine Maternity Care (Prenatal and Postnatal)	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	\$20 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Manipulation Therapy <i>Coverage is limited to 12 visits per benefit period.</i>	\$40 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Other Services in an Office Allergy Testing <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$5 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i> Prescription Drugs <i>Dispensed in the office</i>	25% coinsurance after medical deductible is met 25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met
Surgery	\$40 copay per visit medical deductible does not apply [‡]	50% coinsurance after medical deductible is met
Preventive care / screenings / immunizations	No charge	50% coinsurance after medical deductible is met
Preventive Care for Chronic Conditions <i>per IRS guidelines</i>	No charge	50% coinsurance after medical deductible is met
Diagnostic Services Lab Office Outpatient Hospital	No charge 25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met
X-Ray Office Outpatient Hospital	No charge 25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i> Office Outpatient Hospital	25% coinsurance after medical deductible is met 25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met
<u>Emergency and Urgent Care</u> Urgent Care <i>includes doctor services. Additional charges may apply depending on the care provided.</i> Emergency Room Facility Services <i>Copay waived if admitted.</i> Emergency Room Doctor and Other Services Ambulance	\$50 copay per visit medical deductible does not apply \$250 copay per visit and 0% coinsurance medical deductible does not apply 0% coinsurance medical deductible does not apply 25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met Covered as In-Network Covered as In-Network Covered as In-Network
<u>Outpatient Mental Health and Substance Abuse Care at a Facility</u> Facility Fees Doctor Services	25% coinsurance after medical deductible is met 25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met
<u>Outpatient Surgery</u> Facility Fees Hospital Doctor and Other Services Hospital	25% coinsurance after medical deductible is met 25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<u>Hospital (Including Maternity, Mental Health and Substance Abuse)</u> Facility Fees Human Organ and Tissue Transplants <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i> Physician and other services <i>including surgeon fees</i>	25% coinsurance after medical deductible is met 25% coinsurance after medical deductible is met 25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met
Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i>	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for occupational therapy is limited to 30 visits per benefit period, physical therapy is limited to 30 visits per benefit period and speech therapy is limited to 20 visits per benefit period.</i> Office Outpatient Hospital	\$40 copay per visit medical deductible does not apply 25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met
Pulmonary rehabilitation <i>Coverage is limited to 20 visits per benefit period.</i> Office Outpatient Hospital	\$40 copay per visit medical deductible does not apply 25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met
Cardiac rehabilitation <i>Coverage is limited to 36 visits per benefit period.</i> Office	\$40 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Dialysis/Hemodialysis		
Office	\$40 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Chemo/Radiation Therapy		
Office	\$40 copay per visit medical deductible does not apply [†]	50% coinsurance after medical deductible is met
Outpatient Hospital	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Skilled Nursing Care (facility) <i>Coverage for Skilled Nursing and Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 90 days combined per benefit period.</i>	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Inpatient Hospice	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Durable Medical Equipment	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Out-of-Pocket Limit	\$2,500 Person \$5,000 Family	Not applicable
Prescription Drug Coverage Network: Base Network Drug List: National <i>Drugs not included on the drug list will not be covered.</i>		
Day Supply Limits: Retail Pharmacy 30 day supply (cost shares noted below) Rx Maintenance 90 Pharmacy 90 day supply (after 2 courtesy 30-day fills you will be required to purchase maintenance medications in 90-day fills at a M90 pharmacy or home delivery). Home Delivery Pharmacy 90 day supply (maximum cost shares noted below) Maintenance medications are available through CarelonRx Mail Order. You will need to call us on the number on your ID card to sign up when you first use the service. Specialty Pharmacy 30 day supply (cost shares noted below for retail and home delivery apply). We require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. Drug cost share assistance programs may be available for certain specialty drugs.		
Tier 1 - Typically Generic	\$15 copay per prescription (retail) and \$30 copay per prescription (home delivery)	Not applicable
Tier 2 – Typically Preferred Brand	\$70 copay per prescription (retail) and \$140 copay per prescription (home delivery)	Not applicable
Tier 3 - Typically Non-Preferred Brand	\$90 copay per prescription (retail) and \$180 copay per prescription (home delivery)	Not applicable
Specialty Medications (brand and generic)	\$90 copay per prescription	No coverage

Notes:

- Dependent age: to end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- The Primary Care Physician and Specialist office visit copay applies to both office and facility based office visits for evaluation and management services only.

- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- ‡ Your cost share will be reduced when services are provided in a PCP's office.
- If you have received Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services" which is generally coinsurance or coinsurance after your deductible is met.
- Ohio's House Bill 388 and the Federal No Surprises Act establish patient protections including from Out-of-Network Providers' surprise bills ("balance billing") for Emergency Care and other specified items or services. We will comply with these new state and federal requirements including how we process claims from certain Out-of-Network Providers.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: CEBCO Anthem Blue Access PPO **ASHLAND COUNTY PLAN YEAR 2024/ 5D-Standard Plan**

Your Network: Blue Access

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$2,000 person / \$4,000 family	\$4,000 person / \$8,000 family
Overall Out-of-Pocket Limit	\$4,750 person / \$9,500 family	\$9,500 person / \$19,000 family
<p>The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.</p> <p>All medical deductibles, copayments and coinsurance apply toward the out-of-pocket limit(s) (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).</p> <p>In-Network and Non-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.</p>		
Doctor Visits (virtual and office) <i>You are encouraged to select a Primary Care Physician (PCP).</i>		
Medical Chats and Virtual Visits for Primary Care <i>from our Online Provider K Health, available through Sydney Health are covered at \$0 copay per visit medical deductible does not apply.</i>		
Virtual Visits from online provider LiveHealth Online <i>for urgent/acute medical and mental health and substance abuse care available through Sydney Health or via www.livehealthonline.com are covered at \$0 copay per visit medical deductible does not apply.</i>		
Primary Care (PCP) and Mental Health and Substance Abuse Care <i>virtual and office</i>	\$25 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Specialist Care <i>virtual and office</i>	\$50 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
<u>Other Practitioner Visits</u>		
Routine Maternity Care (Prenatal and Postnatal)	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	\$25 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Manipulation Therapy <i>Coverage is limited to 12 visits per benefit period.</i>	\$50 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
<u>Other Services in an Office</u> Allergy Testing <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$5 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i> Prescription Drugs <i>Dispensed in the office</i> Surgery	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met \$50 copay per visit medical deductible does not apply [†]	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met
Preventive care / screenings / immunizations	No charge	50% coinsurance after medical deductible is met
Preventive Care for Chronic Conditions <i>per IRS guidelines</i>	No charge	50% coinsurance after medical deductible is met
<u>Diagnostic Services</u> Lab Office Outpatient Hospital	No charge 50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met
X-Ray Office Outpatient Hospital	No charge 50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i> Office Outpatient Hospital	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met
<u>Emergency and Urgent Care</u> Urgent Care <i>includes doctor services. Additional charges may apply depending on the care provided.</i> Emergency Room Facility Services <i>Copay waived if admitted.</i> Emergency Room Doctor and Other Services Ambulance	\$50 copay per visit medical deductible does not apply \$250 copay per visit and 0% coinsurance medical deductible does not apply 0% coinsurance medical deductible does not apply 50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met Covered as In-Network Covered as In-Network Covered as In-Network
<u>Outpatient Mental Health and Substance Abuse Care at a Facility</u> Facility Fees Doctor Services	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met
<u>Outpatient Surgery</u> Facility Fees Hospital Doctor and Other Services Hospital	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<u>Hospital (Including Maternity, Mental Health and Substance Abuse)</u> Facility Fees Human Organ and Tissue Transplants <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i> Physician and other services <i>including surgeon fees</i>	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met
Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i>	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for occupational therapy is limited to 30 visits per benefit period, physical therapy is limited to 30 visits per benefit period and speech therapy is limited to 20 visits per benefit period.</i> Office Outpatient Hospital	\$50 copay per visit medical deductible does not apply 50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met
Pulmonary rehabilitation <i>Coverage is limited to 20 visits per benefit period.</i> Office Outpatient Hospital	\$50 copay per visit medical deductible does not apply 50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met
Cardiac rehabilitation <i>Coverage is limited to 36 visits per benefit period.</i> Office	\$50 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Dialysis/Hemodialysis		
Office	\$50 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Chemo/Radiation Therapy		
Office	\$50 copay per visit medical deductible does not apply [†]	50% coinsurance after medical deductible is met
Outpatient Hospital	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Skilled Nursing Care (facility) <i>Coverage for Skilled Nursing and Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 90 days combined per benefit period.</i>	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Inpatient Hospice	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Durable Medical Equipment	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Out-of-Pocket Limit	\$2,500 Person \$5,000 Family	Not applicable
Prescription Drug Coverage Network: Base Network Drug List: National <i>Drugs not included on the drug list will not be covered.</i>		
Day Supply Limits: Retail Pharmacy 30 day supply (cost shares noted below) Rx Maintenance 90 Pharmacy 90 day supply (after 2 courtesy 30-day fills you will be required to purchase maintenance medications in 90-day fills at a M90 pharmacy or home delivery). Home Delivery Pharmacy 90 day supply (maximum cost shares noted below) Maintenance medications are available through CarelonRx Mail Order. You will need to call us on the number on your ID card to sign up when you first use the service. Specialty Pharmacy 30 day supply (cost shares noted below for retail and home delivery apply). We require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. Drug cost share assistance programs may be available for certain specialty drugs.		
Tier 1 - Typically Generic	\$15 copay per prescription (retail) and \$30 copay per prescription (home delivery)	Not applicable
Tier 2 – Typically Preferred Brand	\$70 copay per prescription (retail) and \$140 copay per prescription (home delivery)	Not applicable
Tier 3 - Typically Non-Preferred Brand	\$90 copay per prescription (retail) and \$180 copay per prescription (home delivery)	Not applicable
Specialty Medications (brand and generic)	\$90 copay per prescription	No coverage

Notes:

- Dependent age: to end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
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- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
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Having a primary care doctor makes a difference

Stay healthy and help lower your healthcare costs over time with a PCP



The right doctor can have a positive impact on your health and well-being. Choosing one in your plan can save you money as well. The following information can help you find a doctor who is a good fit for you and your family.

Why you should have a primary care doctor

A primary care provider (PCP) serves as your main doctor and is your first stop when you need care.

When you see the same doctor over time, they can:

See the full picture of your health	Save you time and money	Coordinate your care or treatments	Help you avoid costly ER visits	Assist you after hours
 <p>They know your health history and can connect the dots quickly if you have a health issue.</p>	 <p>A PCP helps you stay healthy with preventive care and can help manage chronic conditions and medications.</p>	 <p>They help ensure tests aren't needlessly repeated, your medicines work well together, and your other doctors agree on your health needs.</p>	 <p>Call your PCP first when you have an illness, minor injury, or flare-up of a chronic condition. They can advise you where to go for care.</p>	 <p>Many PCPs now have evening and weekend hours. Some may also offer telehealth virtual visits.</p>

The main types of primary care doctors include:

- **Family practitioners and general practice doctors** treat people of all ages. This type of doctor might be a good choice if you want to keep your family's care "under one roof."
- **Internal medicine doctors**, also called internists, treat adults and may have special knowledge about certain health problems. If you have a long-term health condition, an internist who specializes in your issue may be a good fit.
- **Pediatricians** specialize in caring for children, from birth to early adulthood.



What to consider when choosing your doctor

Every doctor is different. Take time to find a doctor who makes you feel comfortable, listens to your needs, and explains things clearly. It's also important to find out if the doctor:

- Is part of your health plan's network. You'll pay less out of pocket for your visits, preventive care screenings, vaccines, and annual physicals. If your doctor is not in your plan's network, you may not be covered at all.
- Has the training and background to treat your health problems.
- Has an office in a convenient location, close to your home or work.
- Holds office hours that work with your schedule.
- Offers telehealth options, such as text, email, phone, or video visits.

You can visit different doctors in your plan's network to find the one who is right for you. If you're not happy with your first choice, it's okay. You may be able to change your primary care doctor depending on your plan.



Three ways to find a doctor in your plan:

1. Download the Sydney HealthSM mobile app, log in, and select **Find Care**.
2. Call Member Services at the number on your ID card.
3. Scan the QR Code below or log in at **anthem.com** and choose **Find Care**.



Use your phone's camera to scan this QR code.



Your plan covers telehealth visits

Virtual care, also known as telehealth, is a simpler way to talk to a doctor and can be a good option for some urgent issues. Ask your doctor if they offer telehealth visits. You can also access telehealth 24/7 through the Sydney HealthSM mobile app.

If you believe you are having a life-threatening emergency or your health is in serious jeopardy, call 911 immediately.

Sources:
WebMD website: *How to Choose a Doctor* (accessed July 2021); webmd.com
Centers for Disease Control and Prevention website: *Regular Check-Ups are Important* (accessed July 2021); cdc.gov/family/checkup.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

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The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use SydneySM Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.



Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.



Scan the QR code to download the Sydney Health app.

You can also set up an account at anthem.com/register to access most of the same features from your computer.

**For technical support call:
866-755-2680**

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare professional in your plan's network. If you receive care from a doctor or healthcare professional not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Sydney Health is offered through an arrangement with Celeron Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health. Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada, Inc. New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company, Inc. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



Support your health and well-being with the Sydney Health mobile app

For personalized support and health topics that interest you, SydneySM Health offers useful health and wellness tips and individualized action plans that can help you reach your goals. You can also find and connect with clinical and well-being programs for a variety of topics, ranging from pregnancy to heart disease.

- **Set goals** - Answer ten questions about your health goals and Sydney Health will personalize your dashboard and show where you may be able to improve.
- **Learn about healthy living** - Find videos and online articles with tips on healthy living, including nutritionist-approved recipes and meal plans.
- **Track nutrition** - Scan food and labels with your smartphone camera for quick logging or use voice commands. Customize your nutrition goals based on your preferences, such as keto.
- **Keep moving** - Stay motivated with support throughout your journey that includes rewards, profile badges, and points to help you stay on track.
- **Personalize your action plan** - Work toward your health goals and make healthy choices that fit your lifestyle. Plans include getting active, eating healthier, losing weight, reducing stress, and sleeping better. You can even sync your wearable fitness device to the app for easy activity tracking.

Check out these features today by downloading the **Sydney Health app** and visiting **My Health Dashboard**.

Download the Sydney Health app

Scan the QR code using the camera on your smartphone.



You can sync your wearable device

To start tracking your activity*:

- Log in to Sydney Health.
- Select **My Health Dashboard** and go to **Activity Tracking**.
- Select **Manage Devices/Apps**
 - If syncing an Apple® or Google™ device, use the Sydney Health app to connect and manage.
 - For other wearables, select from the list on the screen and follow the prompts and instructions.

Earn rewards by making healthier choices

Your healthy choices deserve recognition. Find support on the Sydney Health app where you can access your benefit information and wellness rewards all in one place. Log in today to see if you're eligible to earn rewards by participating in activities such as tracking your steps, and completing a wellness exam, and reading educational articles.

We're here to help

If you have questions, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

* The experience may vary for older devices.

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Connect with a doctor anytime, anywhere with LiveHealth Online

When you're not feeling well, you have access to virtual care visits using LiveHealth Online. Whether you have a cold, you're feeling anxious, or need help managing your medication, you can have face-to-face visits with a board-certified doctor, psychiatrist, or licensed therapist from your smartphone, tablet, or computer.

Medical doctors are available 24/7 – no appointment needed.¹

Doctors can assess symptoms, provide a treatment plan, and prescribe or refill medications.² Care is available for health issues such as cold and flu symptoms, allergies, and sinus infections.

Visit a licensed therapist in four days or less.³

For help with mental health concerns such as anxiety, stress, and grief, you can connect to a licensed therapist or psychologist in four days or less and within two weeks with a psychiatrist.^{4,5}

What's the cost of a LiveHealth Online visit?

PPO plans are covered in full, H.S.A. plans pay:

- \$55 per visit with a medical doctor
- \$95 per visit with a dermatologist
- \$80 per visit with a licensed therapist
- \$95 per visit with a psychologist
- \$175 for an initial evaluation by a psychiatrist and \$75 for a follow-up visit

Start using LiveHealth Online.

To register, go to livehealthonline.com or download the free app. For a medical visit, log on, choose a doctor, and your visit will begin in minutes. For mental health visits, choose from the available dates to schedule your appointment. LiveHealth Online is secure and confidential.⁶



**Sign up for LiveHealth Online today
and be ready when you need it.**

Go to livehealthonline.com or download the free mobile app from the App Store® or Google Play™.

¹ Appointments may be needed for certain specialists.

² Prescription availability is defined by physician judgment.

³ Appointments subject to availability of a therapist. Online counseling is not appropriate for all kinds of problems. If someone is in crisis or has suicidal thoughts, it's important that they seek help immediately by calling 800-784-2433 (National Suicide Prevention Lifeline) or 911. LiveHealth Online does not offer emergency services.

⁴ Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using LiveHealth Online.

⁵ Psychiatrists on LiveHealth Online will not offer counseling or talk therapy.

⁶ LiveHealth Online is a HIPAA-compliant confidential video service.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

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Save time and effort filling your regular prescriptions

Set up home delivery through CaredonRx Mail for the prescriptions you take long-term for conditions like high blood pressure, diabetes, heart disease, or asthma. You'll receive your medications at your door and enjoy the convenience of not having to visit the pharmacy.

With home delivery, you can count on:



Convenience. Medications are delivered directly to your home or any location you choose.

- Manage your prescriptions with the SydneySM Health app or at **anthem.com**.
- Expect first-time home delivery orders to take about two weeks and refills to take 3 to 5 days.
- Set up reminders and automatic refills, too.



Safety. All orders are checked by a licensed pharmacist before they ship. Discreet packaging is:

- Tamperproof
- Temperature controlled, if needed
- Weatherproof



Peace of mind. You're less likely to miss a dose and more likely to stay on track with the treatment your doctor prescribed when you switch to home delivery.* Trained pharmacists can also answer your questions and help you 24/7.



Hassle-free service. CaredonRx Mail will contact your doctor to order a new, 90-day prescription if you need one. If a medication preapproval is needed, the home delivery team will reach out to you for consent before shipping your medication.



Savings. Many medications cost less when you fill a 90-day supply instead of three 30-day supplies. Shipping is always free.

Start home delivery now with these steps

1. Visit the *Pharmacy* page on **anthem.com**, choose the *Pharmacy* tab on the Sydney Health app, or scan the QR code with your phone's camera. Register your member account if you haven't already.
2. Choose **Request a New Prescription**.
3. Type in the prescription you'd like delivered.
4. Under the name and cost of your prescription, select **Request a New Prescription**.
5. Fill in any blank fields, such as shipping address, payment method, and prescriber.
6. First-time requestors will need to select **Continue to Medical Profile**.
7. Verify any allergies or health conditions, then select **Continue to Submit Order**.



We're here to help

Call CaredonRx Mail at **833-236-6196** or use the live chat feature on Sydney Health or **anthem.com**.

*National Library of Medicine, National Center for Biotechnology website: A Retrospective Database Study Comparing Diabetes-Related Medication Adherence and Health Outcomes for Mail-Order Versus Community Pharmacy (accessed September 2022): ncbi.nlm.nih.gov/pubmed/30816817.

Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022

CaredonRx is an independent company providing pharmacy benefit management services on behalf of your health plan.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICESM Managed Care, Inc. (RIT), Healthy AllianceSM Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Save money on health tests and procedures

SmartShopper helps you find the best value for high-quality care

We understand that medical procedures can be costly and can sometimes seem unpredictable. In fact, the same test or procedure can vary by hundreds or even thousands of dollars, depending on where you go. SmartShopper makes it easy to compare cost information about common health procedures. You can even earn cash* rewards when you choose a health care provider known for high-quality outcomes.

Shop on your own or with a Personal Assistant

It's easy to use SmartShopper. Shop online at smartshopper.com or call the SmartShopper Personal Assistant Team. Your Personal Assistant will help you understand your options and schedule your appointment. You can reach a Personal Assistant by calling **1-866-285-7078** Monday to Thursday, 8 a.m. to 8 p.m. Eastern and Friday 8 a.m. to 6 p.m. Eastern.

SmartShopper is easy to use

- 1 When your health care provider suggests a test or procedure, visit smartshopper.com or call the SmartShopper Personal Assistant Team at **1-866-285-7078**.
- 2 Choose where you would like to have your test or procedure. All of the SmartShopper options are in your plan's network.
- 3 After Anthem pays your claim, SmartShopper will mail you a reward check. Your check should arrive in about six weeks.

We are happy to offer you SmartShopper as part of your Anthem benefit plan. It's one more way that we can help you to save money and receive high-quality health care. To sign up, go to smartshopper.com or call the Personal Assistant Team at **1-866-285-7078**, Monday to Thursday, 8 a.m. to 8 p.m. Eastern and Friday 8 a.m. to 6 p.m. Eastern.



Earn cash rewards for choosing health care providers known for high-quality, lower-cost care.

Sample procedures and rewards

Test or procedure	Reward up to:
ACL repair by arthroscopy	\$250
Colonoscopy	\$250
Mammogram	\$50
Ultrasound	\$50
Physical therapy	\$150

For a full list of procedures and rewards, call the Personal Assistant team at **1-866-285-7078** or visit smartshopper.com.



SmartShopper®



*Reward payments may be taxable.

The SmartShopper program is provided by Sapphire Digital an independent company. Incentives available for select procedures only. Payments are a taxable form of income. Rewards may be delivered by check or an alternative form of payment. Members with coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program. Rewards are for select procedures only and reward payments may be taxable.

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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LiveHealth Online
Healthy Back & Joints
sword



Relieve aches + pain from the comfort of your home

Tired of chronic pain or loss of mobility? Struggling with discomfort? Meet Sword, the new digital physical therapy program designed to help you overcome your joint, back, or muscle pain—all from home.

Combining licensed PT with easy-to-use technology, Sword is more than just convenient. It's proven to work better than in-person physical therapy, too.¹



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Here's how it works



Pick Your PT

Thanks to your dedicated PT, your Sword program is entirely customized to you, your goals and your abilities.



Get Your Sword Kit

Your kit comes with your own tablet, and will provide you and your PT with real-time feedback.



Stay Connected

Chat 1:1 with your PT anytime. They'll check in, monitor your progress, and adjust your program as needed.



Feel the Relief

Complete your exercise sessions whenever is most convenient for you. Then feel pain relief for yourself.

Pain doesn't wait. Why should you?
Enroll today to get started!

join.swordhealth.com/cebco/register



Sword is available at no cost to the employee, spouse, and dependents 18 and older on the Anthem Blue Cross and Blue Shield Medical Plan. LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross Blue Shield.

1 Correia, F. D., Nogueira, A., Magalhães, I., et al. (2018). Home-based rehabilitation with a novel digital biofeedback system versus conventional in-person rehabilitation after total knee replacement: A feasibility study. Scientific Reports, 8(1). <https://doi.org/10.1038/s41598-018-29668-0>

ConditionCare

The support you need to feel your best

Take control of your health today

A little help can make a big difference when you or a family member has:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Coronary artery disease (CAD)
- Type 1 or 2 diabetes (pediatric or adult)
- Heart failure

That's where ConditionCare comes in.
This no-cost health and wellness program provides:

- Access to nurses who can answer health questions.
- Support from care managers, nurses, dietitians, and other healthcare professionals to help you reach your health goals.
- Educational guides, and tools to help you learn more about your condition(s).

I liked getting calls from the ConditionCare nurses. They checked on me to find out if I was on the right track. I appreciated talking with everyone, and they were very professional.

– ConditionCare participant



We're here for you

Sign up for ConditionCare in just a few minutes. Call us at 888-249-3820 to learn how this no-cost program can help you take care of your health.

To find out more about the ConditionCare program, call us at **888-249-3820**.



With you every step of the way

Emotional Well-being Resources offer help when you need it

Your emotional health is an important part of your overall health. With Emotional Well-being Resources, administered by Learn to Live, you can receive support to help you and your household live your happiest, healthiest lives.

Built on the proven principles of Cognitive Behavioral Therapy (CBT), our digital tools are available anywhere, anytime. They can help you identify thoughts and behavior patterns that affect your emotional well-being – and work through them. You'll learn effective ways to manage stress, depression, anxiety, substance use, and sleep issues.

Change your mind. Change your life.™

Take a quick assessment to find the program that's right for you. To access our Emotional Well-being Resources:

Log in to **anthem.com**, go to **My Health Dashboard**, choose **Programs**, and select **Emotional Well-being Resources**.

Effective: 1/1/22

A wealth of resources at your fingertips



Personalized, one-on-one coaching

Team up with an experienced coach who can provide support and encouragement by email, text, or phone.



Build a support team

Add friends or family members as "Teammates." They can help you stay motivated and accountable while you work through programs.



Practice mindfulness on the go

Receive weekly text messages filled with positivity, quick tips, and exercises to improve your mood.



Live and on-demand webinars

Learn how to improve mental well-being with useful tips and advice from experts.



Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support. Learn to Live is an education program and should not be considered medical treatment.

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A program focused on helping you improve your health

Introducing digital diabetes prevention coaching

Roughly 88 million Americans are living with prediabetes but 84% aren't even aware they have it.¹ Prediabetes often doesn't cause symptoms, but it does increase the risk of developing type 2 diabetes, heart disease, and stroke. That's why Anthem has partnered with Lark to offer a diabetes prevention program that can help you determine if you're at risk for prediabetes and if needed, take steps to address it.

This program can help you:



Lose
weight



Eat
healthier



Increase
activity



Sleep
better



Manage
stress

Better health is within your reach

You can participate in this program at no extra cost as part of your health plan. Track your progress, check in with your coach, and learn more about prediabetes right in Lark's free mobile app. This program is flexible, convenient, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help you make small changes that can improve your health and decrease your risk over time.



Weight loss with Lark

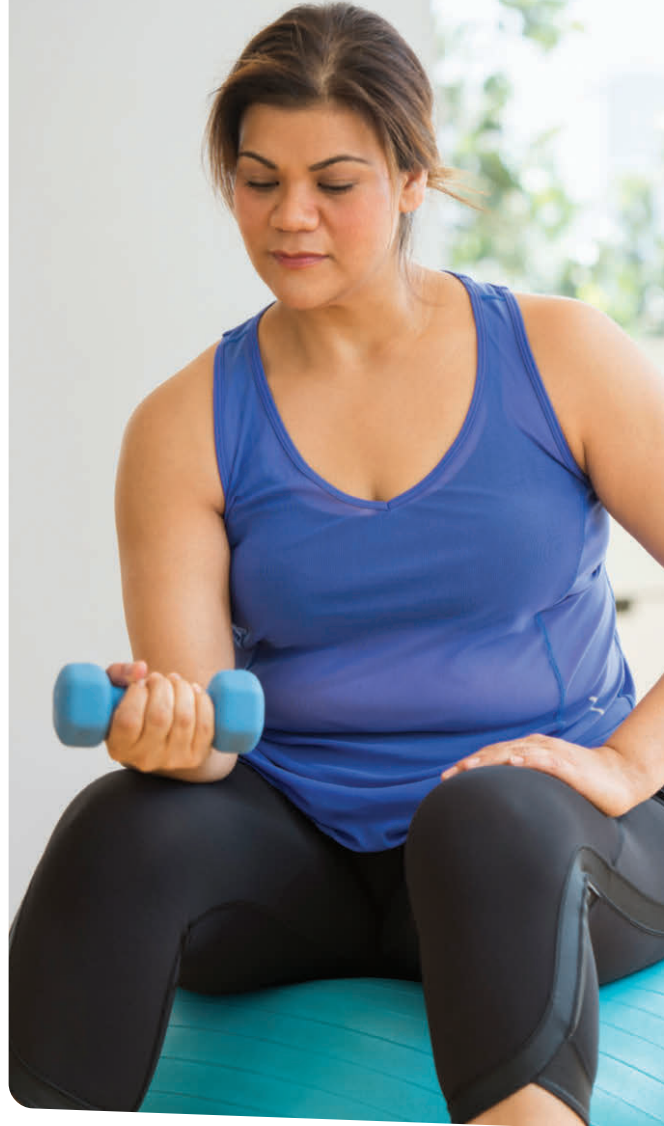
Losing weight can make a big difference in lowering your risk for type 2 diabetes. Lark members lose an average of 4.2% of their body weight in 12 months on the diabetes prevention program.² As part of the program, you receive a wireless scale at no extra cost to help you track your weight loss progress. Your scale also syncs with the Lark app so you can share updates with your coach.

24/7 coaching support

Losing weight and making lifestyle changes can feel intimidating even if you know it can lead to better health. Your coach can help you stay motivated. Send your coach a message anytime from anywhere and receive an immediate response and extra support when you need it most. During the course of the program, your coach will:

- Be available 24/7 through the Lark mobile app to provide personalized coaching.
- Customize your program based on your food preferences and lifestyle.
- Provide educational information on prediabetes and preventing type 2 diabetes.
- Help you learn about how stress affects your health and how to cope with it.

You are in control of your health. Prevent diabetes and start improving your overall health and well-being today.



Learn if you are at risk for prediabetes

Go to lark.com/anthem and take a quick one-minute survey to see if you could benefit from Lark's diabetes prevention program.



¹ Centers for Disease Control and Prevention website: *Prediabetes – Your Chance to Prevent Type 2 Diabetes* (accessed October 2020): cdc.gov.

² Lark internal data

Diabetes Prevention Program is provided by Lark, an independent company.

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We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

Spanish

Usted tiene derecho a recibir ayuda en su idioma en forma gratuita. Simplemente llame al número de Servicios para Miembros que figura en su tarjeta de identificación.

Chinese

您有權免費獲得透過您使用的語言提供的幫助。請撥打您的ID卡片上的會員服務電話號碼。若您視障人士，還可索取本文件的其他格式版本。

Vietnamese

Quý vị có quyền nhận miễn phí trợ giúp bằng ngôn ngữ của mình. Chỉ cần gọi số Dịch vụ dành cho thành viên trên thẻ ID của quý vị. Bị khiếm thị? Quý vị cũng có thể hỏi xin định dạng khác của tài liệu này."

Korean

귀하는 자국어로 무료 지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

Tagalog

May karapatan ka na makakuha ng tulong sa iyong wika nang libre. Tawagan lamang ang numero ng Member Services sa iyong ID card. May kapansanan ka ba sa paningin? Maaari ka ring humiling ng iba pang format ng dokumentong ito.

Russian

Вы имеете право на получение бесплатной помощи на вашем языке. Просто позвоните по номеру обслуживания клиентов, указанному на вашей идентификационной карте. Пациенты с нарушением зрения могут заказать документ в другом формате.

Armenian

Դուք իրավունք ունեք ստանալ անվճար օգնություն ձեր լեզվով: Պարզապես զանգահարեք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշված է ձեր ID քարտի վրա:

Farsi

"شما این حق را دارید تا به صورت رایگان به زبان مادری تان کمک دریافت کنید. کافی است با شماره خدمات اعضا (Member Services) درج شده روی کارت شناسایی خود تماس بگیرید." دچار اختلال بینایی هستید؟ می توانید این سند را به فرمت های دیگری نیز درخواست دهید.

French

Vous pouvez obtenir gratuitement de l'aide dans votre langue. Il vous suffit d'appeler le numéro réservé aux membres qui figure sur votre carte d'identification. Si vous êtes malvoyant, vous pouvez également demander à obtenir ce document sous d'autres formats.

Arabic

لك الحق في الحصول على مساعدة بلغتك مجاناً. ما عليك سوى الاتصال برقم خدمة الأعضاء الموجود على بطاقة الهوية. هل أنت ضعيف البصر؟ يمكنك طلب أشكال أخرى من هذا المستند.

Japanese

お客様の言語で無償サポートを受けることができます。IDカードに記載されているメンバーサービス番号までご連絡ください。

Haitian

Se dwa ou pou w jwenn èd nan lang ou gratis. Annik rele nimewo Sèvis Manm ki sou kat ID ou a. Èske ou gen pwoblèm pou wè? Ou ka mande dokiman sa a nan lòt fòm tou.

Italian

Ricevere assistenza nella tua lingua è un tuo diritto. Chiama il numero dei Servizi per i membri riportato sul tuo tesserino. Sei ipovedente? È possibile richiedere questo documento anche in formati diversi

Polish

Masz prawo do uzyskania darmowej pomocy udzielonej w Twoim języku. Wystarczy zadzwonić na numer działu pomocy znajdujący się na Twojej karcie identyfikacyjnej.

Punjabi

ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਆਪਣਾ ਅਧਿਕਾਰ ਹੈ। ਬਸ ਆਪਣਾ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਿਰਵਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੂਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

TTY/TTD:711

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. By calling Member Services, our members can get free in-language support, and free aids and services if you have a disability. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed in any of these areas, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>



Protecting your privacy

How we keep your information safe and secure

As a member, you have the right to expect us to protect your personal health information. We take this responsibility very seriously, following all state and federal laws, as well as our own policies.

You also have certain rights and responsibilities when receiving your healthcare. To understand how we protect your privacy, your rights and responsibilities when receiving healthcare, and your rights under the Women's Health and Cancer Rights Act, go to [anthem.com/privacy](https://www.anthem.com/privacy). For a printed copy, please contact your Benefits Administrator or Human Resources representative.

How we help manage your care

To see if your health benefits will cover a treatment, procedure, hospital stay, or medicine, we use a process called utilization management (UM). Our UM team is made up of doctors and pharmacists who want to be sure you receive the best treatments for certain health conditions. They review the information your doctor sends us before, during, or after your treatment. We also use case managers. They're licensed healthcare professionals who work with you and your doctor to help you manage your health conditions. They also help you better understand your health benefits..

For additional information about how we help manage your care, go to [anthem.com/memberrights](https://www.anthem.com/memberrights). To request a printed copy, please contact your Benefits Administrator or Human Resources representative.

Special enrollment rights

Open enrollment usually happens once a year. That's the time you can choose a plan, enroll in it, or make changes to it. If you choose not to enroll, there are special cases when you're allowed to enroll during other times of the year.

- **If you had another health plan that was canceled.** If you, your dependents, or your spouse are no longer eligible for benefits with another health plan (or if the employer stops contributing to that health plan), you may be able to enroll with us. You must enroll within 31 days after the other health plan ends (or after the employer stops paying for the plan). For example: You and your family are enrolled through your spouse's health plan at work. Your spouse's employer stops paying for health coverage. In this case, you and your spouse, as well as other dependents, may be able to enroll in one of our plans.

- **If you have a new dependent.** You gain new dependents from a life event, such as marriage, birth, adoption, or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you marry, your new spouse and any new children may be able to enroll in a plan.
- **If your eligibility for Medicaid or SCHIP changes.** You have a special period of 60 days to enroll after:
 - You (or your eligible dependents) lose Medicaid or the State Children's Health Insurance Program (SCHIP) benefits because you're no longer eligible..
 - You (or eligible dependents) become eligible to receive help from Medicaid or SCHIP for paying part of the cost of a health plan with us.

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. By calling Member Services, our members can get free in-language support, and free aids and services if you have a disability. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services?

Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed in any of these areas, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

For full details, read your plan document, which has all the details about your plan. You can find it on [anthem.com](https://www.anthem.com).



Have any questions about your plan?

Your benefits administrator or human resources representative will contact you soon with specific enrollment instructions for your organization.

Your plan is here for you to use

If you would like extra help

Anthem Health Guides are here to help you make the most out of your medical plan. These highly trained Anthem associates will help you with all your health care needs.

Reach an Anthem Health Guide by calling **855-603-7982**. You also can go to **[anthem.com](https://www.anthem.com)** to send a secure email or chat with them online.



Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

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