

2027 open enrollment

Your guide to your health plan and benefits

Ashland County
CEBCO

January 1, 2027

Anthem

County Employee Benefit Consortium of Ohio
CEBCO Health & Wellness

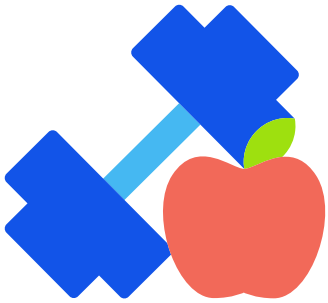
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This guide is for informational purposes only. You must enroll in a plan for your benefits to start.

Welcome to Anthem

We're here to help you use your health plan with confidence

Why Anthem



At Anthem, we're dedicated to improving your health plan and providing quality coverage to the 46 million people who have an Anthem health plan.[1] To make sure you're receiving safe, quality care and service, we review the benefits and programs you use to know what's working — and learn where we can take action — to help you be your healthiest self. With an Anthem plan, you'll have access to a variety of benefits, including:

The nation's largest network

Anthem gives you access to more than 2 million doctors and hospitals — the nation's largest network of care providers, which touches every ZIP code in the U.S.[2]

No- or low-cost preventive care

Your plan covers preventive care at little or no added cost when you see a doctor in your plan's network. Preventive care, such as your annual physical, vaccinations, and screenings, can help you stay healthy and catch issues early when they're easier to treat.

Convenient virtual care

Virtual care allows you to connect directly to care from anywhere with a smartphone, tablet, or computer with a camera. You'll be able to meet with a doctor through video or chat with little to no wait time.[3]

Health and wellness programs

Your Anthem benefits offer access to a variety of programs, digital tools, and health guides at no added cost to help you with your individual health needs and goals.

1 Elevance Health: *2025 Notice of Annual Meeting of Shareholders and Proxy Statement* (accessed Mach 2026): https://s202.q4cdn.com/665319960/files/doc_financials/2025/ar/Elevance-Health-2025-Proxy-2025_3_27.pdf.
2 Blue Cross Blue Shield Association: *The Blue Cross Blue Shield System* (March 2026): bcbs.com.
3 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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Medical plans

Review the available plan to see how it can fit your healthcare needs

You deserve peace of mind when it comes to your healthcare. An Anthem health plan gives you that and more, supporting you every step of the way with coverage that fits your needs and your budget.

Review the health plan before making your selection. You will want to check to see if your doctors are in the plan's network, which will help you make the most of your benefits and save money.

PPO

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

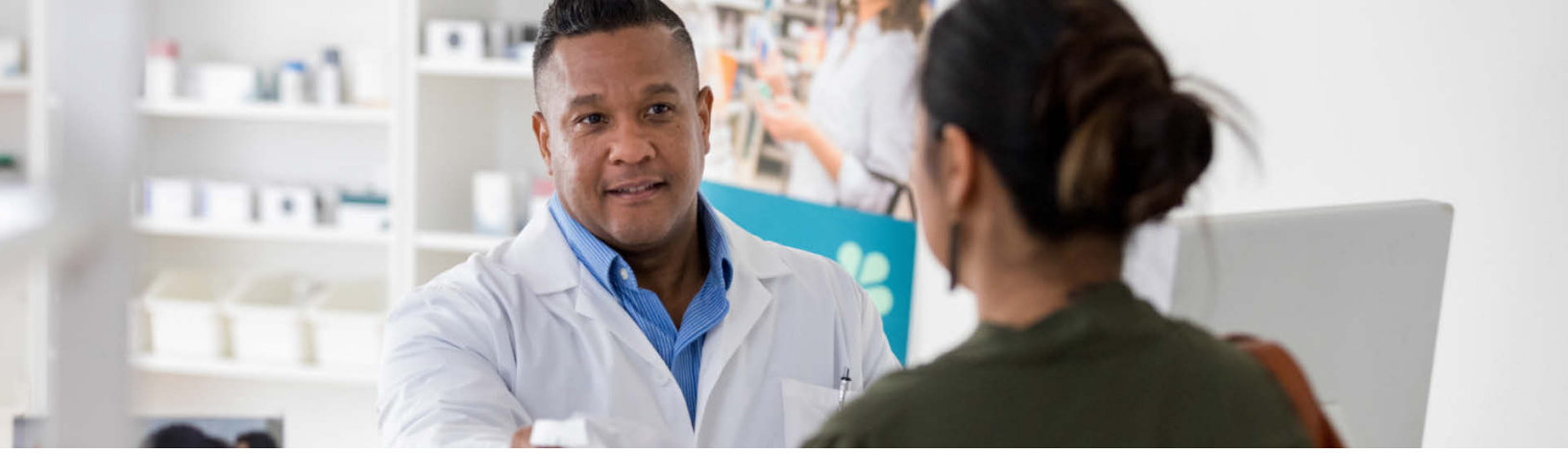
- Choose a primary care doctor in the plan's network for preventive care, such as checkups and screenings.
- No referral is needed from your primary care doctor to see a specialist, such as an orthopedic doctor or a cardiologist — saving you time and money.
- You'll pay less if you choose doctors and facilities in your plan's network.

Find care



Use our **Find Care** tool to see if your doctors are in the plan's network by visiting **anthem.com/find-care**

3 For a full list of qualified expenses, go to anthem.com/qme.



Pharmacy benefits

Reliable prescription drug coverage

Having the right medicine at the right time can make a big difference in your health and well-being. We're here to help you access the medications you need, when you need them, while also helping you save money.

Your plan covers:

- Generic and brand-name prescription drugs on your medication list.
- Certain preventive drugs at lower or no additional cost to you.
- Most specialty drugs required to treat complex or chronic conditions.

Coverage requirements

Certain medications require you to take other steps before your plan covers them.

- **Prior authorization, also called preapprovals:** To make sure the medicine you're prescribed is safe and appropriate, we coordinate these prior authorizations with your doctor, so you don't have to do anything.
- **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.

Review your drug list

Your plan uses a drug list, also called a formulary. It includes hundreds of generic and brand-name prescription drugs to treat all types of health concerns. They're all covered by your plan. Choosing a medicine on your drug list may help lower your cost compared to paying out of pocket for medicines that aren't covered. If your medications are not covered, you'll see other options.

Visit:

- **https://fm.formularynavigator.com/FBO/143/National_3_Tier_ABCBS.pdf**

- **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 a 90-day supply at a local pharmacy or through CarelonRx Pharmacy home delivery.

To understand pharmacy benefits:

- Check your medication list to see if your prescriptions are covered.
- Use the Price a Medication tool on **Sydney® Health** to find discounts and compare prices in your plan's network.
- Find a pharmacy in your plan's network to save money and avoid out-of-pocket costs..
- Learn about home delivery options, including CarelonRx Pharmacy, which connects your prescriptions and health benefits in one place. Our home delivery service makes it easier to manage the medications you take most often - while helping you save time, stay on track, and lower costs.
- Get more information on our specialty pharmacy. Most specialty drugs are covered if you need them.

Your pharmacy options

You have choices for filling your prescriptions, including local retail pharmacies in your plan's network and convenient home delivery with CarelonRx Pharmacy. If you use a specialty medicine, it will need to be filled through a specialty pharmacy.

The **Base Network** is our most broad retail pharmacy network, including nearly 60,000 pharmacy locations nationwide. To find a pharmacy, visit **anthem.com/pharmacyinformation/rxnetworks.html** and choose the Base Pharmacy Network list.

Understand specialty pharmacies for complex or chronic conditions

Specialty medicines are handled through either your pharmacy benefits or medical benefits, depending on how you take the medicine.

Specialty medicines covered through your pharmacy benefits are usually shipped to your home, your doctor's office, or another location your care provider selects.

Medically-administered specialty medicines are covered under your medical benefits. This includes medicines given through infusion, which are typically provided at an infution center or outpatient facility, but can also be provided at home. Your care provider will help determine where you receive this type of medicine.

Check your plan details to understand which type of specialty coverage applies to your medicine.

Save with a 90-day supply

Rx Maintenance 90: After 2 30-day refills of medicine you take regularly, you'll be required to switch to a 90-day supply. Maintenance medicines can vary in amounts. Fill your 90-day supply with CarelonRx Pharmacy — our home delivery service — or a Rx Maintenance 90 retail pharmacy.

Plan extras

Extra benefits that support your whole health

Once you enroll in your Anthem health plan, you'll have access to a variety of programs and resources — at no added cost. These programs will help you to improve your overall health, save on the cost of care, and better manage a health condition if you have one.

Condition support

Managing a health condition can be hard, which is why we have programs to help you coordinate care and manage your care more easily. Whether you're managing diabetes, heart disease, or asthma, help is just a call, tap, or click away.

24/7 NurseLine

A registered nurse is available to answer your health questions anytime, day or night. They can help you decide where to go for care and find doctors and other healthcare professionals in your area.

Case Management

A care management team will reach out to help you as you transition home from surgery or if you have a serious health condition. They'll answer your questions about your follow-up care, medicines, or treatment options, coordinate benefits for home therapy or medical supplies, and find community resources for you.

ConditionCare CORE

A dedicated care management team, including dietitians, health educators, and pharmacists, is available to help you learn about and manage chronic health conditions, such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, heart disease, or heart failure.

* Carelon Health, Inc. is a separate company providing care management services on behalf of Anthem.

Maternity

Our maternity programs are designed to support you at every stage of parenthood.



Whether you're planning for a baby, expecting, or caring for a young child, you'll have access to tools, resources, and personalized support to help you and your family thrive.

Building Healthy Families

Building Healthy Families focuses on meeting families' needs — no matter who makes up that family. If you're having a baby or planning to grow your family, the program makes it easier for you to find personalized, on-demand health guidance. It offers support for all stages, from pre-conception to early childhood, including:

- Personalized solutions from health educators and nurse case managers.
- Help for expecting parents, adoptive parents, single parents, and parents of children ages 5 and under.
- 24/7 access to a convenient online site with tools and information through the Sydney® Health app.

* Carelon Health, Inc. is a separate company providing care management services on behalf of Anthem.

Behavioral health

When life gets tough, it can be hard to remember you're not alone. Your Anthem health benefits include a variety of support for your mental health and emotional wellbeing, which can help you take better care of all the other things that matter in your life.

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.

Emotional Well-being Resources, Administered by Learn to Live*

Emotional Well-being Resources is here to help you identify the thoughts and behavior patterns that affect your emotional well being — and work through them with online programs and personalized coaching. Learn effective ways to manage stress, depression, anxiety, and sleep issues.

*Learn to live 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.

Whole health connections

Staying on top of your health is important but can sometimes be hard to do on your own. We connect you to the right resources that can help you more easily meet your goals.

Smart Rewards

Earn rewards for living healthier every day, such as when you have a wellness exam, read educational articles, or take a class on healthy eating. Check with your benefits administrator for all the details, including a list of healthy activities.

SpecialOffers and Discounts

SpecialOffers and Discounts features discounts on a variety of programs that help promote better health and well-being. Discounts are available on products and services for vision, hearing, weight loss, fitness, family planning, health supplements, and other wellness products.

Plan tools and resources

Make the most of your benefits

Your health plan comes with tools and resources that make it easier to access your benefits and find care.

Find Care

Our **Find Care** tool is a great way to find care providers in your health plan's network. Even if you haven't yet enrolled, using this tool to see if your current care providers are in the plan's network can help you make the right choice during open enrollment and save you money on care. Search by the doctor's name or specialty, type of procedure, or facility.

If you don't yet have an Anthem health plan, you can still access the Find Care tool on **anthem.com/find-care** and search as a guest. Follow these steps:

- Select **Basic search**.
- Select the type of plan or network — **Medical Plan or Network** — then select the state in which your employer's plan is contracted. Most often it's where the company's headquarters are located.
- Select how you get health insurance, which is Medical (Employer Sponsored).
- Choose a plan or network by entering the National PPO (BlueCard PPO). Then select the **Continue** button.
- Enter your *city*, *county*, or *ZIP code*. You also can search by doctor or procedure, as well as using other care-related terms.
- View results.

Anthem Health Guides

Highly trained Anthem associates are your personal health guides who can help you with all your healthcare needs. They can help you find doctors in your plan's network, connect with the right resources, and stay on top of preventive screenings and tests. Once you have an Anthem health plan, reach an Anthem Health Guide by visiting **anthem.com**.

Sydney® Health app

Once you have an Anthem health plan, you'll be able to access your benefits and digital member ID card, wellness resources, and the **Find Care** tool with the **Sydney® Health** app.

The app brings your benefits and health information together in one convenient place and works with you to guide you to better overall health.

Your summary of benefits

CEBCO

Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Access CEBCO Ashland County PPO Plan 2D – Wellness Plan

Your Network: Blue Access

Effective Date 1/1/2027

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge medical deductible does not apply
Mental Health & Substance Use Disorder Services	No charge medical deductible does not apply
Specialist care	$40 copay per visit medical deductible does not apply

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-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
EMBEDDED: 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. All medical deductibles, copayments and coinsurance apply to the out-of-pocket limit (excluding Out-of-Network Human Organ and Tissue Transplant (HOTT), Cellular and Gene Therapy services). In-Network and Out-of-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.		
Doctor Visits (virtual and office) *You are encouraged to select a Primary Care Physician (PCP).*		
Primary Care (PCP) *virtual and office*	$20 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Mental Health and Substance Use Disorder Services *virtual and office*	$20 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Specialist Provider *virtual and office*	$40 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Other Practitioner Visits		
Maternity Doctor services (prenatal/postpartum care and delivery)	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 an Out-of-Network Provider
Retail Health Clinic *for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.*	$20 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Other Services in an Office		
Allergy Testing	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Allergy Injections	$5 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Prescription Drugs *Dispensed in the office*	25% 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
Diagnostic Services Lab		
Office	No charge	50% coinsurance after medical deductible is met
Outpatient Hospital	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Diagnostic Services X-Ray		
Office	No charge	50% coinsurance after medical deductible is met
Outpatient Hospital	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Diagnostic Services Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans*		
Office	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Outpatient Hospital	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 an Out-of-Network Provider
Emergency and Urgent Care		
Urgent Care *includes doctor services. Additional charges may apply depending on the care provided.*	$50 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Emergency Room Facility Services *Your copay will be waived if admitted.*	$250 copay per visit and 0% coinsurance medical deductible does not apply	Covered as In-Network
Emergency Room Doctor and Other Services	0% coinsurance medical deductible does not apply	Covered as In-Network
Ambulance	25% coinsurance after medical deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility		
Facility Fees	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Doctor Services	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Outpatient Surgery		
Facility Fees		
Hospital	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Physician and other services *including surgeon fees*		
Hospital	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)		
Facility Fees	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Human Organ and Tissue Transplants *Cornea transplants are treated as medical procedures, with benefits and cost sharing determined by the setting in which the services are received. You must get certain covered transplant procedures from an Approved In-Network Provider to receive the In-Network level of benefits.*	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 an Out-of-Network Provider
Physician and other services *including surgeon fees*	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Home Health Care *Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.*	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Therapy Services **Rehabilitation and Habilitation services** *Coverage for **Physical and Occupational Therapies** is limited to 30 visits each per benefit period.*		
Office	$20 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
*Coverage for **Speech Therapy** is limited to 20 visits per benefit period.*		
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
Manipulation Therapy *Coverage is limited to 12 visits per benefit period.*		
Office	$20 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
Pulmonary rehabilitation *Coverage is limited to 20 visits per benefit period.*		
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
Cardiac rehabilitation *Coverage is limited to 36 visits per benefit period.*		

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
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
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) *Coverage for Skilled Nursing is limited to 90 days per benefit period. Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 60 days per benefit period.*	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Inpatient Hospice	25% coinsurance after medical deductible is met	25% coinsurance after medical deductible is met
Additional Services, Equipment and Devices		
Durable Medical Equipment	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Prosthetic Devices	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Wigs *Coverage for wigs is limited to 1 item after cancer treatment per benefit period.*	25% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Hearing Aids (for members through age 21) *Coverage is limited to 1 hearing aid per hearing impaired ear every 48 months including wearable and bone anchored hearing aids with a dollar maximum of $2,500 per ear.*	No charge	50% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
Pharmacy Deductible	Not applicable	Not applicable
Pharmacy Out-of-Pocket Limit	$2,500 person / $5,000 family	$2,500 person / $5,000 family
Prescription Drug Coverage **Network:** ***Base Network*** **Drug List:** ***National*** ***For more information, refer to "National Drug List" at*** *https://www.anthem.com/pharmacy-information/.*		
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 RXM90 pharmacy or home delivery.)* **Home Delivery Pharmacy:** *90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. 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 may 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)	$15 copay per prescription (retail) and Not covered (home delivery)
Tier 2 - Typically Preferred Brand	$70 copay per prescription (retail) and $140 copay per prescription (home delivery)	$70 copay per prescription (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand & Specialty	$90 copay per prescription (retail) and $180 copay per prescription (home delivery)	$90 copay per prescription (retail) and Not covered (home delivery & Specialty)

Notes:

- Dependent Age Limit: to the end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using Out-of-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 an Out-of-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.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- ‡ You will pay your PCP or Specialist office visit copay for certain services provided in their 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.
- The representations of benefits in this document are subject to Ohio Department of Insurance (ODI) approval and are subject to change.

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.

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Questions: (855) 603-7982 or visit us at www.anthem.com

Your summary of benefits

CEBCO

Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Access CEBCO Ashland County PPO Plan 5D – Standard Plan

Your Network: Blue Access

Effective Date 1/1/2027

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge medical deductible does not apply
Mental Health & Substance Use Disorder Services	No charge medical deductible does not apply
Specialist care	$50 copay per visit medical deductible does not apply

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-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
EMBEDDED: 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. All medical deductibles, copayments and coinsurance apply to the out-of-pocket limit (excluding Out-of-Network Human Organ and Tissue Transplant (HOTT), Cellular and Gene Therapy services). In-Network and Out-of-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.		
Doctor Visits (virtual and office) *You are encouraged to select a Primary Care Physician (PCP).*		
Primary Care (PCP) *virtual and office*	$25 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Mental Health and Substance Use Disorder Services *virtual and office*	$25 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Specialist Provider *virtual and office*	$50 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Other Practitioner Visits		
Maternity Doctor services (prenatal/postpartum care and delivery)	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 an Out-of-Network Provider
Retail Health Clinic *for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.*	$25 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Other Services in an Office		
Allergy Testing	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Allergy Injections	$5 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Prescription Drugs *Dispensed in the office*	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Surgery	$50 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
Diagnostic Services Lab		
Office	No charge	50% coinsurance after medical deductible is met
Outpatient Hospital	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Diagnostic Services X-Ray		
Office	No charge	50% coinsurance after medical deductible is met
Outpatient Hospital	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Diagnostic Services Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans*		
Office	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Outpatient Hospital	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 an Out-of-Network Provider
Emergency and Urgent Care		
Urgent Care *includes doctor services. Additional charges may apply depending on the care provided.*	$50 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Emergency Room Facility Services *Your copay will be waived if admitted.*	$250 copay per visit and 0% coinsurance medical deductible does not apply	Covered as In-Network
Emergency Room Doctor and Other Services	0% coinsurance medical deductible does not apply	Covered as In-Network
Ambulance	50% coinsurance after medical deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility		
Facility Fees	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Doctor Services	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Outpatient Surgery		
Facility Fees		
Hospital	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Physician and other services *including surgeon fees*		
Hospital	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)		
Facility Fees	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Human Organ and Tissue Transplants *Cornea transplants are treated as medical procedures, with benefits and cost sharing determined by the setting in which the services are received. You must get certain covered transplant procedures from an Approved In-Network Provider to receive the In-Network level of benefits.*	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 an Out-of-Network Provider
Physician and other services *including surgeon fees*	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Home Health Care *Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.*	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Therapy Services **Rehabilitation and Habilitation services** *Coverage for **Physical and Occupational Therapies** is limited to 30 visits each per benefit period.*		
Office	$25 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
*Coverage for **Speech Therapy** is limited to 20 visits per benefit period.*		
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
Manipulation Therapy *Coverage is limited to 12 visits per benefit period.*		
Office	$25 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
Pulmonary rehabilitation *Coverage is limited to 20 visits per benefit period.*		
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
Cardiac rehabilitation *Coverage is limited to 36 visits per benefit period.*		

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
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
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) *Coverage for Skilled Nursing is limited to 90 days per benefit period. Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 60 days per benefit period.*	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
Additional Services, Equipment and Devices		
Durable Medical Equipment	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Prosthetic Devices	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Wigs *Coverage for wigs is limited to 1 item after cancer treatment per benefit period.*	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Hearing Aids (for members through age 21) *Coverage is limited to 1 hearing aid per hearing impaired ear every 48 months including wearable and bone anchored hearing aids with a dollar maximum of $2,500 per ear.*	No charge	50% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
Pharmacy Deductible	Not applicable	Not applicable
Pharmacy Out-of-Pocket Limit	$2,500 person / $5,000 family	$2,500 person / $5,000 family
Prescription Drug Coverage **Network:** ***Base Network*** **Drug List:** ***National*** ***For more information, refer to "National Drug List" at*** *https://www.anthem.com/pharmacy-information/.*		
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 RXM90 pharmacy or home delivery.)* **Home Delivery Pharmacy:** *90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. 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 may 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)	$15 copay per prescription (retail) and Not covered (home delivery)
Tier 2 - Typically Preferred Brand	$70 copay per prescription (retail) and $140 copay per prescription (home delivery)	$70 copay per prescription (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand & Specialty	$90 copay per prescription (retail) and $180 copay per prescription (home delivery)	$90 copay per prescription (retail) and Not covered (home delivery & Specialty)

Notes:

- Dependent Age Limit: to the end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using Out-of-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 an Out-of-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.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- ‡ You will pay your PCP or Specialist office visit copay for certain services provided in their 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.
- The representations of benefits in this document are subject to Ohio Department of Insurance (ODI) approval and are subject to change.

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.

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Questions: (855) 603-7982 or visit us at www.anthem.com



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County Employee Benefit Consortium of Ohio CEBCO Health & Wellness

The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use Sydney℠ 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.

¿Prefieres obtener información en español?

Tienes opciones. Si tu teléfono móvil ya está configurado en español, la aplicación Sydney Health también estará en español. Si no es así, selecciona el **menú** dentro de la aplicación Sydney Health y elige **el idioma de la aplicación**. También puedes visitar **anthem.com/es**.

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 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.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2024 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

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CEBCO Rewards 200

Focus on wellness and earn rewards up to $200



Complete activities to earn rewards

The CEBCO Rewards 200 program connects you with digital health and wellness tools that can help you live healthier. Complete any of the activities listed below between July 1, 2026, and June 30, 2027, and you'll earn up to $200 in rewards to apply to electronic gift cards. This program, sponsored by your employer, is open to you and your covered spouse or partner.

Activity type	Activities	Amount
Preventive care Complete your annual screenings or wellness visits. Rewards are added to your account after your claim is processed (may take up to 60 days).	Have an annual preventive wellness exam or well-woman exam with your doctor.	**$50**
	Get an annual cholesterol test (men over 35 and women over 40).[1,2]	**$25**
	Have a colorectal cancer screening (ages 45 and older).	**$25**
	Have a routine mammogram (women ages 40 to 74).	**$25**
	Have an prostate cancer screening (men ages 55 to 69).	**$25**

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Activity type	Activities	Amount
Condition management Rewards are added to your account as you meet benchmarks or complete a program.	Work one-on-one with your ConditionCare health coach and earn rewards for participating in and completing the program.[3]	**$25**
	Receive two annual A1c tests (for members diagnosed with diabetes).[1]	**$25**

Activity type	Activities	Amount
Digital and wellness activities Rewards are added to your account as you complete activities on the Sydney® Health app or online at anthem.com.	Log in to the **Sydney Health** app.	**$25**
	Complete a health assessment and receive tailored health recommendations.	**$25**
	Track your steps.	**Up to $50 ($2 per 50,000 steps tracked)**
	Complete team challenges throughout the year (four challenges are offered).	**Up to $100 ($25 per challenge)**

Earn and redeem your rewards

1. To view your rewards, log in to **Sydney Health**, or go to **anthem.com**.
2. Next, go to **Access Care** and select **My Health Dashboard**.
3. You can select **My Rewards** to see a snapshot of your reward status, as well as ways to earn more rewards.
4. You also can select **Redeem Rewards** to see how much you have earned.[4]

Use your rewards toward electronic gift cards for popular retailers, such as Amazon, Apple®, all Gap brands, Target, The Home Depot®, T.J. Maxx®, Uber, and Uber Eats. Minimum gift card amounts are set by each individual retailer.

You must redeem your rewards by September 30, 2027.

Scan this QR code to view your rewards on the Sydney Health app.[4]

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1 All preventive care activities and diagnostic A1c lab tests should be processed through Anthem Blue Cross and Blue Shield claims in order to trigger the respective reward.

2 Annual cholesterol test eligibility: men 35 years and older and women 40 years and older with a full cholesterol (lipid) panel.

3 Adult members identified as moderate or high risk are eligible for ConditionCare and may receive a reward for completion of one of five ConditionCare programs: chronic obstructive pulmonary disease, coronary artery disease, asthma, diabetes, and congestive heart failure. Reward is $25 for program completion.

4 Rewards must be redeemed by September 30, 2027. Minimum gift card amounts are set by each individual retailer.

We encourage you to actively participate in your rewards program. Rewards earned should be redeemed before the end of the current plan year. Unused rewards are forfeited three months after the end of your plan year.

All preventive care activities are claims based, which means your completion is determined when a claim is processed. Medical waivers apply to claim-based activities.

Rewards eligibility applies only to subscribers and their enrolled spouse or domestic partner. Members must be active on the plan, and their activity must take place during the plan year. A subscriber and spouse or domestic partner may earn rewards when eligible activities are completed and, in some instances, are verified by an Anthem claim.

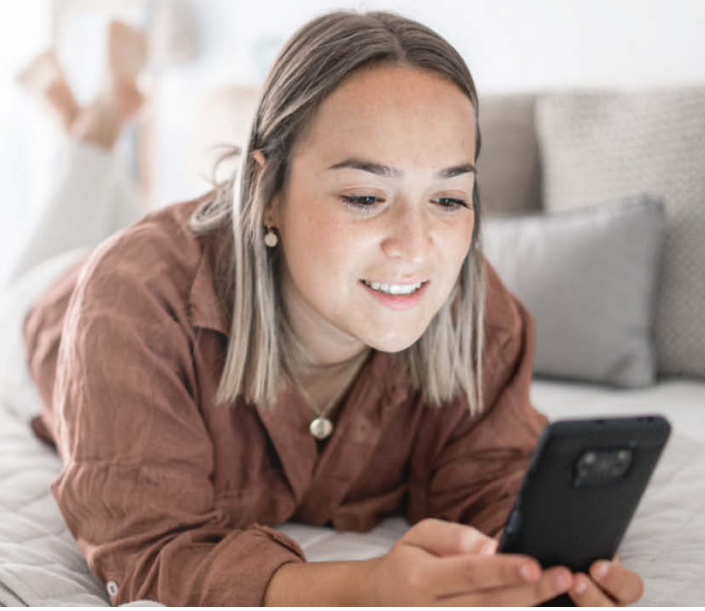
The reward amount you receive may be considered income and subject to state and federal taxes in the tax year it is paid. You should consult a tax expert with any questions regarding tax obligations.

Electronic gift card availability may vary. The list of retailers available for electronic gift card rewards redemption is subject to change. Log on to anthem.com or open the Sydney Health app to see the electronic gift card options available to you.

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

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Receive virtual care and support

through our Sydney Health mobile app

When you aren't feeling your best—physically, mentally, or emotionally—or you need guidance managing a health condition, help is available. You can connect to the care you need using our **Sydney℠ Health** mobile app. You can have a video visit with a doctor 24/7 for common health issues and annual wellness visits. Care for mental and emotional health is available by appointment.[1] Plus, the Sydney Health app is your avenue to specialized programs designed to help you improve your habits and your health.

Visit with a doctor for common medical concerns

Doctors are available anytime, with no long wait times and no appointments needed. They can help you with health issues, such as a cold or the flu, allergies, sore throat, migraines, or skin rashes. During your private and secure video visit, the doctor will assess your condition, provide a treatment plan, and send prescriptions to the pharmacy of your choice, if needed.[3]

Receive care for your behavioral health

If you're feeling anxious or depressed, or having trouble coping, you can set up a video visit with a therapist, psychologist, or psychiatrist.[4] Appointments can be scheduled within one to two weeks.[1] Psychiatrists help manage medications; they do not provide counseling or talk therapy.[5]

What people say about virtual care visits[2]

92% were able to book a virtual visit sooner than an in-person visit

89% said the doctor they saw was professional and helpful

92% thought the doctor understood their concerns

How to download our Sydney Health app:

Scan the QR code with your phone's camera.

Download on the App Store

GET IT ON Google Play

sydney℠

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LiveHealth® ONLINE



Get care from anywhere

Virtual visits on LiveHealth Online are an included benefit for Anthem members

Get the care you need, virtually.

Looking for a quick and easy way to get care? With LiveHealth Online, you can access telehealth visits from anywhere. All you need is a smartphone, tablet, or computer!

Care options available to you through LiveHealth Online:

Annual Wellness. Visit with a primary care provider who can help with preventative screenings, chronic health concerns, and referrals for lab work and specialists as clinically appropriate. Annual wellness visits are an important part of maintaining good health, managing chronic conditions, and preventing potential health issues.

Virtual Primary Care. Get regular health visits and checkups with virtual primary care. It's like an office visit with a primary care provider (PCP) — without the office. You can even choose to see a network PCP regularly, so you have the same provider taking care of you over time.

Urgent Care. Get care 24/7 for common health issues, including allergies, COVID-19 symptoms, the flu, sinus infections, and UTIs. Physicians assess your symptoms, provide a treatment plan, and send prescriptions to the pharmacy of your choice when needed.

Allergy. Doctors can provide a treatment plan and send prescriptions to the pharmacy of your choice anytime. No need to wait to feel better. Doctors can treat common allergy symptoms including itchy, puffy, and watery eyes, congestion, runny nose, itchy throat, and more.

Therapy and Psychiatry. See a therapist online from the comfort of your couch to get help for anxiety, depression, panic attacks, stress relief, and more. Psychiatrists are also available by appointment and can prescribe medication when talk therapy isn't enough.

SCAN ME

Get started today! LiveHealth Online is available through the Sydney℠ Health and LiveHealth Online apps, or Anthem.com and LiveHealthOnline.com

LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.



Meet your new favorite health plan benefit!

During open enrollment it's important to know all your options. As an Anthem member, you'll have SmartShopper. It's a simple to use tool that compares locations so you can save money and earn cash rewards on routine medical care.

Earn cash rewards up to $500 with SmartShopper

Since SmartShopper is part of your benefits, there are no extra steps or fees. It's quick & easy to compare costs and cash reward amounts before scheduling your procedure. And the best part? Your cash reward will be sent automatically.

It's Simple To Use

Compare locations at **SmartShopper.com** or call the Care Concierge Team at **866-285-7078**.

Schedule your appointment or let the Care Concierge Team do it for you.

Earn your cash reward by having your appointment within the year.



The Care Concierge Team is here to support you. Not only can they help you compare costs, but they can even take care of prior authorizations and scheduling your procedure for you. Call today!

Go green by going paperless! Scan the QR code or contact us to register your email today.

The Care Concierge Team is available Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m. ET.*

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SmartShopper®

*Summer hours: The Care Concierge Team closes at 3 p.m. ET on Fridays from Memorial Day to Labor Day.

The SmartShopper program is offered by MDX Medical, LLC, a Zelis company. Reward-eligible options and reward amounts are subject to change. Rewards are available for select procedures only. Rewards may be a taxable form of income. MDX Medical, LLC, a Zelis company, does not provide tax advice. Rewards may be delivered by check or an alternative form of payment. Members with primary coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program.

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Anthem | LiveHealth Online Healthy Back & Joints sword | County Employee Benefits Consortium of Ohio CEBCO Health & Wellness



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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]

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

Anthem | LiveHealth Online Bloom: Women's Pelvic Health sword | County Employee Benefit Consortium of Ohio CEBCO Health & Wellness



Bloom is your no-cost, **digital pelvic health** benefit.

1 in 3 women suffer from pelvic health disorders[1] including bladder issues, bowel dysfunction, and pelvic pain. Sword Health developed Bloom to give you relief with an easy-to-use, at-home pelvic therapy solution.

Here are some signs you may need pelvic therapy:



Leakage (bladder or bowel)



Pain or difficulty emptying bladder



You are, were, or are planning to be pregnant

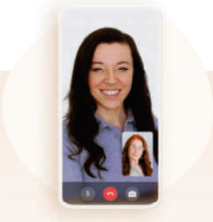


Pain or pressure in the lower abdomen



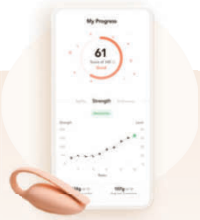
Pain during or after intimacy

What you get with Bloom



Expert Care

Bloom's Pelvic Health Specialists all have Doctor of Physical Therapy degrees and provide guidance throughout the program.



Innovative Tech

Women perform short pelvic-therapy sessions from home, using a safe, intravaginal pod that connects to a mobile app.



Real Results

Bloom sessions are fun and interactive. Members track progress and receive guidance through the app.

Activate your no-cost benefit today:

join.hibloom.com/cebco

Women's Pelvic Health is available at no cost to all US-based employees, spouses, and dependents 18 and older with vaginal anatomy, as a part of the Anthem medical benefits.

Scan to enroll

1 - Kenne, K.A., Wendt, L. & Brooks Jackson, J. Prevalence of pelvic floor disorders in adult women being seen in a primary care setting and associated risk factors. Sci Rep 12, 9878 (2022). https://doi.org/10.1038/s41598-022-13501-w

ComPsych | GuidanceResources®

County Employee Benefit Consortium of Ohio
CEBCO Health & Wellness

Life is challenging. We can *help*.



We're your GuidanceResources® program.

Talk to us for the tools you need to handle any of life's challenges, big or small.

Our Services:

Confidential Counseling

- Anxiety, depression, stress
- Grief, loss, life adjustments
- Relationship/marital conflicts

Work and Lifestyle Support

- Child, elder, and pet care
- Moving and relocation
- Shelters, government assistance

Legal Guidance

- Divorce, adoption, family law
- Wills, trusts, estate planning
- Free consultation and discounted local representation

Financial Resources

- Financial planning, retirement, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy

Digital Tools and Support

- Immediate connection to counseling, work-life support, and more
- Personalized guided behavioral health and well-being programs
- Interactive articles, videos, on-demand trainings, digital self-care tools
- Accessible resources for anxiety, stress, mindfulness, sleep, and more

Explore your program: Scan for video tour!

Confidential 24/7 support, when and where you need it.

Call 877.327.4452 to speak to a highly trained, caring professional.

Go to guidanceresources.com and enter your company ID: EAPCEB

Assistance is always confidential. View our privacy notice at **guidanceresources.com/privacy**

24/7 Live Assistance

Call: 877.327.4452
App: GuidanceNow℠
Online: guidanceresources.com
TRS: Dial 711
Web ID: EAPCEB

Scan for more resources

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Anthem

Find mental health care that fits your needs

Headway can help



Whether you're looking for a mental health care provider or aren't sure where to start, Headway can help you find the right fit. As part of your benefits, you have access to a wide range of Headway therapists in your health plan's network who can get you the support you need.

From talk therapy to medication management, Headway offers:

Personalized matching
Get connected with the right care provider based on your needs and personal preferences.

Immediate availability
Receive same-day matching with care providers and appointments within 48 hours.

In-person or virtual care
Book a virtual or in-person appointment with care providers.

A comprehensive network of quality care providers
Access the right care with your choice of over 48,000 clinicians nationally.

A user-friendly digital platform
Book and manage appointments and payments directly on one website.

Cost-effective, transparent pricing
All Headway care providers are in your plan's network, so you can see pricing before you book.

If you're experiencing emotional distress, the resources below provide no-cost, confidential support 24/7. If this is an emergency, call **911** immediately.

Suicide & Crisis Lifeline
Call or text **988**.

Crisis Text Line
Text **HOME** to **741741**.

How to access Headway

1. Scan the QR code with your phone's camera or go to book.headway.co/anthem-bcbs.
2. Filter for your preferences, such as gender and language, to find the right care provider.
3. Add your health plan details and select an appointment.

You can also go to anthem.com or use the Sydney℠ Health app and select **Find Care** to search for Headway care providers.

Learn more

Visit **book.headway.co/anthem-bcbs** or contact Headway's support team at **646-941-7645** for more information.

Headway

Online counseling is not appropriate for all kinds of issues. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 988 (Suicide and Crisis Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application 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 Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, 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. 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 17 southeastern counties of New York: Anthem Healthchoice Assurance, Inc., and Anthem Healthchoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their 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.

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Skip monthly trips to the pharmacy with our 90-day benefit

You can even save money!

Not one for going to the pharmacy every month and standing in line to refill your prescriptions? There's no need. With our 90-day benefit options, you'll have the convenience of getting the medicine you need with fewer trips to the drugstore. You can even have it delivered to your door!

Here's something else that's great: When you get a 90-day supply of your medication, you're more likely to stay on track with your therapy and avoid emergency room visits, hospital stays or tests that may be needed when you miss doses.*

Best of all? This benefit is offered at no extra cost to you.



90-day fill required after two courtesy fills (30 days)

Rx Maintenance 90: Save time, stress and money!

Refill your prescriptions for a 90-day supply of maintenance drugs through Rx Maintenance 90. Maintenance drugs treat long-term conditions like asthma, heartburn or diabetes. Depending on your plan, you may even save on the cost of your prescriptions compared to what it would cost for three 30-day supplies.

When you use your Rx Maintenance 90 benefit, you must fill prescriptions for maintenance drugs at a Rx Maintenance 90 pharmacy, or through home delivery. Whether you choose a Rx Maintenance 90 pharmacy or home delivery, you'll pay the same home delivery copay! It's easy and convenient.

There are more than 25,000 pharmacies to choose from. Here's how to find one near you:

- Log on to anthem.com and choose **Pharmacy**.
- On the *Pharmacy* page, choose **Find a Pharmacy**.
- Enter your ZIP code or city.

On the go? Use the Sydney app to find nearby pharmacies.

Just download the app and log in. Next, choose **Prescriptions** and then **Find a Pharmacy**.

Start using your 90-day prescription benefit today and spend less time at the pharmacy!

* Schwab P et al. A retrospective database study comparing diabetes-related medication adherence and health outcomes for mail-order versus community pharmacy. ***J Manag Care Spec Pharm***, 2019 Mar;25(3):332-340.

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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, rights, and responsibilities when receiving healthcare, and your rights under the Women's Health and Cancer Rights Act, go to **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**. 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 your eligible dependents) become eligible to receive help from Medicaid or SCHIP for paying part of the cost of a health plan with us.

For full details, read your plan document, which has all the details about your plan. You can find it on **anthem.com**.

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。若您是視障人士，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 무료지원을 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 مجانًا. 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 fòma 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 iਵੱਚ ਮੁਫ਼ਤ iਵੱਚ ਮਦਦ ਹਾiਸਲ ਕਰਨ ਦਾ ਅਿਧਕਾਰ ਹੈ। ਬਸ ਆਪਣy ਆਈਡੀ ਕਾਰਡ ਤੇ iਦੱਤੇ ਸਰਿਵਸ 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



Your benefits administrator or Human Resources representative will contact you with step-by-step instructions on how to enroll in your Anthem health plan.

Anthem

County Employee Benefit Consortium of Ohio
CEBCO
Health & Wellness

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application 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.

Virtual text and video visits powered by K Health. LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

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