



# Choosing and using your plan

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

**Blue Access Plans**

**Cleverbee Academy**

**Effective January 1, 2024**



# Time to choose 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 choose 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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# 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.

### 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.

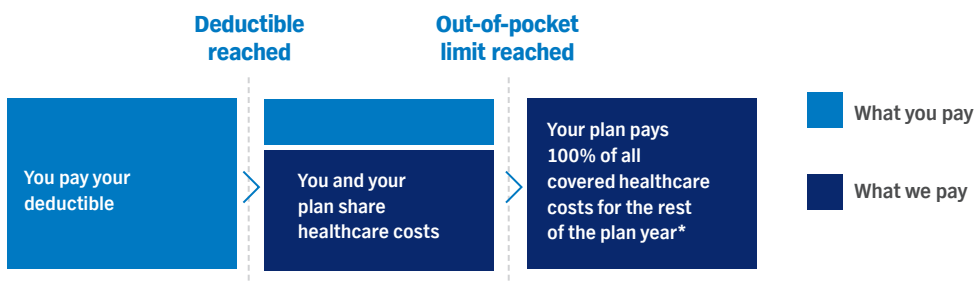
### Premium:

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://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.



# Using your plan



## How to use your plan

Once you become a member, explore how to make the most of your benefits . 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.
- 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:

- **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.

## 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.

# How to use your plan

## 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 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.

# 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**.

**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 **866-962-1071** to begin.

**Future Moms** — This program can help you take care of yourself and your baby before, during, and after pregnancy. You can talk to registered nurses 24/7 about your pregnancy and newborn care. You will also have access to dietitians and social workers, as needed.

**Shopper program for imaging services** — The cost of imaging services like X-rays, ultrasounds, MRIs, and CT scans can range from \$300 to \$3,000.\* A higher price doesn't always mean better care. If your doctor lets us know you need imaging, we will shop around to find the best value. You also can call us directly at **888-953-6703**. If we find an option that costs less, we will let you know. The choice of where you go is always up to you.

\* AIM Specialty Health®, internal claims cost analysis.

**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 **844-328-1582**, 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



## Pending Regulatory Approval

Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Access Options PPO (3-Tier) HSA Option E1

Your Network: Blue Access OH I

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge after deductible is met
Mental Health & Substance Use Disorder Services	No charge after deductible is met
Specialist care	20% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$3,200 person / \$6,400 family	\$3,200 person / \$6,400 family	\$9,600 person / \$19,200 family
Overall Out-of-Pocket Limit	\$6,900 person / \$13,800 family	\$6,900 person / \$13,800 family	\$20,700 person / \$41,400 family

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 and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit (excluding Non-Network Human Organ and Tissue Transplant (HOTT), Cellular and Gene Therapy services).

In-Network and Non-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.

The deductibles for Preferred Network and In-Network cross apply. Satisfying one helps satisfy the other. The out-of-pocket limits for Preferred Network and In-Network cross apply as well.

**Doctor Visits (virtual and office)** *You are encouraged to select a Primary Care Physician (PCP).*

<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Specialist Care</b> <i>virtual and office</i>	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met



Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b><u>Other Practitioner Visits</u></b>			
<b>Routine Maternity Care</b> (Prenatal and Postnatal)	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Retail Health Clinic</b> <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Manipulation Therapy</b> <i>Coverage is limited to 12 visits per benefit period.</i>	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b><u>Other Services in an Office</u></b>			
<b>Allergy Testing</b>	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Prescription Drugs</b> <i>Dispensed in the office</i>	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Surgery</b>	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Preventive care / screenings / immunizations</b>	No charge	No charge	50% coinsurance after deductible is met
<b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i>	No charge	No charge	50% coinsurance after deductible is met
<b><u>Diagnostic Services</u></b>			
<b>Lab</b>			
Office	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>X-Ray</b>			
Office	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Advanced Diagnostic Imaging</b> <i>for example: MRI, PET and CAT scans</i>			
Office	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b><u>Emergency and Urgent Care</u></b>			
<b>Urgent Care</b> <i>includes doctor services. Additional charges may apply depending on the care provided.</i>	20% coinsurance after deductible is met	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Emergency Room Facility Services</b>	30% coinsurance after deductible is met	30% coinsurance after deductible is met	Covered as In-Network
<b>Emergency Room Doctor and Other Services</b>	30% coinsurance after deductible is met	30% coinsurance after deductible is met	Covered as In-Network
<b>Ambulance</b> <i>Authorized Non-Network non-emergency ambulance services are limited to an Anthem maximum payment of \$50,000 per trip.</i>	20% coinsurance after deductible is met	20% coinsurance after deductible is met	Covered as In-Network
<b><u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u></b>			
Facility Fees	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
Doctor Services	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b><u>Outpatient Surgery</u></b>			
<b>Facility Fees</b>			
Hospital	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Physician and other services</b> <i>including surgeon fees</i>			
Hospital	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b>			
<b>Facility Fees</b>	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Human Organ and Tissue Transplants</b> <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i>	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Physician and other services</b> <i>including surgeon fees</i>	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Home Health Care</b> <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i>	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i> <i>Coverage for occupational therapy is limited to 20 visits per benefit period, physical therapy is limited to 20 visits per benefit period and speech therapy is limited to 20 visits per benefit period.</i> Office Outpatient Hospital	20% coinsurance after deductible is met  20% coinsurance after deductible is met	30% coinsurance after deductible is met  30% coinsurance after deductible is met	50% coinsurance after deductible is met  50% coinsurance after deductible is met
<b>Pulmonary rehabilitation</b> <i>office and outpatient hospital</i> <i>Coverage is limited to 20 visits per benefit period.</i>	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Cardiac rehabilitation</b> <i>office and outpatient hospital</i> <i>Coverage is limited to 36 visits per benefit period.</i>	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Dialysis/Hemodialysis</b> <i>office and outpatient hospital</i>	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Chemo/Radiation Therapy</b> <i>office and outpatient hospital</i>	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Skilled Nursing Care (facility)</b> <i>Coverage for Skilled Nursing and Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 150 days combined per benefit period.</i>	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Inpatient Hospice</b>	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
<b>Durable Medical Equipment</b>	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Prosthetic Devices</b> <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	20% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
<b>Pharmacy Deductible</b>	Combined with In-Network medical deductible	Combined with In-Network medical deductible	Combined with Non-Network medical deductible
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with In-Network medical out-of-pocket limit	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit
<b>Prescription Drug Coverage</b> <b>Network: Rx Choice Tiered Network</b> <b>Drug List: Essential</b> Drugs not included on the Essential drug list will not be covered.			
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> 30 day supply (cost shares noted below) <b>Retail 90 Pharmacy</b> 90 day supply (3 times the 30 day supply cost share(s) charged at Preferred Network and In-Network Retail Pharmacies noted below applies). <b>Home Delivery Pharmacy</b> 90 day supply (maximum cost shares noted below) Maintenance medications are available through CarelonRx Mail. You will need to call us on the number on your ID card to sign up when you first use the service. <b>Specialty Pharmacy</b> 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.			
<b>Tier 1 - Typically Generic</b>	20% coinsurance after deductible is met (retail and home delivery)	30% coinsurance after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
<b>Tier 2 – Typically Preferred Brand</b>	20% coinsurance after deductible is met (retail and home delivery)	30% coinsurance after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
<b>Tier 3 - Typically Non-Preferred Brand</b>	20% coinsurance after deductible is met (retail and home delivery)	30% coinsurance after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
<b>Tier 4 - Typically Specialty (brand and generic)</b>	20% coinsurance after deductible is met (retail and home delivery)	30% coinsurance after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<i>This is a brief outline of your vision coverage. To receive the In-Network benefit, you must use a Blue View Vision Provider. Only children's vision services count towards your out-of-pocket limit.</i>		
<b>Children's Vision exam (up to age 19)</b> <i>Limited to 1 exam per benefit period.</i>	No charge	\$0 copayment up to plan's Maximum Allowed Amount
<b>Adult Vision exam (age 19 and older)</b> <i>Limited to 1 exam per benefit period.</i>	No charge	Reimbursed Up to \$42

#### 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 non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- Network Deductibles Preferred and In-Network commingle towards each other.
- 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.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- 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.
- 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: (833) 639-1634 or visit us at [www.anthem.com](http://www.anthem.com)



# Your summary of benefits



## Pending Regulatory Approval

Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Access Options PPO (3-Tier) Option 7 with Rx Option T2

Your Network: Blue Access OH I

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 a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$1,000 person / \$2,000 family	\$2,000 person / \$4,000 family	\$9,000 person / \$18,000 family
Overall Out-of-Pocket Limit	\$6,000 person / \$12,000 family	\$6,000 person / \$12,000 family	\$18,000 person / \$36,000 family

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 and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit (excluding Non-Network Human Organ and Tissue Transplant (HOTT), Cellular and Gene Therapy services).

In-Network and Non-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.

The deductibles for Preferred Network and In-Network cross apply. Satisfying one helps satisfy the other. The out-of-pocket limits for Preferred Network and In-Network cross apply as well.

**Doctor Visits (virtual and office)** *You are encouraged to select a Primary Care Physician (PCP).*

<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	\$20 copay per visit medical deductible does not apply	\$35 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
<b>Specialist Care</b> <i>virtual and office</i>	\$40 copay per visit medical deductible does not apply	\$70 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b><u>Other Practitioner Visits</u></b>			
<b>Routine Maternity Care</b> (Prenatal and Postnatal)	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Retail Health Clinic</b> <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	\$35 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
<b>Manipulation Therapy</b> <i>Coverage is limited to 12 visits per benefit period.</i>	\$40 copay per visit medical deductible does not apply	\$70 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
<b><u>Other Services in an Office</u></b>			
<b>Allergy Testing</b> <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$10 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Prescription Drugs</b> <i>Dispensed in the office</i>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Surgery</b>	\$40 copay per visit medical deductible does not apply <sup>‡</sup>	\$70 copay per visit medical deductible does not apply <sup>‡</sup>	50% coinsurance after medical deductible is met
<b>Preventive care / screenings / immunizations</b>	No charge	No charge	50% coinsurance after medical deductible is met
<b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i>	No charge	No charge	50% coinsurance after medical deductible is met
<b><u>Diagnostic Services</u></b>			
<b>Lab</b>			
Office	No charge	No charge	50% coinsurance after medical deductible is met
Outpatient Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>X-Ray</b>			
Office	No charge	No charge	50% coinsurance after medical deductible is met
Outpatient Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Advanced Diagnostic Imaging</b> <i>for example: MRI, PET and CAT scans</i>			
Office	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Outpatient Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b><u>Emergency and Urgent Care</u></b>			
<b>Urgent Care</b> <i>includes doctor services. Additional charges may apply depending on the care provided.</i>	\$75 copay per visit medical deductible does not apply	\$75 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
<b>Emergency Room Facility Services</b> <i>Your copay will be waived if admitted.</i>	\$300 copay per visit and 30% coinsurance medical deductible does not apply	\$300 copay per visit and 30% coinsurance medical deductible does not apply	Covered as In-Network
<b>Emergency Room Doctor and Other Services</b>	30% coinsurance medical deductible does not apply	30% coinsurance medical deductible does not apply	Covered as In-Network
<b>Ambulance</b> <i>Authorized Non-Network non-emergency ambulance services are limited to an Anthem maximum payment of \$50,000 per trip.</i>	10% coinsurance after medical deductible is met	10% coinsurance after medical deductible is met	Covered as In-Network
<b>Outpatient Mental Health and Substance Use Disorder Services at a Facility</b>			
Facility Fees	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Doctor Services	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b><u>Outpatient Surgery</u></b>			
<b>Facility Fees</b>			
Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Physician and other services including surgeon fees</b>			
Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b>			
<b>Facility Fees</b>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Human Organ and Tissue Transplants</b> <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Physician and other services including surgeon fees</b>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Home Health Care</b> <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i> <i>Coverage for occupational therapy is limited to 20 visits per benefit period, physical therapy is limited to 20 visits per benefit period and speech therapy is limited to 20 visits per benefit period.</i>			
Office	\$40 copay per visit medical deductible does not apply	\$70 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Pulmonary rehabilitation</b>			

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<i>Coverage is limited to 20 visits per benefit period.</i>  Office  Outpatient Hospital	  \$40 copay per visit medical deductible does not apply  10% coinsurance after medical deductible is met	  \$70 copay per visit medical deductible does not apply  30% coinsurance after medical deductible is met	  50% coinsurance after medical deductible is met  50% coinsurance after medical deductible is met
<b>Cardiac rehabilitation</b> <i>Coverage is limited to 36 visits per benefit period.</i>  Office  Outpatient Hospital	  \$40 copay per visit medical deductible does not apply  10% coinsurance after medical deductible is met	  \$70 copay per visit medical deductible does not apply  30% coinsurance after medical deductible is met	  50% coinsurance after medical deductible is met  50% coinsurance after medical deductible is met
<b>Dialysis/Hemodialysis</b>  Office  Outpatient Hospital	  \$40 copay per visit medical deductible does not apply  10% coinsurance after medical deductible is met	  \$70 copay per visit medical deductible does not apply  30% coinsurance after medical deductible is met	  50% coinsurance after medical deductible is met  50% coinsurance after medical deductible is met
<b>Chemo/Radiation Therapy</b>  Office  Outpatient Hospital	  \$40 copay per visit medical deductible does not apply <sup>‡</sup>  10% coinsurance after medical deductible is met	  \$70 copay per visit medical deductible does not apply <sup>‡</sup>  30% coinsurance after medical deductible is met	  50% coinsurance after medical deductible is met  50% coinsurance after medical deductible is met
<b>Skilled Nursing Care (facility)</b> <i>Coverage for Skilled Nursing and Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 150 days combined per benefit period.</i>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met



Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Inpatient Hospice</b>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Durable Medical Equipment</b>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Prosthetic Devices</b> <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
<b>Pharmacy Deductible</b>	Not applicable	Not applicable	Not applicable
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with In-Network medical out-of-pocket limit	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit

#### Prescription Drug Coverage

**Network: Rx Choice Tiered Network**

**Drug List: Essential** *Drugs not included on the Essential drug list will not be covered.*

#### Day Supply Limits:

**Retail Pharmacy** 30 day supply (cost shares noted below)

**Retail 90 Pharmacy** 90 day supply (3 times the 30 day supply cost share(s) charged at Preferred Network and In-Network Retail Pharmacies noted below applies).

**Home Delivery Pharmacy** 90 day supply (maximum cost shares noted below) Maintenance medications are available through CarelonRx Mail. 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.

<b>Tier 1 - Typically Generic</b>	\$10 copay per prescription (retail) and \$20 copay per prescription (home delivery)	\$20 copay per prescription (retail) and Not covered (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
<b>Tier 2 – Typically Preferred Brand</b>	\$40 copay per prescription (retail) and \$100 copay per prescription (home delivery)	\$50 copay per prescription (retail) and Not covered (home delivery)	50% coinsurance (retail) and Not covered (home delivery)

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
<b>Tier 3 - Typically Non-Preferred Brand</b>	\$70 copay per prescription (retail) and \$175 copay per prescription (home delivery)	\$80 copay per prescription (retail) and Not covered (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
<b>Tier 4 - Typically Specialty (brand and generic)</b>	25% coinsurance up to \$350 per prescription (retail and home delivery)	25% coinsurance up to \$450 per prescription (retail) and Not covered (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Covered Vision Benefits		Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<i>This is a brief outline of your vision coverage. To receive the In-Network benefit, you must use a Blue View Vision Provider. Only children's vision services count towards your out-of-pocket limit.</i>			
<b>Children's Vision exam (up to age 19)</b> <i>Limited to 1 exam per benefit period.</i>		No charge	\$0 copayment up to plan's Maximum Allowed Amount
<b>Adult Vision exam (age 19 and older)</b> <i>Limited to 1 exam per benefit period.</i>		No charge	Reimbursed Up to \$42

#### 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 non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- Network Deductibles Preferred and In-Network commingle towards each other.
- 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.
- 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 the PCP's office visit copay when services are 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: (833) 639-1634 or visit us at [www.anthem.com](http://www.anthem.com)

**Summary of Benefits**  
**Anthem Dental Essential Choice**  
**Brightside Academy Ohio**  
**Anthem Dental Complete Network**



**WELCOME TO YOUR DENTAL PLAN!**

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

**Powerful and easily accessible member tools.**

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Dental Care Cost Estimator:** In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- **More Capabilities:** With our latest mobile application, Anthem Anywhere, members can find a network dentist as well as view their claims. It's available both for Android and Apple phones.

**Dentists in your plan network.**

- You'll save money when you visit a dentist in your plan network because Anthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.
- To find a dentist by name or location, go to [anthem.com](http://anthem.com) or call dental customer service at the number listed on the back of your ID card.

**Ready to use your dental benefits?**

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

**Need to contact us?**

See the back of your ID card for who to call, write or email.

**Your dental benefits at a glance**

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

		In-Network	Out-of-Network
<b>Annual Benefit Maximum</b> · Per insured person	Calendar Year	<b>\$1,000</b>	<b>\$1,000</b>
<b>D&amp;P applies to Annual Maximum</b>		<b>Yes</b>	<b>Yes</b>
<b>Annual Maximum Carryover / Carry in</b>		<b>No/No</b>	<b>No/No</b>
<b>Orthodontic Lifetime Benefit Maximum</b> · Per eligible insured person		<b>N/A</b>	<b>N/A</b>
<b>Annual Deductible</b> · Per insured person/Family maximum	Calendar Year	<b>\$50/3X Individual</b>	<b>\$50/3X Individual</b>
<b>Deductible Waived for Diagnostic/Preventive Services</b>		<b>Yes</b>	<b>Yes</b>
<b>Out-of-Network Reimbursement:</b>		<b>90th percentile</b>	

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Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>Periodic oral exam 2 per 12 months</li> <li>Teeth cleaning (prophylaxis) 2 per 12 months; w/periodontal maintenance</li> <li>Bitewing X-rays: 1 set per 12 months</li> <li>Full-mouth or Panoramic X-rays: 1 per 60 months</li> <li>Fluoride application: 1 per 12 months; through age 14</li> <li>Sealants 1 per 60 months; through age 14</li> </ul>	100% Coinsurance	100% Coinsurance	No Waiting Period
<b>Basic Services</b> <ul style="list-style-type: none"> <li>Consultation (second opinion) 1 per 12 months</li> <li>Space Maintainer 1 per lifetime through age 14; posterior teeth</li> <li>Amalgam (silver-colored) Filling 1 per tooth per 24 months</li> <li>Composite (tooth-colored) Filling 1 per tooth per 24 months</li> <li>posterior (back) fillings alternated to amalgam benefit (silver-colored filling)</li> <li>Brush Biopsy (cancer test) Not Covered</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Endodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>Root Canal and retreatments 1 per tooth per lifetime</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Endodontics (Surgical)</b> <ul style="list-style-type: none"> <li>Apicoectomy and apexification 1 per tooth per lifetime</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Periodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>Periodontal Maintenance 4 per 12 months; w/teeth cleaning</li> <li>Scaling and root planing 1 per quadrant per 24 months</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Periodontics (Surgical)</b> 1 per quadrant per 36 months <ul style="list-style-type: none"> <li>Periodontal Surgery (osseous, gingivectomy, graft procedures)</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Oral Surgery (Simple)</b> <ul style="list-style-type: none"> <li>Simple Extractions 1 per tooth per lifetime</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Oral Surgery (Complex)</b> <ul style="list-style-type: none"> <li>Surgical Extractions 1 per tooth per lifetime</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Major (Restorative) Services</b> <ul style="list-style-type: none"> <li>Crowns, onlays, veneers 1 per tooth per 60 months</li> <li>Cosmetic teeth whitening Not Covered</li> </ul>	50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Prosthodontics</b> <ul style="list-style-type: none"> <li>Dentures and bridges 1 per tooth per 60 months</li> <li>Dental Implants Covered, 1 per tooth per 60 months</li> </ul>	50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Prosthodontic Repairs/Adjustments</b> <ul style="list-style-type: none"> <li>Crown, denture, bridge repairs 1 per 12 months; 6 months after placement</li> <li>Denture and bridge adjustments: 2 per 12 months; 6 months after placement</li> </ul>	50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>None</li> </ul>	Not Covered	Not Covered	N/A

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## Additional Services and Programs

### Anthem Whole Health Connection -Dental

- For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

### Accidental Dental Injury Benefit

- Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply

### Extension of Benefits

- Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

### International Emergency Dental Program

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## Additional Limitations & Exclusions

Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.

**Services provided before or after the term of this coverage** - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

**Orthodontics** (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

**Cosmetic dentistry** (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

**Drugs and medications** including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

**Analgesia, analgesic agents, and anxiolysis nitrous oxide**, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

**Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.

There is a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

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**Summary of Benefits**  
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		In-Network	Out-of-Network
<b>Annual Benefit Maximum</b>	Calendar Year		
• Per insured person		\$1,000	\$1,000
<b>D&amp;P applies to Annual Maximum</b>		Yes	Yes
<b>Annual Maximum Carryover / Carry in</b>		No/No	No/No
<b>Orthodontic Lifetime Benefit Maximum</b>			
• Per eligible insured person		N/A	N/A
<b>Annual Deductible</b>	Calendar Year		
• Per insured person/Family maximum		\$50/3X Individual	\$50/3X Individual
<b>Deductible Waived for Diagnostic/Preventive Services</b>		Yes	Yes
<b>Out-of-Network Reimbursement:</b>		Prime (MAC)	

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Dental Services			
	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
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<b>Prosthodontic Repairs/Adjustments</b> <ul style="list-style-type: none"> <li>Crown, denture, bridge repairs 1 per 12 months; 6 months after placement</li> <li>Denture and bridge adjustments: 2 per 12 months; 6 months after placement</li> </ul>	Not Covered	Not Covered	No Waiting Period
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>None</li> </ul>	Not Covered	Not Covered	N/A

## Additional Services and Programs

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- For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

### Accidental Dental Injury Benefit

- Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply

### Extension of Benefits

- Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

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## Additional Limitations & Exclusions

**Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.**

**Services provided before or after the term of this coverage** - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

**Orthodontics** (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

**Cosmetic dentistry** (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

**Drugs and medications** including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

**Analgesia, analgesic agents, and anxiolysis nitrous oxide**, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

**Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.

There is a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

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### Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, Sears Optical®, JCPenney® Optical and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at [anthem.com](http://anthem.com), or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at 1-866-723-0515.

**Out-of-Network** – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
<b>Routine Eye Exam</b>			
A comprehensive eye examination	\$0 copay	Up to \$42 allowance	Once every calendar year
<b>Eyeglass Frames</b>			
One pair of eyeglass frames	\$150 allowance, then 20% off any remaining balance	Up to \$45 allowance	Once every calendar year
<b>Eyeglass Lenses (<i>instead of contact lenses</i>)</b>			
One pair of standard plastic prescription lenses:			
<ul style="list-style-type: none"> <li>Single vision lenses</li> <li>Bifocal lenses</li> <li>Trifocal lenses</li> </ul>	\$10 copay \$10 copay \$10 copay	Up to \$40 allowance Up to \$60 allowance Up to \$80 allowance	Once every calendar year
<b>Eyeglass Lens Enhancements</b>			
When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
<ul style="list-style-type: none"> <li><b>Transitions</b> Lenses (for a child under age 19)</li> <li>Standard polycarbonate (for a child under age 19)</li> <li>Factory scratch coating</li> </ul>	\$0 copay \$0 copay \$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
<b>Contact Lenses (<i>instead of eyeglass lenses</i>)</b>			
Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
<ul style="list-style-type: none"> <li>Elective conventional (non-disposable)</li> </ul> OR	\$150 allowance, then 15% off any remaining balance	Up to \$105 allowance	Once every calendar year
<ul style="list-style-type: none"> <li>Elective disposable</li> </ul> OR	\$150 allowance ( <i>no additional discount</i> )	Up to \$105 allowance	
<ul style="list-style-type: none"> <li>Non-elective (medically necessary)</li> </ul>	Covered in full	Up to \$210 allowance	

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

### EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

**Combined Offers.** Not to be combined with any offer, coupon, or in-store advertisement.

**Excess Amounts.** Amounts in excess of covered vision expense.

**Sunglasses.** Plano sunglasses and accompanying frames.

**Safety Glasses.** Safety glasses and accompanying frames.

**Not Specifically Listed.** Services not specifically listed in this plan as covered services.

**Lost or Broken Lenses or Frames.** Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

**Non-Prescription Lenses.** Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

**Orthoptics.** Orthoptics or vision training and any associated supplemental testing.

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
<b>Retinal Imaging</b> - at member's option can be performed at time of eye exam		Not more than \$39
<b>Eyeglass lens upgrades</b> When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> <li>• <b>Transitions</b> lenses (Adults) \$75</li> <li>• Standard Polycarbonate (Adults) \$40</li> <li>• Tint (Solid and Gradient) \$15</li> <li>• UV Coating \$15</li> <li>• Progressive Lenses<sup>1</sup> <ul style="list-style-type: none"> <li>• Standard \$65</li> <li>• Premium Tier 1 \$85</li> <li>• Premium Tier 2 \$95</li> <li>• Premium Tier 3 \$110</li> </ul> </li> <li>• Anti-Reflective Coating<sup>2</sup> <ul style="list-style-type: none"> <li>• Standard \$45</li> <li>• Premium Tier 1 \$57</li> <li>• Premium Tier 2 \$68</li> </ul> </li> <li>• Other Add-ons 20% off retail price</li> </ul>	
<b>Additional Pairs of Eyeglasses</b> Anytime from any Blue View Vision network provider.	<ul style="list-style-type: none"> <li>• Complete Pair 40% off retail price</li> <li>• Eyeglass materials purchased separately 20% off retail price</li> </ul>	
<b>Eyewear Accessories</b>	<ul style="list-style-type: none"> <li>• Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail price</li> </ul>	
<b>Contact lens fit and follow-up</b> A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> <li>• Standard contact lens fitting<sup>3</sup></li> <li>• Premium contact lens fitting<sup>4</sup></li> </ul>	Up to \$55 10% off retail price
<b>Conventional Contact Lenses</b>	<ul style="list-style-type: none"> <li>• Discount applies to materials only 15% off retail price</li> </ul>	

<sup>1</sup> Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

<sup>2</sup> Please ask your provider for his/her recommendation as well as the available coating brands by tier.

<sup>3</sup> Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

<sup>4</sup> Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Discounts are subject to change without notice. Discounts are not 'covered benefits' under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where state law prevents discounting of products and services that are not covered benefits under the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Some of our in-network providers include:

**GLASSES.COM**

**contactsdirect**



**OPTICAL**



**JCPenney | optical**

#### ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM \*

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just **log in at anthem.com**, select discounts, then Vision, Hearing & Dental.

\* Discounts cannot be used in conjunction with your covered benefits.

#### OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at **anthem.com**, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at **1-866-723-0515** to request a claim form.

**To Fax:** 866-293-7373  
**To Email:** oonclaims@eyewearspecialoffers.com  
**To Mail:** Blue View Vision  
 Attn: OON Claims  
 P.O. Box 8504  
 Mason, OH 45040-7111

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# Basic Group Term Life Insurance

## Brightside Academy

**See your benefit certificate for specific plan details, eligibility definitions, limitations, and exclusions.**

**Group term life insurance benefit:** \$15,000

### Guaranteed Issue Amount

\$15,000

If your application is submitted to Anthem within 31 days of you becoming eligible, the Guaranteed Issue amount is available without evidence of insurability. You must submit evidence of insurability and Anthem must approve any amounts above the Guaranteed Issue amount in writing.

If your application is submitted to Anthem more than 31 days after you became eligible, the Guaranteed Issue amount does not apply. You must submit evidence of insurability and Anthem must approve all amounts in writing.

**Accidental death and dismemberment insurance benefit:** same as group term life amount

### Benefits after age 65

You will still have benefits after you turn 65, though they will reduce as follows:

35% reduction at age 65; 50% reduction at age 70

*All benefits end at retirement.*

### Living Benefit (accelerated death benefit)

You can ask for up to 75% of your group term life benefits to be paid while you are living, if you are terminally ill with less than 12 months to live. If you take a Living Benefit payment, the amount your beneficiary gets after your death will be reduced by the amount you were paid.

### Waiver of premium

We may continue your life insurance coverage until you turn 65 if you become totally disabled and not able to work prior to age 60. You will not pay premiums after the first six months after we approve your waiver of premium claim.

### Conversion

If you leave your job for any reason, you may be able to change your group life coverage to an individual policy. You must apply for coverage and pay the first month's premium for the individual policy within 31 days of the last day you were employed.

### Resource Advisor

This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at [www.resourceadvisor.anthem.com](http://www.resourceadvisor.anthem.com), program name "AnthemResourceAdvisor". To access Resource Advisor call (888) 209-7840.

### Travel assistance

This value added program gives you access to emergency medical help, travel services and useful tips for your trip if you travel more than 100 miles from home – all at no additional cost to you. You can access Travel assistance benefits by calling: US and Canada (866) 295-4890, other locations (call collect) (202) 296-7482. **All services must be arranged in advance by Generali Global Assistance, Inc. the Travel Assistance vendor.**

This is not a contract. It is a partial listing of benefits and services that is dependent on the Plan Options chosen. This benefit overview is only one piece of your entire enrollment package. All benefits and services are subject to the conditions, limitations, exclusions and provisions listed in the contract documents: the Certificate, Policy, and/or Trust Agreement for this product. In the event of a conflict between the contract documents and this benefits description, the contract documents will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

Exclusions and limitations are listed in detail in the certificate, policy or trust agreement that applies to this product.

The Value Added additional services are not a part of the certificate, policy or trust agreement and do not modify any insured benefits. The Value Added additional services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificateholders as described, modifications to our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services, or other business reasons at the discretion of the insurer or service providers.

Travel Assistance value added services are provided by Generali Global Assistance, Inc. In all cases, Generali Global Assistance, Inc. only suggests a medical professional, medical facility or attorney that gives services to the eligible member. They are not employees or agents of Generali Global Assistance, Inc. or Anthem. You choose the medical advice or legal counsel you want. Generali Global Assistance, Inc. or Anthem is not liable for any medical advice or legal counsel given by the medical professional or attorney. Generali Global Assistance, Inc. also is not liable for the negligence or other wrongful acts or omissions of any of the health or legal care professionals who give these services. The covered member cannot take action against Generali Global Assistance, Inc. or Anthem for its suggestion of or contract with a medical professional or attorney. You must pay back Generali Global Assistance, Inc. for some costs. Generali Global Assistance, Inc. is not affiliated with Anthem and the services provided are not part of the insurance coverage provided by Anthem. The agreement between Generali Global Assistance, Inc. and Anthem is subject to change, which may affect the services offered. Valid only for eligible members. Retirees are not eligible for travel assistance services.

Beneficiary Companion services are provided by Generali Global Assistance, Inc.

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# Optional Life Insurance

## Brightside Academy

**See your benefit certificate for specific plan details, eligibility definitions, limitations and exclusions.**

### Optional group term life insurance benefit

You may purchase coverage in an amount from \$10,000 to \$300,000 or 5X annual earnings, whichever is less in increments of \$10,000.

#### Guaranteed Issue Amount

\$100,000

If your application is submitted to Anthem within 31 days of you becoming eligible, the Guaranteed Issue amount is available without evidence of insurability. You must submit evidence of insurability and Anthem must approve any amounts above the Guaranteed Issue amount in writing.

**Initial enrollment (6/1/2019 – 6/30/2019) for employees eligible for Optional Life coverage: If you previously declined coverage you have the opportunity to elect up to \$100,000 in coverage without providing Evidence of Insurability, according to the terms of the contract.**

If your application is submitted to Anthem more than 31 days after you became eligible, the Guaranteed Issue amount does not apply. You must submit evidence of insurability and Anthem must approve all amounts in writing.

**Optional accidental death and dismemberment insurance benefit:** same as optional group term life amount

### Optional life coverage for your family

You may also choose additional life coverage for your spouse and/or your child(ren):

You may purchase coverage for your spouse \$5,000 to \$150,000 in increments of \$5,000

You may purchase coverage for your child(ren) \$5,000 or \$10,000

#### Spouse Guaranteed Issue Amount: \$25,000

If your application for your spouse/child(ren) is submitted to Anthem within 31 days of you becoming eligible, the Spouse Guaranteed Issue amount is available without evidence of insurability. You must submit evidence of insurability for your Spouse and Anthem must approve any amounts above the Spouse Guaranteed Issue amount in writing.

**Initial One-Time Enrollment for Spouse (6/1/2019 – 6/30/2019) for employees eligible for Optional Life coverage: If you previously declined Spouse coverage, you have the opportunity to elect up to \$10,000 in coverage for your Spouse without providing Evidence of Insurability for your Spouse, according to the terms of the contract.**

If your Spouse/Child(ren) application is submitted to Anthem more than 31 days after you became eligible, the Spouse Guaranteed Issue amount does not apply. You must submit evidence of insurability for your Spouse and Anthem must approve all amounts in writing.

*Dependent coverage may not exceed 50% of the employee's benefit amount. Child coverage begins on the 15th day following birth and terminates at age 26.*

### Benefits after age 65

You will still have benefits after age 65, though they will reduce as follows:

35% reduction at age 65; 50% reduction at age 70

*All benefits end at retirement.*

### Living Benefit (accelerated death benefit)

You can ask for up to 75% of your optional life benefits to be paid while you are living if you are terminally ill with less than 12 months to live. If you take a Living Benefit payment, the amount your beneficiary gets after your death will be reduced by the amount you were paid.

### Waiver of premium

We may continue your life insurance coverage until you turn 65 if you become totally disabled and not able to work prior to age 60. You will not pay premiums after the first six months after we approve your waiver of premium claim.

### Portability of optional life insurance

If you leave employment for reasons other than retirement or disability, this feature allows you to take your optional life insurance coverage with you by paying the required premiums. Plus, the rates are typically lower than an individual policy.

### Conversion

If you leave your job for any reason, you may be able to change your group life coverage to an individual policy. You must apply for coverage and pay the first month's premium for the individual policy within 31 days of the last day you were employed.

### Resource Advisor

This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at [www.resourceadvisor.anthem.com](http://www.resourceadvisor.anthem.com), program name "AnthemResourceAdvisor". To access Resource Advisor call (888) 209-7840.

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Beneficiary Companion services are provided by Generali Global Assistance, Inc.

# Cost for optional life benefits

Employee optional group term life and optional AD&D rates			
AGE	Monthly Rate per \$1,000 of coverage	AGE	Monthly Rate per \$1,000 of coverage
<25	\$0.088	50-54	\$0.443
25-29	\$0.082	55-59	\$0.661
30-34	\$0.102	60-64	\$0.964
35-39	\$0.142	65-69	\$1.525
40-44	\$0.196	70-74	\$3.562
45-49	\$0.290	75+	\$9.461
Spouse optional group term life rates with optional AD&D based on Employee age			
AGE	Monthly Rate per \$1,000 of coverage	AGE	Monthly Rate per \$1,000 of coverage
<25	\$0.088	50-54	\$0.443
25-29	\$0.082	55-59	\$0.661
30-34	\$0.102	60-64	\$0.964
35-39	\$0.142	65-69	\$1.525
40-44	\$0.196	70-74	\$3.562
45-49	\$0.290	75+	\$9.461
Child optional group term life rates – Monthly Rate per \$1,000 of coverage: \$0.230. Covers all dependent children			

## How to calculate your Monthly Covered Payroll and Premium Cost

Optional Life and Optional AD&D rates are age banded rates per \$1,000 of coverage. Premium is calculated based on the actual benefit amount elected by the employee. Use this formula to calculate the premium.

EMPLOYEE BENEFIT AMOUNT / (divided) \$1,000 x AGE BAND RATE = MONTHLY PREMIUM

Employee Age: \_\_\_\_\_

Employee Monthly Rate per \$1,000 of Coverage: \_\_\_\_\_ (A)

Spouse Monthly Rate per \$1,000 of Coverage: \_\_\_\_\_ (B)

Child Monthly Rate per \$1,000 of Coverage: \_\_\_\_\_ (C)

\_\_\_\_\_ of coverage X \_\_\_\_\_ (A) / 1,000 = \_\_\_\_\_ Monthly Premium for Employee (D)

\_\_\_\_\_ of coverage X \_\_\_\_\_ (B) / 1,000 = \_\_\_\_\_ Monthly Premium for Spouse (E)

\_\_\_\_\_ of coverage X \_\_\_\_\_ (C) / 1,000 = \_\_\_\_\_ Monthly Premium for Child (F)

TOTAL MONTHLY PREMIUM (D) + (E) + (F) = \_\_\_\_\_ (G)

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# Your health savings account

## Frequently asked questions

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#### Health savings account (HSA)

- Making contributions to your HSA
- Tax benefit

#### Your privacy

## Health savings account (HSA)

### Q. What is an HSA?

- A. An HSA is a tax-free savings account that's paired with a high-deductible health plan (HDHP). By law, to open or contribute to an HSA, your medical plan must be a qualified HDHP. The required deductible is set by the Internal Revenue Service (IRS) each year. The limit for 2023 is \$7,750. You can use the money in your HSA to pay for qualified medical expenses (QME). For a full list of QMEs, visit [qme.anthem.com](https://www.qme.anthem.com). You can also save money in your HSA for future healthcare costs. The account grows with interest and you have investment options after your account reaches a minimum balance of \$1,000. The HSA belongs to you and the money in the account is yours to keep, even if you leave your employer.

### Q. How is my HSA funded?

- A. Your HSA is funded by pretax contributions, up to a certain annual limit. If you choose to contribute money to your HSA after taxes are taken out, you can claim the contributions on your tax return. Others may contribute to your account as well. The total of all contributions cannot be more than the maximums defined by the IRS. (See the question: [How much can I contribute to my HSA?](#) for details.)

The IRS has specific rules on who can open an HSA. See those rules in [\*\*IRS Publication 969\*\*](#).<sup>1</sup>

### Q: I'm a veteran with a service-connected disability. Can I contribute to an HSA?

- A. Yes. A 2016 amendment to the eligibility rules allows veterans with a high-deductible health plan, no disqualifying coverage, and who have a service-connected disability to make or receive HSA contributions, regardless of when they received benefits from the Department of Veterans Affairs (VA). This amendment also applies to contributions from the veteran's employer. Veterans with a service-connected disability are not blocked from HSA eligibility because they accessed VA benefits in the past three months.





If a veteran receives VA medical benefits for a non-service-connected disability during the prior three months, they are not eligible to make or receive HSA contributions.

**Q. Can I have an HSA if my spouse is on Medicare?**

- A. Yes, as long as you're not enrolled in Medicare and you meet the IRS eligibility requirements for an HSA. If you contribute to an HSA and cover your spouse on your plan, you can use your HSA funds to pay for qualified medical expenses for you and your spouse on Medicare.

**Q. My spouse is enrolled in Medicare. Can they also be enrolled as a dependent on my HSA?**

- A. Yes, but your spouse cannot open an HSA account in their name. You may use your HSA to pay for qualified medical expenses for you and your spouse on Medicare.

**Q. Who can use the money in an HSA?**

- A. The money can be used to pay for qualified medical expenses for you, your spouse, or any IRS-qualified dependent who you claimed on your income taxes, even if they're not covered on your health plan. Talk with a tax advisor to find out if these rules apply to your tax situation. You can also go to [irs.gov](https://www.irs.gov) to find out who qualifies as a dependent.

**Q. I am enrolled in an HSA. Can I continue to contribute to my spouse's HSA and use their bank?**

- A. You and your spouse can continue to make contributions to their HSA, but you can't contribute more than the IRS family contribution maximum between both accounts. For 2023, the family contribution maximum is \$7,750.

**Q. My child is under 26, but I no longer claim them on my taxes. Can I still cover them using my HSA?**

- A. The IRS has specific rules about covering children and children of divorced or separated parents. Please see [\*\*IRS Publication 969\*\*](#)<sup>1</sup> and talk with a tax advisor. You can cover dependents under age 26 but you can't use your HSA for their expenses unless they meet the following requirements:
- You can claim the child on your tax return.
  - Your child is under age 19, or age 24 if a full-time student, or totally and permanently disabled.

Dependents who don't qualify to receive funds from your HSA may qualify to open their own HSA and could be permitted to contribute up to the family maximum for 2023, this is \$7,750. They can contact a financial institution to discuss how to set up a separate HSA.

## Making contributions to your HSA

**Q. How much can I contribute to my HSA?**

- A. The annual contribution maximum in 2023 is \$3,850 for individual coverage and \$7,750 for family coverage. The maximums are set by the IRS and may increase every year due to inflation. Check [irs.gov](https://www.irs.gov) for the most current maximum amounts.

**Q. Can I ever contribute more than the annual limit?**

- A. Yes, people age 55 and older who are not enrolled in Medicare can contribute an extra \$1,000 above the regular limits. This is called a "catch-up contribution." These individuals can make catch-up contributions each year until they enroll in Medicare.

Only the account holder can make catch-up contributions. The contribution amounts allowed are subject to proration if you are enrolled in the plan less than 12 months or under other circumstances. Catch-up contributions can be made in the same way your regular contributions are made.

**Q. What if my spouse has an HSA, too?**

A. The chart below explains different situations:

If your spouse:	And you have:	Then, the IRS:
Has PPO (preferred provider organization) self + children coverage.	HDHP (high-deductible health plan) self-only coverage.	Treats you as having single coverage and only you may set up an HSA. You may contribute up to \$3,850 for 2023.
Has HDHP self-only coverage with a \$1,500 deductible.	HDHP self + child coverage with a \$3,000 deductible.	Treats you both as having family coverage, and combined you may contribute up to \$7,750 to your HSAs.
Has HDHP self + family coverage with a \$3,000 deductible.	HDHP self + spouse coverage with a \$3,000 deductible.	Treats you both as having family coverage, and combined you may contribute up to \$7,750 to your HSAs.
Is enrolled in Medicare.	HDHP self + family coverage only.	Will only allow you to set up an HSA. You may contribute up to \$7,750.

**Q. Does tax filing status (joint vs. separate with my spouse) affect my HSA contribution?**

A. Tax filing status does not affect your contribution. Contribution limits are based on whether you have single or family medical plan coverage, not your tax filing status.

**Q. Can I use my HSA to pay for eligible expenses for my spouse even if we file our taxes separately?**

A.: Yes, the IRS requirements simply refer to eligible expenses for the “spouse” — they do not include requirements for filing jointly or separately.

**Q. Can I use my HSA to pay for medical expenses I had before my account was set up?**

A. No, you cannot be reimbursed for qualified medical expenses from before the date your HSA was established.

**Q. What happens if I have a medical expense early in the year and there isn’t enough money in my HSA to cover my out-of-pocket costs?**

A. An HSA works like a bank account. You can only spend what’s in the account. However, you can wait to start the reimbursement process for services incurred after you enrolled in your HSA until you have more funds in your account. You can also set up recurring payments for larger expenses as the HSA is funded.

**Q. Are dental and vision care considered qualified medical expenses for the purposes of an HSA?**

A. Yes, many dental, orthodontia, and eye care expenses are considered qualified medical expenses. However, cosmetic procedures, such as cosmetic dentistry, would not be considered a qualified medical expense. For a detailed list, please use the QME tool at [qme.anthem.com](https://qme.anthem.com).

**Q. How can I find out more about HSA regulations?**

A. Go to the U.S. Treasury website at [treasury.gov](https://treasury.gov) and enter HSA in the search box. You may also read [IRS Publication 969](#).<sup>1</sup>

**Q. I am enrolled in a health reimbursement account (HRA). What happens to that money if I choose an HSA for 2023?**

A. Unused funds from your HRA will be transferred to a separate account. The funds in this account do not count toward the annual contribution maximum for HSAs. The funds in this account will automatically be used to lower your coinsurance for healthcare costs you have after you meet your annual deductible.

**Q. Are any administrative fees charged to my HSA?**

A. Yes, see a [list of standard administrative and other related fees](#) that may be charged to your HSA by your administrator.

**Q. Do I have to use funds from my HSA to pay for healthcare costs?**

A. No, you may pay out of pocket with after-tax dollars and let your HSA balance grow tax-free.

**Q. How does the money I contribute to my HSA help me save on taxes?**

- A. Any money you contribute to your HSA is (federal) tax-deductible. That means it's not counted as taxable income for the year. If you put \$1,000 into your HSA, your adjusted gross income for the year is lowered by \$1,000, which could lower what you owe for taxes, depending on your tax status.

## Tax Benefits

**Q. What are the tax benefits of an HSA?**

- A. There are several benefits:
- Contributions to the account are tax-free.
  - Any investment and interest earned in your account are (federal) tax-free.
  - Withdrawals from the account for qualified medical expenses are (federal) tax-free.
  - Depending on the state where you live, you may save on state taxes as well.

## Your privacy

**Q. Is your website secure?**

- A. Yes, our customer-only website is secure and password-protected. Your personal information is kept safe using the highest encryption level available.

**Q. What is your privacy policy?**

- A. You can read the *Privacy Policy* anytime at **anthem.com**.

## Do you have additional questions?

Connect with us online at **anthem.com** or call Member Services at the number on your ID card.

The information included does not constitute legal, tax, or benefit plan design advice. We strongly encourage you to consult with a tax advisor before establishing a health savings account. Any health savings account will be established between the individual account holder and the HSA custodian or trustee. Anthem is responsible for the administration of the health plan, and the custodian is responsible for the administration of the HSA.

<sup>1</sup> Internal Revenue Service. *Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans* (February 11, 2021): [irs.gov/pub/irs-pdf/p969.pdf](https://www.irs.gov/pub/irs-pdf/p969.pdf).

<sup>2</sup> Internal Revenue Service. *Publication 502, Medical and Dental Expenses (Including the Health Coverage Tax Credit)* (January 8, 2021): [irs.gov/pub/irs-pdf/p502.pdf](https://www.irs.gov/pub/irs-pdf/p502.pdf).

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# Protecting your health and wellness

Discover no-cost programs that can help



Your health plan comes with programs to help you confidently care for your well-being. It doesn't matter what health issues you may be experiencing or even what stage of life you're in — there is a program for everyone.



## ConditionCare

Managing chronic conditions, such as asthma, diabetes, chronic obstructive pulmonary disease (COPD), or heart disease requires extra care and attention. To help you be at your best, the ConditionCare program offers free resources, including:

- 24/7 phone access to nurses who can address your health questions and concerns.
- Support from healthcare professionals to help you reach your health goals.
- Educational guides and useful tools to help you learn more about a certain condition.

## Connect with the support you need

Call to access any of these programs at no extra cost:

- ConditionCare: 866-962-1071
- Future Moms: 800-828-5891
- 24/7 NurseLine: 800-337-4770



### Future Moms

Preparing to have a baby can be exciting, but it may also feel overwhelming. The Future Moms program has supportive resources to ease your mind and help you have a healthy pregnancy. Sign up to take advantage of:

- 24/7 access to nurses who will answer your questions and check on you throughout pregnancy.
- A free copy of *Mayo Clinic Guide to a Healthy Pregnancy*.
- A free screening to check your health risks.
- Educational resources on making healthy decisions during pregnancy.
- Phone access to pharmacists, nutritionists, and other specialists.
- Labor and delivery information, including birthing options and how to prepare.



### 24/7 NurseLine

When your allergies flare up on the weekend or your little one spikes a fever at 3 a.m., you can ask a registered nurse for advice by calling 24/7 NurseLine. Nurses are ready any time of the day or night to:

- Answer your questions.
- Recommend where to go for care when your doctor isn't available.
- Help you find healthcare professionals in your area.
- Enroll you and your dependents in health management programs.
- Remind you about important preventive screenings and exams.



# Take care of yourself

## Use your preventive care benefits



Regular checkups and exams can help you stay healthy and catch problems early — when they are easier to treat.

That is why our health plans offer all the preventive care services and immunizations below at no cost to you.<sup>1</sup> As long as you use a plan doctor, pharmacy or lab, you will not have to pay anything. If you go outside the plan, you may have out-of-pocket costs.

If you are not sure which services make sense for you, talk to your doctor.

### Preventive vs. diagnostic care

Preventive care helps protect you from becoming sick. If your doctor recommends services even though you have no symptoms, that is preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to find out what is causing those symptoms.

### Adult preventive care

#### Preventive physical exams

##### Screening tests

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (for men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) levels
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)<sup>2</sup>
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection, and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening<sup>3</sup>
- Eye chart test for vision<sup>4</sup>
- Hearing screening
- Height, weight and body mass index (BMI)
- Human immunodeficiency virus (HIV) screening and counseling
- Lung cancer screening for those ages 55 to 80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years<sup>2</sup>
- Obesity: related screening and counseling<sup>3</sup>
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal and domestic: related screening and counseling

##### Immunizations

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

##### Women's preventive care

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met<sup>4</sup>
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling<sup>6,7,8</sup>
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those at high risk for breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- HPV screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression<sup>7</sup>
- Pelvic exam and Pap test, including screening for cervical cancer

These preventive care services are recommendations of the Affordable Care Act (ACA or health care reform law). They may not be right for every person, so ask your doctor what is right for you.

*This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will rule. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for exclusions and limitations.*



## Child preventive care

### Preventive physical exams

#### Screening tests

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid levels
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and BMI
- Hemoglobin or hematocrit (blood count)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Skin cancer counseling for those ages 10 to 24 with fair skin
- Oral (dental health) assessment, when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening, when done as part of a preventive care visit<sup>4</sup>

#### Immunizations

- Chickenpox
- Flu
- Haemophilus influenza type b (Hib)
- Hepatitis A and hepatitis B
- HPV
- Meningitis
- MMR
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

## A word about pharmacy items

**For 100% coverage of your over-the-counter (OTC) drugs and the following pharmacy items, you must:**

- Meet certain age requirements and other rules.
- Receive prescriptions from plan doctors and fill them at plan pharmacies.
- Have prescriptions (even for the OTC items).

**Adult preventive drugs and other pharmacy items — age appropriate**

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease (CVD), preeclampsia and colorectal cancer in adults younger than 70 years of age
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Generic low-to-moderate dose statins for members ages 40 to 75 who have one or more CVD risk factors (dyslipidemia, diabetes, hypertension or smoking)
- Tobacco-cessation products, including all FDA-approved brand-name and generic OTC and prescription products, for those ages 18 and older
- Pre-exposure prophylaxis (PrEP) for the prevention of HIV

**Child preventive drugs and other pharmacy items — age appropriate**

- Dental fluoride varnish to prevent the tooth decay of primary teeth for children ages 0 to 5 years
- Fluoride supplements for children ages 6 months to 16 years

**Women's preventive drugs and other pharmacy items — age appropriate**

- Contraceptives, including generic prescription drugs, brand-name drugs with no generic equivalent and OTC items like female condoms and spermicides<sup>7</sup>
- Low-dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women ages 55 or younger who are planning and able to become pregnant
- Breast cancer risk-reducing medications, such as tamoxifen, raloxifene and aromatase inhibitors, that follow the U.S. Preventive Services Task Force criteria<sup>2,9</sup>

**For a complete list of covered preventive drugs under the Affordable Care Act, view the Preventive ACA Drug List flyer at [anthem.com/pharmacyinformation](https://www.anthem.com/pharmacyinformation).**

<sup>1</sup> The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your **Certificate of Coverage** or call the Member Services number on your ID card.

<sup>2</sup> You may be required to receive preapproval for these services.

<sup>3</sup> The Centers for Disease Control and Prevention (CDC)-recognized diabetes prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

<sup>4</sup> Some plans cover additional vision services. Please see your contract or **Certificate of Coverage** for details.

<sup>5</sup> Check your medical policy for details.

<sup>6</sup> Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

<sup>7</sup> This benefit also applies to those younger than age 19. A cost share may apply for other prescription contraceptives, based on your drug benefits. Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.

<sup>8</sup> Counseling services for breastfeeding (lactation) can be provided or supported by a plan doctor or hospital provider, such as a pediatrician, obstetrician/gynecologist or family medicine doctor, and hospitals with no member cost share (deductible, copay or coinsurance). Contact the provider to see if such services are available.

<sup>9</sup> Aromatase inhibitors are included, effective October 1, 2020.

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# Save money and time with Rx Choice pharmacy network

Your Anthem health plan gives you choices about how and where to fill your prescriptions. With the Rx Choice pharmacy network, you can choose a pharmacy with lower prescription costs or a greater number of locations. You can also have prescriptions delivered right to your door. Choose CaredonRx Mail home delivery, if available, to save time and money when filling medicines you take daily. It even comes with automatic refills.

The Rx Choice network offers two levels of coverage:

## Level 1

These are preferred pharmacies, where your copay or share of the prescription cost is lower. There are more than 20,000\* Level 1 pharmacies nationwide, including these well-known chains:

- CVS
- Walmart
- Kroger
- Giant Eagle
- Albertsons/Safeway
- Hannaford/Ahold

## Level 2

You'll pay more out of pocket when you fill your prescription at one of these 47,000\* pharmacies, including these well-known chains:

- Walgreens
- Rite Aid
- Sam's Club
- Costco
- Meijer

Note: CaredonRx Mail home delivery is also available as a preferred pharmacy option.

## How to find a pharmacy in the Rx Choice pharmacy network

- Log on to **anthem.com** or the Sydney<sup>SM</sup> Health mobile app, and choose **Order and Manage Prescriptions**.
- On the *Pharmacy* page, choose **Find a Pharmacy**.
- Enter your ZIP code and how far you want to search to find pharmacies near you.

## Choose CaredonRx Mail home delivery

You may be eligible to request a new home-delivery prescription on **anthem.com** or the Sydney Health mobile app.

## We're here to help

If you have questions about the network or your pharmacy benefits, call the Pharmacy Member Services number on your plan ID card.

\* IngenioRx data, 2022.

Services provided by CaredonRx, Inc.

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

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# Essential Drug List

You're working hard to balance your health needs and pharmacy costs — and we're here to help. Our Essential Drug List covers high-quality, affordable drugs that are essential to your health.

## What is the Essential Drug List?

The Essential Drug List is a list of brand-name and generic prescription medications that have been selected and are periodically reviewed through Anthem's Pharmacy & Therapeutics process for proven effectiveness, high quality, and affordability. The Essential Drug List includes all of the essentials, but is a focused list that offers pharmacy choice while ensuring there are no gaps in care.

## How it works

Formulary drugs are on different tiers depending on your cost-share. Generally, drugs on higher tiers have a higher cost-share.

## Why the Essential Drug List?

- Includes 60-65% of all prescription medications
- Offers a variety of brand and generic medication choices
- Excludes drugs that have lower-cost formulary alternatives, or over-the-counter (OTC) alternatives (such as nasal steroids, PPIs)
- Includes drugs that don't have OTC or lower-cost formulary alternatives
- Maintains clinical integrity without compromising quality and safety
- Was developed and is reviewed regularly through the Pharmacy and Therapeutic (P&T) process<sup>1</sup>

## Do you have questions?

You can call the Member Services number on your Anthem ID card. We can also help you find out whether a drug is covered.

## Are all medications on the Essential Drug List?

The Essential Drug List is a closed formulary/drug list. That means, sometimes, one or more of the medications you take may not be covered or you may have to pay more. But don't worry, you have other choices for your medication(s).

Drug class	Non-formulary drugs	Alternative(s)
Antihistamine / Nasal Steroid (Allergy)	Levocetirizine	Cetirizine*, fexofenadine*, loratadine*
High Cholesterol	Crestor & Zetia	atorvastatin (Lipitor), rosuvastatin (Crestor)
Insulin / SGLT2 (Diabetes)	Invokana	Jardiance
LABA combos (Respiratory)	Symbicort	Advair/HFA, Anoro Ellipta, Breo Ellipta & Dulera
Oral contraceptive	Ortho Tri-Cyclen Lo	Multiple generic contraceptives
PPI (Gastrointestinal)	omeprazole, lansoprazole, pantoprazole, Nexium	omeprazole*, lansoprazole*, Nexium*
SABA (Respiratory)	Ventolin HFA	Proair HFA
Sedative/Hypnotic	Zolpidem ER	Zolpidem
Stimulant (ADHD)	Adderall XR	amphetamine combo ER
Thyroid Hormone	Synthroid	levothyroxine

This chart represents a portion of the most prescribed drugs listed on the Essential Drug List. For the full list go to <https://www.anthem.com/pharmacyinformation>.

\*OTC — Available over the counter without a prescription required

## What to do if a medication is not on the Essential Drug List

There may be times when a medication isn't on the Essential Drug List and your doctor thinks that another option is not right. The prescriber can request an exception review, which usually requires trying two other covered drugs first. Specialty drugs will be subject to a trial of the preferred drug on our list, if available, and subject to prior authorization. Prior authorization is when the plan reviews a drug first before it's covered. You or your doctor can call the number on your member ID card or visit <https://www.anthem.com/pharmacyinformation> and download the Prior Authorization form in our drug list search tool.

## Want to learn more?

**Check out the Essential Drug List at <https://www.anthem.com/pharmacyinformation>.** Select **Essential Drug List** to see which drugs are covered and at what tier level, as well as information on dosage/strength options and prior authorization or step therapy requirements. Drugs in higher tiers usually cost more. If the list doesn't include the drug(s) you take, there may be a brand alternative, a generic equivalent or OTC options.

**Talk to your doctor.** Only you and your doctor can decide what drugs are right for you. If a medication you're taking is not covered, talk to your doctor or pharmacist about whether another medication that is included on the Essential Drug List or an OTC may be right for you.

<sup>1</sup> Anthem's P&T team is made up of independent physicians and pharmacists that quarterly make sure every drug maintains a high level of quality.

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# Simple ways to save on the cost of drugs

Generics, our drug list and over-the-counter drugs help keep money in your pocket

## Ask your doctor about generics

If your doctor prescribes a brand-name drug, ask if you can take a generic version. The Food and Drug Administration (FDA) requires that brand-name and generic drugs have the same active ingredients, strength, high-quality standards and dose. Generics might look a little different, but the active ingredients are the same. With a generic drug, you'll get the same effect as a brand-name drug, but they usually cost less.

If there's no generic available, ask your doctor if there's a drug that has a generic in the same drug category. For example, if your doctor gives you Exforge HCT to treat high blood pressure, there's no generic for it. But there is a generic drug called losartan HCT that also lowers blood pressure and is in the same drug category.

Our prescription drug list shows brand-name and generic drugs approved by the FDA. They work well, are safe and offer the most value. Drugs that are not on this list will cost you more out of pocket. If your medicine isn't on the drug list, ask your doctor if another brand-name drug or generic on the list is a good choice for you.

You can find our drug list at [anthem.com](https://www.anthem.com). Your doctor may not know all the drugs on this list, so take it with you to your next appointment. You and your doctor can use it to choose the drug that's best for you.

## Do your research

If you take a brand-name drug and want to know if a generic is available and how much it costs, go to [anthem.com](https://www.anthem.com) and follow these steps:

1. Log in using your username and password.
2. Choose **Prescription Benefits**.
3. Choose **Price a Medication**.
4. Select the patient's name.
5. Type the drug name and choose **Search**.
6. Pick the dose, then choose **Continue**.
7. Enter any other information about the drug and choose **Continue**.

Make sure you know why and how you should take a drug, any drug interactions and other warnings before you take it. Don't switch or stop taking a drug before talking with your doctor.





## CarelonRx Mail pharmacy brings you medicine, savings, convenience, and peace of mind

Life can be busy. That's why we want to help create more time in your day to do the things you want and need to do. By having prescription medications you take long-term delivered to your home, you won't need to go to a pharmacy for them.

It only takes a few minutes to set up CarelonRx Mail for prescriptions you take on a regular basis for certain health conditions like diabetes or asthma. Home delivery provides:



### Savings

Many medicines cost less when you receive a 90-day supply instead of three 30-day supplies.



### Convenience

We deliver medication to you. Your first order should arrive within two weeks. Orders will arrive within one week after that. You can set up automatic refills, too.



### Peace of mind

You will be less likely to miss a dose and more likely to stay on track with the treatment your doctor prescribed.\*

### Two ways to get started with CarelonRx Mail

1. Get started with home delivery online at **carelonrx.com** or through the CarelonRx app after you download it to your mobile device. Please visit the *Manage Prescriptions* page after you log in.
2. You can also call the Member Services number on your member ID card and we will help you.


### We're here to help

If you have any questions about home delivery, please call us at the Member Services number on your member ID card.



\*Fernandez EV, McDaniel JA, Carroll NV: Examination of the Link Between Medication Adherence and Use of Mail-Order Pharmacies in Chronic Disease States. *Journal of Managed Care & Specialty Pharmacy* (accessed November 2022); pubmed.ncbi.nlm.nih.gov/27783552. Services provided by CarelonRx, Inc.



**Mail this form to:**
  
 CarelonRx Mail  
 PO BOX 659541  
 SAN ANTONIO, TX 78265-9541

Member ID # (if not shown or if different from above)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Prescription Plan Sponsor or Company Name

**Instructions:**

 Please use **blue or black ink** and **print in capital letters**. Fill in **both sides** of this form.

**New Prescriptions** - Mail your new prescriptions with this form.

 Number of **New** prescriptions:

--	--

**Refills** - Order by web, phone, or write in Rx number(s) below.

 Number of **Refill** prescriptions:

--	--

**TO RECEIVE YOUR ORDER SOONER** request refills or new prescriptions online or by phone at the website/phone number on your member ID card.

**A Shipping Address.** To ship to an address different from the one printed above, enter the changes here.

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

--	--

Suffix (JR, SR)

--	--	--	--

Street Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Apt./Suite #

--	--	--	--

 Use shipping address  
for this order only.

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--

ZIP Code

--	--	--	--	--	--	--	--	--	--

Daytime Phone #:

--	--	--	--	--	--	--	--	--	--

Evening Phone #:

--	--	--	--	--	--	--	--	--	--

**B Refills.** To order mail service refills, enter your prescription number(s) here.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

5) \_\_\_\_\_ 6) \_\_\_\_\_ 7) \_\_\_\_\_ 8) \_\_\_\_\_

Log in to check order status and access personalized information about your prescription benefits. When getting a new prescription, be sure to ask your doctor to write it for the maximum amount allowed by your plan, usually a 90-day supply. Make sure your doctor SIGNS and DATES all new prescriptions. We want to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions, including drug names, in the "Special Instructions" section of this form.

Services provided by CarelonRx Inc.

We may package all of these prescriptions together unless you tell us not to.



**C** Tell us about the people ordering prescriptions. If there are more than two people, please complete another form.

**First person** with a refill or new prescription.

☐ Spanish forms and labels

Last Name

Nickname

First Name

Date of birth: MM-DD-YYYY

MI  Suffix (JR,SR)

E-mail address:  Date new prescription written:

Doctor's last name  Doctor's first name  Doctor's phone #

Tell us about new health information for 1st person if never provided or if changed.

**Allergies:** ☐ None ☐ Aspirin ☐ Cephalosporin ☐ Codeine ☐ Erythromycin ☐ Peanuts ☐ Penicillin  
☐ Sulfa ☐ Other:

**Medical conditions:** ☐ Arthritis ☐ Asthma ☐ Diabetes ☐ Acid reflux ☐ Glaucoma ☐ Heart problem  
☐ High blood pressure ☐ High cholesterol ☐ Migraine ☐ Osteoporosis ☐ Prostate issues ☐ Thyroid  
☐ Other:

**Second person** with a refill or new prescription.

☐ Spanish forms and labels

Last Name

Nickname

First Name

Date of birth: MM-DD-YYYY

MI  Suffix (JR,SR)

E-mail address:  Date new prescription written:

Doctor's last name  Doctor's first name  Doctor's phone #

Tell us about new health information for 2nd person if never provided or if changed.

**Allergies:** ☐ None ☐ Aspirin ☐ Cephalosporin ☐ Codeine ☐ Erythromycin ☐ Peanuts ☐ Penicillin  
☐ Sulfa ☐ Other:

**Medical conditions:** ☐ Arthritis ☐ Asthma ☐ Diabetes ☐ Acid reflux ☐ Glaucoma ☐ Heart problem  
☐ High blood pressure ☐ High cholesterol ☐ Migraine ☐ Osteoporosis ☐ Prostate issues ☐ Thyroid  
☐ Other:

**D** Special instructions:

**E** How would you like to pay for this order? (If your copay is \$0, you do not need to provide payment information.)

☐ **Electronic check.** Pay from your bank account. (You must first register online or call Customer Care.)

☐ **Credit or debit card.** (VISA®, MasterCard®, Discover®, or American Express®)

☐ Use your card on file.

☐ Use a new card or update your card's expiration date.

Exp. Date MMYY

☐ **Check or money order.** Amount: \$

- Make check/money order out to CarelonRx.
- Write your prescription bene ID number on your check or money order.
- If your check is returned, we will charge you up to \$40.

**Payment for Balance Due and Future Orders:** If you choose electronic check or a credit or debit card, we will use it to pay for any balance due and for future orders unless you provide another form of payment.

☐ Fill in this oval if you **DO NOT** want us to use this payment method for future orders.

Credit card holder signature/Date

**Regular delivery is free** and takes up to 5 days after your order is processed.

**If you want faster delivery, choose:**

☐ **2nd business day (\$17)**

Faster delivery can only be sent to a street address, not a PO Box

☐ **Next business day (\$23)**

**Expected processing time from receipt of this form:**

- Refills: 1-2 days
- New/renewed prescriptions: Within 5 days unless additional information is needed from your doctor (Charges subject to change)



See personalized pharmacy benefit information at [anthem.com](http://anthem.com). You'll have to register first. Just log in and choose **Chat with Us** to ask questions. Or call us at the Member Services number on your ID card.

## See how generics help save money

Here are some common brand-name drugs that have generics. The cost savings can really add up.

### Drugs with brand and generic options

Health condition	Brand-name drug	Cost <sup>1</sup>	Generic drug	Cost
Diabetes	Glucophage	\$118	metformin	\$6
High blood pressure	Diovan HCT	\$209	valsartan hctz	\$64
High cholesterol	Lipitor	\$262	atorvastatin	\$24

## Save time and money with over-the-counter drugs

If you have allergies or indigestion sometimes, you may not need to see a doctor for relief. Over-the-counter (OTC) drugs can treat these common conditions. They aren't covered by your health plan, but OTC drugs can save you time and money because you don't need to see a doctor for a prescription.

Keep a list of the OTC drugs you take and show it to your doctor at your next visit. Your doctor should know all of the drugs you take to make sure there are no drug interactions that could harm you.

### Health conditions with brand-name, generic and OTC drug options

Health condition	Brand-name drug	Cost <sup>1</sup>	Generic drug	Cost <sup>1</sup>	OTC drug	Cost <sup>2</sup>
Indigestion, acid reflux, peptic ulcers	Dexilant	\$232	omeprazole	\$20	OTC Prilosec OTC Nexium	\$22
Allergies	Clarinet	\$189	fexofenadine loratadine	\$12	Allegra Claritin	\$19
Allergies	Nasonex	\$196	fluticasone	\$25	Nasacort Allergy 24HR Flonase Allergy Relief	\$18
Overactive bladder	Oxytrol patch	\$599	oxybutynin tablets	\$10	Oxytrol for Women patch	\$29

1 Cost based on average allowed cost per prescription. Allowed cost = Member Share + Plan Paid. (From Commercial Top Drug February 2015 report, data from March 2014 - February 2015.)

2 Cost based on average 30-day retail pharmacy prices, April 2015.

3 For example only.

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## Understanding drug tiers


Medicines are placed into certain tiers on our drug list. Tier 1 drugs usually have the lowest member cost-share, while Tier 4 drugs have the highest member cost-share. Your cost-share for drugs in the different tiers might look like this:<sup>3</sup>

- Tier 1 drugs: \$15 copay
- Tier 2 drugs: \$50 copay
- Tier 3 drugs: \$90 copay
- Tier 4 drugs: 25% of the cost of the drug

To decide which tier a drug goes into, we look at things such as:

- How well the drug works compared to other drugs for the same treatment.
- The cost of the drug compared to other drugs for the same treatment.
- If there are generic or OTC choices.

You can see your cost-share for generic and brand-name drugs by checking your benefits.



Within 20 minutes of your last cigarette, your heart rate and blood pressure will go down. After just one day, your risk of heart disease is lower. And in the weeks and months ahead, your circulation will improve and your lungs will get clearer and stronger.<sup>1</sup>

# Want to quit smoking?

You can do this. And you *don't* have to do it alone.

Get more support than ever — at no cost to you!

You've made a great decision for your health, and now's the time when you need some support. Did you know that as a result of the Affordable Care Act, your health plan covers certain FDA-approved prescription drugs and over-the-counter (OTC) products to help you quit smoking? And you can get these drugs at no extra cost to you!

Here's all you need to do:

1. **Ask your doctor** if one or more of the covered prescription drugs and/or OTC products will work for you. If so, you'll need to get a prescription for each one. (Yes, even the OTC products will need a prescription to be covered at no cost to you.)
2. **Go to your local participating retail pharmacy** to fill your prescription(s). You can check [anthem.com](http://anthem.com) for a list of pharmacies near you.
3. **Show the pharmacist proof** that you're at least 18 years old. If you're under 18, you may need to speak with your doctor to get your OTC product. By law, they can only be sold to people over 18.



## It's quitting time

You can get these FDA-approved prescription drugs and OTC products for free!<sup>2</sup>

### Prescription drugs

- Chantix
- Bupropion SR (generic Zyban)

### OTC Nicotine Replacement Therapy (NRT) products

Type	Generic products covered at 100%
<b>Nicotine chewing gum</b> Available in 2mg and 4mg doses	Most nicotine chewing gum products are covered. <b>Please note: Nicorette is not covered.</b>
<b>Nicotine lozenge</b> Available in 2mg and 4mg doses	CVS nicotine lozenge EQ nicotine lozenge EQL nicotine lozenge GNP nicotine lozenge HM nicotine lozenge Pub Stop Smoking Aid lozenge RA nicotine lozenge SM nicotine lozenge SW nicotine lozenge
<b>Nicotine transdermal patch</b> (also called a nicotine skin patch or nicotine transdermal system) Available in single daily doses of 7mg, 14mg, or 21mg	CVS nicotine transdermal patch EQ nicotine transdermal patch HM nicotine transdermal patch KRO nicotine transdermal patch PV nicotine transdermal patch RA nicotine transdermal patch SM nicotine transdermal patch <b>Please note: Nicoderm is not covered.</b>

Get even more support at  
**anthem.com**

Log in and go to our Health and Wellness section for resources, tips and inspiration to help you quit.

If you have questions about the drugs and products available through your health plan, call the number on your member ID card.

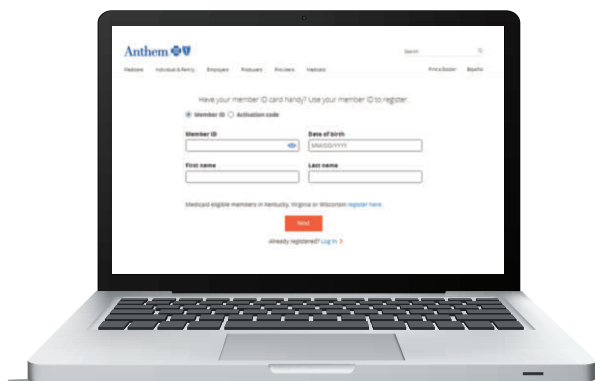


<sup>1</sup> WebMDhealth.com website. *What Happens When You Quit* (accessed December 2016): webmdhealth.com.  
<sup>2</sup> Some drugs are subject to a quantity limit review before they're covered.

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# You've got quick access to your health care!

Register on **anthem.com** or the **Sydney** mobile app.\* Have your member ID card handy to register



## From your computer

- 1 Go to **anthem.com/register**
- 2 Provide the information requested
- 3 Create a username and password
- 4 Set your email preferences
- 5 Follow the prompts to complete your registration

## From your mobile device

- 1 Download the free **Sydney** mobile app and select **Register**
- 2 Confirm your identity
- 3 Create a username and password
- 4 Confirm your email preferences
- 5 Follow the prompts to complete your registration

It's easy. Everything you need to know about your plan — including medical, pharmacy, dental, vision, life insurance — in one place. Making your health care journey simple, personal — all about you.



**Need help signing up?**  
Call us at **1-866-755-2680**.

\* You must be 18 years or older to register your own account.

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# Finding care options is now easier

Our Find Care tool helps you find doctors and compare costs

Choosing a provider who is right for you makes a difference — and choosing a provider in your plan can help keep your costs under control. You can easily find high-quality, cost-effective care using our Find Care tool on the Sydney Health mobile app or [anthem.com](https://www.anthem.com).

## How you can use Find Care

The Find Care tool brings together details about doctors, hospitals, labs and other health care facilities in your plan. You can easily compare what's important to you, like cost, location and office hours. Find Care helps you:



Search for providers and facilities in your plan by name, specialty or procedure.



Compare costs for health care services based on your plan.



Find providers near you and explore virtual care options.



Review details about doctors, such as their specialties, gender, languages spoken and contact information.

## Choose with confidence

You can start using **Find Care** by downloading the Sydney Health app to your mobile device or logging in to [anthem.com](https://www.anthem.com). Select **Find Care** and the tool will guide you through the steps.

## We're ready to help you

If you have questions, you can reach us using the interactive chat feature on the Sydney Health app or through the Message Center on [anthem.com](https://www.anthem.com).

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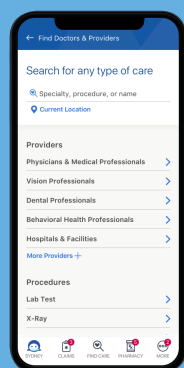
# Connect with the care that's right for you

## The Find Care tool helps you search for doctors/dentists and compare costs

Choosing a provider you trust is important — and choosing one in your plan's network can help keep your costs down. Finding high-quality, cost-effective care is simple when you use the Find Care tool on the Sydney Health mobile app or [anthem.com](https://www.anthem.com).

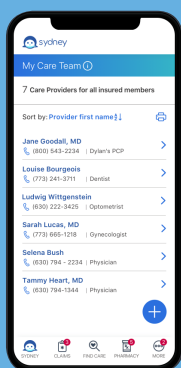
### How to use Find Care

The Find Care tool brings together details about doctors, dentists, hospitals, labs, and healthcare facilities in your plan's network. You can easily compare information such as costs, location, and office hours. You can:



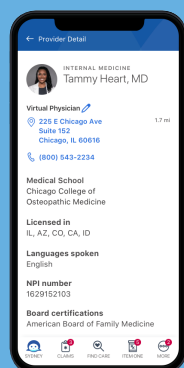
1

Search for providers and facilities in your plan's network by name, specialty, or procedure.



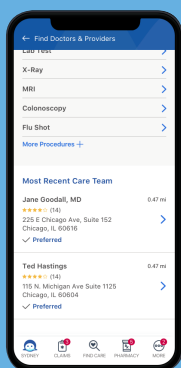
2

Customize the list of providers you see in your search based on factors that are most important to you, such as languages spoken, affiliated hospitals, and location.



3

Review details about doctors/dentists such as their specialties, gender, educational background, and contact information.



4

Choose a doctor/dentist from the list to review their patient ratings and compare costs for services.

### Choose with confidence

You can start using **Find Care** by downloading the Sydney Health app to your mobile device or logging in to [anthem.com](https://www.anthem.com). Select **Find Care** and the Find Care tool will guide you through the steps.

### We're ready to help you

The Find Care tool empowers you to take control of your healthcare by helping you connect with high-quality care options. If you have questions, you can reach us using the interactive chat feature on the Sydney Health app or through the Message Center on [anthem.com](https://www.anthem.com).



Download Sydney Health today to find a provider that's right for you



Use your smartphone camera to scan this QR code.



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# Sydney Health makes healthcare easier

Access personalized health and wellness information wherever you are

The Sydney Health mobile app is the one place to keep track of your health and your benefits. 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.

## 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.

## Live Chat

Find answers quickly with the Live Chat tool in Sydney Health. You can use the interactive chat feature or talk to an Anthem representative when you have questions about your benefits or need information.

## Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker, then consult with a doctor through a video visit or text session.

## Community Resources

This resource center helps you connect with organizations offering free 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 Sydney Health today

Use the app anytime to:

- Find care and compare costs
- See what's covered and check claims
- View and use digital ID cards



Use your smartphone camera to scan this QR code



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# At home or on the go, doctors and mental health professionals are here for you.

Using LiveHealth Online, you can have a private video visit on your smartphone, tablet or computer.



When you're not feeling well you can get the support you need easily using LiveHealth Online. Whether you have a cold, you're feeling anxious or need help managing your medication, doctors and mental health professionals are right there, ready to help you feel your best. Using LiveHealth Online you can have a video visit with a board-certified doctor, psychiatrist or licensed therapist from your smartphone, tablet or computer from home or anywhere.

## On LiveHealth Online, you can:

- **See a board-certified doctor 24/7.** You don't need an appointment to see a doctor. They're always available to assess your condition and send a prescription to the pharmacy you choose, if needed.<sup>1</sup> It's a great option when you have pink eye, a cold, the flu, a fever, allergies, a sinus infection or another common health issue.
- **Visit a licensed therapist in four days or less.**<sup>2</sup> Have a video visit with a therapist to get help with anxiety, depression, grief, panic attacks and more. Schedule your appointment online or call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.
- **Consult a board-certified psychiatrist within two weeks.**<sup>3</sup> If you're over 18 years old, you can get medication support to help you manage a mental health condition. To schedule your appointment call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.

## You've got access to affordable and convenient care

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs — usually \$59 or less for medical doctor visits, and a 45-minute therapy or psychiatry session usually costs the same as an office mental health visit.

## Sign up for LiveHealth Online today – it's quick and easy

Go to [livehealthonline.com](https://livehealthonline.com) or download the app and register on your phone or tablet.



**LiveHealth**  
O N L I N E

# Save money with SpecialOffers and discounts

As part of your health plan, you qualify for discounts on products and services that help promote better health and well-being. These discounts are available through SpecialOffers to help you save money while taking care of your health.



## Dental, hearing, and vision

### Dental

#### ProClear™ Aligners

You can improve your smile without metal braces and dental visits. These clear, teeth-straightening aligners, which you buy online, are an excellent lower-cost option to the regular wire braces or aligner treatments you receive through an orthodontist.

#### RefreshaDent

Save on premium dentures from the comfort of your home with a lifetime warranty.

### Hearing

#### NationsHearing®

Receive hearing screenings and in-home service at no additional cost. You can also receive hearing aids at a discounted rate.

#### Hearing Care Solutions

Receive no-cost hearing exams and discounts on hearing aids. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, batteries for two years, and unlimited visits for one year.

### Amplifon

Save on top-quality care and ongoing service and support for your hearing aids.

### Eyewear

#### Glasses.com® and 1-800 CONTACTS®

Shop for the latest brand-name frames at a fraction of the cost for similar frames at other retailers. You can also receive additional savings on orders of \$100 or more, plus no-cost shipping and returns.

### EyeMed

Take advantage of discounts on new glasses, nonprescription sunglasses, and eyewear accessories.

### LASIK

#### Premier LASIK Network

Save on LASIK when you choose any featured Premier LASIK Network provider.

### TruVision

Save on LASIK eye surgery at over 1,000 locations.



## Health and fitness

### Health

#### BREVENA

Enjoy a discount on BREVENA skin care creams and balms for smooth, rejuvenated skin from head to toe.

#### ChooseHealthy®

Discounts are available on acupuncture, chiropractic, massage, podiatry, physical therapy, and nutritional services. You also have discounts on fitness equipment, wearable trackers, and health products such as vitamins and nutrition bars.

#### Jenny Craig®

Receive everything you need to make it easier to reach your health goals. In addition to no-cost coaching, you can also save on food purchases.

#### LifeMart®

Deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services, yoga classes, sports gear, and vision care.

### Fitness

#### Active&Fit Direct™

Choose from more than 11,900 participating fitness centers nationwide at a discounted rate. This program is offered through American Specialty Health Fitness, Inc.

#### Fitbit®

Work toward your fitness goals with Fitbit trackers and smartwatches that go with your lifestyle and budget.

#### Garmin®

Discounts are available on select Garmin wellness devices.

#### GlobalFit®

Discounts are available for gym memberships, fitness equipment, coaching, and other services.

## Family and home

### Family

#### WINFertility®

Save up to 40% on infertility treatment. WINFertility helps make quality treatment more affordable.

#### Safe Beginnings®

Babyproof your home while saving on everything from safety gates to outlet covers.

#### 23andMe®

Save on health and ancestry kits to learn about your wellness, ancestry, and more.

### Home

#### Nationwide® pet insurance

Receive discounts when you enroll through your company or organization. Additional savings are available when you enroll multiple pets.

#### ASPCA® Pet Health Insurance

Find reduced rates on pet insurance and choose from three levels of care, including flexible deductibles and custom reimbursements.

## Medicine and treatment

### Medicine

#### Puritan's Pride®

Choose from a large selection of discounted vitamins, minerals, and supplements.

#### Allergy Control Products and National Allergy Supply™

Save on select doctor-recommended products such as allergy-friendly bedding, air purifiers and filters, and asthma products. Some orders qualify for no-cost ground shipping within the contiguous U.S.

### Treatment

#### The Living Well Course Series

Choose one of the online living programs and save on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep, or face an alcohol problem.

▶ **Learn more about SpecialOffers**  
Log in to **anthem.com**, choose **Care**, and select **Discounts**.

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# Wellbeing Solutions

## Focus on your well-being and earn rewards up to \$200

The more activities you complete, the greater your reward.

The Wellbeing Solutions program connects you with easy-to-use digital health and wellness tools that can help you stay your best. When you complete any of the activities listed below sponsored by your employer, you'll earn rewards to put toward electronic gift cards for select retailers. You choose the activities you'd like to complete to receive the maximum of \$200.

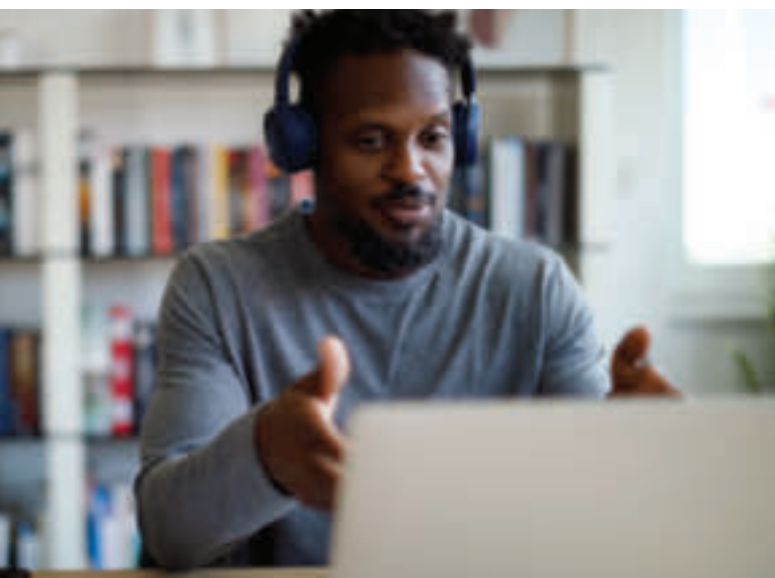
Activity Type	Activities	Amount
 <b>Preventive care</b>	Have an annual preventive wellness exam or well woman exam with your doctor	\$25
	Get an annual cholesterol test <sup>1</sup>	\$20
	Have a colorectal cancer screening (ages 45 and older)	\$25
	Have a routine mammogram (women ages 40 to 74)	\$25
	Have an annual eye exam <sup>2</sup>	\$25
	Get an annual flu shot	\$20
 <b>Condition management programs</b>	ConditionCare: Work one-on-one with your health coach and earn rewards for participating in and completing the program <sup>3</sup>	Up to \$50 (\$20/\$30)
	Future Moms: Moms-to-be can receive support from a registered nurse and earn rewards for completing initial, interim, and postpartum assessments <sup>4</sup>	Up to \$40 (\$20/\$10/\$10)

Activity Type	Activities	Amount
 <b>Condition management programs</b>	Well-being Coach – Weight Management: Receive one-on-one coaching by phone as you complete your goal to earn a reward <sup>5</sup>	\$25
	Well-being Coach – Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward <sup>6</sup>	\$25
 <b>Digital &amp; wellness activities</b>	Log in to your Anthem account	\$5
	Connect a fitness or lifestyle device	\$5
	Complete a health assessment and receive tailored health recommendations	\$20
	Complete action plans around eating healthy, weight management, and physical activity	Up to \$25 (\$5 per action plan)
	Track your steps	Up to \$60 (2 per 50,000 steps tracked)
	Complete Well-being Coach digital daily check-ins	Up to \$20 (\$4 per milestone)
	Update your contact information	\$10

## Well-being Coach can help you meet your goals

The Well-being Coach digital coaching app from Lark offers you 24/7 personalized support. Well-being Coach can help you maintain a healthy weight, quit tobacco, and improve your nutrition, exercise habits, mindfulness, and sleep. If you need extra support with weight management or quitting tobacco, you can also talk to a certified health coach.

Access Well-being Coach in the Sydney<sup>SM</sup> Health app or at [anthem.com](https://www.anthem.com).



## Earn rewards

Here's how and when you'll earn rewards for completing the activities already mentioned.

**Preventive care:** Simply visit your doctor for any of the screenings or appointments listed in the chart. Your rewards are added to your account after your claim is processed, which may take up to 60 days.

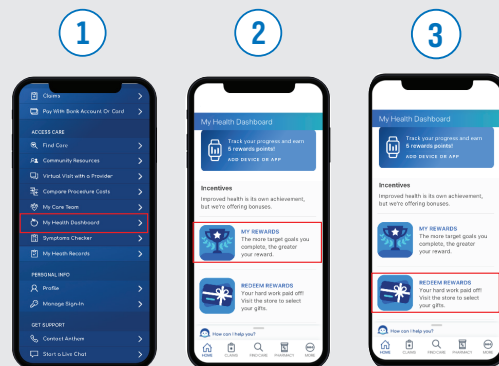
**Condition management:** Rewards are added to your account as you meet certain benchmarks or complete a program. Programs include: ConditionCare (for asthma, diabetes, and heart or lung conditions), Future Moms, and Well-being Coach for weight management and tobacco cessation.

**Digital and wellness activities:** Log in to the Sydney Health app or [anthem.com](https://www.anthem.com) to complete available activities, such as taking a health assessment, participating in the Well-being Coach Digital program, and tracking your steps. Rewards are added to your account as activities are completed.



## Use your rewards

- 1 To view your rewards, open the Sydney Health app or go to **anthem.com**. Next, go to *My Health Dashboard*.
- 2 Select **My Rewards**.
- 3 Select **Redeem Rewards** to see how much you've earned. Use your rewards toward electronic gift cards from popular retailers, including: Amazon, Bed Bath & Beyond, Gap Options (all brands), Apple, Target, The Home Depot, and TJ Maxx. The minimum gift card amount is set by each individual retailer.



Download the Sydney Health mobile app by scanning this QR code with your phone's camera.

## Do you have questions?

Log in at **anthem.com** or open the Sydney Health app. Then go to *My Health Dashboard* and select **My Rewards** to learn more. You can also call Member Services at the number on your ID card.

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

2 Annual eye exam reward is available if employer provides vision coverage through Anthem.

3 Adult members identified as moderate or high risk are eligible for ConditionCare and may receive a reward for participation in 1 of 5 ConditionCare programs and completion for 1 of 5 ConditionCare programs: (chronic obstructive pulmonary disease [COPD], coronary artery disease [CAD], asthma, diabetes, and congestive heart failure [CHF]). Rewards include: \$20 for program participation and \$30 for program completion.

4 Future Moms assessments completion dates: Initial assessment must be completed by day 97; interim assessment must be completed by day 1 prior to delivery; postpartum assessment must be completed by 56 days after delivery. Rewards include: \$20 for an initial assessment; \$10 for an interim assessment; and \$10 for a postpartum assessment.

5 Well-being Coach Weight Management program (telephonic) is available for members who are identified as high risk based on a body mass index (BMI) of 30 or higher.

6 Well-being Coach Tobacco Cessation program (telephonic) is available for members who are identified as high risk based on any tobacco usage.

7 Members may earn rewards for completing quarterly Well-being Coach digital milestones while logging daily check-in activities on the app. Daily check-in reward values: first check-in: \$4; next 15 check-ins during first quarter: \$4; 25 check-ins during second through fourth quarters: \$4 each quarter. Log in to Sydney Health or anthem.com to download the Well-being Coach digital app. Well-being Coach is provided by Lark Health.

We encourage you to actively participate in your rewards program. Any rewards you earn must be redeemed before the end of the current plan year. Once the plan year ends, any unused rewards are forfeited, and your reward balance will reset to \$0 at the beginning of the new plan year.

All preventive care activities are claims-based. Medical waivers apply to all claim-based activities.

Rewards eligibility applies to only employees and their spouse/domestic partner. Members must be active on the plan and activity must take place during the plan effective year.

A subscriber and spouse/domestic partner may earn rewards when eligible activities are completed and, in some instances, are verified by an Anthem claim.

Product availability may vary. The reward amount redeemed may be considered income to you and/or your spouse/domestic partner and subject to state and federal taxes in the tax year it is paid. You and/or your spouse/domestic partner should consult a tax expert with any questions regarding tax obligations.

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 explore the electronic gift card options available to you.

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

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# 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](https://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 **1-844-328-1582** 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](https://smartshopper.com) or call the SmartShopper Personal Assistant Team at **1-844-328-1582**.
- 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](https://smartshopper.com) or call the Personal Assistant Team at **1-844-328-1582**, 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 **1-844-328-1582** or visit [smartshopper.com](https://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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# 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 on [anthem.com](https://www.anthem.com).



## Your plan is here for you to use

### If you would like extra help

If you have questions, we are here to help. Contact us through our online Message Center or call the Member Services number on your ID card.



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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