



# 2026 open enrollment

Your guide to your health plan and benefits

**Anthem PPO**  
**Nassau County**

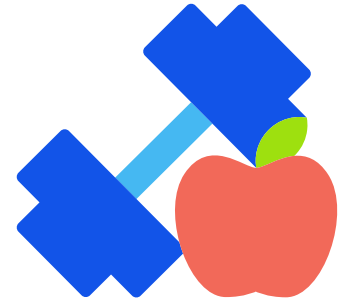


# Welcome to Anthem

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

### Why Anthem

At Anthem, we're dedicated to improving your health and providing quality coverage to the 47 million people who have an Anthem health plan.<sup>1</sup> To make sure you're receiving safe, quality care and service, we review the benefits and programs you use to know what's working — and learn where we can take action — to help you be your healthiest self. With an Anthem plan, you'll have access to a variety of benefits, including:



#### **The nation's largest network**

Anthem gives you access to more than 1.7 million doctors and hospitals — the nation's largest network of care providers, which touches every ZIP code in the U.S.<sup>2</sup>

#### **No- or low-cost preventive care**

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

#### **Convenient virtual care**

Virtual care allows you to connect directly to care from anywhere with a smartphone, tablet, or computer with a camera. You'll be able to meet with a board-certified doctor through video or chat with little to no wait time.<sup>3</sup>

#### **Health and wellness programs**

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

<sup>1</sup> Elevance Health: 2024 Notice of Annual Meeting of Shareholders and Proxy Statement (accessed May 21, 2025): [https://s202.q4cdn.com/665319960/files/doc\\_financials/2024/ar/2024-elevance-health-proxy-statement.pdf](https://s202.q4cdn.com/665319960/files/doc_financials/2024/ar/2024-elevance-health-proxy-statement.pdf).

<sup>2</sup> Blue Cross Blue Shield Association: The Blue Cross Blue Shield System (accessed May 21, 2025): [bcbs.com](https://www.bcbs.com).

<sup>3</sup> In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.



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# Medical plans

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

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

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

### PPO

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

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

## Find care



Use our **Find Care** tool to see if your doctors are in the plan's network by visiting [anthem.com/find-care](https://www.anthem.com/find-care)



# Pharmacy benefits

## Reliable prescription drug coverage

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

### Your plan covers:

- Brand-name and generic drugs on your drug list.
- Certain preventive drugs at a more affordable or no extra cost to you.
- Most specialty drugs required to treat an ongoing health matter or serious illness.

### Coverage requirements

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

- **Preapproval, also known as prior authorization**, helps ensure your medications are safe and appropriate. If necessary, we'll work directly with your doctor to find the best fit with no action needed on your part.

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

### Review your drug list

Your plan uses the drug list below. It includes hundreds of generic and brand-name prescription drugs in every therapeutic class that can help keep your costs down. Choosing a medicine on your drug list can help you pay less — especially when compared to paying out of pocket for medicines that aren't covered.

Your plan includes various drug lists with details about brand-name and generic drugs. Check the lists for your medications; if they are not covered on the list, you'll see other options

Visit:

- [https://fm.formularynavigator.com/FBO/143/National\\_Drug\\_List\\_3\\_Tier\\_ABC\\_.pdf](https://fm.formularynavigator.com/FBO/143/National_Drug_List_3_Tier_ABC_.pdf)

### To understand pharmacy benefits:

- Review your medication list to see if your prescriptions are covered.
- Use the Price a Medication tool on **Sydney<sup>SM</sup> Health** to find the best price in your plan's network, which can save you more when buying certain medicines.
- Check to make sure your local retail pharmacy is in your plan's network by using the Find a Pharmacy tool on **Sydney<sup>SM</sup> Health**.
- Explore home delivery with CarelonRx Pharmacy to make getting your regular prescription medications easier and help lower your costs.
- Get more information on our specialty pharmacy once you have a health plan. Most specialty drugs are covered if you need them.

### Your pharmacy options

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

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

### Save with a 90-day supply

**Retail 90:** Receive a 90-day fill of the medicines you take regularly at a participating retail pharmacy. You can save money and time with fewer trips to the pharmacy and stay on top on your medicine easier by switching to a 90-day supply.

# Plan extras

## Extra benefits that support your whole health

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

### Condition support

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

#### 24/7 NurseLine

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

#### Autism Spectrum Disorder Program

This program focuses on building a strong support system for the entire family. A specialized team of clinicians will work with you to create a customized care plan, help coordinate care, and connect you with resources in your community.

#### Case Management

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

#### ConditionCare CORE

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



## **Lark Diabetes Prevention Program**

ABCBS and Lark have come together to offer you this 12-month program at no extra cost as part of your health plan. This prevention program can help you lose weight and lower your risk of developing type 2 diabetes. It's flexible, customized for you, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help you make small changes that can improve your health.

## **Maternity**

Our maternity programs help support you no matter where you're at in your parenting journey. From planning a family to raising small children, there's resources available to help you thrive.

## **Building Healthy Families**

Offering 24/7 digital support, Building Healthy Families is here to help your family with everything from preconception and pregnancy to childbirth and early childhood. The program features an extensive content library to support diverse families, including single parents and same-sex and multicultural couples. You'll have access to a library and other tools, such as fertility, diaper change and feeding trackers, due date calculators, and blood pressure monitoring.

## **Whole health connections**

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

## **MyHealth Advantage**

Stay healthy and save money with this no-cost service that can remind you when you need to refill a prescription or have a checkup, test, or exam. You'll also receive personalized and confidential MyHealth Notes.

## **SpecialOffers**

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

# Plan tools and resources

## Make the most of your benefits

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

### Find Care

Our **Find Care** tool is a great way to find care providers in your health plan's network. Even if you haven't yet enrolled, using this tool to see if your current care providers are in the plan's network can help you make the right choice during open enrollment and save you money on care. Search by the doctor's name or specialty, type of procedure, or facility. If you don't yet have an Anthem health plan, you can still access the Find Care tool on [anthem.com/find-care](https://www.anthem.com/find-care) and search as a guest.

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

### Anthem Health Guides

Highly trained Anthem associates are your personal health guides who can help you with all your healthcare needs. They can help you find doctors in your plan's network, connect with the right resources, and stay on top of preventive screenings and tests. Once you have an Anthem health plan, reach an Anthem Health Guide by calling the number on your health plan ID card, using the **Sydney<sup>SM</sup> Health** app, or visiting [anthem.com](https://www.anthem.com).

### Sydney<sup>SM</sup> Health app

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

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

# Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Contract Code:

Your Plan: Nassau County: Anthem PPO

Your Network: PPO

Out-of-Network Reimbursement rate: 250% of National Medicare

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge
Mental Health & Substance Use Disorder Services	\$25 copay per visit
Specialist care	\$25 copay per visit

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Overall Deductible	\$0 person / \$0 family	\$1,000 person / \$2,000 family
Overall Out-of-Pocket Limit	\$8,550 person / \$17,100 family	\$8,550 person / \$17,100 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.

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

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

<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	\$25 copay per visit	20% coinsurance after deductible is met
<b>Specialist Provider</b> <i>virtual and office</i>	\$25 copay per visit	20% coinsurance after deductible is met
<b>Other Practitioner Visits</b>		
<b>Maternity Doctor services</b> (prenatal/postpartum care and delivery)	No charge	20% 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>	\$25 copay per visit	20% coinsurance after deductible is met
<b>Chiropractic Services</b>	\$25 copay per visit	20% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b>Acupuncture</b> <i>Coverage is limited to 18 visits per benefit period for Out-of-Network provider.</i>	\$25 copay per visit	20% coinsurance after deductible is met
<b><u>Other Services in an Office</u></b> <b>Allergy Testing</b> <b>Allergy Injections</b> <b>Prescription Drugs</b> <i>Dispensed in the office</i> <b>Surgery</b>	\$25 copay per visit No charge No charge No charge	10% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met
<b>Preventive care / screenings / immunizations</b>	No charge	20% coinsurance after deductible is met
<b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i>	No charge	Cost share is based on the setting services are received.
<b><u>Diagnostic Services Lab</u></b> Office Freestanding Lab/Reference Lab Outpatient Hospital	\$25 copay per visit \$25 copay per visit \$50 copay per visit	10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met
<b><u>Diagnostic Services X-Ray</u></b> Office Outpatient Hospital	\$25 copay per visit \$50 copay per visit	10% coinsurance after deductible is met 10% coinsurance after deductible is met
<b><u>Diagnostic Services Advanced Diagnostic Imaging</u></b> <i>for example: MRI, PET and CAT scans</i> Office Outpatient Hospital	\$25 copay per visit \$50 copay per visit	10% coinsurance deductible does not apply 10% coinsurance after 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> <b>Emergency Room Facility Services</b> <i>Your copay will be waived if admitted.</i> <b>Emergency Room Doctor and Other Services</b>	\$30 copay per visit \$200 copay per visit No charge	10% coinsurance after deductible is met Covered as In-Network Covered as In-Network

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b>Ambulance</b>	\$70 copay per trip	Covered as In-Network
<u><b>Outpatient Mental Health and Substance Use Disorder Services at a Facility</b></u> <b>Facility Fees</b>  <b>Doctor Services</b>	No charge  \$25 copay per visit	10% coinsurance after deductible is met  10% coinsurance after deductible is met
<u><b>Outpatient Surgery</b></u> <b>Facility Fees</b> Hospital  Ambulatory Surgical Center  <b>Physician and other services</b> <i>including surgeon fees</i> Hospital  Ambulatory Surgical Center	\$95 copay per visit  \$50 copay per visit  No charge  No charge	10% coinsurance after deductible is met  10% coinsurance after deductible is met  20% coinsurance after deductible is met  20% coinsurance after deductible is met
<u><b>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</b></u>  <b>Facility Fees</b> <i>Coverage for Inpatient Rehabilitation is limited to 30 days per benefit period.</i>  <b>Physician and other services</b> <i>including surgeon fees</i>	No charge  No charge	10% coinsurance after deductible is met  20% coinsurance after deductible is met
<u><b>Home Health Care</b></u> <i>Coverage is limited to 40 visits per benefit period.</i>	No charge	20% coinsurance deductible does not apply
<u><b>Therapy Services</b></u> <b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical and occupational therapies is limited to 60 visits combined per benefit period. Coverage for speech therapy is limited to 30 visits per benefit period.</i>  Office  Outpatient Hospital	\$25 copay per visit  \$25 copay per visit	20% coinsurance after deductible is met  20% coinsurance after deductible is met
<b>Pulmonary rehabilitation</b>		

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Office	\$25 copay per visit	20% coinsurance after deductible is met
Outpatient Hospital	No charge	20% coinsurance after deductible is met
<b>Cardiac rehabilitation</b> <i>Coverage is limited to 36 visits per benefit period.</i>		
Office	\$25 copay per visit	20% coinsurance after deductible is met
Outpatient Hospital	No charge	20% coinsurance after deductible is met
<b>Dialysis/Hemodialysis</b> <i>office and outpatient hospital</i>	No charge	20% coinsurance after deductible is met
<b>Chemo/Radiation Therapy</b> <i>office and outpatient hospital</i>	No charge	20% coinsurance after deductible is met
<b>Skilled Nursing Care (facility)</b> <i>Coverage is limited to 60 days per benefit period.</i>	No charge	10% coinsurance after deductible is met
<b>Inpatient Hospice</b>	No charge	10% coinsurance after deductible is met
<b><u>Additional Services, Equipment and Devices</u></b>		
<b>Durable Medical Equipment</b>	No charge	20% coinsurance after deductible is met
<b>Diabetic Equipment and Supplies</b>	No charge	20% coinsurance after deductible is met
<b>Prosthetic Devices</b>	No charge	20% coinsurance after deductible is met
<b>Wigs</b> <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	No charge	20% coinsurance after deductible is met
<b>Hearing Aids</b> <i>Coverage is limited to one hearing aid per hearing-impaired ear per 3 years, for adults and children.</i>	No charge	20% coinsurance after deductible is met
Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<b>Pharmacy Deductible</b>	Not applicable	Not applicable
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with In-Network medical out-of-pocket limit	Combined with Out-of-Network medical out-of-pocket limit
<b>Prescription Drug Coverage</b> <b>Network: <i>Base Network</i></b> <b>Drug List: <i>National</i></b>		

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<p><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 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 our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.  <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.</p>		
<p><b>Tier 1 - Typically Generic</b></p>	<p>\$5 copay per prescription (retail and home delivery)</p>	<p>\$5 copay per prescription then 20% coinsurance (retail) and not covered (home delivery)</p>
<p><b>Tier 2 - Typically Preferred Brand</b></p>	<p>\$30 copay per prescription (retail) and \$60 copay Per prescription (home delivery)</p>	<p>\$30 copay per prescription then 20% coinsurance (retail) and not covered (home delivery)</p>
<p><b>Tier 3 - Typically Non-Preferred Brand/Specialty Drugs</b></p>	<p>\$60 copay per prescription (retail) and \$120 copay Per prescription (home delivery)</p>	<p>\$60 copay per prescription then 20% coinsurance (retail) and Not covered (home delivery)</p>


**Notes:**

- 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.
- Screening and diagnostic imaging for the detection of breast cancer, including diagnostic mammograms, 3D mammography, breast ultrasounds and MRIs are covered in full as required by state mandate.
- 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.
- Covered Infertility services: lab and radiology tests, cryopreservation, fertility drugs, surgical treatments such as: Artificial Insemination, In-vitro fertilization (IVF), GIFT, ZIFT. Cost share will be applied based on service and setting. Lifetime Maximum: IVF limited to 3 cycles.

*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: Visit us at [www.anthem.com](http://www.anthem.com)

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://eoc.anthem.com/eocdps/>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call (844) 241-7085 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <u>deductible</u>?</b>	\$0/person or \$0/family for In-Network Providers. \$1,000/person or \$2,000/family for <u>Out-of-Network Providers</u> .	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your <u>deductible</u>?</b>	Yes. Primary Care. <u>Specialist</u> Visit. <u>Preventive Care</u> . Certain <u>Prescription Drugs</u> . For more information see below.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	\$8,550/person or \$17,100/family for In-Network Providers. \$8,550/person or \$17,100/family for <u>Out-of-Network Providers</u> .	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="http://www.anthembluecross.com/find-care/?alphaprefix=CFT">www.anthembluecross.com/find-care/?alphaprefix=CFT</a> or call (844) 241-7085 for a list of <u>network providers</u> . Benefits and costs may vary by site of service and how the <u>provider</u> bills.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>Out-of-Network Provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>Out-of-Network Provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.

<b>Do you need a referral to see a specialist?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .
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 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25/visit	20% <u>coinsurance</u>	Virtual visits (Telehealth) benefits available.
	<u>Specialist</u> visit	\$25/visit	20% <u>coinsurance</u>	Virtual visits (Telehealth) benefits available.
	<u>Preventive care/screening/immunization</u>	No charge	20% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	\$25/visit	10% <u>coinsurance</u>	-----none-----
	Imaging (CT/PET scans, MRIs)	\$50/visit	10% <u>coinsurance</u>	-----none-----
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at <a href="http://www.anthem.com/pharmacyinformation/">http://www.anthem.com/pharmacyinformation/</a>	Typically Generic (Tier 1)	\$5/prescription (retail and home delivery)	\$5/prescription then 20% <u>coinsurance</u> , <u>deductible</u> does not apply (retail) and Not covered (home delivery)	For more information, refer to "National Drug List" at <a href="http://www.anthem.com/pharmacyinformation/">http://www.anthem.com/pharmacyinformation/</a> *See <u>Prescription Drug</u> section.
	Typically Preferred Brand & Non-Preferred Generic Drugs (Tier 2)	\$30/prescription (retail) \$60/prescription (home delivery)	\$30/prescription then 20% <u>coinsurance</u> , <u>deductible</u> does not apply (retail) and Not covered (home delivery)	
	Typically Non-Preferred Brand and Generic drugs (Tier 3)	\$60/prescription (retail) \$120/prescription (home delivery)	\$60/prescription then 20% <u>coinsurance</u> , <u>deductible</u> does not apply (retail) and Not covered (home delivery)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$95/visit	10% <u>coinsurance</u>	\$50/visit for Ambulatory Surgical Center for In- <u>Network Providers</u> .
	Physician/surgeon fees	0% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
If you need immediate medical attention	<u>Emergency room care</u>	\$200/visit	Covered as In- <u>Network</u>	<u>Copayment</u> waived if admitted.
	<u>Emergency medical transportation</u>	\$70/trip	Covered as In- <u>Network</u>	-----none-----
	<u>Urgent care</u>	\$30/visit	10% <u>coinsurance</u>	-----none-----

\* For more information about limitations and exceptions, see the plan or policy document at <https://eoc.anthem.com/eocdps/>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	0% <u>coinsurance</u>	10% <u>coinsurance</u>	30 days/benefit period for Inpatient rehabilitation.
	Physician/surgeon fees	0% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit \$25/visit Other Outpatient 0% <u>coinsurance</u>	Office Visit 20% <u>coinsurance</u> Other Outpatient 10% <u>coinsurance</u>	Office Visit Virtual visits (Telehealth) benefits available. Other Outpatient -----none-----
	Inpatient services	0% <u>coinsurance</u>	10% <u>coinsurance</u>	-----none-----
If you are pregnant	Office visits	0% <u>coinsurance</u>	20% <u>coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	0% <u>coinsurance</u>	20% <u>coinsurance</u>	
	Childbirth/delivery facility services	0% <u>coinsurance</u>	10% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	0% <u>coinsurance</u>	20% <u>coinsurance, deductible</u> does not apply	40 visits/benefit period.
	<u>Rehabilitation services</u>	\$25/visit	20% <u>coinsurance</u>	*See Therapy Services section.
	<u>Habilitation services</u>	\$25/visit	20% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	0% <u>coinsurance</u>	10% <u>coinsurance</u>	60 days/benefit period for skilled nursing services.
	<u>Durable medical equipment</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	*See <u>Durable Medical Equipment</u> section.
	<u>Hospice services</u>	0% <u>coinsurance</u>	10% <u>coinsurance</u>	-----none-----
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	-----none-----
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	

### Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none"> <li>Children's dental check-up</li> <li>Eye exams for a child</li> <li><u>Preauthorization</u> - You may have to pay for all or a portion of any test, equipment, service or procedure that is not</li> </ul>	<ul style="list-style-type: none"> <li>Cosmetic surgery</li> <li>Glasses for a child</li> <li>Routine eye care (Adult)</li> </ul>	<ul style="list-style-type: none"> <li>Dental care (Adult)</li> <li>Long-term care</li> <li>Routine foot care</li> </ul>

\* For more information about limitations and exceptions, see the plan or policy document at <https://eoc.anthem.com/eocdps/>.

preauthorized. Contact us to find out what must be preauthorized and whether preauthorization has been given.

- Weight loss programs

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Acupuncture 18 visits/benefit period (Out-of-Network)
- Hearing aids 1 item/hearing-impaired ear/3 years for adults and children
- Private-duty nursing 40 visits/benefit period in a Home Setting only
- Bariatric surgery
- Infertility treatment - certain services
- Chiropractic care
- Most coverage provided outside the United States. See [www.bcbsglobalcore.com](http://www.bcbsglobalcore.com)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: New York State Department of Financial Services, One State Street, New York, NY 10004-1511, (800) 342-3736, (212) 480-6400, (518) 474-6600, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, [www.cciio.cms.gov](http://www.cciio.cms.gov), or contact Anthem at the number on the back of your ID card. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

ATTN: Grievances and Appeals, P.O. Box 1407, Church Street Station, New York, NY 10008-1407

Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, [www.cciio.cms.gov](http://www.cciio.cms.gov)

New York State Department of Financial Services, One State Street, New York, NY 10004-1511, (800) 342-3736, (212) 480-6400, (518) 474-6600

Additionally, a consumer assistance program can help you file your appeal. Contact Department of Financial Services One State Street New York, NY 10004, (800) 342-3736, <https://www.dfs.ny.gov/consumers>

**Does this plan provide Minimum Essential Coverage? Yes.**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet the Minimum Value Standards? Yes.**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

**About these Coverage Examples:**



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ <b>The plan's overall deductible</b>	\$0	■ <b>The plan's overall deductible</b>	\$0	■ <b>The plan's overall deductible</b>	\$0
■ <b>Specialist copayment</b>	\$25	■ <b>Specialist copayment</b>	\$25	■ <b>Specialist copayment</b>	\$25
■ <b>Hospital (facility) coinsurance</b>	0%	■ <b>Hospital (facility) coinsurance</b>	0%	■ <b>Hospital (facility) coinsurance</b>	0%
■ <b>Other copayment</b>	\$25	■ <b>Other copayment</b>	\$25	■ <b>Other copayment</b>	\$25
<p>This EXAMPLE event includes services like:</p> <p><u>Specialist</u> office visits (<i>prenatal care</i>)            Childbirth/Delivery Professional Services            Childbirth/Delivery Facility Services  <u>Diagnostic tests</u> (<i>ultrasounds and blood work</i>)  <u>Specialist</u> visit (<i>anesthesia</i>)</p>		<p>This EXAMPLE event includes services like:</p> <p><u>Primary care physician</u> office visits (<i>including disease education</i>)  <u>Diagnostic tests</u> (<i>blood work</i>)            Prescription drugs  <u>Durable medical equipment</u> (<i>glucose meter</i>)</p>		<p>This EXAMPLE event includes services like:</p> <p><u>Emergency room care</u> (<i>including medical supplies</i>)  <u>Diagnostic test</u> (<i>x-ray</i>)  <u>Durable medical equipment</u> (<i>crutches</i>)  <u>Rehabilitation services</u> (<i>physical therapy</i>)</p>	
<b>Total Example Cost</b>	<b>\$12,700</b>	<b>Total Example Cost</b>	<b>\$5,600</b>	<b>Total Example Cost</b>	<b>\$2,800</b>
<b>In this example, Peg would pay:</b>		<b>In this example, Joe would pay:</b>		<b>In this example, Mia would pay:</b>	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
<u>Deductibles</u>	\$0	<u>Deductibles</u>	\$0	<u>Deductibles</u>	\$0
<u>Copayments</u>	\$400	<u>Copayments</u>	\$1,300	<u>Copayments</u>	\$600
<u>Coinsurance</u>	\$0	<u>Coinsurance</u>	\$0	<u>Coinsurance</u>	\$0
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$60	Limits or exclusions	\$20	Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$460</b>	<b>The total Joe would pay is</b>	<b>\$1,320</b>	<b>The total Mia would pay is</b>	<b>\$600</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.

# Wellbeing Solutions




## Focus on wellness and earn rewards up to \$700


### Complete activities to earn rewards

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 employer-sponsored activities below, you'll earn rewards to put toward electronic gift cards for select retailers. Choose the activities you'd like to complete to receive up to \$700. You can also earn up to \$400 with the Gym Reimbursement program by simply logging your workouts, for a potential total of \$1,100 in rewards.

Activity type	Activities	Amount
 <p><b>Digital &amp; wellness activities</b> Rewards are added to your account as you complete activities on the <b>Sydney<sup>SM</sup> Health</b> app or on <b>anthem.com</b>.</p>	Log in to your Anthem account	Up to \$60 (\$15 per quarter)
	Connect a fitness or lifestyle device	\$5
	Complete a health assessment and receive tailored health recommendations	\$50
	Complete action plans around eating healthy, weight management, and physical activity	Up to \$100 (\$20 per action plan)
	Track your steps	Up to \$120 (\$2 per 50,000 steps tracked)
	Complete Well-being Coach digital daily check-ins <sup>1</sup>	Up to \$20 (\$4 per milestone)
	Update your contact information	\$40
	Select a primary care provider (PCP) in Sydney Health	\$40
	Participate in Emotional Well-being Resources program	\$5
	Log daily nutrition (at least 45 days per quarter)	Up to \$60 (\$15 per quarter)



Activity type	Activities	Amount
 <p><b>Preventive care</b></p> <p>Complete your annual screenings or wellness visits. Rewards are added to your account after your claim is processed (may take up to 60 days).</p>	Have an annual preventive wellness exam or well-woman exam with your doctor	\$35
	Get an annual cholesterol test (men ages 35 and older, women ages 40 and older, or upon doctor recommendation)	\$30
	Have a colorectal cancer screening (ages 45 and older or upon doctor recommendation)	\$35
	Have a routine mammogram (women ages 40 to 74 or upon doctor recommendation)	\$35
	Have an annual eye exam <sup>2</sup>	\$35
	Get an annual flu shot	\$25
	Get an A1C lab test	\$30

Activity type	Activities	Amount
 <p><b>Condition management</b></p> <p>Rewards are added to your account as you meet benchmarks or complete a program.</p>	ConditionCare: Work one-on-one with your health coach and earn rewards for participating in and completing the program <sup>3</sup>	Up to \$225 (\$90/\$135)
	Building Healthy Families: Help your family grow and thrive through the Sydney Health app and earn rewards for completing certain activities <sup>4</sup>	Up to \$125 (\$30/\$35/\$30/\$30)
	Well-being Coach – Weight Management: Receive one-on-one coaching by phone as you complete your goal to earn a reward <sup>5</sup>	\$60
	Well-being Coach – Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward <sup>6</sup>	\$60
	Get a diabetic foot exam	\$35
	Get a LDL or lipid diabetic lab test	\$30
	Get a microalbumin and eGFR diabetic lab test	\$30

## Achieve your health goals with Well-being Coach

The Well-being Coach digital coaching app can help you maintain a healthy weight or quit tobacco, while improving your nutrition, exercise, mindfulness, and sleep. To access your Well-being Coach for personalized digital and phone support, go to the Sydney Health app or [anthem.com](https://www.anthem.com).



## Earn and redeem your rewards

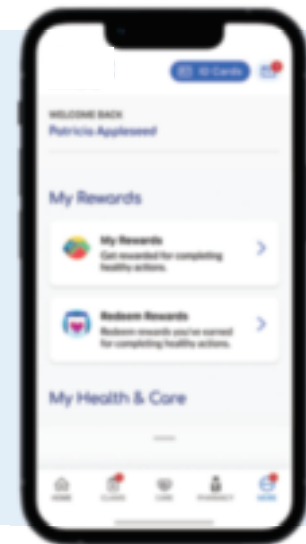
Start by logging in to Sydney Health and scroll down to *My Rewards*. From there you can:

Choose **My Rewards** to:

- Get a quick view of earning activities.
- See a snapshot of your reward status.

Choose **Redeem Rewards** to:

- Get electronic gift cards for stores like Amazon, Apple, Target, Uber, and others.<sup>7</sup>



Scan this QR code to view your rewards on the Sydney Health app. You can also log in to [anthem.com](https://www.anthem.com), and scroll down to *My Rewards*.

For questions about Gym Reimbursement or the Active&Fit Exercise Rewards program, email [fitnessservice@ashn.com](mailto:fitnessservice@ashn.com) or call 877-771-2746.

## Earn more with exercise

With the Gym Reimbursement program, employees 18 and older can be reimbursed for their gym membership to a qualified fitness center. By visiting 35 times over six months, you can earn up to \$400 more rewards per year.

### Potential rewards:

**\$700 Wellbeing Solutions**  
**+ \$400 Gym Reimbursement**  

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**\$1,100 Total Rewards**

<sup>1</sup> 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 are 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](https://www.anthem.com) to download the Well-being Coach digital app. Well-being Coach is provided by Lark Health.

<sup>2</sup> Annual eye exam reward is available if employer provides vision coverage in addition to medical benefits through Anthem.

<sup>3</sup> Adult members identified as moderate or high risk are eligible for ConditionCare and may receive a reward for participation in one of five ConditionCare programs and completion for one of five ConditionCare programs: chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), asthma, diabetes, and congestive heart failure (CHF). Rewards include \$90 for program participation and \$135 for program completion.

<sup>4</sup> Building Healthy Families milestone completion dates: BHF Pregnancy Screener must be completed by one day prior to delivery at least one of six mini assessments must be completed by one day prior to delivery, postpartum assessment must be completed by 56 days after delivery. Rewards include \$30 for profile completion; \$35 for a BHF Pregnancy Screener; \$30 for completing at least one of six mini assessments; and \$30 for a postpartum assessment.

<sup>5</sup> 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.

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

<sup>7</sup> Retailers include Amazon, Apple, all Gap brands, Target, The Home Depot, T.J. Maxx, Uber, and Uber Eats. Monetary value varies by retailer.

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

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

Rewards eligibility applies only to subscribers and their enrolled spouse/domestic partner (if applicable) with Anthem medical benefits unless employer chooses subscriber-only rewards. Eligible members must be active on the plan and their activity must take place during the plan year. A subscriber and eligible spouse/domestic partner may earn rewards when eligible activities are completed and, in some instances, are verified by an Anthem claim.

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

Electronic gift card availability may vary. The list of retailers available for electronic gift card rewards redemption is subject to change. Log on to [anthem.com](https://www.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 Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

Carelon Health, Inc. is a separate company providing care management services on behalf of Anthem Blue Cross and Blue Shield.

Anthem Blue Cross and Blue Shield is the trade name of Anthem HealthChoice HMO, Inc. and Anthem HealthChoice Assurance, Inc. Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



Anthem 

# The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

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

## Find Care

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

## My Health Dashboard

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

## Chat

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

## Virtual Care

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

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

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

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](https://www.anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE<sup>SM</sup> Managed Care, Inc. (RIT), Healthy Alliance<sup>SM</sup> Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem Healthchoice Assurance, Inc., and Anthem Healthchoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the tradename of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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## Community Resources

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

## My Health Records

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

## ¿Prefieres obtener información en español?

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



## Download the Sydney Health app today

Use the app anytime to:

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



Scan the QR code to download the Sydney Health app.

You can also set up an account at [anthem.com/register](https://www.anthem.com/register) to access most of the same features from your computer.

# Protecting your privacy

## How we keep your information safe and secure

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

You also have certain rights and responsibilities when receiving your healthcare. To understand how we protect your privacy, rights, and responsibilities when receiving healthcare, and your rights under the Women's Health and Cancer Rights Act, go to [anthem.com/privacy](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 your eligible dependents) become eligible to receive help from Medicaid or SCHIP for paying part of the cost of a health plan with us.

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

# We're here for you – in many languages

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

## Spanish

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

## Chinese

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

## Vietnamese

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

## Korean

귀하는 자국어로 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 ունեւ ստանալ անվար օգնություն ձեր լեզվով: Պարզապէս զանգահարե՛ք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշուած 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 ਵਿੱਚ ਮਦਦ ਹਾਸਲ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਬਸ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸੇਵਿਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੂਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

## TTY/TTD:711

### It's important we treat you fairly

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

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>







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



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

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

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

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and AMGP Georgia Managed Care Company, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by either Matthew Thornton Health Plan, Inc. or Anthem Health Plans of New Hampshire, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc. and Anthem HealthChoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI) underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in POS policies offered by Compcare Health Services Insurance Corporation. Compcare underwrites or administers HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.