



2026 open enrollment

Your guide to your health plan and benefits

Anthem PPO / Anthem PPO with HSA
Progressive Emergency Physicians

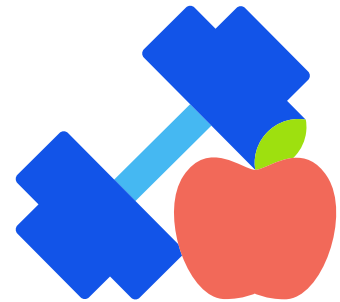


Welcome to Anthem

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

Choosing a health plan is one of the most important decisions you'll make this year. We're here to help you make the best choice so you and your family feel confident and cared for every step of the way. Open enrollment is your time to explore benefits, programs, and resources that can support your whole health and well-being all year long.

This guide will help you understand everything that's available to you, from benefits to wellness programs. You'll also find tips and tools that can help you reach your health and wellness goals once you've enrolled in an Anthem health plan.



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

The nation's largest network

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

No- or low-cost preventive care

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

Convenient virtual care

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

Health and wellness programs

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

¹ Elevance Health: 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.

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

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



Table of contents

Medical plans.....4

Pharmacy benefits.....5

Plan extras 7

Protecting your privacy53

Find help in your language..... 54



Medical plans

Review your options to find the right fit for your 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 plans 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.

- You can contribute up to 4,400 for an individual and 8,750 for a family. If you're 55 or older, you can contribute an extra \$1,000 a year.

HSA

A high-deductible health savings account (HSA) plan allows you to set aside pretax dollars to pay for care tax free. Use the money in the account to pay for qualified medical expenses, such as doctor or hospital visits, prescription drugs, or copays.³

- The money in your HSA rolls over from year to year and is yours to keep, even if you change health plans or jobs, or retire.

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)

³ For a full list of qualified expenses, go to [anthem.com/qme](https://www.anthem.com/qme).



Pharmacy benefits

Reliable prescription drug coverage

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

To understand pharmacy benefits:

- Review your medication list to see if your prescriptions are covered.
- Use the Price a Medication tool on **SydneySM Health** to find the best price in your plan's network, which can save you more when buying certain medicines.

Maximize your prescription savings

The Price a Medication tool in the **SydneySM Health** app offers ways to help you lower your prescription costs, including:

- Finding the best in-network drug prices.
- Comparing the costs of generic and brand-name drugs.
- Selecting CarelonRx Pharmacy home delivery for maintenance medications.

- Check to make sure your local retail pharmacy is in your plan's network by using the Find a Pharmacy tool on **SydneySM Health**.
- 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 . If you use a specialty medicine, it will need to be filled through our specialty pharmacy.

Plan extras

Extra benefits that support your whole health

Once you enroll in your Anthem health plan, you'll have access to a variety 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

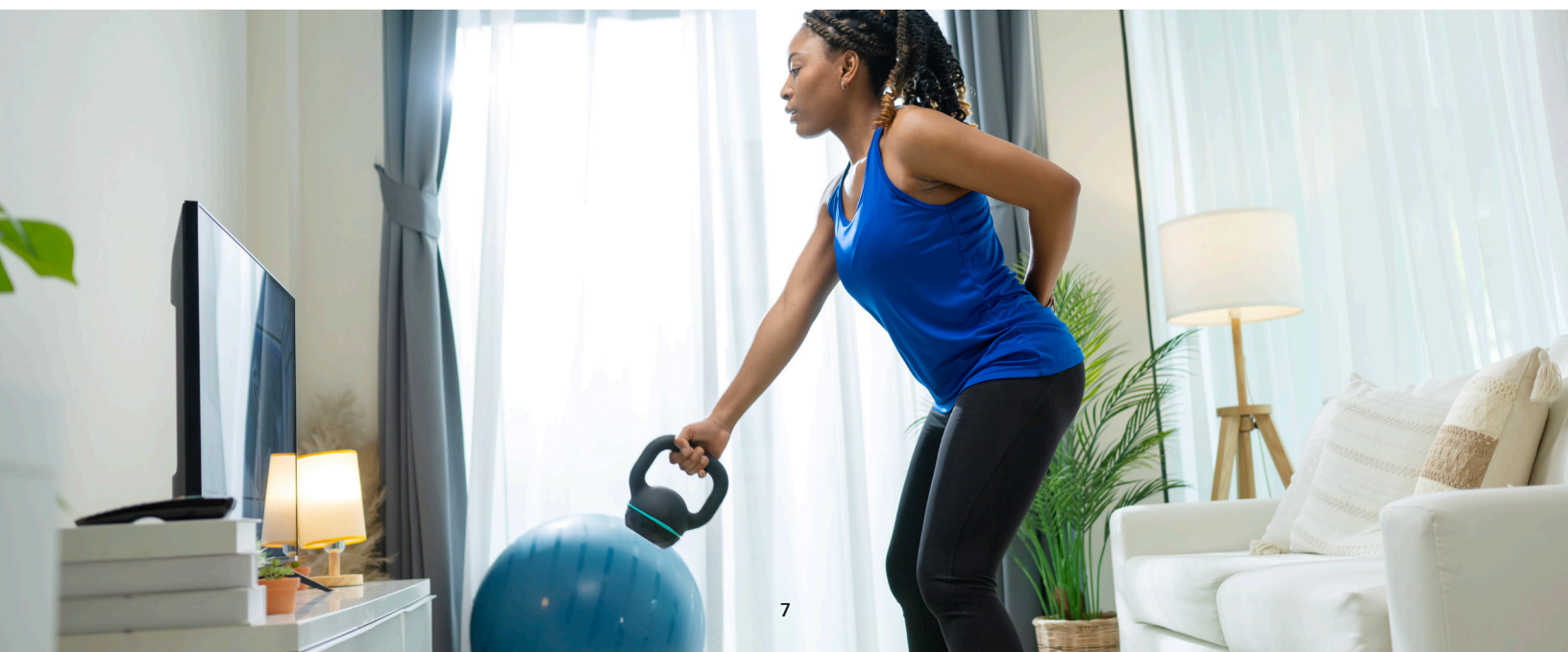
This program focuses on building a strong support system for the entire family. A specialized team of clinicians will work with you to create a customized care plan, help coordinate care, and connect you with resources in your community.

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.

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Progressive Emergency Physicians Anthem PPO Copay

Your Network: PPO/EPO

Out-of-Network Reimbursement rate: 150% 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 | No charge |
| Specialist care | \$50 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 | \$3,000 person / \$6,000 family |
| Overall Out-of-Pocket Limit | \$4,000 person / \$8,000 family | \$6,000 person / \$12,000 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.

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).*

| | | |
|--|----------------------|---|
| Primary Care (PCP) and Mental Health and Substance Use Disorder Services <i>virtual and office</i> | \$30 copay per visit | 20% coinsurance after deductible is met |
| Specialist Provider <i>virtual and office</i> | \$50 copay per visit | 20% coinsurance after deductible is met |
| <u>Other Practitioner Visits</u> | | |
| Maternity Doctor services (prenatal/postpartum care and delivery) | No charge | 20% coinsurance after deductible is met |
| Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i> | \$30 copay per visit | 20% coinsurance after deductible is met |
| Chiropractic Services | \$30 copay per visit | 20% coinsurance after deductible is met |
| Acupuncture <i>Coverage is limited to 20 visits per benefit period.</i> | No charge | Not covered |

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use an Out-of-Network Provider |
|--|--|---|
| <u>Other Services in an Office</u> | | |
| Allergy Testing | No charge | 20% coinsurance after deductible is met |
| Allergy Injections | No charge | 20% coinsurance after deductible is met |
| Prescription Drugs <i>Dispensed in the office</i> | No charge | 20% coinsurance after deductible is met |
| Surgery | No charge | 20% coinsurance after deductible is met |
| Preventive care / screenings / immunizations | No charge | 20% coinsurance after deductible is met |
| Preventive Care for Chronic Conditions <i>per IRS guidelines</i> | No charge | Cost share is based on the setting services are received. |
| <u>Diagnostic Services Lab</u> | | |
| Office | No charge | 20% coinsurance after deductible is met |
| Freestanding Lab/Reference Lab | No charge | 20% coinsurance after deductible is met |
| Outpatient Hospital | No charge | 20% coinsurance after deductible is met |
| <u>Diagnostic Services X-Ray</u> | | |
| Office | No charge | 20% coinsurance after deductible is met |
| Outpatient Hospital | No charge | 20% coinsurance after deductible is met |
| <u>Diagnostic Services Advanced Diagnostic Imaging</u> <i>for example: MRI, PET and CAT scans</i> | | |
| Office | \$100 copay per day | 20% coinsurance after deductible is met |
| Outpatient Hospital | \$100 copay per day | 20% coinsurance after deductible is met |
| <u>Emergency and Urgent Care</u> | | |
| Urgent Care <i>includes doctor services. Additional charges may apply depending on the care provided.</i> | \$75 copay per visit | Covered as In-Network |
| Emergency Room Facility Services <i>Your copay will be waived if admitted.</i> | \$300 copay per visit | Covered as In-Network |
| Emergency Room Doctor and Other Services | No charge | Covered as In-Network |
| Ambulance | No charge | Covered as In-Network |

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use an Out-of-Network Provider |
|---|--|--|
| <u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u> | | |
| Facility Fees | No charge | 20% coinsurance after deductible is met |
| Doctor Services | No charge | 20% coinsurance after deductible is met |
| <u>Outpatient Surgery</u> | | |
| Facility Fees | | |
| Hospital | \$400 copay per visit | 20% coinsurance after deductible is met |
| Ambulatory Surgical Center | \$400 copay per visit | 20% coinsurance after deductible is met |
| Physician and other services <i>including surgeon fees</i> | | |
| Hospital | No charge | 20% coinsurance after deductible is met |
| Ambulatory Surgical Center | No charge | 20% coinsurance after deductible is met |
| <u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u> <i>If readmitted within 90 days for the same or related condition, no additional facility copay is required. If transferred between facilities, only one copay will apply.</i> | | |
| Facility Fees <i>Coverage for Inpatient Rehabilitation is limited to 30 days per benefit period.</i> | \$500 copay per admission | 20% coinsurance after deductible is met |
| Physician and other services <i>including surgeon fees</i> | No charge | 20% coinsurance after deductible is met |
| <u>Home Health Care</u> <i>Coverage is limited to 100 visits per benefit period.</i> | No charge | 20% coinsurance after deductible is met |
| <u>Therapy Services</u> | | |
| Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical and occupational therapies is limited to 30 visits combined per benefit period. Coverage for speech therapy is limited to 30 visits per benefit period.</i> | | |
| Office | \$30 copay per visit | Not covered |
| Outpatient Hospital | \$50 copay per visit | Not covered |
| Pulmonary rehabilitation <i>office and outpatient hospital</i> | No charge | 20% coinsurance after deductible is met |
| Cardiac rehabilitation <i>office and outpatient hospital</i> <i>Coverage is limited to 36 visits per benefit period.</i> | \$50 copay per visit | 20% coinsurance after deductible is met |
| Dialysis/Hemodialysis <i>office and outpatient hospital</i> | No charge | 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 |
|---|--|--|
| Chemo/Radiation Therapy <i>office and outpatient hospital</i> | No charge | 20% coinsurance after deductible is met |
| Skilled Nursing Care (facility) <i>Coverage is limited to 60 days per benefit period.</i> | \$100 copay per admission | 20% coinsurance after deductible is met |
| Inpatient Hospice | No charge | 20% coinsurance after deductible is met |
| <u>Additional Services, Equipment and Devices</u> | | |
| Durable Medical Equipment | 50% coinsurance | 50% coinsurance after deductible is met |
| Diabetic Equipment and Supplies | No charge | 20% coinsurance after deductible is met |
| Prosthetic Devices | 50% coinsurance | 50% coinsurance after deductible is met |
| Wigs <i>Coverage for wigs is limited to 1 item per benefit period for severe hair loss resulting from injury, disease, or as a side effect of disease treatment.</i> | 50% coinsurance | 50% 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 |
| Pharmacy Deductible | Not applicable | Not covered |
| Pharmacy Out-of-Pocket Limit | Combined with In-Network medical out-of-pocket limit | Not covered |
| Prescription Drug Coverage Network: <i>Base Network</i> Drug List: <i>National</i> | | |
| 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 In-Network Retail Pharmacies noted below applies). Home Delivery Pharmacy 90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. Specialty Pharmacy 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. | | |
| Tier 1 - Typically Generic | \$10 copay per prescription (retail) and \$25 copay per prescription (home delivery) | Not covered |
| Tier 2 - Typically Preferred Brand | \$35 copay per | Not covered |

| Covered Prescription Drug Benefits | Cost if you use an In-Network Pharmacy | Cost if you use an Out-of-Network Pharmacy |
|---|---|--|
| | prescription (retail) and \$105 copay per prescription (home delivery) | |
| Tier 3 - Typically Non-Preferred Brand/Specialty Drugs | \$50 copay per prescription (retail) and \$150 copay per prescription (home delivery) | Not covered |

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.

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

Questions: Visit us at www.anthem.com

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Progressive Emergency Physicians Anthem PPO Copay Deductible and Coinsurance

Your Network: PPO/EPO

Out-of-Network Reimbursement rate: 150% 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 deductible does not apply |
| Mental Health & Substance Use Disorder Services | No charge deductible does not apply |
| Specialist care | \$30 copay per visit deductible does not apply |

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use an Out-of-Network Provider |
|------------------------------------|--|--|
| Overall Deductible | \$500 person / \$1,000 family | \$2,500 person / \$5,000 family |
| Overall Out-of-Pocket Limit | \$5,500 person / \$11,000 family | \$8,000 person / \$16,000 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.

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

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

| | | |
|--|--|---|
| Primary Care (PCP) and Mental Health and Substance Use Disorder Services <i>virtual and office</i> | \$20 copay per visit deductible does not apply | 30% coinsurance after deductible is met |
| Specialist Provider <i>virtual and office</i> | \$30 copay per visit deductible does not apply | 30% coinsurance after deductible is met |
| Other Practitioner Visits | | |
| Maternity Doctor services (prenatal/postpartum care and delivery) | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i> | \$20 copay per visit deductible does not apply | 30% 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 |
|--|--|--|
| Chiropractic Services Acupuncture <i>Coverage is limited to 20 visits per benefit period.</i> | \$20 copay per visit deductible does not apply \$30 copay per visit deductible does not apply | 30% coinsurance after deductible is met Not covered |
| <u>Other Services in an Office</u> Allergy Testing Allergy Injections Prescription Drugs <i>Dispensed in the office</i> Surgery | \$30 copay per visit deductible does not apply [†] 10% coinsurance after deductible is met 10% coinsurance after deductible is met \$30 copay per visit deductible does not apply [†] | 30% coinsurance after deductible is met 30% coinsurance after deductible is met 30% coinsurance after deductible is met 30% coinsurance after deductible is met |
| Preventive care / screenings / immunizations | No charge | 30% coinsurance after deductible is met |
| Preventive Care for Chronic Conditions <i>per IRS guidelines</i> | No charge | Cost share is based on the setting services are received. |
| <u>Diagnostic Services Lab</u> Office Freestanding Lab/Reference Lab Outpatient Hospital | 10% coinsurance after deductible is met No charge 10% coinsurance after deductible is met | 30% coinsurance after deductible is met 30% coinsurance after deductible is met 30% coinsurance after deductible is met |
| <u>Diagnostic Services X-Ray</u> Office Outpatient Hospital | 10% coinsurance after deductible is met 10% coinsurance after deductible is met | 30% coinsurance after deductible is met 30% coinsurance after deductible is met |
| <u>Diagnostic Services Advanced Diagnostic Imaging</u> <i>for example: MRI, PET and CAT scans</i> Office Outpatient Hospital | 10% coinsurance after deductible is met 10% coinsurance after deductible is met | 30% coinsurance after deductible is met 30% 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 |
|--|--|--|
| <u>Emergency and Urgent Care</u> Urgent Care <i>includes doctor services. Additional charges may apply depending on the care provided.</i> Emergency Room Facility Services <i>Your copay will be waived if admitted.</i> Emergency Room Doctor and Other Services Ambulance | \$75 copay per visit deductible does not apply \$350 copay per visit deductible does not apply No charge 10% coinsurance after deductible is met | Covered as In-Network Covered as In-Network Covered as In-Network Covered as In-Network |
| <u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u> Facility Fees Doctor Services | No charge No charge | 30% coinsurance after deductible is met 30% coinsurance after deductible is met |
| <u>Outpatient Surgery</u> Facility Fees Hospital Ambulatory Surgical Center Physician and other services <i>including surgeon fees</i> Hospital Ambulatory Surgical Center | 10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met | 30% coinsurance after deductible is met 30% coinsurance after deductible is met 30% coinsurance after deductible is met 30% coinsurance after deductible is met |
| <u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u> Facility Fees <i>Coverage for Inpatient Rehabilitation is limited to 30 days per benefit period.</i> Physician and other services <i>including surgeon fees</i> | 10% coinsurance after deductible is met 10% coinsurance after deductible is met | 30% coinsurance after deductible is met 30% coinsurance after deductible is met |
| <u>Home Health Care</u> <i>Coverage is limited to 100 visits per benefit period.</i> | \$50 copay per visit deductible does not apply | 30% coinsurance after deductible is met |
| <u>Therapy Services</u> | | |

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use an Out-of-Network Provider |
|--|---|--|
| Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical and occupational therapies is limited to 30 visits combined per benefit period. Coverage for speech therapy is limited to 30 visits per benefit period.</i> Office Outpatient Hospital | \$20 copay per visit deductible does not apply 10% coinsurance after deductible is met | Not covered Not covered |
| Pulmonary rehabilitation Office Outpatient Hospital | \$30 copay per visit deductible does not apply 10% coinsurance after deductible is met | 30% coinsurance after deductible is met 30% coinsurance after deductible is met |
| Cardiac rehabilitation <i>Coverage is limited to 36 visits per benefit period.</i> Office Outpatient Hospital | \$30 copay per visit deductible does not apply 10% coinsurance after deductible is met | 30% coinsurance after deductible is met 30% coinsurance after deductible is met |
| Dialysis/Hemodialysis <i>office and outpatient hospital</i> | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| Chemo/Radiation Therapy <i>office and outpatient hospital</i> | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| Skilled Nursing Care (facility) <i>Coverage is limited to 60 days per benefit period.</i> | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| Inpatient Hospice | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| <u>Additional Services, Equipment and Devices</u> | | |
| Durable Medical Equipment | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| Diabetic Equipment and Supplies | No charge | 30% coinsurance after deductible is met |
| Prosthetic Devices | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| Wigs <i>Coverage for wigs is limited to 1 item per benefit period for severe hair loss resulting from injury, disease, or as a side effect of disease treatment.</i> | 10% coinsurance after deductible is met | 30% 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 |
|---|---|--|
| Pharmacy Deductible | Not applicable | Not covered |
| Pharmacy Out-of-Pocket Limit | Combined with In-Network medical out-of-pocket limit | Not covered |
| Prescription Drug Coverage Network: <i>Base Network</i> Drug List: <i>National</i> | | |
| 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 In-Network Retail Pharmacies noted below applies). Home Delivery Pharmacy 90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. Specialty Pharmacy 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. | | |
| Tier 1 - Typically Generic | \$10 copay per prescription (retail) and \$25 copay per prescription (home delivery) | Not covered |
| Tier 2 - Typically Preferred Brand | \$35 copay per prescription (retail) and \$105 copay per prescription (home delivery) | Not covered |
| Tier 3 - Typically Non-Preferred Brand/Specialty Drugs | \$50 copay per prescription (retail) and \$150 copay per prescription (home delivery) | Not covered |

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.
- ‡ You will pay your PCP or Specialist office visit copay for certain services provided in their office.

- 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.

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

Questions: Visit us at www.anthem.com

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Progressive Emergency Physicians Anthem PPO Copay Deductible and Coinsurance

Your Network: PPO/EPO

Out-of-Network Reimbursement rate: 150% 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 deductible does not apply |
| Mental Health & Substance Use Disorder Services | No charge deductible does not apply |
| Specialist care | \$40 copay per visit deductible does not apply |

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use an Out-of-Network Provider |
|------------------------------------|--|--|
| Overall Deductible | \$1,000 person / \$2,000 family | \$1,500 person / \$3,000 family |
| Overall Out-of-Pocket Limit | \$6,000 person / \$12,000 family | \$8,000 person / \$16,000 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.

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

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

| | | |
|--|--|---|
| Primary Care (PCP) and Mental Health and Substance Use Disorder Services <i>virtual and office</i> | \$25 copay per visit deductible does not apply | 30% coinsurance after deductible is met |
| Specialist Provider <i>virtual and office</i> | \$40 copay per visit deductible does not apply | 30% coinsurance after deductible is met |
| Other Practitioner Visits | | |
| Maternity Doctor services (prenatal/postpartum care and delivery) | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i> | \$25 copay per visit deductible does not apply | 30% 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 |
|--|---|---|
| Chiropractic Services | \$25 copay per visit deductible does not apply | 30% coinsurance after deductible is met |
| Acupuncture <i>Coverage is limited to 20 visits per benefit period.</i> | \$40 copay per visit deductible does not apply | Not covered |
| <u>Other Services in an Office</u> | | |
| Allergy Testing | \$40 copay per visit deductible does not apply [†] | 30% coinsurance after deductible is met |
| Allergy Injections | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| Prescription Drugs <i>Dispensed in the office</i> | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| Surgery | \$40 copay per visit deductible does not apply [†] | 30% coinsurance after deductible is met |
| Preventive care / screenings / immunizations | No charge | 30% coinsurance after deductible is met |
| Preventive Care for Chronic Conditions <i>per IRS guidelines</i> | No charge | Cost share is based on the setting services are received. |
| <u>Diagnostic Services Lab</u> | | |
| Office | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| Freestanding Lab/Reference Lab | No charge | 30% coinsurance after deductible is met |
| Outpatient Hospital | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| <u>Diagnostic Services X-Ray</u> | | |
| Office | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| Outpatient Hospital | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| <u>Diagnostic Services Advanced Diagnostic Imaging</u> <i>for example: MRI, PET and CAT scans</i> | | |
| Office | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| Outpatient Hospital | 10% coinsurance after deductible is met | 30% 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 |
|--|--|--|
| <u>Emergency and Urgent Care</u> Urgent Care <i>includes doctor services. Additional charges may apply depending on the care provided.</i> Emergency Room Facility Services <i>Your copay will be waived if admitted.</i> Emergency Room Doctor and Other Services Ambulance | \$75 copay per visit deductible does not apply \$350 copay per visit deductible does not apply No charge 10% coinsurance after deductible is met | Covered as In-Network Covered as In-Network Covered as In-Network Covered as In-Network |
| <u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u> Facility Fees Doctor Services | No charge No charge | 30% coinsurance after deductible is met 30% coinsurance after deductible is met |
| <u>Outpatient Surgery</u> Facility Fees Hospital Ambulatory Surgical Center Physician and other services <i>including surgeon fees</i> Hospital Ambulatory Surgical Center | 10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met | 30% coinsurance after deductible is met 30% coinsurance after deductible is met 30% coinsurance after deductible is met 30% coinsurance after deductible is met |
| <u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u> Facility Fees <i>Coverage for Inpatient Rehabilitation is limited to 30 days per benefit period.</i> Physician and other services <i>including surgeon fees</i> | 10% coinsurance after deductible is met 10% coinsurance after deductible is met | 30% coinsurance after deductible is met 30% coinsurance after deductible is met |
| <u>Home Health Care</u> <i>Coverage is limited to 100 visits per benefit period.</i> | \$55 copay per visit deductible does not apply | 30% coinsurance after deductible is met |
| <u>Therapy Services</u> | | |

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use an Out-of-Network Provider |
|--|---|--|
| Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical and occupational therapies is limited to 30 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 deductible does not apply 10% coinsurance after deductible is met | Not covered Not covered |
| Pulmonary rehabilitation Office Outpatient Hospital | \$40 copay per visit deductible does not apply 10% coinsurance after deductible is met | 30% coinsurance after deductible is met 30% coinsurance after deductible is met |
| Cardiac rehabilitation <i>Coverage is limited to 36 visits per benefit period.</i> Office Outpatient Hospital | \$40 copay per visit deductible does not apply 10% coinsurance after deductible is met | 30% coinsurance after deductible is met 30% coinsurance after deductible is met |
| Dialysis/Hemodialysis <i>office and outpatient hospital</i> | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| Chemo/Radiation Therapy <i>office and outpatient hospital</i> | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| Skilled Nursing Care (facility) <i>Coverage is limited to 60 days per benefit period.</i> | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| Inpatient Hospice | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| <u>Additional Services, Equipment and Devices</u> | | |
| Durable Medical Equipment | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| Diabetic Equipment and Supplies | No charge | 30% coinsurance after deductible is met |
| Prosthetic Devices | 10% coinsurance after deductible is met | 30% coinsurance after deductible is met |
| Wigs <i>Coverage for wigs is limited to 1 item per benefit period for severe hair loss resulting from injury, disease, or as a side effect of disease treatment.</i> | 10% coinsurance after deductible is met | 30% 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 |
|---|---|--|
| Pharmacy Deductible | Not applicable | Not covered |
| Pharmacy Out-of-Pocket Limit | Combined with In-Network medical out-of-pocket limit | Not covered |
| Prescription Drug Coverage Network: <i>Base Network</i> Drug List: <i>National</i> | | |
| 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 In-Network Retail Pharmacies noted below applies). Home Delivery Pharmacy 90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. Specialty Pharmacy 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. | | |
| Tier 1 - Typically Generic | \$10 copay per prescription (retail) and \$25 copay per prescription (home delivery) | Not covered |
| Tier 2 - Typically Preferred Brand | \$35 copay per prescription (retail) and \$105 copay per prescription (home delivery) | Not covered |
| Tier 3 - Typically Non-Preferred Brand/Specialty Drugs | \$50 copay per prescription (retail) and \$150 copay per prescription (home delivery) | Not covered |

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.
- ‡ You will pay your PCP or Specialist office visit copay for certain services provided in their office.

- 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.

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

Questions: Visit us at www.anthem.com

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Progressive Emergency Physicians Anthem PPO with HSA-Embedded

Your Network: PPO/EPO

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 after deductible is met |
| Mental Health & Substance Use Disorder Services | No charge after deductible is met |
| Specialist care | No charge after deductible is met |

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use an Out-of-Network Provider |
|------------------------------------|--|--|
| Overall Deductible | \$5,000 person / \$10,000 family | \$10,000 person / \$20,000 family |
| Overall Out-of-Pocket Limit | \$6,900 person / \$13,800 family | \$12,000 person / \$24,000 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.

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

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

| | | |
|---|-----------------------------------|---|
| Primary Care (PCP) and Mental Health and Substance Use Disorder Services <i>virtual and office</i> | No charge after deductible is met | 30% coinsurance after deductible is met |
| Specialist Provider <i>virtual and office</i> | No charge after deductible is met | 30% coinsurance after deductible is met |

| | | |
|--|-----------------------------------|---|
| Other Practitioner Visits | | |
| Maternity Doctor services (prenatal/postpartum care and delivery) | No charge after deductible is met | 30% coinsurance after deductible is met |
| Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i> | No charge after deductible is met | 30% coinsurance after deductible is met |
| Chiropractic Services | No charge after deductible is met | 30% 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 |
|--|--|---|
| Acupuncture <i>Coverage is limited to 20 visits per benefit period.</i> | No charge after deductible is met | Not covered |
| <u>Other Services in an Office</u> | | |
| Allergy Testing | No charge after deductible is met | 30% coinsurance after deductible is met |
| Allergy Injections | No charge after deductible is met | 30% coinsurance after deductible is met |
| Prescription Drugs <i>Dispensed in the office</i> | No charge after deductible is met | 30% coinsurance after deductible is met |
| Surgery | No charge after deductible is met | 30% coinsurance after deductible is met |
| Preventive care / screenings / immunizations | No charge | 30% coinsurance after deductible is met |
| Preventive Care for Chronic Conditions <i>per IRS guidelines</i> | No charge | Cost share is based on the setting services are received. |
| <u>Diagnostic Services Lab</u> | | |
| Office | No charge after deductible is met | 30% coinsurance after deductible is met |
| Freestanding Lab/Reference Lab | No charge after deductible is met | 30% coinsurance after deductible is met |
| Outpatient Hospital | No charge after deductible is met | 30% coinsurance after deductible is met |
| <u>Diagnostic Services X-Ray</u> | | |
| Office | No charge after deductible is met | 30% coinsurance after deductible is met |
| Outpatient Hospital | No charge after deductible is met | 30% coinsurance after deductible is met |
| <u>Diagnostic Services Advanced Diagnostic Imaging</u> <i>for example: MRI, PET and CAT scans</i> | | |
| Office | No charge after deductible is met | 30% coinsurance after deductible is met |
| Outpatient Hospital | No charge after deductible is met | 30% coinsurance after deductible is met |
| <u>Emergency and Urgent Care</u> | | |
| Urgent Care | No charge after deductible is met | Covered as In-Network |
| Emergency Room Facility Services | No charge after deductible is met | Covered as In-Network |
| Emergency Room Doctor and Other Services | No charge after deductible is met | Covered as In-Network |

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use an Out-of-Network Provider |
|--|--|--|
| Ambulance | No charge after deductible is met | Covered as In-Network |
| <u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u> | | |
| Facility Fees | No charge after deductible is met | 30% coinsurance after deductible is met |
| Doctor Services | No charge after deductible is met | 30% coinsurance after deductible is met |
| <u>Outpatient Surgery</u> | | |
| Facility Fees | | |
| Hospital | No charge after deductible is met | 30% coinsurance after deductible is met |
| Ambulatory Surgical Center | No charge after deductible is met | 30% coinsurance after deductible is met |
| Physician and other services <i>including surgeon fees</i> | | |
| Hospital | No charge after deductible is met | 30% coinsurance after deductible is met |
| Ambulatory Surgical Center | No charge after deductible is met | 30% coinsurance after deductible is met |
| <u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u> | | |
| Facility Fees | | |
| <i>Coverage for Inpatient Rehabilitation is limited to 30 days per benefit period.</i> | No charge after deductible is met | 30% coinsurance after deductible is met |
| Physician and other services <i>including surgeon fees</i> | No charge after deductible is met | 30% coinsurance after deductible is met |
| <u>Home Health Care</u> | | |
| <i>Coverage is limited to 100 visits per benefit period.</i> | No charge after deductible is met | 30% coinsurance after deductible is met |
| <u>Therapy Services</u> | | |
| Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> | | |
| <i>Coverage for physical and occupational therapies is limited to 30 visits combined per benefit period. Coverage for speech therapy is limited to 30 visits per benefit period.</i> | | |
| Office | No charge after deductible is met | Not covered |
| Outpatient Hospital | No charge after deductible is met | Not covered |
| Pulmonary rehabilitation <i>office and outpatient hospital</i> | No charge after deductible is met | 30% coinsurance after deductible is met |
| Cardiac rehabilitation <i>office and outpatient hospital</i> | | |
| <i>Coverage is limited to 36 visits per benefit period.</i> | No charge after deductible is met | 30% 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 |
|---|--|--|
| Dialysis/Hemodialysis <i>office and outpatient hospital</i> | No charge after deductible is met | 30% coinsurance after deductible is met |
| Chemo/Radiation Therapy <i>office and outpatient hospital</i> | No charge after deductible is met | 30% coinsurance after deductible is met |
| Skilled Nursing Care (facility) <i>Coverage is limited to 60 days per benefit period.</i> | No charge after deductible is met | 30% coinsurance after deductible is met |
| Inpatient Hospice | No charge after deductible is met | 30% coinsurance after deductible is met |
| <u>Additional Services, Equipment and Devices</u> | | |
| Durable Medical Equipment | No charge after deductible is met | 30% coinsurance after deductible is met |
| Diabetic Equipment and Supplies | No charge after deductible is met | 30% coinsurance after deductible is met |
| Prosthetic Devices | No charge after deductible is met | 30% coinsurance after deductible is met |
| Wigs <i>Coverage for wigs is limited to 1 item per benefit period for severe hair loss resulting from injury, disease, or as a side effect of disease treatment.</i> | No charge after deductible is met | 30% 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 |
| Pharmacy Deductible | Combined with In-Network medical deductible | Not covered |
| Pharmacy Out-of-Pocket Limit | Combined with In-Network medical out-of-pocket limit | Not covered |
| Prescription Drug Coverage Network: <i>Base Network</i> Drug List: <i>National</i> | | |
| 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 In-Network Retail Pharmacies noted below applies). Home Delivery Pharmacy 90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. Specialty Pharmacy 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. | | |
| Tier 1 - Typically Generic | \$10 copay per prescription after deductible is met | Not covered |

| Covered Prescription Drug Benefits | Cost if you use an In-Network Pharmacy | Cost if you use an Out-of-Network Pharmacy |
|---|---|--|
| | (retail) and \$20 copay per prescription after deductible is met (home delivery) | |
| Tier 2 - Typically Preferred Brand | \$25 copay per prescription after deductible is met (retail) and \$50 copay per prescription after deductible is met (home delivery) | Not covered |
| Tier 3 - Typically Non-Preferred Brand/Specialty Drugs | \$50 copay per prescription after deductible is met (retail) and \$100 copay per prescription after deductible is met (home delivery) | Not covered |

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.

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

Questions: Visit us at www.anthem.com



Choose doctors in your plan's network to save on costs



Choosing a doctor you trust is important, and choosing one in your plan's network can keep your costs down.

Using the **Find Care** tool on the **SydneySM Health** app and on **anthem.com** can help you do both.

Find Care brings together details about doctors, hospitals, and pharmacies in your plan's network. You can search by name, specialty, or procedure. You can also compare costs, choose English or Spanish, and see office hours.* To make sure your care provider is in your plan's network, view the doctor or facility profile.

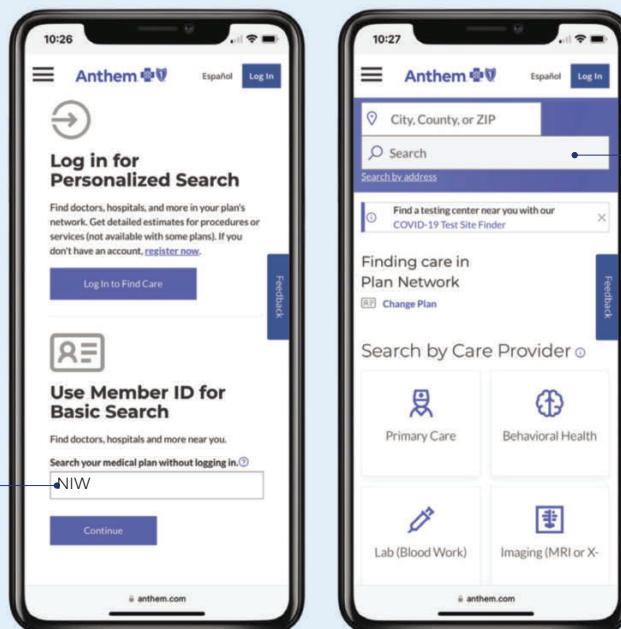
How it works

PPO/EPO Network

1 Go to **anthem.com/find-care**.

2 For PEP enter NIW under *Search your medical plan without logging in* and select **Continue**.

3 On the next screen, you can search for the care you need.



Download the Sydney Health app

Scan the QR code with your phone's camera and start your search today!



* On-screen experiences may vary by user due to personalization experiences, benefit packages, and ongoing user-experience improvements.

Sydney Health is offered through an arrangement with Cereon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2024

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.

1063752NYMESABS 11/23


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 |
|--|---|--|
|  Digital & wellness activities Rewards are added to your account as you complete activities on the SydneySM Health app or on anthem.com . | 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 ¹ | 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 |
|---|--|--------|
|  Preventive care Complete your annual screenings or wellness visits. Rewards are added to your account after your claim is processed (may take up to 60 days). | Have an annual preventive wellness exam or well-woman exam with your doctor | \$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 ² | \$35 |
| | Get an annual flu shot | \$25 |
| | Get an A1C lab test | \$30 |

| Activity type | Activities | Amount |
|--|---|-----------------------------------|
|  Condition management Rewards are added to your account as you meet benchmarks or complete a program. | ConditionCare: Work one-on-one with your health coach and earn rewards for participating in and completing the program ³ | 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 ⁴ | 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 ⁵ | \$60 |
| | Well-being Coach – Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward ⁶ | \$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

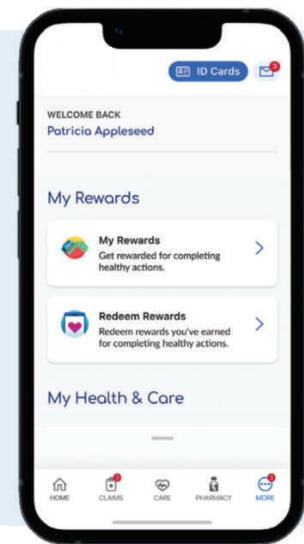
Start by logging in to Sydney Health and scroll down to *My Rewards*. From there you can:

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.⁷



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 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

\$1,100 Total Rewards

¹ 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 to download the Well-being Coach digital app. Well-being Coach is provided by Lark Health.

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

³ 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.

⁴ 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.

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 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 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.



Make your workouts pay off

Put money back in your pocket with the Gym Reimbursement program

Exercising regularly is one of the best things you can do for your health. Now, it's good for your wallet, too. When you join Anthem's Gym Reimbursement program, we'll repay up to \$400 of your fitness membership dues.

Step 1: Choose how you work out



Traditional fitness center¹



Virtual or livestream fitness classes
or subscriptions¹



A fitness center through the Active&Fit ExerciseRewards™, which includes thousands of locations nationwide

See [Frequently Asked Questions \(FAQ\)](#) for more details about what kinds of locations qualify.

Step 2: Track your workouts

You must log at least 35 workouts during each six-month period in your benefit plan year to qualify for reimbursement.²

How to track workouts:

Traditional fitness centers

Get a copy of their records of your visits. You can also fill out the fitness log on the *Visit Submission* form and have a fitness center employee sign it.

Virtual classes

You can send screen captures showing your attendance, a workout log from the virtual class, or a combination of the two.

Fitness centers through the Active&Fit ExerciseRewards program

If you are enrolled in a participating Active&Fit fitness center, you don't need to track your workouts. The fitness center tracks and submits your visits for you.

Step 3: Submit your receipts

Traditional fitness centers and virtual classes:

- Download and fill out the *Visit Submission* form.
- Include a copy of a receipt or credit card statement that shows payment for the months you're asking for reimbursement.
- Send the form and your workout records to the mailing address or email listed on the *Visit Submission* form.

Fitness centers through the Active&Fit ExerciseRewards program:

- If you are enrolled in a participating Active&Fit fitness center, you don't need to submit receipts. The fitness center will handle this for you.

Step 4: Get paid back

Once we receive your completed forms, it can take up to 30 days to process your payment. If you're enrolled in an Active&Fit fitness center, your reimbursements will be processed automatically.



Start tracking your visits

To download the *Visit Submission* form, log in at anthem.com. Go to *My Health Dashboard* and select **Programs**. Then go to the *Gym Reimbursement* section and select **Reimbursement Forms**.

Choose your favorite workouts, including:¹

- Barre
- Boxing
- Cardio
- Dance, Zumba®
- High-intensity interval training (HIIT)
- Indoor cycling, Peloton®
- Kickboxing
- Pilates
- Strength training
- Swimming
- Yoga



Frequently asked questions

Who is eligible?

This program is open to you as long as you are covered by an Anthem health plan.

If you become eligible after your group's benefit plan year starts, you can still take part in the program. The workout requirements and reimbursement will be based on the number of months you are eligible.

How much will Anthem pay me back?

Reimbursements are based on the fees you pay, up to \$400 a year for yourself.

How many times do I need to work out?

To be reimbursed, you must log at least 35 workouts at a qualifying fitness center or virtual classes in each six-month period within the plan benefit year.¹

Can I count more than one workout per day?

No, you can only count one workout session per calendar date, and the workouts must be at least eight hours apart.

What is the Active&Fit ExerciseRewards program?

The Active&Fit ExerciseRewards program offers a network of thousands of participating fitness centers nationwide. As a member of the program, you'll enjoy substantially discounted fitness center membership rates, and you can cancel or change anytime. For more information, log in at [anthem.com](https://www.anthem.com). Then, go to My Health Dashboard > Programs > Gym Reimbursement.

What if I change health plans or lose my Anthem coverage?

You must have Anthem health coverage through your current employer the entire time you take part in the program.

Which types of fitness-related expenses qualify?

Memberships at qualified gyms, health clubs, and fitness centers, as well as qualified online and app-based fitness programs, are eligible.¹

What are qualified fitness centers and online programs?

Qualifying facilities and programs include fitness centers, gyms, and studios that:

- Offer monthly memberships or collect dues.
- Are open to the public.
- Have staff oversight, meaning employees that oversee operations and attend to members during operational hours. Class instructors don't count.
- Hold regularly scheduled cardio, flexibility, and/or weight-training programs.
- Offer virtual on-demand or livestream workout classes.¹

Which types of fitness-related expenses don't qualify?

- Rehabilitation, physical therapy, and massages
- Memberships for country clubs, tennis clubs, social clubs, and sports teams or leagues
- Personal training or coaching lessons
- Services at weight loss clinics, spas, or similar facilities
- Exercise sessions before you became eligible for the program
- Exercise sessions at fitness centers where a membership or class agreement isn't offered or there's no staff oversight
- Fees or dues, such as homeowner's association fees or gym access that's included in your rent, or for fitness activities in clubs or centers that don't qualify

Does the program pay for equipment or gear?

No, items such as exercise or sports equipment, clothing, shoes, and vitamins are not eligible for reimbursement, even if they are sold by the gym you attend.

When will I be reimbursed?

You must submit your reimbursement forms within 90 days of the end of your benefit plan year. Once we receive your completed forms, it takes up to 30 days to process payment.

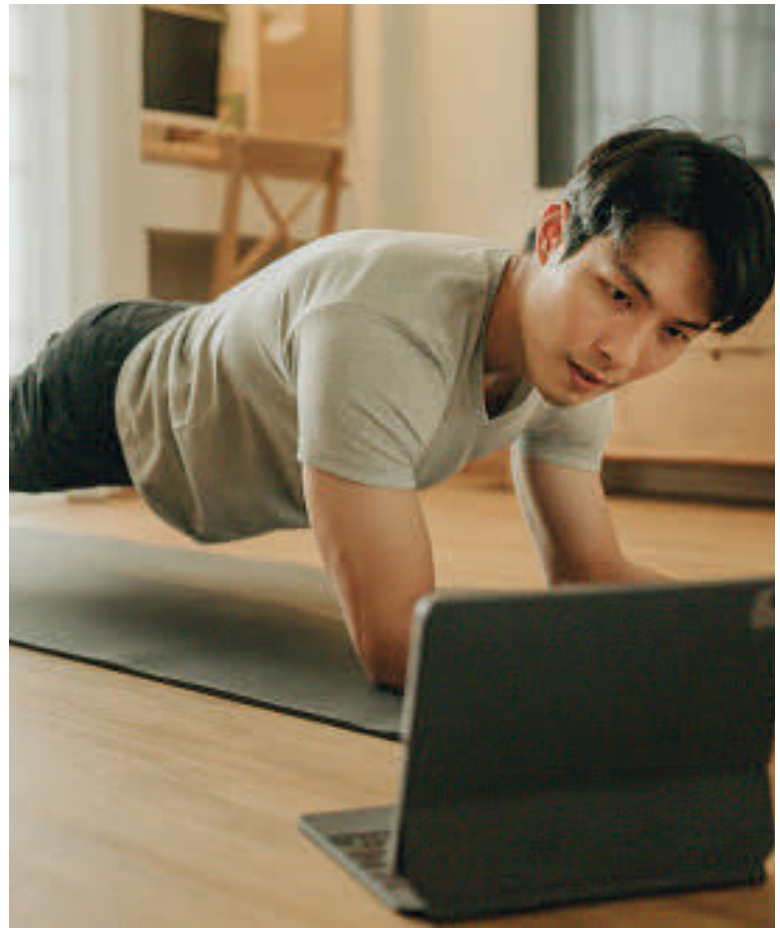
Reimbursement requests received more than 90 days after the end of your benefit plan year don't qualify. You also can't request reimbursement for future expenses.

What if I take a medical leave of absence?

Submit a doctor's note to Anthem and the time period covering your medical leave of absence will be excluded from your eligibility period. Your workout requirements and reimbursement will be based on the number of months you were able to participate.

How do I renew my participation in the program?

As long as you keep your Anthem plan and your employer stays enrolled in the program, you can participate. Simply continue to complete and submit the forms.



Do you have questions?

Log in at anthem.com to live chat with us, or call Member Services at the number on your ID card.

For questions about the Active&Fit ExerciseRewards program, contact their support team at fitnessservice@ashn.com or **877-771-2746**.

We'll distribute your reimbursements in the order you submit your receipts, until you reach the maximum amount.

The Active&Fit ExerciseRewards program is not a covered service under your group's health plan. It is an addition. The program's features are not guaranteed under your health plan Certificate and could be discontinued at any time.

This program may not be safe for everyone. Talk to your doctor or care provider before you start, especially if you are pregnant or have an injury or health condition. Contact us at 877-809-2746, Monday through Friday, 5 a.m. to 6 p.m. PT, and we'll explain how you can work with your doctor to find an alternative that makes sense for you and your health status.

The reimbursement may be considered income and subject to state and federal taxes in the tax year it's paid. We recommend that you consult with a tax advisor if you have questions about your tax obligations.

This is a summary only. It's subject to the terms, conditions, limitations, and exclusions set forth in additional riders or contracts your group may have bought. Check your benefit contract or Certificate for full details.

1 To be eligible for reimbursement, you must use a qualifying fitness club or center open to the public, or attend online/virtual workout classes that serve the primary purpose of improving or maintaining physical health and require a membership fee that is billed monthly, annually, or semiannually.

2 The benefit plan year is determined by your group's effective and renewal dates. Your benefit plan year is based on 12 months; therefore, this reimbursement program is based on two specific six-month periods within your benefit plan year.

All rights reserved. The Active&Fit ExerciseRewards program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Active&Fit ExerciseRewards, and the Active&Fit Enterprise™ logo are trademarks of ASH and used with permission herein. Members aren't required to participate at an ASH Fitness-contracted fitness center to be eligible for the programs. Not all services may be available in all areas and the program may be changed (including monthly and enrollment fees and/or the introductory period) or discontinued at any time. These are health improvement and education programs, not insurance. ASH Fitness is a separate company that administers the Active&Fit Exercise Rewards program on behalf of Anthem Blue Cross and Blue Shield.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem Healthchoice Assurance, Inc., and Anthem Healthchoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the 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 PDS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or PDS policies; WCIC underwrites or administers Well Priority HMO or PDS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



Prescriptions made easier

Welcome to your new pharmacy benefits

Make the most of your new pharmacy benefits from Anthem

Your pharmacy coverage is important to your whole health. Use this benefits guide to help you be your healthiest and save money, too.

Get started by registering at [anthem.com](https://www.anthem.com)

Once you receive your new member ID card, register on [anthem.com](https://www.anthem.com) to see and manage your prescriptions all in one convenient place. Through the Anthem site, you'll be able to:

- Have prescription medications you take regularly delivered to your door with home delivery from CarelonRx Pharmacy.
- Find a pharmacy, price a medication, and refill or renew a prescription, plus track orders and shipping status in real time using online tools.
- Check your drug list (formulary) for a wide range of cost-effective medicines covered by your plan.
- Compare costs of medications between home delivery and retail pharmacies. You can also price generic medications using our Price a Medication tool.

Find more ways to save on your prescriptions

You can save more on your prescription medicines by knowing which are covered by your plan:

- Certain preventive medicines at little or no cost to you
- Hundreds of generic and brand-name prescription medicines in every therapeutic class
- Specialty medication from our specialty pharmacy, if you have a complex or chronic condition.

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.

Medicines are grouped in tiers. Your share of the cost depends on which tier your medicine is on. Medications on lower tiers usually cost less.

When you receive your member ID card, you can see the most up-to-date list of medications for your plan. Log in at [anthem.com](https://www.anthem.com).

5 ways to save more on your prescription medications

1. Take medications on your plan's drug list.
2. Find out if there are generic or over-the-counter options.
3. Check your cost with our Price a Medication tool at [anthem.com](https://www.anthem.com).
4. Use pharmacies in your plan's network.
5. Order 90-day supplies of medications you take regularly.

Always check with your doctor before changing your medication.



Choose how to fill your prescriptions

Local pharmacies

Your plan includes local pharmacies at major retail chains, such as CVS, Walmart, Target, and Kroger. You'll save the most money when you use one of these pharmacies. To find a pharmacy near you:

1. Log in at [anthem.com](https://www.anthem.com).
2. Choose **Find a Pharmacy**.
3. Enter your ZIP code.

CarelonRx Pharmacy

For medications you take regularly, have your prescriptions delivered to your home with CarelonRx Pharmacy. Get started at [anthem.com](https://www.anthem.com). Shipping is always free.

Specialty pharmacy

If you have a complex or chronic condition treated with specialty medication — one that may need special handling or is given by injection or infusion — you'll need to get it through our specialty pharmacy. Your doctor will send the prescription to our specialty pharmacy for you, and it will be delivered to your home or your doctor's office if it needs to be administered by a doctor.

Preapproval (prior authorization)

Most prescriptions are filled right away when you take them to the pharmacy. There are some medicines that may require our review and approval — known as preapproval or prior authorization — before they're covered. Be confident knowing your prescription medication is safe, right for you, and covered by your pharmacy benefit.

Your doctor can start this process by calling the Pharmacy Member Services number on your member ID card or by downloading a preapproval form from our website. If we approve the request, the amount you pay for the medication depends on your plan's benefit.

We're here to help

Understanding your pharmacy benefits can help you get the most from your plan. If you have questions:

- Call us at the Pharmacy Member Services number on your member ID card.
- Visit [anthem.com](https://www.anthem.com) and send a secure message or open a live chat session.



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



Anthem



Building Healthy Families

Personalized support for every family

Every family is unique and grows in its own way. Anthem's Building Healthy Families program can help your family grow strong whether you're trying to conceive, expecting a child, or in the thick of raising young children.

This program provides extensive tools and personalized information at no added cost to you through a convenient, digital hub on the **SydneySM Health** app.

Benefits to help you thrive

- One-on-one pregnancy support
- Interactive health trackers
- 24/7 access
- Personalized content



Support tailored to you

When you enroll in the program, you can count on personalized support at every stage, from family planning and pregnancy through the toddler years. There's also tailored information for family stories that include adoption, surrogacy, and single parenthood. Depending on your situation, you'll have unlimited access to:

Digital tools and resources

- Log feedings, diaper changes, and developmental milestones.
- Get updates on baby's development during pregnancy.
- Track ovulation.
- Monitor prenatal health risks like blood pressure and weight.

Health and wellness expertise

- Explore a digital library with thousands of educational articles and videos on a variety of family-building topics.
- Chat with a Family Care Coach in the app for help with general pregnancy questions.
- Connect with a maternity nurse and virtual lactation support as needed during pregnancy and postpartum.

Building Healthy Families can help you nurture your family's health and tackle every stage of growth with confidence.



Your Family Advocate is here to help

For questions about this program or other benefits, contact your Total Health Connections Family Advocate by logging in to the Sydney Health app or [anthem.com](https://www.anthem.com). Under your Action Items, select Connect with your Family Advocate.



Join Building Healthy Families

To get started, scan this QR code with your phone's camera or log in to your account on [anthem.com](https://www.anthem.com).

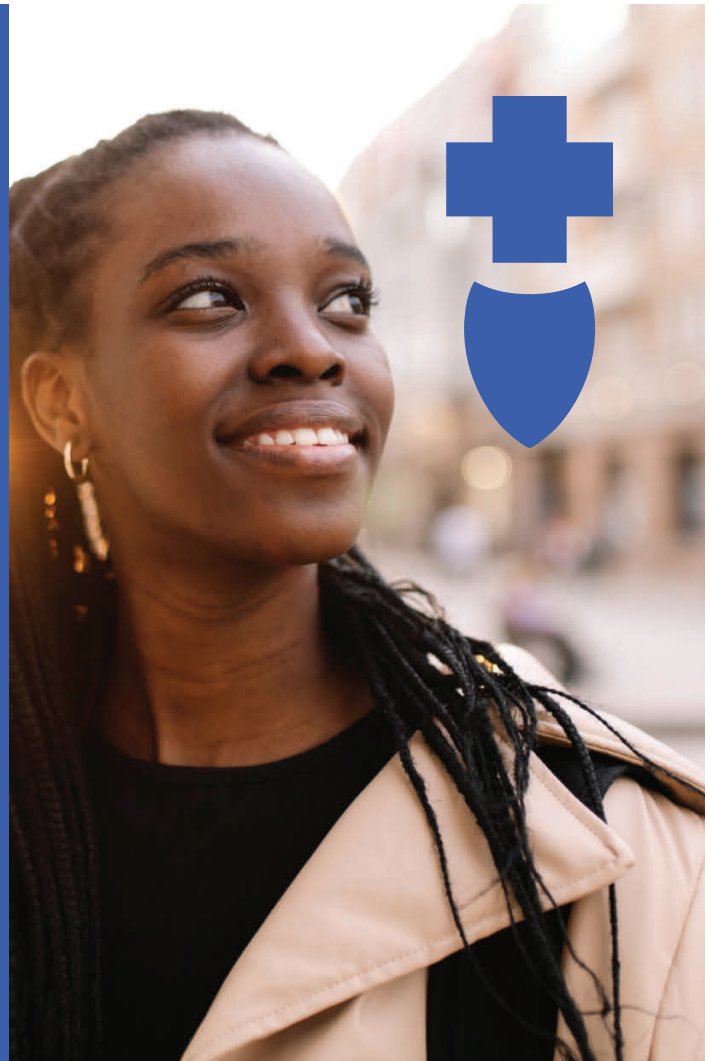
Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

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



Helping you with lower costs, more care providers, and easier access to behavioral healthcare



Because mental health is part of your overall well-being

It's important to get the right support for behavioral health issues.



Youth suicide rates

Suicide is the second leading cause of death for children between 10 and 14 years of age in the U.S., and 11th overall.¹



Complex needs

21.5M U.S. adults experience both mental illness and a substance use disorder.²



Primary care impact

Employees experiencing mental distress use an average of nearly \$3,000 more in healthcare services per year than their peers.³

We are here to help

If you or a loved one needs help with a mental health or substance use issue, you're not alone. Through your Anthem benefits, you can quickly find expert, compassionate, and confidential care — often at lower or no extra cost. You have access to a wide range of programs and services online, on the phone, in person, or through video — whatever is most convenient for you.



Enhancing behavioral health support in New York



Reduced copays

Providing lower copays for virtual and in-person care.



Expanded networks

Using larger networks with more than 100 care providers added through Carelon Behavioral Health and more LiveHealth Online virtual care providers.⁶



Whole-health support

Offering innovative programs and services that provide support to children, teens, and adults — with virtual or in-person options.



Specialized benefits

Including eating disorder treatment, autism spectrum disorder family outreach, Behavioral Health Case Management, child/adolescent/family/guardian outreach, Emotional Well-being Resources, and virtual care through LiveHealth Online.

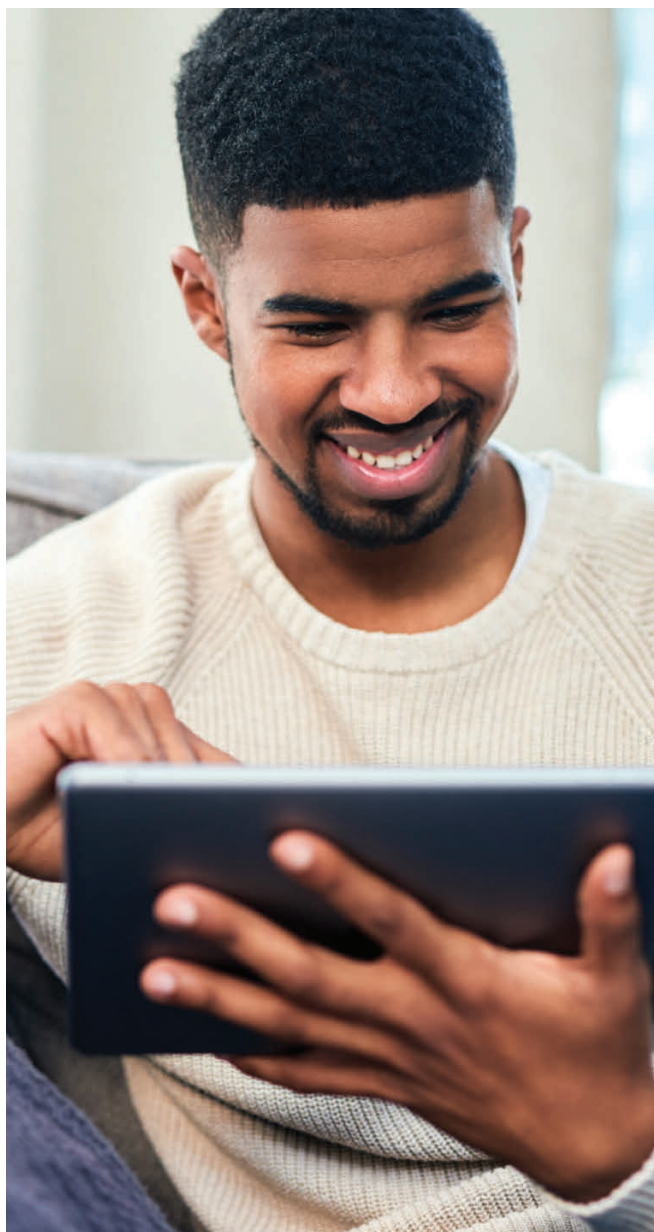
Our caring team helps you find the right support

If you have questions about your benefits or need help finding a behavioral health professional or program, [chat with us live on the SydneySM Health app](#) or [anthem.com](#), or call Member Services at the number on your health plan ID card.

Get started today



Download our [Sydney Health](#) app or sign up at [anthem.com](#). Scan the QR code using your phone's camera.



Virtual visits

You can schedule virtual visits with psychologists and therapists within seven days using our Sydney Health app — half the time needed for scheduling in-person appointments.⁴

90%

of individuals were able to find all the behavioral healthcare they needed in the last 12 months.⁵

Virtual care solutions*

| Program | Condition | Ages | How it can help | How to access | Availability |
|----------------|---------------------------|---|---|--|---|
| Headway | General behavioral health | 6 to 12, adolescents 13 to 17, and adults 18+ | Medication management and therapy services <ul style="list-style-type: none"> Scheduling platform Average new patient appointments available in less than five days | Virtual and in person Learn more at headway.com | Currently in AL, AZ, CA, CO, DC, GA, IL, MA, MD, MI, NC, NJ, NY, OH, OR, TN, TX, UT, VA, WA |
| Talkspace | General behavioral health | Teens 13+, adults 18+, and couples 18+ | <ul style="list-style-type: none"> Connect with a licensed care provider via private messaging, live video, and/or audio session Therapy: dedicated behavioral health and emotional well-being support from a licensed clinician Psychiatry: evaluation, prescription and medication management from a licensed prescriber Self-help tools: interactive exercises to complement therapy available on demand | Virtual Learn more at talkspace.com/anthem | 50 states |
| Ria Health | Alcohol use disorder | 18+ | Leveraging technology and evidence-based care to deliver a suite of convenient, accessible, effective treatment of alcohol use disorder <ul style="list-style-type: none"> Medication-assisted treatment Digital health therapeutics Coaching Peer and family support Daily feedback on achieving personal goals | Virtual Learn more at riahealth.com | 50 states |
| Alma | General behavioral health | 18+ | <ul style="list-style-type: none"> Therapy and medication management, either in person or telehealth Appointment scheduling platforms Average new patient appointments available in three days | Virtual and in person Learn more at helloalma.com | NY |
| Charlie Health | Child or family crisis | Children, adolescents, and adults 12–29 | <ul style="list-style-type: none"> Personalized, intensive, virtual youth mental health program 24/7 crisis line Focused on high acuity; customized treatment program offering individual, group, peer, and family options | Virtual Learn more at sydneyhealth.com | CA, CO, GA, KY, MO, NH, NV, NY, OH, VA, WI |
| Ophelia | Substance use disorder | 18+ | <ul style="list-style-type: none"> Online opioid use disorder treatment Treatment at home with medication and support that fits privately into your life | Virtual Learn more at ophelia.com | CT, ME, NY, VA |

* Kernel groups excluded.



1 National Institute of Mental Health: Suicide (February 2024): nimh.nih.gov

2 Substance Abuse and Mental Health Services Administration: Key Substance Use and Mental Health Indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (November 2023): <https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nmr.pdf>

3 National Safety Council and the National Opinion Research Center at the University of Chicago: New Mental Health Cost Calculator Shows Why Investing in Mental Health is Good for Business (May 13, 2021): nsc.org

4 Appointments subject to availability. Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please text, chat, or call 988 (Suicide and Crisis Lifeline), or 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online and Talkspace do not offer emergency services.

5 Internal data: Behavioral Health Case Management Member Satisfaction Survey, Q1–Q3 2022.

6 Internal data: Carelon Behavioral Health, 2022.

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

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

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.

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, which can help you save money while taking care of your health.



Vision, hearing, and dental

Eyewear

Glasses.com® and 1-800 CONTACTS®

Shop for the latest brand-name frames at a fraction of the cost of similar frames from other retailers. You also can 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.

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. They also offer a three-year warranty, batteries for two years, and unlimited visits for one year.

Amplifon

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

Dental

RefreshaDent

Save on premium dentures sent direct to your home. You can receive a 50% discount on a lifetime warranty. This program includes a lifetime digital record of your dentures for easy replacement.



Fitness and Health

Fitness

Active&Fit Direct™

Choose from thousands of participating gyms nationwide with no long-term contracts or annual fees, or get fit at home with access to 12,000+ on-demand workout videos at no cost.

Fitbit®

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

Garmin®

Discover discounts available on select Garmin wellness devices.

Husk Wellness

GlobalFit, by Husk Wellness, offers discounts on gym memberships, fitness equipment and technology, nutrition and mental health services, and virtual wellness solutions.

Health

Ahara

With a personalized nutrition plan, you can improve your health by discovering key nutrients your body needs along with hidden health risks. This includes a personalized meal plan tailored to your health goals and symptoms.

ChooseHealthy®

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

LifeMart®

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

► Learn more about SpecialOffers

Log in to [anthem.com](https://www.anthem.com), choose **Care**, and select **Discounts**.

Family and home

Family

23andMe®

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

WINFertility®

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

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 Courses

Choose one of the online wellness programs and save on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep, or address alcohol or substance dependence.

BREVENA

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

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/to/networkaccess](https://www.anthem.com/to/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® 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. also HMO Nevada. In New Hampshire: 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 trademark 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 Compcore Health Services Insurance Corporation (Compcore) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcore 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.



Connect with mental health support using our Sydney Health app or anthem.com

If you're feeling anxious or depressed, or having trouble coping with problems at home or at work, you can connect to a licensed therapist or board-certified psychologist or psychiatrist through a virtual care video visit.¹ Appointments can be scheduled within 1-2 weeks.² Psychiatrists are available to help you manage your medications.³ They do not provide counseling or talk therapy.

When it's time for your appointment, use your smartphone, tablet, or computer with a camera to meet securely through our **SydneySM Health** app or **anthem.com**.



What people say about online visits⁴

89%

said the doctor they saw was professional and helpful

92%

thought the doctor understood their concerns

92%

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

How to download our Sydney Health app:



Scan the QR code with your phone's camera or visit the App Store® or Google Play™.



Here's how to access the program through virtual care:

Download our no-cost **Sydney Health** app.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for our app and **anthem.com**.
3. Select **Care** and then select **Virtual Care**.

Visit **anthem.com**.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for **anthem.com** and our **Sydney Health** app.
3. From the **Care** tab, select **Virtual Care** in the drop down menu. Then, click **Video Visit Options**.



¹ Online counseling is not appropriate for all kinds of problems. If you are in crisis or having suicidal thoughts, it's important that you seek help immediately. Please call 800-273-8255 (National Suicide Prevention Lifeline) or 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room. Emergency services are not provided through virtual care on the [app name] app or [website].

² Appointments subject to availability.

³ Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed through virtual care on the Sydney Health app or anthem.com.

³ Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed through virtual care on the Sydney Health app or anthem.com.

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.

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

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



Access virtual care and support

through our Sydney Health mobile app



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



Visit with a doctor for common medical concerns

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



Receive care for your behavioral health

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

What people say about virtual care visits²

92%

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

89%

said the doctor they saw was professional and helpful

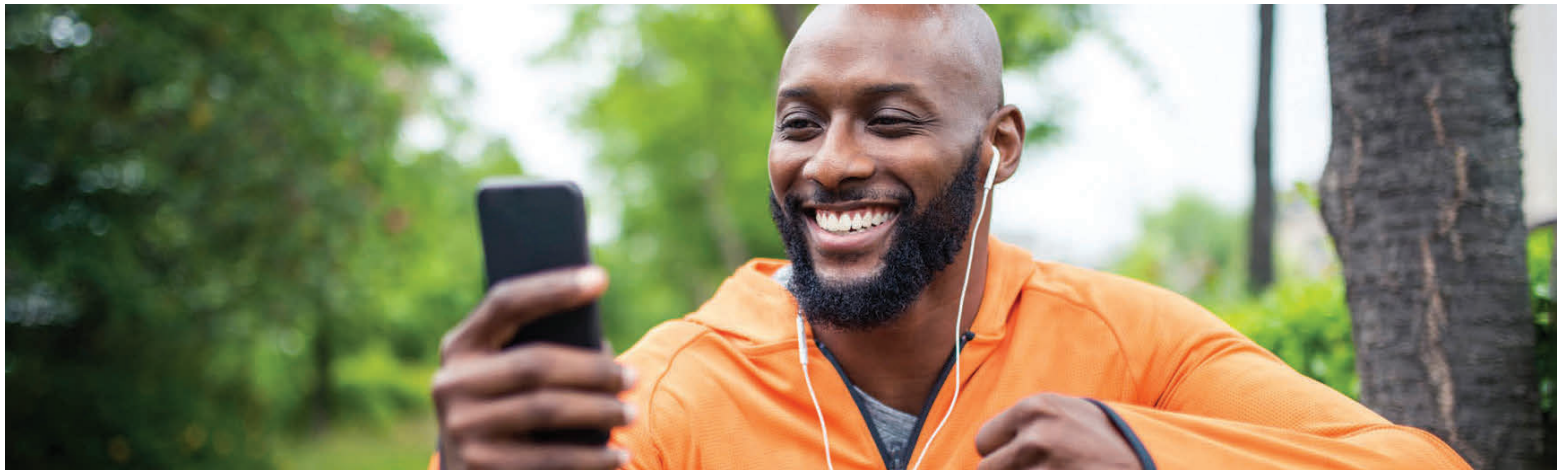
92%

thought the doctor understood their concerns

How to download our Sydney Health app:

Scan the QR code with your phone's camera.





Here's how to access the program through virtual care:

Download our Sydney Health app or visit [anthem.com](https://www.anthem.com).

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for our app and **[anthem.com](https://www.anthem.com)**.
3. Select **Care** and then select **Virtual Care**.

1 Appointments subject to availability.

2 Based on [app name] utilization trends from top national clients.

3 The doctor will determine what medications should be prescribed or refilled.

4 Online counseling is not appropriate for all kinds of problems. If you are in crisis or having suicidal thoughts, it's important that you seek help immediately. Please text, chat, or call 988 (Suicide and Crisis Lifeline), or 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room. Emergency services are not provided through virtual care on the Sydney Health app or [anthem.com](https://www.anthem.com).

5 Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed through virtual care on the Sydney Health app or [anthem.com](https://www.anthem.com).

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

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.

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



Register with us

for quick, secure, digital access to all your plan information

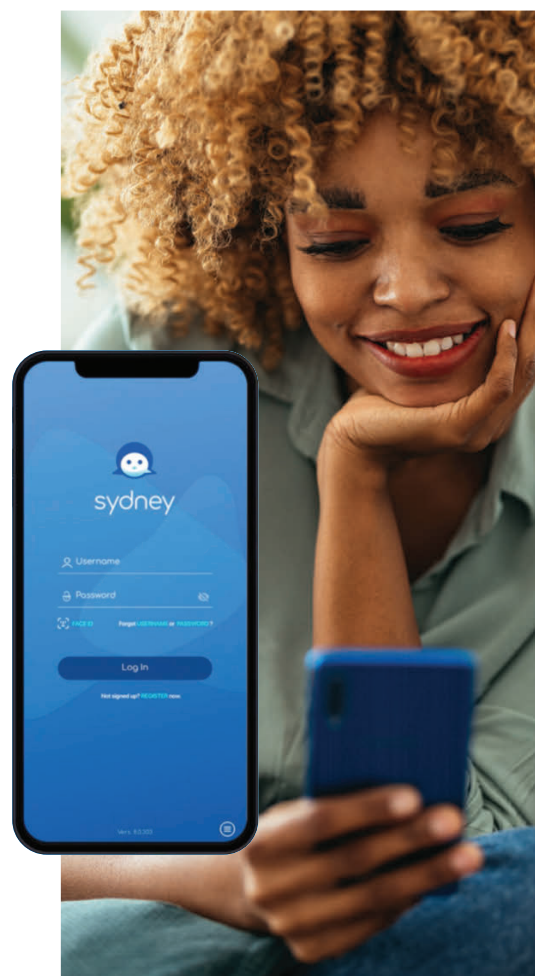
Keep on top of your health, dental, and vision benefits with 24/7 access to your plan details. Register on our SydneySM Health app or through our website at anthem.com/register so your account is ready to use when you need it.

There is no cost, and it only takes a few minutes.

Once you're registered, you'll have one place you can go for all your plan and benefits information. You can review coverage and claims, find care, estimate cost of care, manage your prescriptions, and access your digital plan ID card.

Have your plan ID card ready to get started

- 1 Download our free Sydney Health app and select **Register new account** or go to anthem.com/register.
- 2 Select your identification type (in most cases, this is your member ID).
- 3 Enter your plan ID number, full name, and date of birth.
- 4 Follow the one-time security prompt and create a username and password. (You'll use the same login information when you log in to either the app or website.)
- 5 Review your information to complete your registration.



Scan this QR code with your phone's camera to **download our Sydney Health app** today.



On-screen experiences may vary due to personalization, benefit plans, and ongoing enhancements.

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

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Services, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE[®] Managed Care, Inc. (RIT), Healthy Alliance[®] Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Services, 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.

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 무료지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

Tagalog

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

Russian

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

Armenian

Դուք իրավունք ունեւ 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 ਵਿੱਚ ਮਦਦ ਹਾਸਲ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਬਸ ਆਪਣੀ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਰਵਿਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸੀਂ 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>



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 Amwell, 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.