



Choosing and using your plan

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

City of Kirkwood

Effective April 1, 2023



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Kirkwood
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Time to choose your plan

Your trusted health partner

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



Time to choose your plan

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

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

This guide was created to help you understand our plans. It also has tips, tools, and resources that can help you reach your health and wellness goals when you become a member. Save it to help you make the most of your benefits throughout the year.

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Explore your plan options

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

BA/BAC HSA-HDHP EEs w/Single coverage

An HSA allows you to set aside pretax dollars to pay for care when you need it. You can use money in the account to pay for qualified medical expenses, such as hospital visits, prescription drugs, or copays for a doctor visit.¹

- You will receive a debit card that you can use at your doctor's office or the pharmacy to pay your share of costs. The money will come directly out of your HSA account.
- Once you pay your deductible, you will pay a percentage of the total cost (called coinsurance) anytime you receive care for a covered service. Your plan will cover the rest.
- All the money in your HSA rolls over from year to year, and it is yours even if you change health plans or jobs, or retire.
- The money you put into your HSA, any interest you earn, and the money you take out to pay for healthcare is tax-free.
- You can contribute up to \$3,850 for an individual and \$7,750 for a family.²
- If you are 55 or older, you can contribute an extra \$1,000 a year.
- You can also invest your HSA funds. Once you have more than \$1,000 in your account, anything above that amount can be invested to build solid, long-term savings. You can access your investing options in your account.
- Access your account by logging on to **anthem.com**. You can check your account balances, monitor account activity, and request reimbursements.

BA/BAC HSA-HDHP EEs w/Dependent coverage

An HSA allows you to set aside pretax dollars to pay for care when you need it. You can use money in the account to pay for qualified medical expenses, such as hospital visits, prescription drugs, or copays for a doctor visit.¹

- You will receive a debit card that you can use at your doctor's office or the pharmacy to pay your share of costs. The money will come directly out of your HSA account.
- Once you pay your deductible, you will pay a percentage of the total cost (called coinsurance) anytime you receive care for a covered service. Your plan will cover the rest.
- All the money in your HSA rolls over from year to year, and it is yours even if you change health plans or jobs, or retire.
- The money you put into your HSA, any interest you earn, and the money you take out to pay for healthcare is tax-free.
- You can contribute up to \$3,850 for an individual and \$7,750 for a family.²
- If you are 55 or older, you can contribute an extra \$1,000 a year.
- You can also invest your HSA funds. Once you have more than \$1,000 in your account, anything above that amount can be invested to build solid, long-term savings. You can access your investing options in your account.
- Access your account by logging on to **anthem.com**. You can check your account balances, monitor account activity, and request reimbursements.

How to choose a plan

- Think about your personal situation. Have your healthcare needs changed? Do you go to the doctor more often now? Are you taking a special prescription drug? Do you have any upcoming surgeries? You will want to look for benefits that fit your needs.
- Compare all the costs, including your monthly payment, deductible, coinsurance, copay, and out-of-pocket limit.
- Find out if your doctors, hospitals, and healthcare professionals are covered by the plan.
- Choose the right plan for your needs.

¹ For a full list of qualified expenses for an individual, visit [qme.anthem.com](https://www.qme.anthem.com).

² Veterans who have received medical benefits from Veterans Affairs due to a service-connected disability are eligible to receive or make HSA contributions. Visit the IRS website at [irs.gov/irb/2004-33_IRB](https://www.irs.gov/irb/2004-33_IRB) for details.

Explore your plan options

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

Blue Access/Blue Access Choice PPO Buy-Up Plan

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

- You can choose a primary care doctor from the plan's network for preventive care such as checkups and screenings.
- You do not need to have a primary care doctor to see a specialist.
- When you want to see a specialist, such as an orthopedic doctor or a cardiologist, you do not need to visit your primary care doctor first for a referral. This can save you time and a copay.
- Choosing doctors and facilities in your plan's network – instead of those outside your plan's network – helps lower your costs.

Blue Access/ Blue Access Choice PPO Base Plan

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

- You can choose a primary care doctor from the plan's network for preventive care such as checkups and screenings.
- You do not need to have a primary care doctor to see a specialist.
- When you want to see a specialist, such as an orthopedic doctor or a cardiologist, you do not need to visit your primary care doctor first for a referral. This can save you time and a copay.
- Choosing doctors and facilities in your plan's network – instead of those outside your plan's network – helps lower your costs.



Explore your plan options

Blue Access/ Blue Choice PPO Value Plan

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

- You can choose a primary care doctor from the plan's network for preventive care such as checkups and screenings.
- You do not need to have a primary care doctor to see a specialist.
- When you want to see a specialist, such as an orthopedic doctor or a cardiologist, you do not need to visit your primary care doctor first for a referral. This can save you time and a copay.
- Choosing doctors and facilities in your plan's network — instead of those outside your plan's network — helps lower your costs.

How to choose a plan

- Think about your personal situation. Have your healthcare needs changed? Do you go to the doctor more often now? Are you taking a special prescription drug? Do you have any upcoming surgeries? You will want to look for benefits that fit your needs.
- Compare all the costs, including your monthly payment, deductible, coinsurance, copay, and out-of-pocket limit.
- Find out if your doctors, hospitals, and healthcare professionals are covered by the plan.
- Choose the right plan for your needs.

What you pay when you receive care

An overview of your plan costs

Understanding how your plan works and what your out-of-pocket costs might be can help you choose the best fit for your needs and budget. Here are some details about your plan.

	BA/BAC HSA-HDHP EEs w/Single coverage HSA		BA/BAC HSA-HDHP EEs w/Dependent coverage HSA	
	Doctors in the plan	Doctors out of the plan	Doctors in the plan	Doctors out of the plan
Deductible				
Individual	\$2,000	\$4,000	\$3,000	\$5,400
Family	N/A	N/A	N/A	N/A
Office visits				
Doctor/specialist	PCP/Specialist: 10% coinsurance (after ded)	40% coinsurance (after ded)	PCP/Specialist: 10% coinsurance (after ded)	40% coinsurance (after ded)
Out-of-pocket limit				
Individual	\$4,000	\$8,000	\$4,000	\$8,000
Family	N/A	N/A	N/A	N/A
Pharmacy (*see below)				
Tier 1-Preventive (generic)	No Charge	40% coinsurance (after ded)	No Charge	40% coinsurance (after ded)
Tier 2-Preventive (preferred)	No Charge	40% coinsurance (after ded)	No Charge	40% coinsurance (after ded)
Retail	10% coinsurance (after ded)	40% coinsurance (after ded)	10% coinsurance (after ded)	40% coinsurance (after ded)
Home Delivery	10% coinsurance (after ded)	Not Covered	10% coinsurance (after ded)	Not Covered
Helpful information	<ul style="list-style-type: none"> Access to 96% of hospitals and 93% of doctors nationwide. INN Urgent Care: 10% coinsurance (after ded) INN/OON ER-Facility: 10% coinsurance (after ded) 		<ul style="list-style-type: none"> Access to 96% of hospitals and 93% of doctors nationwide. INN Urgent Care: 10% coinsurance (after ded) INN/OON ER-Facility: 10% coinsurance (after ded) 	

- Visit <https://www.anthem.com/ca/ms/pharmacyinformation/home.html>
 - Select Essential Drug List 3-Tier (Searchable)
 - Enter your drug name in the search bar to find the dosage and Tier level



Find out what preventive care you need

Go to [anthem.com/preventive-care](https://www.anthem.com/preventive-care) to access preventive care guidelines for your age and gender.

What you pay when you receive care

An overview of your plan costs

Understanding how your plan works and what your out-of-pocket costs might be can help you choose the best fit for your needs and budget. Here are some details about your plan.

	BA/BAC PPO Buy-Up Plan PPO		BA/BAC PPO Base Plan PPO		BA/BAC PPO Value Plan PPO	
	Doctors in the plan	Doctors out of the plan	Doctors in the plan	Doctors out of the plan	Doctors in the plan	Doctors out of the plan
Deductible						
Individual	\$750	\$1,500	\$1,000	\$2,000	\$1,500	\$3,000
Family	\$1,500	\$3,000	\$2,000	\$4,000	\$3,000	\$6,000
Office visits						
Doctor/specialist	\$25-PCP (no ded) \$35-Specialist (no ded)	40% coinsurance (after ded)	\$25-PCP (no ded) \$35-Specialist (no ded)	40% coinsurance (after ded)	\$25-PCP (no ded) \$35-Specialist (no ded)	40% coinsurance (after ded)
Out-of-pocket limit						
Individual	\$1,500	\$3,000	\$2,500	\$5,000	\$4,000	\$8,000
Family	\$3,000	\$6,000	\$5,000	\$16,000	\$8,000	\$10,000
Pharmacy (*see below)						
Retail	\$10/\$30/\$50	40% coinsurance	\$10/\$30/\$50	40% coinsurance	\$10/\$30/\$60	40% coinsurance
Home Delivery	\$20/\$60/\$100	Not Covered	\$20/\$60/\$100	Not Covered	\$20/\$60/\$100	Not Covered
Helpful information	<ul style="list-style-type: none"> Access to 96% of hospitals and 93% of doctors nationwide. INN Urgent Care: \$35 copay/visit (no ded) INN/OON ER-Facility: \$200 copay/visit (no ded) 		<ul style="list-style-type: none"> Access to 96% of hospitals and 93% of doctors nationwide. INN Urgent Care: \$35 copay/visit (no ded) INN/OON ER-Facility: \$200 copay/visit (no ded) 		<ul style="list-style-type: none"> Access to 96% of hospitals and 93% of doctors nationwide. INN Urgent Care: \$35 copay/visit (no ded) INN/OON ER-Facility: \$200 copay/visit (no ded) 	

- Visit <https://www.anthem.com/ca/ms/pharmacyinformation/home.html>
- Select Essential Drug List 3-Tier (Searchable)
 - Enter your drug name in the search bar to find the dosage and Tier level



Find out what preventive care you need

Go to [anthem.com/preventive-care](https://www.anthem.com/preventive-care) to access preventive care guidelines for your age and gender.

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: City of Kirkwood: Anthem Blue Access/ Blue Access Choice HSA - HDHP Employees with Single

Coverage Your Network: Blue Access/ Blue Access Choice

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$2,000 person/ NA-family	\$4,000 person/ NA-family
Overall Out-of-Pocket Limit	\$4,000 person/ NA-family	\$8,000 person/ NA-family
<p>The family deductible and out-of-pocket limit are non-embedded, meaning the cost shares of all family members apply to one family deductible and one family out-of-pocket limit. The per person deductible and per person out-of-pocket limit apply to individuals enrolled under single-only coverage.</p> <p>All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket limit(s) (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).</p> <p>In-Network and Non-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.</p>		
<p>Doctor Visits (virtual and office) <i>You are encouraged to select a Primary Care Physician (PCP).</i></p>		
<p>Medical Chats and Virtual Visits for Primary Care <i>from our Online Provider K Health, through its affiliated Provider groups are covered at No charge after deductible is met.</i></p>		
<p>Virtual Visits from online provider LiveHealth Online <i>for urgent/acute medical and mental health and substance abuse care via www.livehealthonline.com are covered at No charge after deductible is met; and 10% coinsurance after deductible is met for covered Specialist Care.</i></p>		
<p>Primary Care (PCP) and Mental Health and Substance Abuse Care <i>virtual and office</i></p> <p>Specialist Care <i>virtual and office</i></p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p>
<p><u>Other Practitioner Visits</u></p>		
<p>Routine Maternity Care (Prenatal and Postnatal)</p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>
<p>Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Chiropractic Services <i>Coverage is limited to 26 visits per benefit period.</i>	50% coinsurance after deductible is met	Not covered
<u>Other Services in an Office</u> Allergy Testing Prescription Drugs <i>Dispensed in the office</i> Surgery	10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met
Preventive care / screenings / immunizations	No charge	40% coinsurance after deductible is met
Preventive Care for Chronic Conditions <i>per IRS guidelines</i>	No charge	40% coinsurance after deductible is met
<u>Diagnostic Services</u> Lab Office Outpatient Hospital	10% coinsurance after deductible is met 10% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met
X-Ray Office Outpatient Hospital	10% coinsurance after deductible is met 10% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met
Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i> Office Freestanding Radiology Center Outpatient Hospital	10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met
<u>Emergency and Urgent Care</u> Urgent Care Emergency Room Facility Services	10% coinsurance after deductible is met 10% coinsurance after deductible is met	40% coinsurance after deductible is met Covered as In-Network

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Emergency Room Doctor and Other Services</p> <p>Ambulance</p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p><u>Outpatient Mental Health and Substance Abuse Care at a Facility</u></p> <p>Facility Fees</p> <p>Doctor Services</p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p>
<p><u>Outpatient Surgery</u></p> <p>Facility Fees</p> <p>Hospital</p> <p>Ambulatory Surgical Center</p> <p>Doctor and Other Services</p> <p>Hospital</p> <p>Ambulatory Surgical Center</p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p>
<p><u>Hospital (Including Maternity, Mental Health and Substance Abuse)</u></p> <p>Facility Fees</p> <p>Human Organ and Tissue Transplants <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i></p> <p>Physician and other services including surgeon fees</p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p>
<p>Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for Occupational Rehabilitation services is limited to 20 visits per benefit period. Coverage for Physical Rehabilitation and Manipulation Therapy services is limited to 20 visits per benefit period. Limit does not apply to manipulation performed by a Chiropractor. Limit is combined In-network and Non-Network across professional and outpatient visits. Speech Therapy has no visit limit. Benefit limit does not apply to Applied Behavioral Analysis. Benefit limit does not apply when performed as part of Early Intervention.</i></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p>
<p>Pulmonary rehabilitation <i>office and outpatient hospital</i></p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>
<p>Cardiac rehabilitation <i>office and outpatient hospital</i> <i>Coverage is unlimited visits per benefit period.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>
<p>Dialysis/Hemodialysis <i>office and outpatient hospital</i></p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>
<p>Chemo/Radiation Therapy <i>office and outpatient hospital</i></p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>
<p>Skilled Nursing Care (facility) <i>Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>
<p>Inpatient Hospice</p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>
<p>Durable Medical Equipment</p>	<p>50% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p>
<p>Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>
<p>Hearing Aids <i>Coverage for hearing aids is limited to children 1 through 17 years of age, with one hearing aid per ear every 36 months. Newborn hearing aids no limit.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Combined with In-Network medical deductible	Combined with Non-Network medical deductible
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit
Prescription Drug Coverage Network: <i>Base Network</i> Drug List: <i>Essential Drugs not included on the Essential drug list will not be covered.</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 CarelonRx Mail (IngenioRx will become CarelonRx on January 1, 2023). 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.		
Preventive Drugs Your Pharmacy cost share is reduced for drugs included on the PreventiveRX Plus drug list, a designated list of drugs to treat health conditions, such as: diabetes, asthma, depression, heart health, high blood pressure, high cholesterol, and osteoporosis.		
Tier 1 Preventive - Typically Generic Tier 2 Preventive - Typically Preferred Brand	No charge No charge	40% coinsurance after deductible is met (retail) and Not covered (home delivery) 40% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 1 - Typically Generic	10% coinsurance after deductible is met (retail and home delivery)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand	10% coinsurance after deductible is met (retail and home delivery)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand	10% coinsurance after deductible is met (retail and home delivery)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)

Notes:

- Dependent age: to end of the year in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- 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.

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

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: City of Kirkwood: Anthem Blue Access/ Blue Access Choice PPO HSA - HDHP Plan for Employees with Dependent Coverage

Your Network: Blue Access/ Blue Access Choice

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$3,000 person / \$6,000 family	\$5,400 person / \$8,000 family
Overall Out-of-Pocket Limit	\$4,000 person / \$8,000 family	\$8,000 person / \$16,000 family
<p>The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.</p> <p>All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket limit(s) (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).</p> <p>In-Network and Non-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.</p>		
<p>Doctor Visits (virtual and office) <i>You are encouraged to select a Primary Care Physician (PCP).</i></p>		
<p>Medical Chats and Virtual Visits for Primary Care <i>from our Online Provider K Health, through its affiliated Provider groups are covered at No charge after deductible is met.</i></p>		
<p>Virtual Visits from online provider LiveHealth Online <i>for urgent/acute medical and mental health and substance abuse care via www.livehealthonline.com are covered at No charge after deductible is met; and 10% coinsurance after deductible is met for covered Specialist Care.</i></p>		
<p>Primary Care (PCP) and Mental Health and Substance Abuse Care <i>virtual and office</i></p> <p>Specialist Care <i>virtual and office</i></p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p>
<p>Other Practitioner Visits</p>		
<p>Routine Maternity Care (Prenatal and Postnatal)</p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>
<p>Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Chiropractic Services <i>Coverage is limited to 26 visits per benefit period.</i>	50% coinsurance after deductible is met	Not covered
<u>Other Services in an Office</u> Allergy Testing Prescription Drugs <i>Dispensed in the office</i> Surgery	10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met
Preventive care / screenings / immunizations	No charge	40% coinsurance after deductible is met
Preventive Care for Chronic Conditions <i>per IRS guidelines</i>	No charge	40% coinsurance after deductible is met
<u>Diagnostic Services</u> Lab Office Outpatient Hospital	10% coinsurance after deductible is met 10% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met
X-Ray Office Outpatient Hospital	10% coinsurance after deductible is met 10% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met
Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i> Office Freestanding Radiology Center Outpatient Hospital	10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met
<u>Emergency and Urgent Care</u> Urgent Care	10% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Emergency Room Facility Services</p> <p>Emergency Room Doctor and Other Services</p> <p>Ambulance</p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>Covered as In-Network</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p><u>Outpatient Mental Health and Substance Abuse Care at a Facility</u></p> <p>Facility Fees</p> <p>Doctor Services</p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p>
<p><u>Outpatient Surgery</u></p> <p>Facility Fees</p> <p>Hospital</p> <p>Ambulatory Surgical Center</p> <p>Doctor and Other Services</p> <p>Hospital</p> <p>Ambulatory Surgical Center</p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p>
<p><u>Hospital (Including Maternity, Mental Health and Substance Abuse)</u></p> <p>Facility Fees</p> <p>Human Organ and Tissue Transplants <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i></p> <p>Physician and other services <i>including surgeon fees</i></p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p>
<p>Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for Occupational Rehabilitation services is limited to 20 visits per benefit period. Coverage for Physical Rehabilitation and Manipulation Therapy services is limited to 20 visits per benefit period. Limit does not apply to manipulation performed by a Chiropractor. Limit is combined In-network and Non-Network across professional and outpatient visits. Speech Therapy has no visit limit. Benefit limit does not apply to Applied Behavioral Analysis. Benefit limit does not apply when performed as part of Early Intervention.</i></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p>
<p>Pulmonary rehabilitation <i>office and outpatient hospital</i></p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>
<p>Cardiac rehabilitation <i>office and outpatient hospital</i> <i>Coverage is unlimited visits per benefit period.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>
<p>Dialysis/Hemodialysis <i>office and outpatient hospital</i></p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>
<p>Chemo/Radiation Therapy <i>office and outpatient hospital</i></p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>
<p>Skilled Nursing Care (facility) <i>Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>
<p>Inpatient Hospice</p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>
<p>Durable Medical Equipment</p>	<p>50% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p>
<p>Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>
<p>Hearing Aids <i>Coverage for hearing aids is limited to children 1 through 17 years of age, with one hearing aid per ear every 36 months. Newborn hearing aids no limit.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p>

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Combined with In-Network medical deductible	Combined with Non-Network medical deductible
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit
Prescription Drug Coverage Network: <i>Base Network</i> Drug List: <i>Essential Drugs not included on the Essential drug list will not be covered.</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 CarelonRx Mail (IngenioRx will become CarelonRx on January 1, 2023). 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.		
Preventive Drugs Your Pharmacy cost share is reduced for drugs included on the PreventiveRX Plus drug list, a designated list of drugs to treat health conditions, such as: diabetes, asthma, depression, heart health, high blood pressure, high cholesterol, and osteoporosis.		
Tier 1 Preventive - Typically Generic	No charge	40% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 Preventive - Typically Preferred Brand	No charge	40% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 1 - Typically Generic	10% coinsurance after deductible is met (retail and home delivery)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand	10% coinsurance after deductible is met (retail and home delivery)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand	10% coinsurance after deductible is met (retail and home delivery)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)

Notes:

- Dependent age: to end of the year in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- 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.

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

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: City of Kirkwood: Anthem Blue Access/Blue Access Choice PPO Buy-Up Plan

Your Network: Blue Access/ Blue Access Choice

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$750 person / \$1,500 family	\$1,500 person / \$3,000 family
Overall Out-of-Pocket Limit	\$1,500 person / \$3,000 family	\$3,000 person / \$6,000 family
<p>The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.</p> <p>All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket limit(s) (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).</p> <p>In-Network and Non-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.</p>		
<p>Doctor Visits (virtual and office) <i>You are encouraged to select a Primary Care Physician (PCP).</i></p>		
<p>Medical Chats and Virtual Visits for Primary Care <i>from our Online Provider K Health, through its affiliated Provider groups are covered at \$0 copay per visit medical deductible does not apply.</i></p>		
<p>Virtual Visits from online provider LiveHealth Online <i>for urgent/acute medical and mental health and substance abuse care via www.livehealthonline.com are covered at \$0 copay per visit medical deductible does not apply; and \$35 copay per visit medical deductible does not apply for covered Specialist Care.</i></p>		
<p>Primary Care (PCP) and Mental Health and Substance Abuse Care <i>virtual and office</i></p>	\$25 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
<p>Specialist Care <i>virtual and office</i></p>	\$35 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
<p><u>Other Practitioner Visits</u></p>		
<p>Routine Maternity Care (Prenatal and Postnatal)</p>	10% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Retail Health Clinic for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</p> <p>Chiropractic Services Coverage is limited to 26 visits per benefit period.</p>	<p>\$25 copay per visit medical deductible does not apply</p> <p>50% coinsurance medical deductible does not apply</p>	<p>40% coinsurance after medical deductible is met</p> <p>Not covered</p>
<p><u>Other Services in an Office</u></p> <p>Allergy Testing When Allergy injections are billed separately by network providers, the member is responsible for a \$5 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</p> <p>Prescription Drugs Dispensed in the office</p> <p>Surgery</p>	<p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p> <p>\$35 copay per visit medical deductible does not apply[‡]</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p>Preventive care / screenings / immunizations</p>	<p>No charge</p>	<p>40% coinsurance after medical deductible is met</p>
<p>Preventive Care for Chronic Conditions per IRS guidelines</p>	<p>No charge</p>	<p>40% coinsurance after medical deductible is met</p>
<p><u>Diagnostic Services</u></p> <p>Lab</p> <p>Office</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>10% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p>X-Ray</p> <p>Office</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>10% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i></p> <p>Office</p> <p>Freestanding Radiology Center</p> <p>Outpatient Hospital</p>	<p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p><u>Emergency and Urgent Care</u></p> <p>Urgent Care <i>includes doctor services. Additional charges may apply depending on the care provided.</i></p> <p>Emergency Room Facility Services <i>Copay waived if admitted.</i></p> <p>Emergency Room Doctor and Other Services</p> <p>Ambulance</p>	<p>\$35 copay per visit medical deductible does not apply</p> <p>\$200 copay per visit medical deductible does not apply</p> <p>No charge</p> <p>No Cost Share</p>	<p>40% coinsurance after medical deductible is met</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p><u>Outpatient Mental Health and Substance Abuse Care at a Facility</u></p> <p>Facility Fees</p> <p>Doctor Services</p>	<p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p><u>Outpatient Surgery</u></p> <p>Facility Fees</p> <p>Hospital</p> <p>Ambulatory Surgical Center</p>	<p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Doctor and Other Services</p> <p>Hospital</p> <p>Ambulatory Surgical Center</p>	<p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p><u>Hospital (Including Maternity, Mental Health and Substance Abuse)</u></p> <p>Facility Fees</p> <p>Human Organ and Tissue Transplants <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i></p> <p>Physician and other services <i>including surgeon fees</i></p>	<p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p>Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i></p>	<p>10% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p>
<p>Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for Occupational Rehabilitation services is limited to 20 visits per benefit period. Coverage for Physical Rehabilitation and Manipulation Therapy services is limited to 20 visits per benefit period. Limit does not apply to manipulation performed by a Chiropractor. Limit is combined In-network and Non-Network across professional and outpatient visits. Speech Therapy has no visit limit. Benefit limit does not apply to Applied Behavioral Analysis. Benefit limit does not apply when performed as part of Early Intervention.</i></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>\$25 copay per visit medical deductible does not apply</p> <p>10% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p>Pulmonary rehabilitation</p> <p>Office</p>	<p>\$35 copay per visit medical deductible does not apply</p>	<p>40% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	10% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Cardiac rehabilitation <i>Coverage is limited visits per benefit period.</i> Office Outpatient Hospital	\$35 copay per visit medical deductible does not apply 10% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Dialysis/Hemodialysis Office Outpatient Hospital	\$35 copay per visit medical deductible does not apply 10% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Chemo/Radiation Therapy Office Outpatient Hospital	\$35 copay per visit medical deductible does not apply [‡] 10% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Skilled Nursing Care (facility) <i>Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period.</i>	10% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Inpatient Hospice	10% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Durable Medical Equipment	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	10% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Hearing Aids <i>Coverage for hearing aids is limited to children 1 through 17 years of age, with one hearing aid per ear every 36 months. Newborn hearing aids no limit.</i>	10% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Not applicable	Not applicable
Pharmacy Out-of-Pocket Limit	\$1,000 for Individual/ \$2,000 for Family	\$2,000 for Individual/ \$4,000 for Family
Prescription Drug Coverage Network: <i>Base Network</i> Drug List: <i>Essential</i> <i>Drugs not included on the Essential drug list will not be covered.</i>		
Day Supply Limits: Retail Pharmacy <i>30 day supply (cost shares noted below)</i> Retail 90 Pharmacy <i>90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies).</i> Home Delivery Pharmacy <i>90 day supply (maximum cost shares noted below) Maintenance medications are available through CarelonRx Mail (IngenioRx will become CarelonRx on January 1, 2023). You will need to call us on the number on your ID card to sign up when you first use the service.</i> Specialty Pharmacy <i>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.</i>		
Tier 1 - Typically Generic	\$10 copay per prescription (retail) and \$20 copay per prescription (home delivery)	50% coinsurance(min \$45), deductible does not apply (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand	\$30 copay per prescription (retail) and \$60 copay per prescription (home delivery)	50% coinsurance(min \$45), deductible does not apply (retail) and Not covered (home delivery)

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Tier 3 - Typically Non-Preferred Brand	\$50 copay per prescription (retail) and \$100 copay per prescription (home delivery)	50% coinsurance(min \$45), deductible does not apply (retail) and Not covered (home delivery)

Notes:

- Dependent age: to end of the year in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- 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.
- ‡ Your cost share will be reduced when services are provided in a PCP's office.

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

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: City of Kirkwood: Anthem Blue Access/ Blue Access Choice PPO Base Plan

Your Network: Blue Access/ Blue Access Choice

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$1,000 person / \$2,000 family	\$2,000 person / \$4,000 family
Overall Out-of-Pocket Limit	\$2,500 person / \$5,000 family	\$5,000 person / \$10,000 family
<p>The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.</p> <p>All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket limit(s) (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).</p> <p>In-Network and Non-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.</p>		
<p>Doctor Visits (virtual and office) <i>You are encouraged to select a Primary Care Physician (PCP).</i></p>		
<p>Medical Chats and Virtual Visits for Primary Care <i>from our Online Provider K Health, through its affiliated Provider groups are covered at \$0 copay per visit medical deductible does not apply.</i></p>		
<p>Virtual Visits from online provider LiveHealth Online <i>for urgent/acute medical and mental health and substance abuse care via www.livehealthonline.com are covered at \$0 copay per visit medical deductible does not apply; and \$35 copay per visit medical deductible does not apply for covered Specialist Care.</i></p>		
<p>Primary Care (PCP) and Mental Health and Substance Abuse Care <i>virtual and office</i></p> <p>Specialist Care <i>virtual and office</i></p>	<p>\$25 copay per visit medical deductible does not apply</p> <p>\$35 copay per visit medical deductible does not apply</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p>Other Practitioner Visits</p> <p>Routine Maternity Care (Prenatal and Postnatal)</p>	<p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Retail Health Clinic for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</p> <p>Chiropractic Services Coverage is limited to 26 visits per benefit period.</p>	<p>\$25 copay per visit medical deductible does not apply</p> <p>50% coinsurance medical deductible does not apply</p>	<p>40% coinsurance after medical deductible is met</p> <p>Not covered</p>
<p><u>Other Services in an Office</u></p> <p>Allergy Testing When Allergy injections are billed separately by network providers, the member is responsible for a \$5 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</p> <p>Prescription Drugs Dispensed in the office</p> <p>Surgery</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p> <p>\$35 copay per visit medical deductible does not apply[‡]</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p>Preventive care / screenings / immunizations</p>	<p>No charge</p>	<p>40% coinsurance after medical deductible is met</p>
<p>Preventive Care for Chronic Conditions per IRS guidelines</p>	<p>No charge</p>	<p>40% coinsurance after medical deductible is met</p>
<p><u>Diagnostic Services</u></p> <p>Lab</p> <p>Office</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p>X-Ray</p> <p>Office</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i></p> <p>Office</p> <p>Freestanding Radiology Center</p> <p>Outpatient Hospital</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p><u>Emergency and Urgent Care</u></p> <p>Urgent Care <i>includes doctor services. Additional charges may apply depending on the care provided.</i></p> <p>Emergency Room Facility Services <i>Copay waived if admitted.</i></p> <p>Emergency Room Doctor and Other Services</p> <p>Ambulance</p>	<p>\$35 copay per visit medical deductible does not apply</p> <p>\$200 copay per visit medical deductible does not apply</p> <p>No charge</p> <p>No Cost Share</p>	<p>40% coinsurance after medical deductible is met</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p><u>Outpatient Mental Health and Substance Abuse Care at a Facility</u></p> <p>Facility Fees</p> <p>Doctor Services</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p><u>Outpatient Surgery</u></p> <p>Facility Fees</p> <p>Hospital</p> <p>Ambulatory Surgical Center</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Doctor and Other Services</p> <p>Hospital</p> <p>Ambulatory Surgical Center</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p><u>Hospital (Including Maternity, Mental Health and Substance Abuse)</u></p> <p>Facility Fees</p> <p>Human Organ and Tissue Transplants <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i></p> <p>Physician and other services <i>including surgeon fees</i></p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p>Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i></p>	<p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p>
<p>Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for Occupational Rehabilitation services is limited to 20 visits per benefit period. Coverage for Physical Rehabilitation and Manipulation Therapy services is limited to 20 visits per benefit period. Limit does not apply to manipulation performed by a Chiropractor. Limit is combined In-network and Non-Network across professional and outpatient visits. Speech Therapy has no visit limit. Benefit limit does not apply to Applied Behavioral Analysis. Benefit limit does not apply when performed as part of Early Intervention.</i></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>\$25 copay per visit medical deductible does not apply</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p>Pulmonary rehabilitation</p> <p>Office</p>	<p>\$35 copay per visit medical deductible does not apply</p>	<p>40% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Cardiac rehabilitation <i>Coverage is unlimited per benefit period.</i> Office Outpatient Hospital	\$35 copay per visit medical deductible does not apply 20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Dialysis/Hemodialysis Office Outpatient Hospital	\$35 copay per visit medical deductible does not apply 20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Chemo/Radiation Therapy Office Outpatient Hospital	\$35 copay per visit medical deductible does not apply [‡] 20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Skilled Nursing Care (facility) <i>Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period.</i>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Inpatient Hospice	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Durable Medical Equipment	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Hearing Aids <i>Coverage for hearing aids is limited to children 1 through 17 years of age, with one hearing aid per ear every 36 months. Newborn hearing aids no limit.</i>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Not applicable	Not applicable
Pharmacy Out-of-Pocket Limit	\$1,000 for Individual/ \$2,000 for Family	\$2,000 for Individual/ \$4,000 for Family
Prescription Drug Coverage Network: <i>Base Network</i> Drug List: <i>Essential</i> <i>Drugs not included on the Essential drug list will not be covered.</i>		
Day Supply Limits: Retail Pharmacy <i>30 day supply (cost shares noted below)</i> Retail 90 Pharmacy <i>90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies).</i> Home Delivery Pharmacy <i>90 day supply (maximum cost shares noted below) Maintenance medications are available through CarelonRx Mail (IngenioRx will become CarelonRx on January 1, 2023). You will need to call us on the number on your ID card to sign up when you first use the service.</i> Specialty Pharmacy <i>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.</i>		
Tier 1 - Typically Generic	\$10 copay per prescription (retail) and \$20 copay per prescription (home delivery)	50% coinsurance(min \$45), deductible does not apply (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand	\$30 copay per prescription (retail) and \$60 copay per prescription (home delivery)	50% coinsurance(min \$45), deductible does not apply (retail) and Not covered (home delivery)

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Tier 3 - Typically Non-Preferred Brand	\$50 copay per prescription (retail) and \$100 copay per prescription (home delivery)	50% coinsurance(min \$45), deductible does not apply (retail) and Not covered (home delivery)

Notes:

- Dependent age: to end of the year in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- 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.
- ‡ Your cost share will be reduced when services are provided in a PCP's office.

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

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: City of Kirkwood: Anthem Blue Access/ Blue Access Choice PPO Value Plan

Your Network: Blue Access/ Blue Access Choice

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$1,500 person / \$3,000 family	\$3,000 person / \$6,000 family
Overall Out-of-Pocket Limit	\$4,000 person / \$8,000 family	\$8,000 person / \$16,000 family
<p>The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.</p> <p>All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket limit(s) (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).</p> <p>In-Network and Non-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.</p>		
<p>Doctor Visits (virtual and office) <i>You are encouraged to select a Primary Care Physician (PCP).</i></p>		
<p>Medical Chats and Virtual Visits for Primary Care <i>from our Online Provider K Health, through its affiliated Provider groups are covered at \$0 copay per visit medical deductible does not apply.</i></p>		
<p>Virtual Visits from online provider LiveHealth Online <i>for urgent/acute medical and mental health and substance abuse care via www.livehealthonline.com are covered at \$0 copay per visit medical deductible does not apply; and \$35 copay per visit medical deductible does not apply for covered Specialist Care.</i></p>		
<p>Primary Care (PCP) and Mental Health and Substance Abuse Care <i>virtual and office</i></p>	\$25 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
<p>Specialist Care <i>virtual and office</i></p>	\$35 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
<p><u>Other Practitioner Visits</u></p>		
<p>Routine Maternity Care (Prenatal and Postnatal)</p>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Retail Health Clinic for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</p> <p>Chiropractic Services Coverage is limited to 26 visits per benefit period.</p>	<p>\$25 copay per visit medical deductible does not apply</p> <p>50% coinsurance medical deductible does not apply</p>	<p>40% coinsurance after medical deductible is met</p> <p>Not covered</p>
<p><u>Other Services in an Office</u></p> <p>Allergy Testing When Allergy injections are billed separately by network providers, the member is responsible for a \$5 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</p> <p>Prescription Drugs Dispensed in the office</p> <p>Surgery</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p> <p>\$35 copay per visit medical deductible does not apply[‡]</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p>Preventive care / screenings / immunizations</p>	<p>No charge</p>	<p>40% coinsurance after medical deductible is met</p>
<p>Preventive Care for Chronic Conditions per IRS guidelines</p>	<p>No charge</p>	<p>40% coinsurance after medical deductible is met</p>
<p><u>Diagnostic Services</u></p> <p>Lab</p> <p>Office</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p>X-Ray</p> <p>Office</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i></p> <p>Office</p> <p>Freestanding Radiology Center</p> <p>Outpatient Hospital</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p><u>Emergency and Urgent Care</u></p> <p>Urgent Care <i>includes doctor services. Additional charges may apply depending on the care provided.</i></p> <p>Emergency Room Facility Services <i>Copay waived if admitted.</i></p> <p>Emergency Room Doctor and Other Services</p> <p>Ambulance</p>	<p>\$35 copay per visit medical deductible does not apply</p> <p>\$200 copay per visit medical deductible does not apply</p> <p>No charge</p> <p>No Cost Share</p>	<p>40% coinsurance after medical deductible is met</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p><u>Outpatient Mental Health and Substance Abuse Care at a Facility</u></p> <p>Facility Fees</p> <p>Doctor Services</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p><u>Outpatient Surgery</u></p> <p>Facility Fees</p> <p>Hospital</p> <p>Ambulatory Surgical Center</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Doctor and Other Services</p> <p>Hospital</p> <p>Ambulatory Surgical Center</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p><u>Hospital (Including Maternity, Mental Health and Substance Abuse)</u></p> <p>Facility Fees</p> <p>Human Organ and Tissue Transplants <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i></p> <p>Physician and other services <i>including surgeon fees</i></p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p>Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i></p>	<p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p>
<p>Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for Occupational Rehabilitation services is limited to 20 visits per benefit period. Coverage for Physical Rehabilitation and Manipulation Therapy services is limited to 20 visits per benefit period. Limit does not apply to manipulation performed by a Chiropractor. Limit is combined In-network and Non-Network across professional and outpatient visits. Speech Therapy has no visit limit. Benefit limit does not apply to Applied Behavioral Analysis. Benefit limit does not apply when performed as part of Early Intervention.</i></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>\$25 copay per visit medical deductible does not apply</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p>Pulmonary rehabilitation</p> <p>Office</p>	<p>\$35 copay per visit medical deductible does not apply</p>	<p>40% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Cardiac rehabilitation <i>Coverage is unlimited visits per benefit period.</i> Office Outpatient Hospital	\$35 copay per visit medical deductible does not apply 20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Dialysis/Hemodialysis Office Outpatient Hospital	\$35 copay per visit medical deductible does not apply 20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Chemo/Radiation Therapy Office Outpatient Hospital	\$35 copay per visit medical deductible does not apply [‡] 20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Skilled Nursing Care (facility) <i>Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period.</i>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Inpatient Hospice	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Durable Medical Equipment	50% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Hearing Aids <i>Coverage for hearing aids is limited to children 1 through 17 years of age, with one hearing aid per ear every 36 months. Newborn hearing aids no limit.</i>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Not applicable	Not applicable
Pharmacy Out-of-Pocket Limit	\$1,000 for Individual/ \$2,000 for Family	\$2,000 for Individual/ \$4,000 for Family
Prescription Drug Coverage Network: <i>Base Network</i> Drug List: <i>Essential</i> <i>Drugs not included on the Essential drug list will not be covered.</i>		
Day Supply Limits: Retail Pharmacy <i>30 day supply (cost shares noted below)</i> Retail 90 Pharmacy <i>90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies).</i> Home Delivery Pharmacy <i>90 day supply (maximum cost shares noted below) Maintenance medications are available through CarelonRx Mail (IngenioRx will become CarelonRx on January 1, 2023). You will need to call us on the number on your ID card to sign up when you first use the service.</i> Specialty Pharmacy <i>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.</i>		
Tier 1 - Typically Generic	\$10 copay per prescription (retail) and \$20 copay per prescription (home delivery)	50% coinsurance (min \$45), deductible does not apply (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand	\$30 copay per prescription (retail) and \$60 copay per prescription (home delivery)	50% coinsurance (min \$45), deductible does not apply (retail) and Not covered (home delivery)

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Tier 3 - Typically Non-Preferred Brand	\$50 copay per prescription (retail) and \$100 copay per prescription (home delivery)	50% coinsurance (min \$45), deductible does not apply (retail) and Not covered (home delivery)

Notes:

- Dependent age: to end of the year in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- 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.
- ‡ Your cost share will be reduced when services are provided in a PCP's office.

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.

Pharmacy Benefits

What your plan will cover

Your medication coverage

Your plan covers:

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

Your drug list

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

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

To find the latest drug lists:

- Visit fm.formularynavigator.com/FBO/143/Essential_3_Tier_ABCBS.pdf for the **Essential 3-tier** Drug List.

Your pharmacy options

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

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

Make the most of your pharmacy benefits

Understanding medicine coverage and costs

- **Search the drug list.** Find out if your medicines are covered and which tier they are in. Lower-cost, brand-name drugs and generics are usually in Tiers 1 and 2. You will save the most money if you use Tier 1 drugs.
- **Price a medication.** See how much a medicine costs before you get it. You can compare retail drug costs at local pharmacies and see the price of generic options. Results will include the cost of up to a 90-day supply and home delivery.
- **Check if there are generic options.** If you take a brand-name drug, you can find a list of generic options that are just as effective and cost less. Be sure to talk with your doctor to see if a generic option is right for you.
- **Save money on certain noncovered medicines.** If your prescription isn't covered by your plan, you may be able to receive a discount. Share your member ID card at the pharmacy, and the available discount will automatically be applied.

Coverage requirements

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

- **Preapproval, also known as prior authorization.** This means Anthem needs to approve a drug before the pharmacy fills it. If you already have preapproval, you or your doctor will need to fill out a new form at [anthem.com](https://www.anthem.com).
- **Step therapy.** You may need to try other medicine before we can cover the one your doctor prescribed.
- **Quantity limits.** To help protect your health, your plan may limit how much medication you can receive each month.
- **Dose optimization.** If a higher strength is available, you may be able to switch from taking multiple doses to a single dose each day.
- **90-day supply.** If you take maintenance medication for ongoing conditions like asthma, diabetes, or high cholesterol, your plan may require that you set up 90-day supplies at a pharmacy, including CVS, or through home delivery.

You have pharmacy options

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

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

The **Base Network** is our national pharmacy network and includes nearly 67,000 retail pharmacies across the country. To find a pharmacy, visit [anthem.com/ pharmacyinformation/rxnetworks.html](https://www.anthem.com/pharmacyinformation/rxnetworks.html) and choose the **Base Network** list.

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

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

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



Savings. Convenience. Peace of mind.

Get it all with our
home delivery pharmacy.



If one less thing to do in your day sounds good, you can get your prescription medications delivered to your home instead of picking them up at the pharmacy. It's easy to set up home delivery for the prescriptions you take long-term for conditions like diabetes or asthma. You'll get a 90-day supply with free standard shipping. And it may save you money.

With home delivery, you get:



Savings

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



Convenience

You can skip the trip to the pharmacy. First-time home delivery orders take about two weeks, and refills take 3 to 5 days. You can set up automatic refills, too.



Peace of mind

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

2 easy ways to switch

1. You can get started with home delivery online at anthem.com or through the Anthem Anywhere/Sydney app. Just visit the pharmacy page after you log in to get started. You can also refill your prescriptions, find a pharmacy, see what's covered and even price drugs before you get them.
2. Or you can call us at the Pharmacy Member Services number on your health plan ID card.




Still have questions?

Call us at the Pharmacy Member Services number on your health plan ID card.

* Schwab P, Racsa P, Rascati K, Mourer M, Meah Y, Worley K. A Retrospective Database Study Comparing Diabetes-related Medication Adherence and Health Outcomes for Mail-order versus Community Pharmacy. J Manag Care Spec Pharm 2019 Mar;25(3):332-40: [ncbi.nlm.nih.gov/pubmed/30816817](https://pubmed.ncbi.nlm.nih.gov/30816817/).

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in 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.

	<p>Mail this form to:</p>  <p>CarelonRx Mail PO BOX 659541 SAN ANTONIO, TX 78265-9541</p>																				
<p>Member ID # (if not shown or if different from above)</p> <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
<p>Prescription Plan Sponsor or Company Name</p>																					

Please fold here →

Please fold here →

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

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

Refills - Order by web, phone, or write in Rx number(s) below. Number of **Refill** prescriptions:

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

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

Last Name	First Name	MI	Suffix (JR, SR)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 60px;" type="text"/>
Street Address	Apt./Suite #	<input type="radio"/> Use shipping address for this order only.	
<input style="width: 100%;" type="text"/>	<input style="width: 60px;" type="text"/>		
City	State	ZIP Code	
<input style="width: 100%;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 60px;" type="text"/> - <input style="width: 60px;" type="text"/>	
Daytime Phone #: <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> - <input style="width: 60px;" type="text"/>	Evening Phone #: <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> - <input style="width: 60px;" type="text"/>		

Please fold here →

Please fold here →

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

1)	2)	3)	4)
5)	6)	7)	8)

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

Services provided by CarelonRx Inc.

* WEB *

* WEB *

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



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

First person with a refill or new prescription.

Spanish forms and labels

Last Name

Nickname

First Name

Date of birth: - -

MI Suffix (JR,SR)

E-mail address: _____ Date new prescription written: _____

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

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

Allergies: None Aspirin Cephalosporin Codeine Erythromycin Peanuts Penicillin
 Sulfa Other: _____

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

Second person with a refill or new prescription.

Spanish forms and labels

Last Name

Nickname

First Name

Date of birth: - -

MI Suffix (JR,SR)

E-mail address: _____ Date new prescription written: _____

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

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

Allergies: None Aspirin Cephalosporin Codeine Erythromycin Peanuts Penicillin
 Sulfa Other: _____

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

D Special instructions: _____

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

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

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

- Use your card on file.
- Use a new card or update your card's expiration date.

Exp. Date
MMYY

Check or money order. Amount: \$.

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

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

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

Credit card holder signature/Date

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

If you want faster delivery, choose:

2nd business day (\$17)

Next business day (\$23)

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

Expected processing time from receipt of this form:

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



Please fold here →

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* WEB *

* WEB *

Using your plan



How to use your plan

Once you become a member, explore how to make the most of your benefits . This guide shows you ways to make using your plan easier. You will also discover tools and resources that can help you reach your health and wellness goals.



How to use your plan

Register for online tools and resources

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

Sydney Health mobile app

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

Working with you:

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

Working for you:

- **Virtual chat visits** — **Sydney Health** can link you directly to doctors for virtual chat visits at low to no additional-cost.* During your appointment; the doctor will evaluate your symptoms; discuss your treatment options, and order prescriptions, if you need them.
- **Virtual video visits** — You can also use **Sydney Health** to connect with a doctor through video visits.
- **Virtual primary care** — When you need preventive care, such as wellness check-ins, lab work referrals, new prescriptions or refills, specialist referrals, or help with a long-term condition such as asthma, you can use Sydney Health to have a video visit with a doctor.

* Pricing based on \$0 copay benefit eligibility offered through your plan.

How to use your plan

Use your ID card from your phone

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

Find a doctor in your plan

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

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

Schedule a checkup

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

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

Receive the COVID-19 vaccine or booster shot at no extra cost

A COVID-19 vaccine can help keep you, your family, and your community safe. You and your covered family members will not have to pay out-of-pocket costs for COVID-19 vaccine or booster doses. Your Anthem plan covers them.

You can visit any healthcare professional for your vaccine or booster shot, including those outside your plan's network.

Go to [vaccines.gov](https://www.vaccines.gov) to find COVID-19 vaccine locations near you.

How to use your plan

Travel with peace of mind

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

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

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

Access care from home in a way that works for you

- **Assess your symptoms online at no cost.** Answer questions through the **Sydney Health** intuitive Symptom Checker. It uses the information you provide to narrow down millions of medical data points and assess your specific symptoms before you visit a doctor.
- **Chat with a doctor at low to no additional-cost.**³ **Sydney Health** can link you directly to doctors for virtual chat visits. During your appointment, the doctor can evaluate your symptoms; discuss your treatment options; and order prescriptions; if you need them.
- **Have a video visit with a doctor.** You can also use **Sydney Health** to connect with a doctor through video visits.
- **Schedule a virtual primary care appointment** for routine care and prescription refills, if needed. You can also receive a personalized care plan for chronic conditions, such as heart disease.

Where to go for care when you need it now

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

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

¹ Blue Cross Blue Shield Association, Personalized Healthcare, Nationwide (accessed March 2022): bcbs.com.

² GeoBlue, More than 20 years as a leader in international healthcare (accessed May 2021): about.geo-blue.com.

³ If you have a high-deductible health plan and have not met your deductible, the price of a visit will be \$39, starting on the date in 2022 your plan renews.

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

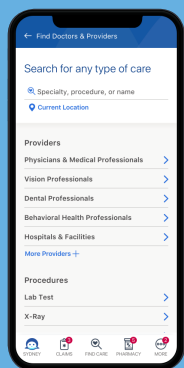
Connect with the care that's right for you

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

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

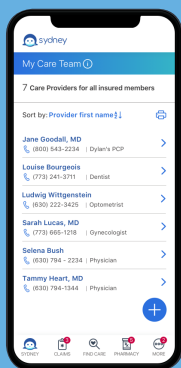
How to use Find Care

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



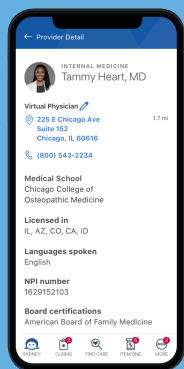
1

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



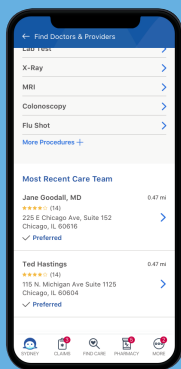
2

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



3

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



4

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

Choose with confidence

You can start using **Find Care** by downloading the Sydney Health app to your mobile device or logging in to anthem.com. Select **Find Care** and the Find Care tool will guide you through the steps.

We're ready to help you

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



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



Use your smartphone camera to scan this QR code.

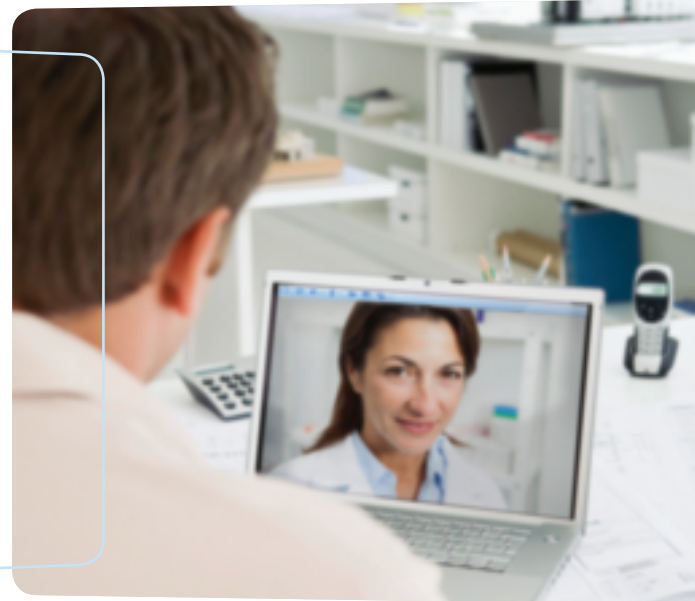


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No waiting room, no need to leave home.

You can also meet with board-certified Psychiatrists using LiveHealth Online!



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

On LiveHealth Online, you can:

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

You've got access to affordable and convenient care

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

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

Go to livehealthonline.com or download the app and register on your phone or tablet.



LiveHealth
ONLINE

Take your benefits with you

With the BlueCard® PPO and BlueCard Worldwide® programs

What happens if you're away from home and you need care right away? As an Anthem Blue Cross and Blue Shield (Anthem) member, you have access to care across the country through the **BlueCard® PPO Program**. This includes **92% of doctors and 96% of hospitals in the U.S.**¹

If you're outside the U.S., you can use the **BlueCard Worldwide® Program**. It gives you access to doctors and hospitals in nearly 200 countries and territories around the world.²

Traveling?

Here's what you need to know

- Before leaving the country, ask Member Services if your international benefits are different.
- Ask for approval before getting care. This is "precertification" and helps you find care covered by your plan. To see if you need precertification, call Member Services at the number on your ID card.
- Save money by seeing a BlueCard program doctor or hospital. You only pay your usual out-of-pocket amounts (such as deductible, your percentage of costs or copay). If you go to a doctor or hospital outside the program, you'll need to pay the entire bill up front.
- Show your Anthem ID card so they can check your benefits and send us a claim for processing.

How to access care across the U.S.



Call 911 or go to the nearest hospital in an emergency.*



Go to anthem.com, log in and use the **Find a Doctor** tool to search for a BlueCard PPO Program doctor or hospital.



Use the **Anthem app** to search for a BlueCard PPO Program doctor or hospital. Get turn-by-turn directions to the nearest doctor, urgent care center or hospital.



Call Member Services at the number on your ID card. They can help you find a doctor or hospital.

*You or a family member need to call the Member Services number on your ID card within 24 hours (48 hours for members in Indiana) after going to the hospital or as soon as you can.



Remember to carry your ID card

The "PPO-in-a-suitcase" symbol shows you can get care from BlueCard PPO Program doctors and hospitals.

How to access care around the world

The BlueCard Worldwide® Program gives you benefits when you travel outside the U.S.



If you're outside the U.S. and need care, you can:



Go straight to the nearest hospital in an emergency.



Go to bluecardworldwide.com to search for a doctor or hospital.



Use the BlueCard Worldwide app to find a doctor or hospital.



Call the BlueCard Worldwide Service Center 24/7 at **1-800-810-2583 (BLUE)** or call collect at **1-804-673-1177**. They can help you set up a doctor visit or hospital stay.

Download the BlueCard Worldwide app today



With the app, you can:

- Search for a doctor or hospital.³
- Get medical terms and phrases for many symptoms translated — and even use an audio feature to play the translation.³
- Find a drug's generic name, local brand name and if it's available.
- Get information about how to find and contact a U.S. embassy.



What if you get care from a doctor or hospital who is not part of the BlueCard Worldwide Program?

1. You will need to pay up front in full for your care.
2. Download an international claim form at bluecardworldwide.com or get a form by calling Member Services at the number on your ID card.
3. Fill out the claim form and send it with the original bills to the BlueCard Worldwide Service Center.

1 Blue Cross Blue Shield Association website, *About Blue Cross Blue Shield Association* (accessed January 2016): bcbs.com/about-the-association/.

2 Blue Cross Blue Shield Association website, *Blue Facts: Healthcare Coverage Designed For Your Community, Accessible Across The Country* (accessed January 2016): bcbs.com/healthcare-news/press-center/blue-facts.html.

3 Using the BlueCard Worldwide app itself does not require an Internet connection. However, using GPS for mapping or downloading an audio translation does require an Internet connection.

Need your ID card quick?

Find and share it online or with our mobile app



You can get your ID card anytime, anywhere using [anthem.com](https://www.anthem.com) or our Sydney mobile app. And it's easy to:

- Print a temporary card.
- Email a secure, password-protected link to your online card to yourself or your provider.
- Fax it to your provider.
- Download and save a copy to your desktop or smartphone.
- Ask for a new card to be mailed to you.



Using [anthem.com](https://www.anthem.com)

1. Log in to **anthem.com**. (If you're not already signed up, you'll need to do that first, using your health card ID number. If you don't have it, go to *Individual & Family* at the top of the home page, then choose **Contact Us**.)
2. Choose **Request ID card**. You can **print, email, fax** or **download** cards for yourself and covered family members.

Or choose the **Mail** option and new cards will be mailed to you within 7 to 10 days.



Using the Sydney app

1. If you don't already have the app, download it to your phone.
2. Log in. (If you don't have an account yet, you'll need to create one.)
3. Choose **View ID Card** from the main screen. You can **view, fax, email** or **save cards offline** for yourself and covered family members.

Questions?

Call us at the Member Services number on your temporary card. Don't have one or can't find it? Go to [anthem.com](https://www.anthem.com) > **Individual and Family** > **Contact Us**.



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



A warm hello from Anthem Blue Cross and Blue Shield

We care about your health, so you might get a confidential call from us

If you ever get a phone call from us, don't worry — it's our way of letting you know we care about your health! We'll reach out to share important health information, appointment or health care reminders, or to let you know about a wellness program you may be eligible for. Our calls are always confidential, so you can feel comfortable talking with us.

We call with your best interest at heart.

You can talk with us about concerns, such as losing weight, quitting smoking, preparing for surgery or making healthier life choices. If you're expecting a baby, we might introduce you to a supportive program that can help you enjoy a healthier pregnancy. Best of all, these programs don't cost you a thing. And we'll always explain how they work with your benefits.

Keep in mind:

- **We aren't "selling" anything — we promise.** We only call when we've noticed an area where we can help. The suggestions or programs we'll recommend are already included in your health benefits.
- **We'll ask you to verify your name and date of birth.** That's because we want to make sure we're speaking to the right person before we discuss your health. It's a way to protect your personal health information.

Need to talk now? You can give us a call, too.

You can always reach out to us. We're here to help. Just call the Member Services number on the back of your ID card. We're here for you and want you to enjoy the best health possible. You deserve it.

Don't want to get a call? That's OK too, but you have to let us know. Just call the same Member Services number on the back of your ID card.

Our phone calls make a big difference

In fact, about 90% of people who talked with our health and wellness team members said they felt supported in making the best decisions.*

* 2017 Clinical Satisfaction Study.

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Stay on top of your health



Use your preventive care benefits

Regular preventive care can help you stay healthy and catch problems early, when they are easier to treat. Our health plans offer all the preventive care services and immunizations below at no cost to you.¹ As long as you use a doctor, pharmacy, or lab in your plan's network, you won't have to pay anything. If you go to doctors or facilities that are not in your plan, you may have to pay out of pocket.

If you are not sure which exams, tests, or shots make sense for you, talk to your doctor.

Preventive care vs. diagnostic care

What's the difference? Preventive care helps protect you from getting sick. If your doctor recommends you receive services even though you have no symptoms, that's preventive care. Diagnostic care is when you have symptoms, and your doctor recommends services to determine what's causing those symptoms.

Adult preventive care

General preventive physical exams, screenings, and tests (all adults):

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (for men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) levels screening
- Colorectal cancer screenings, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)²
- Depression screening
- Diabetes screening (type 2)³
- Eye chart test for vision⁴
- Hepatitis B virus (HBV) screening for people at increased risk of infection
- Hepatitis C virus (HCV) screening
- Hearing screening
- Height, weight, and body mass index (BMI) measurements
- Human immunodeficiency virus (HIV): screening and counseling
- Interpersonal and domestic violence: screening and counseling
- Lung cancer screening for those ages 50 to 80 who have a history of smoking 20 packs or more per year and still smoke, or who have quit within the past 15 years²
- Obesity: related screening and counseling³
- Prostate cancer screenings, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening

Women's preventive care:

- Breast cancer screenings, including exam, mammogram, and genetic testing for BRCA1 and BRCA2 when certain criteria are met⁵
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies, and counseling^{6,7,8,9}
- Contraceptive (birth control) counseling
- Counseling related to chemoprevention for those at high risk for breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Human papillomavirus (HPV) screening⁷
- Interpersonal and domestic violence: screening and counseling
- Pelvic exam and Pap test, including screening for cervical cancer
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV, and depression⁷
- Well-woman visits

Immunizations:

- Coronavirus disease (COVID-19)
- Diphtheria, tetanus, and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps, and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

The preventive care services listed above are recommendations of the Affordable Care Act (ACA) and are subject to change. They may not be right for every person. Ask your doctor what's right for you.

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

Child preventive care

Preventive physical exams, screenings, and tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure screening
- Cervical dysplasia screening
- Cholesterol and lipid (fat) levels screening
- Depression screening
- Development and behavior screening
- Diabetes screening (type 2)
- Hearing screening
- Height, weight, and BMI measurements
- Hemoglobin or hematocrit (blood count) screening
- Lead testing
- Newborn screening
- Obesity: related screening and counseling
- Oral (dental health) assessment, when done as part of a preventive care visit
- Sexually transmitted infections: related screening and counseling
- Skin cancer counseling for those ages 6 months to 24 years with fair skin
- Tobacco use: related screening and behavioral counseling

Immunizations:

- Chickenpox
- Flu
- Haemophilus influenzae type B (HIB)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Meningitis
- Measles, mumps, and rubella (MMR)
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

If you'd like more help understanding your preventive care benefits, call the number on the back of your member ID card.

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

² You may be required to receive preapproval for these services.

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

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

⁵ Check your medical policy for details.

⁶ Breast pumps and supplies must be purchased from suppliers or retailers in your plan's network for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

⁷ This benefit also applies to those younger than age 19.

⁸ A cost share may apply for other prescription contraceptives, based on your drug benefits. Your cost share may be waived if your doctor decides that using the multisource brand or brand name is medically necessary.

⁹ Counseling services for breastfeeding (lactation) can be provided or supported by a doctor or facility in your plan's network, such as a pediatrician, OB-GYN, or family medicine doctor, and hospitals with no member cost share (deductible, copay, or coinsurance). Contact the provider to see if such services are available.



Skip the ER

When it's not an emergency, get quick care with these options

When you need care right away and your doctor isn't available, the emergency room (ER) might be your first choice. But did you know many ER visits are unnecessary? ERs aren't the best choice in every situation, especially when you can **save about \$1,100** by going somewhere else when it's not an emergency.^{1,2,3} And you probably won't have to wait as long.

Here's what to do when you need care fast



Step 1: Call your primary care doctor or 24/7 NurseLine

Your doctor can help you decide where to get care, whether it's a visit to his or her office, going to the ER or somewhere else. If your doctor isn't available, you can call the 24/7 NurseLine at the number on the back of your ID card to help you decide what to do.



Step 2: If it's not an emergency, choose one of these options to save you time and money

Depending on your needs, you've got these choices:

- “**Retail health clinic** — Usually in a major pharmacy or retail store where you can get basic health care services from a health care professional.
- “**Walk-in doctor's office** — No appointment is needed for routine care and common illnesses.
- “**Urgent care center** — For conditions that need care right away such as stitches, lab tests or X-rays.
- “**LiveHealth Online** — Have a video visit in minutes with a board-certified doctor 24/7 on your smartphone, tablet or computer with a webcam. No appointment is needed. Just go to livehealthonline.com or download the free app to register and get started.

These options are more convenient than the ER. They're often open at night and on weekends, so you don't have to wait to get treated.



When to head to the ER

When you think it's a true emergency, call **911** or go to the nearest ER.

Remember

If you go to the ER when it's NOT an emergency, you could be responsible for the full cost of treatment.










When you need care quickly

Knowing where to go can save you time and money

When you need care right away, the emergency room (ER) might be the first place that comes to your mind. However, the ER may not be the best choice in every situation. You have options when you have a sudden need for care, and knowing what they are can help you save time and money – and feel better sooner.

Where to go for care

Going to the ER or calling 911 is always your best option for emergencies. If it's not an emergency, you can see your primary care physician (PCP), have a virtual visit with a doctor, or go to a retail health clinic or urgent care center. This chart compares those options:¹

PCP Usually available during normal business hours and may also provide medical advice by phone after hours	Virtual care 24/7 access to doctors through the Sydney Health SM app, no appointment needed	Retail health clinic Walk-in care clinics located in certain drugstores and major retailers	Urgent care center Stand-alone facilities, open extended hours	Emergency room Stand-alone facilities or part of hospitals, open 24/7
				
cost ⁷ average wait ² \$\$ 18 min	cost average wait ³ \$ 10 min	cost average wait ⁴ \$\$ 30 min	cost average wait ⁵ \$\$\$ 30 min	cost average wait ⁶ \$\$\$\$ 90 min
Mild asthma, back pain, flu-like symptoms, allergies, fever, sprains, diarrhea, eye or sinus infection, rash, urinary tract infection (UTI), sore throat, earaches, bumps, minor cuts and scrapes, and other nonemergency symptoms	Flu-like symptoms, allergies, fever, sinus pain, diarrhea, eye infection, rash, UTI	They help ensure tests Sore throat, earaches, bumps, minor cuts and scrapes, UTI	Sprain and strains, nausea, diarrhea, ear or sinus pain, minor allergic reactions, cough, sore throat, minor headache, UTI	Signs of a heart attack (chest pain) or stroke (sudden numbness and slurred speech), difficulty breathing, and severe burn or bleeding – and any other symptoms where it is reasonable to think you are having a life-threatening emergency or your health is in serious jeopardy



How to find the care you need:

1. Go to [anthem.com](https://www.anthem.com) or download the Sydney Health mobile app from the App Store® or Google Play™. Then, log in to:
 - Find a doctor if you don't have a PCP.
 - Have a virtual visit with a doctor using the Sydney HealthSM mobile app.
 - Find a retail health clinic, urgent care center, or ER.
2. Choose **Find Care** and follow the steps.



Did you know?

The average total cost of an ER visit can be up to **10 times** more than an urgent care center visit. ER wait time is usually about **three times** more than at an urgent care center.⁸



Learn more about your healthcare options

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



Sources:

1 The care options and list of symptoms are not all-inclusive. If possible, consult your PCP for more guidance.

2 Business Wire; *9th Annual Vitals Wait Time Report Released* (accessed July 2021); [businesswire.com](https://www.businesswire.com).

3 LiveHealth Online, internal data 2020.

4 Healthcare Finance; *Patient wait times show notable impact on satisfaction scores. Vitals study shows* (accessed July 2021); [healthcarefinancenews.com](https://www.healthcarefinancenews.com).

5 Urgent Care Association; *UCA 2019 Benchmarking Report* (accessed July 2021); [ucaoa.org](https://www.ucaoa.org).

6 Harvard Business Review; *To Reduce Emergency Room Wait Times, Tie Them to Payments* (accessed July 2021); [hbr.org](https://www.hbr.org).

7 Costs are ranked according to the member's estimated out-of-pocket costs and average health plan copays. Each plan may have different costs. Nonemergency care outside of your network may cost more out of pocket or may not be covered at all. \$ = lower cost, and \$\$\$ = higher cost.

8 Call the Member Services number on your ID card if you have questions about your plan.

8 Healthgrades; *Should You Go to the ER or Urgent Care? How to Decide* (accessed July 2021); [healthgrades.com](https://www.healthgrades.com).

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Flu prevention may be more important than ever this year

Reduce your flu risk with a flu shot

Flu season is right around the corner, and this year's may be unprecedented. Because of the ongoing COVID-19 pandemic, health care experts are sounding the alarm on the importance of protecting against the flu.¹

When it comes to the flu, there's no better way to defend yourself, your family, and your community than by making sure you receive a flu shot.

The benefits of the flu shot

Each year, millions of people — around 8% of the U.S. population² — become sick with the flu. The flu shot can help:

- **Keep you healthy.** The flu shot has helped prevent:³
 - 4.4 million illnesses
 - 2.3 million medical visits
 - 58,000 hospitalizations
 - 3,500 deaths
- **Lessen the impact from COVID-19.** Becoming sick with the flu can leave you vulnerable to a more serious case of COVID-19, leading to a potential overburdening of national health care systems.¹
- **Prevent complications in people with chronic conditions.** The flu vaccine can reduce hospitalizations for people with diabetes and chronic lung conditions, and help lower the rate of cardiac events.³
- **Reduce how sick you become.** A flu shot can help decrease your risk of becoming ill with the flu by as much as 60%, and can help reduce the severity of the virus if you do become ill.
- **Protect the people around you,** including those who are at a higher risk for illness, such as babies, young children, older adults, and those with chronic health conditions.

- **Prevention⁴.** While having a flu shot is the best prevention against the flu, here are additional tips:
 - Clean shared surfaces. Wipe down items such as telephones, keyboards, steering wheels, and doorknobs often.
 - Avoid close contact with those who are sick. This will help to reduce the chance of becoming infected and sick.
 - Wash your hands often and direct your sneeze or cough to your upper sleeve.
 - Avoid touching your eyes, nose, and mouth.

Protect yourself from the flu

Visit our website at [anthem.com](https://www.anthem.com) to find a doctor near you. Then, call ahead for flu shot details.

¹ The New York Times: *Fearing a 'twindemic,' health experts push urgently for flu shots* (August 16, 2020): [nytimes.com](https://www.nytimes.com).

² Centers for Disease Control and Prevention: *Key facts about influenza (flu)* (September 13, 2019): [cdc.gov/flu/about/keyfacts.htm](https://www.cdc.gov/flu/about/keyfacts.htm).

³ Centers for Disease Control and Prevention: *Misconceptions about seasonal flu and flu vaccines* (September 1, 2020): [cdc.gov/flu/prevent/misconceptions.htm](https://www.cdc.gov/flu/prevent/misconceptions.htm).

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The flu vaccine: myths vs. facts



A yearly influenza (flu) vaccine is the best way to protect yourself against the flu. However, common myths about the vaccine can make people hesitant about being vaccinated, so it's important to lay out the facts.

**Get a flu shot — it's covered
by your plan at 100%**

Protect yourself and your family.
Go to my-flu-shot.com to find a flu shot location near you.

Myth: I can catch the flu from a flu shot.

Fact: Flu vaccines do not make you sick with the flu. Flu shots use inactivated (dead) flu viruses. Nasal spray flu vaccines use live viruses that are weakened. These safe and effective flu vaccines do not cause illness. Your immune system responds to these vaccines by developing antibodies to protect you against a flu infection.

Myth: Handwashing and masks are enough to avoid the flu.

Fact: Practicing good hygiene, wearing masks, and social distancing all help to control the spread of COVID-19 as well as the flu, but the most effective protection against the flu is the flu vaccine. It helps prevent infection from the virus, lowers the severity of symptoms in case of infection, and reduces the number of flu-related doctor's visits each year.

Myth: The COVID-19 shot can protect me from the flu.

Fact: The COVID-19 vaccine protects you from a coronavirus, which is different from a flu virus. Even though the symptoms for both infections are similar, only the flu vaccine has been proven to protect against the flu. If you haven't received a COVID-19 vaccine yet, go to vaccines.gov to find a location near you.



Myth: It isn't safe to receive both the flu vaccine and the COVID-19 vaccine.

Fact: According to the Centers for Disease Control and Prevention (CDC), there is no interaction between these two vaccines. You don't have to wait between vaccinations and can receive both the flu vaccine and the COVID-19 vaccine at the same time.

Myth: The flu vaccine is not effective.

Fact: While the effectiveness of the flu vaccine can vary each season, it is on average about 40% to 60% effective in reducing the risk of infection in the overall population. During the 2019-2020 flu season, flu vaccination prevented an estimated 7.5 million flu cases, 3.7 million flu-related medical visits, and more than 100,000 hospitalizations.

Myth: I don't need to receive a flu vaccine again because I've already received one in the past.

Fact: It is important to receive a flu vaccine every year because the flu virus constantly changes. The flu vaccine is updated each year to target the most common virus strains for the upcoming flu season.

Myth: The flu shot causes severe side effects.

Fact: While it is true that you could experience side effects, they are typically mild. Soreness, low-grade fever, and headache are among the possible side effects after vaccination. It doesn't mean you have the flu. It means your body is responding to the vaccine by making antibodies. These symptoms are much less severe than symptoms of an actual flu and should go away after about two days.

Myth: If I'm vaccinated, my child does not need a flu shot.

Fact: Being vaccinated helps prevent you from getting the flu, but it doesn't protect your child. It is possible for your child to pick up the flu virus from other people who may or may not be vaccinated.

Go to my-flu-shot.com to find a flu vaccination site near you.

Sources:
Centers for Disease Control and Prevention website: [cdc.gov](https://www.cdc.gov).
Reuters website: [reuters.com](https://www.reuters.com).
UCSF Health website: [ucsfhealth.org](https://www.ucsfhealth.org).

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NO-COST RESOURCES AND SOCIAL SUPPORT TOOLS TO HELP NAVIGATE COVID-19



[MENTAL HEALTH RESOURCE HUB](#)

During this time, it's normal if you want a little extra support to help you with the way you're feeling. Our partners at PsychHub are here to help you through social isolation, job loss and mental health issues from the COVID-19 pandemic.



[COVERAGE OPTIONS FOR DISPLACED EMPLOYEES](#)

If you've been displaced from your job, you have coverage options available during this challenging time. No matter what your budget or care needs are, the COVID-19 Coverage Option Hotline can help support you. Call **1-888-832-2583** between 8:30 a.m. and 8 p.m. ET, Monday through Friday. Have your current income level and ZIP ready, and a representative will assist you.



[FIND LOCAL SOCIAL SUPPORT SERVICES](#)

Right now, many people need help with food, housing, job training, transportation and social services. Aunt Bertha, a social care network, can help you find free and reduced-cost programs providing COVID-19 support and resources in your area.



[SYDNEY CARE COVID-19 SUPPORT](#)

We have created support tools to help you quickly understand your potential risk for COVID-19. The Sydney Care mobile app's new Coronavirus Assessment tool gives you a quick and easy way to assess your symptoms and find a testing facility in your area. Sydney Care is free and available on your mobile device through Google Play™ or the App Store®, and works together with your Sydney Health or Engage Wellbeing apps.



[SYMPTOM ASSESSMENT](#)

It's normal to wonder about symptoms you may be experiencing. This tool asks you five simple questions based on guidelines from the Centers for Disease Control and Prevention to help you understand what your symptoms mean.



[LOCATE A COVID-19 TESTING FACILITY](#)

Not everyone needs to be tested for COVID-19. Testing is still mostly reserved for people who likely have the disease. Priority is given to people displaying symptoms; anyone at high risk for complications, as well as essential workers, particularly those in health care. If your doctor orders a test for you, you can easily find your nearest test facility just by entering your state and county.

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Plan extras that support your health

Medical guidance

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

Call 800-337-4770.

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

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

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



Mental health support starts here

Connect to healing. Find hope. Live your best life.

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



Have a telehealth visit with a mental health professional

LiveHealth Online

Have a private and secure video visit with a therapist, psychologist, or psychiatrist without leaving the privacy and comfort of home. Using your smartphone, tablet, or computer with a camera, you can:

- **Talk with a licensed therapist in seven days or less.**¹ They can help with stress, anxiety, depression, grief, panic attacks, and family issues. Sessions are 45 minutes and cost about the same as an in-office therapy visit.
- **Visit a board-certified psychiatrist within two weeks.**¹ Psychiatrists provide medication support to help you manage a mental health condition.² A session usually costs the same as an in-office psychiatrist visit.

To make an appointment, visit livehealthonline.com, call **888-548-3432**, or go through Anthem's Sydney HealthSM mobile app. Appointments are available from 7 a.m. to 11 p.m., seven days a week.



Emotional Well-being Resources

Emotional Well-being Resources, administered by Learn to Live, provides the support you need to develop resilience, reduce stress, and practice mindfulness. The online programs and personalized coaching help you work through thoughts and behaviors that affect your emotional well-being. You'll learn effective ways to manage stress, anxiety, depression, and sleep issues — at no extra cost to you. Log in to **anthem.com**, go to *My Health Dashboard*, choose **Programs**, and select **Emotional Well-being Resources** to begin.

Sydney Health mobile app

Anthem's secure mobile app serves as an excellent connection point for mental health support. Use Sydney Health to:

- Find behavioral health professionals in your plan's network.
- Check cost and what your plan covers.
- Discover resources that support your well-being.
- Connect to LiveHealth Online for a virtual visit with a therapist.

Behavioral Health Resource Center

Extra support can make a big difference when facing issues such as anxiety, depression, eating disorders, or substance use. Our caring experts will work with you at no extra cost to find treatment programs and arrange confidential counseling and support services that meet your individual and family needs. Available 24/7. Call **833-578-4436**.



**We are here with support,
whatever your needs**

If you have questions about your benefits or need help finding a mental health professional or program, chat with us live on the Sydney Health app or **anthem.com**, or call Member Services at the number on your ID card.

¹ Appointments subject to availability of a therapist. Members must be 10 years or older to see a therapist online and 18 years or older to see a psychiatrist online.

² Prescription availability is defined by physician judgment. Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using LiveHealth Online. Psychiatrists on LiveHealth Online will not offer counseling or talk therapy.

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 call 800-273-8255 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

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Connect with us 24/7

Text, chat, or ask Alexa to find answers and support whenever is best for you

When you have questions about your Anthem health plan, you can find answers in real time, in the way that suits you best. Anthem's digital tools ensure that help is available whenever you need it. Whether you prefer interactive chat, hands-free voice commands, or live chat, you now have solutions that make it easier for you to focus on your unique needs and priorities.



Sydney Health

The SydneySM Health mobile app provides quick access to your health plan information — all in one place. The app's interactive chat feature helps you navigate your benefits with greater ease. Simply type your questions in the app to find answers quickly. Sydney Health can also suggest resources to help you understand your benefits, improve your health, and save money.

How to use Sydney Health's interactive chat

Download the app

- Download the Sydney Health app from the App Store® or Google Play™.
- Register or log in to your account using your Anthem username and password.
- Look for the interactive chat feature icon, then type in your questions.

Use the Sydney Health interactive chat feature to:

- Search for doctors, hospitals, labs, and other health care providers in your plan.
- Check costs for care before you see a doctor.
- Pull up your digital member ID card.
- See what your plan covers.
- Find your deductible, copay, and share of costs.
- Access your spending account balance.



Discover how Sydney Health simplifies health care

Download and start using the app today.



Use your smartphone camera to scan this QR code.



Live Chat

Available on Sydney Health or **anthem.com**, our Live Chat tool enables you to chat in real-time with a representative who can answer your benefit questions or connect you with others who can help.

How to use Live Chat

Log in using Sydney Health or **anthem.com**:

1. For Sydney Health, go to the **Menu** tab and under *Get Support*, select **Start a live chat**.
2. For **anthem.com**, choose **Live Chat** under the *Support* tab.

Choose your chat topic:

Once you start a chat, select a topic or program to connect with a representative who can best help you. Topics include:



24/7 NurseLine



Behavioral health



Benefits, coverage, and claims



Maternity and baby benefits



Pharmacy

With more ways to reach us, we're making it easier for you to find the answers and support you need, right when you need it.



Anthem Skill for Alexa

Quick, hands-free help is here. The Anthem Skill works through Alexa-ready devices, such as an Amazon Echo, or on your mobile device using the Amazon Alexa app. Say the words, "Alexa, ask Anthem ..." to start using the skill.

How to use Anthem Skill

Enable the Skill:

- Download the Amazon Alexa app from the App Store® or Google Play™.
- Go to **Skills and Games** and search for the **Anthem Skill**. Then tap **Enable to Use**.
- Enter your Anthem username and password to link the Skill with your Anthem account.
- Set up your Alexa voice profile and passcode if you haven't already.
- Ask Alexa for help by saying, "Alexa, ask Anthem ..."

Use the Skill to:

- Ask for your digital member ID card.
- Check your deductible and out-of-pocket maximum.
- Refill, renew, cancel, and check the order status of home delivery prescriptions.
- Access your spending account balance.
- Schedule a call with our Member Services team.
- Search for a doctor, specialist, or facility.
- Access claim information.
- Learn what a health care term means.

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When you're not feeling well, Sydney Health can help

Check your symptoms and connect with a doctor through the app



The SydneySM Health mobile app is a quick and convenient way to assess your symptoms when you're sick and connect with a doctor, wherever you are.



Assess your symptoms

Start with the Symptom Checker and answer a few questions about how you are feeling. You'll receive information and advice tailored to your gender, age, and medical history. The Symptom Checker was built with doctors and medical professionals. It intuitively uses the information you provide to narrow down millions of medical data points and assess your specific symptoms before you even see a doctor.



Connect with a doctor

The app can connect you to a board-certified doctor through a Virtual Text Visit or Video Visit right from your phone or tablet.

Virtual Text Visits offer the convenience and privacy of texting with a qualified doctor anytime, anywhere. Through a Virtual Video Visit, the doctor will be able to see what you're experiencing and diagnose your symptoms. They can talk about your treatment options and order prescriptions and labs, as needed. They can also let you know whether you need an in-person visit as a next step.



Save money

The Sydney Health Symptom Checker is free. Virtual Text Visits cost less than most copays, at \$19 or less per visit depending on your plan. Virtual Video Visits through LiveHealth Online are \$59 or less, depending on your plan.



Download the free Sydney Health mobile app today. You'll be able to check your symptoms when you're sick and connect to care directly from your mobile device.



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Choose an easier way to better health

Health and wellness programs designed for your unique needs

Whether you're suffering from asthma, expecting a baby or just fighting a cold, our health and wellness programs can help.



ConditionCare

If you have asthma, diabetes, chronic obstructive pulmonary disease (COPD), heart disease or heart failure, ConditionCare can give you the tools and resources you need to take charge of your health. You'll get:

- 24/7, toll-free phone access to nurses who can answer health questions.
- Support from nurse care managers, dietitians and other health care professionals to help you reach your health goals.
- Educational guides, electronic newsletters and tools to help you learn more about your condition(s).



Future Moms

Having a baby is an exciting time! Future Moms can help you have a healthy pregnancy and a healthy baby. Sign up as soon as you know you're pregnant. You'll get:

- A nurse specializing in obstetrics who can answer your questions, 24/7, and will call to check on your progress.
- The *Mayo Clinic Guide to a Healthy Pregnancy*, which explains the changes your body and baby are going through.
- A screening to check your health risks.
- Resources to help you make healthier decisions during pregnancy.
- Free phone access to pharmacists, nutritionists and other specialists, if needed.
- Other helpful information on labor and delivery, including options and how to prepare.



24/7 NurseLine

Whether it's 3 a.m. or a lazy Sunday afternoon, you can talk to a registered nurse any time of the day or night.

These nurses can:

- Answer questions about health concerns.
- Help you decide where to go for care when your doctor, dentist, or eye doctor isn't available.
- Help you find providers and specialists in your area.
- Enroll you and your dependents in health management programs.
- Remind you about scheduling important screenings and exams, including dental and vision check ups.

Get the support you need

Call us to sign up and use these programs at no extra cost:

- ConditionCare: 866-962-1069
- Future Moms: 800-828-5891
- 24/7 NurseLine: 800-337-4770



Future Moms member touchpoints

Future Moms program offers customized guidance through birth and beyond



Anthem's Future Moms program addresses all types of pregnancies to support healthy moms-to-be in a way that also addresses health care costs for you. Comprehensive support leads to positive maternity outcomes and confidence in care.

Meaningful connections for healthy pregnancies

Our easy-to-access approach, using telephone, virtual, and digital support tools, helps build relationships between pregnant employees and the highly trained experts on the maternity care nurse team. It gives moms-to-be a trusted place to turn to for support and guidance, day or night. We carefully follow and assess every enrolled employee at key points throughout their pregnancy, connecting them to the right resources and benefits at the right time.

We're here to support every pregnant member at all stages of their journey to parenthood

Contact your account representative for details.

Continued on next page.

How we engage your pregnant employees in their health¹

Touchpoint	Who it targets	Timing	Reason
At any time			
Member reaches out	All moms-to-be	As needed	24/7 NurseLine gives them a resource to turn to that they can trust, providing support, expertise, and answering their questions anytime, day or night. Multichannel communications connect members through chat, ² phone, or secure email.
Contact #1			
Enrollment	All moms-to-be	Early in pregnancy	Members learn about the program after receiving mailing, employer promotion, referral, or other communication, and find out if they are eligible. If the member has seen a healthcare provider about their pregnancy, we will reach out to the member and invite them to join the program.
Contact #2			
Initial assessment	All moms-to-be	Following enrollment	It looks for high-risk health issues, current and past pregnancy issues, and psychosocial and behavioral health risk factors. We identify potential educational needs and provide education and support. Members are encouraged to ask questions and reach out for support. The approach is tailored for low- or high-risk, first-time moms, and those with children.
Welcome Kit	All moms-to-be	After initial assessment	The Welcome Kit provides information on a healthy pregnancy, how to know when there might be a problem, and tools to track how they feel physically and emotionally. They also receive a copy of the <i>Mayo Clinic Guide to a Healthy Pregnancy</i> . ³
Contact #3			
28-week assessment telephone call	All moms-to-be	At 28th week of pregnancy	The 28-week assessment looks for potential new problems, gaps in pregnancy screening, includes suggestions from their doctor, and provides guidance for birthing and taking care of the baby.
28-week mailer	All moms-to-be	At 28th week of pregnancy	An informative brochure presents information on options for birthing, tests she may need at this point, benefits of postponing any nonemergency or nonpregnancy-related surgeries, and delaying induction until 39 weeks.
Ongoing assessments	High-risk moms-to-be	Timing based on severity and control of symptoms or risk factors; contact made at least once a month until birth	This monthly call with the member helps educate, check for, and monitor any risk factors, as well as provide support.
After birth			
Postpartum follow-up	All moms-to-be	2 to 4 weeks after birth	Nurses check in with the new mom to talk about her birth experience, early days of parenting, breastfeeding, screening for postpartum depression, ensure they are receiving proper follow-up care, and address any concerns about returning to work.
Birth Kit materials	All moms-to-be	After postpartum follow-up	The Birth Kit is an information package that provides guidance and support on infant care and safety.
As needed			
Dietitians, pharmacists, lactation consultants, social workers, and smoking cessation coaches	All moms-to-be	As needed following nurse referral	Resources are available to help with medication, nutrition, breastfeeding, psychosocial needs, or help to stop smoking.
Behavioral health support	All moms-to-be	As needed, following nurse referral	Specialists in behavioral health provide support following screening for mental health issues, or postpartum depression.
Case management support	Intensive high-risk moms-to-be	Based on risk assessment or claims data	Case management support for high-risk prenatal cases, such as acute preterm labor, placenta previa, and multiple admissions before birth.

¹ Member touchpoints may change, as needed.

² Anthem Health Guide only.

³ Members receive supplemental materials if they have Anthem vision, dental, or disability.

Supporting healthy pregnancies

The Future Moms program provides personalized support at every stage of pregnancy

Meaningful connections for healthy pregnancies

Through multiple resources, including one-on-one calls with a maternity nurse, no-cost breastfeeding support, and timely health screenings, we can help improve pregnancy outcomes and reduce the costs associated with complications.



Olivia's pregnancy journey

▷ 01

Enrollment

Olivia is pregnant with her first baby. Her initial OB visit triggers a Future Moms mailing to her home. She calls to enroll and is transferred to Susan, a 10-year Future Moms nurse.

▷ 02

Initial assessment and Welcome Kit

Susan conducts a personalized assessment and depression screening. She sends Olivia the *Mayo Clinic Guide to a Healthy Pregnancy* and a brochure with tips and a checklist on maternity care.

Olivia's journey (cont.)

▷ 03

28-week assessment

At 28 weeks, Susan checks in and hears about symptoms Olivia has been experiencing. Susan encourages Olivia to follow up with her OB and suggests questions she can ask.

▷ 04

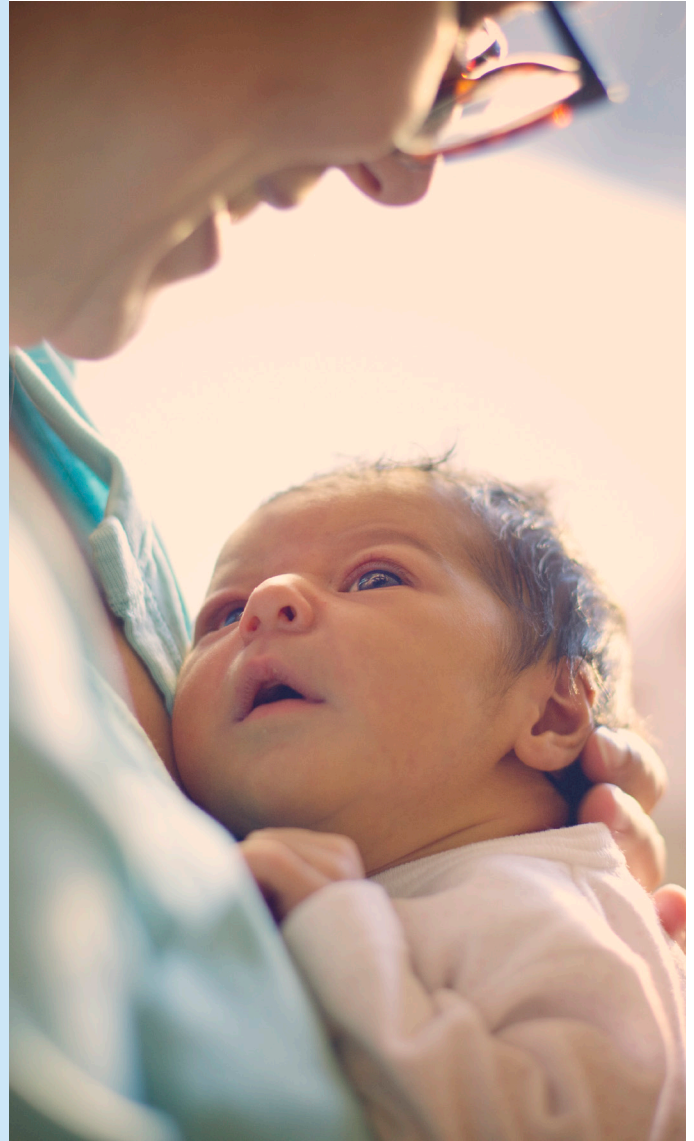
Ongoing support

Olivia is almost due and nervous about breastfeeding after delivery. She calls Susan, who reassures her that virtual lactation consults are available with the SydneySM Health app and LiveHealth Online.

▷ 05

Postpartum follow-up and Birth Kit materials

Olivia has her baby, a boy named Markus. Susan calls to conduct a postpartum evaluation. She learns Olivia had a smooth delivery and, with help from a virtual lactation consultant, Olivia and Markus are off to a strong start.



Confidence in care

We're reimagining what is possible for every moment of health. To find out how Future Moms can benefit your company and employees, contact your Anthem account representative.

This example is for illustrative purposes. The referenced member is not a real person.

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Personal support for every pregnancy

Future Moms connects moms-to-be with help through birth and beyond

Each pregnancy is unique. That's why we are reimagining what's possible for every moment of health. Future Moms addresses all types of pregnancies to support pregnant members, starting at the beginning of pregnancy and continuing after birth. Participants receive tailored education and coaching to help them make healthier decisions during pregnancy. This keeps them out of the hospital, reduces neonatal intensive care unit (NICU) admissions, and helps keep medical costs down.



Future Moms nurse coaches provide customized support so members understand what's best for them and their babies. Nurse coaches:

- Check for risks and manage members based on risk level.
- Provide case management for high-risk participants.
- Give parents-to-be information on healthy eating and exercise during pregnancy.
- Provide prenatal education and information on labor options.
- Refer members to specialists, such as pharmacists, dietitians, or others, as needed.
- Help smokers quit, if needed.
- Screen for depression during and after pregnancy.
- Answer questions during pregnancy and after the baby's birth.



Future Moms participants experience

31% lower

NICU spend

10% lower

C-section rates

6% fewer

preterm births

Sources:
Program evaluation results September 2020.
Internal Future Moms Satisfaction Report for 2019.



Integrate with other plans for a proactive whole-health solution

Include Future Moms with Anthem Blue Cross and Blue Shield behavioral health, disability, dental, and vision plans. It's a smart way to increase member engagement and address the total healthcare needs of parents-to-be.

Breastfeeding support from home

Future Moms with Breastfeeding Support on LiveHealth Online offers parents online visits with a lactation consultant, counselor, or registered dietitian through private and secure video using their smartphone, tablet, or computer. These professionals can offer guidance to new parents with things like getting baby to latch properly and different nursing positions, low milk production, formula feeding, nutrition when breastfeeding, introducing solids, and weight loss after delivery.

The best part? There's no extra cost.

Online visits using Future Moms with Breastfeeding Support on LiveHealth Online are available at no extra cost to you or members. It's already included in the Future Moms program.

LiveHealth Online provides parents with support for up to a year after a new baby arrives.



**Remind
employees
about
Future Moms**

Please be sure to promote the Future Moms program and Breastfeeding Support with LiveHealth Online. It's one more way you can help employees who are considering adding to their family feel confident in their care.



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Preparing for your new arrival

Pregnancy is filled with important and wonderful changes. We want to provide comfort wherever we can. That's why most Anthem plans cover the cost of high-quality breast pumps. Before you place an order for a new breast pump, call the number on the back of your member ID card to see if breast pumps are covered under your plan and which breast pump brands and suppliers are approved.

Selecting a trusted brand can help you have a successful breastfeeding experience. Below is a list of reliable suppliers carrying popular brands, including Ameda, Evenflo, Lansinoh, Medela, and Spectra.



Byram

877-773-1972

byramhealthcare.com



Edgepark

800-321-0591

edgepark.com/breastpumps



Medline Industries, Inc.

833-718-2229

breastpumpsmedline.com

Join Future Moms for support

Future Moms is a program designed to help you feel secure and confident throughout pregnancy and the postpartum process. Nurses, pharmacists, nutritionists, and specialists are on call to answer any questions you have, big or small. Future Moms can also provide guidance to reduce your medical costs.



Find out all the resources we have to offer.

Sign up today by calling **800-828-5891.**



Save money with discounts at [anthem.com](https://www.anthem.com)

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

Vision, hearing and dental

Glasses.com™ and 1-800-CONTACTS® — Shop for the latest brand-name frames at a fraction of the cost for similar frames at other retailers. You are also entitled to an additional \$20 off orders of \$100 or more, free shipping and free returns.

EyeMed — Take 30% off a new pair of glasses, 20% off non-prescription sunglasses and 20% off all eyewear accessories.

Premier LASIK — Save \$800 on LASIK when you choose any “featured” Premier LASIK Network provider. Save 15% with all other in-network providers.

TruVision — Save up to 40% on LASIK eye surgery at more than 1,000 locations.

Nations Hearing — Receive hearing screenings and in-home service at no additional cost. All hearing aids start at \$599 each.

Hearing Care Solutions — Digital instruments start at \$500, and a hearing exam is free. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, batteries for two years and unlimited visits for one year.

Amplifon — Take 25% off, plus an extra \$50 off one hearing aid; \$125 off two.

ProClear™ Aligners — Take \$1,200 off a set of custom aligners. You can improve your smile without metal braces and time-consuming dental visits. Your order is 50% off and comes with a free whitening kit.



Fitness and health

Active&Fit Direct™ – Active&Fit Direct allows you to choose from more than 11,000 participating fitness centers nationwide for \$25 a month (plus a \$25 enrollment fee and applicable taxes). Offered through American Specialty Health Fitness, Inc.

FitBit – Work toward your fitness goals with Fitbit trackers and smartwatches that go with your lifestyle and budget. Save up to 22% on select Fitbit devices.

Garmin – Take 20% off select Garmin wellness devices.

Jenny Craig® – Join this weight loss program for free. Jenny Craig provides you with everything you need, making it easier to reach your goals. You can save \$200 in food, in addition to free coaching, with minimum purchase. Save an extra 5% off your full menu purchase. Details apply.

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

GlobalFit – Discounts apply on gym memberships, fitness equipment, coaching and other services.

Family and home

23andMe – Take \$40 off each Health + Ancestry kit. Save 20% on a 23andMe kit and learn about your wellness, ancestry and more.

Safe Beginnings® – Babyproof your home while saving 15% on everything from safety gates to outlet covers.

Nationwide Pet Insurance – Receive an automatic 5% discount when you enroll through your company or organization. Save up to 15% when you enroll multiple pets.

ASPCA Pet Insurance – Take 5% off pet insurance. You can choose from three levels of care, including flexible deductibles and custom reimbursements.

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

LifeMart® – Take advantage of great deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services and yoga classes, sports gear and vision care.

Medicine and treatment

SelfHelpWorks – Choose one of the online Living programs and save 15% on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep or face an alcohol problem.

Brevena – Enjoy a 41% discount on BREVENA® skin care creams and balms for smooth, rejuvenated skin from face to foot.

Puritan's Pride® – Choose from a large selection of discounted vitamins, minerals and supplements from Puritan's Pride.

Allergy Control Products and National Allergy Supply – Save up to 25% on select doctor-recommended products such as allergy-friendly bedding, air purifiers and filters, asthma products and more. Orders over \$59 ship for free by ground within the contiguous U.S.

To find the discounts available to you, log in to [anthem.com](https://www.anthem.com), choose **Care** and select **Discounts**.

Your SpecialOffers discounts are part of our effort to support your personal health journey. Taking care of your health can be easier with the savings offered through your health plan.

*** All discounts are subject to change without notice.**

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

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (833) 578-4436

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (833) 578-4436.

Armenian (հայերեն). Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (833) 578-4436:

Chinese(中文): 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(833) 578-4436。

Farsi (فارسی): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (833) 578-4436 تماس بگیرید.

French (Français): Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 578-4436.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nempòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (833) 578-4436.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 578-4436.

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(833) 578-4436 にお電話ください。

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(833) 578-4436로 문의하십시오.

Language Access Services:

Navajo (Diné): Dii naaltsoos biká'ígíí lahgo bina'idiikidgo ná bohónéedzǎ dóó bee ahóót'i' t'áá ni nizaad k'ehǫ́ bee nił hodoonih t'áadoo bǫ́ǫ́h ilínígóó. Ata' halne'ígíí la' bich'í' hadeesdzih ninizingo kojí' hodíílnih (833) 578-4436.

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (833) 578-4436.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (833) 578-4436 ਤੇ ਕਾਲ ਕਰੋ।

Russian (Русский): Если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (833) 578-4436.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (833) 578-4436.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (833) 578-4436.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (833) 578-4436.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. 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 to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with 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 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Understanding healthcare terms

Deductible:

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

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

Copay:

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

Coinsurance:

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

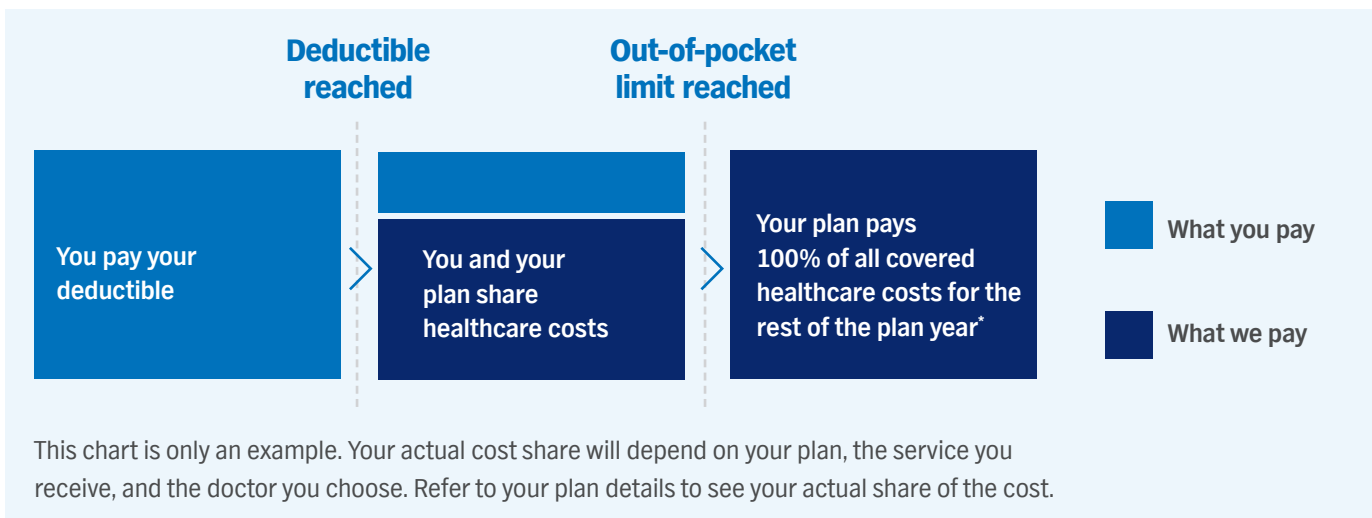
Out-of-pocket limit:

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

Premium:

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

What you pay and what your plan pays



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



Protecting your privacy

How we keep your information safe and secure

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

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

How we help manage your care

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

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

Special enrollment rights

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

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

paying for health coverage. In this case, you and your spouse, as well as other dependents, may be able to enroll in one of our plans.

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

It's important we treat you fairly

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

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

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



Your plan is here for you to use

If you would like extra help

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



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

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