

Choosing and using your plan

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

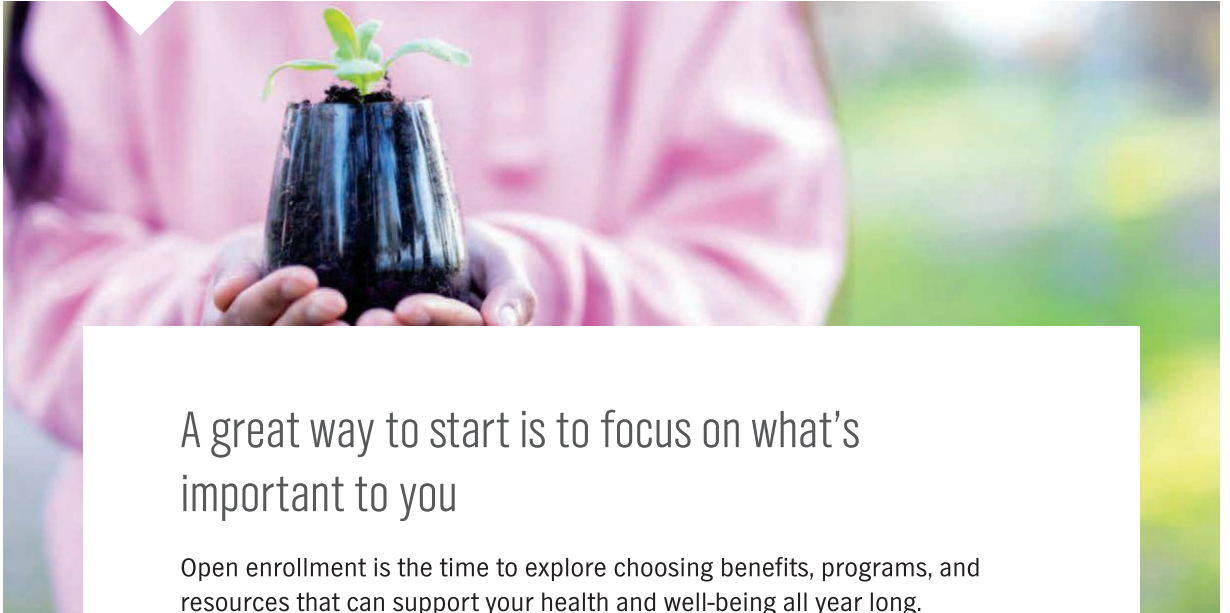


Anthem Blue Access PPO Medical Plan Information
Mahoning County School Employee Insurance Consortium (MCSEIC)
Effective July 1, 2022

Please note: Check with your Treasurer's Office to confirm if
dental and/or vision benefits apply to you.



It's 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 choosing 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.

Save this guide

You will find tips on how to make the most of your benefits and save on healthcare costs throughout the year.





Time to review 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 your plan. 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.



Table of contents

Choosing your plan

The basics of your health plan.....	4
Explore your plan	5
Pharmacy benefits	6
Dental benefits	8
Vision benefits	9

Using your plan

How to use your plan	10
Make the most of your pharmacy benefits	14
Plan extras that support your health	15
Protecting your privacy	38

How to enroll

Your benefits administrator or human resources representative will contact you soon with specific enrollment instructions for your organization.



The basics of your health plan



Understanding healthcare terms

Deductible:

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

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:

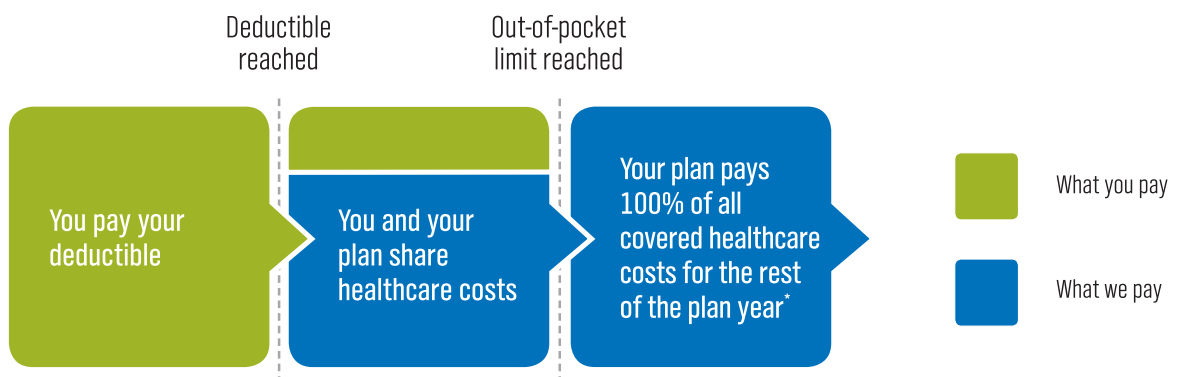
This is the maximum amount you could pay before your plan starts to pay 100% of all covered healthcare costs.* It's the sum of the deductible and coinsurance amounts.

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



This chart is only an example. Your actual cost share will depend on your plan, the service you receive, and the doctor you choose. Refer to your plan details to see your actual share of the cost.

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



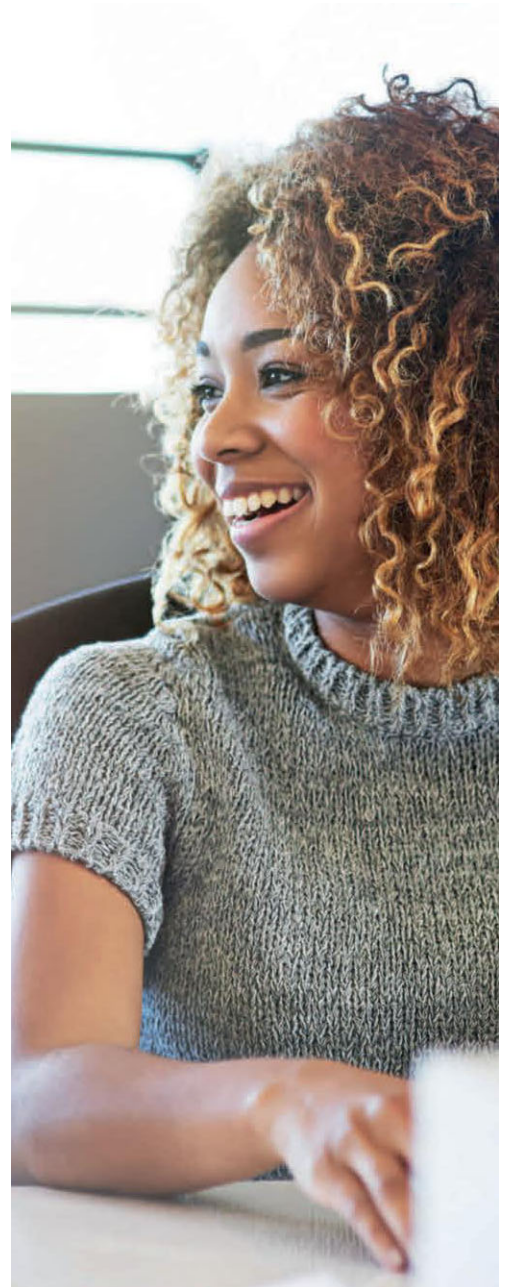
Explore your plan

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

PPO

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.
- You will pay a lower cost if you use doctors who are part of the PPO.
- You will pay a higher cost if you go to doctors who are not part of the PPO.





Pharmacy benefits

What your plan will cover

Your pharmacy plan includes:

- Different drug lists. Be sure to check the lists for your medicines, and the brand-name drugs and generics that are included in your plan.
 - Visit fm.formularynavigator.com/FBO/143/National_4_Tier_ABCBS.pdf for the **National 4-tier** Drug List.
- Most specialty drugs are covered if you have an ongoing health issue or a serious illness.

How your pharmacy benefits work

You and your plan share the costs

You and your plan share the cost of covered medicine. Depending on the plan you choose, you will either have a copay or coinsurance.

- **Copay:** A flat fee you pay for medicine. Your copay is based on which tier the drug is on. See the *Save money with Tier 1* drugs section for details.
- **Coinsurance:** Your share of the drug costs. It is a percent of the cost of the medicine, which can vary from pharmacy to pharmacy.



Pharmacy benefits

Save money with Tier 1 drugs

Prescription medicines or drugs are listed in groups called tiers. Your cost is based on which tier the drug is in. Tiers 1 and 2 usually include low-cost brand-name and generic drugs. You will save the most money when you use Tier 1 drugs.

Once you are a member, you can check the price of a drug at different pharmacies at [anthem.com](https://www.anthem.com) and see if there are lower-cost drugs available..

	Drug type	Cost
Tier 1	Preferred generic	\$
Tier 2	Preferred brand name and newer, more expensive generic drugs	\$\$
Tier 3	Nonpreferred brand name and generic drugs	\$\$\$
Tier 4	Preferred specialty drugs (brand name and generic)	\$\$\$\$

Ways to save money on medicine

- Use home delivery for medicines you take on a regular basis.
- Find a pharmacy in your plan's network.
- Talk to your doctor about generic medicines.
- See if an over-the-counter option is available.





Dental benefits

Dental PPO

Dental benefits not only protect your teeth; they can support overall health as well. There are conditions, such as heart disease,* that can have warning signs in the mouth and gums. Our dental plan gives you the benefits you need for a healthy mouth.

Visit [anthem.com/mydentalppo](https://www.anthem.com/mydentalppo) to watch a video for details about a dental PPO plan.

Your dental plan benefits cover:

- Preventive and diagnostic services at 100% when you see a dentist in the plan. That includes cleanings, exams, and X-rays.
- Extra dental services, including an extra periodontal cleaning, if you're enrolled in certain care management programs.
- Discounts through SpecialOffers@Anthem including at-home orthodontia.

Use the **Sydney Health** app or visit [anthem.com](https://www.anthem.com) to:

- Find a dentist in your plan's network, including virtual care options, and pay less.
- Order extra ID cards or use your mobile ID card through the **Sydney Health** app.
- Estimate your dental costs and find out the status of a claim.
- Receive a health score for your gums and teeth using our Dental Health Assessment tool.
- Email dental questions to a dental hygienist through our Ask a Hygienist tool.

Dental plan tools

Your plan comes with handy tools to help you receive quality care and save money:

- **Dental Care Cost Estimator:** Lets you estimate common dental procedures and treatments.
- **Dental Health Assessment:** Helps you better understand the health of your mouth and if you're at risk for developing tooth decay, gum disease, tooth wear, or mouth cancer.
- **Ask a Dental Hygienist:** Lets you email our dental professionals for personalized advice at no extra cost.
- **Find Care:** The right dentist can make all the difference – and choosing one in your plan can save you money, too. Use our Find Care tool on [anthem.com](https://www.anthem.com)



* American Heart Association, *Middle-aged Tooth Loss Linked to Increased Coronary Heart Disease Risk* (accessed May 2021): newsroom.heart.org.



Vision benefits

When you choose Blue View VisionSM, you will be covered for checkups and eye exams, and receive allowances for glasses or contacts..

Blue View Vision gives you access to more than 38,000 eye doctors at more than 27,000 locations¹ across the country to make it easier to find eye care and eyewear close to home and work. Locations include retail stores such as LensCrafters®, Target Optical®, and most Pearle Vision® stores. You can order glasses and contacts online through **Glasses.com®**, **ContactsDirect®** or **1-800 CONTACTS®**.

Your vision benefits cover:

- Adult routine eye exams.
- Frames and either eyeglass lenses or contact lenses for adults.
- Routine pediatric eye exams.
- Frames and either eyeglass lenses or contact lenses for children and teens on your plan under age 19; includes protective Transitions® lenses or polycarbonate lenses at no extra cost.

Blue View Vision's International Travel Solution helps you when traveling outside of the U.S.:

- Find a trusted eye doctor in 20 countries and territories.²
- Receive 24/7 phone support, with translation services in 160 languages.
- If you lose or break your glasses, you can receive temporary emergency glasses with adjustable lenses delivered within 24 hours in most locations, at no additional cost.

Keep an eye on your health

Routine eye checkups go beyond making sure you can see clearly. They also can catch other health issues early, such as diabetes, high blood pressure, high cholesterol, and rheumatoid arthritis.³



¹ NetMinder data, May 2020

² Available in Australia, Austria, Brazil, Canada, Chile, China, Colombia, Ecuador, England, France, Germany, Hong Kong SAR, Italy, Japan, Mexico, New Zealand, Peru, Puerto Rico, Spain, Switzerland, and the United States.

³ American Optometric Association website, *Evidence-Based Clinical Practice Guideline, Comprehensive Adult Eye and Vision Examination 2015* (accessed May 2021): aoa.org.



Using your plan



How to use your plan

This guide shows you simple ways to make using your plan easy. You will also discover tools and resources that can help you reach your health and wellness goals.



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.

Register for online tools and resources

Accessing your health plan on your mobile phone or computer makes it more convenient to manage your plan. Register on the **Sydney Health** mobile app and **anthem.com** to receive personalized information about your health plan. You can also:

- Quickly access your digital ID card.
- Assess your symptoms at no cost, and get personalized information about a diagnosis, including over-the-counter medicine to take, and recovery time.
- Text with a board-certified doctor at no extra cost,¹ discuss treatment options, and order prescriptions.
- Have a video chat with a doctor.
- Find a doctor and estimate your costs before you receive care.
- Look at your prescription drug benefits, check the price of a drug, and find a pharmacy near you that's in your plan's network.
- View your claims, see what's covered, and what you may owe for care.
- Find support managing your health conditions and tracking your goals.
- Update your email and communication preferences.

¹ Pricing based on \$0 copay benefit eligibility offered through your plan.



How to use your plan

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 doctor 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, and other healthcare professionals. You can also use the tool to search for high-quality, low-cost labs in your plan's network.

You may choose to see an Enhanced Personal Health Care (EPHC) doctor as your primary care doctor. EPHC doctors spend extra time with you to provide high-quality care that is focused on your whole health, not just your symptoms. This includes building a care plan around your needs, helping you better manage any chronic disease and helping you with access to specialists when you need them.

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

Check your plan details on the **Sydney Health** mobile app or **anthem.com/find-care** to confirm what preventive care is covered.



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 93% of doctors and 96% of hospitals in the U.S.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.
- Text with a board-certified doctor at no extra cost.³ **Sydney Health** can link you directly to doctors for virtual text visits. During your appointment, the doctor can evaluate your symptoms, discuss your treatment options, and order prescriptions, if you need them.
- Have a video chat with a doctor. You can also use **Sydney Health** to connect with a board-certified doctor through video visits.
- See a doctor from home. You can have a video visit with a doctor using your mobile device or computer, whether you're at home, at the workplace, or on the go. Doctors are available around the clock for advice, treatment, and prescriptions.³

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.
- Call 24/7 NurseLine and receive helpful advice from a registered nurse.



¹ Internal data, 2019.

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

³ Pricing based on \$0 copay benefit eligibility offered through your plan.



Make the most of your pharmacy benefits

You can manage your prescriptions and costs at [anthem.com](https://www.anthem.com). Log in and explore the following ways to save:

- 1. Search the drug list.** Find out if your medications 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 when you use Tier 1 drugs.
- 2. Price a medication.** See how much a medicine costs. 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 pricing.
- 3. Check if there are generic options.** If you're taking a brand-name drug, you can find a list of generic options that cost less, or ask your doctor.
- 4. Most specialty drugs are covered if you need them.** Specialty drugs are for people with serious health issues. They come in different forms, such as pills or liquids. There are drugs that need to be injected, inhaled, or infused. They often need special storage and handling and may be given to you by a doctor or nurse. If you have a complex health condition that requires specialty drugs for your treatment you can receive them through IngenioRx Specialty Pharmacy. Call the Pharmacy Member Services phone number on your ID card for help.
- 5. 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.
- 6. Save time with home delivery.** If you take medicines regularly or need them on a long-term basis, you can save time with home delivery. You may also save money. You can receive a 90-day supply of your drugs delivered to your door. Maintenance medicines can vary in amounts. Once you're a member, visit [anthem.com](https://www.anthem.com) to sign up.
- 7. Receive a 90-day refill at a retail pharmacy.** You can receive up to a 90-day supply of any covered medicine at a participating retail pharmacy. Maintenance medicines can vary in amounts.

For questions about your pharmacy benefits, call the Pharmacy Member Services phone number on your member ID card, 24/7.



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



Plan extras that support your health

For details, register on the **Sydney Health** mobile app or at **anthem.com**.

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, register on the Sydney Health mobile app or at **anthem.com**.

Apps

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 mobile app works with you by guiding you to better overall health — and works for you by bringing 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 tools to find and compare healthcare providers and check costs.

Working for you:

- **Symptom Checker** — 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.
- **Virtual text visits** — **Sydney Health** can link you directly to board-certified doctors for virtual text visits at no extra cost.* During your appointment, the doctor can 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 board-certified doctor through video visits.

Are you looking for healthy advice?

Follow our **Better Care Blog** (anthem.com/blog/) for helpful information about health benefits, living healthy, and the latest member news.



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



Plan extras that support your health

For details, register on the **Sydney Health** mobile app or at **anthem.com**.

Anthem Skill — Our Anthem Skill for Alexa is a voice-activated assistant for your health plan. Receive answers to your healthcare questions — hands-free by enabling the Anthem Skill. It works through any Alexa-enabled device, such as an Amazon Echo, or on your mobile device using the Amazon Alexa app.

- Ask for your digital member ID card.
- Check your progress toward meeting your medical plan's deductible and out-of-pocket maximum.
- Find out how close you are to reaching your dental plan's deductible and annual maximum.
- Refill, renew, and check the order status of any home delivery prescriptions.

If you do not have the Amazon Alexa app, download it from Google Play™ or the App Store®.

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**.

Anthem Health Guides — Highly trained Anthem associates are like personal support guides who can help you with all your healthcare needs. They can help you connect with the right resources, stay on top of the screenings and tests you need, and find doctors. Reach a health guide by calling the number on your member ID card. You also can go to **anthem.com** to send a secure email or chat with them online.

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, substance use, 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.

Cancer Resources — The Stronger Together website is a great resource for anyone facing cancer. You will find tools and information that can help you make shared treatment decisions, prepare for care or develop a care plan, manage symptoms, and find caregiving support. Visit **cancerresources.anthem.com**.

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.

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 also have access to dietitians and social workers, as needed. The program includes breastfeeding support through LiveHealth Online.

Healthy living

SpecialOffers — With SpecialOffers, you can receive discounts on products and services that help promote better health and well-being.



Plan extras that support your health

For details, register on the **Sydney Health** mobile app or at **[anthem.com](https://www.anthem.com)**.

Your Summary of Benefits



Mahoning County School Employees Insurance Consortium Blue Access® (PPO) Effective 07/01/2022

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	\$400/\$800	\$800/\$1,600
Coinsurance Limit (Single/Family)	\$750/\$1,500	\$1,875/\$3,750
Out-of-Pocket Limit (Single/Family) (includes deductible, medical & Rx copayments and coinsurance)	\$8,150/\$16,300	Unlimited
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/ Specialty Care Physician (SCP) Including Office Surgeries and allergy serum: <ul style="list-style-type: none"> allergy injections (PCP and SCP) allergy testing MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds and pharmaceutical products 	\$10/\$40 15% 15% 15%	35% 35% 35% 35%
Preventive Care Services <ul style="list-style-type: none"> Services included but not limited to: Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, and Hearing screenings. 	No cost share	35%
Emergency and Urgent Care Emergency Room Services <ul style="list-style-type: none"> facility/other covered services (Copayment waived if admitted) Urgent Care Center Services <ul style="list-style-type: none"> MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, Non-maternity related Ultrasounds and pharmaceutical products Allergy injections Allergy testing 	\$200/15% \$40 15% 15% 15%	\$200/15% 35% 35% 35% 35%
Inpatient and Outpatient Professional Services Include but are not limited to: <ul style="list-style-type: none"> Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams 	15%	35%

Your Summary of Benefits

Covered Benefits	Network	Non-Network
Inpatient Facility Services (Network/Non-Network combined) Unlimited days except for: <ul style="list-style-type: none"> Unlimited days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) 120 days for skilled nursing facility 	15%	35%
Outpatient Surgery Hospital/Alternative Care Facility <ul style="list-style-type: none"> Surgery and administration of general anesthesia 	15%	35%
Other Outpatient Services including but not limited to: <ul style="list-style-type: none"> Non Surgical Outpatient Services for example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services. Home Care Services 90 visits (excludes IV Therapy) (Network/Non-Network combined) Durable Medical Equipment Physical Medicine Therapy Day Rehabilitation programs Hospice Care Ambulance Services 	15% 15%	35% 15%
Outpatient Therapy Services (Combined Network & Non-Network limits) <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: <ul style="list-style-type: none"> Cardiac Rehabilitation Unlimited Pulmonary Rehabilitation Unlimited Physical Therapy: 30 visits Occupational Therapy: 30 visits Manipulation Therapy: 36 visits Speech therapy: 20 visits 	15% 15%	35% 35%
Accidental Dental: Unlimited per accident (Network and Non-network combined)	Copayments/Coinsurance based on setting where covered services are received	35%
Behavioral Health: Mental Illness and Substance Abuse¹ <ul style="list-style-type: none"> Inpatient Facility Services Physician Home and Office Visits Other Outpatient Services. Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional 	15% \$10 15%	35%
Human Organ and Tissue Transplants <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest, and storage. 	15%	35%

Your Summary of Benefits



Covered Benefits	Network	Non-Network
Prescription Drugs National Drug List Network Tier structure equals- (Generic, Brand Formulary, Brand Non formulary, Specialty) <ul style="list-style-type: none"> Network Retail Pharmacies: (30-day supply) Home Delivery Service: (90-day supply) <p>*Specialty drugs are limited to a 30-day supply. *Member may be responsible for additional cost when not selecting the available generic drug. *Medicare Rx - Wrap</p>	<p>\$5/\$35/\$60/\$150 (Specialty)</p> <p>\$10/\$70/\$120/\$150 (Specialty)</p>	<p>25%</p> <p>Not covered</p>

Notes:

- All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum.
- Deductible(s) apply to covered medical services listed with a percentage (%) coinsurance, including 0%.
- Network and Non-network deductibles, copayments, coinsurance, and out-of-pocket maximums do accumulate toward each other.
- Dependent Age: to end of the month which the child attains age 26
- Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYNs and Geriatrics or any other Network Provider as allowed by the plan.
- No cost share (NCS) 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.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics, or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
- Live Health Online (LHO) is covered at the PCP cost share.
- Benefit period = calendar year
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.
- Private Duty Nursing – unlimited visits/Calendar Year
- Plan to cover surgical treatment of morbid obesity, medical, \$30,000 Lifetime.
- Plan to cover Rx for surgical treatment of morbid obesity.
- Plan to cover sexual dysfunction, medical and Rx.
- Exclude elective abortions
- 4th qtr. Deductible carryover applies.

¹ We encourage you to review the Schedule of Benefits for limitations.

Precertification:

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.

Pre-existing Exclusion Period: none

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Benefit Booklet, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

Your Summary of Benefits
Mahoning County School Employee Insurance Consortium (MCSEIC)
Anthem Dental Complete



WELCOME TO YOUR DENTAL PLAN!

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

Dental coverage you can count on

Your Anthem dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose one within our large network.

Savings beyond your dental plan benefits - you get more for your money.

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE		In-Network		Out-of-Network	
Annual Benefit Maximum ▪ Per insured person		Calendar Year		\$1,500	\$1,500
D&P applies to Annual Maximum		No		No	
Annual Maximum Carryover		Yes		Yes	
Orthodontic Lifetime Benefit Maximum ▪ Per eligible insured person		\$1,500		\$1,500	
Annual Deductible (The Deductible does not apply to Orthodontic Services) ▪ Per insured person ▪ Family maximum		Calendar Year 3X Individual		\$25 3X Individual	
4th Quarter Deductible Carryover Applies					
Deductible Waived for Diagnostic/Preventive Services		Yes		Yes	
Out-of-Network Reimbursement Options:		90th percentile			
Dental Services		In-Network Anthem Pays:		Out-of-Network Anthem Pays: Waiting Period	
Diagnostic and Preventive Services ▪ Periodic oral exam ▪ Teeth cleaning (prophylaxis) ▪ Bitewing X-rays: 2X per 12 months ▪ Intraoral X-rays		100% Coinsurance		100% Coinsurance No Waiting Period	
Basic Services ▪ Amalgam (silver-colored) Filling ▪ Front composite (tooth-colored) Filling ▪ Back composite Filling, Covered as Composites ▪ Simple Extractions		80% Coinsurance		80% Coinsurance No Waiting Period	
Endodontics ▪ Root Canal		80% Coinsurance		80% Coinsurance No Waiting Period	
Periodontics ▪ Scaling and root planing		80% Coinsurance		80% Coinsurance No Waiting Period	
Oral Surgery ▪ Surgical Extractions		80% Coinsurance		80% Coinsurance No Waiting Period	
Major Services ▪ Crowns		50% Coinsurance		50% Coinsurance No Waiting Period	
Prosthodontics ▪ Dentures ▪ Bridges ▪ Dental implants		50% Coinsurance		50% Coinsurance No Waiting Period	
Standard - Covered					
Prosthetic Repairs/Adjustments		80% Coinsurance		80% Coinsurance No Waiting Period	
Orthodontic Services ▪ Adults & Dependent Children		60% Coinsurance		60% Coinsurance No Waiting Periods	

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your employee benefits booklet. In the event of a discrepancy between the information in this summary and the employee booklet, the employee booklet will prevail.

*

OH_PCLG_ASO-Custom

Emergency dental treatment for the international traveler

As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.** With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

** The International Emergency Dental Program is managed by DeCare Dental, which is an independent company offering dental-management services to Anthem Blue Cross Life and Health Insurance Company.

Promoting healthy mouths for members who are pregnant or living with diabetes

If you are pregnant or living with diabetes, you can sign up to receive one additional dental cleaning or periodontal maintenance procedure per year.

Finding a dentist is easy.

To select a dentist by name or location:

- Go to anthem.com/mydentalvision or the website listed on the back of your ID card.
- Call the toll-free customer service number listed on the back of your ID card.

TO CONTACT US:

Call	Write
Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.	Refer to the back of your plan ID card for the address.

Limitations & Exclusions

Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.

Diagnostic and Preventive Services

Oral evaluations (exam) Limited to two per Calendar Year

Teeth cleaning (prophylaxis) Limited to two per Calendar Year

Intraoral X-rays, single film Limited to four films per 12-month period

Complete series X-rays (panoramic or full-mouth) Coverage Every 3 Years

Topical fluoride application Limited to once every 12 months

Sealants Limited to one per tooth every 36 months; sealants may be covered under Preventive Services.

Basic and/or Major Services

Crowns Limited to once per tooth in a five-year period

Fixed or removable prosthodontics - dentures, partials, bridges Covered once in a five-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members

Inlays/Onlays Limited to once per tooth in a five-year period

Reline/Rebase of Dentures Covered every 36 months.

Brush Biopsy Standard - Covered

ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES

Orthodontia Limited to one course of treatment per member per lifetime

Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.

Services provided before or after the term of this coverage

Services received before your effective date or after your coverage ends, unless otherwise specified in the employee benefits booklet

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

Cosmetic dentistry Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

Drugs and medications Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

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

Extractions - Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member

The in-network dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem Blue Cross Life and Health Insurance Company.

**Choice of dentists**

While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist.

Here's why:

In-network dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, out-of-network dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the "maximum allowed amount" – and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."

How Anthem dental decides on maximum allowed amounts

For services from an out-of-network dentist, the maximum allowed amount is determined in one of the following ways:

- Out-of-network dental fee schedule/rate developed by Anthem, which may be updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data
- Information provided by a third-party vendor that shows comparable costs for dental services
- In-network dentist fee schedule

Here's an example of higher costs for out-of-network dental services

This is an example only. Your experience may be different, depending on your insurance plan, the services you receive and the dentist who provides the services.

Ted gets a crown from an out-of-network dentist, who charges \$1,200 for the service and bills Anthem for that amount.

Anthem's maximum allowed amount for this dental service is \$800. That means there will be a \$400 difference, which the dentist can "balance bill" Ted.

Since Ted will also need to pay \$400 coinsurance, the total he'll pay the out-of-network dentist is \$800.

Here's the math:

- Dentist's charge: \$1,200
- Anthem's maximum allowed amount: \$800
- Anthem pays 50%: \$400
- Ted pays 50% (coinsurance): \$400
- Balance Ted owes the provider: $\$1,200 - \$800 = \$400$
- Ted's total cost: $\$400 \text{ coinsurance} + \$400 \text{ provider balance} = \800

In the example, if Ted had gone to an in-network dentist, his cost would be only \$400 for the coinsurance because he would not have been "balance billed" the \$400 difference.

Welcome to your Blue View Vision plan!

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

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

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	\$15 copay	Up to \$15 reimbursement	Once every 12 months
Eyeglass Frames			
One pair of eyeglass frames	\$100 allowance, then 20% off any remaining balance	Up to \$30 reimbursement	Once every 12 months
Eyeglass Lenses (<i>instead of contact lenses</i>)			
One pair of standard plastic prescription lenses:			
<ul style="list-style-type: none"> Single vision lenses Bifocal lenses Trifocal lenses Lenticular lenses 	\$0 copay \$0 copay \$0 copay \$0 copay	Up to \$10 reimbursement Up to \$20 reimbursement Up to \$30 reimbursement Up to \$40 reimbursement	Once every 12 months
Eyeglass Lens Enhancements			
When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
<ul style="list-style-type: none"> Transitions Lenses (for a child under age 19) Standard polycarbonate (for a child under age 19) Factory scratch coating 	\$0 copay \$0 copay \$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses (<i>instead of eyeglass lenses</i>)			
Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
<ul style="list-style-type: none"> Elective conventional (non-disposable) OR	\$100 allowance, then 15% off any remaining balance	Up to \$40 reimbursement	Once every 12 months
<ul style="list-style-type: none"> Elective disposable OR	\$100 allowance (<i>no additional discount</i>)	Up to \$40 reimbursement	
<ul style="list-style-type: none"> Non-elective (medically necessary) 	\$200 allowance (<i>no additional discount</i>)	Up to \$75 reimbursement	

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

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

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

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Plano sunglasses and accompanying frames.

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

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or

Safety Glasses. Safety glasses and accompanying frames.
Not Specifically Listed. Services not specifically listed in this plan as covered services.

contacts. Plano lenses or lenses that have no refractive power.
Orthoptics. Orthoptics or vision training and any associated supplemental testing.

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
Retinal Imaging - at member's option can be performed at time of eye exam		Not more than \$39
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> • Transitions lenses (Adults) • Standard Polycarbonate (Adults) • Tint (Solid and Gradient) • UV Coating • Progressive Lenses¹ <ul style="list-style-type: none"> • Standard • Premium Tier 1 • Premium Tier 2 • Premium Tier 3 • Anti-Reflective Coating² <ul style="list-style-type: none"> • Standard • Premium Tier 1 • Premium Tier 2 • Other Add-ons 	\$75 \$40 \$15 \$15 \$65 \$85 \$95 \$110 \$45 \$57 \$68 20% off retail price
Additional Pairs of Eyeglasses Any time from any Blue View Vision network provider.	<ul style="list-style-type: none"> • Complete Pair • Eyeglass materials purchased separately 	40% off retail price 20% off retail price
Eyewear Accessories	<ul style="list-style-type: none"> • Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 	20% off retail price
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> • Standard contact lens fitting³ • Premium contact lens fitting⁴ 	Up to \$55 10% off retail price
Conventional Contact Lenses	<ul style="list-style-type: none"> • Discount applies to materials only 	15% off retail price

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

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

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

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

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



LENSCRAFTERS



Online stores:

GLASSES.COM
glasses.com

contactsdirect
contactsdirect.com

1800contacts
1800contacts.com

LENSCRAFTERS
lenscrafters.com



OPTICAL
targetoptical.com

Ray-Ban
ray-ban.com/insurance

ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM *

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

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

OUT-OF-NETWORK

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

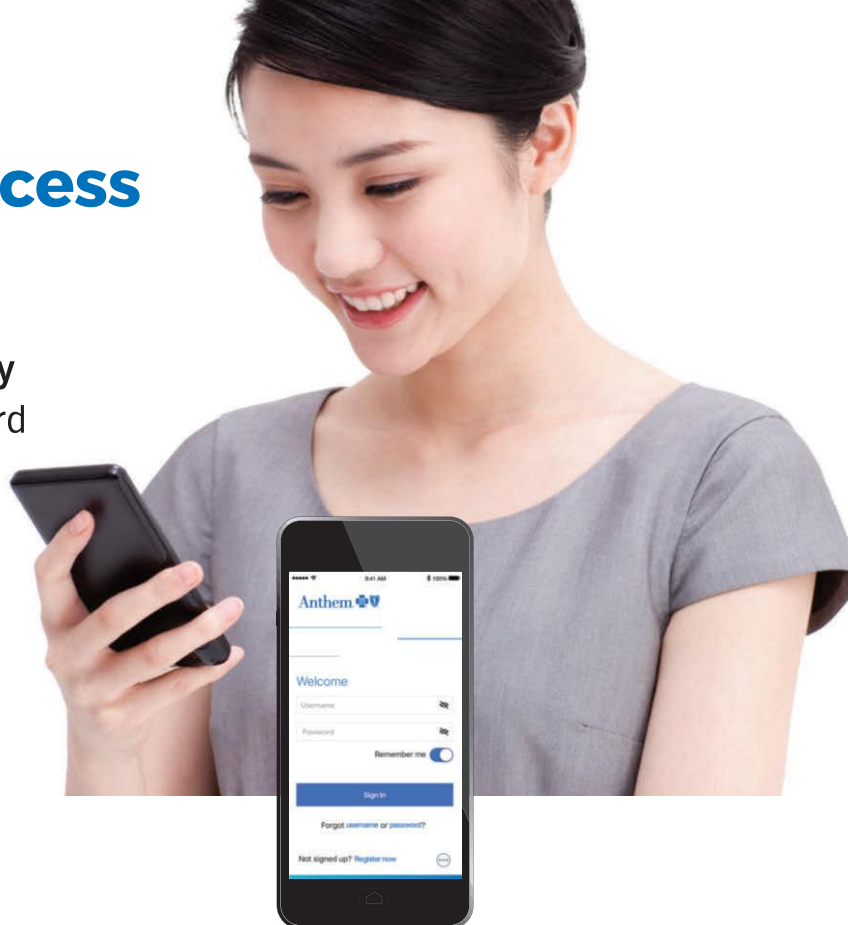
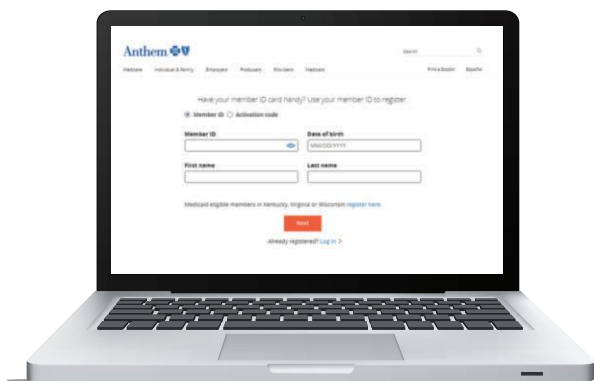
To Fax: 866-293-7373

To Email: oonclaims@eyewearspecialoffers.com

To Mail: Blue View Vision, Attn: OON Claims, P.O. Box 8504 Mason, OH 45040-7111

You've got quick access to your health care!

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



From your computer

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

From your mobile device

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

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



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

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

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Sydney Health makes healthcare easier

Access personalized health and wellness information when you need it

With the Sydney Health mobile app, you can access your medical and pharmacy benefit details in one place. Our simple experience makes it easy to find what you need — with one-tap access to benefits information, Member Services, virtual care, and wellness resources. Sydney Health helps you manage your benefits, so you can focus on your health.

Find Care

Search for doctors, hospitals, and other health care professionals in your plan's network and compare costs. You can filter providers by what is most important to you such as gender, languages spoken, or location.

My Health Dashboard

Use My Health Dashboard to find information on health topics that interest you, useful health and wellness tips, and personalized action plans that can help you reach your goals.

Live Chat

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

Virtual Care

You can now conveniently connect with care from the comfort of home. Assess your symptoms quickly with the Symptom Checker, and visit a doctor over text or video chat to receive care through Sydney Health.

Community Resources

This resource center helps you connect with organizations offering free and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

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



Download Sydney Health today

Use the app anytime to:

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



Use your smartphone camera to scan this QR code



Sydney Health is offered through an arrangement with CareMarket, Inc. Sydney and Sydney Health are trademarks of CareMarket, Inc.

Life and Disability products underwritten by Anthem Life Insurance Company. In Georgia: Life and Disability products are underwritten by Greater Georgia Life Insurance Company using the trade name Anthem Life. Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In 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. RIT does 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 of 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.

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Expanding your virtual care options

Find complete care support, on your time, through the **Sydney Health app**

Visit with a doctor at your convenience

Accessing the care you need, when you need it, matters. That's why our SydneySM Health mobile app connects you to a team of doctors ready to help you on your time. There are two secure ways to find no- or low-cost care through our app:

- ① **Chat with a doctor 24/7 without an appointment**
 - Urgent care support for health issues, such as allergies, a cold, or the flu.
 - New prescriptions for concerns such as a cough or a sinus infection.
- ② **Schedule a virtual primary care appointment**
 - Routine care, including wellness check-ins and prescription refills.
 - Personalized care plans for chronic conditions, such as asthma or diabetes.

Assess your symptoms with the Symptom Checker

When you're sick, you can use the Symptom Checker on Sydney Health to answer a few questions about how you're feeling. That information is run against millions of medical data points to provide care advice tailored to you.

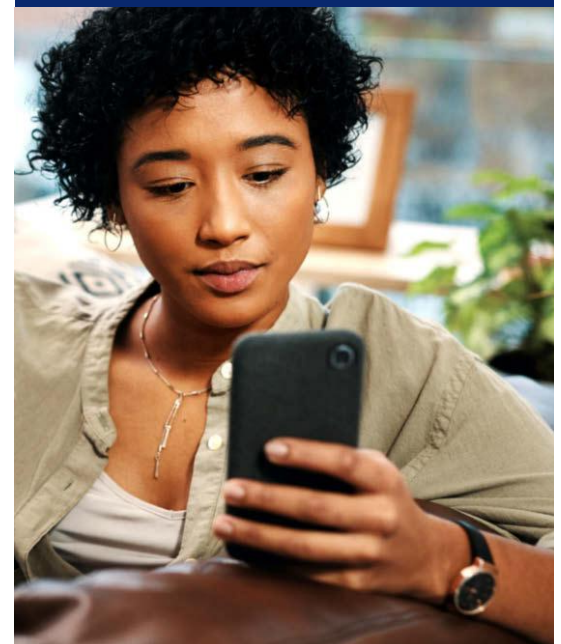
Save money and time with virtual care

Sydney Health brings care to you anywhere, anytime. The Symptom Checker is always free to use, while virtual primary care visits and on-demand urgent care through the app are available at no or low cost.

▶ Download our Sydney Health mobile app today.



Set up your account right away and it will be ready to use when you need it.



85% of virtual visits **resolve** the person's need.*

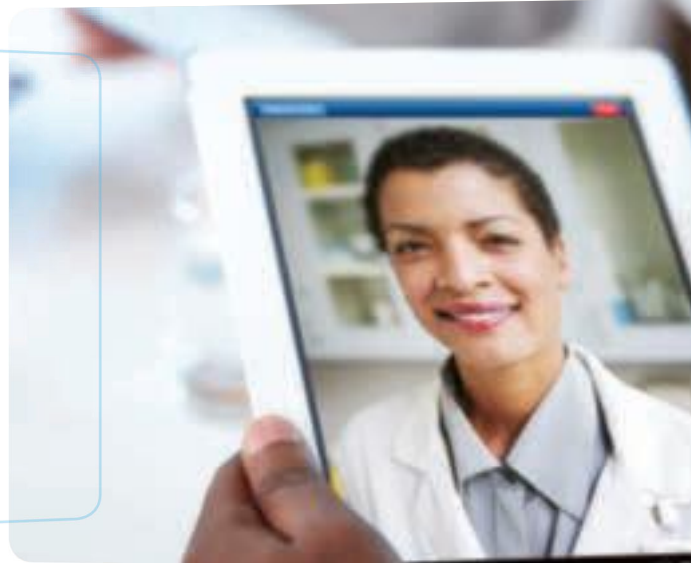
*K Health analysis of Q4 2020 visit dispositions.

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See a doctor or therapist when it works for you

Using LiveHealth Online, any time works for a video visit with a doctor or therapist.



If you need care for a health issue, or support if you're feeling anxious or having trouble coping on your own, LiveHealth Online is ready to help. You can stay home and have a video visit with a board-certified doctor or licensed therapist on your smartphone, tablet or computer.

By using LiveHealth Online, you can

- **See a board-certified doctor in a few minutes with no appointment.** Doctors are available 24/7 to assess your condition and, if it's needed, they can send a prescription to your local pharmacy.¹ When your own doctor isn't available, use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, allergies, a sinus infection or another common health condition.
- **Make an appointment with a licensed therapist in four days or less.**² You can have a video visit with a therapist from home, at work or on the go — evenings and weekend appointments are available too. Appointments can be scheduled online or over the phone at **1-888-548-3432** from 7 a.m. to 7 p.m., seven days a week. You can get help for anxiety, depression, grief, panic attacks and more.

What will a visit cost?

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 session usually costs the same as an office therapy 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.



1 Prescription availability is defined by physician judgment and state regulations. Visit the home page of livehealthonline.com to view the service map by state.

2 Appointments subject to availability of a therapist.

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 1-800-784-2433 (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.

If you're a retiree or have coverage that complements your Medicare benefits, your employer sponsored health plan may not include coverage for online visits using LiveHealth Online. Check your plan documents for details. You can still use LiveHealth Online, but you may have to pay the full cost of a visit. Online visits using LiveHealth Online may not be a covered benefit for HRA and HIA+ members.

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Protecting your health and wellness

Discover no-cost programs that can help



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



ConditionCare

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

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

Connect with the support you need

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

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



Future Moms

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

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



24/7 NurseLine

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

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

Save money on health tests and procedures

SmartShopper helps you find the best value for high-quality care

We understand that medical procedures can be costly and can sometimes seem unpredictable. In fact, the same test or procedure can vary by hundreds or even thousands of dollars, depending on where you go. SmartShopper makes it easy to compare cost information about common health procedures. You can even earn cash* rewards when you choose a health care provider known for high-quality outcomes.

Shop on your own or with a Personal Assistant

It's easy to use SmartShopper. Shop online at smartshopper.com or call the SmartShopper Personal Assistant Team. Your Personal Assistant will help you understand your options and schedule your appointment. You can reach a Personal Assistant by calling **1-844-328-1582** Monday to Thursday, 8 a.m. to 8 p.m. Eastern and Friday 8 a.m. to 6 p.m. Eastern.

SmartShopper is easy to use

- 1 When your health care provider suggests a test or procedure, visit smartshopper.com or call the SmartShopper Personal Assistant Team at **1-844-328-1582**.
- 2 Choose where you would like to have your test or procedure. All of the SmartShopper options are in your plan's network.
- 3 After Anthem pays your claim, SmartShopper will mail you a reward check. Your check should arrive in about six weeks.

We are happy to offer you SmartShopper as part of your Anthem benefit plan. It's one more way that we can help you to save money and receive high-quality health care. To sign up, go to smartshopper.com or call the Personal Assistant Team at **1-844-328-1582**, Monday to Thursday, 8 a.m. to 8 p.m. Eastern and Friday 8 a.m. to 6 p.m. Eastern.



Earn cash rewards for choosing health care providers known for high-quality, lower-cost care.

Sample procedures and rewards

Test or procedure	Reward up to:
ACL repair by arthroscopy	\$250
Colonoscopy	\$250
Mammogram	\$50
Ultrasound	\$50
Physical therapy	\$150

For a full list of procedures and rewards, call the Personal Assistant team at **1-844-328-1582** or visit smartshopper.com.



SmartShopper®

* Reward payments may be taxable.

The SmartShopper program is provided by Sapphire Digital an independent company. Incentives available for select procedures only. Payments are a taxable form of income. Rewards may be delivered by check or an alternative form of payment. Members with coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program. Rewards are for select procedures only and reward payments may be taxable.

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Save time and money on prescriptions with home delivery

Getting your prescription drugs doesn't have to be a drag. We help make it easier and more convenient for you to get the medicines you need.



Home delivery: Skip the drugstore line

If you take prescription medicines on a regular basis, you can get up to a 90-day supply delivered to your home.¹ And depending on your plan, you may save on copays. That's because a 90-day supply of many drugs usually costs less than three 30-day refills.

Missing even one dose of a medicine that treats long-term conditions like high blood pressure or diabetes may lead to serious health problems and higher health care costs. That's why home delivery is a great way to make sure you get your prescription refills when you need them.

Standard shipping is free, and you can set up automatic renewals to get your next three-month supply sent to you before the refill date.

How to get started with home delivery

Getting set up for home delivery is easy. Just call the **Pharmacy Member Services** phone number on the back of your health plan ID card. You can also mail in your order with our order form found on [anthem.com](https://www.anthem.com). Choose **Individual & Family**, then **Forms**.

Need help?

Call the home delivery pharmacy at 1-833-203-1739 or call the Pharmacy Member Services phone number on the back of your health plan ID card.

You may want to ask your doctor for a 30-day prescription, which you can get filled at your regular pharmacy, to make sure you have enough medicine to last until you get your first home delivery prescription.

Here are a few more important things to know

- Using our mobile app, Sydney Health, or anthem.com to switch to home delivery is only available if your Anthem pharmacy plan benefits include mandatory home delivery, opt-out home delivery or Rx Maintenance 90. If you have optional home delivery, call the **Pharmacy Member Services** phone number on the back of your health plan ID card, or complete and mail the *Home Delivery Order Form* to transfer your prescriptions from your retail pharmacy to home-delivery.
- If your doctor prescribes a brand-name drug, your pharmacy plan may require the home delivery pharmacy to send a generic version instead.
- All prescriptions and refills, including those sent by your doctor, will be filled as soon as the home delivery pharmacy gets them. In most cases, your first order will arrive within two weeks. After that, orders will arrive within one week.
- If you need your medicine sooner, you can call the home delivery pharmacy and ask for overnight delivery. You'll be charged extra for the faster shipping.
- With some drugs, you may need to sign to accept delivery.²



¹ Supplies vary based on your pharmacy plan design.

² Drugs that are defined as controlled substances are highly regulated, which requires the home delivery pharmacy to follow special rules for filling these prescriptions.

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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.**

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Protecting your privacy

How we keep your information safe and secure

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

You also have certain rights and responsibilities when receiving your healthcare. To understand how we protect your privacy, 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.

For full details, read your plan documents, which contain everything you need to know about your plan. You can find them on [anthem.com](https://www.anthem.com).

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>.



Notes



Have any questions about your plan?

Your benefits administrator or human resources representative will contact you soon with specific enrollment instructions for your organization.

Your plan is here for you to use

If you would like extra help

Anthem Health Guides are here to help you make the most out of your medical plan. These highly trained Anthem associates will help you with all your health care needs.

Reach a health guide by calling the number on your member ID card. You also can go to **[anthem.com](https://www.anthem.com)** to send a secure email or chat with them online.



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