Choosing and using your plan

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

City of Carmel
2024 Medical & Dental Benefit Offerings Effective January 1, 2024

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This guide is for informational purposes only. You must enroll in a plan for your benefits to start.

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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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/National_3_Tier_ABCBS.pdf** for the **National 3-tier** Drug List.
- Most specialty drugs are covered if you have an ongoing health issue or a serious illness.

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.

How your pharmacy benefits work

Your annual deductible

Your plan comes with a combined medical and pharmacy deductible. Your deductible is the amount you pay before the plan starts to pay for covered prescriptions and medical care. You will pay a set amount of medication costs out of your pocket until you meet your deductible.

What you pay after meeting the deductible

Once you meet your deductible, 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 fixed amount you pay for a covered prescription until you reach your out-of-pocket maximum. 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 the percentage of costs you pay for a covered prescription until you reach your out-of-pocket maximum.

Once you're a member, you can use the Price a Medication tool on anthem.com to compare costs and find generic equivalents.

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**.

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 no extra 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.

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

- Ask for your digital member ID card.
- Check your progress toward meeting your medical plan's deductible and out-of-pocket maximum.

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

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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 to find COVID-19 vaccine locations near you.

How to use your plan

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 no extra cost.**[1] **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.

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

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.
- **Most specialty drugs are covered, if you need them.** Specialty drugs are for people with long-term or serious health matters, such as cancer, rheumatoid arthritis, and hepatitis C. They are drugs taken by injection or infusion or that require special handling or need to be given by a doctor or nurse. If you have a health matter that requires a specialty drug, you will need to order it through the CarelonRx Specialty Pharmacy. In certain cases, you may also choose other specialty pharmacies in your plan's network.

For more information on specialty drugs, visit **anthem.com/ pharmacyinformation/rxnetworks.html** or call the Pharmacy Member Services number on your ID card.

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**.
- **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**, 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** 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.

Make the most of your pharmacy benefits

For more information, go to **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	**$$**
Tier 3	Nonpreferred brand-name and generic drugs	**$$$**

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.

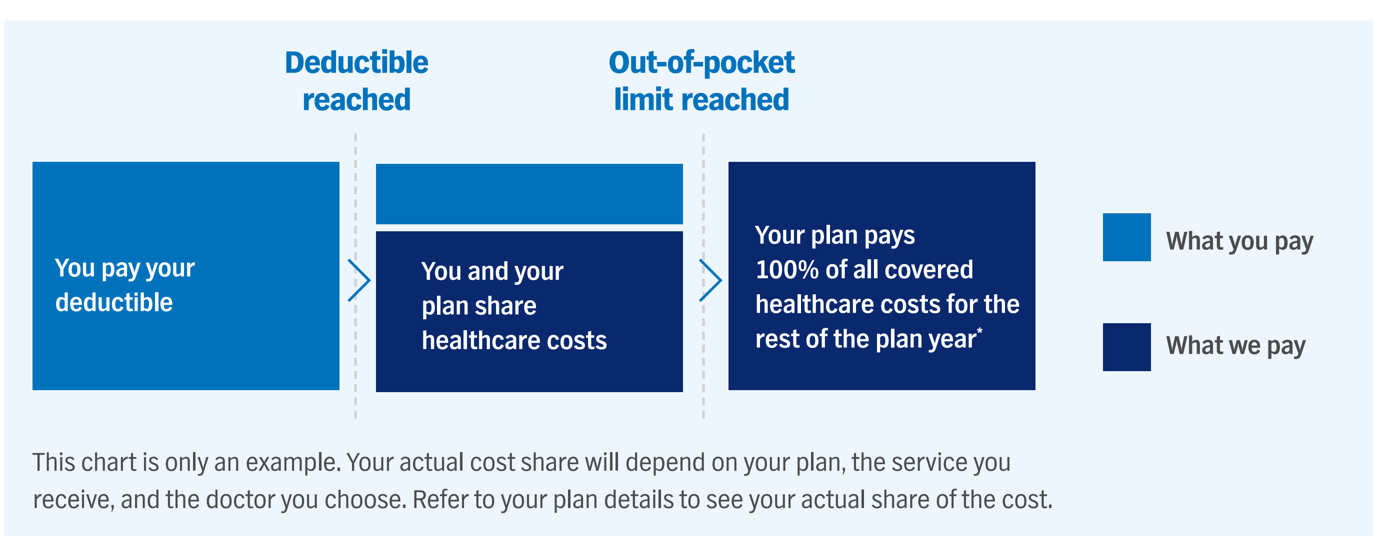
Out-of-pocket limit:

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.

Your summary of benefits

Anthem® Blue Cross and Blue Shield

City of Carmel

Your Plan: Anthem Blue Access PPO

Your Network: Blue Access

Effective 1/1/2024

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	$50 copay per visit medical deductible does not apply
Mental Health & Substance Use Disorder Services	$50 copay per visit medical deductible does not apply
Specialist care	$50 copay per visit medical deductible does not apply

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
The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit. All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit. In-Network and Non-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.		
Doctor Visits (virtual and office) *You are encouraged to select a Primary Care Physician (PCP).*		
Primary Care (PCP) and Mental Health and Substance Use Disorder Services *virtual and office*	$50 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Specialist Care *virtual and office*	$50 copay per visit medical deductible does not apply	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
Other Practitioner Visits		
Routine Maternity Care (Prenatal and Postnatal)	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Retail Health Clinic *for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.*	$25 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Manipulation Therapy *Coverage is limited to 40 visits per benefit period.*	$50 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Other Services in an Office		
Allergy Testing *When Allergy injections are billed separately by network providers, the member is responsible for a $20 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.*	$20 copay per visit deductible does not apply	40% coinsurance after medical deductible is met
Prescription Drugs *Dispensed in the office*	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Surgery	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Preventive care / screenings / immunizations	No charge	40% coinsurance after medical deductible is met
Preventive Care for Chronic Conditions *per IRS guidelines*	No charge	40% coinsurance after medical deductible is met
Diagnostic Services **Lab**		
Office	20% coinsurance after deductible is met	40% coinsurance after medical deductible is met
Freestanding Lab/Reference Lab	20% coinsurance after deductible is met	40% coinsurance after medical deductible is met
Outpatient Hospital	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
X-Ray		
Office	20% coinsurance after deductible is met	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans*		
Office	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Freestanding Radiology Center	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Emergency and Urgent Care		
Urgent Care *includes doctor services. Additional charges may apply depending on the care provided.*	$50 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Emergency Room Facility Services *Your copay will be waived if admitted.*	$250 copay per visit and 20% coinsurance medical deductible does not apply	Covered as In-Network
Emergency Room Doctor and Other Services	$250 copay per visit and 20% coinsurance medical deductible does not apply	Covered as In-Network
Ambulance *Authorized Non-Network non-emergency ambulance services are limited to an Anthem maximum payment of $50,000 per trip.*	$100 copay per visit deductible does not apply	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility		
Facility Fees	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
Doctor Services	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Outpatient Surgery		
Facility Fees		
Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Ambulatory Surgical Center	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Physician and other services *including surgeon fees*		
Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Ambulatory Surgical Center	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)		
Facility Fees	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Human Organ and Tissue Transplants *Cornea transplants are treated the same as any other illness and subject to the medical benefits.*	20% coinsurance after deductible is met	Not Covered
Physician and other services *including surgeon fees*	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Home Health Care *Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.*	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Rehabilitation and Habilitation services *including physical, occupational and speech therapies.* *Coverage for physical and occupational therapies is limited to 40 visits combined per benefit period. Coverage for speech therapy is limited to 20 visits per benefit period.*		

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Office	20% coinsurance after deductible is met	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Pulmonary rehabilitation *Coverage is limited to 20 visits per benefit period.*		
Office	20% coinsurance after deductible is met	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Cardiac rehabilitation *Coverage is limited to 36 visits per benefit period.*		
Office	20% coinsurance after deductible is met	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Dialysis/Hemodialysis		
Office	20% coinsurance after deductible is met	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Chemo/Radiation Therapy		
Office	20% coinsurance after 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
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Skilled Nursing Care (facility) *Coverage is limited to 90 days per benefit period.*	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Inpatient Hospice	20% coinsurance after deductible is met	40% coinsurance after medical deductible is met
Durable Medical Equipment	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Prosthetic Devices *Coverage for wigs is limited to 1 item after cancer treatment per benefit period.*	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Not applicable	Not applicable
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Not Covered
Prescription Drug Coverage **Network:** ***Base Network*** **Drug List:** ***National***		
Day Supply Limits: **Retail Pharmacy** *30 day supply (cost shares noted below)* **Retail 90 Pharmacy** *90 day supply (3 times the 30 day supply cost share(s) charged at Preferred Network and In-Network Retail Pharmacies noted below applies).* **Home Delivery Pharmacy** *90 day supply (maximum cost shares noted below) Maintenance medications are available through CarelonRx Mail. You will need to call us on the number on your ID card to sign up when you first use the service.* **Specialty Pharmacy** *30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.*		
Tier 1 - Typically Generic	$10 copay per prescription (retail) and $20 copay per prescription (home delivery)	Not covered (retail and home delivery)

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use a Non-Network Pharmacy
Tier 2 – Typically Preferred Brand	$60 copay per prescription (retail) and $120 copay per prescription (home delivery)	Not covered (retail and home delivery)
Tier 3 - Typically Non-Preferred Brand	$100 copay per prescription (retail) and $200 copay per prescription (home delivery)	Not covered (retail and home delivery)

Notes:

- Dependent Age Limit: to the end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- 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.
- ‡ You will pay the PCP's office visit copay when services are provided in their office.
- The representations of benefits in this document are subject to Indiana Department of Insurance (IN DOI) approval and are subject to change.

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

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Questions: (833) 578-4441 or visit us at www.anthem.com

City of Carmel: PPO Medical Plan B

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, https://eoc.anthem.com/eocdps/aso. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call (833) 639-1637 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$750/person or $1,500/family for In-Network Providers. $1,500/person or $3,000/family for Non-Network Providers.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Primary Care Specialist Visit Preventive Care for In-Network Providers. Tier 1 Tier 2 Tier 3 Prescription Drugs for In-Network Providers.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	$1,500/person or $3,000/family for In-Network Providers. $3,000/person or $6,000/family for Non-Network Providers. This plan has a separate Out of Pocket Maximum of $1,500/single or $3,000/family for In-Network Providers and $1,500/single or $3,000/family for In-Network Providers for Prescription Drugs.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.

Will you pay less if you use a network provider?	Yes, BlueCard PPO. See www.anthem.com or call (833) 639-1637 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an Out-of-Network Provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an Out-of-Network Provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$50/visit deductible does not apply	40% coinsurance	--------none--------
	Specialist visit	$50/visit deductible does not apply	40% coinsurance	--------none--------
	Preventive care/screening/ immunization	No charge	40% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	40% coinsurance	Costs may vary by site of service.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	Costs may vary by site of service.
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at http://www.anthem.com/pharmacyinformation/ National Drug List	Tier 1 - Typically Generic	$10/prescription, deductible does not apply (retail) and $20/prescription, deductible does not apply (home delivery)	Not covered (retail) and Not covered (home delivery)	*See Prescription Drug section
	Tier 2 - Typically Preferred Brand & Non-Preferred Generic Drugs	$60/prescription, deductible does not apply (retail) and $120/prescription, deductible does not apply (home delivery)	Not covered (retail) and Not covered (home delivery)	
	Tier 3 - Typically Non-Preferred Brand and Generic drugs	$100/prescription, deductible does not apply (retail) and $200/prescription, deductible	Not covered (retail) and Not covered (home delivery)	

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
		does not apply (home delivery)		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	--------none--------
	Physician/surgeon fees	20% coinsurance	40% coinsurance	--------none--------
If you need immediate medical attention	Emergency room care	$250/visit + 20% coinsurance; deductible does not apply	Covered as In-Network	Copay waived if admitted.
	Emergency medical transportation	$100/visit deductible does not apply	Covered as In-Network	Non-emergency non-network Ambulance Services are limited to $50,000 per occurrence.
	Urgent care	$50/visit deductible does not apply	40% coinsurance	--------none--------
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	--------none--------
	Physician/surgeon fees	20% coinsurance	40% coinsurance	--------none--------
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit $50/visit deductible does not apply Other Outpatient 20% coinsurance	Office Visit 40% coinsurance Other Outpatient 40% coinsurance	Office Visit --------none-------- Other Outpatient --------none--------
	Inpatient services	20% coinsurance	40% coinsurance	--------none--------
If you are pregnant	Office visits	20% coinsurance	40% coinsurance	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% coinsurance	40% coinsurance	
	Childbirth/delivery facility services	20% coinsurance	40% coinsurance	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	40% coinsurance	100 visits/benefit period for Home Health and Private Duty Nursing combined.
	Rehabilitation services	20% coinsurance	40% coinsurance	*See Therapy Services section.
	Habilitation services	20% coinsurance	40% coinsurance	
	Skilled nursing care	20% coinsurance	40% coinsurance	90 days/benefit period for skilled nursing services.
	Durable medical equipment	20% coinsurance	40% coinsurance	*See Durable Medical Equipment Section

Common Medical Event	Services You May Need	What You Will Pay In-Network Provider (You will pay the least)	What You Will Pay Non-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
	Hospice services	20% coinsurance	40% coinsurance	365 visits/lifetime for In-Network Providers.
If your child needs dental or eye care	Children's eye exam	No charge	Not covered	--------none--------
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	--------none--------

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Bariatric surgery
- Dental care (Pediatric)
- Long-term care
- Cosmetic surgery
- Dental Check-up
- Routine foot care unless medically necessary
- Dental care (Adult)
- Glasses for a child
- Weight loss programs

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

- Acupuncture
- Infertility treatment
- Routine eye care (Adult)
- Chiropractic care 40 visits/benefit period
- Most coverage provided outside the United States. See www.bcbsglobalcore.com
- Hearing aids 1 Item(s)/ear every 5 years
- Private-duty nursing 100 visits/benefit period combined with Home Health

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State of Indiana Department of Insurance, 311 W. Washington Street, Suite 300, Indianapolis, Indiana 46204, (800) 622-4461, (317) 232-2395, www.in.gov/idoi/3008.htm, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

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

ATTN: Grievances and Appeals, P.O. Box 105568, Atlanta GA 30348-5568

Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov

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

Does this plan provide Minimum Essential Coverage? Yes

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

Does this plan meet the Minimum Value Standards? Yes

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

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

About these Coverage Examples:

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

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** **$750**
- **Specialist *copayment*** **$50**
- **Hospital (facility) *coinsurance*** **20%**
- **Other *coinsurance*** **20%**

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$750
Copayments	$0
Coinsurance	$800
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$1,560**

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** **$750**
- **Specialist *copayment*** **$50**
- **Hospital (facility) *coinsurance*** **20%**
- **Other *coinsurance*** **20%**

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$100
Copayments	$1,400
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,520**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- **The plan's overall deductible** **$750**
- **Specialist *copayment*** **$50**
- **Hospital (facility) *coinsurance*** **20%**
- **Other *coinsurance*** **20%**

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$750
Copayments	$400
Coinsurance	$300
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,450**

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

Your summary of benefits

Anthem® Blue Cross and Blue Shield

Effective 1/1/2024

City of Carmel

Your Plan: Anthem Blue Access PPO HSA

Your Network: Blue Access

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge after deductible is met
Mental Health & Substance Use Disorder Services	No charge after deductible is met
Specialist care	0% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	$2,000 person / $4,000 family	$4,000 person / $8,000 family
Overall Out-of-Pocket Limit	$2,000 person / $4,000 family	$4,000 person / $8,000 family
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. All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit. In-Network and Non-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.		
Doctor Visits (virtual and office) *You are encouraged to select a Primary Care Physician (PCP).*		
Primary Care (PCP) and Mental Health and Substance Use Disorder Services *virtual and office* **Specialist Care** *virtual and office*	0% coinsurance after deductible is met 0% coinsurance after deductible is met	0% coinsurance after deductible is met 0% coinsurance after deductible is met
Other Practitioner Visits **Routine Maternity Care** (Prenatal and Postnatal)	 0% coinsurance after deductible is met	 0% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Retail Health Clinic *for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.*	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Manipulation Therapy *Coverage is limited to 40 visits per benefit period.*	0% coinsurance after deductible is met	0% coinsurance after deductible is met
<u>Other Services in an Office</u>		
Allergy Testing	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Prescription Drugs *Dispensed in the office*	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Surgery	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Preventive care / screenings / immunizations	No charge	0% coinsurance after deductible is met
Preventive Care for Chronic Conditions *per IRS guidelines*	No charge	0% coinsurance after deductible is met
<u>Diagnostic Services</u>		
Lab		
Office	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Freestanding Lab/Reference Lab	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	0% coinsurance after deductible is met
X-Ray		
Office	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans*		
Office	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Freestanding Radiology Center	0% coinsurance after deductible is met	0% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	0% coinsurance after deductible is met	0% coinsurance after deductible is met
<u>**Emergency and Urgent Care**</u>		
Urgent Care	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Emergency Room Facility Services	0% coinsurance after deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	0% coinsurance after deductible is met	Covered as In-Network
Ambulance *Authorized Non-Network non-emergency ambulance services are limited to an Anthem maximum payment of $50,000 per trip.*	0% coinsurance after deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility		
Facility Fees	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Doctor Services	0% coinsurance after deductible is met	0% coinsurance after deductible is met
<u>**Outpatient Surgery**</u>		
Facility Fees		
Hospital	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Ambulatory Surgical Center	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Physician and other services *including surgeon fees*		
Hospital	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Ambulatory Surgical Center	0% coinsurance after deductible is met	0% coinsurance after deductible is met
<u>**Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)**</u>		
Facility Fees	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Human Organ and Tissue Transplants *Cornea transplants are treated the same as any other illness and subject to the medical benefits.*	0% coinsurance after deductible is met	0% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Physician and other services *including surgeon fees*	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Home Health Care *Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.*	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Rehabilitation and Habilitation services *including physical, occupational and speech therapies.* *Coverage for physical and occupational therapies is limited to 40 visits combined per benefit period. Coverage for speech therapy is limited to 20 visits per benefit period.*		
Office	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Pulmonary rehabilitation *office and outpatient hospital* *Coverage is limited to 20 visits per benefit period.*	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Cardiac rehabilitation *office and outpatient hospital* *Coverage is limited to 36 visits per benefit period.*	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Dialysis/Hemodialysis *office and outpatient hospital*	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Chemo/Radiation Therapy *office and outpatient hospital*	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Skilled Nursing Care (facility) *Coverage is limited to 90 days per benefit period.*	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Inpatient Hospice	0% coinsurance after deductible is met	Covered as In-Network
Durable Medical Equipment	0% coinsurance after deductible is met	0% coinsurance after deductible is met
Prosthetic Devices *Coverage for wigs is limited to 1 item after cancer treatment per benefit period.*	0% coinsurance after deductible is met	0% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use a Preferred 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:** ***Base Network*** **Drug List:** ***National***		
Day Supply Limits: **Retail Pharmacy** *30 day supply (cost shares noted below)* **Retail 90 Pharmacy** *90 day supply (3 times the 30 day supply cost share(s) charged at Preferred Network and In-Network Retail Pharmacies noted below applies).* **Home Delivery Pharmacy** *90 day supply (maximum cost shares noted below) Maintenance medications are available through CarelonRx Mail. You will need to call us on the number on your ID card to sign up when you first use the service.* **Specialty Pharmacy** *30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.*		
Tier 1 - Typically Generic	0% 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	0% coinsurance after deductible is met (retail and home delivery)	0% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand	0% coinsurance after deductible is met (retail and home delivery)	0% coinsurance after deductible is met (retail) and Not covered (home delivery)

Notes:

- Dependent Age Limit: to the end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The representations of benefits in this document are subject to Indiana Department of Insurance (IN DOI) approval and are subject to change.

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

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Questions: (833) 578-4441 or visit us at www.anthem.com

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, https://eoc.anthem.com/eocdps/aso. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call (844) 453-4508 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$2,000/person or $4,000/family for In-Network Providers. $4,000/person or $8,000/family for Non-Network Providers.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Preventive Care for In-Network Providers.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	$2,000/person or $4,000/family for In-Network Providers. $4,000/person or $8,000/family for Non-Network Providers.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes, Blue Access. See www.anthem.com or call (844) 453-4508 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an Out-of-Network Provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an Out-of-Network Provider for some services (such as lab work). Check with your provider before you get services.

Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay: In-Network Provider (You will pay the least)	What You Will Pay: Non-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% coinsurance	0% coinsurance	--------none--------
	Specialist visit	0% coinsurance	0% coinsurance	--------none--------
	Preventive care/screening/ immunization	No charge	0% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance	0% coinsurance	Costs may vary by site of service.
	Imaging (CT/PET scans, MRIs)	0% coinsurance	0% coinsurance	Costs may vary by site of service.
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at http://www.anthem.com/pharmacyinformation/ National Drug List	Tier 1 - Typically Generic	0% coinsurance (retail and home delivery)	0% coinsurance (retail) and Not covered (home delivery)	*See Prescription Drug section
	Tier 2 - Typically Preferred Brand & Non-Preferred Generic Drugs	0% coinsurance (retail and home delivery)	0% coinsurance (retail) and Not covered (home delivery)	
	Tier 3 - Typically Non-Preferred Brand and Generic drugs	0% coinsurance (retail and home delivery)	0% coinsurance (retail) and Not covered (home delivery)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	0% coinsurance	--------none--------
	Physician/surgeon fees	0% coinsurance	0% coinsurance	--------none--------
If you need immediate medical attention	Emergency room care	0% coinsurance	Covered as In-Network	--------none--------
	Emergency medical transportation	0% coinsurance	Covered as In-Network	Non-emergency non-network Ambulance Services are limited to $50,000 per occurrence.
	Urgent care	0% coinsurance	0% coinsurance	--------none--------

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

Common Medical Event	Services You May Need	What You Will Pay In-Network Provider (You will pay the least)	What You Will Pay Non-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	0% coinsurance	--------none--------
	Physician/surgeon fees	0% coinsurance	0% coinsurance	--------none--------
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit 0% coinsurance Other Outpatient 0% coinsurance	Office Visit 0% coinsurance Other Outpatient 0% coinsurance	Office Visit --------none-------- Other Outpatient --------none--------
	Inpatient services	0% coinsurance	0% coinsurance	--------none--------
If you are pregnant	Office visits	0% coinsurance	0% coinsurance	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	0% coinsurance	0% coinsurance	
	Childbirth/delivery facility services	0% coinsurance	0% coinsurance	
If you need help recovering or have other special health needs	Home health care	0% coinsurance	0% coinsurance	100 visits/year for Home Health and Private Duty Nursing combined.
	Rehabilitation services	0% coinsurance	0% coinsurance	*See Therapy Services section.
	Habilitation services	0% coinsurance	0% coinsurance	
	Skilled nursing care	0% coinsurance	0% coinsurance	90 days/year for skilled nursing services.
	Durable medical equipment	0% coinsurance	0% coinsurance	*See Durable Medical Equipment Section
	Hospice services	0% coinsurance	0% coinsurance	365 days/other.
If your child needs dental or eye care	Children's eye exam	0% coinsurance, vision deductible applies	0% coinsurance, vision deductible applies	--------none--------
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	--------none--------

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Bariatric surgery
- Dental care (Pediatric)
- Long-term care
- Cosmetic surgery
- Dental Check-up
- Routine foot care unless medically necessary
- Dental care (Adult)
- Glasses for a child
- Weight loss programs

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

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
• Acupuncture • Infertility treatment • Routine eye care (Adult)	• Chiropractic care 40 visits/year • Most coverage provided outside the United States. See www.bcbsglobalcore.com	• Hearing aids 1 unit/ear every 5 years • Private-duty nursing 100 visits/year combined with Home Health

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State of Indiana Department of Insurance, 311 W. Washington Street, Suite 300, Indianapolis, Indiana 46204, (800) 622-4461, (317) 232-2395, www.in.gov/idoi/3008.htm, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov., or contact Anthem at the number on the back of your ID card. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

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

ATTN: Grievances and Appeals, P.O. Box 105568, Atlanta GA 30348-5568

Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.

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

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

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

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

About these Coverage Examples:

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

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	**$2,000**
Specialist *coinsurance*	**0%**
Hospital (facility) *coinsurance*	**0%**
Other *coinsurance*	**0%**

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$2,000
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$2,060**

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	**$2,000**
Specialist *coinsurance*	**0%**
Hospital (facility) *coinsurance*	**0%**
Other *coinsurance*	**0%**

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$2,000
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$2,020**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	**$2,000**
Specialist *coinsurance*	**0%**
Hospital (facility) *coinsurance*	**0%**
Other *coinsurance*	**0%**

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$2,000
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$2,000**

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

Your Summary of Benefits
City of Carmel
Anthem Blue Cross and Blue Shield 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 Blue Cross and Blue Shield (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 – (Calendar Year) • Per insured person • Diagnostic & Preventive Services are applied to the Annual Benefit Maximum **Annual Maximum Carryover**	**$2,500** **No**	**$2,500** **No**
Orthodontic Lifetime Benefit Maximum • Per eligible insured person	**$2,500**	**$2,500**
Annual Deductible – (Calendar Year) • Per insured person • Family maximum	**$50** **2x single member deductible**	**$50** **2x single member deductible**
Deductible Waived for Diagnostic/Preventive Services	**Yes**	**Yes**
Out-of-Network Reimbursement	**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 (twice in 12 mos. for all ages) • Periapical X-rays	**100% coinsurance**	**100% coinsurance**	**No waiting period**
Basic Services • Amalgam (silver-colored) filling • Front composite (tooth colored) filling • Back composite (tooth colored) filling, covered as composite • 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 (covered)	**50% coinsurance**	**50% coinsurance**	**No waiting period**
Prosthetic Repairs/Adjustments	**80% coinsurance**	**80% coinsurance**	**No waiting period**
Orthodontic Services • Adults and dependent children*	**50% coinsurance**	**50% coinsurance**	**No waiting period**

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 benefits booklet, the booklet will prevail.**

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 an independent company offering dental-management services to Anthem. To learn more about the program, please visit the International Emergency Dental Web site at www.decare.com/internationalDentalProgram.do.

Finding a dentist is easy.
To select a dentist by name or location, do one of the following:
• Go to anthem.com or the website listed on the back of your ID card
• Call Anthem dental customer service at the toll-free number listed on the back of your ID card.

TO CONTACT US:

Call	Write	Email
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.	Go to anthem.com or the website listed on the back of your ID card.

Limitations & Exclusions

Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your employee benefits booklet 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
Periapical X-rays, single film – Limited to four films per 12-month period
Complete series X-rays – (panoramic or full-mouth) **–** Limited to once every 60 months
Topical fluoride application – Limited to once every 12 months for members through age 18
Sealants – Limited to first and second molars once every 24 months per tooth for members through age 15; sealants may be covered under Diagnostic and Preventive or Basic Services.

Basic and/or Major Services**

Fillings – Limited to once per surface per tooth in any 24 months
Space Maintainers – Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16; space maintainers may be covered under Diagnostic and Preventive or Basic Services.
Crowns – Limited to once per tooth in a five-year period
Fixed or removable prosthodontics – dentures, partials, bridges, tooth implants
Covered once in any five-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is five years old or older and cannot be made serviceable.
Root canal therapy – Limited to once per lifetime per tooth; coverage is for permanent teeth only.
Periodontal surgery – Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater
Periodontal scaling and root planing – Limited to once per quadrant in 36 months, when the tooth pocket has a depth of four millimeters or greater
Brush biopsy – (Not covered)

****Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan. There may be a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES – ***if Orthodontia is included as a benefit of your dental plan***
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 employee benefits booklet for a full list.

Services provided before or after the term of this coverage – Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate
Orthodontics (unless included as part of your dental plan benefits) – 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..

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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
Anthem develops an out-of-network dental fee schedule/rate to determine the maximum allowed amount for services provided by an out-of-network dentist. This schedule may be changed or updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data.

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.

Say Ted's dental plan allows him 50% coinsurance for either in- or out-of-network services... Ted chooses to get a crown from an out-of-network dentist who charges $1,200 for the service and bills Anthem for that amount. If Anthem's maximum allowed cost for this dental service is $800, this means there will be a $400 difference. The out-of-network dentist can "balance bill" Ted for that amount.

Ted will also need to pay $400 coinsurance. Therefore, the total he will pay the out-of-network dentist is $800. Here's the math:

- Dentist's charge: $1,200
- Anthem's maximum allowed cost: $800
- Anthem pays 50%: $400
- Ted pays 50% (coinsurance): **$400**
- Balance Ted owes the provider: $1,200 - $800 = **$400**
- Ted's total cost: **$400** coinsurance + **$400** 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.

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Wellbeing Solutions

can help you achieve better health

Your whole health matters. That's why your plan includes Wellbeing Solutions. This suite of programs helps you with everyday health and covers all areas of your well-being.

It's easy to participate in Wellbeing Solutions programs using Sydney[SM] Health, our fully integrated mobile app, and **anthem.com**. Access these resources anytime to find Wellbeing Solutions programs that match your healthcare needs.

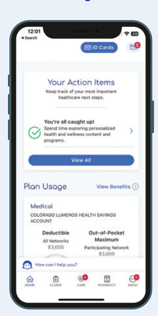
Connect with Sydney Health

Use Sydney Health for a convenient way to find information about your medical, pharmacy, dental, vision, and Wellbeing Solutions benefits.

1. Download, open, register, and/or sign into the Sydney Health mobile app.
2. Scroll down to *Programs* from the homepage and choose **View All**.
3. Browse the wellness programs included in your plan.

Scan this QR code with your smartphone to download the Sydney Health app.

1



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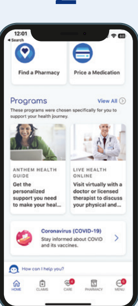

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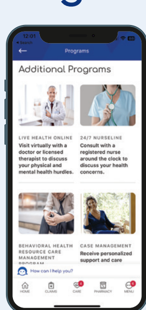

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Making your well-being a priority

Explore Wellbeing Solutions programs at Sydney Health > My Health Dashboard > Programs

Mental health resourcess

Behavioral Health Advantage (BHA). If you're trying to manage a behavioral health condition or cope with substance use disorder, you don't have to face it alone. Our behavioral health case managers are licensed mental health professionals. They offer caring support for you and your family, including 24/7 drug and alcohol assistance, to improve your quality of life. Tap into our knowledge hub, featuring tools, articles, and webinars on topics like suicide awareness and support, autism, attention deficit hyperactivity disorder (ADHD), and post-traumatic stress disorder (PTSD). We're here to help guide you on the path to better mental health and well-being.

Emotional Wellbeing Resources. Learn effective ways to develop resilience, reduce stress, and practice mindfulness. Digital tools help you identify thoughts and behavior patterns that affect your emotional well-being. Through online programs and personalized coaching, you'll learn effective ways to manage stress, anxiety, depression, substance use, and sleep issues.

Autism Spectrum Disorder Program. Receive support for a covered family member with an autism spectrum disorder. Our licensed behavior analysts can help you navigate the healthcare system and address any unique family challenges. We focus on the whole family and work with all of you to understand and access available care.

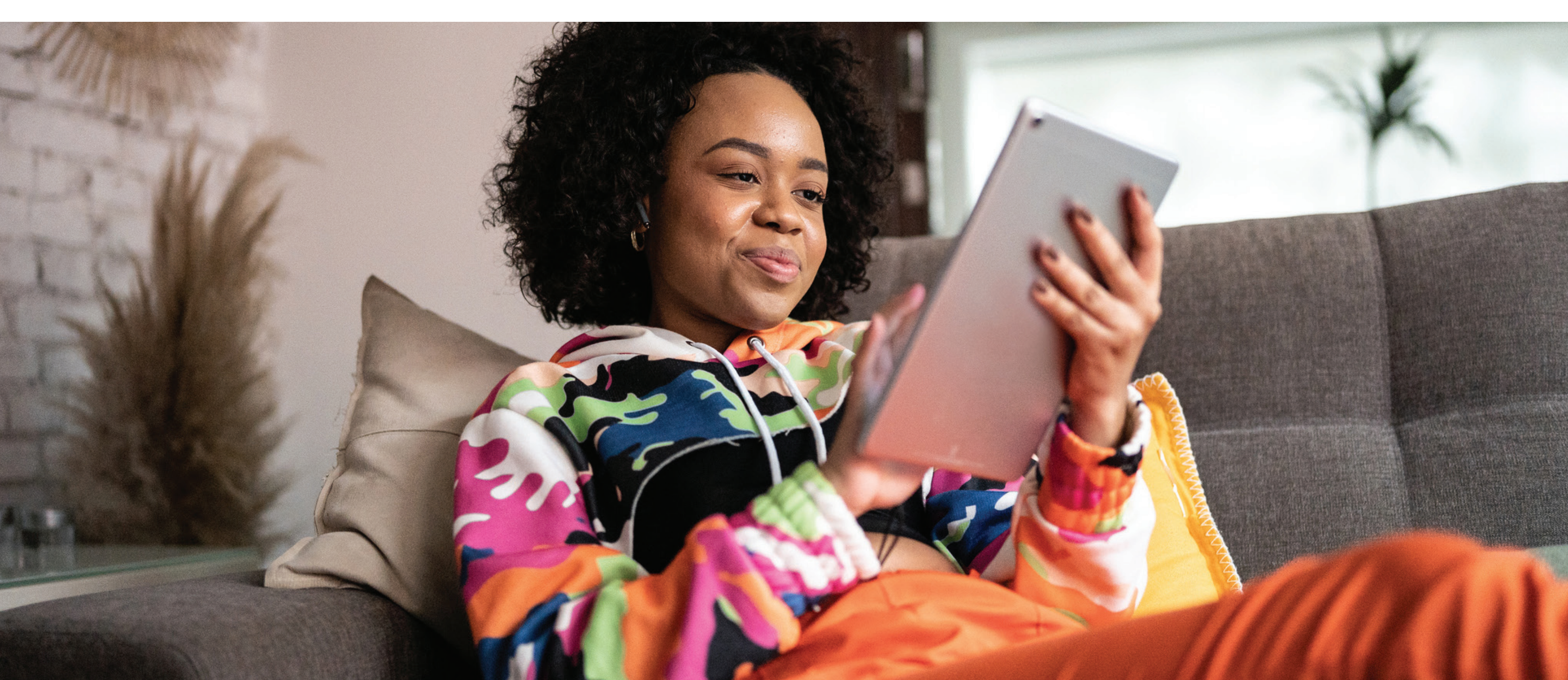
Personalized support

Case Management. After an illness or hospitalization, you can receive one-on-one support and care coordination from our team of medical professionals. They partner with you and your family to help guide you through the healthcare system and make the most of your benefits. Their goal is to understand your needs from all angles and help you get the best care possible.

ConditionCare. Receive personalized support from a healthcare professional for a chronic condition, like asthma or diabetes, to help you reach your health goals. We may call you to find out if ConditionCare could help you manage your condition and reach your health goals.

Health Assessment. Complete your health assessment to receive your personalized report. Know what's going well and if there are any at-risk areas you could work on to improve your health.

MyHealth Advantage. We provide you with a confidential health summary that includes reminders for checkups, tests, and exams; lists of claims and prescriptions; and general health tips.



Care when you need it most

24/7 Nurseline. Talk to a trained, registered nurse without leaving your home. Convenient, 24/7 care means you can quickly get the answers you need to common health concerns.

Building Healthy Families. Personalized, on-demand health support for your growing family. Your nurse is available to you by phone throughout your pregnancy and postpartum. You'll also have 24/7 access to a convenient online hub with extensive tools and information at no extra cost to you.

We're glad to support you

With Wellbeing Solutions, you can continue on your path to whole-person health knowing you have the care and support to help you with each step. If you have any questions, call the Member Services number on your ID card.

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Discover your options for quick care

Find out more about these emergency room alternatives

When you're looking for care in a hurry, you may be wondering how to receive it safely and quickly. If it's not a life-threatening emergency and your doctor isn't available, you have other options.

You can save **up to $1,100** when you opt for care somewhere other than the ER when you need nonemergency care.[1,2,3]

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 receive care, whether it's a visit to the office, the emergency room (ER), or somewhere else. If your doctor isn't available, call the 24/7 NurseLine at the number on the back of your ID card for guidance.

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

Depending on your needs, you have these choices:

- **Retail health clinic** — Usually in a major pharmacy or retail store where you can receive 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 through the Sydney Health mobile app on your mobile device or tablet, or computer with a webcam. No appointment is needed. Open the Sydney Health mobile app, click on the "Care" button, and select "Video Visit", or go to **livehealthonline.com** on your computer.

These options are more convenient than the ER. You can use them at night and on weekends, so you don't have to wait to be treated.

A helpful reminder

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

See the other side for examples of when to go to the ER or elsewhere.

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

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Where to get care[3]

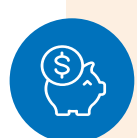
	Type of care provider	Estimated average cost[2]	For these symptoms
Emergency room	Doctors trained in emergency medicine	For non-emergencies: $1,344+	• Coughing up or vomiting blood • Symptoms feel life-threatening or disabling • Chest pain or severe shortness of breath • Major injury or broken bones • Sudden or unexplained loss of consciousness • Severe pain that cannot be controlled • Labor pains when pregnant
Retail health clinic	Physician assistants or nurse practitioners	$75+	• Minor allergic reactions • Bumps, cuts, scrapes, rashes • Burning with urination • Minor burns • Cold, cough and sore throat • Minor sinus pain and fever • Eye or ear pain or irritation • Shots
Walk-in doctor's office	Family practice doctors	$154	**Same as retail health clinic as well as** • Mild asthma • Back pain • Nausea or diarrhea • Minor headache
Urgent care center	Family practice and emergency medicine doctors	$226	**Same as walk-in doctor's office as well as** • Animal bites • Sprains and strains • Stitches • X-rays
LiveHealth Online	Board-certified doctors	$55 or less	• Minor allergic reactions • Minor headache • Nausea or diarrhea • Cold, cough and sore throat • Minor sinus pain and fever • Eye or ear pain or irritation • Burning with urination

Be prepared

Choose the right care. Find the doctor, specialist, therapist, or other provider that can best treat your illness or injury. Use the **Find Care** tool at **anthem.com**, or call the **Member Services** number on your ID card for guidance to the right care that's part of your plan to a place that's in your plan.

Look for care nearby. Download the **Sydney Health** app from the App Store® or Google Play™ to find an urgent care center, retail health clinic or walk-in doctor's office quickly by clicking on the **"Care"** button. You can also find directions on the app.

It's important that you understand your options when you need to get care quickly. You can rely on us to help you find the right place.



Helpful tip for saving money

Visit hospitals and doctors that are in your plan. If you don't, you'll often pay much more out of pocket for your care.

1 If you get care from a health professional or facility that is not in your health plan, you may have much higher out-of-pocket costs.
2 National averages of the total cost, not what members paid, based on Anthem members' commercial paid claims from January 1, 2016 through December 31, 2016.
3 If you use the ER and it's not a true emergency, your claim could be denied and you may be responsible for the full cost of your ER care.

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

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Anthem

The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

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

Find Care

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

My Health Dashboard

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

Chat

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

Virtual Care

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

Community Resources

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

My Health Records

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

¿Prefieres obtener información en español?

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

Download the Sydney Health app today

Use the app anytime to:

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

Scan the QR code to download the Sydney Health app.

You can also set up an account at **anthem.com/register** to access most of the same features from your computer.

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

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Connect with virtual support using Sydney Health or **anthem.com**

Now you can connect more easily to the care you need through the Sydney Health mobile app or **anthem.com**. Have a live video visit with a board-certified doctor, therapist, psychiatrist, or lactation consultant on your mobile device or computer with a camera.

Visit with a doctor for common health conditions

Doctors are available on demand 24/7 with no appointments or long wait times. During an online video visit, doctors can assess your condition, give medical advice, and send prescriptions to the pharmacy of your choice, if needed.[1]

Connect with mental health support from home

If you're feeling anxious, depressed, or having trouble coping with problems at home or at work, you can talk with a therapist online. In most cases, you can set up a secure visit seven days a week.[2] You can also schedule a visit with a psychiatrist for support on managing your medication.[3]

Building Healthy Families with breastfeeding support

You can schedule live video visits with a lactation consultant, counselor, or registered dietitian experienced in providing support on lactation and nutrition. These online visits are part of the program, so they're available to you and your family members at no extra cost.

See a sleep specialist

Connect with board-certified sleep specialists who can diagnose and manage a wide range of sleep disorders. They can design treatment plans to help you sleep better and improve your overall health.

Consult an allergy specialist

Finding relief from your allergy symptoms is now simpler and more convenient. Schedule a video visit with a board-certified doctor who specializes in allergies and knows the latest allergy treatments.

What people say about online visits[4]

96%
Said the person they saw (provider) was professional and helpful

96%
Felt provider understood their concerns

94%
Were able to book a virtual visit sooner than an in-person visit

Download Sydney Health or sign up at anthem.com today to connect with support when you need it most.

1 Prescription availability is defined by physician judgment.
2 Appointments subject to availability of a therapist.
3 Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using Sydney Health. Psychiatrists on Sydney Health will not offer counseling or talk therapy.
4 Based on Sydney Health utilization trends from top 10 national clients.

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. Sydney Health does not offer emergency services.

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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 Sydney[SM] 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.

* K Health analysis of Q4 2020 visit dispositions.

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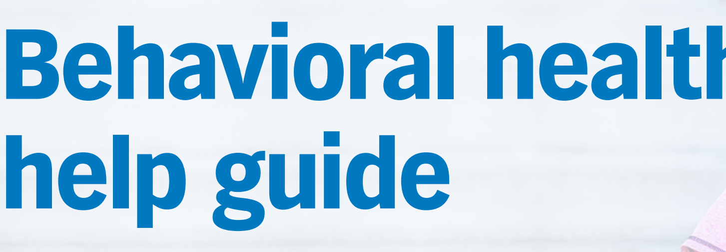

Behavioral health help guide

Support programs are available when you need them

Your emotional well-being is important. That's why we offer programs and services to help support your overall health. If you or a family member are facing emotional health challenges, such as mental health conditions, substance abuse, or eating disorders, the following resources can help make a difference.

Program	How it can help[1]
Learn to Live	If you or a loved one need help managing behavioral health symptoms, this self-guided digital Cognitive Behavioral Therapy (CBT) can help. Learn to Live uses **digital tools** and engaging media to help people manage symptoms such as depression, anxiety, substance use, stress, and sleep problems. To join: Log in to **anthem.com** or the **Sydney Health mobile app**, go to **My Health Dashboard**, choose **Programs**, and select **Emotional Well-being Resources**.
LiveHealth Online[2,3]	If you need to see a behavioral health therapist, LiveHealth Online can connect you via video visit to a specialist who can help with stress, anxiety, and depression. For psychiatry services, LiveHealth Online offers resources to help manage and support a behavioral health condition. Go to **livehealthonline.com** or the **Sydney Health mobile app**.
Eating Disorder Management	If you or a dependent is admitted to an intensive care setting for eating disorder treatment, an Anthem care manager will reach out and work with you to make sure you are receiving the support you need.
Substance Use Treatment and Recovery	If you or a dependent need long-term substance use treatment, including withdrawal management and medication-assisted treatment (MAT), Aware Recovery Care (ARC) can provide it in the privacy and security of your home. **To learn more about working with an Aware Recovery Care team, please call 844-AWARERC or 317-779-0310 for immediate help. Aware Recovery Care works with clients throughout Indiana.**
Child/Adolescent Family/Guardian Outreach	If you have a child receiving behavioral health services in a hospital setting, an Anthem care manager will contact you within 48 hours of your child's admission. They will help you understand the recovery process, discuss a treatment plan for when your child comes home, and answer questions.
Autism Spectrum Disorder (ASD) Family Outreach	If your child has ASD, your family may need support services. This program focuses on the entire family, guiding you through treatment and keeping your child's providers connected. To enroll, call an Anthem Behavioral Health care manager at the number on the back of your ID card.
Intensive In-home Behavioral Health Services	You and your dependents (ages 3 to 24) with complex psychiatric or substance abuse challenges can use a number of in-home treatment programs. An emergency department, inpatient facility, or Anthem care manager can refer you.
Behavioral Health Case Management	If you need consults or referrals for conditions such as depression, anxiety, or bipolar disorder, our Behavioral health case managers can help. Call the number on the back of your ID card to learn more.

Whatever your needs, we are here with support to help you improve your quality of life.

To find a provider or resource in your plan, call the number on the back of your ID card, or use the "Find Care" feature on **anthem.com** or the **Sydney Health mobile app**.

1 In accordance with federal and state law, and professional ethical standards, your information remains private and confidential unless you give your written permission to share it.

2 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.

3 Appointments subject to availability of a therapist.

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Connecting you to world-class care

Receive a complimentary second opinion from Cleveland Clinic specialists

If you are someone with a complex medical condition, you may want to learn as much as possible about your diagnosis and treatment options. Through an exclusive offering for Anthem members, you can now receive a virtual Complimentary Clinical Review from top-ranked specialists at Cleveland Clinic. This second opinion is available to you at no extra cost.

Frequently asked questions

Why is this program available?

For members to have access to leading experts in specialties such as heart, cancer, gynecology, and urology.[1] That's why Anthem partnered with the Cleveland Clinic to provide this Complimentary Clinical Review.

Why Cleveland Clinic?

Cleveland Clinic ranks No. 1 in the nation in cardiology and heart surgery for the 27th year in a row, according to the U.S. News & World Report's 2021-2022 review.[2] Cleveland Clinic also ranks No. 2 among U.S. hospitals overall, with more than 3,900 employed physicians to diagnose and treat your condition. The staff is committed to providing the best care for serious and complex medical conditions.

Who is the ideal candidate for a Complimentary Clinical Review?

You are an ideal candidate if you have been diagnosed with a complex condition and would like a second opinion. You will learn about typical treatment plans that may be right for you and find out if Cleveland Clinic can assist with your care.

What happens when I schedule a review?

A specialty referral team will answer questions you may have and ask for basic information about your condition. Next, Cleveland Clinic will ensure that the right doctor will review your information and share a typical treatment plan based on your medical condition. The doctor may also talk to you about more advanced treatment options at Cleveland Clinic.

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How long is the wait for a clinical review after I request one?

Cleveland Clinic will work with you to obtain the appropriate information and medical records. You will receive feedback within five business days, by phone or email.

How much does it cost?

The review through Cleveland Clinic is currently offered at no cost to Anthem members. Charges will apply if you choose to schedule follow-up visits.

How do I know if my benefits cover follow-up care?

After your Complimentary Clinical Review, you can choose to schedule an appointment with a Cleveland Clinic specialist. Your Anthem benefits will apply for both virtual and in-person visits. For more information on what services are covered, please contact the Anthem Member Services team at the number provided on your ID card.

What is the difference between a clinical review and a scheduled visit?

Complimentary Clinical Review	Scheduled visit
Available at no extra cost.	Billable visit. Copay will apply.
Receive education about typical treatment options based on your medical information.	Receive a diagnosis for your condition and a treatment plan.
Receive advice and information about alternate or advanced treatment options available at Cleveland Clinic.	Schedule follow-up visits or tests.
Feedback from Cleveland Clinic specialty referral team is provided by phone or email.	Feedback is provided in-person or virtually.

Call or email to request your virtual clinical review at no extra cost.

833-355-0454
anthemreferral@ccf.org

Conditions eligible for clinical review:

- Atypical Sarcoid
- Inflammatory Bowel Disease
- Pulmonary Hypertension
- Hereditary Hemorrhagic Telangiectasia (HHT)
- Hereditary Angioedema
- Severe Asthma
- Advanced Idiopathic Pulmonary Fibrosis (IPF)
- Severe PH requiring IV therapy
- Interstitial Lung Disease
- Ulcerative Colitis Surgery
- Total Parenteral Nutrition
- Gastroparesis
- Recurrent Cancer
- Any complicated transplant
- Revision or Infected Joint Surgery
- Epilepsy Management

1 Complimentary Clinical Review is available for all healthcare services except primary care, obstetrics, laboratory medicine, radiology, and emergency services.
2 U.S. News and World Report: *U.S. News Best Hospitals* (accessed July 2021): health.usnews.com.

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A program focused on helping you improve your health

Introducing digital diabetes prevention coaching

Roughly 88 million Americans are living with prediabetes but 84% aren't even aware they have it.[1] Prediabetes often doesn't cause symptoms, but it does increase the risk of developing type 2 diabetes, heart disease, and stroke. That's why Anthem partnered with Lark to offer a diabetes prevention program that can help determine if you're at risk for prediabetes and if needed, take steps to address it.

This program can help you:

Lose weight

Eat healthier

Increase activity

Sleep better

Manage stress

Better health is within reach

Participation in this program is at no extra cost as part of your health plan. Track progress, check in with a personalized coach, and learn more about prediabetes right in Lark's free mobile app. This program is flexible, convenient, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help make small changes that can improve health and decrease risk over time.

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Weight loss with Lark

Losing weight can make a difference in lowering risk for type 2 diabetes. Lark members lose an average of 4.2% of their body weight in 12 months on the diabetes prevention program.[2] Participants in the program receive a wireless scale at no extra cost to help track weight loss progress. The scale also syncs with the Lark app so participants can share updates with their coach.

24/7 coaching support

Losing weight and making lifestyle changes can feel intimidating even if it can lead to better health. Coaches can help you stay motivated. If you enroll in the program, you can send a message to a coach anytime from anywhere and receive an immediate response as well as extra support. During the course of the program, coaches will:

- Provide educational information on prediabetes and preventing type 2 diabetes.
- Be available 24/7 through the Lark mobile app to provide personalized coaching.
- Customize a program based on your food preferences and lifestyle.
- Provide information about how stress affects your health and how to cope with it.

You are in control of your health. Prevent diabetes and start improving your overall health and well-being today.

Learn if you are at risk for prediabetes

Scan the QR code to download the Sydney[SM] Health mobile app and login using your existing health plan credentials. Once you login, you will find the Lark DPP screen under Programs in My Health Dashboard to take the one-minute survey.

1 Centers for Disease Control and Prevention website: *Prediabetes – Your Chance to Prevent Type 2 Diabetes* (accessed October 2021): cdc.gov.

2 Lark internal data

Diabetes Prevention Program is provided by Lark, an independent company.

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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: **866-962-0963**
- 24/7 NurseLine: **800-337-4770**

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Building Healthy Families

Whether trying to conceive, expecting a child, or in the thick of raising young children, Building Healthy Families offers personalized, digital support to help each family navigate their unique journey. You can go online or use the Sydney℠ Health mobile app to do things like:

- Track baby's feedings, diaper changes, and developmental milestones.
- Monitor prenatal health risks and receive updates on your pregnancy progress.
- Explore a library with thousands of educational articles and videos.
- Connect with one-on-one pregnancy support in the app or over the phone.

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.

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Save money

with SpecialOffers and discounts

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

Dental, hearing, and vision

Dental

ProClear™ Aligners

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

RefreshaDent

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

Hearing

NationsHearing®

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

Hearing Care Solutions

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

Amplifon

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

Eyewear

Glasses.com® and 1-800 CONTACTS®

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

EyeMed

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

LASIK

Premier LASIK Network

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

TruVision

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

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Health and fitness

Health

BREVENA

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

ChooseHealthy®

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

LifeMart®

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

Fitness

Active&Fit Direct™

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

Fitbit®

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

Garmin®

Discounts are available on select Garmin wellness devices.

GlobalFit®

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

Family and home

Family

WINFertility®

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

Safe Beginnings®

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

23andMe®

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

Home

Nationwide® pet insurance

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

ASPCA® Pet Health Insurance

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

Medicine and treatment

Medicine

Puritan's Pride®

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

Allergy Control Products and National Allergy Supply™

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

Treatment

The Living Well Course Series

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

Learn more about SpecialOffers

Log in to **anthem.com**, choose **Care**, and select **Discounts.**

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Building Healthy Families

A new program to support growing families

Benefits to help you thrive

- Family Care Coaches
- Interactive health trackers
- 24/7 access
- Personalized content

Every family grows in its own way. That's part of what makes each one unique. Anthem's new, all-in-one program can help your family grow strong whether you're trying to conceive, expecting a child, or in the thick of raising young children.

Building Healthy Families offers personalized, digital support through the Sydney^{SM} Health mobile app or on **anthem.com** at no extra cost to you. This convenient hub offers an extensive collection of tools and information to help you navigate your family's unique journey.

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Designed with you in mind

When you enroll in Building Healthy Families, you can count on personalized support at every stage, from family planning and pregnancy through the toddler years. Plus, if you have a family story that includes adoption, surrogacy, or single parenthood, the resources, tools, and information on your profile will be tailored to what you need. Depending on your situation, you'll have unlimited access to:

Tools to help you stay organized

- Log newborn feedings, diaper changes, growth, vaccinations, and your child's developmental milestones.
- Monitor prenatal health risks, such as blood pressure and weight.

Health and wellness expertise for you and your family

- Explore a library with thousands of educational articles and videos on everything from family planning to parenting tips.
- Connect with a maternity nurse and access virtual lactation support, if needed.

Personalized pregnancy support

- Chat with a Family Care Coach during pregnancy for help navigating your Building Healthy Families experience.
- Receive updates on your pregnancy progress, like development of your baby and body changes.

It's exciting to watch your family grow, but that doesn't mean there aren't challenges along the way. Building Healthy Families can help you nurture your family's health and tackle every stage of growth with confidence.

Enroll today

1. Visit **anthem.com** or log in to Sydney Health.
2. Find *Featured Programs* at the bottom of the homepage.
3. Select **View All** then choose the **Building Healthy Families** tile.

You can also scan this QR code with your phone's camera to get started.

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Take your benefits with you

With the BlueCard® PPO and Blue Cross Blue Shield Global® Core programs

BlueCard PPO Program

If you're away from home and need care right away, the **BlueCard PPO Program** gives you access to more than 1.7 million doctors and hospitals across the country.[1]

Ways 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 Care** tool to search for a BlueCard PPO Program doctor or hospital.

Use the **Sydney Health℠** mobile app to search for a BlueCard PPO Program doctor or hospital. Follow turn-by-turn directions to the nearest doctor, urgent care center, or hospital.

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

*You or a family member needs 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.

If you're 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 receiving care. This "precertification" helps you find care covered by your plan. To see if you need precertification, call the Member Services 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 the doctor or hospital can check your benefits and send us a claim for processing.

Remember to carry your ID card.

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

Sydney Health is offered through an arrangement with CareMarket, Inc., a separate company offering mobile application services on behalf of Anthem Blue Cross and Blue Shield health plans.

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Blue Cross Blue Shield Global Core Program

If you're outside the U.S., you can use the **Blue Cross Blue Shield Global Core Program** for access to preferred doctors and hospitals in 190 countries and territories around the world.[2]

Ways to access care outside the U.S.:

Go straight to the nearest hospital in an emergency.

Go to **www.bcbsglobalcore.com** to search for a doctor or hospital.

Use the **Blue Cross Blue Shield Global Core** mobile app to find a doctor or hospital.

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

Download the Blue Cross Blue Shield Global Core app today

Use the mobile app to:

- Search for a doctor or hospital.
- Submit claims.
- Look up medical terms and phrases for many symptoms translated — and even use an audio feature to play the translation.
- Find a drug's generic name, local brand name, and availability.
- Find information on how to locate and contact a U.S. embassy.

Unless it's an emergency, call the Global Core Service Center before receiving care outside the U.S. Global Core will work with the doctor and Anthem to approve and accept a Guarantee of Payment (GOP). If a doctor or hospital has not accepted a GOP:

1. You will need to pay up front in full for your care.
2. Download an international claim form at **www.bcbsglobalcore.com** or request a form by calling the Member Services
3. Fill out the claim form and send it with the original bills to the Blue Cross Blue Shield Global Core Service Center. You can submit them through the mobile app, email, or postal mail.

1 Blue Cross Blue Shield Association website, *The Blue Cross Blue Shield System* (accessed August 2021): bcbs.com/about-us/the-blue-cross-blue-shield-system.
2 GeoBlue® website, *More than 20 years as a leader in international healthcare* (accessed August 2021): about.geo-blue.com.

The Blue Cross Blue Shield Global Core program was formerly known as BlueCard Worldwide®.

Blue Cross, Blue Shield, the Blue Cross and Blue Shield symbols, BlueCard, BlueCard Worldwide, and Blue Cross Blue Shield Global are trademarks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies.

We’re here for you – in many languages

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

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

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

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

Korean
귀하는 자국어로 무료지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

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

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

Armenian
Դուք իրավունք ունեք ստանալ անվճար օգնություն ձեր լեզվով: Պարզապես զանգահարեք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշված է ձեր ID քարտի վրա:

Farsi
"شما این حق را دارید تا به صورت رایگان به زبان مادری تان کمک دریافت کنید. کافی است با شماره خدمات اعضا (Member Services) درج شده روی کارت شناسایی خود تماس بگیرید." دچار اختلال بینایی هستید؟ می توانید این سند را به فرمت های دیگری نیز درخواست دهید.

French
Vous pouvez obtenir gratuitement de l’aide dans votre langue. Il vous suffit d’appeler le numéro réservé aux membres qui figure sur votre carte d’identification. Si vous êtes malvoyant, vous pouvez également demander à obtenir ce document sous d’autres formats.

Arabic
لك الحق في الحصول على مساعدة بلغتك مجانًا. ما عليك سوى الاتصال برقم خدمة الأعضاء الموجود على بطاقة الهوية. هل أنت ضعيف البصر؟ يمكنك طلب أشكال أخرى من هذا المستند.

Japanese
お客様の言語で無償サポートを受けることができます。IDカードに記載されているメンバーサービス番号までご連絡ください。

Haitian
Se dwa ou pou w jwenn èd nan lang ou gratis. Annik rele nimewo Sèvis Manm ki sou kat ID ou a. Èske ou gen pwoblèm pou wè? Ou ka mande dokiman sa a nan lòt fòma tou.

Italian
Ricevere assistenza nella tua lingua è un tuo diritto. Chiama il numero dei Servizi per i membri riportato sul tuo tesserino. Sei ipovedente? È possibile richiedere questo documento anche in formati diversi

Polish
Masz prawo do uzyskania darmowej pomocy udzielonej w Twoim języku. Wystarczy zadzwonić na numer działu pomocy znajdujący się na Twojej karcie identyfikacyjnej.

Punjabi
ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫ਼ਤ ਵਿੱਚ ਮਦਦ ਹਾਸਿਲ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਬਸ ਆਪਣy ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਿਰਵਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੂਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

TTY/TTD:711

It’s important we treat you fairly

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

Protecting your privacy

How we keep your information safe and secure

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

You also have certain rights and responsibilities when receiving your healthcare. To understand how we protect your privacy, your rights and responsibilities when receiving healthcare, and your rights under the Women's Health and Cancer Rights Act, go to **anthem.com/privacy**. 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**. 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

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For full details, read your plan document, which has all the details about your plan. You can it find on **anthem.com**.

Notes

Notes

Notes

If you have questions, please contact:

833-639-1637

Monday through Friday, 8am-6pm EST

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.

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