

Choosing and using your plan

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

PPO $1,000 / EPO $1,000 / PPO HSA / EPO HSA

Friends Academy

Effective July 1, 2024

Anthem

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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



Empire is becoming Anthem Blue Cross

New name. Same commitment to you.

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.

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Understanding your benefits

When choosing your plan, think of the four "C"s:

1. **Consider** your personal situation. If things have changed since last year, you may want to look for benefits that fit those needs.

- Have your healthcare needs changed?
- Do you go to the doctor more often now?
- Is a special prescription drug needed?
- Are you expecting a baby?

2. **Compare** all the costs:

- Monthly payment
- Deductible
- Coinsurance
- Copay
- Out-of-pocket limit

3. **Check** to see if your doctors, hospitals, and other healthcare professionals are covered by the plan.

4. **Choose** the right plan for your needs.

Common healthcare terms

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.

Copay:*

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

Deductible:

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

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

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.

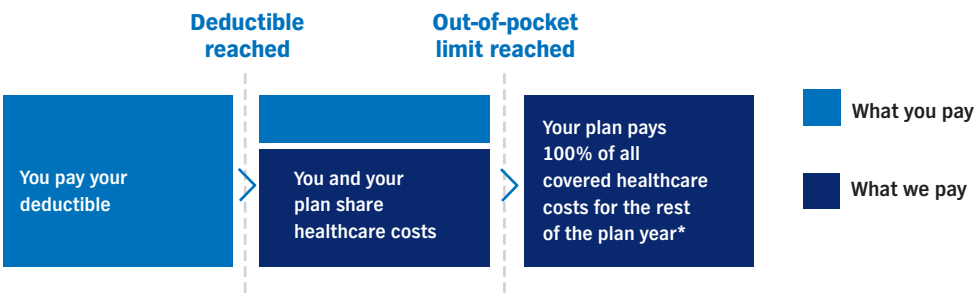
Premium:

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

Glossary of terms:

Visit **anthembluecross.com/glossary**

What you pay and what your plan says



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 the actual share of the cost.

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

Explore your plan options

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

PPO

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

- You can choose a primary care doctor from the plan's network for preventive care, such as checkups and screenings.
- You do not need to have a primary care doctor to see a specialist.
- When you want to see a specialist, such as an orthopedic doctor or a cardiologist, you do not need to visit your primary care doctor first for a referral. This can save you time and a copay.
- You'll pay less if you choose doctors and facilities in your plan

EPO

This plan covers services from doctors and hospitals that are part of the exclusive provider organization (EPO) plan:

- Normally, you will not have to go through your primary care doctor if you need to see a specialist, such as an orthopedic doctor or a cardiologist.
- If you visit a doctor outside the plan, you'll have limited benefits and pay a higher cost for care, typically.



Explore your plan options

Health savings account (HSA)

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

- The money you put into your HSA, any interest you earn, and the money you take out to pay for healthcare is tax-free.
- You can contribute up to $4,150 for an individual and $8,300 for a family.
- If you are 55 or older, you can contribute an extra $1,000 a year.

1 For a full list of qualified expenses for an individual, visit **qme.anthembluecross.com**.
2 Veterans who have received medical benefits from Veterans Affairs due to a service-connected disability are eligible to receive or make HSA contributions. Visit the IRS website at irs.gov/irb/2004-33_IRB for details.

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 **https://www.anthem.com/pharmacy-information/drug-list-formulary** for the 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 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.

Your options include plans with a:

- **Pharmacy deductible:** Your pharmacy deductible is the amount you pay before the pharmacy plan starts to pay for covered prescriptions. It's separate from a medical deductible.
- **Combined medical and pharmacy deductible:** Combined medical and pharmacy deductible

What you pay after meeting the deductible

Once you meet your deductible, you and your plan share the cost of covered medicine. Your plan includes a copay, which is a flat fee you pay for medicine. Your copay is based on which tier the drug is on. See the Save money with Tier 1 drugs section for details.

Once you're a member, you can use the Price a Medication tool on anthembluecross.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 that may come at no extra cost, and save money on health products and services. For detailed information, use the **Sydney Health** mobile app or register at **anthembluecross.com**.

Sydney Health mobile app

Discover a powerful and more personalized health app. Access your benefits and wellness tools to improve your overall healthwith 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 to make the most of your benefits while taking care of your health.

Working with you:

- Reminding you about important preventive care needs.
- 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:

- **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 Health Guide.
- **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.

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 **anthembluecross.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 **anthembluecross.com**. You can search for doctors, hospitals, pharmacies, and high-quality labs such as Quest Diagnostics and Labcorp.

How to use your plan

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

Travel with peace of mind

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

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

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

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.
- Have a virtual chat with your doctor from your mobile device or computer.
- Call 24/7 NurseLine and receive helpful advice from a registered nurse.

1 Blue Cross Blue Shield Association, Personalized Healthcare, Nationwide (accessed March 2023): bcbs.com.

2 GeoBlue, More than 20 years as a leader in international healthcare (accessed March 2023): about.geo-blue.com.

3 If you have a high-deductible health plan and have not met your deductible, the price of a visit will be $39, starting on the date in 2023 your plan renews.

Other virtual care services offered through an arrangement with LiveHealth Online.

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

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

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 **empireblue.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 **anthembluecross.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 **empireblue.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 70,000 retail pharmacies across the country. To find a pharmacy, visit **empireblue.com/ pharmacyinformation/rxnetworks.html** and choose the **Base Network** list.

Make the most of your pharmacy benefits

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.

- **Home delivery.** Save time and money with home delivery. If you take medicines regularly or need them on a longterm basis, you can also save time with home delivery. With CarelonRx Home Delivery, you can receive up to a 90-day supply of medications delivered quickly and safely to you. Plus, with home delivery, you receive free standard shipping on automatic refills, so you won't need to go to the pharmacy. Depending on your plan, you may also save on copays. Once you're a member, visit **anthembluecross.com** to sign up or call the Pharmacy Member Services number on your ID card.

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

Plan extras that support your health

Medical guidance

24/7 NurseLine — You can connect with a registered nurse who will answer your health questions wherever you are — anytime, day or night. They can help you decide where to go for care and find doctors and other healthcare professionals in your area. Call **800-337-4770**.

Anthem Health Guides — Highly trained Anthem associates are like personal support guides who can help you with all your healthcare needs. They can help you connect with the right resources, stay on top of the screenings and tests you need, and find doctors. Reach an Anthem Health Guide by calling **855-280-0455**. You also can go to **anthembluecross.com** to send a secure email or chat with them online.

The Autism Spectrum Disorder Program — This program focuses on building a strong support system for the entire family. A specialized team of clinicians will work with you to create a customized care plan, help coordinate care, and connect you with resources in your community. Call **844-269-0538**.

Building Healthy Families — This program offers support to help your family from preconception through the stages of pregnancy, childbirth, and early childhood (to age 5 and beyond). It is available 24/7 through our **Sydney Health** app and features an extensive content library covering topics to support diverse families, including single parents, same-sex, or multicultural couples. In addition, the app features many tools, including fertility, diaper change, and feeding trackers, due date calculators, and blood pressure monitoring. Visit the **Sydney Health** app to enroll today.

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

ConditionCare — Receive support from a dedicated nurse team to manage ongoing conditions, such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, heart disease, or heart failure. Work with dietitians, health educators, and pharmacists who can help you learn about your condition and manage your health. Call **866-962-1071** to begin.

Diabetes Prevention Program — This 12-month program can help you lose weight and lower your risk of developing type 2 diabetes. Anthem and Lark have come together to offer you this program at no extra cost; it's part of your health plan. The program is flexible, customized for you, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help you make small changes that can improve your health and decrease your risk over time. Use the **Sydney Health** mobile app to complete the Lark prediabetes survey. Go to My Health Dashboard > Programs > search for Lark Diabetes Prevention Program.

Fertility Support — If you're having issues becoming pregnant, this program gives you the support and resources you need. You will have 24/7 access to a nurse care manager who can answer questions and connect you with specialists in your plan, as well as use of the WINFertility Companion mobile app.

Healthy living

Gym reimbursement — If you work out on a regular basis, this benefit helps pay for part of your gym dues.

MyHealth Advantage — There is no cost for this service, and it can help you stay healthy and save money. You will receive reminders when you need to refill a prescription or have a checkup, test, or exam. You will also receive a personalized and confidential MyHealth Note in the mail or on the **Sydney Health** mobile app if we see something that might help you.

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

Plan extras that support your health

Wellbeing Solutions — Wellbeing Solutions connects you with easy-to-use digital health and wellness tools to help you be your healthiest self and reward steps you take to achieve your goals. Wellbeing Solutions offers personalized care management and support, mental health resources, and digital solutions to proactively engage in your health. When you complete certain activities using our tools for preventative care and those chosen to support your efforts, you'll earn rewards to put toward electronic gift cards for select retailers for select retailers. You choose the activities you'd like to complete to receive a maximum value of $700 and up to a $400 gym reimbursement.

To get started, download the **Sydney Health** app or visit **anthembluecross.com**, go to My Health Dashboard, and select My Rewards.

Your summary of benefits

Anthem

Anthem® Blue Cross

NYSAIS

Your Plan: PPO $1,000

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	**K Health:** No charge **LiveHealth Online:** No charge
Mental Health & Substance Use Disorder Services	No charge
Specialist care	No charge

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	$0 person / $0 family	$1,000 person / $2,500 family
Overall Out-of-Pocket Limit	$5,080 person / $12,700 family	$3,000 person / $7,500 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 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*	$20 copay per visit	20% coinsurance after deductible is met
Specialist Care *virtual and office*	$35 copay per visit	20% coinsurance after deductible is met
Other Practitioner Visits		
Routine Maternity Care (Prenatal and Postnatal)	No charge	20% 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.*	$20 copay per visit	20% coinsurance after deductible is met
Chiropractic Services	$20 copay per visit	20% coinsurance after deductible is met
Acupuncture	No charge	20% coinsurance after deductible is met
Other Services in an Office		
Allergy Testing	No charge	20% coinsurance after deductible is met
Prescription Drugs *Dispensed in the office*	No charge	20% coinsurance after deductible is met
Surgery	No charge	20% coinsurance after deductible is met
Preventive care / screenings / immunizations	No charge	20% coinsurance after deductible is met
Preventive Care for Chronic Conditions *per IRS guidelines*	No charge	20% coinsurance after deductible is met
Diagnostic Services		
Lab		
Office	No charge	20% coinsurance after deductible is met
Freestanding Lab/Reference Lab	No charge	20% coinsurance after deductible is met
Outpatient Hospital	No charge	20% coinsurance after deductible is met
X-Ray		
Office	No charge	20% coinsurance after deductible is met
Outpatient Hospital	No charge	20% coinsurance after deductible is met
Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans*		
Office	No charge	20% coinsurance after deductible is met
Outpatient Hospital	No charge	20% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency and Urgent Care		
Urgent Care *includes doctor services. Additional charges may apply depending on the care provided.*	$35 copay per visit	Covered as In-Network
Emergency Room Facility Services *Your copay will be waived if admitted.*	$200 copay per visit	Covered as In-Network
Emergency Room Doctor and Other Services	No charge	Covered as In-Network
Ambulance	No charge	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility		
Facility Fees	No charge	20% coinsurance after deductible is met
Doctor Services	No charge	20% coinsurance after deductible is met
Outpatient Surgery		
Facility Fees		
Hospital	No charge	20% coinsurance after deductible is met
Ambulatory Surgical Center	No charge	20% coinsurance after deductible is met
Physician and other services *including surgeon fees*		
Hospital	No charge	20% coinsurance after deductible is met
Ambulatory Surgical Center	No charge	20% coinsurance after deductible is met
Hospital (Including Maternity, Mental Health and Substance Use Disorder Services) *If readmitted within 90 days for the same or related condition, no additional facility copay is required. If transferred between facilities, only one copay will apply.*		
Facility Fees *Coverage for Inpatient Rehabilitation is limited to 30 days year.*	$500 copay per admission to a maximum of $1,250 per year	20% coinsurance after deductible is met
Physician and other services *including surgeon fees*	No charge	20% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Home Health Care *Coverage is limited to 200 visits per year.*	No charge	20% coinsurance after deductible is met
Rehabilitation and Habilitation services *including physical, occupational and speech therapies.* *Coverage for physical therapy is limited to 30 visits per year. Coverage for speech and occupational therapies is limited to 30 visits combined per year.*		
Office	$20 copay per visit	20% coinsurance after deductible is met
Outpatient Hospital	$35 copay per visit	20% coinsurance after deductible is met
Pulmonary rehabilitation *office and outpatient hospital*	No charge	20% coinsurance after deductible is met
Cardiac rehabilitation *office and outpatient hospital*	$35 copay per visit	20% coinsurance after deductible is met
Dialysis/Hemodialysis *office and outpatient hospital*	No charge	20% coinsurance after deductible is met
Chemo/Radiation Therapy *office and outpatient hospital*	No charge	20% coinsurance after deductible is met
Skilled Nursing Care (facility) *Coverage is limited to 30 days per year.*	$500 copay per admission to a maximum of $1,250 per year	20% coinsurance after deductible is met
Inpatient Hospice	No charge	20% coinsurance after deductible is met
Durable Medical Equipment	No charge	20% coinsurance after deductible is met
Prosthetic Devices	No charge	20% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Not applicable	Not covered

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
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 In-Network Retail Pharmacies noted below applies).* **Home Delivery Pharmacy** *90 day supply (maximum cost shares noted below). Maintenance medications are available through CarelonRx Pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.* **Specialty Pharmacy** *30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.*		
Tier 1 - Typically Generic	$10 copay per prescription (retail) and $20 copay per prescription (home delivery)	Not covered
Tier 2 – Typically Preferred Brand	$40 copay per prescription (retail) and $80 copay per prescription (home delivery)	Not covered
Tier 3 - Typically Non-Preferred Brand/Specialty Drugs	$75 copay per prescription (retail) and $150 copay per prescription (home delivery)	Not covered

Notes:

- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- Screening and diagnostic imaging for the detection of breast cancer, including diagnostic mammograms, 3D mammography, breast ultrasounds and MRIs are covered in full as required by state mandate.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.

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

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

Questions: Visit us at www.anthem.com

Your summary of benefits

Anthem

Anthem® Blue Cross

NYSAIS

Your Plan: EPO $1,000

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	**K Health:** No charge **LiveHealth Online:** No charge
Mental Health & Substance Use Disorder Services	No charge
Specialist care	No charge

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible *Your plan applies a separate Pharmacy Deductible to prescription drugs obtained at a pharmacy. See the Covered Prescription Drug Benefits section.*	$1,000 person / $2,000 family	Not covered
Overall Out-of-Pocket Limit	$5,080 person / $12,700 family	Not covered
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.		
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*	$25 copay per visit deductible does not apply	Not covered
Specialist Care *virtual and office*	$40 copay per visit deductible does not apply	Not covered

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)	No charge after deductible is met	Not covered
Retail Health Clinic *for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.*	$25 copay per visit deductible does not apply	Not covered
Chiropractic Services	No charge after deductible is met	Not covered
Acupuncture	No charge after deductible is met	Not covered
Other Services in an Office		
Allergy Testing	No charge after deductible is met	Not covered
Prescription Drugs *Dispensed in the office*	No charge after deductible is met	Not covered
Surgery	No charge after deductible is met	Not covered
Preventive care / screenings / immunizations	No charge	Not covered
Preventive Care for Chronic Conditions *per IRS guidelines*	No charge	Not covered
Diagnostic Services **Lab**		
Office	No charge after deductible is met	Not covered
Freestanding Lab/Reference Lab	No charge after deductible is met	Not covered
Outpatient Hospital	No charge after deductible is met	Not covered
X-Ray		
Office	No charge after deductible is met	Not covered
Outpatient Hospital	No charge after deductible is met	Not covered
Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans*		
Office	No charge after deductible is met	Not covered

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	No charge after deductible is met	Not covered
Emergency and Urgent Care		
Urgent Care *includes doctor services. Additional charges may apply depending on the care provided.*	$40 copay per visit deductible does not apply	Covered as In-Network
Emergency Room Facility Services *Your copay will be waived if admitted.*	$200 copay per visit deductible does not apply	Covered as In-Network
Emergency Room Doctor and Other Services	No charge	Covered as In-Network
Ambulance	No charge after deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility		
Facility Fees	No charge	Not covered
Doctor Services	No charge	Not covered
Outpatient Surgery		
Facility Fees		
Hospital	No charge after deductible is met	Not covered
Ambulatory Surgical Center	No charge after deductible is met	Not covered
Physician and other services *including surgeon fees*		
Hospital	No charge after deductible is met	Not covered
Ambulatory Surgical Center	No charge after deductible is met	Not covered
Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)		
Facility Fees *Coverage for Inpatient Rehabilitation is limited to 30 days per year.*	No charge after deductible is met	Not covered
Physician and other services *including surgeon fees*	No charge after deductible is met	Not covered

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Home Health Care *Coverage is limited to 200 visits per year.*	No charge	Not covered
Rehabilitation and Habilitation services *including physical, occupational and speech therapies.* *Coverage for physical therapy is limited to 30 visits per year. Coverage for speech and occupational therapies is limited to 30 visits combined per year.*		
Office	No charge after deductible is met	Not covered
Outpatient Hospital	No charge after deductible is met	Not covered
Pulmonary rehabilitation *office and outpatient hospital*	No charge after deductible is met	Not covered
Cardiac rehabilitation *office and outpatient hospital*	No charge after deductible is met	Not covered
Dialysis/Hemodialysis *office and outpatient hospital* *Coverage is limited to 10 visits per benefit period. Applies to Non Network.*	No charge after deductible is met	Covered as In-Network
Chemo/Radiation Therapy *office and outpatient hospital*	No charge after deductible is met	Not covered
Skilled Nursing Care (facility) *Coverage is limited to 60 days per year.*	No charge after deductible is met	Not covered
Inpatient Hospice	No charge after deductible is met	Not covered
Durable Medical Equipment	No charge after deductible is met	Not covered
Prosthetic Devices	No charge after deductible is met	Not covered

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	$100 Person (does not apply to Tier 1 drugs)	Not covered
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Not covered

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Prescription Drug Coverage **Network:** ***Base Network*** **Drug List:** ***National*** *If you select a brand name drug when a generic drug is available, additional cost sharing amounts may apply.*		
Day Supply Limits: **Retail Pharmacy** *30 day supply (cost shares noted below)* **Retail 90 Pharmacy** *90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies).* **Home Delivery Pharmacy** *90 day supply (maximum cost shares noted below). Maintenance medications are available through CarelonRx Pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.* **Specialty Pharmacy** *30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.*		
Tier 1 - Typically Generic	$10 copay per prescription, Pharmacy deductible does not apply (retail) and $20 copay per prescription, Pharmacy deductible does not apply (home delivery)	Not covered
Tier 2 – Typically Preferred Brand	$40 copay per prescription after Pharmacy deductible is met (retail) and $80 copay per prescription, Pharmacy deductible does not apply (home delivery)	Not covered
Tier 3 - Typically Non-Preferred Brand/Specialty Drugs	$75 copay per prescription after Pharmacy deductible is met (retail) and $150 copay per prescription, Pharmacy deductible does not apply (home delivery)	Not covered

Notes:

- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.

- Screening and diagnostic imaging for the detection of breast cancer, including diagnostic mammograms, 3D mammography, breast ultrasounds and MRIs are covered in full as required by state mandate.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.

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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Your summary of benefits

Anthem

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NYSAIS

Your Plan: 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	No charge 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	$3,200 person / $6,400 family	$4,000 person / $8,000 family
Overall Out-of-Pocket Limit	$3,200 person / $6,400 family	$7,000 person / $14,000 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*	No charge after deductible is met	30% coinsurance after deductible is met
Specialist Care *virtual and office*	No charge after deductible is met	30% coinsurance after deductible is met
Other Practitioner Visits		
Routine Maternity Care (Prenatal and Postnatal)	No charge after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Retail Health Clinic *for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.*	No charge after deductible is met	30% coinsurance after deductible is met
Chiropractic Services	No charge after deductible is met	30% coinsurance after deductible is met
Acupuncture	No charge after deductible is met	30% coinsurance after deductible is met
Other Services in an Office		
Allergy Testing	No charge after deductible is met	30% coinsurance after deductible is met
Prescription Drugs *Dispensed in the office*	No charge after deductible is met	30% coinsurance after deductible is met
Surgery	No charge after deductible is met	30% coinsurance after deductible is met
Preventive care / screenings / immunizations	No charge	30% coinsurance after deductible is met
Preventive Care for Chronic Conditions *per IRS guidelines*	No charge	30% coinsurance after deductible is met
Diagnostic Services		
Lab		
Office	No charge after deductible is met	30% coinsurance after deductible is met
Freestanding Lab/Reference Lab	No charge after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	No charge after deductible is met	30% coinsurance after deductible is met
X-Ray		
Office	No charge after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	No charge after deductible is met	30% coinsurance after deductible is met
Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans*		
Office	No charge after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	No charge after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency and Urgent Care		
Urgent Care	No charge after deductible is met	Covered as In-Network
Emergency Room Facility Services	No charge after deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	No charge after deductible is met	Covered as In-Network
Ambulance	No charge after deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility		
Facility Fees	No charge after deductible is met	30% coinsurance after deductible is met
Doctor Services	No charge after deductible is met	30% coinsurance after deductible is met
Outpatient Surgery		
Facility Fees		
Hospital	No charge after deductible is met	30% coinsurance after deductible is met
Ambulatory Surgical Center	No charge after deductible is met	30% coinsurance after deductible is met
Physician and other services *including surgeon fees*		
Hospital	No charge after deductible is met	30% coinsurance after deductible is met
Ambulatory Surgical Center	No charge after deductible is met	30% coinsurance after deductible is met
Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)		
Facility Fees *Coverage for Inpatient Rehabilitation is limited to 30 days per year.*	No charge after deductible is met	30% coinsurance after deductible is met
Physician and other services *including surgeon fees*	No charge after deductible is met	30% coinsurance after deductible is met
Home Health Care *Coverage is limited to 200 visits per year.*	No charge after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Rehabilitation and Habilitation services *including physical, occupational and speech therapies.* *Coverage for rehabilitative and habilitative physical therapy is limited to 30 visits per year. Coverage for rehabilitative and habilitative speech therapy and occupational therapy combined is limited to 30 visits per year.*		
Office	No charge after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	No charge after deductible is met	30% coinsurance after deductible is met
Pulmonary rehabilitation *office and outpatient hospital*	No charge after deductible is met	30% coinsurance after deductible is met
Cardiac rehabilitation *office and outpatient hospital*	No charge after deductible is met	30% coinsurance after deductible is met
Dialysis/Hemodialysis *office and outpatient hospital*	No charge after deductible is met	30% coinsurance after deductible is met
Chemo/Radiation Therapy *office and outpatient hospital*	No charge after deductible is met	30% coinsurance after deductible is met
Skilled Nursing Care (facility) *Coverage is limited to 60 days per year.*	No charge after deductible is met	30% coinsurance after deductible is met
Inpatient Hospice	No charge after deductible is met	30% coinsurance after deductible is met
Durable Medical Equipment	No charge after deductible is met	30% coinsurance after deductible is met
Prosthetic Devices	No charge after deductible is met	30% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Combined with In-Network medical deductible	Not covered
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Not covered
Prescription Drug Coverage		

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
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 In-Network Retail Pharmacies noted below applies).* **Home Delivery Pharmacy** *90 day supply (maximum cost shares noted below). Maintenance medications are available through CarelonRx Pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.* **Specialty Pharmacy** *30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.*		
Tier 1 - Typically Generic	No charge after deductible is met	Not covered
Tier 2 – Typically Preferred Brand	No charge after deductible is met	Not covered
Tier 3 - Typically Non-Preferred Brand/Specialty Drugs	No charge after deductible is met	Not covered

Notes:

- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- Screening and diagnostic imaging for the detection of breast cancer, including diagnostic mammograms, 3D mammography, breast ultrasounds and MRIs are covered in full as required by state mandate.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.

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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Your summary of benefits

Anthem®

Anthem® Blue Cross

NYSAIS

Your Plan: EPO 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	No charge 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	$3,200 person / $6,400 family	Not covered
Overall Out-of-Pocket Limit	$3,200 person / $6,400 family	Not covered
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.		
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*	No charge after deductible is met	Not covered
Specialist Care *virtual and office*	No charge after deductible is met	Not covered
Other Practitioner Visits		
Routine Maternity Care (Prenatal and Postnatal)	No charge after deductible is met	Not covered
Retail Health Clinic *for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.*	No charge after deductible is met	Not covered

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Chiropractic Services	No charge after deductible is met	Not covered
Acupuncture	No charge after deductible is met	Not covered
Other Services in an Office		
Allergy Testing	No charge after deductible is met	Not covered
Prescription Drugs *Dispensed in the office*	No charge after deductible is met	Not covered
Surgery	No charge after deductible is met	Not covered
Preventive care / screenings / immunizations	No charge	Not covered
Preventive Care for Chronic Conditions *per IRS guidelines*	No charge	Not covered
Diagnostic Services		
Lab		
Office	No charge after deductible is met	Not covered
Freestanding Lab/Reference Lab	No charge after deductible is met	Not covered
Outpatient Hospital	No charge after deductible is met	Not covered
X-Ray		
Office	No charge after deductible is met	Not covered
Outpatient Hospital	No charge after deductible is met	Not covered
Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans*		
Office	No charge after deductible is met	Not covered
Outpatient Hospital	No charge after deductible is met	Not covered
Emergency and Urgent Care		
Urgent Care	No charge after deductible is met	Covered as In-Network

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency Room Facility Services	No charge after deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	No charge after deductible is met	Covered as In-Network
Ambulance	No charge after deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility		
Facility Fees	No charge after deductible is met	Not covered
Doctor Services	No charge after deductible is met	Not covered
Outpatient Surgery		
Facility Fees		
Hospital	No charge after deductible is met	Not covered
Ambulatory Surgical Center	No charge after deductible is met	Not covered
Physician and other services *including surgeon fees*		
Hospital	No charge after deductible is met	Not covered
Ambulatory Surgical Center	No charge after deductible is met	Not covered
Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)		
Facility Fees *Coverage for Inpatient Rehabilitation is limited to 30 days per year.*	No charge after deductible is met	Not covered
Physician and other services *including surgeon fees*	No charge after deductible is met	Not covered
Home Health Care *Coverage is limited to 200 visits per year.*	No charge after deductible is met	Not covered
Rehabilitation and Habilitation services *including physical, occupational and speech therapies.* *Coverage for physical therapy is limited to 30 visits per year. Coverage for speech and occupational therapies is limited to 30 visits combined per year.*		

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Office	No charge after deductible is met	Not covered
Outpatient Hospital	No charge after deductible is met	Not covered
Pulmonary rehabilitation *office and outpatient hospital*	No charge after deductible is met	Not covered
Cardiac rehabilitation *office and outpatient hospital*	No charge after deductible is met	Not covered
Dialysis/Hemodialysis *office and outpatient hospital* *Coverage is limited to 10 visits per benefit period. Applies to Non Network.*	No charge after deductible is met	Covered as In-Network
Chemo/Radiation Therapy *office and outpatient hospital*	No charge after deductible is met	Not covered
Skilled Nursing Care (facility) *Coverage is limited to 60 days per year.*	No charge after deductible is met	Not covered
Inpatient Hospice	No charge after deductible is met	Not covered
Durable Medical Equipment	No charge after deductible is met	Not covered
Prosthetic Devices	No charge after deductible is met	Not covered

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Combined with In-Network medical deductible	Not covered
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)*		

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Retail 90 Pharmacy *90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies).* **Home Delivery Pharmacy** *90 day supply (maximum cost shares noted below). Maintenance medications are available through CarelonRx Pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.* **Specialty Pharmacy** *30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.*		
Tier 1 - Typically Generic	No charge after deductible is met	Not covered
Tier 2 – Typically Preferred Brand	No charge after deductible is met	Not covered
Tier 3 - Typically Non-Preferred Brand/Specialty Drugs	No charge after deductible is met	Not covered

Notes:

- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- Screening and diagnostic imaging for the detection of breast cancer, including diagnostic mammograms, 3D mammography, breast ultrasounds and MRIs are covered in full as required by state mandate.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.

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

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$0/person or $0/family for In-Network Providers. $1,000/person or $2,500/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. Certain Prescription Drugs. For more information see below.	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?	$5,080/person or $12,700/family for In-Network Providers. $3,000/person or $7,500/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, 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. See www.anthembluecross.com/find-care/?alphaprefix=CFT or call (844) 241-7085 for a list of network providers. Costs may vary by site of service and how the provider bills.	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.

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

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	$20/visit	20% coinsurance	Virtual visits (Telehealth) benefits available.
	Specialist visit	$35/visit	20% coinsurance	Virtual visits (Telehealth) benefits available.
	Preventive care/screening/ immunization	No charge	20% 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)	No charge	20% coinsurance	Costs may vary by site
	Imaging (CT/PET scans, MRIs)	No charge	20% coinsurance	--------none--------
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at http://www.anthem.com/pharmacyinformation/	Typically Generic (Tier 1)	$10/prescription (retail) and $20/prescription (home delivery)	Not covered (retail and home delivery)	For more information, refer to "National Drug List" at http://www.anthem.com/pharmacyinformation/ *See Prescription Drug section
	Typically Preferred Brand & Non-Preferred Generic Drugs (Tier 2)	$40/prescription (retail) and $80/prescription (home delivery)	Not covered (retail and home delivery)	
	Typically Non-Preferred Brand and Generic drugs (Tier 3)	$75/prescription (retail) and $150/prescription (home delivery)	Not covered (retail and home delivery)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	20% coinsurance	--------none--------
	Physician/surgeon fees	No charge	20% coinsurance	--------none--------
If you need immediate medical attention	Emergency room care	$200/visit	Covered as In-Network	Copayment waived if admitted within 24hrs
	Emergency medical transportation	No charge	Covered as In-Network	--------none--------
	Urgent care	$35/visit	$35/visit	--------none--------
If you have a hospital stay	Facility fee (e.g., hospital room)	$500/ admission to a maximum of $1,250 /year	20% coinsurance	30 days/year for Inpatient rehabilitation.
	Physician/surgeon fees	No charge	20% coinsurance	--------none--------

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit $20/visit Other Outpatient No charge	Office Visit 20% coinsurance Other Outpatient 20% coinsurance	Office Visit Virtual visits (Telehealth) benefits available. Other Outpatient --------none--------
	Inpatient services	$500/admission to a maximum of $1,250 /year	20% coinsurance	--------none--------
If you are pregnant	Office visits	No charge	20% coinsurance	Cost sharing does not apply for preventive services. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	No charge	20% coinsurance	
	Childbirth/delivery facility services	$500/admission to a maximum of $1,250 /year	20% coinsurance	
If you need help recovering or have other special health needs	Home health care	No charge	20% coinsurance deductible does not apply	200 visits/year.
	Rehabilitation services	$20/visit	20% coinsurance	*See Therapy Services section.
	Habilitation services	$20/visit	20% coinsurance	
	Skilled nursing care	$500/admission to a maximum of $1,250 /year	20% coinsurance	30 days/year for skilled nursing services.
	Durable medical equipment	No charge	20% coinsurance	*See Durable Medical Equipment Section
	Hospice services	No charge	20% coinsurance	--------none--------
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	--------none--------
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	--------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.)

- Children's dental check-up
- Eye exams for a child
- Long-term care
- Routine foot care
- Cosmetic surgery
- Glasses for a child
- Preauthorization - You may have to pay for all or a portion of any test, equipment, service or procedure that is not preauthorized. Contact us to find out what
- Dental care (Adult)
- Hearing aids
- Routine eye care (Adult)

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

	must be preauthorized and whether preauthorization has been given. • Weight loss programs	

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
• Acupuncture • Infertility treatment – certain services	• Bariatric surgery • Most coverage provided outside the United States. See www.bcbsglobalcore.com	• Chiropractic care • Private-duty nursing 200 visits/year in a Home Setting only

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: New York State Department of Financial Services, One State Street, New York, NY 10004-1511, (800) 342-3736, (212) 480-6400, (518) 474-6600, Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), www.dol.gov/ebsa/healthreform, 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 on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

ATTN: Grievances and Appeals, Mail Drop R/6-O, P.O. Box 11825, Albany, NY 12211

Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), www.dol.gov/ebsa/healthreform

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

Community Service Society of New York, Community Health Advocates, 105 East 22nd Street, 8th floor, New York, NY 10010, (888) 614-5400, www.communityhealthadvocates.org, cha@cssny.org

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	$0
Specialist copayment	$35
Hospital (facility) copayment	$500
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	$0
Copayments	$500
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$560**

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

The plan's overall deductible	$0
Specialist copayment	$35
Hospital (facility) copayment	$500
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	$0
Copayments	$1,400
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,420**

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

The plan's overall deductible	$0
Specialist copayment	$35
Hospital (facility) copayment	$500
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	$0
Copayments	$400
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$400**

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

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

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$1,000/person or $2,000/family for In-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 more information see below.	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?	Yes. $100/person for Prescription Drugs In-Network Providers.There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	$5,080/person or $12,700/family for In-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, 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. See www.anthembluecross.com/find-care/?alphaprefix=KIH or call (844) 241-7085 for a list of network providers. Costs may vary by site of service and how the provider bills.	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	$25/visit deductible does not apply	Not covered	Virtual visits (Telehealth) benefits available.
	Specialist visit	$40/visit deductible does not apply	Not covered	Virtual visits (Telehealth) benefits available.
	Preventive care/screening/ immunization	No charge	Not covered	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)	$25/Visit	Not covered	Costs may vary by site of service.
	Imaging (CT/PET scans, MRIs)	0% coinsurance	Not covered	--------none--------
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at http://www.anthem.com/pharmacyinformation/	Typically Generic (Tier 1)	$10/prescription, Prescription Drug deductible does not apply (retail) and $20/prescription, Prescription Drug deductible does not apply (home delivery)	Not covered (retail and home delivery)	For more information, refer to "National Drug List" at http://www.anthem.com/pharmacyinformation/ *See Prescription Drug section
	Typically Preferred Brand & Non-Preferred Generic Drugs (Tier 2)	$40/prescription, Prescription Drug deductible applies (retail) and $80/prescription, Prescription Drug deductible does not apply (home delivery)	Not covered (retail and home delivery)	
	Typically Non-Preferred Brand and Generic drugs (Tier 3)	$75/prescription, Prescription Drug deductible applies (retail) and $150/prescription, Prescription Drug deductible does not apply (home delivery)	Not covered (retail and home delivery)	
	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	Not covered	--------none--------

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have outpatient surgery	Physician/surgeon fees	0% coinsurance	Not covered	--------none--------
If you need immediate medical attention	Emergency room care	$200/visit deductible does not apply	Covered as In-Network	Copayment waived if admitted within 24hrs..
	Emergency medical transportation	0% coinsurance	Covered as In-Network	--------none--------
	Urgent care	$40/visit deductible does not apply	Covered as In-Network	--------none--------
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	Not covered	30 days/year for Inpatient rehabilitation for In-Network Providers.
	Physician/surgeon fees	0% coinsurance	Not covered	--------none--------
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit $25/visit deductible does not apply Other Outpatient No charge	Office Visit Not covered Other Outpatient Not covered	Office Visit Virtual visits (Telehealth) benefits available. Other Outpatient --------none--------
	Inpatient services	0% coinsurance	Not covered	--------none--------
If you are pregnant	Office visits	0% coinsurance	Not covered	Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). Cost sharing does not apply to preventative services.
	Childbirth/delivery professional services	0% coinsurance	Not covered	
	Childbirth/delivery facility services	0% coinsurance	Not covered	
If you need help recovering or have other special health needs	Home health care	No charge	Not covered	200 visits/year for In-Network Providers.
	Rehabilitation services	$25/visit	Not covered	*See Therapy Services section.
	Habilitation services	$25/visit	Not covered	
	Skilled nursing care	0% coinsurance	Not covered	60 days/year for skilled nursing services for In-Network Providers.
	Durable medical equipment	0% coinsurance	Not covered	*See Durable Medical Equipment Section
	Hospice services	0% coinsurance	Not covered	--------none--------
	Children's eye exam	Not covered	Not covered	--------none--------
	Children's glasses	Not covered	Not covered	

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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 your child needs dental or eye care	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.)

- Children's dental check-up
- Eye exams for a child
- Long-term care
- Routine eye care (Adult)
- Cosmetic surgery
- Glasses for a child
- Non-emergency care when traveling outside the U.S.
- Routine foot care
- Dental care (Adult)
- Hearing aids
- Preauthorization - You may have to pay for all or a portion of any test, equipment, service or procedure that is not preauthorized. Contact us to find out what must be preauthorized and whether preauthorization has been given.
- Weight loss programs

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

- Acupuncture
- Private-duty nursing 200 visits/year in a Home Setting only
- Bariatric surgery
- Chiropractic care

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: New York State Department of Financial Services, One State Street, New York, NY 10004-1511, (800) 342-3736, (212) 480-6400, (518) 474-6600, Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), www.dol.gov/ebsa/healthreform, 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.

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Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), www.dol.gov/ebsa/healthreform

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Community Service Society of New York, Community Health Advocates, 105 East 22nd Street, 8th floor, New York, NY 10010, (888) 614-5400, www.communityhealthadvocates.org, cha@cssny.org

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:

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

The plan's overall deductible	$1,000
Specialist copayment	$40
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	$1,000
Copayments	$10
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$1,070**

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

The plan's overall deductible	$1,000
Specialist copayment	$40
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	$200
Copayments	$1,400
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,620**

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

The plan's overall deductible	$1,000
Specialist copayment	$40
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	$1,000
Copayments	$300
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,300**

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

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

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$3,200/person or $6,400/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 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. Preventive Care. For more information see below.	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?	$3,200/person or $6,400/family for In-Network Providers. $7,000/person or $14,000/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, 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. See www.anthembluecross.com/find-care/?alphaprefix=CFT or call (844) 241-7085 for a list of network providers. Costs may vary by site of service and how the provider bills.	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	0% coinsurance	30% coinsurance	Virtual visits (Telehealth) benefits available.
	Specialist visit	0% coinsurance	30% coinsurance	Virtual visits (Telehealth) benefits available.
	Preventive care/screening/ immunization	No charge	30% 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	30% coinsurance	Costs may vary by site
	Imaging (CT/PET scans, MRIs)	0% coinsurance	30% coinsurance	--------none--------
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at http://www.anthem.com/pharmacyinformation/	Typically Generic (Tier 1)	0% coinsurance (retail and home delivery)	Not covered (retail and home delivery)	For more information, refer to "National Drug List" at http://www.anthem.com/pharmacyinformation/ *See Prescription Drug section
	Typically Preferred Brand & Non-Preferred Generic Drugs (Tier 2)	0% coinsurance (retail and home delivery)	Not covered (retail and home delivery)	
	Typically Non-Preferred Brand and Generic drugs (Tier 3)	0% coinsurance (retail and home delivery)	Not covered (retail and home delivery)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	30% coinsurance	--------none--------
	Physician/surgeon fees	0% coinsurance	30% 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	--------none--------
	Urgent care	0% coinsurance	Covered as In-Network	--------none--------
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	30% coinsurance	30 days/per year for Inpatient rehabilitation.

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	Physician/surgeon fees	0% coinsurance	30% 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 30% coinsurance Other Outpatient 30% coinsurance	Office Visit Virtual visits (Telehealth) benefits available. Other Outpatient --------none--------
	Inpatient services	0% coinsurance	30% coinsurance	--------none--------
If you are pregnant	Office visits	0% coinsurance	30% coinsurance	Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). Cost sharing does not apply for preventative services.
	Childbirth/delivery professional services	0% coinsurance	30% coinsurance	
	Childbirth/delivery facility services	0% coinsurance	30% coinsurance	
If you need help recovering or have other special health needs	Home health care	0% coinsurance	30% coinsurance	200 visits/per year.
	Rehabilitation services	0% coinsurance	30% coinsurance	*See Therapy Services section.
	Habilitation services	0% coinsurance	30% coinsurance	
	Skilled nursing care	0% coinsurance	30% coinsurance	60 days/per year for skilled nursing services.
	Durable medical equipment	0% coinsurance	30% coinsurance	*See Durable Medical Equipment Section
	Hospice services	0% coinsurance	30% coinsurance	--------none--------
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	--------none--------
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	--------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.)

- Children's dental check-up
- Eye exams for a child
- Long-term care
- Routine foot care
- Cosmetic surgery
- Glasses for a child
- Preauthorization - You may have to pay for all or a portion of any test, equipment, service or procedure that is not preauthorized. Contact us to find out what
- Dental care (Adult)
- Hearing aids
- Routine eye care (Adult)

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	must be preauthorized and whether preauthorization has been given. • Weight loss programs	

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
• Acupuncture • Most coverage provided outside the United States. See www.bcbsglobalcore.com	• Bariatric surgery • Private-duty nursing 200 visits/ year in a Home Setting only	• Chiropractic care

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: New York State Department of Financial Services, One State Street, New York, NY 10004-1511, (800) 342-3736, (212) 480-6400, (518) 474-6600, Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), www.dol.gov/ebsa/healthreform, 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 on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

ATTN: Grievances and Appeals, Mail Drop R/6-O, P.O. Box 11825, Albany, NY 12211

Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), www.dol.gov/ebsa/healthreform

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

Community Service Society of New York, Community Health Advocates, 105 East 22nd Street, 8th floor, New York, NY 10010, (888) 614-5400, www.communityhealthadvocates.org, cha@cssny.org

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	$3,000
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	$3,000
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$3,060**

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

The plan's overall deductible	$3,000
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	$3,000
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$3,020**

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

The plan's overall deductible	$3,000
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	$2,800
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$2,800**

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

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

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$3,200/person or $6,400/family for In-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. Preventive Care. For more information see below.	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?	$3,200/person or $6,400/family for In-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, 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. See www.anthembluecross.com/find-care/?alphaprefix=KIH or call (844) 241-7085 for a list of network providers. Costs may vary by site of service and how the provider bills.	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	0% coinsurance	Not covered	Virtual visits (Telehealth) benefits available.
	Specialist visit	0% coinsurance	Not covered	Virtual visits (Telehealth) benefits available.
	Preventive care/screening/ immunization	No charge	Not covered	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	Not covered	Costs may vary by site
	Imaging (CT/PET scans, MRIs)	0% coinsurance	Not covered	--------none--------
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at http://www.anthem.com/pharmacyinformation/	Typically Generic (Tier 1)	0% coinsurance (retail and home delivery)	Not covered (retail and home delivery)	For more information, refer to "National Drug List" at http://www.anthem.com/pharmacyinformation/ *See Prescription Drug section
	Typically Preferred Brand & Non-Preferred Generic Drugs (Tier 2)	0% coinsurance (retail and home delivery)	Not covered (retail and home delivery)	
	Typically Non-Preferred Brand and Generic drugs (Tier 3)	0% coinsurance (retail and home delivery)	Not covered (retail and home delivery)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	Not covered	--------none--------
	Physician/surgeon fees	0% coinsurance	Not covered	--------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	--------none--------
	Urgent care	0% coinsurance	Covered as In-Network	--------none--------

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	Not covered	30 days/year for Inpatient rehabilitation for In-Network Providers.
	Physician/surgeon fees	0% coinsurance	Not covered	--------none--------
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit 0% coinsurance Other Outpatient 0% coinsurance	Office Visit Not covered Other Outpatient Not covered	Office Visit Virtual visits (Telehealth) benefits available. Other Outpatient --------none--------
	Inpatient services	0% coinsurance	Not covered	--------none--------
If you are pregnant	Office visits	0% coinsurance	Not covered	Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). Cost sharing does not apply for preventative services
	Childbirth/delivery professional services	0% coinsurance	Not covered	
	Childbirth/delivery facility services	0% coinsurance	Not covered	
If you need help recovering or have other special health needs	Home health care	0% coinsurance	Not covered	200 visits/year for In-Network Providers.
	Rehabilitation services	0% coinsurance	Not covered	*See Therapy Services section.
	Habilitation services	0% coinsurance	Not covered	
	Skilled nursing care	0% coinsurance	Not covered	60 days/year for skilled nursing services for In-Network Providers.
	Durable medical equipment	0% coinsurance	Not covered	*See Durable Medical Equipment Section
	Hospice services	0% coinsurance	Not covered	--------none--------
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	--------none--------
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	--------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.)

- Children's dental check-up
- Cosmetic surgery
- Dental care (Adult)
- Eye exams for a child
- Glasses for a child
- Hearing aids

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

- Long-term care
- Routine eye care (Adult)
- Non-emergency care when traveling outside the U.S.
- Routine foot care
- Preauthorization - You may have to pay for all or a portion of any test, equipment, service or procedure that is not preauthorized. Contact us to find out what must be preauthorized and whether preauthorization has been given.
- Weight loss programs

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

- Acupuncture
- Infertility treatment – certain services
- Bariatric surgery
- Private-duty nursing 200 visits/year in a Home Setting only
- Chiropractic care

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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.

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Other coinsurance	0%

This EXAMPLE event includes services like:
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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	$3,000
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$3,060**

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

The plan's overall deductible	$3,000
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	$3,000
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$3,020**

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

The plan's overall deductible	$3,000
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	$2,800
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$2,800**

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

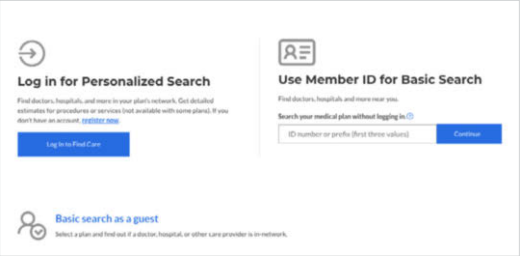
Use the Find Care tool at anthembluecross.com to find Blue Access provider

Anthem's Find Care tool was created to make it easy to find the care you need.
Use this quick step-by-step guide to help you find care.

Step 1

Go to **anthembluecross.com/find-care**.

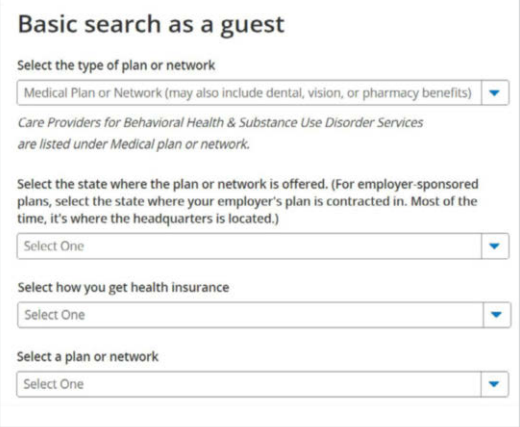
- For guests — Choose **Basic search as a guest**.
- For members — You can either select **Log in for Personalized Search** on the left or you can search without logging in by selecting **Use Member ID for Basic Search** on the right.



Step 2

Scroll down and complete the following fields:

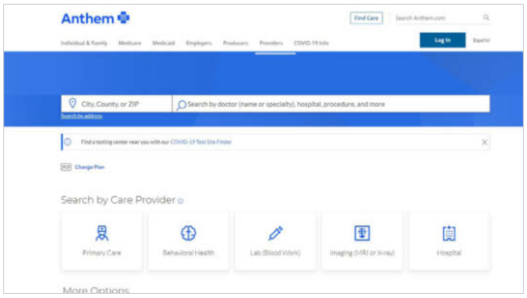
- Select the type of plan or network — Use the drop-down menu to choose **Medical Plan or Network**
- Select the state — Use the drop-down menu to choose **New York**
- Select how you get health insurance — Use the drop-down menu to choose **Medical Networks**
- Select a plan or network — Use the drop-down menu to choose **Blue Access (Employer-Sponsored)**
- Select the **Continue** button.



Step 3

Enter the city, county, or ZIP code on the top left. You now have two options to narrow your search:

- **Option 1** — Enter a care provider or hospital by name or specialty in the search box. The results will appear below the *search box*, where you can select the name for more details about the care provider or hospital.
- **Option 2** — **Search by Care Provider.** Select the icon of the type of care provider you're looking for. The results will appear on a new screen, and you can select the care provider or hospital name for additional details.



Step 4

View your search results:

- Choose the printer icon to print the results of your search, or select the email icon to email the search results.
- Select a care provider name to see more details.
- Choose **Back to Find Care** on the upper left or **Back** button at the bottom of the screen to return to your results.

We are here to help

If you have questions, please call Member Services using the phone number listed on the back of your health plan ID card.

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Wellbeing Solutions

Focus on your well-being and earn rewards up to $1,100



The more activities you complete, the greater your reward

The Wellbeing Solutions program connects you with easy-to-use digital health and wellness tools that can help you stay your healthiest. When you complete any of the activities listed below sponsored by your employer, you'll earn rewards to put toward electronic gift cards for select retailers. You choose the activities you'd like to complete to receive the maximum of $700 in rewards.

Along with the Wellbeing Solutions activities below, you can earn even more through the Gym Reimbursement program. Simply log your workouts to earn up to $400 in fitness center reimbursements, for a total of up to $1,100 in rewards. Details are on the next page.

Activity type	Activity	Amount
Preventive care	Have an annual preventive wellness exam or well-woman exam with your doctor	$20
	Get an annual cholesterol test[1]	$5
	Have a colorectal cancer screening (ages 45 and older)	$25
	Complete a routine mammogram (women ages 40 to 74)	$25
	Have an annual eye exam[2]	$20
	Get an annual flu shot	$10
Condition management programs	ConditionCare: Work one-on-one with your health coach and earn rewards for participating in and completing the program[3]	Up to $225 ($90/$135)
	Building Healthy Families: Receive support through the Sydney℠ Health app during your family-planning process. Get help trying to conceive a baby or raising a toddler. Find help through content, tools, and trackers.[4]	$125 ($30/$35/ $30/$30)
	Well-being Coach — Weight Management: Receive one-on-one coaching by phone as you complete your goal to earn a reward[5]	$60
	Well-being Coach — Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward[6]	$60

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Activity type	Activity	Amount
Digital and wellness activities	Log in to your Anthem account	$5
	Connect a fitness or lifestyle device	$5
	Complete a health assessment and receive tailored health recommendations	$20
	Complete action plans around eating healthy, weight management, and physical activity	Up to $20 ($4 per action plan)
	Track your steps	Up to $60 ($2 per 50,000 steps tracked)
	Complete Well-being Coach digital daily check-ins[7]	Up to $20 ($4 per milestone)
	Update your contact information	$15

Make exercise pay off with the Gym Reimbursement program

Regular exercise is a great way to protect your physical and mental health. It can also earn you cash back. We'll repay up to $400 of your fitness membership dues a year through the Gym Reimbursement program.[8]

How the program works:

1 Work out at least 35 times in each six-month period during your benefit plan year at a qualifying fitness center or through an online class.

2 Track your workouts and send in the completed required forms.

3 Be reimbursed up to $200 every six months, for a total of up to $400 per benefit plan year.

To learn more about the program, find an eligible gym, and download the reimbursement forms, log in to **anthem.com** or the Sydney Health app. Then go to *My Health Dashboard*, select **Programs** from the menu, and go to the *Gym Reimbursement* section.

Well-being Coach can help you meet your goals

The Well-being Coach digital coaching app offers you 24/7 personalized support. Well-being Coach can help you maintain a healthy weight; quit tobacco; and improve your nutrition, exercise habits, mindfulness, and sleep. If you need extra support with weight management or quitting tobacco, you can also talk to a certified health coach.

Access Well-being Coach in the Sydney Health app or at **anthem.com**.

Earn rewards

Here's how and when you'll earn rewards for completing the activities in the chart.

Preventive care: Simply visit your doctor for any of the screenings or appointments listed in the chart. Your rewards are added to your account after your claim is processed, which may take up to 60 days.

Condition management: Rewards are added to your account as you meet certain benchmarks or complete a program. Programs include ConditionCare (for asthma, diabetes, and heart or lung conditions), Building Healthy Families, and Well-being Coach for weight management and tobacco cessation.

Digital and wellness activities: Log in to the Sydney Health app or anthem.com to complete available activities, such as taking a health assessment, participating in the Well-being Coach digital program, and tracking your steps. Rewards are added to your account as activities are completed.

Use your rewards

1. To view your rewards, open the Sydney Health app or go to **anthem.com**. Next go to *My Health Dashboard*.
2. Select **My Rewards**.
3. Select **Redeem Rewards** to see how much you've earned. Use your rewards toward electronic gift cards from popular retailers, including Amazon, Uber, Gap Options (all brands), Apple®, Target, The Home Depot, and TJ Maxx. The minimum gift card amount is set by each individual retailer.



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

Do you have questions?

Log in to **anthem.com** or open the Sydney Health app. Then go to *My Health Dashboard* and select **My Rewards** to learn more. You can also call us at the number on your health plan ID card.

1 Annual cholesterol test eligibility: men 35 years and older, women 40 years and older with a full cholesterol (lipid) panel.

2 Annual eye exam reward is available if employer provides vision coverage through Anthem.

3 Adult members identified as moderate or high risk are eligible for ConditionCare and may receive a reward for participation in 1 of 5 ConditionCare programs and completion for 1 of 5 ConditionCare programs: chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), asthma, diabetes, and congestive heart failure (CHF). Rewards include $90 for program participation and $135 for program completion.

4 Building Healthy Families (BHF) completion dates: BHF pregnancy screener must be completed in first trimester; at least 1 of 6 mini assessments must be completed by one day prior to delivery; and postpartum assessment must be completed within 56 days after delivery. Rewards include $30 for profile completion, $35 for a BHF pregnancy screener, $30 for completing at least 1 of 6 mini assessments, and $30 for a postpartum assessment.

5 Well-being Coach Weight Management program (telephonic) is available for members who are identified as high risk based on a body mass index (BMI) of 30 or higher.

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

7 Members may earn rewards for completing quarterly Well-being Coach digital milestones while logging daily check-in activities on the app. Daily check-in reward values: first check-in is $4; next 15 check-ins during first quarter of your plan year are $4; 25 check-ins during second through fourth quarters of your plan year are $4 for each quarter. Log in to Sydney Health or **anthem.com** to download the Well-being Coach digital app. Well-being Coach is provided by Lark Health.

8 Members ages 18 and over, including subscribers' adult children ages 18 and older, are eligible for gym reimbursement. Gym reimbursement is paid by check. Payout is per member per benefit year. This program is designed to help you make healthy, safe, and small changes to your lifestyle. Before taking part in this program, talk to your doctor or healthcare provider, especially if you are pregnant or have an injury or medical condition. This program may not be right for everyone.

We encourage you to participate in your rewards program. Rewards should be redeemed before the end of the current plan year. Unused rewards will be forfeited three months after the end of your plan year.

All preventive-care activities are claims based. Your completion is determined after a claim is processed. Medical waivers apply to claim-based activities.

Rewards eligibility applies only to subscribers and their enrolled spouse or domestic partner. Members must be active on the plan, and their activity must take place during the plan year.

A subscriber and spouse or domestic partner may earn rewards when eligible activities are completed. In some instances, they must be verified by an Anthem claim.

The reward amount you receive may be considered income and subject to state and federal taxes in the tax year it's paid. Please consult a tax expert with any questions.

Electronic gift card availability may vary. The list of retailers for electronic gift card rewards redemption is subject to change. Log on to **anthem.com** or open the Sydney Health app to explore the electronic gift card options available to you.

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Anthem

Receive virtual care and support

through our Sydney Health mobile app



When you aren't feeling your best — physically, mentally, or emotionally — or you need guidance managing a health condition, help is available. You can connect to the care you need using our Sydney℠ Health mobile app. You can have a video visit with a doctor 24/7 for common health issues, and mental and emotional healthcare is available by appointment.[1]

Plus, Sydney Health is your avenue to specialized programs designed to help you improve your habits and your health.

Visit with a doctor for common medical concerns

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

Receive mental or emotional healthcare

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

What people say about virtual care visits[2]

92% were able to book a virtual visit sooner than an in-person visit

89% said the doctor they saw was professional and helpful

92% thought the doctor understood their concerns

How to download our Sydney Health app:

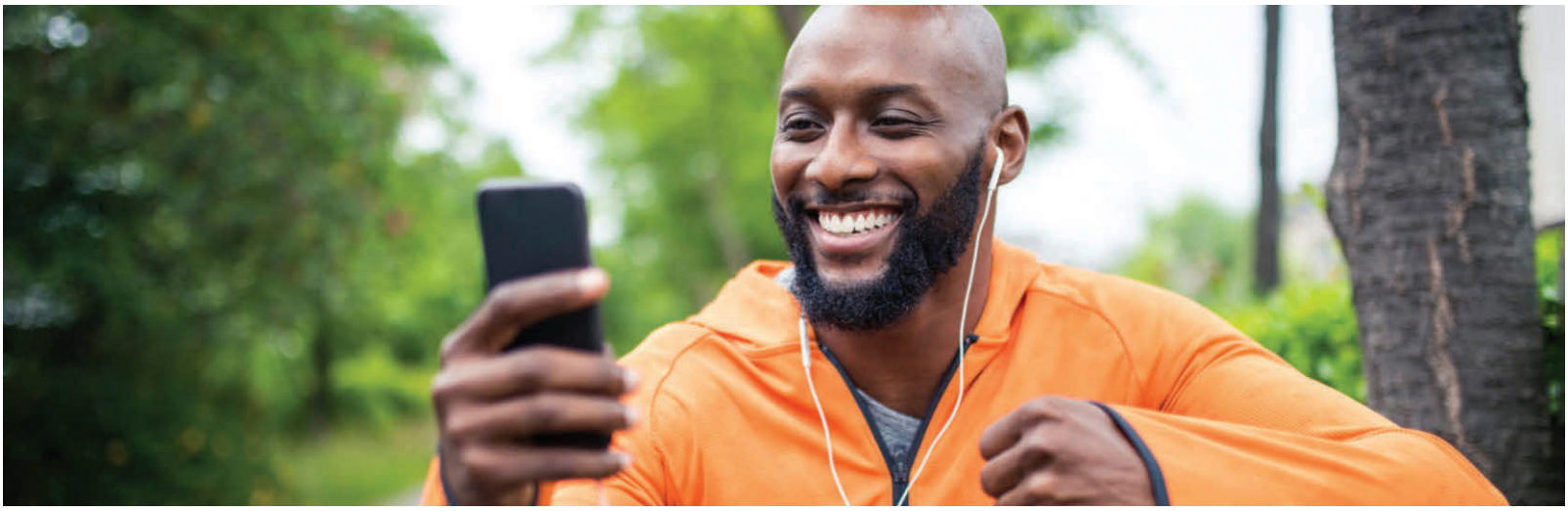
sydney

Download on the App Store

GET IT ON Google Play

Scan the QR code with your phone's camera.

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Use Sydney Health to:

Help you during allergy season

While there is no cure for allergies, there are ways to relieve the symptoms. It is important to learn your body's triggers to manage your health throughout allergy season, and all year long. When you need care quickly, you can have a video visit with an allergy specialist through our app.

Connect with a dermatologist

When you have a skin issue and need care quickly, use **anthembluecross.com** to receive virtual care from a dermatologist 24 hours a day, seven days a week. No appointment needed. Visit with a dermatologist for common skin conditions, such as acne, psoriasis, rosacea, athlete's foot, hair loss, or suspicious moles.

Connect with a sleep specialist

Through our app, you can have a virtual care visit with a sleep specialist who can help diagnose sleep issues and treat them. Schedule an online visit through Sydney Health and a sleep specialist will assess your habits and history. They may suggest therapy or a sleep test. You will have a follow-up visit to discuss your results, next steps, and further treatment.

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

Download our Sydney Health app.

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

Visit anthembluecross.com.

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

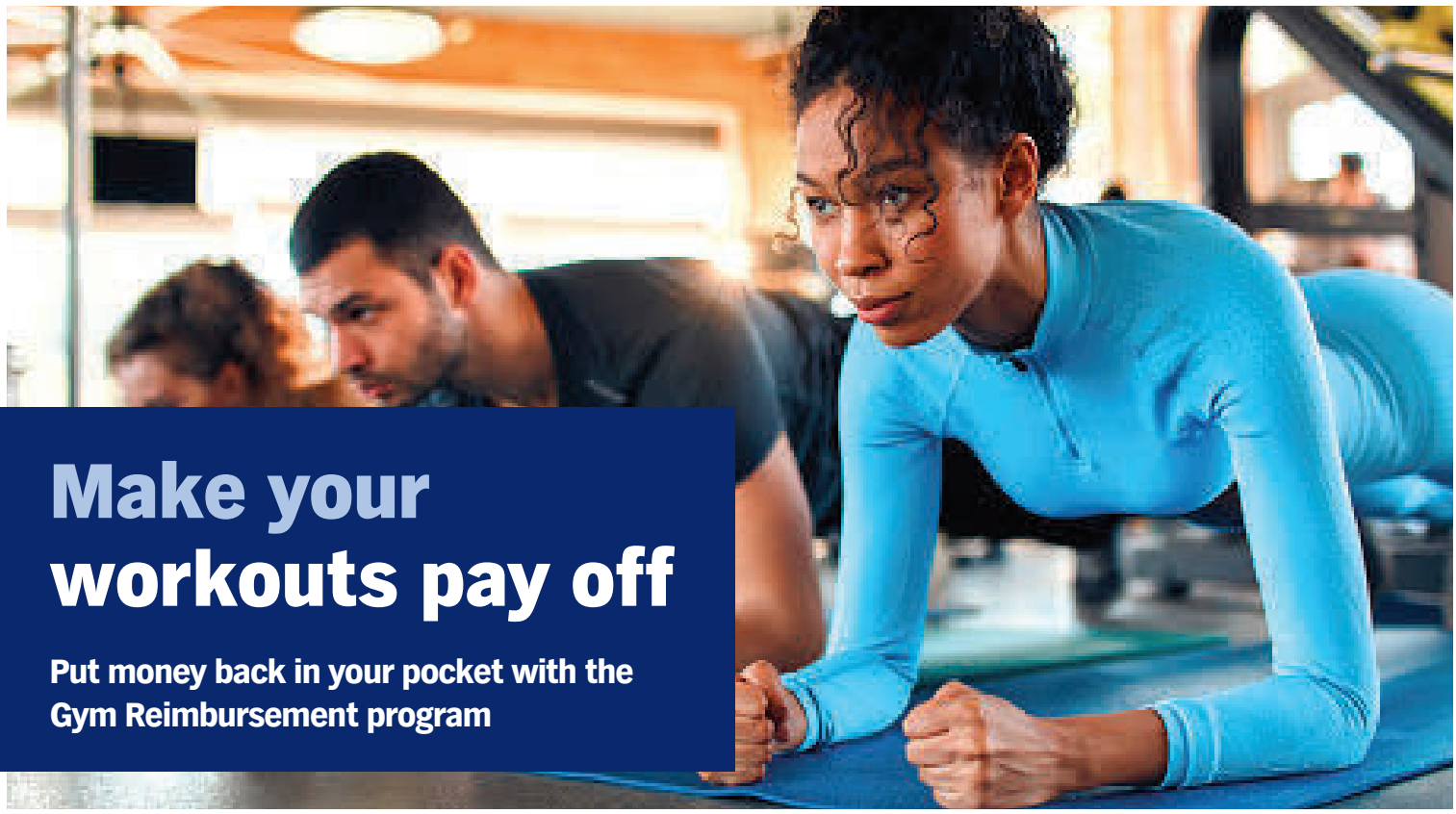
1 Appointments subject to availability.
2 Based on Sydney Health utilization trends from top national clients.
3 Your doctor will determine if a prescription is needed at time of visit.
4 Online counseling is not appropriate for all kinds of problems. If you are in crisis or having suicidal thoughts, it's important that you seek help immediately. Please call 800-273-8255 (National Suicide Prevention Lifeline) or 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room. Emergency services are not provided through virtual care on the Sydney Health app or anthembluecross.com.
5 Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed through virtual care on the Sydney Health app or anthembluecross.com.

LiveHealth Online is the trade name of Carelon Health Solutions, Inc., a separate company, providing telehealth services on behalf of Anthem Blue Cross.

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

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.

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



Make your workouts pay off

Put money back in your pocket with the Gym Reimbursement program

Exercising regularly is one of the best things you can do for your health. Now, it's good for your wallet, too. When you join Anthem's Gym Reimbursement program, we will pay back up to $400 of your fitness membership dues per year, or up to $200 every six months.

Step 1: Choose how you work out

Traditional fitness center[1]

Virtual or livestream fitness classes or subscriptions[1]

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

See **Frequently Asked Questions** (FAQ) for more details about what kinds of locations qualify.

To enroll in the Active&Fit ExerciseRewards program or learn more about it, log in at **anthembluecross.com**. Then, go to My Health Dashboard > Programs > Gym

Step 2: Track your workouts

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

How to track workouts:

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

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

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

Step 3: Submit your receipts

Traditional fitness centers and virtual classes:

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

Fitness centers through the Active&Fit ExerciseRewards program:

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

Step 4: Get paid back

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



Start tracking your visits

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

Choose your favorite workouts, including:[1]

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



Frequently asked questions

Who is eligible?

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

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

How much will Anthem pay me back?

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

How many times do I need to work out?

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

Can I count more than one workout per day?

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

What is the Active&Fit ExerciseRewards program?

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

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

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

Which types of fitness-related expenses qualify?

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

What are qualified fitness centers and online programs?

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

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

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

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

Does the program pay for equipment or gear?

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

When will I be reimbursed?

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

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

What if I take a medical leave of absence?

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

How do I renew my participation in the program?

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



Do you have questions?

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

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

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

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

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

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

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

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

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

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Fitness Center Member Verification Form

Anthem

Fill in your full name below, and then have your fitness center complete the rest of the form. Submit this form with your Gym Reimbursement request form and proof of payment to:

fitness@exerciserewards.com or Gym Reimbursement, P.O. Box 509117, San Diego, CA 92150-9117

Please be advised that a copy of your fitness center agreement may be requested. Failure to submit this form completed with all required information may result in a denial of reimbursement. If you attend multiple fitness centers, please submit this form for each location. ***Note**: If you are enrolled in the Active&Fit Direct™ program, you do not need to submit anything for reimbursement. The program's network of fitness centers automatically does this for you.*

Member information — To be completed by member

Last name:

First name: M.I.

Date of birth: (MM/DD/YYYY)

Health plan ID no.:

Fitness center information — To be completed by fitness center

Fitness center name:

Fitness center address: (number, street, suite)

City:

County:

State: ZIP code:

Type of arrangement

☐ Fitness Center Agreement ☐ Signed Application

☐ Other — Please explain:

Membership: ☐ Individual membership ☐ Family membership — If family membership, list names below:

Membership term

Amount paid for membership:

☐ Month-to-month Start date: End date:

☐ Annual membership Start date: End date:

☐ Other: _____ Start date: End date:

Fitness center attestation

I, (fitness center representative name), confirm that as part of the membership agreement/ arrangement with the member listed above, member has accepted liability and risk for use of the fitness center.

Fitness center representative signature: Date:

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Active&Fit ENTERPRISE™

Fitness Center Visit Submission Form (FCVSF)

Submit this form to request gym reimbursement after completing the required number of visits within the specified 6-month period (traditional fitness center or online/virtual visits). Please complete one form per fitness center you use.

Recognized online/virtual, at-home workout classes, or live streaming classes will be accepted and counted toward fitness center visits. **Complete page 2 to submit online/virtual classes.**

Fill in your full name below, and then have your fitness center complete the rest of this page. A fitness center representative must sign this form if you are attending a traditional freestanding fitness center. Submit this completed form, proof of payment, and proof of visits and/or online/virtual classes via email* to: **Fitness@ExerciseRewards.com.** You will receive an automated acknowledgment within a few minutes.

*** Please do not email photo files (JPEG, PNG, etc.); please email documents as attachments in PDF or Excel format.**

Last Name _____ First Name _____ M.I. _____

Date of Birth _____ Health Plan ID _____

Fitness Center Information

(Fitness center information must be legible and complete for your reward to be processed.)

Fitness Center Name _____

Fitness Center Address (Number, Street, Suite) _____

City _____ State _____ ZIP+4 _____ - _____ Phone_____

Type of Arrangement: □ Fitness Center Agreement □ Signed Application □ Other - Please Explain_____

Membership: □ Individual membership □ Family membership—If family membership, list names below:

_____

Membership Term : Amount Paid for Membership $ _____

□ Month-to-Month Start Date _____ End Date _____

□ Annual Membership Start Date _____ End Date _____

□ Other _____ Start Date _____ End Date _____

Proof of Fitness Center Visits. Submit a printout from your fitness center or submit this log for visit dates (mm/dd/yy) for the requested benefit period as soon as you meet the visit requirement. You do not need to wait until the end of the benefit period.

1.	2.	3.	4.	5.	6.	7.
8.	9.	10.	11.	12.	13.	14.
15.	16.	17.	18.	19.	20.	21.
22.	23.	24.	25.	26.	27.	28.
29.	30.	31.	32.	33.	34.	35.

Fitness Center Attestation:

I, _____ (fitness center representative name), confirm that as part of the membership agreement/arrangement with the member listed above, member has accepted liability and risk for use of the fitness center.

Failure to submit this form completed with all required information may result in your form being returned to you.

I certify the information above is correct. I also understand it is a crime to knowingly submit false information or requests to obtain compensation and that any such actions may results in termination from the Active&Fit ExerciseRewards™ program.

Fitness Center Staff Signature: _____ (Signed) _____ (Printed) _____ (Date)

Member Signature: _____ (Signed) _____ (Printed) _____ (Date)

Active&Fit ENTERPRISE™

Online/Virtual Class Information

Proof of attending virtual classes requires: (a) printed visit/attendance log showing date/time, (b) print screens (screen capture) showing attendance, or (c) a combination of (a) and (b).

Online/Virtual Class Membership Term:

□ Individual Classes (Online/Virtual) Start Date _____ End Date _____

Online/Virtual Class Attestation:

Failure to submit this form completed with all required information may result in your form being returned to you.

I certify the information above is correct. I also understand it is a crime to knowingly submit false information or requests to obtain compensation and that any such actions may results in termination from the Active&Fit ExerciseRewards™ program.

Member Signature: _____ _____ _____

Signed Printed Date

Submission Requirements:

- Completed FCVSF
- Valid proof of payment (receipt or credit card statement)
- Proof of visits and/or online/virtual classes

If you are not able to submit the submission requirements via email, please mail them to:

Active&Fit ExerciseRewards, P.O. Box 509117, San Diego, CA 92150-9117

Please be advised that a copy of your fitness center agreement may be requested. Failure to submit this form completed with all required information may result in a denial of reimbursement. If you attend multiple fitness centers, please submit the first page of this form for each location. *NOTE: If you are enrolled in a participating Active&Fit Enterprise™ fitness center, you do not need to submit anything for reimbursement. The Active&Fit Enterprise participating fitness centers automatically submit your visits for you.*

Once your request is processed, a check will be mailed to you within 30 days.

Remember:

- **For Traditional Fitness Centers:** Qualifying fitness centers must offer regular cardiovascular, flexibility, and/or resistance training exercise programs; must offer a membership agreement; and must have staff oversight. Fitness centers outside of the 50 U.S. states and District of Columbia do not qualify. Refer to the Active&Fit Enterprise website for exclusions and limitations.
- **For Online/Virtual/Live-Streaming Fitness Classes:**
  - Recognized online/virtual, at-home workout classes, or live streaming classes are defined as one that exists for the primary purpose of improving or maintaining physical health and requires a membership fee to be billed monthly, annually, or semi-annually. Includes online/virtual classes purchased individually, on a monthly basis, or as part of a membership (i.e., yoga, tai chi, Pilates).
  - Proof of attending virtual classes requires: (a) printed visit/attendance log showing date/time (b) print screens (screen capture) showing attendance, or (c) a combination of (a) and (b).
  - Only one traditional or virtual exercise session may be logged per calendar day. There must be at least 8 hours between sessions.

This Form must be received **no later than 90 days** following the end of each benefit plan year. For questions, contact Active&Fit ExerciseRewards customer service at **877-809-2746**.

Please be aware Fitness@ExerciseRewards.com is for submitting your Active&Fit ExerciseRewards paperwork only. If you have any questions, please email Fitness Customer Service at FitnessService@ashn.com, or call **877-809-2746**.

If it is unreasonably difficult due to a medical condition for you to achieve the standards (if any) for a reward under these programs, or if it is medically inadvisable for you to attempt to achieve the standards for the reward, we will work with you to develop another way to qualify for the reward.

Gym reimbursement programs are not Covered Services under your group's medical insurance policy, but are separate components of your Group Health Plan which are not guaranteed under your insurance Certificate and could be discontinued at any time.

Maximum annual reimbursement amount applies regardless of the number of members covered under your contract per benefit plan year. Please see your program brochure for details.

Up to your yearly maximum reimbursed amount, the amount of the reimbursement may be considered income to you and subject to state and federal taxes in the tax year it is paid. We recommend that you consult a tax expert with any questions regarding your tax obligations.

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



Vision, hearing, and dental

Eyewear

Glasses.com® and 1-800 CONTACTS®

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

EyeMed

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

LASIK

Premier LASIK Network

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

TruVision

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

Hearing

NationsHearing®

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

Hearing Care Solutions

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

Amplifon

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

Dental

RefreshaDent

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

Anthem

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Fitness and Health

Fitness

Active&Fit Direct™

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

Fitbit®

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

Garmin®

Discover discounts available on select Garmin wellness devices.

Husk Wellness

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

Health

Ahara

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

ChooseHealthy®

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

LifeMart®

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

Learn more about SpecialOffers

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

Family and home

Family

23andMe®

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

WINFertility®

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

Home

Nationwide® pet insurance

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

ASPCA® Pet Health Insurance

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

Medicine and treatment

Medicine

Puritan's Pride®

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

Allergy Control Products and National Allergy Supply™

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

Treatment

The Living Well Courses

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

BREVENA

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

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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.

Anthem

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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℠ 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.

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

In California Anthem Blue Cross is the tradename of Blue Cross of California, Inc. Also serving California: Anthem Blue Cross Life and Health Insurance Company. In 11 northeastern counties of New York Anthem Blue Cross is the tradename of Anthem Healthchoice Assurance, Inc., and Anthem Healthchoice HMO, Inc., and Anthem Blue Cross HP is the tradename of Anthem HP, LLC. Independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



Unlock the power of smart nutrition

Introducing Nutrition Tracker on the Sydney℠ Health mobile app

Tracking what you eat is a proven way to help manage weight and make sure you're eating for your best health

Nutrition Tracker:

- Lets you use your phone camera to scan food and labels, then provides nutritional values and calories.
- Shows you personalized nutrition tips and recipes to help you meet your goals.
- Generates food logs you can choose to share with your healthcare professionals.

Start using Nutrition Tracker today

Find it under *My Health Dashboard* on your Sydney℠ Health app. Set up your profile and start tracking. You can set favorites for quick tracking and see your calorie and nutritional intake in real time. If you don't have Sydney Health, download it from the App Store® or Google Play™.

Explore all of what Sydney Health has to offer

In addition to Nutrition Tracker, the Sydney Health mobile app connects you to the care, programs, and resources you need, when and where you need them. See all you can do:

- Find care and estimate costs.
- See what's covered and check claims.
- Access your digital member ID card.
- Get answers faster through real-time, live chat with Anthem health representatives.
- Create personalized action plans.
- Sync with fitness trackers and other devices.
- Engage with wellness articles and videos.
- Receive health reminders and suggestions for wellness programs.

Access personalized health and wellness information wherever you are.

Scan the QR code to download the Sydney Health app.

Anthem®

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Cancer Care Navigators

Supporting you through your cancer experience

If you are facing cancer, we'd like to help make your life less stressful during this time. Anthem's Cancer Care Navigators are ready to help manage your care, so you can focus on your well-being. The program is included with your benefits, and it comes at no extra cost.

Cancer Care Navigators are health educators specially trained to understand your diagnosis and unique needs. They can:

- Coordinate your care and act as a single point of contact for you, your oncologist, and your care team.
- Support both your emotional and physical health.
- Connect you and your loved ones to community resources.
- Answer questions about your treatment, medication, side effects, as well as Anthem benefits.
- Help prevent unnecessary procedures, tests, and emergency room or hospital visits.

Wherever you are with your cancer diagnosis, Anthem's Cancer Care Navigators are here to support you with compassion and empathy. To learn more about the program, call **833-649-0669**.

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Every experience is different, but here is what working with a Cancer Care Navigator may look like:



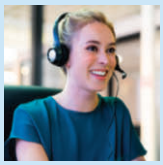
Meet Shelley. She has breast cancer.

Based on her diagnosis and treatment plan, Shelley is at high risk for having issues with chemotherapy. To support her through treatment, Shelley is assigned a personal Cancer Care Navigator named Melissa.



Melissa contacts Shelley's oncologist to learn more about her situation.

She finds out Shelley's doctor has been handling her transportation for chemotherapy appointments but is now too busy to provide the service.



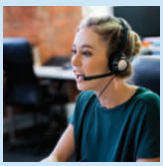
Melissa then calls Shelley to introduce herself, explain her role, and see how Shelley is coping.

Melissa wants to make sure she is aware of Shelley's unique circumstances and any concerns she may have about care. As they talk, Shelley reveals she has been struggling with anxiety. Melissa listens, reassures her, and schedules another call.



Melissa reaches out to Shelley for the second time and tells Shelley she has scheduled transportation for her next chemotherapy appointment.

Melissa mentions that Shelley has behavioral health resources through her health plan, including access to telehealth services and 24/7 NurseLine. Melissa emails links to Shelley for local support groups and sets up her third chemotherapy appointment.



Melissa follows up with Shelley's oncologist about her new transportation arrangement and growing anxiety.

The oncologist reports that Shelley has not been taking her medication regularly. Melissa calls Shelley to find out why she may be having trouble. Melissa offers to give Shelley daily reminders and to check in with Shelley's oncologist to monitor her progress.

In this example, the Cancer Care Navigator helps improve Shelley's care and educate her about support services available to her.

Anthem

Get the medications you take regularly sent to your home with CarelonRx Pharmacy

Set up home delivery through CarelonRx Pharmacy for the prescriptions you take long-term for conditions like high blood pressure, diabetes, heart disease, or asthma. You'll receive your medications at your door and enjoy the convenience of not having to visit the pharmacy.

With home delivery, you can count on:

Convenience. Medications are delivered directly to your home or any location you choose.

- Manage your prescriptions with the Sydney℠ Health app or at **anthem.com**.
- Expect first-time home delivery orders to take about two weeks and refills to take 3 to 5 days.
- Track your order.
- Set up reminders and automatic refills, too.

Safety. All orders are checked by a licensed pharmacist before they ship. Discreet packaging is:

- Tamperproof
- Weatherproof
- Temperature controlled, if needed

Peace of mind. You're less likely to miss a dose and more likely to stay on track with the treatment your doctor prescribed when you switch to home delivery.* You can also talk, text, or chat 24/7 with a trained pharmacist if you have questions or need help.

Hassle-free service. CarelonRx Pharmacy will contact your doctor to order a new, 90-day prescription if you need one. If a medication preapproval is needed, the home delivery team will reach out to you for consent before shipping your medication.

Savings. Many medications cost less when you fill a 90-day supply instead of three 30-day supplies. Shipping is always free. With CarelonRx Pharmacy, you can also learn about lower-cost options and use coupons to save money.

Start home delivery now

1. Log in to **anthem.com** and go to the **Prescriptions Home** page. You can also log in to your mobile app and select **Pharmacy**.
2. Choose **Request a New Home Delivery Prescription** and follow the guided steps to submit.

We're here to help

Call the Pharmacy Member Services phone number on your member ID card or use the live chat feature on Sydney Health or **anthem.com**.

*National Library of Medicine, National Center for Biotechnology website: A Retrospective Database Study Comparing Diabetes-Related Medication Adherence and Health Outcomes for Mail-Order Versus Community Pharmacy (accessed September 2022): ncbi.nlm.nih.gov/pubmed/30816817.

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Services provided by CarelonRx, Inc.
CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of your health plan.

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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 ਹਾਸਲ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਬਸ ਆਪਣੇ 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 **anthembluecross.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 **anthembluecross.com/memberrights**. To request a printed copy, please contact your Benefits Administrator or Human Resources representative.

Special enrollment rights

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

- **If you had another health plan that was canceled**. If you, your dependents, or your spouse are no longer eligible for benefits with another health plan (or if the employer stops contributing to that health plan), you may be able to enroll with us. You must enroll within 31 days after the other health plan ends (or after the employer stops paying for the plan).

  For example: You and your family are enrolled through your spouse's health plan at work. Your spouse's employer stops paying for health coverage. In this case, you and your spouse, as well as other dependents, may be able to enroll in one of our plans.

- **If you have a new dependent**. You gain new dependents from a life event, such as marriage, birth, adoption, or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you marry, your new spouse and any new children may be able to enroll in a plan.

- **If your eligibility for Medicaid or SCHIP changes**. You have a special period of 60 days to enroll after:
  - You (or your eligible dependents) lose Medicaid or the State Children's Health Insurance Program (SCHIP) benefits because you're no longer eligible..
  - You (or eligible dependents) become eligible to receive help from Medicaid or SCHIP for paying part of the cost of a health plan with us.

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



Your plan is here for you to use

If you would like extra help

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

Reach an Anthem Health Guide by calling **855-280-0455**. You also can go to **anthembluecross.com** to send a secure email or chat with them online.

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