

Anthem Blue Cross Blue Shield 2025 Benefit Guide



2025 open enrollment

Your guide to your benefits

Anthem Blue Preferred Plus POS & HSA
SC Swiderski

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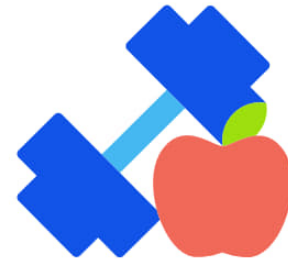
This guide is for informational purposes only. You must enroll in a plan for your benefits to start.

Welcome to Anthem

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

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

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



Why Anthem

At Anthem, we're dedicated to improving your health and providing quality coverage to the 47 million people who have an Anthem health plan.¹ To make sure you're receiving safe, quality care and service, we review the benefits and programs you use to know what's working — and learn where we can take action — to help you be your healthiest self. With an Anthem plan, you'll have access to a variety of benefits, including:

The nation's largest network

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

No- or low-cost preventive care

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

Convenient virtual care

Virtual care allows you to connect directly to care from anywhere with a smartphone, tablet, or computer with a camera. You'll be able to meet with a board-certified doctor through video or chat with little to no wait time.^{3,4}

Health and wellness programs

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

1 Elevance Health website: *Advancing Health Together* (May 2023). advancinghealth.elevancehealth.com.

2 Blue Cross Blue Shield Association: *About Us: The Blue Cross Blue Shield System*. [bcbs.com](https://www.bcbs.com).

3 Virtual text and video visits powered by K Health. LiveHealth Online is the trade name of Cateion Health Solutions, Inc., a separate company, providing telehealth services on behalf of your health plan.

4 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.

5 LiveHealth Online, internal data (2023).



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Pharmacy benefits

Reliable prescription drug coverage

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

Your plan covers:

- Brand-name and generic drugs on your drug list.
- Certain preventive drugs at a more affordable or no extra cost to you.
- Most specialty drugs required to treat an ongoing health matter or serious illness.

Coverage requirements

Certain medications require you to take other steps before your plan covers them.

- **Preapproval, also known as prior authorization:** This means Anthem needs to approve a drug before the pharmacy fills it.

- **Step therapy:** You may need to try other medicine before we can cover the one your doctor prescribed.
- **Quantity limits:** To help protect your health, your plan may limit how much medication you can receive each month.
- **Dose optimization:** If a higher strength is available, you may be able to switch from taking multiple doses to a single dose each day.

To understand pharmacy benefits:

- Review your medication list to see if your prescriptions are covered.

Tips: How to get your prescriptions and save money

- **Retail pharmacies:** Your costs may be lower with pharmacies in your plan's network.
- Price a medication tool on [anthem.com](https://www.anthem.com) or the **Sydney™ Health** app.
- **Noncovered medicine:** If your prescription isn't covered by your plan, you may be able to receive a discount. Share your ID card at the pharmacy, and the available discount will automatically be applied.
- Check for generic instead of brand name medicines, which are just as effective and can save you money.

* Rx Choice Network Nationwide February 7, 2024. file:anthem.com/RXCHTIERABCBS.pdf

- Price a medication to find the best price in your plan's network, which can save you more when buying certain medicines.
- Check to make sure your local retail pharmacy is in your plan's network.
- Explore home delivery with CarelonRx Pharmacy for medicines you take regularly.
- Get more information on our specialty pharmacy once you have a health plan. Most specialty drugs are covered if you need them.
- Review the drug tier chart to see where your medicines fall and how to save money.

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	\$\$\$
Tier 4	Preferred specialty drugs (brand name and generic)	\$\$\$\$

Your pharmacy options

You have choices for filling your prescriptions, including local retail pharmacies in your plan's network and convenient home delivery with CarelonRx Pharmacy. If you use a specialty medicine, it will need to be filled through our specialty pharmacy.

With the **Rx Choice Tiered Network**, you can fill prescriptions and pay less at a preferred pharmacy (or use a nonpreferred participating pharmacy and pay a slightly higher cost). To find a pharmacy, visit [anthem.com/pharmacyinformation/rxnetworks.html](https://www.anthem.com/pharmacyinformation/rxnetworks.html) and choose the Rx Choice Network list.

Choose from two levels of coverage:

- **Level 1:** Get prescriptions filled for a lower cost at more than 20,000 level 1 pharmacies nationwide, such as CVS, Target, Walmart, and Kroger.*
- **Level 2:** For an extra copay or percentage of the drug cost (depending on your benefit), you have more choices with 47,000 well-known level 2 pharmacies, which include Walgreens, Rite Aid, Sam's Club, Costco, and Meijer.*

Plan extras

Extra benefits that support your whole health

Once you enroll in your Anthem health plan, you'll have access to a variety programs and resources — at no added cost. These programs will help you to improve your overall health, save on the cost of care, and better manage a health condition if you have one.

Condition support

Managing a health condition can be hard, which is why we have programs to help you coordinate care and manage your care more easily. Whether you're managing diabetes, heart disease, or asthma, help is just a call, tap, or click away.

24/7 NurseLine

A registered nurse is available to answer your health questions anytime, day or night. They can help you decide where to go for care and find doctors and other healthcare professionals in your area.

Case Management

A care management team will reach out to help you as you transition home from surgery or if you have a serious health condition. They'll answer your questions about your follow-up care, medicines, or treatment options, coordinate benefits for home therapy or medical supplies, and find community resources for you.

Whole health connections

Staying on top of your health is important but can sometimes be hard to do on your own. We connect you to the right resources that can help you more easily meet your goals.



SpecialOffers

SpecialOffers features discounts on a variety of programs that help promote better health and well-being. Discounts are available on products and services for dental, vision, hearing, weight loss, fitness, family planning, pet insurance, health supplements, and skincare.

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Preferred Plus POS Option 14 with Rx Option T1

Your Network: Blue Preferred

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge medical deductible does not apply
Mental Health & Substance Use Disorder Services	No charge medical deductible does not apply
Specialist care	\$60 copay per visit medical deductible does not apply

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Overall Deductible	\$2,000 person / \$4,000 family	\$4,000 person / \$8,000 family
Overall Out-of-Pocket Limit	\$5,000 person / \$10,000 family	\$10,000 person / \$20,000 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 (excluding Out-of-Network Human Organ and Tissue Transplant (HOTT), Cellular and Gene Therapy services).

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

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

Primary Care (PCP) and Mental Health and Substance Use Disorder Services <i>virtual and office</i>	\$20 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Specialist Care <i>virtual and office</i>	\$60 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
<u>Other Practitioner Visits</u>		
Maternity Doctor services (prenatal/postnatal care and delivery)	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	\$20 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Manipulation Therapy	\$20 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
<u>Other Services in an Office</u> Allergy Testing Prescription Drugs <i>Dispensed in the office</i> Surgery	20% coinsurance after medical deductible is met 20% coinsurance after medical deductible is met 20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Preventive care / screenings / immunizations	No charge	40% coinsurance after medical deductible is met
Preventive Care for Chronic Conditions <i>per IRS guidelines</i>	No charge	40% coinsurance after medical deductible is met
<u>Diagnostic Services</u> Lab Office Freestanding Lab/Reference Lab Outpatient Hospital	No charge No charge 20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
X-Ray Office	No charge	40% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Freestanding Radiology Center	No charge	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i> Office Freestanding Radiology Center Outpatient Hospital	20% coinsurance after medical deductible is met \$250 copay per visit medical deductible does not apply 20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Emergency and Urgent Care Urgent Care <i>includes doctor services. Additional charges may apply depending on the care provided.</i> Emergency Room Facility Services <i>Your copay will be waived if admitted.</i> Emergency Room Doctor and Other Services Ambulance <i>Authorized Out-of-Network non-emergency ambulance services are limited to an Anthem maximum payment of \$50,000 per trip.</i>	\$100 copay per visit medical deductible does not apply \$500 copay per visit and 20% coinsurance medical deductible does not apply 20% coinsurance medical deductible does not apply 20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met Covered as In-Network Covered as In-Network Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility Facility Fees Doctor Services	20% coinsurance after medical deductible is met 20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<p><u>Outpatient Surgery</u></p> <p>Facility Fees</p> <p>Hospital</p> <p>Ambulatory Surgical Center</p> <p>Physician and other services <i>including surgeon fees</i></p> <p>Hospital</p> <p>Ambulatory Surgical Center</p>	<p>20% coinsurance after medical deductible is met</p> <p>\$250 copay per visit medical deductible does not apply</p> <p>20% coinsurance after medical deductible is met</p> <p>No charge</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></p> <p>Facility Fees</p> <p>Human Organ and Tissue Transplants <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i></p> <p>Physician and other services <i>including surgeon fees</i></p>	<p>20% coinsurance after medical deductible is met</p> <p>No charge</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p>Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i></p>	<p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p>
<p>Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical and occupational therapies is limited to 40 visits combined per benefit period. Coverage for speech therapy is limited to 20 visits per benefit period.</i></p> <p>Office</p>	<p>\$60 copay per visit medical deductible does not apply</p>	<p>40% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Pulmonary rehabilitation Office Outpatient Hospital	\$60 copay per visit medical deductible does not apply 20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Cardiac rehabilitation <i>Coverage is limited to 36 visits per benefit period.</i> Office Outpatient Hospital	\$60 copay per visit medical deductible does not apply 20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Dialysis/Hemodialysis Office Outpatient Hospital	No charge 20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Chemo/Radiation Therapy Office Outpatient Hospital	\$60 copay per visit medical deductible does not apply [†] 20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Skilled Nursing Care (facility) <i>Coverage is limited to 30 days per admission.</i>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met

Covered Medical Benefits		Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Inpatient Hospice		20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Durable Medical Equipment		20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>		20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Hearing Aids <i>Coverage is limited to 1 item per ear every 3 years for members under 18 years of age.</i>		20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
Pharmacy Deductible	Not applicable	Not applicable	Not applicable
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with In-Network medical out-of-pocket limit	Combined with Out-of-Network medical out-of-pocket limit
Prescription Drug Coverage Network: Rx Choice Tiered Network Drug List: Essential Drugs not included on the Essential drug list will not be covered.			
Day Supply Limits: Retail Pharmacy 30 day supply (cost shares noted below) Retail 90 Pharmacy 90 day supply (3 times the 30 day supply cost share(s) charged at Preferred Network and In-Network Retail Pharmacies noted below applies). Home Delivery Pharmacy 90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. Specialty Pharmacy 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. Drug cost share assistance programs may be available for certain specialty drugs.			
Preventive Drugs No deductible, copayment or coinsurance applies to prescription drugs on the PreventiveRX Plus drug list when you use a Preferred Network or an In-Network Pharmacy.			
Tier 1a - Typically Lower Cost Generic	No charge (retail and home delivery)	\$10 copay per prescription (retail only)	50% coinsurance (retail) and Not covered (home delivery)

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
Tier 1b - Typically Generic	\$10 copay per prescription (retail) and \$20 copay per prescription (home delivery)	\$20 copay per prescription (retail only)	50% coinsurance (retail) and Not covered (home delivery)
Tier 2 - Typically Preferred Brand	\$50 copay per prescription (retail) and \$125 copay per prescription (home delivery)	\$60 copay per prescription (retail only)	50% coinsurance (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand	\$80 copay per prescription (retail) and \$200 copay per prescription (home delivery)	\$90 copay per prescription (retail only)	50% coinsurance (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic)	\$400 copay per prescription (retail and home delivery)	\$500 copay per prescription (retail only)	50% coinsurance (retail) and Not covered (home delivery)
Covered Vision Benefits		Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<i>This is a brief outline of your vision coverage. To receive the In-Network benefit, you must use a Blue View Vision Provider. Only children's vision services count towards your out-of-pocket limit.</i>			
Children's Vision exam (up to age 19) <i>Limited to 1 exam per benefit period.</i>		No charge	\$0 copayment up to plan's Maximum Allowed Amount
Adult Vision exam (age 19 and older) <i>Limited to 1 exam per benefit period.</i>		No charge	Reimbursed Up to \$42

Notes:

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

- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- ‡ You will pay the PCP's office visit copay when services are provided in their office.

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

Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield of Wisconsin (BCBSWI), Compcare Health Services Insurance Corporation (Compcare) and Wisconsin Collaborative Insurance Company (WCIC). BCBSWI underwrites or administers PPO and indemnity policies and underwrites the Out-of-Network benefits in POS policies offered by Compcare or WCIC; Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Questions: (833) 578-4439 or visit us at www.anthem.com

Your summary of benefits



Your Plan: Anthem Blue Preferred Plus POS Option 14 with Rx Option T1

Your Network: Blue Preferred

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

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Preferred Plus POS HSA Option E2 with Rx Option T4

Your Network: Blue Preferred

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

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Overall Deductible	\$3,300 person / \$6,600 family	\$6,600 person / \$13,200 family
Overall Out-of-Pocket Limit	\$4,000 person / \$8,000 family	\$8,000 person / \$16,000 family

The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.

All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit (excluding Out-of-Network Human Organ and Tissue Transplant (HOTT), Cellular and Gene Therapy services).

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

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

Primary Care (PCP) and Mental Health and Substance Use Disorder Services <i>virtual and office</i>	No charge after deductible is met	30% coinsurance after deductible is met
Specialist Care <i>virtual and office</i>	No charge after deductible is met	30% coinsurance after deductible is met
<u>Other Practitioner Visits</u>		
Maternity Doctor services (prenatal/postnatal care and delivery)	No charge after deductible is met	30% coinsurance after deductible is met
Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	No charge after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Manipulation Therapy	No charge after deductible is met	30% coinsurance after deductible is met
<u>Other Services in an Office</u>		
Allergy Testing	No charge after deductible is met	30% coinsurance after deductible is met
Prescription Drugs <i>Dispensed in the office</i>	No charge after deductible is met	30% coinsurance after deductible is met
Surgery	No charge after deductible is met	30% coinsurance after deductible is met
Preventive care / screenings / immunizations	No charge	30% coinsurance after deductible is met
Preventive Care for Chronic Conditions <i>per IRS guidelines</i>	No charge	30% coinsurance after deductible is met
<u>Diagnostic Services</u>		
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
Freestanding Radiology Center	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 <i>for example: MRI, PET and CAT scans</i>		
Office	No charge after deductible is met	30% coinsurance after deductible is met
Freestanding Radiology Center	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 an Out-of-Network Provider
<p><u>Emergency and Urgent Care</u></p> <p>Urgent Care</p> <p>Emergency Room Facility Services</p> <p>Emergency Room Doctor and Other Services</p> <p>Ambulance <i>Authorized Out-of-Network non-emergency ambulance services are limited to an Anthem maximum payment of \$50,000 per trip.</i></p>	<p>No charge after deductible is met</p> <p>No charge after deductible is met</p> <p>No charge after deductible is met</p> <p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p><u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u></p> <p>Facility Fees</p> <p>Doctor Services</p>	<p>No charge after deductible is met</p> <p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><u>Outpatient Surgery</u></p> <p>Facility Fees</p> <p>Hospital</p> <p>Ambulatory Surgical Center</p> <p>Physician and other services including surgeon fees</p> <p>Hospital</p> <p>Ambulatory Surgical Center</p>	<p>No charge after deductible is met</p> <p>No charge after deductible is met</p> <p>No charge after deductible is met</p> <p>No charge after deductible is met</p> <p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></p> <p>Facility Fees</p> <p>Human Organ and Tissue Transplants <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i></p> <p>Physician and other services including surgeon fees</p>	<p>No charge after deductible is met</p> <p>No charge after deductible is met</p> <p>No charge after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical and occupational therapies is limited to 40 visits combined per benefit period. Coverage for speech therapy is limited to 20 visits per benefit period.</i> Office Outpatient Hospital	No charge after deductible is met No charge after deductible is met	30% coinsurance after deductible is met 30% coinsurance after deductible is met
Pulmonary rehabilitation <i>office and outpatient hospital</i>	No charge after deductible is met	30% coinsurance after deductible is met
Cardiac rehabilitation <i>office and outpatient hospital</i> <i>Coverage is limited to 36 visits per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Dialysis/Hemodialysis <i>office and outpatient hospital</i>	No charge after deductible is met	30% coinsurance after deductible is met
Chemo/Radiation Therapy <i>office and outpatient hospital</i>	No charge after deductible is met	30% coinsurance after deductible is met
Skilled Nursing Care (facility) <i>Coverage is limited to 30 days per admission.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Inpatient Hospice	No charge after deductible is met	30% coinsurance after deductible is met
Durable Medical Equipment	No charge after deductible is met	30% coinsurance after deductible is met
Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Hearing Aids <i>Coverage is limited to 1 item per ear every 3 years for members under 18 years of age.</i>	No charge after deductible is met	30% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
Pharmacy Deductible	Combined with In-Network medical deductible	Combined with In-Network medical deductible	Combined with Out-of-Network medical deductible
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with In-Network medical out-of-pocket limit	Combined with Out-of-Network medical out-of-pocket limit
Prescription Drug Coverage Network: Rx Choice Tiered Network Drug List: Essential Drugs not included on the Essential drug list will not be covered.			
Day Supply Limits: Retail Pharmacy 30 day supply (cost shares noted below) Retail 90 Pharmacy 90 day supply (3 times the 30 day supply cost share(s) charged at Preferred Network and In-Network Retail Pharmacies noted below applies). Home Delivery Pharmacy 90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. Specialty Pharmacy 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. Drug cost share assistance programs may be available for certain specialty drugs.			
Preventive Drugs No deductible, copayment or coinsurance applies to prescription drugs on the PreventiveRX Plus drug list when you use a Preferred Network or an In-Network Pharmacy.			
Tier 1a - Typically Lower Cost Generic	\$0 copay per prescription after deductible is met (retail and home delivery)	\$10 copay per prescription after deductible is met (retail only)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 1b - Typically Generic	\$10 copay per prescription after deductible is met (retail) and \$20 copay per prescription after deductible is met (home delivery)	\$20 copay per prescription after deductible is met (retail only)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 - Typically Preferred Brand	\$50 copay per prescription after deductible is met (retail) and \$125 copay per prescription after deductible is met (home delivery)	\$60 copay per prescription after deductible is met (retail only)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand	\$80 copay per prescription after deductible is met	\$90 copay per prescription after deductible is met (retail)	50% coinsurance after deductible is met (retail) and Not covered

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
	(retail) and \$200 copay per prescription after deductible is met (home delivery)	only)	(home delivery)
Tier 4 - Typically Specialty (brand and generic)	\$400 copay per prescription after deductible is met (retail and home delivery)	\$500 copay per prescription after deductible is met (retail only)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Covered Vision Benefits		Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<i>This is a brief outline of your vision coverage. To receive the In-Network benefit, you must use a Blue View Vision Provider. Only children's vision services count towards your out-of-pocket limit.</i>			
Children's Vision exam (up to age 19) <i>Limited to 1 exam per benefit period.</i>		No charge	\$0 copayment up to plan's Maximum Allowed Amount
Adult Vision exam (age 19 and older) <i>Limited to 1 exam per benefit period.</i>		No charge	Reimbursed Up to \$42

Notes:

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

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Questions: (833) 578-4439 or visit us at www.anthem.com

Your summary of benefits



Your Plan: Anthem Blue Preferred Plus POS HSA Option E2 with Rx Option T4

Your Network: Blue Preferred

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

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Preferred Plus POS HSA Option E13

Your Network: Blue Preferred

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	20% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Overall Deductible	\$5,000 person / \$10,000 family	\$10,000 person / \$20,000 family
Overall Out-of-Pocket Limit	\$7,000 person / \$14,000 family	\$14,000 person / \$28,000 family
<p>The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.</p> <p>All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit (excluding Out-of-Network Human Organ and Tissue Transplant (HOTT), Cellular and Gene Therapy services).</p> <p>In-Network and Out-of-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.</p>		
<p>Doctor Visits (virtual and office) <i>You are encouraged to select a Primary Care Physician (PCP).</i></p>		
Primary Care (PCP) and Mental Health and Substance Use Disorder Services <i>virtual and office</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Specialist Care <i>virtual and office</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<p>Other Practitioner Visits</p>		
Maternity Doctor services (prenatal/postnatal care and delivery)	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Manipulation Therapy	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<u>Other Services in an Office</u>		
Allergy Testing	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Prescription Drugs <i>Dispensed in the office</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Surgery	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Preventive care / screenings / immunizations	No charge	40% coinsurance after deductible is met
Preventive Care for Chronic Conditions <i>per IRS guidelines</i>	No charge	40% coinsurance after deductible is met
<u>Diagnostic Services</u>		
Lab		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Freestanding Lab/Reference Lab	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
X-Ray		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Freestanding Radiology Center	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i>		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Freestanding Radiology Center	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<p><u>Emergency and Urgent Care</u></p> <p>Urgent Care</p> <p>Emergency Room Facility Services</p> <p>Emergency Room Doctor and Other Services</p> <p>Ambulance <i>Authorized Out-of-Network non-emergency ambulance services are limited to an Anthem maximum payment of \$50,000 per trip.</i></p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p><u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u></p> <p>Facility Fees</p> <p>Doctor Services</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p>
<p><u>Outpatient Surgery</u></p> <p>Facility Fees</p> <p>Hospital</p> <p>Ambulatory Surgical Center</p> <p>Physician and other services including surgeon fees</p> <p>Hospital</p> <p>Ambulatory Surgical Center</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p>
<p><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></p> <p>Facility Fees</p> <p>Human Organ and Tissue Transplants <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i></p> <p>Physician and other services including surgeon fees</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical and occupational therapies is limited to 40 visits combined per benefit period. Coverage for speech therapy is limited to 20 visits per benefit period.</i> Office Outpatient Hospital	20% coinsurance after deductible is met 20% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met
Pulmonary rehabilitation <i>office and outpatient hospital</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Cardiac rehabilitation <i>office and outpatient hospital</i> <i>Coverage is limited to 36 visits per benefit period.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Dialysis/Hemodialysis <i>office and outpatient hospital</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Chemo/Radiation Therapy <i>office and outpatient hospital</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Skilled Nursing Care (facility) <i>Coverage is limited to 30 days per admission.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Inpatient Hospice	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Durable Medical Equipment	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Hearing Aids <i>Coverage is limited to 1 item per ear every 3 years for members under 18 years of age.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
Pharmacy Deductible	Combined with In-Network medical deductible	Combined with In-Network medical deductible	Combined with Out-of-Network medical deductible
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with In-Network medical out-of-pocket limit	Combined with Out-of-Network medical out-of-pocket limit
Prescription Drug Coverage Network: Rx Choice Tiered Network Drug List: Essential Drugs not included on the Essential drug list will not be covered.			
Day Supply Limits: Retail Pharmacy 30 day supply (cost shares noted below) Retail 90 Pharmacy 90 day supply (3 times the 30 day supply cost share(s) charged at Preferred Network and In-Network Retail Pharmacies noted below applies). Home Delivery Pharmacy 90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. Specialty Pharmacy 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. Drug cost share assistance programs may be available for certain specialty drugs.			
Preventive Drugs No deductible, copayment or coinsurance applies to prescription drugs on the PreventiveRX Plus drug list when you use a Preferred Network or an In-Network Pharmacy.			
Tier 1 - Typically Generic	20% coinsurance after deductible is met (retail and home delivery)	30% coinsurance after deductible is met (retail only)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 - Typically Preferred Brand	20% coinsurance after deductible is met (retail and home delivery)	30% coinsurance after deductible is met (retail only)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand	20% coinsurance after deductible is met (retail and home delivery)	30% coinsurance after deductible is met (retail only)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic)	20% coinsurance after deductible is met (retail and home delivery)	30% coinsurance after deductible is met (retail only)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<p><i>This is a brief outline of your vision coverage. To receive the In-Network benefit, you must use a Blue View Vision Provider. Only children's vision services count towards your out-of-pocket limit.</i></p>		
<p>Children's Vision exam (up to age 19) <i>Limited to 1 exam per benefit period.</i></p>	<p>No charge</p>	<p>\$0 copayment up to plan's Maximum Allowed Amount</p>
<p>Adult Vision exam (age 19 and older) <i>Limited to 1 exam per benefit period.</i></p>	<p>No charge</p>	<p>Reimbursed Up to \$42</p>

Notes:

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

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Your summary of benefits



Your Plan: Anthem Blue Preferred Plus POS HSA Option E13

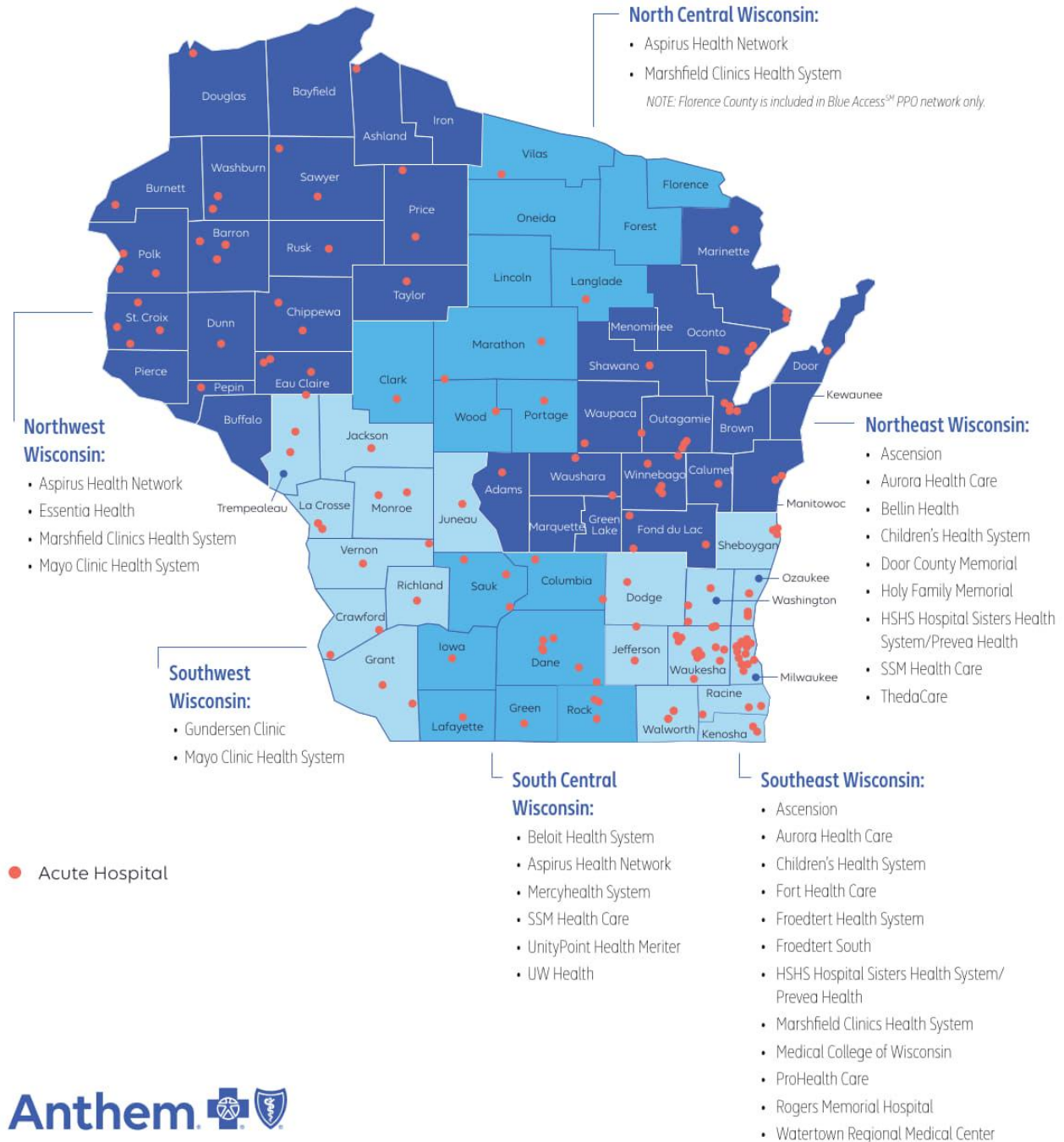
Your Network: Blue Preferred

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Wisconsin

State-wide network service area

Effective May 1, 2024



North Central Wisconsin

Aspirus Health Network

Aspirus Eagle River Hospital	Eagle River
Aspirus Langlade Hospital	Antigo
Aspirus Merrill Hospital	Merrill
Aspirus Plover Hospital	Stevens Point
Aspirus Rhinelander Hospital	Rhinelanders
Aspirus Riverview Hospital	Wisconsin Rapids
Aspirus Stanley Hospital	Stanley
Aspirus Stevens Point Hospital	Stevens Point
Aspirus Tomahawk Hospital	Tomahawk
Aspirus Wausau Hospital	Wausau
Howard Young Medical Center	Woodruff
North Central Health Care	Wausau

Marshfield Clinics Health System

Marshfield Medical Center	Marshfield
Marshfield Medical Center- Minocqua	Minocqua
Marshfield Medical Center-River Region	Stevens Point
Marshfield Medical Center- Weston	Weston
Marshfield Medical Center- Neillsville	Neillsville

Northeast Wisconsin

Ascension

Ascension Calumet Hospital	Chilton
Ascension NE Wisconsin - Mercy Campus	Oshkosh
Ascension NE Wisconsin - St. Elizabeth Campus	Appleton

Aurora Health Care

Aurora BayCare Medical Center	Green Bay
Aurora Medical Center Bay Area	Marinette
Aurora Medical Center Manitowoc	Two Rivers
Aurora Medical Center Oshkosh	Oshkosh

Bellin Health

Bellin Behavioral Health	Green Bay
Bellin Hospital	Green Bay
Bellin Health Oconto Hospital & Medical Center	Oconto

Children's Health System

Children's Hospital of Wisconsin Fox Valley	Neenah
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Door County Memorial

Door County Memorial	Sturgeon Bay
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Holy Family Memorial

Holy Family Memorial	Manitowoc
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HSHS Hospital Sisters Health System/Prevea Health

HSHS St. Clare Memorial Hospital	Oconto Falls
HSHS St. Mary's Hospital Medical	Green Bay
HSHS St. Vincent Hospital	Green Bay

SSM Health Care

SSM Health Ripon Community Hospital	Ripon
SSM Health St. Agnes Hospital Fond du Lac	Fond du Lac
SSM Health Waupun Memorial Hospital	Waupun

ThedaCare

ThedaCare Medical Center - Appleton	Appleton
ThedaCare Medical Center - Berlin	Berlin
ThedaCare Medical Center - Neenah	Neenah
ThedaCare Medical Center - New London	New London
ThedaCare Medical Center - Shawano	Shawano
ThedaCare Medical Center - Waupaca	Waupaca
ThedaCare Medical Center - Wild Rose	Wild Rose

Northwest Wisconsin

Aspirus Health Network

Aspirus Medford Hospital	Medford
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Essentia Health

St. Mary's Hospital	Superior
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Marshfield Clinics Health System

Marshfield Medical Center - Eau Claire	Eau Claire
Marshfield Medical Center - Ladysmith	Ladysmith
Marshfield Medical Center - Park Falls	Park Falls
Marshfield Medical Center - Rice Lake	Rice Lake

Mayo Clinic Health System

Mayo Clinic Health System - Chippewa Valley	Bloomer
Mayo Clinic Health System - Eau Claire	Eau Claire
Mayo Clinic Health System - Northland	Barron
Mayo Clinic Health System - Oakridge	Osseo
Mayo Clinic Health System - Red Cedar	Menomonie

Southwest Wisconsin

Gundersen Clinic

Gundersen Boscobel Area Hospital	Boscobel
Gundersen Lutheran Medical Center	LaCrosse
Gundersen Moundview Hospital	Friendship
Gundersen St. Joseph's Hospital	Hillsboro
Gundersen Tri County	Whitehall

Mayo Clinic Health System

MCHS Franciscan Healthcare LaCrosse	LaCrosse
MCHS Franciscan Healthcare Sparta	Sparta

South Central Wisconsin

Aspirus Divine Savior Healthcare

Aspirus Divine Savior Healthcare	Portage
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Beloit Health System

Beloit Memorial Hospital	Beloit
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SSM Health Care

SSM Health Monroe Hospital	Monroe
SSM Health St. Clare Hospital	Baraboo
SSM Health St. Mary's Hospital	Janesville
SSM Health St. Mary's Hospital	Madison

Mercyhealth System

Mercyhealth Hospital and Trauma Center	Janesville
Mercyhealth Hospital and Medical Center	Lake Geneva

UnityPoint Health Meriter

UnityPoint Health - Meriter Hospital	Madison
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UW Health

American Family Children's Hospital	Madison
University of Wisconsin Hospital	Madison
UW Health Rehabilitation Hospital	Madison

Southeast Wisconsin

Ascension

Ascension All Saints Medical Center	Racine
Ascension Columbia - St. Mary's Hospital	Milwaukee
Ascension SE Wisconsin Hospital - Elmbrook Campus	Brookfield
Ascension SE Wisconsin Hospital - Franklin Campus	Franklin
Ascension SE Wisconsin Hospital - St. Joseph Campus	Milwaukee

Ascension Sacred Heart Rehabilitation	Milwaukee
Ascension St. Francis Hospital	Milwaukee
Ascension St. Mary's Hospital - Ozaukee	Mequon
Ascension WI Hospital Greenfield Campus	Milwaukee
Ascension WI Hospital Menomonee Falls Campus	Menomonee Falls
Ascension WI Hospital Waukesha Campus	Waukesha
Midwest Orthopedic Specialty Hospital	Milwaukee
Orthopedic Hospital of Wisconsin	Glendale

Aurora Health Care

Aurora Medical Center Washington County	Hartford
Aurora Lakeland Medical Center	Elkhorn
Aurora Medical Center Burlington	Burlington
Aurora Medical Center Grafton	Grafton
Aurora Medical Center Kenosha	Kenosha
Aurora Medical Center Mount Pleasant	Mount Pleasant
Aurora Medical Center Sheboygan	Sheboygan
Aurora Medical Center Summit	Summit
Aurora Psychiatric Hospital	Wauwatosa
Aurora Sinai Medical Center	Milwaukee
Aurora St. Luke's South Shore	Cudahy
Aurora St. Luke's Medical Center	Milwaukee
Aurora West Allis Medical Center	West Allis

Children's Health System

Children's Hospital of Wisconsin	Milwaukee
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Fort Health Care

Fort Memorial Hospital	Fort Atkinson
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Froedtert & the Medical College of Wisconsin

Froedtert Community Hospital	Mequon
Froedtert Community Hospital	New Berlin
Froedtert Community Hospital	Oak Creek
Froedtert Community Hospital	Pewaukee
Froedtert Community Memorial Hospital	Menomonee Falls
Froedtert Hospital	Milwaukee
Froedtert West Bend Hospital	West Bend

Froedtert South

Froedtert South	Kenosha
Froedtert South	Pleasant Prairie

HSHS Hospital Sisters Health System/Prevea Health

HSHS St. Nicholas Hospital	Sheboygan
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Marshfield Clinics Health System

Marshfield Medical Center Beaver Dam	Beaver Dam
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ProHealth Care

ProHealth Oconomowoc Memorial Hospital	Oconomowoc
ProHealth Rehabilitation Hospital	Waukesha
ProHealth Waukesha Memorial Hospital	Waukesha
ProHealth Waukesha Memorial Hospital - Mukwonago	Mukwonago

Rogers Memorial Hospital

Rogers Memorial Hospital - Brown Deer	Brown Deer
Rogers Memorial Hospital - Oconomowoc	Oconomowoc
Rogers Memorial Hospital - West Allis	West Allis

Watertown Regional Medical Center

Watertown Regional Medical Center	Watertown
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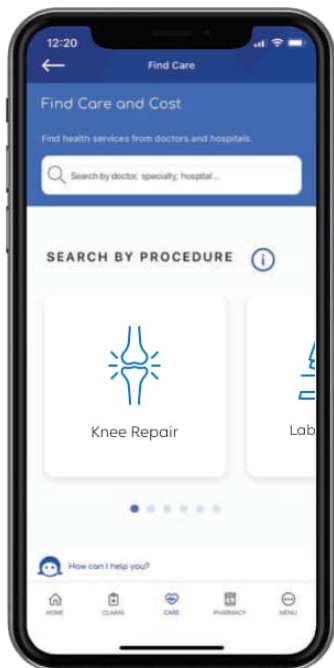
* While we make efforts to ensure that our lists of doctors, hospitals, and other providers are up to date and accurate, providers do leave our networks from time to time, and the listings included on Find a Doctor / Find Care at anthem.com do change.

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Find high-quality doctors nearby and compare costs

Choosing a doctor you trust is important — and choosing one in your plan's network helps lower your costs. The **Find Care** tool on the SydneySM Health app and [anthem.com](https://www.anthem.com) can help you do both.



Helping you find the right care

The **Find Care** tool brings together details about doctors in your plan's network. You can customize your search by name, location, specialty, or procedure. You also can compare information such as costs, languages spoken, and office hours.* To make sure a care provider is in your plan's network, view the doctor or facility profile.

To help you find care providers who would be a good fit for you, we sort your search results and provide the top three matches using **Personalized Match**. There are more options available below your top three, and you can always re-sort these search results by distance or name.

After viewing your initial search results, you can filter your results by selecting the relevant boxes on the left or browsing by list or map views.



Search by name, specialty, or procedure.



Customize and refine results.



Compare doctors and costs.



Download the Sydney Health app

Scan the QR code to download the Sydney Health app. Choose **Find Care and Cost** from the **Care** menu.

¿Prefieres obtener información en español? Tienes opciones. Si tu teléfono móvil ya está configurado en español, la aplicación Sydney Health también estará en español. Si no es así, selecciona el **menú** dentro de la aplicación Sydney Health y elige el **idioma de la aplicación**. También puedes visitar [anthem.com/es](https://www.anthem.com/es).

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

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

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

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The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

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

Find Care

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

My Health Dashboard

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

Chat

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

Virtual Care

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

Community Resources

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

My Health Records

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



Download the Sydney Health app today

Use the app anytime to:

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



Scan the QR code to download the Sydney Health app.

You can also set up an account at [anthem.com/register](https://www.anthem.com/register) to access most of the same features from your computer.

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

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

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

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Receive virtual care and support 24/7 with our Sydney Health app

Now you can connect more easily to the care you need through our SydneySM Health mobile app. Have a video visit with a doctor on your mobile device or computer with a camera, 24/7.

Visit with a doctor for common health concerns

Doctors are available anytime, with no appointments or long wait times. They can help you with these types of conditions:

- COVID-19
- Flu
- Cold and fever
- Minor rashes
- Sore throat
- Headaches

During your video visit, the doctor will assess your condition, provide a treatment plan, and send prescriptions to the pharmacy of your choice, if needed.¹



What people say about virtual care visits²

89%

said the doctor they saw was professional and helpful

92%

thought the doctor understood their concerns

92%

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

How to download our Sydney Health app:



Scan the QR code with your phone's camera.



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

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

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

Visit **anthem.com**.

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



¹ Prescription availability is defined by physician judgment.

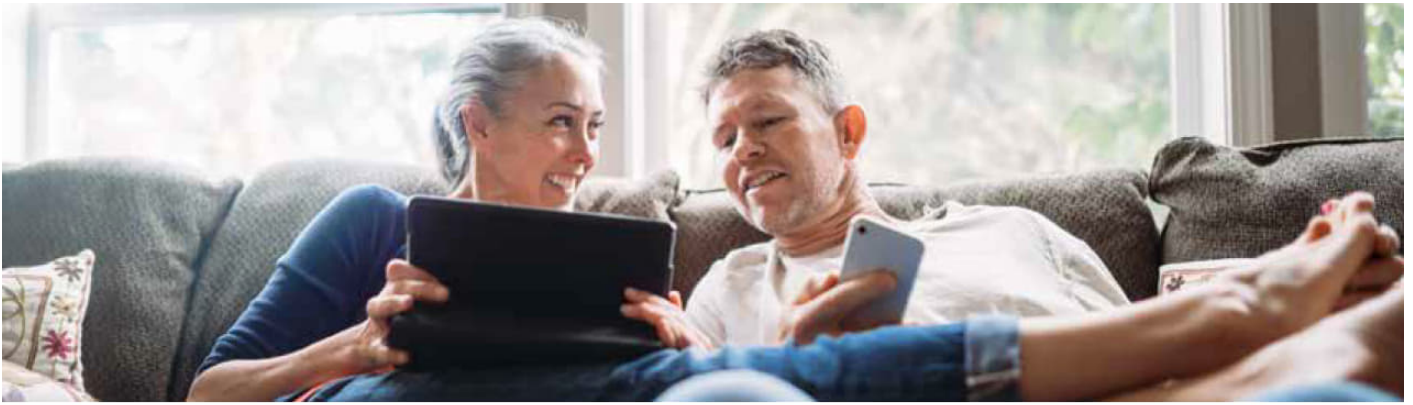
² Based on Sydney Health utilization trends from top national clients.

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

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

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

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Save money and time with Rx Choice pharmacy network

Your Anthem health plan gives you choices about how and where to fill your prescriptions. With the Rx Choice pharmacy network, you can choose a pharmacy with lower prescription costs or a greater number of locations. You can also have prescriptions delivered right to your door. Choose CarelonRx Mail home delivery, if available, to save time and money when filling medicines you take daily. It even comes with automatic refills.

The Rx Choice network offers two levels of coverage:

Level 1

These are preferred pharmacies, where your copay or share of the prescription cost is lower. There are more than 20,000^{*} Level 1 pharmacies nationwide, including these well-known chains:

- CVS
- Walmart
- Kroger
- Giant Eagle
- Albertsons/Safeway
- Hannaford/Ahold

Level 2

You'll pay more out of pocket when you fill your prescription at one of these 47,000^{*} pharmacies, including these well-known chains:

- Walgreens
- Rite Aid
- Sam's Club
- Costco
- Meijer

Note: CarelonRx Mail home delivery is also available as a preferred pharmacy option.

How to find a pharmacy in the Rx Choice pharmacy network

- Log on to [anthem.com](https://www.anthem.com) or the SydneySM Health mobile app, and choose **Order and Manage Prescriptions**.
- On the *Pharmacy* page, choose **Find a Pharmacy**.
- Enter your ZIP code and how far you want to search to find pharmacies near you.

Choose CarelonRx Mail home delivery

You may be eligible to request a new home-delivery prescription on [anthem.com](https://www.anthem.com) or the Sydney Health mobile app.

We're here to help

If you have questions about the network or your pharmacy benefits, call the Pharmacy Member Services number on your plan ID card.

* IngenioRx data, 2022.

Services provided by CarelonRx, Inc.

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Employee Assistance Program Service Summary Large Group - Wisconsin



Available 24/7, 365 days a year
Everything you share is confidential*

Life can be full of challenges. Your Anthem Employee Assistance Program (EAP) is here to help you and your household members. EAP offers a wide range of **no-cost** support services and resources, including:



Counseling

- Up to 3 visits per issue
- In-person or online visits
- Call EAP or use the online Member Center to initiate services



Legal consultation

- 30-minute phone or in-person meeting
- Discounted fees to retain a lawyer
- Free legal resources, forms, and seminars online



Financial consultation

- Phone meeting with financial professionals
- Regular business hours; no appointment required
- Free financial resources and budgeting tools online



ID recovery

- Help reporting to consumer credit agencies
- Assistance with paperwork and creditor negotiations



Emotional Well-being Resources

- Digital tools to improve emotional well-being
- Team up with an experienced clinical coach
- Practice mindfulness on the go



Dependent care and daily living resources

- Online information about child care, adoption, elder care, and assisted living
- Phone consultation with a work-life specialist
- Help with pet sitting, moving, and other common needs



Other anthemEAP.com resources

- Well-being articles, podcasts, and monthly webinars
- Self-assessment tools for emotional health issues



Crisis consultation

- Toll-free emergency number; 24/7 support
- Online critical event support during crises

We are ready to support you

You can call us at 800-999-7222, or go to [anthemEAP.com](https://www.anthemEAP.com) and enter your company code: Wisconsin EAP

When something unexpected happens, EAP can help you figure out your next steps. Contact us today.

* In accordance with federal and state law, and professional ethical standards.

This document is for general informational purposes. Check with your employer for specific information on the services available to you.

Language Access Services – (TTY/TDD: 711)

Spanish – Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.

Chinese – 您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。

Anthem complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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Engagement Package 200

Give your employees extra support to reach their personal health goals

Everyone has their own approach to achieving health goals.

Engagement Package 200 rewards employees up to \$200 in retail gift cards when they take part in a wide variety of preventive care, condition management, and wellness activities that help them to meet those goals.

Employees can follow their progress and rewards earned through **anthem.com** or the **SydneySM Health** app.¹ Sydney Health is integrated and personalized, making it easier for employees to get — and stay — in their best health.

Your employees can earn a maximum of \$200 by participating in or completing certain activities, such as:

Ways to earn rewards²

Adult wellness annual exam or well-woman exam in first 90 days of the plan year (one per year)	\$25
Flu shot (one per year)	\$20
Screening mammogram (one per year)	\$25
Colorectal cancer screening (one per year)	\$25
Eye exam (one per year)	\$25
Cholesterol exam (one per year)	\$20
Health assessment (one per year)	\$20
Update contact information (one per year)	\$10
Login — web or mobile (one per year)	\$5
Connecting tracking device (one per year)	\$5
Steps tracking (\$2 for every 50,000; \$60 maximum)	\$60
Action plans (\$5 each; five a year maximum)	\$25
ConditionCare ³	\$50
Building Healthy Families ⁴	\$40
Well-being Coach Digital ⁵	\$20
Well-being Coach Telephonic — achieve weight goal (one per year)	\$25
Well-being Coach Telephonic — achieve tobacco cessation (one per year)	\$25

¹ Rewards eligibility only applies to employees and their spouse or domestic partner. Individuals must be active on the plan, and activity must take place during the plan effective year.
² Rewards are processed after employee receives annual preventive wellness exam and flu shot and provider submits claims to Anthem.
³ ConditionCare rewards: \$20 for program participation and \$30 for program completion.
⁴ Building Healthy Families rewards: \$0 for profile completion, \$0 for pregnancy screening, \$0 for completing at least 1 of 6 mini-assessments, and \$0 for postpartum assessment.
⁵ Daily check-in rewards: first check-in: \$4; next 15 check-ins in first quarter: \$4; 25 check-ins during second through fourth quarters: \$4 each quarter.
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Our health rewards program gives rewards to an employee and their covered partner when they participate in wellness programs that help them create healthy habits.

Rewards can be applied toward an electronic gift card from popular retailers, such as Mastercard®, Amazon, Gap Options (all brands), Staples®, Target, The Home Depot, and TJ Maxx®. The minimum gift card amount is set by each individual retailer. Rewards earned should be redeemed before the end of the current plan year. Unused rewards are forfeited three months after the end of the employee's plan year.



Well-being Coach Total

This program gives employees access to tools to help them make positive lifestyle changes and meet health goals.*

Well-being Coach Telephonic provides phone coaching with a health educator for those at risk for obesity or tobacco use. Employees have access to a coach through chat using Sydney Health.

Employees can consult with an Anthem pharmacist to discuss medication options to help them lose weight or quit tobacco. The pharmacist can request a prescription from the employee's doctor.

Well-being Coach Digital is a personalized health coaching app that helps employees at all risk levels get support to maintain a healthier weight or quit tobacco, with guidance on nutrition, activity, mindfulness, and sleep.



We want to help your employees get the care they need, when they need it. With the Engagement Package 200, they can receive support and guidance every step of the way.

To learn more, contact your Sales account representative.

* Well-being Coach is powered by the Lark platform and accessible to individuals through Sydney Health.

Product availability may vary. The reward amount redeemed by the employee may be considered income to the employee and/or their spouse or domestic partner and subject to state and federal taxes in the tax year it is paid. The employee and/or their spouse or domestic partner should consult a tax expert with any questions regarding their tax obligations.

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Stay on top of your health



Use your preventive care benefits

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

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

Preventive care vs. diagnostic care

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

Adult preventive care

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

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (for men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) levels screening
- Colorectal cancer screenings, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)^{2, 3}
- Depression screening
- Diabetes screening (type 2)⁴
- Eye chart test for vision⁵
- Hepatitis B virus (HBV) screening for people at increased risk of infection
- Hearing screening
- Height, weight, and body mass index (BMI) measurements
- Hepatitis C virus (HCV) screening
- Human immunodeficiency virus (HIV): screening and counseling
- Interpersonal and domestic violence: screening and counseling
- Lung cancer screening for those ages 50 to 80 who have a history of smoking 20 packs or more per year and still smoke, or who have quit within the past 15 years²
- Obesity: related screening and counseling⁴
- Prostate cancer screenings, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening

Women's preventive care:⁶

- Breast cancer screenings, including exam, mammogram, and genetic testing for BRCA1 and BRCA2 when certain criteria are met⁷
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies, and counseling^{8, 9}
- Contraceptive (birth control) counseling
- Counseling related to chemoprevention for those at high risk for breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Human papillomavirus (HPV) screening⁹
- Interpersonal and domestic violence: screening and counseling
- Pelvic exam and Pap test, including screening for cervical cancer
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV, and depression⁹
- Well-woman visits

Immunizations:

- Diphtheria, tetanus, and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps, and rubella (MMR)
- Meningococcal (meningitis)
- Monkeypox and/or smallpox (at risk)
- Pneumococcal (pneumonia)
- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (COVID-19)
- Varicella (chickenpox)
- Zoster (shingles)

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

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

Child preventive care

Preventive physical exams, screenings, and tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure screening
- Cervical dysplasia screening
- Cholesterol and lipid (fat) levels screening
- Depression screening
- Development and behavior screening
- Diabetes screening (type 2)
- Hearing screening
- Height, weight, and BMI measurements
- Hemoglobin or hematocrit (blood count) screening
- Lead testing
- Newborn screening
- Obesity: related screening and counseling
- Oral (dental health) assessment, when done as part of a preventive care visit
- Sexually transmitted infections: related screening and counseling
- Skin cancer counseling for those ages 6 months to 24 years with fair skin
- Tobacco use: related screening and behavioral counseling
- Vision screening, when done as part of a preventive care visit⁵

Immunizations:

- Chickenpox
- Flu
- Haemophilus influenzae type B (HIB)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Meningitis
- Measles, mumps, and rubella (MMR)
- Pneumonia
- Polio
- Rotavirus
- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (COVID-19)
- Whooping cough

Coverage for pharmacy items

For 100% coverage of your over-the-counter (OTC) drugs and other pharmacy items listed here, you must:

- Meet certain age requirements and other rules.
- Receive and fill prescriptions from doctors, pharmacies, or other healthcare professionals in your plan's network.
- Have prescriptions, even for OTC items.

Adult preventive drugs and other pharmacy items (age appropriate):

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease (CVD), preeclampsia, and colorectal cancer in adults younger than age 70
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening for individuals ages 45 to 75
- Generic low-to-moderate dose statins for individuals ages 40 to 75 who have one or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking)
- Metformin (850 mg) to prevent or delay progression of diabetes in individuals ages 35 to 70
- Preexposure prophylaxis (PrEP) for the prevention of HIV
- Tobacco cessation products, including all FDA-approved brand-name and generic OTC and prescription products, for individuals ages 18 and older

Child preventive drugs and other pharmacy items (age appropriate):

- Dental fluoride varnish to prevent tooth decay in children ages 5 and younger
- Fluoride supplements for children ages 6 and younger

Women's preventive drugs and other pharmacy items (age appropriate):⁶

- Breast cancer risk-reducing medications, such as tamoxifen, raloxifene, and aromatase inhibitors, that follow the U.S. Preventive Services Task Force criteria²
- Contraceptives, including generic prescription drugs, brand name drugs with no generic equivalent, and OTC items like condoms and spermicides^{9,11}
- Folic acid for women ages 55 or younger who are planning to become pregnant
- Low-dose aspirin (81 mg) for pregnant women who have an increased risk of preeclampsia

If you'd like more help understanding your preventive care benefits, call the number on the back of your member ID card. For a complete list of covered preventive drugs under the Affordable Care Act, view the [Preventive ACA Drug List flyer](#), available at anthem.com/pharmacyinformation.

1 The range of preventive care services covered at 100% when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents, and women supported by Health Resources and Services Administration (HRSA) guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your Certificate of Coverage or call the Member Services number on your ID card.

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

3 The follow-up colonoscopy after a positive stool-based or direct visualization (such as a CT colonography or flexible sigmoidoscopy) colorectal cancer screening is considered a screening colonoscopy, meaning it is paid at 100% (so you pay no share of the cost) when provided by a doctor in the plan's network.

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

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

6 Keep in mind, these recommendations are categorized by "men" and "women," and are driven by biological sex (male and female) rather than gender identity. Meet with your doctor to determine which recommendations best apply to you based on individual factors, such as your sex assigned at birth and current anatomy.

7 Check your medical policy for details.

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

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

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

11 You may pay a share of the cost for other prescription contraceptives, based on your drug benefits. Your share of the cost may be waived if your doctor decides that using the multisource brand or brand name is medically necessary.

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When you need care quickly

Knowing where to go can save you time and money

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

Where to go for care

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

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



How to find the care you need:

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



Did you know?

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



Learn more about your healthcare options

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



Sources:

- 1 The care options and list of symptoms are not all-inclusive. If possible, consult your PCP for more guidance.
- 2 Business Wire. 9th Annual Vitals Wait Time Report Released (accessed July 2021). [businesswire.com](https://www.businesswire.com).
- 3 LiveHealth Online. Internal data 2020.
- 4 Healthcare Finance: Patient wait times show notable impact on satisfaction scores, Vitals study shows (accessed July 2021). [healthcarefinancenews.com](https://www.healthcarefinancenews.com).
- 5 Urgent Care Association. UCA 2019 Benchmarking Report (accessed July 2021). ucaoa.org.
- 6 Harvard Business Review: To Reduce Emergency Room Wait Times, Tie Them to Payments (accessed July 2021). hbr.org.
- 7 Costs are ranked according to the member's estimated out-of-pocket costs and average health plan copays. Each plan may have different costs. Nonemergency care outside of your network may cost more out of pocket or may not be covered at all. \$ = lower cost, and \$\$\$ = higher cost. Call the Member Services number on your ID card if you have questions about your plan.
- 8 Healthgrades: Should You Go to the ER or Urgent Care? How to Decide (accessed July 2021). [healthgrades.com](https://www.healthgrades.com).

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

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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.



Dental, hearing, and vision

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.

Hearing

NationsHearing®

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

Hearing Care Solutions

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

Amplifon

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

Eyewear

Glasses.com® and 1-800 CONTACTS®

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

EyeMed

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

LASIK

Premier LASIK Network

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

TruVision

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

Health and fitness

Health

BREVENA

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

ChooseHealthy®

Discounts are available on acupuncture, chiropractic, massage, podiatry, physical therapy, and nutritional services. You also have discounts on fitness equipment, wearable 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.

Fitness

Active&Fit Direct™

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

Fitbit®

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

Garmin®

Discounts are available on select Garmin wellness devices.

Husk Wellness

Discounts are available for gym memberships, fitness equipment and technology, and fitness and nutrition coaching.

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 Course Series

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.

▶ Learn more about SpecialOffers

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

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Your health plan now includes a yearly eye exam at no added cost



Regular eye exams provide a unique opportunity to find and detect serious health conditions like high blood pressure, heart disease, and diabetes, so we are including a comprehensive eye exam in your medical coverage. Discovering these conditions early on when they are easier to treat can help keep you healthier and lower your healthcare costs.

This eye exam is included at no extra cost through your medical plan.



Expanded benefits to cover your whole health

175,000 people were identified with a high-risk health condition through an Anthem vision claim in 2021.*

This eye exam is offered through Anthem's Blue View Vision network

- Dedicated vision providers with proven expertise
- More than 40,000 eye doctors to choose from
- 30,000+ locations nationwide, including independent optometrists and ophthalmologists, and vision retail stores

Details of your new benefit

Your new eye exam is all-inclusive with dilation and refraction. The benefit can be used once during each calendar or plan year. This plan also provides discounts on glasses and contacts at in-network eye care providers.

For more information, refer to your health plan benefit information or contact your human resources department. Or visit [anthem.com](https://www.anthem.com) or download the SydneySM Health mobile app for benefit information when and where you need it.

*Anthem internal data, 2022.

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PreventiveRx Enhanced Drug List

Enhanced Plan (Essential Drug List)



PreventiveRx covers drugs that may keep you healthy because they may prevent illness and other health conditions. You can get the products on this list at low or no cost to you depending on your benefit.

This list includes only prescription products. Brand-name drugs are listed with a first capital letter. Non-brand drugs (generics) are in lowercase letters.

Brand-name drugs that have a generic equivalent available are not covered under this PreventiveRx benefit.

Not all drugs on this list may be covered by your plan. Some drugs, such as those used for cosmetic purposes, may be excluded from your benefits. Please refer to your Certificate or Evidence of Coverage for coverage limitations and exclusions.

Please note: The drug list is subject to change and all previous versions of the drug list are no longer in effect.

ASTHMA

albuterol sulfate nebulization solution
albuterol sulfate nebulization syrup
albuterol sulfate nebulization tablets
albuterol sulfate HFA
Arnuity Ellipta
Breo Ellipta
breyna
budesonide inhalation suspension
budesonide/formoterol aerosol
cromolyn nebulization solution
elixophyllin
Flovent Diskus
Flovent HFA
fluticasone HFA
fluticasone diskus (generic for Flovent Diskus)
fluticasone/ salmeterol HFA (generic for Advair HFA)
fluticasone/ salmeterol powder (generic for Advair Diskus)
fluticasone/ salmeterol powder (generic for Airduo RespiClick)
fluticasone/ vilanterol
formoterol nebulization solution*
levalbuterol nebulization solution*
levalbuterol HFA
montelukast
ProAir RespiClick
QVAR RediHaler

Serevent Diskus
Spiriva Respimat
terbutaline injection
terbutaline tablets
Theo- 24
theophylline elixer
theophylline solution
theophylline ER
Trelegy Ellipta
wixela inhub
zafirlukast

BLOOD CLOTS AND STROKE

aspirin-dipyridamole ER
Brilinta
cilostazol*
clopidogrel bisulfate
dipyridamole*
Eliquis
heparin*
jantoven
prasugrel*
warfarin
Xarelto

DIABETES

{Diabetic supplies including blood glucose meters, test strips and lancets require a prescription to be covered by this plan. Only blood glucose meters & blood glucose test strips for OneTouch and Accu-Chek products will be covered by this benefit. Continuous Glucose Monitors (CGMs) are not included in PreventiveRx Coverage.

acarbose
alogliptin
alogliptin/metformin
alogliptin/pioglitazone
Farxiga
glimepiride (1mg, 2 mg, 4mg)
glipizide
glipizide ER/XL
glipizide/ metformin
glyburide
glyburide micronized
glyburide/ metformin
Glyxambi
Humalog
Humalog Junior KwikPen
Humalog KwikPen
Humalog Mix 50/50
Humalog Mix 50/50 KwikPen
Humalog Mix 75/25
Humalog Mix 75/25 KwikPen
Humulin 70/30
Humulin 70/30 KwikPen
Humulin N
Humulin N KwikPen
Humulin R
Humulin R KwikPen
Insulin Glargine (100U/ml)
Insulin Glargine Solostar (100U/ml)
Insulin Lispro
Insulin Lispro Junior KwikPen
Insulin Lispro KwikPen
Insulin Lispro Protamine
Janumet
Janumet XR
Januvia

Jardiance
Lantus
Lantus SoloStar
Lyumjev
Lyumjev KwikPen
metformin (500 mg, 850 mg, 1000 mg)
metformin ER (Generic for Glucophage XR)
miglitol
Mounjaro
nateglinide*
Ozempic
pioglitazone
pioglitazone/ glimepiride
pioglitazone/ metformin
repaglinide*
Rybelsus
Soliqua
SymlinPen
Synjardy
Synjardy XR
Toujeo Max
Toujeo SoloStar
Tresiba
Tresiba Flextouch
Trijardy XR
Trulicity
Victoza
Xigduo XR
Xultophy

HEART HEALTH AND HIGH BLOOD PRESSURE

acebutolol
acetazolamide
acetazolamide ER
amiloride*
amiloride/ hctz
amlodipine besylate

PreventiveRx Enhanced Drug List

Enhanced Plan (Essential Drug List)



amlodipine/ benazepril
 amlodipine/ olmesartan
 amlodipine/ valsartan
 amlodipine/ valsartan/ hctz
 atenolol
 atenolol/ chlorthalidone
 benazepril
 benazepril/ hctz
 betaxolol
 bisoprolol fumarate
 bisoprolol fumarate/ hctz
 bumetanide
 candesartan
 candesartan/ hctz
 captopril
 captopril/ hctz
 cartia XT
 carvedilol
 carvedilol ER*
 chlorthalidone
 clonidine tablets
 clonidine patches*
 digitek
 digox
 digoxin
 nimodipine
 diltiazem
 diltiazem CD
 diltiazem ER
 dilt-XR
 doxazosin
 enalapril
 enalapril oral solution*
 enalapril/ hctz
 eplerenone*
 ethacrynic acid tablets*
 felodipine ER
 fosinopril sodium
 fosinopril/ hctz
 furosemide
 guanfacine
 hydralazine
 hydrochlorothiazide
 indapamide
 irbesartan
 irbesartan/ hctz
 isosorbide dinatrate (40 mg)*
 isosorbide dinitrate (5mg, 10 mg, 20 mg, 30 mg)

isosorbide dinitrate/
 hydralazine
 isosorbide mononitrate
 isosorbide mononitrate ER
 isradipine
 labetalol
 lisinopril
 lisinopril/ hctz
 losartan
 losartan/ hctz
 matzim LA
 methazolamide*
 methyl dopa
 metolazone
 metoprolol succinate ER
 metoprolol tartrate
 metoprolol tartrate/ hctz
 minoxidil
 moexipril
 nadolol*
 nebivolol
 nicardipine
 nifedipine*
 nifedipine ER*
 nimodipine
 nisoldipine ER
 Nitro-Dur 0.3, 0.8mg/ hr
 nitroglycerin
 nitroglycerin 400 mcg
 spray*
 nitroglycerin sublingual
 tablets
 olmesartan
 olmesartan/ amlodipine/
 hctz
 olmesartan/ hctz
 perindopril
 pindolol*
 prazosin
 propranolol
 propranolol ER
 quinapril
 quinapril/ hctz
 ramipril
 ranolazine ER*
 sorine*
 sotalol*
 sotalol AF*
 spironolactone

spironolactone/ hctz
 taztia XT
 telmisartan
 telmisartan/ amlodipine
 telmisartan/ hctz
 terazosin
 tiadylt
 timolol tablets
 torsemide
 trandolapril
 trandolapril/ verapamil
 triamterene*
 triamterene/ hctz
 valsartan
 valsartan/ hctz
 verapamil
 verapamil ER
 verapamil SR

HEART RATE AND RHYTHM

amiodarone
 disopyramide*
 flecainide*
 mexiletine*
 Norpace CR
 pacerone
 propafenone*
 propafenone ER*
 quinidine
 quinidine CR
 quinidine ER

HIGH CHOLESTEROL

atorvastatin
 atorvastatin/ amlodipine
 cholestyramine*
 cholestyramine lite
 colesevelam tablets*
 colestipol
 ezetimibe*
 ezetimibe/ simvastatin*
 fenofibrate (43, 50, 67, 130, 134, 150, 200 mg capsules & 48, 54, 145, 160 mg tablets)
 fenofibric acid
 fluvastatin
 gemfibrozil
 lovastatin

niacin ER
 pravastatin
 prevalite*
 rosuvastatin*
 simvastatin

MALARIA

atovaquone/proguanil
 chloroquine
 hydroxychloroquine
 mefloquine
 primaquine

MENTAL HEALTH

amitriptyline
 amoxapine
 aripiprazole*
 aripiprazole ODT*
 bupropion
 bupropion SR
 bupropion XL
 carbamazepine
 carbamazepine ER
 chlorpromazine
 citalopram solution
 citalopram tablets
 clomipramine
 clozapine*
 clozapine ODT*
 desipramine*
 desvenlafaxine ER
 Dilantin
 divalproex sodium DR, ER
 doxepin
 duloxetine*
 Eptol
 escitalopram
 ethosuximide
 felbamate*
 fluoxetine capsules
 fluoxetine solution
 fluoxetine tablets
 fluoxetine DR
 fluphenazine
 fluvoxamine
 fluvoxamine ER
 gabapentin*
 haloperidol solution
 haloperidol tablets

PreventiveRx Enhanced Drug List

Enhanced Plan (Essential Drug List)



imipramine capsules	risperidone tablets	medroxyprogesterone
imipramine tablets	roweepra*	Menest
lamotrigine chewable	sertraline	mimvey
lamotrigine ER	subvenite	norethindrone-ethinyl
lamotrigine ODT	thioridazine	estradiol
lamotrigine tablets	thiothixene	Premarin tablets
levetiracetam*	tiagabine*	Premphase
levetiracetam ER*	topiramate	Prempo
lithium	topiramate ER	rалoxifene
lithium ER	tranylcypromine	risedronate
loxapine	trazodone	risedronate DR
mirtazapine	trifluoperazine	
mirtazapine ODT	trimipramine	
molindone*	valproic acid	
nefazodone	venlafaxine	
nortriptyline	venlafaxine ER 225	
olanzapine*	mg tablets	
olanzapine ODT*	venlafaxine ER	
olanzapine/ fluoxetine	capsules	
oxcarbazepine	ziprasidone*	
paliperidone ER*	zonisamide*	
paroxetine	OSTEOPOROSIS	
paroxetine ER	alendronate	
perphenazine	amabelz	
phenelzine	calcitonin- salmon*	
phenytek	Climara Pro	
phenytoin	Combipatch	
phenytoin chewable	dotti	
phenytoin ER	estradiol gel	
phenytoin infatabs	estradiol patch	
pregabalin*	estradiol tablets	
primidone	estradiol/ norethindrone	
prochlorperazine	Fosamax Plus D	
protriptyline*	Fyavolv	
quetiapine	ibandronate tablets	
quetiapine ER*	jinteli	
risperidone ODT*	lyllana	
risperidone solution		

* Indicates tier 2 generic drugs. Lower case drug names are generics and will be tier 1 unless otherwise noted with *. Upper case drug names indicate brand drugs, which are tier 2. Tier status indication is meant to be used as guide and may not represent true status on formulary/drug list. Formularies are subject to change.

This list may change without notice which may affect your benefit coverage. To be sure your medication is covered under the PreventiveRx benefit, call the member services number located on your ID card.

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

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Protecting your privacy

How we keep your information safe and secure

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

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

How we help manage your care

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

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

Special enrollment rights

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

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

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

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

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

We're here for you – in many languages

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

Spanish

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

Chinese

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

Vietnamese

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

Korean

귀하는 자국어로 무료 지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

Tagalog

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

Russian

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

Armenian

Դուք իրավունք ունեւ ստանալ անվճար օգնություն ձեր լեզվով: Պարզապես զանգահարե՛ք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշված է ձեր ID քարտի վրա:

Farsi

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

French

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

Arabic

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

Japanese

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

Haitian

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

Italian

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

Polish

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

Punjabi

ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਮਦਦ ਹਾਸਲ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਬਸ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਰਵਿਸ 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>.



Your benefits administrator or Human Resources representative will contact you with step-by-step instructions on how to enroll in your Anthem health plan.



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

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

Virtual text and video visits powered by K Health. LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

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