



# Choosing and using your plan

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

**Amherst County Board of Supervisors  
Medical/Rx/Vision  
Effective July 1, 2024**

**Anthem**   
And Its Affiliate HealthKeepers, Inc.

# Time to choose your plan

## Your trusted health partner

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



# Time to choose your plan

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

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

This guide was created to help you understand our plans. It also has tips, tools, and resources that can help you reach your health and wellness goals when you become a member.

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# Understanding your benefits

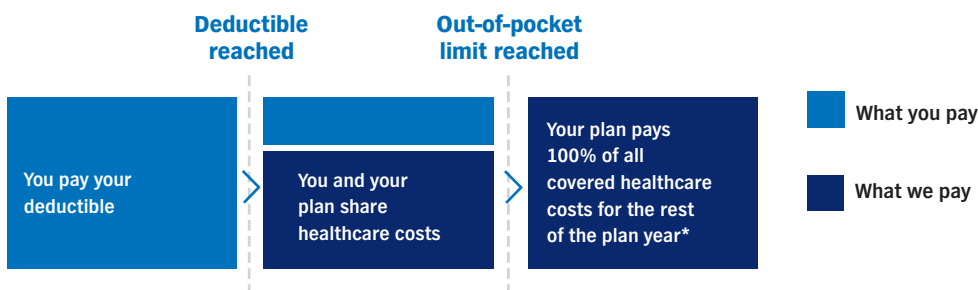
When choosing your plan, think of the four "C"s:

<p>1. <b>Consider</b> your personal situation. If things have changed since last year, you may want to look for benefits that fit those needs.</p> <ul style="list-style-type: none"> <li>Have your healthcare needs changed?</li> <li>Do you go to the doctor more often now?</li> <li>Is a special prescription drug needed?</li> <li>Are you expecting a baby?</li> </ul>	<p>2. <b>Compare</b> all the costs:</p> <ul style="list-style-type: none"> <li>Monthly payment</li> <li>Deductible</li> <li>Coinsurance</li> <li>Copay</li> <li>Out-of-pocket limit</li> </ul>	<p>3. <b>Check</b> to see if your doctors, hospitals, and other healthcare professionals are covered by the plan.</p> <p>4. <b>Choose</b> the right plan for your needs.</p>
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## Common healthcare terms

<p><b>Coinsurance:</b></p> <p>Once you've met your deductible, you and your health plan share the cost of covered healthcare services. The coinsurance is your share of the costs, usually a percent of the cost of care. Your plan details show what portion of the cost you will pay.</p>	<p><b>Copay:*</b></p> <p>A flat fee you pay for covered services, such as doctor visits.</p>	<p><b>Deductible:</b></p> <p>A set amount you pay each year for covered services before your plan starts to pay for covered healthcare costs. You can use your HSA/FSA/HRA toward your deductible.</p>
<p><b>Out-of-pocket limit:</b></p> <p>This is the maximum amount you could pay before your plan starts to pay 100% of all covered healthcare costs.* It's the sum of the deductible and coinsurance amounts.</p>	<p><b>Premium:</b></p> <p>The premium, also called a monthly payment, is what you pay for the plan. It's the money that comes out of your paycheck.</p>	<p><b>Glossary of terms:</b></p> <p>Visit <a href="http://anthem.com/glossary">anthem.com/glossary</a></p>

## What you pay and what your plan says



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

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



# Explore your plan options

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

## HealthKeepers Open Access

The point of service (POS) Open Access plan lets you see doctors in your plan and outside of your plan, giving you added flexibility and choices:

- You'll choose a primary care doctor from the plan for preventive care, such as checkups and screenings.
- When you want to see a specialist, such as an orthopedic doctor or a cardiologist, you don't need to visit your primary care doctor first for a referral. This can save you time and a copay.
- You can see doctors outside the plan, but you'll save more money when you see doctors who are part of the POS plan.

## KeyCare PPO

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

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



# Explore your plan options

## Health Savings Account (HSA)

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

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

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

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

# Pharmacy Benefits

## What your plan will cover

### Your medication coverage

Your plan covers:

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

### Your drug list

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

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

To find the latest drug lists:

- Visit <https://www.anthem.com/pharmacy-information/drug-list-formulary> for the **National 4-tier** Drug List.
- Most specialty drugs are covered if you have an ongoing health issue or a serious illness.

### Your pharmacy options

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

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

# Vision benefits

When you choose Blue View Vision<sup>SM</sup>, you will be covered for routine eye exams and receive annual allowances for eyeglasses or contact lenses. You will also have other plan benefits, such as discounts on lens upgrades and extra pairs of glasses.

Blue View Vision gives you access to more than 40,000 eye doctors at more than 30,000 locations<sup>1</sup> across the country. You can go to an independent eye doctor in your plan's network or to national and regional stores, such as **LensCrafters®**, **Pearle Vision®**, **Target Optical®**, and **Ray-Ban**. Many of these stores have evening and weekend hours to make it easier to find eye care when and where you need it. You can also order glasses and contacts online through **Glasses.com®**, **ContactsDirect®** or **1-800 CONTACTS®**, befitting.

Remember, you can save time and money if you use an independent eye doctor, retail store, or online option that's in your plan's network.

Your vision benefits cover:

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

If you choose eyeglasses, your plan includes:

- A frame allowance.
- A discount off the balance if you buy eyeglass frames that cost more than your benefit allowance.
- Savings on lens options and upgrades, such as Transitions® and specialty lenses.
- Enhanced benefits at no extra cost:
  - UV-blocking Transitions lenses and impact-resistant polycarbonate coating for children up to age 19.
  - Factory scratch coating on new lenses.
- Up to 40% off unlimited extra pairs of glasses, including prescription sunglasses.
- 20% off other noncovered items, such as upgrades, accessories, and nonprescription sunglasses.

If you choose contact lenses, your plan includes:

- A contact lens allowance.
- A discount off the balance if you buy conventional contact lenses that cost more than your benefit allowance.

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

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

## Keep an eye on your health

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

<sup>1</sup> Netminder data, February 2022.

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

<sup>3</sup> American Optometric Association, *Evidence-Based Clinical Practice Guideline, Comprehensive Adult Eye and Vision Examination 2015* (accessed May 2021): [aoa.org](http://aoa.org).



# Using your plan



## How to use your plan

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



# How to use your plan

## Register for online tools and resources

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

### Sydney Health mobile app

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

### Working with you:

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

### Working for you:

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

## Use your ID card from your phone

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

## Find a doctor in your plan

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

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

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

# How to use your plan

## Schedule a checkup

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

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

Vision plans cover annual checkups if you see an eye doctor in your plan's network. Typically, plans cover one vision checkup each year. Check your plan details on the **Sydney Health** mobile app or **anthem.com** to confirm what preventive care is covered.

## Where to go for care when you need it now

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

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

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

# Make the most of your pharmacy benefits

## Understanding medicine coverage and costs

- **Search the drug list.** Find out if your medicines are covered and which tier they are in. Lower-cost, brand-name drugs and generics are usually in Tiers 1 and 2. You will save the most money if you use Tier 1 drugs.
- **Price a medication.** See how much a medicine costs before you get it. You can compare retail drug costs at local pharmacies and see the price of generic options. Results will include the cost of up to a 90-day supply and home delivery.
- **Check if there are generic options.** If you take a brand-name drug, you can find a list of generic options that are just as effective and cost less. Be sure to talk with your doctor to see if a generic option is right for you.
- **Save money on certain noncovered medicines.** If your prescription isn't covered by your plan, you may be able to receive a discount. Share your member ID card at the pharmacy, and the available discount will automatically be applied.
- **Most specialty drugs are covered, if you need them.** Specialty drugs are for people with long-term or serious health matters, such as cancer, rheumatoid arthritis, and hepatitis C. They are drugs taken by injection or infusion or that require special handling or need to be given by a doctor or nurse. If you have a health matter that requires a specialty drug, you will need to order it through the CarelonRx Specialty Pharmacy. In certain cases, you may also choose other specialty pharmacies in your plan's network.

For more information on specialty drugs, visit [anthem.com/pharmacyinformation/rxnetworks.html](https://www.anthem.com/pharmacyinformation/rxnetworks.html) or call the Pharmacy Member Services number on your ID card.

## Coverage requirements

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

- **Preapproval, also known as prior authorization.** This means Anthem needs to approve a drug before the pharmacy fills it. If you already have preapproval, you or your doctor will need to fill out a new form at [anthem.com](https://www.anthem.com).

- **Step therapy.** You may need to try other medicine before we can cover the one your doctor prescribed.
- **Quantity limits.** To help protect your health, your plan may limit how much medication you can receive each month.
- **Dose optimization.** If a higher strength is available, you may be able to switch from taking multiple doses to a single dose each day.
- **90-day supply.** If you take maintenance medication for ongoing conditions like asthma, diabetes, or high cholesterol, your plan may require that you set up 90-day supplies at a pharmacy, including CVS, or through home delivery.

## You have pharmacy options

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

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

The **Base Network** is our national pharmacy network and includes nearly 70,000 retail pharmacies across the country. To find a pharmacy, visit [anthem.com/pharmacyinformation/rxnetworks.html](https://www.anthem.com/pharmacyinformation/rxnetworks.html) and choose the **Base Network** list.

# Make the most of your pharmacy benefits

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

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

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

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

# Plan extras that support your health

## Medical guidance

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

**Behavioral Health Resource** — Extra support can make a difference with things like depression, anxiety, substance use, or eating disorders. Our caring professionals will work with you to arrange counseling and support services that meet your individual and family needs. You can call **866-785-2789**, 24/7, for help with understanding your benefits, guiding you to resources, and connecting you to the care you need.

**Blue Distinction Centers** — If you are having surgery or a major procedure such as knee or hip replacement, look for this designation. Blue Distinction Centers or Blue Distinction Center hospitals are recognized for excellent care and faster recovery times. Blue Distinction Centers+ are also recognized for lower costs. You do not pay extra for access to a Blue Distinction Center. It's part of your plan.

**Blue Distinction Total Care PCP** — The primary care doctors in our Blue Distinction Total Care program are different than regular doctors. They take a holistic approach to your care and take the time to make sure your overall care makes sense based on your history, specialists, medications, and lab results. They also offer you additional ways to receive care, such as by phone, email, and extended office hours.

**Blue Precision** — When it's time to choose a specialist in cardiology, obstetrics/gynecology, endocrinology, rheumatology, or pulmonary medicine, look for Anthem's Blue Precision designation. This means the doctor meets the highest professional standards for quality care and controlling costs.

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

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

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

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

## Healthy living

**MyHealth Coach** — You and your family can receive one-on-one professional advice from an experienced health coach. Talk to a coach for general wellness information, help with medicines, or more serious issues — like coping with an ongoing illness.



# Plan extras that support your health

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

**Wellbeing Solutions** — Wellbeing Solutions connects you with easy-to-use digital health and wellness tools to help you be your healthiest self and reward steps you take to achieve your goals. Wellbeing Solutions offers personalized care management and support, mental health resources, and digital solutions to proactively engage in your health. When you complete certain activities using our tools for preventative care and those chosen to support your efforts, you'll earn rewards to put toward electronic gift cards for select retailers for select retailers. You choose the activities you'd like to complete to receive a maximum value of \$200.

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

**Employee Assistance Program (EAP)** — If you are having a hard time and aren't sure where to turn, you can work with caring staff to help you with your issues. Your EAP is ready, whether it's a family concern, a work situation, or a financial question. You can find the EAP phone number on your member ID card.

# Search for high-quality doctors and dentists nearby and compare costs

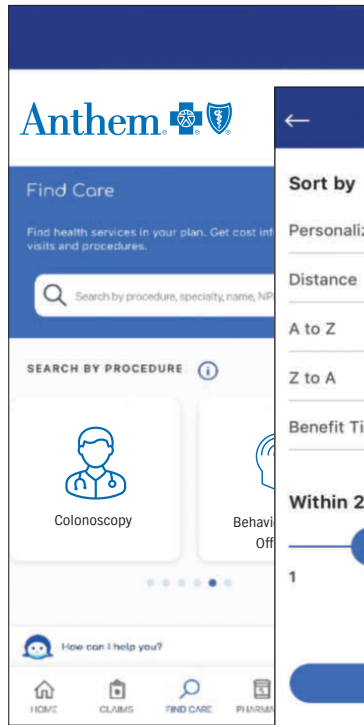
Choosing a doctor and dentist you trust is important – and choosing one in your plan's network can keep your costs down. Using **Find Care** on the Sydney<sup>SM</sup> Health mobile app and anthem.com can help you meet both needs.

## Customizing your search

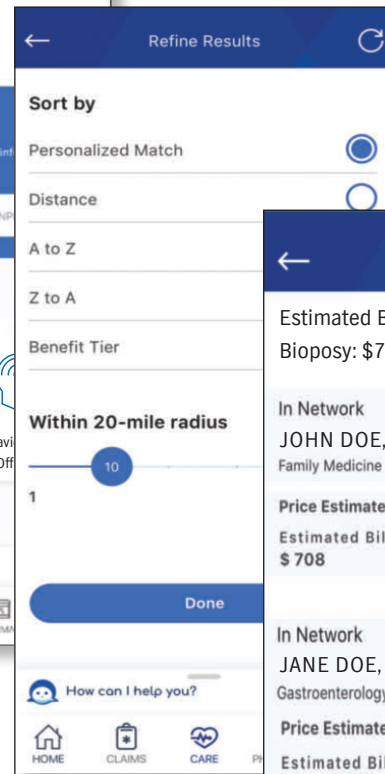
**Find Care** brings together details about doctors, dentists, hospitals, and pharmacies in your plan's network. You can customize your search by name, specialty, or procedure. You can also compare information such as costs, languages spoken, and office hours.\*

To make sure your facility and service (medical, dental or vision) are in your plan's network, view the doctor, dentist or facility profile.

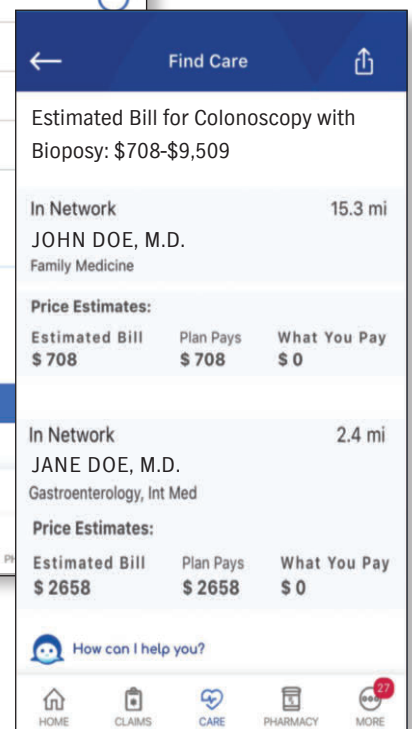
Search by name, specialty or procedure.



Customize and refine results



Compare doctors and cost



## Using the Sydney Health app

You can start using **Find Care** by downloading the Sydney Health app to your mobile device or logging in to anthem.com. Select **Find Care and Cost** from the Care menu.



\*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. ©2023

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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.<sup>1</sup> 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)<sup>2, 3</sup>
- Depression screening
- Diabetes screening (type 2)<sup>4</sup>
- Eye chart test for vision<sup>5</sup>
- 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 years<sup>2</sup>
- Obesity: related screening and counseling<sup>4</sup>
- 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:<sup>6</sup>

- Breast cancer screenings, including exam, mammogram, and genetic testing for BRCA1 and BRCA2 when certain criteria are met<sup>7</sup>
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies, and counseling<sup>8, 9, 10</sup>
- 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) screening<sup>9</sup>
- 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 depression<sup>9</sup>
- 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

### 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

If you'd like more help understanding your preventive care benefits, call Member Services at the number on your ID card.

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 member cost share (deductible, copay, or coinsurance). 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.



# Meet your new health champion

Enhanced Personal Health Care doctors go above and beyond for you

Whether you go to the doctor rarely or often, you should find a primary care physician (PCP) you like and trust. Checking out Enhanced Personal Health Care (EPHC) doctors is a great way to start your search. Enhanced Personal Health Care professionals (including primary care doctors and other medical staff) have agreed to provide high-quality care and focus on your whole health — not just your symptoms. In fact, Anthem Blue Cross and Blue Shield members who choose an EPHC doctor are happier with their doctors and their overall health.\*



## Your Enhanced Personal Health Care doctor has agreed to go above and beyond and:

- Focus on preventing illnesses and helping you get healthy faster and stay healthy longer.
- Coordinate your overall health care to avoid any gaps in care. This entails things like setting up appointments with specialists to ensuring you're following your prescription plan and getting the right tests and screenings regularly.
- Help you avoid unnecessary medical services and tests, saving you money and reducing stress.
- Use specialized health information to help them better coordinate and manage your care.
- Be available to you 24/7 through extended office hours, after-hours call coverage and sometimes even online.
- Spend extra time with you to get to know you and your health goals.
- Contact you when you're due for a preventive exam or screening.



**Anthem HealthKeepers**  
Offered by HealthKeepers, Inc.





## Choose the kind of professional who's right for you

- **Family practice/general practice** — These doctors offer a wide range of care, from check-ups to pregnancy care. This type of doctor might be a good choice if you want to keep all of your family members under the same doctor's care. A doctor who treats everyone in a family can sometimes get a better view of each person's health.
- **Internal medicine** — Internal medicine doctors mainly treat adults and offer a range of care, including preventive care. But they may have special knowledge about certain health problems. So if you have a long-term health problem, an internist who also focuses on that particular problem may be a good fit for you.
- **Pediatricians** care for infants, children, and adolescents.
- **Nurse practitioners and physician assistants** aren't doctors, but they've had lots of training. They can do many of the same things that doctors do.



## Ready to find your Enhanced Personal Health Care doctor?

1. Log in or register at [anthem.com](https://www.anthem.com).
2. Under **Find a Doctor**, enter your location and search distance. Be sure to select the boxes *for Able to serve as primary care physician (PCP) and Enhanced Personal Health Care*.
3. Choose **Search** and you'll see a list of available doctors near you.

\* AEPHC Patient Experience Survey Results. In 2015, 2,751 EPHC patient interviews were conducted across four distinct EPHC patient populations. 746 interviews for non-EPHC Group. Analyses conducted across patient experience domains to identify performance of EPHC providers over time, and, comparative performance to non-EPHC providers.

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. Anthem Blue Cross and Blue Shield and its affiliate HealthKeepers, Inc. are independent licensees of the Blue Cross Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.




# Wellbeing Solutions



## Focus on your well-being and earn rewards up to \$200

### The more activities you complete, the greater your reward

The Wellbeing Solutions program connects you with easy-to-use digital health and wellness tools that can help you stay your best. When you complete any of the activities listed below sponsored by your employer, you'll earn rewards to put toward electronic gift cards for select retailers. You choose the activities you'd like to complete to receive the maximum of \$200.

Activity Type	Activities	Amount
 <b>Preventive care</b>	Have an annual preventive wellness exam or well woman exam with your doctor	\$25
	Get an annual cholesterol test <sup>1</sup>	\$20
	Have a colorectal cancer screening (ages 45 and older)	\$25
	Have a routine mammogram (women ages 40 to 74)	\$25
	Have an annual eye exam <sup>2</sup>	\$25
	Get an annual flu shot	\$20



Activity Type	Activities	Amount
 <b>Condition management programs</b>	ConditionCare: Work one on one with your health coach and earn rewards for participating in and completing the program <sup>3</sup>	Up to \$50 (\$20/\$30)
	Building Healthy Families: Support is available through the Sydney <sup>SM</sup> Health app wherever you are in your family planning process, such as trying to conceive or raising your toddler <sup>4</sup>	Up to \$40 (\$10/\$10/\$10/\$10)
	Well-being Coach – Weight Management: Receive one-on-one coaching by phone as you complete your goal to earn a reward <sup>5</sup>	\$25
	Well-being Coach – Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward <sup>6</sup>	\$25
 <b>Digital &amp; wellness activities</b>	Log in to your Anthem account	\$5
	Connect a fitness or lifestyle device	\$5
	Complete a health assessment and receive tailored health recommendations	\$20
	Complete action plans around eating healthy, weight management, and physical activity	Up to \$25 (\$5 per action plan)
	Track your steps	Up to \$60 (\$2 per 50,000 steps tracked)
	Complete Well-being Coach digital daily check-ins <sup>7</sup>	Up to \$20 (\$4 per milestone)
	Update your contact information	\$10

### Well-being Coach can help you meet your goals

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

### Earn rewards

Here's how and when you'll earn rewards for completing the activities already mentioned.

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

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

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



## Use your rewards toward electronic gift cards for select retailers.

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



Download the Sydney Health mobile app by scanning this QR code with your phone's camera.

## Do you have questions?

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

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

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

3 Adult members identified as moderate or high risk are eligible for ConditionCare and may receive a reward for participation in 1 of 5 ConditionCare programs and completion for 1 of 5 ConditionCare programs: (chronic obstructive pulmonary disease [COPD], coronary artery disease [CAD], asthma, diabetes, and congestive heart failure [CHF]. Rewards include: \$20 for program participation and \$30 for program completion.

4 Building Healthy Families milestone completion dates: BHF Pregnancy Screener must be completed in first trimester; at least 1 of 6 mini assessments must be completed by one day prior to delivery; postpartum assessment must be completed by 56 days after delivery. Rewards include: \$10 for profile completion; \$10 for a BHF Pregnancy Screener; \$10 for completing at least 1 of 6 mini assessments; \$10 for a postpartum assessment.

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

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

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

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

We encourage you to actively participate in your rewards program. Rewards earned should be redeemed before the end of the current plan year. Unused rewards are forfeited three months after the end of your plan year. Make sure to redeem them before then.

All preventive care activities are claims-based, which means your completion is determined when a claim is processed. Medical waivers apply to claim-based activities.

Rewards eligibility applies only to subscribers and their enrolled spouse/domestic partner. Members must be active on the plan and their activity must take place during the plan year. A subscriber and spouse/domestic partner may earn rewards when eligible activities are completed and, in some instances, are verified by an Anthem claim.

The reward amount you receive may be considered income to you and subject to state and federal taxes in the tax year it is paid. You should consult a tax expert with any questions regarding tax obligations.

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

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# The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use Sydney<sup>SM</sup> 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.

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 Caredon 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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## Community Resources

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

## My Health Records

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

## ¿Prefieres obtener información en español?

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



## Download the Sydney Health app today

Use the app anytime to:

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



Scan the QR code to download the Sydney Health app.

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



# Expanding your virtual care options

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

## Visit with a doctor at your convenience

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

- ① **Chat with a doctor 24/7 without an appointment**
  - Urgent care support for health issues, such as allergies, a cold, or the flu.
  - New prescriptions<sup>1</sup> for concerns such as a cough or a sinus infection.
- ② **Schedule a virtual primary care appointment**
  - Routine care, including virtual annual preventive care (wellness) visit and prescription refills.<sup>1,2,3,4</sup>
  - Personalized care plans for chronic conditions, such as asthma or diabetes.

## Assess your symptoms with the Symptom Checker

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

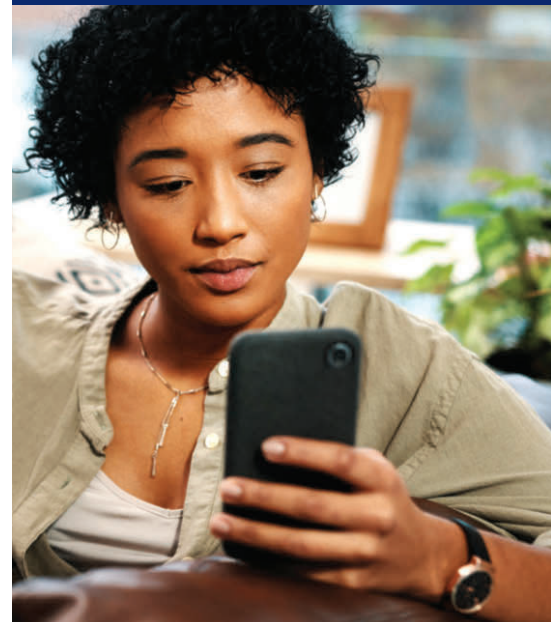
## Save money and time with virtual care

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

▶ Download our Sydney Health mobile app today.



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



**85%** of virtual visits resolve the person's need.<sup>5</sup>

1 Virtual annual preventive care (wellness) visits through the Sydney Health app are available starting September 2022. The virtual annual preventive care (wellness) visit is covered in full unless the employer has a limit or cap under their benefit plan.  
 2 Virtual primary care medical services provided by Preventive Medical Associates P.C. through an arrangement with Hydrogen Health, which provides the virtual care platform.  
 3 Eligible employees are those who have not yet had an annual preventive care (wellness) visit during the plan year (either virtual or in-person) whose group benefit plan covers a virtual primary care exam. If an employer group has a cap on the number of preventive care (wellness) visits that are covered in full and the employee has exceeded the cap but would like to have another preventive care (wellness) visit, they may be responsible for copays and other out-of-pocket costs for the visit. Employees should consult their benefit plan and/or contact Member Services if they have any questions.  
 4 Your doctor will determine if a prescription is needed at time of visit.  
 5 K Health analysis of Q4 2020 visit depositions.  
 Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.  
 In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare professional in your plan's network. If you receive care from a doctor or healthcare professional 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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# Take your benefits with you

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

What happens if you're away from home and you need care right away? As an Anthem Blue Cross Blue Shield (Anthem) member, you have access to care across the country through the **BlueCard® PPO Program**. This includes **93% of doctors and 96% of hospitals in the U.S.**<sup>1</sup>

### How to access care across the U.S.:



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



Go to [anthem.com](http://anthem.com), log in and use the **Find a Doctor** tool to search for a BlueCard PPO Program doctor or hospital.



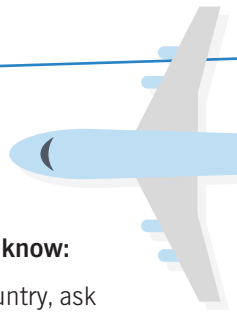
Use the **Anthem Anywhere app** to search for a BlueCard PPO Program doctor or hospital. Get turn-by-turn directions to the nearest doctor, urgent care center or hospital.



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

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

### Traveling?



#### Here's what you need to know:

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



#### Remember to carry your ID card

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





# How to access care around the world

The Blue Cross Blue Shield Global Core Program gives you benefits when you travel outside the U.S.

If you're outside the U.S., you can use the **Blue Cross Blue Shield Global Core Program**. It gives you access to preferred doctors and hospitals in nearly 190 countries and territories around the world.<sup>2</sup>



## Need care outside the U.S.? You can:



Go straight to the nearest hospital in an emergency.



Go to [www.bcbsglobalcore.com](http://www.bcbsglobalcore.com) to search for a doctor or hospital.

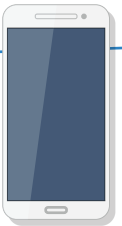


Use the **Blue Cross Blue Shield Global Core app** to find a doctor or hospital.



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

**Download the Blue Cross Blue Shield Global Core app today**



**With the app, you can:**

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



**Unless it's an emergency, call the Global Core Service Center before getting care outside the U.S. Global Core will work with the doctor and Anthem to approve and accept a Guarantee of Payment (GOP). What if you get care from a doctor or hospital that has not accepted a GOP?**

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

1 Blue Cross Blue Shield Association website, *BlueFacts* (accessed March 2017): [bcbs.com/sites/default/files/file-attachments/page/BCBS.Facts\\_.pdf](http://bcbs.com/sites/default/files/file-attachments/page/BCBS.Facts_.pdf).

2 GeoBlue website, More than 20 years as a leader in international healthcare (accessed March 2017): [about.geo-blue.com](http://about.geo-blue.com).

3 Using the Blue Cross Blue Shield Global Core app itself does not require an internet connection. However, using GPS for mapping or downloading an audio translation does require an internet connection (accessed March 2017): [bcbsglobalcore.com/Home/MobileApp/#features](http://bcbsglobalcore.com/Home/MobileApp/#features).

The Blue Cross Blue Shield Global Core program was formerly known as BlueCard Worldwide®. Blue Cross, Blue Shield, the Blue Cross and Blue Shield symbols, BlueCard, BlueCard Worldwide, and Blue Cross Blue Shield Global are trademarks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies.



## A program focused on helping you improve your health

### Introducing digital diabetes prevention coaching

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

#### This program can help you:



Lose  
weight



Eat  
healthier



Increase  
activity



Sleep  
better



Manage  
stress

#### Better health is within reach

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



## Weight loss with Lark

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

## 24/7 coaching support

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

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

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



## Learn if you are at risk for prediabetes

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



<sup>1</sup> Centers for Disease Control and Prevention website: *Prediabetes - Your Chance to Prevent Type 2 Diabetes*

(accessed October 2021); cdc.gov.

<sup>2</sup> Lark internal data

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

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

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# Save money with SpecialOffers and discounts

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



## Dental, hearing, and vision

### Dental

#### ProClear™ Aligners

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

#### RefreshaDent

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

### Hearing

#### NationsHearing®

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

#### Hearing Care Solutions

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

### Amplifon

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

### Eyewear

#### Glasses.com® and 1-800 CONTACTS®

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

### EyeMed

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

### LASIK

#### Premier LASIK Network

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

### TruVision

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



## Health and fitness

### Health

#### **BREVENA**

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

#### **ChooseHealthy®**

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

#### **Jenny Craig®**

Receive everything you need to make it easier to reach your health goals. In addition to no-cost coaching, you can also save on food purchases.

#### **LifeMart®**

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

### Fitness

#### **Active&Fit Direct™**

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

#### **Fitbit®**

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

#### **Garmin®**

Discounts are available on select Garmin wellness devices.

#### **GlobalFit®**

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

## Family and home

### Family

#### **WINFertility®**

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

#### **Safe Beginnings®**

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

#### **23andMe®**

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

### Home

#### **Nationwide® pet insurance**

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

#### **ASPCA® Pet Health Insurance**

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

## Medicine and treatment

### Medicine

#### **Puritan's Pride®**

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

#### **Allergy Control Products and National Allergy Supply™**

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

### Treatment

#### **The Living Well Course Series**

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

▶ **Learn more about SpecialOffers**  
Log in to [anthem.com](https://www.anthem.com), choose **Care**, and select **Discounts**.

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# Medical Plans at a Glance



IN-NETWORK BENEFIT	HealthKeepers 25/500	KeyCare PPO 25/500	PPO HDHP/HSA3200
<b>Annual Deductible</b>	Individual: \$500 Family: \$1,000	Individual: \$500 Family: \$1,000	Individual: \$3,200 Family: \$6,400
<b>Out of Pocket Maximum</b>	Individual: \$2,500 Family: \$5,000	Individual: \$2,500 Family: \$5,000	Individual: \$6,000 Family: \$12,000
<b>Coinsurance</b>	20%	20%	20%
<b>Preventive Care</b>	No charge	No charge	No charge
<b>Virtual Care (primary care/urgent) via Anthem Sydney mobile app</b>	No charge	No charge	Deductible then Covered in Full
<b>Outpatient Care</b>			
PCP office visit*	*EPHC \$10; All other PCPs: \$20	*EPHC \$10; All other PCPs: \$20	
Specialist office visit	\$40	\$40	
Urgent Care	\$40	\$40	Deductible then 20%
Office-based Labs	No charge	No charge	
Preferred Reference Labs	No charge (LabCorp only)	No charge (LabCorp/Quest)	
Office-based Rehab (PT/OT/ST)	\$20	\$20	
Outpatient facility surgery (hospital)	Deductible then 20%	Deductible then 20%	
Outpatient Lab services (hospital)	Not Covered	Deductible then 20%	Deductible then 20%
Advanced Imaging (MRI,CT,PET)	Deductible then 20%	Deductible then 20%	
<b>Inpatient Hospital Services</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%
<b>Emergency Care</b>			
Facility			
Physicians/Professional	Deductible then 20%	Deductible then 20%	Deductible then 20%
Ambulance			
<b>Prescriptions</b>			
Preventive Medications	No charge	No charge	No charge
Retail Pharmacy (30-day supply)	\$10/\$30/\$50/20% to max \$250	\$10/\$30/\$50/20% to max \$250	Deductible then \$10/\$30/\$50/20% to max \$250
Mail Order Pharmacy (90-day supply)	\$10/\$60/\$150	\$10/\$60/\$150	Deductible then \$10/\$60/\$150

\*EPHC = Enhanced Personal Health Care providers are identified in the provider search with this icon in their 'Recognitions' tab

**HealthKeepers** network has expanded outside of VA! HealthKeepers network is still required when accessing care in VA; however, for care outside of VA, you may utilize a participating BlueCross PPO provider for in-network benefits! LabCorp is still required in the VA service area for HealthKeepers.



# Your summary of benefits



## Anthem. HealthKeepers

Anthem® HealthKeepers Inc.

Your Contract Code: Modified

Your Plan: HealthKeepers Advantage OA 20 500/20%/2500 (Rx \$10/30/50/20% & 100% PreventiveRx Plus)

Your Network: HealthKeepers Open Access (available option for members living in Virginia)

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
<b>Primary Care, and medical services for urgent/acute care</b>	No charge medical deductible does not apply
<b>Mental Health &amp; Substance Use Disorder Services</b>	No charge medical deductible does not apply
<b>Specialist care</b>	\$40 copay per visit medical deductible does not apply

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Overall Deductible</b>	\$500 person / \$1,000 family	\$1,000 person / \$2,000 family
<b>Overall Out-of-Pocket Limit</b>	\$2,500 person / \$5,000 family	\$5,000 person / \$10,000 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 Non-Network Human Organ and Tissue Transplant (HOTT), Cellular and Gene Therapy services).

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

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

<b>Preferred PCP</b> <i>virtual and office</i> <i>*Preferred PCP refers to PCP's participating in Anthem's Enhanced Personal Health Care (EPHC) program. PCP refers to all other in-network primary care providers (non-EPHC).</i>	\$10 copay per visit medical deductible does not apply	Not covered
<b>Primary Care (PCP)</b> <i>virtual and office</i>	\$20 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><b>Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i></p> <p><b>Specialist Care</b> <i>virtual and office</i></p>	<p>\$20 copay per visit medical deductible does not apply</p> <p><b>virtual</b>-\$40 copay per visit medical deductible does not apply <b>office</b>-\$40 copay per visit medical deductible does not apply</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b><u>Other Practitioner Visits</u></b></p> <p><b>Routine Maternity Care</b> (Prenatal and Postnatal)</p> <p><b>Retail Health Clinic</b> <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i></p> <p><b>Manipulation Therapy</b> <i>Coverage is limited to 30 visits per benefit period.</i></p>	<p>20% coinsurance after medical deductible is met</p> <p>\$20 copay per visit medical deductible does not apply</p> <p>\$20 copay per visit medical deductible does not apply</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b><u>Other Services in an Office</u></b></p> <p><b>Allergy Testing</b></p> <p><b>Prescription Drugs</b> <i>Dispensed in the office</i></p> <p><b>Surgery</b></p>	<p>\$10 copay per visit medical deductible does not apply</p> <p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b>Preventive care / screenings / immunizations</b></p>	<p>No charge</p>	<p>30% coinsurance after medical deductible is met</p>
<p><b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i></p>	<p>No charge</p>	<p>30% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><b><u>Diagnostic Services</u></b>  <b>Lab</b></p> <p>Office</p> <p>Preferred Reference Lab</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>No charge</p> <p>20% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b>X-Ray</b></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b>Advanced Diagnostic Imaging</b> <i>for example: MRI, PET and CAT scans</i></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b><u>Emergency and Urgent Care</u></b></p> <p><b>Urgent Care</b> <i>includes doctor services. Additional charges may apply depending on the care provided.</i></p> <p><b>Emergency Room Facility Services</b></p> <p><b>Emergency Room Doctor and Other Services</b></p> <p><b>Ambulance</b></p>	<p>\$40 copay per visit medical deductible does not apply</p> <p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><b>Outpatient Mental Health and Substance Use Disorder Services at a Facility</b></p> <p>Facility Fees</p> <p>Doctor Services</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b><u>Outpatient Surgery</u></b></p> <p><b>Facility Fees</b></p> <p>Hospital</p> <p>Ambulatory Surgical Center</p> <p><b>Physician and other services <i>including surgeon fees</i></b></p> <p>Hospital</p>	<p>20% coinsurance after medical deductible is met</p> <p>\$300 copay per visit medical deductible does not apply</p> <p>20% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b></p> <p><b>Facility Fees</b></p> <p><b>Physician and other services <i>including surgeon fees</i></b></p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b>Home Health Care</b>  <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>30% coinsurance after medical deductible is met</p>
<p><b>Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i></b>  <i>Coverage for physical and occupational therapies is limited to 30 visits combined per benefit period. Coverage for speech therapy is limited to 30 visits per benefit period.</i></p> <p>Office</p>	<p>\$20 copay per visit medical deductible does not apply</p>	<p>30% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	20% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Pulmonary rehabilitation</b> <i>office and outpatient hospital</i>	20% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Cardiac rehabilitation</b> <i>office and outpatient hospital</i> <i>Coverage is limited to 36 visits per benefit period.</i>	20% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Dialysis/Hemodialysis</b> <i>office and outpatient hospital</i>	20% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Chemo/Radiation Therapy</b> <i>office and outpatient hospital</i>	20% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Skilled Nursing Care (facility)</b> <i>Coverage for Inpatient rehabilitation and skilled nursing services is limited to 150 days combined per benefit period.</i>	20% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Inpatient Hospice</b>	20% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Durable Medical Equipment</b>	20% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Prosthetic Devices</b> <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	20% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Riders included:</b> Bariatric Surgery		

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
<b>Pharmacy Deductible</b>	Not applicable	Not applicable
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit



Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
<p><b>Prescription Drug Coverage</b>  <b>Network: Base Network</b>  <b>Drug List: National</b> <i>If you select a brand name drug when a generic drug is available, additional cost sharing amounts may apply.</i></p>		
<p><b>Day Supply Limits:</b>  <b>Retail Pharmacy</b> <i>30 day supply (cost shares noted below)</i>  <b>Retail 90 Pharmacy</b> <i>90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies).</i>  <b>Home Delivery Pharmacy</b> <i>90 day supply (maximum cost shares noted below). Maintenance medications are available through CarelonRx Pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.</i>  <b>Specialty Pharmacy</b> <i>30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.</i></p>		
<p><b>Preventive Drugs</b> <i>Your Pharmacy cost share is reduced for drugs included on the PreventiveRX Plus drug list, a designated list of drugs to treat health conditions, such as: diabetes, asthma, depression, heart health, high blood pressure, high cholesterol, and osteoporosis</i></p>	<p>No charge</p>	<p>30% coinsurance (retail) and Not covered (home delivery)</p>
<p><b>Tier 1 - Typically Generic</b></p>	<p>\$10 copay per prescription (retail and home delivery)</p>	<p>30% coinsurance (retail) and Not covered (home delivery)</p>
<p><b>Tier 2 – Typically Preferred Brand</b></p>	<p>\$30 copay per prescription (retail) and \$60 copay per prescription (home delivery)</p>	<p>30% coinsurance (retail) and Not covered (home delivery)</p>
<p><b>Tier 3 - Typically Non-Preferred Brand</b></p>	<p>\$50 copay per prescription (retail) and \$100 copay per prescription (home delivery)</p>	<p>30% coinsurance (retail) and Not covered (home delivery)</p>
<p><b>Tier 4 - Typically Specialty (brand and generic)</b></p>	<p>20% coinsurance up to \$250 per prescription (retail and home delivery)</p>	<p>Not covered (retail and home delivery)</p>

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-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><b>Children's Vision exam (up to age 19)</b> <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><b>Adult Vision exam (age 19 and older)</b> <i>Limited to 1 exam per benefit period.</i></p>	<p>\$15 copay</p>	<p>Reimbursed Up to \$30</p>

**Notes:**

- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- 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.
- The representations of benefits in this document are subject to Virginia Bureau of Insurance (BOI) approval and are subject to change.

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This policy has exclusions and limitations to benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent or contact us. If there is a difference between this summary and the contract of coverage, the contract of coverage will prevail.*

*This benefit summary is not to be distributed without also providing access on limitations and exclusions that apply to our medical plans. Visit <https://www.anthemplancomparison.com/va> to access this information.*

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Questions: (833) 592-9956 or visit us at [www.anthem.com](http://www.anthem.com)



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## Language Access Services:

### Get help in your language

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

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (833) 592-9956

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

(TTY/TDD: 711)

**Arabic (العربية):** إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (833) 592-9956

**Armenian (հայերեն).** Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (833) 592-9956:

**Chinese(中文):** 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(833) 592-9956。

**Farsi (فارسی):** در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (833) 592-9956 تماس بگیرید.

**French (Français):** Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 592-9956.

**Haitian Creole (Kreyòl Ayisyen):** Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (833) 592-9956.

**Italian (Italiano):** In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 592-9956.

**Japanese (日本語):** この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(833) 592-9956 にお電話ください。

**Korean (한국어):** 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(833) 592-9956로 문의하십시오.

**Navajo (Diné):** Díí naaltsoos biká'ígíí íahgo bína'ídiłkidgo ná bohónéedzá dóó bee ahóót'i' t'áá ni nizaad k'ehj'í bee níí hodoonih t'áadoo báąh ílínígóó. Ata' halne'ígíí ía' bich'í' hadeesdzih nínízingo kojí' hodiłlnih (833) 592-9956.

## Language Access Services:

**Polish (polski):** W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (833) 592-9956.

**Punjabi (ਪੰਜਾਬੀ):** ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਬਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (833) 592-9956 ਤੇ ਕਾਲ ਕਰੋ।

**Russian (Русский):** если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (833) 592-9956.

**Spanish (Español):** Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (833) 592-9956.

**Tagalog (Tagalog):** Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (833) 592-9956.

**Vietnamese (Tiếng Việt):** Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (833) 592-9956.

### It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.





**Anthem HealthKeepers**  
Offered by HealthKeepers, Inc.

# HealthKeepers expands out-of-state coverage

Access healthcare wherever you need it

At Anthem, we're committed to ensuring access to quality healthcare when and where people need it. That's why we've expanded our HealthKeepers network to include access to BlueCard preferred provider organization (PPO) providers nationwide for those who are temporarily living, visiting, or traveling outside of the Virginia service area.

Effective with the plan's renewal date in 2023, HealthKeepers will use our national BlueCard PPO network, (including **more than 1.7 million** doctors and hospitals in all 50 states) for care received outside of Virginia. By doing so, the plan:



Expands healthcare access outside of the Virginia service area through participating BlueCard PPO providers; individuals should continue using the HealthKeepers network when accessing care within the Virginia service area.



Extends in-network benefits to all healthcare services covered by the plan, not just urgent or emergency care. Covered services will still be subject to benefit and medical guidelines.



Adds flexibility to use participating BlueCard PPO laboratory providers outside of the Virginia service area; however, Labcorp will continue to be the only in-network lab in the Virginia service area.



Sends new HealthKeepers member ID cards that show the PPO "suitcase" icon, indicating access to out-of-area coverage, to everyone who enrolls in the plan.



No longer requires individuals to register with Guest Membership to use in-network benefits when out of the service area.

## Find care using our Sydney Health app

Connecting to health plan benefits and finding care is easier with our no-cost Sydney<sup>SM</sup> Health app. Learn more by going to [sydneyhealth.com](https://sydneyhealth.com) or download and log in to the app today.

## For more information

As a reminder, you must live or work in our Virginia service area in order to enroll in a HealthKeepers product. For a definition of covered services, please see your *evidence of coverage (EOC)*.

If you have questions, please call the Member Services number on your ID card.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022. HealthKeepers, Inc., an independent licensee of the Blue Cross and Blue Shield Association, serves all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

# Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Contract Code: Modified

Your Plan: KeyCare 20 500/20%/2500 (Rx \$10/30/50/20% & 100% PreventiveRx Plus)

Your Network: KeyCare PPO (Virginia) / BlueCard PPO (Nationwide)

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
<b>Primary Care, and medical services for urgent/acute care</b>	No charge medical deductible does not apply
<b>Mental Health &amp; Substance Use Disorder Services</b>	No charge medical deductible does not apply
<b>Specialist care</b>	\$40 copay per visit medical deductible does not apply

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Overall Deductible</b>	\$500 person / \$1,000 family	\$1,000 person / \$2,000 family
<b>Overall Out-of-Pocket Limit</b>	\$2,500 person / \$5,000 family	\$5,000 person / \$10,000 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 Non-Network Human Organ and Tissue Transplant (HOTT), Cellular and Gene Therapy services).

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

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

**Preferred PCP** *virtual and office*

*\*Preferred PCP refers to PCP's participating in Anthem's Enhanced Personal Health Care (EPHC) program. PCP refers to all other in-network primary care providers (non-EPHC).*

\$10 copay per visit  
medical deductible  
does not apply

Not covered

**Primary Care (PCP)** *virtual and office*

\$20 copay per visit  
medical deductible  
does not apply

30% coinsurance after  
medical deductible is  
met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><b>Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i></p> <p><b>Specialist Care</b> <i>virtual and office</i></p>	<p>\$20 copay per visit medical deductible does not apply</p> <p><b>virtual</b>-\$40 copay per visit medical deductible does not apply <b>office</b>-\$40 copay per visit medical deductible does not apply</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b><u>Other Practitioner Visits</u></b></p> <p><b>Routine Maternity Care</b> (Prenatal and Postnatal)</p> <p><b>Retail Health Clinic</b> <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i></p> <p><b>Manipulation Therapy</b> <i>Coverage is limited to 30 visits per benefit period.</i></p>	<p>20% coinsurance after medical deductible is met</p> <p>\$20 copay per visit medical deductible does not apply</p> <p>\$20 copay per visit medical deductible does not apply</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b><u>Other Services in an Office</u></b></p> <p><b>Allergy Testing</b></p> <p><b>Prescription Drugs</b> <i>Dispensed in the office</i></p> <p><b>Surgery</b></p>	<p>\$10 copay per visit medical deductible does not apply</p> <p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b>Preventive care / screenings / immunizations</b></p>	<p>No charge</p>	<p>30% coinsurance after medical deductible is met</p>
<p><b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i></p>	<p>No charge</p>	<p>30% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><b><u>Diagnostic Services</u></b>  <b>Lab</b></p> <p>Office</p> <p>Preferred Reference Lab</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>No charge</p> <p>20% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b>X-Ray</b></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b>Advanced Diagnostic Imaging</b> <i>for example: MRI, PET and CAT scans</i></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b><u>Emergency and Urgent Care</u></b></p> <p><b>Urgent Care</b> <i>includes doctor services. Additional charges may apply depending on the care provided.</i></p> <p><b>Emergency Room Facility Services</b></p> <p><b>Emergency Room Doctor and Other Services</b></p> <p><b>Ambulance</b></p>	<p>\$40 copay per visit medical deductible does not apply</p> <p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><b>Outpatient Mental Health and Substance Use Disorder Services at a Facility</b></p> <p>Facility Fees</p> <p>Doctor Services</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b><u>Outpatient Surgery</u></b></p> <p><b>Facility Fees</b></p> <p>Hospital</p> <p>Ambulatory Surgical Center</p> <p><b>Physician and other services</b> <i>including surgeon fees</i></p> <p>Hospital</p>	<p>20% coinsurance after medical deductible is met</p> <p>\$300 copay per visit medical deductible does not apply</p> <p>20% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b></p> <p><b>Facility Fees</b></p> <p><b>Physician and other services</b> <i>including surgeon fees</i></p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b>Home Health Care</b></p> <p><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>30% coinsurance after medical deductible is met</p>
<p><b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i></p> <p><i>Coverage for physical and occupational therapies is limited to 30 visits combined per benefit period. Coverage for speech therapy is limited to 30 visits per benefit period.</i></p> <p>Office</p>	<p>\$20 copay per visit medical deductible does not apply</p>	<p>30% coinsurance after medical deductible is met</p>



Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	20% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Pulmonary rehabilitation</b> <i>office and outpatient hospital</i>	20% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Cardiac rehabilitation</b> <i>office and outpatient hospital</i> <i>Coverage is limited to 36 visits per benefit period.</i>	20% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Dialysis/Hemodialysis</b> <i>office and outpatient hospital</i>	20% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Chemo/Radiation Therapy</b> <i>office and outpatient hospital</i>	20% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Skilled Nursing Care (facility)</b> <i>Coverage for Inpatient rehabilitation and skilled nursing services is limited to 150 days combined per benefit period.</i>	20% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Inpatient Hospice</b>	20% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Durable Medical Equipment</b>	20% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Prosthetic Devices</b> <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	20% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Riders included:</b> Bariatric Surgery		

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
<b>Pharmacy Deductible</b>	Not applicable	Not applicable
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
<p><b>Prescription Drug Coverage</b>  <b>Network: Base Network</b>  <b>Drug List: National</b> <i>If you select a brand name drug when a generic drug is available, additional cost sharing amounts may apply.</i></p>		
<p><b>Day Supply Limits:</b>  <b>Retail Pharmacy</b> <i>30 day supply (cost shares noted below)</i>  <b>Retail 90 Pharmacy</b> <i>90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies).</i>  <b>Home Delivery Pharmacy</b> <i>90 day supply (maximum cost shares noted below). Maintenance medications are available through CarelonRx Pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.</i>  <b>Specialty Pharmacy</b> <i>30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.</i></p>		
<p><b>Preventive Drugs</b> <i>Your Pharmacy cost share is reduced for drugs included on the PreventiveRX Plus drug list, a designated list of drugs to treat health conditions, such as: diabetes, asthma, depression, heart health, high blood pressure, high cholesterol, and osteoporosis</i></p>	<p>No charge</p>	<p>30% coinsurance (retail) and Not covered (home delivery)</p>
<p><b>Tier 1 - Typically Generic</b></p>	<p>\$10 copay per prescription (retail and home delivery)</p>	<p>30% coinsurance (retail) and Not covered (home delivery)</p>
<p><b>Tier 2 – Typically Preferred Brand</b></p>	<p>\$30 copay per prescription (retail) and \$60 copay per prescription (home delivery)</p>	<p>30% coinsurance (retail) and Not covered (home delivery)</p>
<p><b>Tier 3 - Typically Non-Preferred Brand</b></p>	<p>\$50 copay per prescription (retail) and \$100 copay per prescription (home delivery)</p>	<p>30% coinsurance (retail) and Not covered (home delivery)</p>
<p><b>Tier 4 - Typically Specialty (brand and generic)</b></p>	<p>20% coinsurance up to \$250 per prescription (retail and home delivery)</p>	<p>Not covered (retail and home delivery)</p>

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-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><b>Children's Vision exam (up to age 19)</b> <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><b>Adult Vision exam (age 19 and older)</b> <i>Limited to 1 exam per benefit period.</i></p>	<p>\$15 copay</p>	<p>Reimbursed Up to \$30</p>

**Notes:**

- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- 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.
- The representations of benefits in this document are subject to Virginia Bureau of Insurance (BOI) approval and are subject to change.

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This policy has exclusions and limitations to benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent or contact us. If there is a difference between this summary and the contract of coverage, the contract of coverage will prevail.*

*This benefit summary is not to be distributed without also providing access on limitations and exclusions that apply to our medical plans. Visit <https://www.anthemplancomparison.com/va> to access this information.*

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Questions: (833) 592-9956 or visit us at [www.anthem.com](http://www.anthem.com)

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## Language Access Services:

### Get help in your language

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

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (833) 592-9956

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

(TTY/TDD: 711)

**Arabic (العربية):** إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (833) 592-9956

**Armenian (հայերեն).** Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (833) 592-9956:

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### It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

# Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Contract Code: Modified

Your Plan: PPO HSA 3200/20%/6000 (Rx: Med Ded, \$10/30/50/20% & Preventive Rx Plus)

Your Network: KeyCare PPO (Virginia) / BlueCard PPO (Nationwide)

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
<b>Primary Care, and medical services for urgent/acute care</b>	No charge after deductible is met
<b>Mental Health &amp; Substance Use Disorder Services</b>	No charge after deductible is met
<b>Specialist care</b>	20% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Overall Deductible</b>	\$3,200 person / \$6,400 family	\$6,400 person / \$12,800 family
<b>Overall Out-of-Pocket Limit</b>	\$6,000 person / \$12,000 family	\$12,000 person / \$24,000 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 Non-Network Human Organ and Tissue Transplant (HOTT), Cellular and Gene Therapy services).

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

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

<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	20% coinsurance after deductible is met	30% coinsurance after deductible is met
<b>Specialist Care</b> <i>virtual and office</i>	20% coinsurance after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><b><u>Other Practitioner Visits</u></b></p> <p><b>Routine Maternity Care</b> (Prenatal and Postnatal)</p> <p><b>Retail Health Clinic</b> <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i></p> <p><b>Manipulation Therapy</b> <i>Coverage is limited to 30 visits per benefit period.</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>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b><u>Other Services in an Office</u></b></p> <p><b>Allergy Testing</b></p> <p><b>Prescription Drugs</b> <i>Dispensed in the office</i></p> <p><b>Surgery</b></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>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b>Preventive care / screenings / immunizations</b></p>	<p>No charge</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i></p>	<p>No charge</p>	<p>30% coinsurance after deductible is met</p>
<p><b><u>Diagnostic Services</u></b></p> <p><b>Lab</b></p> <p>Office</p> <p>Preferred Reference Lab</p> <p>Outpatient Hospital</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>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b>X-Ray</b></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b>Advanced Diagnostic Imaging</b> <i>for example: MRI, PET and CAT scans</i></p> <p>Office</p>	<p>20% 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 a Non-Network Provider
Outpatient Hospital	20% coinsurance after deductible is met	30% coinsurance after deductible is met
<u><b>Emergency and Urgent Care</b></u> <b>Urgent Care</b> <b>Emergency Room Facility Services</b> <b>Emergency Room Doctor and Other Services</b> <b>Ambulance</b>	20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met	30% coinsurance after deductible is met 30% coinsurance after deductible is met Covered as In-Network Covered as In-Network Covered as In-Network
<b>Outpatient Mental Health and Substance Use Disorder Services at a Facility</b> Facility Fees  Doctor Services	20% coinsurance after deductible is met  20% coinsurance after deductible is met	30% coinsurance after deductible is met  30% coinsurance after deductible is met
<u><b>Outpatient Surgery</b></u> <b>Facility Fees</b> Hospital  Ambulatory Surgical Center  <b>Physician and other services including surgeon fees</b> Hospital	20% coinsurance after deductible is met  20% coinsurance after deductible is met  20% coinsurance after deductible is met	30% coinsurance after deductible is met  30% coinsurance after deductible is met  30% coinsurance after deductible is met
<u><b>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</b></u>  <b>Facility Fees</b>  <b>Physician and other services including surgeon fees</b>	20% coinsurance after deductible is met  20% coinsurance after deductible is met	30% coinsurance after deductible is met  30% coinsurance after deductible is met
<b>Home Health Care</b> <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	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i>  <i>Coverage for physical and occupational therapies is limited to 30 visits combined per benefit period. Coverage for speech therapy is limited to 30 visits per benefit period.</i></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b>Pulmonary rehabilitation</b> <i>office and outpatient hospital</i></p>	<p>20% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Cardiac rehabilitation</b> <i>office and outpatient hospital</i>  <i>Coverage is limited to 36 visits per benefit period.</i></p>	<p>20% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Dialysis/Hemodialysis</b> <i>office and outpatient hospital</i></p>	<p>20% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Chemo/Radiation Therapy</b> <i>office and outpatient hospital</i></p>	<p>20% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Skilled Nursing Care (facility)</b>  <i>Coverage for Inpatient rehabilitation and skilled nursing services is limited to 150 days combined per benefit period.</i></p>	<p>20% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Inpatient Hospice</b></p>	<p>20% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Durable Medical Equipment</b></p>	<p>20% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Prosthetic Devices</b>  <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i></p>	<p>20% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Riders included:</b> Bariatric Surgery</p>		
Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
<p><b>Pharmacy Deductible</b></p>	<p>Combined with In-Network medical deductible</p>	<p>Combined with Non-Network medical deductible</p>



Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit
<b>Prescription Drug Coverage</b> <b>Network: Base Network</b> <b>Drug List: National</b> <i>If you select a brand name drug when a generic drug is available, additional cost sharing amounts may apply.</i>		
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> 30 day supply (cost shares noted below) <b>Retail 90 Pharmacy</b> 90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies). <b>Home Delivery Pharmacy</b> 90 day supply (maximum cost shares noted below). Maintenance medications are available through CarelonRx Pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. <b>Specialty Pharmacy</b> 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.		
<b>Preventive Drugs</b> <i>Your Pharmacy cost share is reduced for drugs included on the PreventiveRX Plus drug list, a designated list of drugs to treat health conditions, such as: diabetes, asthma, depression, heart health, high blood pressure, high cholesterol, and osteoporosis</i>	No charge	30% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 1 - Typically Generic	\$10 copay per prescription after deductible is met (retail and home delivery)	30% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand	\$30 copay per prescription after deductible is met (retail) and \$60 copay per prescription after deductible is met (home delivery)	30% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand	\$50 copay per prescription after deductible is met (retail) and \$100 copay per prescription after deductible is met (home delivery)	30% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic)	20% coinsurance up to \$250 per prescription after deductible is met (retail and home delivery)	Not covered (retail and home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-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>		
<b>Children's Vision exam (up to age 19)</b> <i>Limited to 1 exam per benefit period.</i>	No charge	\$0 copayment up to plan's Maximum Allowed Amount
<b>Adult Vision exam (age 19 and older)</b> <i>Limited to 1 exam per benefit period.</i>	\$15 copay	Reimbursed Up to \$30

**Notes:**

- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- 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.
- The representations of benefits in this document are subject to Virginia Bureau of Insurance (BOI) approval and are subject to change.

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This policy has exclusions and limitations to benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent or contact us. If there is a difference between this summary and the contract of coverage, the contract of coverage will prevail.*

*This benefit summary is not to be distributed without also providing access on limitations and exclusions that apply to our medical plans. Visit <https://www.anthemplancomparison.com/va> to access this information.*

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## Language Access Services:

### Get help in your language

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

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (833) 592-9956

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

(TTY/TDD: 711)

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**Armenian (հայերեն).** Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (833) 592-9956:

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**Vietnamese (Tiếng Việt):** Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (833) 592-9956.

### It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



# PreventiveRx Plus Drug List

## PreventiveRx Plus Plan (National)



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.

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

All drugs\* listed below are covered for plans with the National Drug List. If your plan has a different drug list, please check to see if these drugs are included on your drug list. PreventiveRx Plus drugs are only covered if they are included on your specific drug list.

\*Some drugs and supplies may be excluded from your benefits. Please refer to your Certificate or Evidence for 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.

### HEART HEALTH AND HIGH BLOOD PRESSURE

acebutolol  
amlodipine/ benazepril  
atenolol  
atenolol/ chlorthalidone  
benazepril  
benazepril/ hctz  
betaxolol  
bisoprolol fumarate  
bisoprolol/ hctz  
captopril  
captopril/ hctz  
carvedilol  
enalapril  
enalapril/ hctz  
fosinopril  
fosinopril/ hctz  
labetalol  
lisinopril  
lisinopril/ hctz  
metoprolol succinate er  
metoprolol tartrate  
metoprolol/ hctz  
moexipril  
nadolol  
nebivolol  
perindopril  
pindolol  
propranolol  
propranolol er  
propranolol/ hctz  
quinapril  
quinapril/ hctz  
ramipril

sorine  
sotalol  
sotalol af  
timolol  
trandolapril  
trandolapril/ verapamil

### OSTEOPOROSIS

alendronate sodium  
amabelz  
calcitonin salmon  
Climara Pro  
Combipatch  
dotti  
estradiol  
estradiol/ norethindrone  
evamist  
Fosamax Plus D  
fyavolv  
ibandronate sodium  
jinteli  
lopreeza  
mimvey  
mimvey lo  
Premarin (oral)  
Premphase  
Prempro  
raloxifene  
risedronate  
risedronate DR

### ASTHMA

Arnuity Ellipta  
Breo Ellipta  
budesonide suspension

budesonide/ formoterol  
Flovent Diskus  
Flovent HFA  
fluticasone/ salmeterol  
inhalation powder  
fluticasone/ vilanterol  
formoterol nebulization  
solution  
QVAR RediHaler  
Trelegy Ellipta  
wixela inhub

### 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  
glipizide  
glipizide er  
glipizide 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 U-500  
Humulin R U-500 Kwikpen  
Insulin Glargine  
Insulin Glargine Solostar  
Insulin Lispro  
Insulin Lispro Junior Kwi  
Insulin Lispro Kwikpen  
Insulin Lispro Protamine  
Janumet  
Janumet XR  
Januvia  
Jardiance  
Lantus  
Lantus Solostar  
Levemir  
Levemir FlexTouch

# PreventiveRx Plus Drug List

## PreventiveRx Plus Plan (National)



Lyumjev  
Lyumjev KwikPen  
metformin  
metformin er (generic  
for Glucophage XR)  
miglitol  
nateglinide  
Ozempic  
pioglitazone  
pioglitazone/  
metformin  
pioglitazone/  
glimepiride  
repaglinide  
Rybelsus  
Soliqua  
Symlinpen 120  
Symlinpen 60  
Synjardy  
Synjardy Xr  
tolbutamide  
Toujeo Max Solostar  
Toujeo Solostar  
Tresiba  
Tresiba Flextouch  
Trijardy Xr  
Trulicity  
Victoza  
Xigduo XR  
Xultophy

paroxetine ER  
sertraline  
Trintellix

### HIGH CHOLESTEROL

amlodipine/  
atorvastatin  
atorvastatin  
ezetimibe/  
simvastatin  
fluvastatin  
lovastatin  
pravastatin  
rosuvastatin  
simvastatin

### MENTAL HEALTH

citalopram  
escitalopram oxalate  
fluoxetine  
fluoxetine DR  
fluvoxamine  
fluvoxamine ER  
paroxetine

*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](http://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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# National Drug List

## Medication Alternatives

The National Drug List is a list of prescription medications approved by the U.S. Food and Drug Administration (FDA). We've reviewed these drugs through our Pharmacy and Therapeutics (P&T) Process, which considers a drug's:

- Effectiveness
- Safety
- Similarity to other drugs within a therapeutic class
- Affordability

The National Drug List is an open drug list or formulary, with some closed drug classes. The list includes a broad range of drug choices. If a medication is not on the list, there are other high-quality, cost-effective choices, called preferred alternatives, that are.

Medications not included on the National Drug List are shown on the chart included here, along with their preferred alternatives that are on the list. Please note, exclusions and limitations may apply. For details about what's covered and what's not, it's best to check the *Certificate/Evidence of Coverage or Summary Plan Description*.

To view and search the complete National Drug List, members should log in at [anthem.com](http://anthem.com) and choose Prescription Benefits. Information on dosage/strength options and any restrictions such as quantity limits, prior authorization or step therapy requirements is available.

Members can also call Pharmacy Member Services at the number on their member ID card or visit [anthem.com](http://anthem.com).

### What if a medication isn't on the National Drug List?

There may be times when a member's drug isn't on the National Drug List. If the covered alternative options are not right for the member, doctors can submit a request for an exception. This process, called prior authorization, requires doctors to call the Member Services number on the member's ID card or log in at [anthem.com](http://anthem.com) and choose Tools & Resources to download and submit the prior authorization form. Doctors can also submit prior authorizations electronically, which requires less processing time and possible real-time approval so members can fill their prescriptions without delay.

For the most up-to-date information, members should log in at [anthem.com](http://anthem.com) and choose Prescription Benefits.

Drug class	Medications not on the National Drug List	Preferred alternatives
Allergic Reaction Treatment	Auvi-Q, Symjepi	epinephrine auto-injector
Amyotrophic Lateral Sclerosis (ALS)	Exservan, Radicava inj	Radicava Suspension, riluzole tab, Tiglutik
Anesthetics - topical	Lidocaine-Tetracaine, Pliaglis, Synera, Ztlido	lidocaine pad 5%, lidocaine-prilocaine 2.5%-2.5%
Antibiotics - topical	mupirocin cream	mupirocin ointment
Anti-Cataleptic	Lumryz, Xywav	Sodium Oxybate, Wakix, Xyrem
Anticoagulants	Pradaxa (Brand and Generic)/Pak, Savaysa	Eliquis, Xarelto
Anticonvulsants	Eprontia, Lamictal ODT Kit, Lamictal XR Kit, Zonisade	lamotrigine tablet/ODT/ER, topiramate, zonisamide
Antidepressants	Auvelity, Citalopram Capsule, Drizalma Sprinkle, Sertraline Capsule, venlafaxine er 37.5mg, 75mg, 112.5mg, 150mg tablet	bupropion, citalopram tablet, duloxetine, escitalopram, paroxetine, sertraline tablet, Trintellix, venlafaxine tablet/er capsule/225mg er tablet
Antidementia	Adlarity	donepezil
Antihistamine - ophthalmic	Alocril, Alomide, Bepreve (Brand and Generic), olopatadine drop/soln, Zerviate	azelastine, epinastine
Antihistamine - oral	Carbinoxamine 6mg Tablet, Ryvent	carbinoxamine solution, carbinoxamine 4mg tablet, cetirizine solution, clemastine tablet, desloratadine tablet, levocetirizine 5mg solution/tablet
Antihypertensive - Antiadrenergic	Nexiclon XR (Brand and Generic)	clonidine hcl
Antihypertensive - Loop Diuretics	Soanz	torsemide
Anti-infective - otic combinations	Cipro HC	ciprofloxacin-dexamethasone susp, ciprofloxacin-fluocinolone acetamide soln
Antineoplastic - Androgen Biosynthesis Inhibitors	Yonsa	abiraterone acetate
Antineoplastic - BCR-ABL Kinase Inhibitors	Iclusig, Scemblix	Bosulif, imatinib, Sprycel, Tasigna
Antiretrovirals	Complera, Prezcofix	Biktarvy, efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, Genvoya, Odefsey, Stribild, Triumeq
Antispasmodics	Dartisla ODT	glycopyrrolate

# National Drug List

## Medication Alternatives

Drug class	Medications not on the National Drug List	Preferred alternatives
Antiviral - oral	Sitavig	acyclovir (oral solution, capsule, tablet), famciclovir tablet, valacyclovir tablet
Attention deficit hyperactivity disorder (ADHD)	Adhansia XR, Adzenys XR-ODT, Azstarys, Cotempla XR-ODT, Dyanavel XR, Desoxyn (Brand and Generic), Evekeo ODT, Jornay PM, Methylphenidate 45mg, 63mg, 72mg ER Tablet, Qelbree, Quillichew ER, Quilivant XR, Relexxii, Xelstryl	amphetamine, amphetamine-dextroamphetamine tablet/ER capsule, atomoxetine, clonidine er, dextroamphetamine ER capsule, guanfacine er, methylphenidate tablet/capsule, methylphenidate hcl er tablet, Mydayis, Vyvanse
Benzodiazepines	Loreev XR	lorazepam
Bowel Evacuants	Osmoprep, Suflave	peg 3350/electrolytes, sodium sulfate-potassium sulfate-magnesium sulfate, Sutab
Chelating agents	Cuprimine (Brand and Generic), Cuvrior	penicillamine tab, trientine
Constipation	Ibsrela, Motegrity, Trulance	Linzess, lubiprostone, Movantik
COPD - LABA/LAMA, Other	Bevespi Aerosphere, Duaklir Pressair	Anoro Ellipta, Breztri, Stiolto Respimat
COPD - LAMA	Incruse Ellipta, Tudorza Pressair	Spiriva
Cortisol Synthesis Inhibitors	Recorlv	ketoconazole
Dermatologic - antipsoriatics	Sorilux, Vtama	calcipotriene, Zoryve
Dermatologic - acne/rosacea topical	Adapalene Solution, Altreno, Amzeeq, Azelex, Differin Lotion, Epsolay, Fabior, Noritate, Retin-A Micro Gel 0.06%, 0.08%, Tazarotene Aer 0.1%, Twynoe, Winlevi	adapalene (gel, cream, lotion, swab), adapalene-benzoyl peroxide gel, azelaic acid gel, clindamycin phosphate (foam, gel, lotion, pledget, solution), clindamycin-tretinoin gel, erythromycin, metronidazole, tazarotene cream, tretinoin (gel, cream, microsphere gel/pump), Zilxi
Dermatologic - oral anti-infectives	Acticlate (Brand and Generic), Doryx MPC, Doryx (Brand and Generic), doxycycline hyclate DR tablet, Minolira (Brand and Generic), Oracea (Brand and Generic), Seysara, Solodyn (Brand and Generic), Vibramycin Syrup, Ximino (Brand and Generic)	doxycycline hyclate immediate release (except 75mg and 150mg), doxycycline monohydrate immediate release (except 150mg capsule), doxycycline suspension, minocycline (immediate release)
Diabetes - Biguanides	Fortamet (Brand and Generic), Glumetza (Brand and Generic), Metformin 625mg Tablet	metformin ER (generic Glucophage XR)
Diabetes - Disposable Insulin Pumps	Cequir, OmniPod G0, V-Go	OmniPod DASH/5
Diabetes - DPP4s/combos	Jentadueto, Jentadueto XR, Kombiglyze XR (Brand and Generic), Onglyza (Brand and Generic), Tradjenta	Januvia, Janumet, Janumet XR, metformin (generic Glucophage), metformin ER (generic Glucophage XR)
Diabetes - GLP1s, GIP/GLP1	Adlyxin, Bydureon, Byetta, Mounjaro	Ozempic, Rybelsus, Trulicity, Victoza
Diabetes - long-acting insulin	Basaglar/Tempo, Insulin Degludec, Insulin Glargine <sup>2</sup> , Insulin Glargine-yfgn, Semglee	Insulin Glargine <sup>1</sup> , Lantus, Levemir, Soliqua, Toujeo, Tresiba, Xultophy
Diabetes - rapid-acting insulin	Admelog, Afrezza, Apidra, Fiasp, Humalog Tempo, Insulin Aspart, Insulin Aspart Protamine-Aspart, Lyumjev Tempo, Novolin, Novolog	Humulin, Humalog, Insulin Lispro, Insulin Lispro Protamine-Lispro, Lyumjev
Diabetes - SGLT2/combos	Brenzavvy, Invokamet, Invokamet XR, Invokana, Qtern, Segluromet, Steglatrol, Steglujan	Farxiga, Glyxambi, Jardiance, Synjardy, Synjardy XR, Trijardy XR, Xigduo XR, metformin (generic Glucophage), metformin ER (generic Glucophage XR)
Diabetic Test Strips and Glucometers	All except Accu-Chek and OneTouch Products	Accu-Chek and OneTouch Products
Dry Eye	Cequa, Eysuvis, Lacrisert, Miebo, Tyrvaya	cyclosporine emu, Restasis, Xiidra
Erectile dysfunction	Stendra, vardenafil tablet	sildenafil citrate (generic Viagra), tadalafil (generic Cialis)
GABA analogs	Horizant	gabapentin
Gallstones	Chenodal, Reltone, Ursodiol Capsule	ursodiol (generic)
Gout	Allopurinol 200mg, Mitigare (Brand and Generic)	allopurinol 100mg and 300mg, colchicine tablet
Granulocyte Colony-Stimulating Factors (G-CSF)	Stimufend	Neulasta, Udenyca, Zarxio
Growth hormone	Genotropin, Ngenla, Norditropin, Omnitrope, Saizen, Sogroya, Skytofa, Zomacton	Humatrope, Nutropin AQ
Heart Failure	Inpefa	Farxiga, Jardiance
Hepatitis C	Ledipasvir-Sofosbuvir, Mavyret, Sofosbuvir-Velpatasvir, Sovaldi, Viekira Pak, Zepatier	Epclusa, Harvoni, Vosevi
Immune Globulins	Asceniv, Bivigam, Cuvitru, Flebogamma, Gammagard/SD, Gammaked, Gammaplex, Hyqvia, Panzyga, Privigen	Cutaquig, Gamunex-C, Hizentra, Octagam, Xembify
Immunologicals	Actemra, Adbry, Adalimumab, Amjevita, Cibirgo, Cimzia, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Ilumya, Kevzara, Kineret, Olumiant, Orencea, Siliq, Sotyktu, Yuflyma, Yusimry	Cosentyx, Dupixent, Enbrel, Humira, Otezla, Rinvoq, Simponi, Stelara, Skyrizi, Tremfya
Infliximab Products	Renflexis, Inflectra	Avsola, Infliximab, Remicade

# National Drug List

## Medication Alternatives

Drug class	Medications not on the National Drug List	Preferred alternatives
Insomnia	Quviviq, Zolpidem Cap	eszopiclone, zaleplon, zolpidem/er tab
Iron IV	Injectafer, Monoferric	Feraheme, Ferrlecit, ferumoxytol, Infed, Venofer
Leukotriene Modifiers	Zyflo, Zyflo CR (Brand and Generic)	montelukast tablet, zafirlukast tablet
Lipid/Cholesterol lowering - fibric acid	Antara (Brand and Generic)	choline fenofibrate (generic), fenofibrate (generic), fenofibrate micronized 67mg, 134mg, 200mg capsule (generic), fenofibric acid (generic), gemfibrozil
Lipid/Cholesterol lowering - statin/ combos	Altoprev, Atorvaliq, Ezallor Sprinkle, Ezetimibe-Atorvastatin, Ezetimibe-Rosuvastatin, Flolipid, Lescol XL (Brand and Generic), Livalo, Roszet, Zypitamag	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Migraine - ergotamine	Ergomar, Migranal (Brand and Generic), Trudhesa	almotriptan, eletriptan, ergot-caffeine tablet, naratriptan, rizatriptan tablet/ODT, sumatriptan tablet/nasal/injection/statdose/refill, zolmitriptan tablet/ODT
Migraine - CGRP	Ubrelvy, Vyepti, Zavzpret	Aimovig, Ajovy, Emgality, Nurtec, Qulipta
Migraine - ditan, triptan/combos	Onzetra, Reyvow, Tosymra, Treximet (Brand and Generic), Zembrace	almotriptan, eletriptan, naratriptan, rizatriptan tablet/ODT, sumatriptan tablet/nasal/injection/statdose/refill, zolmitriptan tablet/ODT/nasal
Multiple Sclerosis	Bafiertam, Briumvi, Extavia, Ocrevus	Avonex, Betaseron, Copaxone, dalfampridine, dimethyl fumarate, fingolimod, Mavenclad, Mayzent, Plegridy, Rebif, teriflunomide, Vumerity
Non-Steroidal Anti-Inflammatories	Cambia (Brand and Generic), Diclofenac 35mg Capsule, diclofenac potassium 25mg tablet, Duexis (Brand and Generic), Elyxyb, fenoprofen capsule, Indocin (Brand and Generic), ketoprofen 25mg, 50mg capsule, lofena, meloxicam capsule, Meloxicam Susp (Brand and Generic), Nalfon 400mg Capsule, Nafalon 600mg Tablet (Brand and Generic), Naprelan (Brand and Generic), Naprosyn Susp (Brand and Generic), Relafen DS, Seglentis, Tivorbex (Brand and Generic), Vimovo (Brand and Generic), Zipsor (Brand and Generic), Zorvolex	celecoxib, diclofenac potassium 50mg tablet, diclofenac sodium tablet (generic), etodolac, ibuprofen tab/susp, indomethacin capsule (except 20mg), meloxicam tab, misoprostol, nabumetone, naproxen tab, piroxicam
Non-Steroidal Anti-Inflammatories - nasal/topical	diclofenac solution 1.5%, Flector (Brand and Generic), Ketorolac Sol Tromethamine, Licart, Pennsaid (Brand and Generic), Sprix	diclofenac 1% gel
Overactive bladder	Gelnique, Gemtesa, Oxybutynin Solution, Oxytrol, Vesicare Suspension	oxybutynin chloride syrup/tablet/ER tablet, solifenacin succinate, tolterodine tartrate/ER
Ovulatory Stimulants	Follistim AQ	Gonal-F
Pain management - butalbital combos	Allzital, butalbital-acetaminophen 50-300mg tablet, butalbital-acetaminophen-caffeine 50-325-40mg capsule, bupap, esgic capsule, zebutal	butalbital-acetaminophen 50-325mg tablet, butalbital-acetaminophen-caffeine capsule/tablet (except 50-325-40mg capsule)
Pain management - narcotic analgesics	hydrocodone bitartrate er capsule, Nucynta ER, Xtampza ER	fentanyl patch, hydromorphone er, hydrocodone bitartrate ER tablet, morphine sulfate er, oxymorphone er, tramadol ER
Pain management - opioid combos	Lortab Elixir, Nalocet, Oxycodone-Acetaminophen Tablet/Soln (Brand), Prolate Tablet	hydrocodone-acetaminophen tablet/solution, oxycodone-acetaminophen tablet (generic)
Pain management - transmucosal fentanyl	Lazanda, Subsys	fentanyl citrate
Prostatic Hypertrophy Agents	Entadfi	dutasteride-tamsulosin, finasteride, tadalafil
Proton Pump Inhibitors	Aciphex Sprinkle/Tab (Brand and Generic), Dexilant (Brand and Generic), Esomeprazole Strontium, Konvomep, Nexium (Brand and Generic), Prevacid (Brand and Generic), Prilosec Packet, Protonix Packet (Brand and Generic), Rabeprazole DR Sprinkle, Zegerid (Brand and Generic)	omeprazole, pantoprazole
Respiratory - anti-inflammatory	Airduo Digihaler, Alvesco, Armonair Digihaler, Asmanex HFA/Twisthaler, Dulera, Pulmicort Flexhaler	Advair HFA (Brand and Generic), Arnuity Ellipta, budesonide-formoterol fumarate dihydrate, Breo Ellipta (Brand and Generic), Flovent HFA (Brand and Generic)/Diskus, fluticasone-salmeterol, Qvar Redihaler, Symbicort, Trelegy, wixela albuterol HFA, ProAir Respiclick
Respiratory - short acting beta-agonists	ProAir Digihaler	

# National Drug List

## Medication Alternatives

Drug class	Medications not on the National Drug List	Preferred alternatives
<b>Skeletal muscle relaxants</b>	Amrix (Brand and Generic), chlorzoxazone 250mg tablet, cyclobenzaprine 7.5mg, fexmid, Fleqsuvy (Brand and Generic), Lyvispah, Methocarbamol 1000mg, Ozobax (Brand and Generic), Zanaflex 2mg, 4mg Capsule (Brand and Generic)	baclofen tablet, chlorzoxazone 500mg, cyclobenzaprine 5mg and 10mg, methocarbamol 500mg and 750mg, orphenadrine, tizanidine tablet
<b>Steroids - intranasal</b>	Beconase AQ, Omnaris, Qnasl/Child, Ryaltris, Xhance, Zetonna	azelastine hcl-fluticasone propionate, fluticasone nasal
<b>Steroids - ophthalmic</b>	Alrex	loteprednol etabonate susp 0.5%
<b>Steroids - oral</b>	Cortisone Tablet, Emflaza, Rayos	hydrocortisone, methylprednisolone, prednisone solution/tablet, prednisolone
<b>Steroids - topical combinations</b>	Wynzora	calcipotriene cream, betamethasone dipropionate cream
<b>Steroids - topical low potency</b>	Ala Scalp, Capex, Texacort, Verdeso	desonide cream/lotion 0.05%, betameth val lotion 0.1%, fluocinolone cream/solution 0.01% & oils, aclometasone cream/oint 0.05%, HC cream/oint/soln 1%, HC cream/lotion/oint 2.5%, triamcinolone cream/lotion 0.025%, hydrocortisone oint, absorbbase, aloccort cream
<b>Steroids - topical medium potency</b>	Cordran Cream 0.025%/Oint 0.05%, Pandel, Sernivo	betameth dip lotion 0.05%, betameth val cream 0.1%, desonide gel/oint 0.05%, fluocinolone cream/oint 0.025%, fluticasone cream/lotion 0.05%, beser lotion, prednicarbate cream/oint 0.1%, mometasone cream/solution/oint 0.1%, triamcinolone cream/lotion/oint 0.1% & oint 0.025%, triderm cream 0.1%
<b>Steroids - topical high potency</b>	Amcinonide Oint, Apexicon E, Bryhali, Halog Oint/Soln, Impoyz	betameth dip cream/oint 0.05%, betameth val oint 0.1%, betameth dip cream/oint 0.05%, betameth val oint 0.1%, fluticasone oint 0.005%, aug betameth dip cre 0.05%, fluocinonide cre/E cre/gel/oint/solution 0.05%, triamcinolone cre/oint 0.5%, triderm cre 0.5%
<b>Steroids - topical very high potency</b>	Cordran Tape, Halobetasol Aer, Impeklo, Lexette, Ultravate Lotion	aug bethameth gel/lotion/oint 0.05%, clobetasol all dosage forms 0.05%, clodan shamp, tovet, fluocinonide cre 0.1%, halobetasol cre/oint 0.05%
<b>Testosterone</b>	Aveed, Kyzatrex, Methitest, methyltestosterone capsule, Tlando	testosterone enanthate injection, testosterone cypionate injection, testosterone gel, gel pump, topical solution
<b>Thyroid Agents</b>	Ermeza	levothyroxine
<b>Vascular Endothelial Growth Factor (VEGF) Inhibitors</b>	Alymsys, Vegzelma, Zirabev	Avastin, Mvasi
<b>Ulcer Therapy</b>	Voquezna	amoxicillin, clarithromycin, metronidazole, tetracycline, rifabutin, omeprazole, pantoprazole
<b>Vitamins</b>	Nascobal	cyanocobalamin injection

\*Please note: Preferred alternatives are on multiple tiers, depending on benefit plan. Tiers represent levels of coverage. Member cost share amounts generally increase at higher tier levels.

<sup>†</sup>Winthrop

<sup>‡</sup>Mylan



# National Drug List

## Medication Alternatives

### Medications not on the National Drug List (in alphabetical order)

Abilify <sup>^</sup>	Carbinoxamine 6mg/Ryvent	Fioricet-Codeine <sup>^</sup>	Lovaza <sup>^</sup>	Prudoxin <sup>^</sup>	Tribenzor <sup>^</sup>
Acanya <sup>^</sup>	Cardizem CD/LA <sup>^</sup>	Firazyr <sup>^</sup>	Lovenox <sup>^</sup>	Pulmicort Flexhaler	Tridesilon <sup>^</sup>
Accupril <sup>^</sup>	Celebrex <sup>^</sup>	Flebogamma	Lumryz	Pulmicort Susp <sup>^</sup>	Trileptal <sup>^</sup>
Aciphex Sprinkle/Tab (Brand and Generic)/Rabeprazole DR Sprinkle	Celexa <sup>^</sup>	Flector (Brand and Generic)	Lunesta <sup>^</sup>	Qelbree	Trilipix <sup>^</sup>
Actemra	Cequa	Fleqsuvy (Brand and Generic)	Luxiq <sup>^</sup>	Qnasl/Child	Trudhesa
Acticlate (Brand and Generic)	Chenodal	Flolipid	Lyrica <sup>^</sup>	Qsymia	Trulance
Actiq <sup>^</sup>	chlorzoxazone 250mg	Flomax <sup>^</sup>	Lyumjev Tempo	Qtern	Truvada <sup>^</sup>
Actoplus Met <sup>^</sup>	Cialis <sup>^</sup>	Focalin/XR <sup>^</sup>	Lyvispah	Quillichew ER	Tudorza Pressair
Actos <sup>^</sup>	Cibinqo	Follistim AQ	Mavyret	Quillivant XR	Twyneo
Aczone <sup>^</sup>	Cimzia	Forfivo XL <sup>^</sup>	Maxalt <sup>^</sup>	Quviviq	Tykerb <sup>^</sup>
Adalimumab	Cipro HC	Fortesta <sup>^</sup>	meloxicam capsule	Radicava Inj	Tyrvaya
Adapalene Solution	Citalopram Capsule	Fosrenol Chew <sup>^</sup>	Meloxicam Susp (Brand and Generic)	Rapaflo <sup>^</sup>	Ubrelyv
Adbry	Clindagel Gel 1% <sup>^</sup>	Frova <sup>^</sup>	Metformin 625mg Tablet	Rayos	Uloric <sup>^</sup>
Adcirca <sup>^</sup>	Clobex <sup>^</sup>	Gabitril <sup>^</sup>	metformin ER (generic Fortamet)	Recorlv	Ultracet <sup>^</sup>
Adderall/XR <sup>^</sup>	Cloderm <sup>^</sup>	Gammagard/SD	Methitest Tablet/ methyltestosterone capsule	Relafen DS	Ultram <sup>^</sup>
Adhansia XR	Clozaril <sup>^</sup>	Gammaked	Methocarbamol 1000mg	Relpax <sup>^</sup>	Ultravate Lotion
Adlarity	Colazal <sup>^</sup>	Gammaplex	Methylin <sup>^</sup>	Reltone/Ursodiol Cap	Uroxatral <sup>^</sup>
Adlyxin	Colcrys <sup>^</sup>	Gelnique	Methylphenidate Tab 45mg, 63mg, 72mg ER/Relexxii	Renagel <sup>^</sup>	Vagifem <sup>^</sup>
Admelog	Complera	Gemtesa	Metrogel <sup>^</sup>	Renflexis	Valium <sup>^</sup>
Advair Diskus <sup>^</sup>	Concerta <sup>^</sup>	Genotropin	Metro lotion <sup>^</sup>	Renvela <sup>^</sup>	Valtrex <sup>^</sup>
Adzenys XR-ODT	Contrave	Geodon Cap <sup>^</sup>	Micardis HCT <sup>^</sup>	Retin-A Micro Gel 0.06%, 0.08%	Vanos <sup>^</sup>
Afinitor/Disperz <sup>^</sup>	Cordran Cream 0.025%/Oint 0.05%/Tape	Gilenya <sup>^</sup>	Micardis <sup>^</sup>	Retin-A <sup>^</sup>	ildenafil tab
Afrezza	Cordran Cream/Lotion 0.05% <sup>^</sup>	Gleevec <sup>^</sup>	Miebo	Revatio <sup>^</sup>	Vasotec <sup>^</sup>

# National Drug List

## Medication Alternatives

### Medications not on the National Drug List (in alphabetical order)

Airduo Dighaler	Coreg/CR <sup>^</sup>	Glucotrol XR <sup>^</sup>	Migranal (Brand and Generic)	Reyvow	Vectical <sup>^</sup>
Airduo Respiclick <sup>^</sup>	Corgard <sup>^</sup>	Glumetza (Brand and Generic)	Minivelle <sup>^</sup>	Risperdal <sup>^</sup>	Vegzelma
Ala Scalp	Cortisone Tablet	Hadlima	Minolira (Brand and Generic)	Ritalin/LA <sup>^</sup>	Veltin <sup>^</sup>
Alinia Tablet <sup>^</sup>	Cosopt/PF <sup>^</sup>	Halog Cream <sup>^</sup>	Mitigare (Brand and Generic)	Rocaltrol <sup>^</sup>	venlafaxine er 37.5mg, 75mg, 112.5mg, 150mg tablet
Allopurinol 200mg Tablet	Cotempla XR-ODT	Halog Oint/Soln	Monoferric	Roszet/ Ezetimibe-Rosuvastatin	Ventolin HFA <sup>^</sup>
Allzital	Cozaar <sup>^</sup>	Hetlioz Capsule <sup>^</sup>	Motegrity	Rozerem <sup>^</sup>	Verdeso
Alocril	Crestor <sup>^</sup>	Horizant	Mounjaro	Ryaltris	Vesicare Susp
Alomide	Cuprimine (Brand and Generic)	Hulio	MS Contin <sup>^</sup>	Sabril <sup>^</sup>	Vesicare <sup>^</sup>
Alrex	Cuvitru	Humalog Tempo	mupirocin cream	Saizen	Vfend <sup>^</sup>
Altace <sup>^</sup>	Cuvrior	hydrocodone bitartrate er capsule	Mysoline <sup>^</sup>	Samsca <sup>^</sup>	Viagra <sup>^</sup>
Altoprev	cyclobenzaprine 7.5mg/fexmid	Hyqvia	Nafalon 600mg Tablet (Brand and Generic)	Saphris <sup>^</sup>	Vibramycin Cap/Susp <sup>^</sup>
Altreno	Cyltezo	Hyrimoz	Nalfon 400mg Capsule/fenoprofen capsule	Savaysa	Vibramycin Symp
Alvesco	Cymbalta <sup>^</sup>	Hysingla ER <sup>^</sup>	Namenda XR <sup>^</sup>	Scemblix	Viekira Pak
Alymsys	Dartisla ODT	Hyzaar <sup>^</sup>	Naprelan (Brand and Generic)	Seglentis	Viibryd <sup>^</sup>
Amaryl <sup>^</sup>	Daytrana <sup>^</sup>	lbsrela	Naprosyn Susp (Brand and Generic)	Segluromet	Vimovo (Brand and Generic)
Ambien/CR <sup>^</sup>	Depakote/DR/ER/Sprinkles <sup>^</sup>	Iclusig	Naprosyn/ EC-Naprosyn <sup>^</sup>	Semglee/Insulin Glargine2/Insulin Glargine - yfgn	Vimpat <sup>^</sup>
Amcinonide Oint	Derma-Smooth <sup>^</sup>	Idacio	Narcan <sup>^</sup>	Sensipar <sup>^</sup>	Viread Tab 300mg <sup>^</sup>
Amitiza <sup>^</sup>	Desowen <sup>^</sup>	Ilumya	Nascobal	Sernivo	Vivelle-Dot <sup>^</sup>
Amjevita	Desoxyn (Brand and Generic)	Imitrex <sup>^</sup>	Nesina <sup>^</sup>	Seroquel/XR <sup>^</sup>	Vogelxo/Pump <sup>^</sup>
Amrix (Brand and Generic)	Detrol/LA <sup>^</sup>	Impeklo	Neurontin <sup>^</sup>	Sertraline Cap	Voquezna
Amzeeq	Dexedrine <sup>^</sup>	Impoyz	Nexiclon XR (Brand and Generic)	Seysara	Vtama
Anafranil <sup>^</sup>	Dexilant (Brand and Generic)	Incruse Ellipta	Nexium (Brand and Generic)	Silenor <sup>^</sup>	Vuity
Androgel/Pump <sup>^</sup>	Diclegis <sup>^</sup>	Inderal LA <sup>^</sup>	Ngenla	Siliq	Vyepti

# National Drug List

## Medication Alternatives

### Medications not on the National Drug List (in alphabetical order)

Antara (Brand and Generic)	diclofenac sol 1.5%	Indocin (Brand and Generic)	Niaspan <sup>^</sup>	Singular <sup>^</sup>	Vytorin <sup>^</sup>
Apexicon E	Differin Cream/Gel <sup>^</sup>	Inflectra	Nilandron <sup>^</sup>	Sitavig	Welchol <sup>^</sup>
Apidra	Differin Lotion	Injectafer	Norditropin	Skytrofa	Wellbutrin XL/SR <sup>^</sup>
Aptensio XR <sup>^</sup>	Diovan HCT <sup>^</sup>	Inpefa	Noritate	Soaanz	Winlevi
Arimidex <sup>^</sup>	Diovan <sup>^</sup>	Insulin Degludec	Northera <sup>^</sup>	Sofosbuvir-Velpatasvir	Wynzora
Armonair Digihaler	Diprolene Oint <sup>^</sup>	Intuniv <sup>^</sup>	Norvasc <sup>^</sup>	Sogroya	Xalatan <sup>^</sup>
Arthrotec <sup>^</sup>	Ditropan XL <sup>^</sup>	Invega <sup>^</sup>	Novolin	Solodyn (Brand and Generic)	Xanax/XR <sup>^</sup>
Asacol HD <sup>^</sup>	Doryx (Brand and Generic)/MPC	Invokamet/XR	Novolog/Insulin Aspart/Insulin Aspart Protamine-Aspart	Soma <sup>^</sup>	Xeloda <sup>^</sup>
Asceniv	doxycycline hyclate DR tablet	Invokana	Noxafil Tab <sup>^</sup>	Sorilux	Xelstrym
Asmanex HFA/Twisthaler	Drizalma Sprinkle	Istalol <sup>^</sup>	Nucynta ER	Sotyktu	Xenazine <sup>^</sup>
Atacand HCT <sup>^</sup>	Duaklir Pressair	Jadenu <sup>^</sup>	Nuvigil <sup>^</sup>	Sovaldi	Xenical <sup>^</sup>
Atacand <sup>^</sup>	Duexis (Brand and Generic)	Jentaduetto/XR	Ocrevus	Sprix/Ketorolac Sol Tromethamine	Xhance
Ativan <sup>^</sup>	Dulera	Jornay PM	olopatadine drop/soln	Steglatro	Ximino (Brand and Generic)
Atorvaliq	Dyanavel XR	Kazano <sup>^</sup>	Olumiant	Steglujan	Xopenex/HFA <sup>^</sup>
Atralin <sup>^</sup>	Dyrenium <sup>^</sup>	Kenalog Aer Spray <sup>^</sup>	Olux/E <sup>^</sup>	Stendra	Xtampza ER
Aubagio <sup>^</sup>	E.E.S. Granules <sup>^</sup>	Keppra/XR <sup>^</sup>	Omnaris	Stimufend	Xywav
Auvelity	Effexor XR <sup>^</sup>	Kerydin <sup>^</sup>	Omnitrope	Strattera <sup>^</sup>	Yonsa
Auvi-Q	Effient <sup>^</sup>	ketoprofen 25mg, 50mg capsule	Onfi <sup>^</sup>	Suboxone <sup>^</sup>	Yuflyma
Avalide <sup>^</sup>	Elidel <sup>^</sup>	Keveyis <sup>^</sup>	Onglyza (Brand and Generic)	Subsys	Yusimry
Avapro <sup>^</sup>	Elyxyb	Kevzara	Onzetra	Suflave	Zanaflex 2mg, 4mg Capsule (Brand and Generic)
Aveed	Emend <sup>^</sup>	Kineret	Oracea (Brand and Generic)	Suprep <sup>^</sup>	Zarontin <sup>^</sup>
Avodart <sup>^</sup>	Emflaza	Kitabis Pak <sup>^</sup>	Orencia	Symfi/Lo <sup>^</sup>	Zavesca <sup>^</sup>
Azelex	Entadfi	Klonopin <sup>^</sup>	Oseni <sup>^</sup>	Symjepi	Zavzpret
Azopt <sup>^</sup>	Epiduo Forte <sup>^</sup>	Kombiglyze XR (Brand and Generic)	Osmoprep	Synalar <sup>^</sup>	Zegerid (Brand and Generic)
Azor <sup>^</sup>	Epiduo <sup>^</sup>	Konvomep	Oxybutynin Solution	Synera	Zembrace
Azstarys	Epipen/Jr <sup>^</sup>	Kuvan <sup>^</sup>	Oxycodone-Acetaminophen Tablet/Soln (Brand)/Nalocet/Prolate	Syprine <sup>^</sup>	Zepatier

# National Drug List

## Medication Alternatives

### Medications not on the National Drug List (in alphabetical order)

Bafiertam	Eprontia	Kyzatrex	Oxytrol	Tarceva <sup>^</sup>	Zerviate
Baraclude Tablet <sup>^</sup>	Epsolay	Lacrisert	Ozobax (Brand and Generic)	Targretin <sup>^</sup>	Zestril <sup>^</sup>
Basaglar/Tempo	Ergomar	Lamictal ODT Kit/XR Kit	Pandel	Tazorac <sup>^</sup>	Zetia <sup>^</sup>
Beconase AQ	Ermeza	Lamictal/XR <sup>^</sup>	Panzyga	Tecfidera <sup>^</sup>	Zetonna
Benicar HCT <sup>^</sup>	Eryped <sup>^</sup>	Lanoxin Tablet <sup>^</sup>	Paxil/CR <sup>^</sup>	Tegretol/XR <sup>^</sup>	Ziana <sup>^</sup>
Benicar <sup>^</sup>	Esbriet Cap/Tab <sup>^</sup>	Latuda <sup>^</sup>	Pennsaid (Brand and Generic)	Tekturna <sup>^</sup>	Zipsor (Brand and Generic)/diclofenac potassium tab 25mg/lofena
Benzamycin <sup>^</sup>	Esgic Tab <sup>^</sup>	Lazanda	Percocet <sup>^</sup>	Tenormin <sup>^</sup>	Zirabev
Bepreve (Brand and Generic)	Esomeprazole Strontium	Ledipasvir-Sofosbuvir	Plaquenil <sup>^</sup>	Testim <sup>^</sup>	Zocor <sup>^</sup>
Betapace/AF <sup>^</sup>	Estrace/Vaginal Cream <sup>^</sup>	Lescol XL (Brand and Generic)	Plavix <sup>^</sup>	Texacort	Zoloff <sup>^</sup>
Bevespi Aerosphere	Evekeo ODT	Letairis <sup>^</sup>	Pradaxa (Brand and Generic)/Pak	Thiola <sup>^</sup>	Zolpidem Cap
Bivigam	Evekeo <sup>^</sup>	Lexapro <sup>^</sup>	Pred Forte <sup>^</sup>	Tikosyn <sup>^</sup>	Zomacton
Brenzavvy	Exforge HCT <sup>^</sup>	Lexette/Halobetasol Aer	Prevacid (Brand and Generic)	Tivorbex (Brand and Generic)	Zomig <sup>^</sup>
Briumvi	Exforge <sup>^</sup>	Lialda <sup>^</sup>	Prezcobix	Tlando	Zonalon <sup>^</sup>
Bryhali	Exjade <sup>^</sup>	Licart	Prilosec Packet	Tobi <sup>^</sup>	Zonegran <sup>^</sup>
Buphenyl <sup>^</sup>	Exservan	Lidocaine-Tetracaine/Pliaglis	Pristiq <sup>^</sup>	Topamax/Sprinkle <sup>^</sup>	Zonisade
butalbital-acetaminophen tablet 50-300mg/bupap	Extavia	Lidoderm <sup>^</sup>	Privigen	Topicort <sup>^</sup>	Zorvolex/Diclofenac Cap 35mg
butalbital-acetaminophen-caffeine capsule 50-325-40mg/esgic cap/zebutal cap	Eysuvis	Lipitor <sup>^</sup>	Proair Digihaler	Toprol XL <sup>^</sup>	Zovirax Cream <sup>^</sup>
Bydureon	Ezallor Sprinkle	Lithobid <sup>^</sup>	Proair HFA <sup>^</sup>	Tosymra	Ztlido
Byetta	Ezetimibe-Atorvastatin	Livalo	Prometrium <sup>^</sup>	Toviaz <sup>^</sup>	Zyflo/CR (Brand and Generic)
Bystolic <sup>^</sup>	Fabior/Tazarotene Aer 0.1%	Locoid <sup>^</sup>	Protonix Pak (Brand and Generic)	Tracleer <sup>^</sup>	Zypitamag
Cafergot <sup>^</sup>	Felbatol <sup>^</sup>	Lopressor <sup>^</sup>	Protonix Tab <sup>^</sup>	Tradjenta	Zyprexa <sup>^</sup>
Cambia (Brand and Generic)	Ferriprox Tab <sup>^</sup>	Loreev XR	Protopic <sup>^</sup>	Transderm Scop <sup>^</sup>	Zytiga <sup>^</sup>
Capex	Fiasp	Lortab Elixir	Proventil HFA <sup>^</sup>	Tranxene T <sup>^</sup>	
Carbaglu <sup>^</sup>	Finacea <sup>^</sup>	Lotrel <sup>^</sup>	Provigil <sup>^</sup>	Travatan Z <sup>^</sup>	

# National Drug List

## Medication Alternatives

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### Medications not on the National Drug List (in alphabetical order)

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Carbatrol^	Fioricet^	Lotronex^	Prozac^	Treximet (Brand and Generic)	
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^ Multisource brand exclusions - The generic equivalent of this brand name medication is the alternative.

*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 pharmacy member services number located on your ID card.*

## Get help in your language

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

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

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

### 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. (TTY/TDD: 711)

### 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。(TTY/TDD: 711)

### Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

### Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

### Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

### Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

### Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (TTY/TDD: 711)

### Armenian

Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

### Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

### French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)



#### Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

#### Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

#### Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

#### Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

#### Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

#### Navajo

Bee ná ahoót'í t'áá ni nizaad k'ehjí níká a'doowół t'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí bé'esh bee hane'í bikáá' áá'j'í' hodiilnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí bé'esh bee hane'í bikáá' áá'j'í' hodiilnih. (TTY/TDD: 711)

### It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

# Save time and effort filling your regular prescriptions

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

## With home delivery, you can count on:



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

- Manage your prescriptions with the Sydney<sup>SM</sup> Health app or at [anthem.com](https://www.anthem.com).
- Expect first-time home delivery orders to take about two weeks and refills to take 3 to 5 days.
- Set up reminders and automatic refills, too.



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

- Tamperproof
- Temperature controlled, if needed
- Weatherproof



**Peace of mind.** You're less likely to miss a dose and more likely to stay on track with the treatment your doctor prescribed when you switch to home delivery.\* Trained pharmacists can also answer your questions and help you 24/7.




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



**Savings.** Many medications cost less when you fill a 90-day supply instead of three 30-day supplies. Shipping is always free.

## Start home delivery now with these steps

1. Visit the *Pharmacy* page on [anthem.com](https://www.anthem.com), choose the *Pharmacy* tab on the Sydney Health app, or scan the QR code with your phone's camera. Register your member account if you haven't already.
- 
2. Choose **Request a New Prescription**.
  3. Type in the prescription you'd like delivered.
  4. Under the name and cost of your prescription, select **Request a New Prescription**.
  5. Fill in any blank fields, such as shipping address, payment method, and prescriber.
  6. First-time requestors will need to select **Continue to Medical Profile**.
  7. Verify any allergies or health conditions, then select **Continue to Submit Order**.

## We're here to help

Call CaredonRx Mail at **833-320-1180** or use the live chat feature on Sydney Health or [anthem.com](https://www.anthem.com).

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

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

CaredonRx is an independent company providing pharmacy benefit management services on behalf of your health plan.

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### Welcome to your Blue View Vision plan!

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

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

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
<b>Routine Eye Exam</b>			
A comprehensive eye examination	\$20 Copay	Reimbursed Up To \$42	Once every calendar year
<b>Eyeglass Frames</b>			
One pair of eyeglass frames	\$130 Allowance, then 20% off any remaining balance	Reimbursed Up To \$45	Once every calendar year
<b>Eyeglass Lenses (instead of contact lenses)</b>			
One pair of standard plastic prescription lenses			
<ul style="list-style-type: none"> <li>• Single vision lenses</li> <li>• Bifocal lenses</li> <li>• Trifocal lenses</li> </ul>	\$20 Copay \$20 Copay \$20 Copay	Reimbursed Up To \$40 Reimbursed Up To \$60 Reimbursed Up To \$80	Once every calendar year
<b>Eyeglass Lens Enhancements</b>			
<i>When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost</i>			
<ul style="list-style-type: none"> <li>• <b>Transitions</b> Lenses (for a child under age 19)</li> <li>• Standard polycarbonate (for a child under age 19)</li> <li>• Factory Scratch Coating</li> </ul>	\$0 Copay \$0 Copay \$0 Copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
<b>Contact Lenses (instead of eyeglass lenses)</b>			
<i>Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.</i>			
<ul style="list-style-type: none"> <li>• Elective conventional (non-disposable) OR</li> <li>• Elective disposable OR</li> <li>• Non-elective (medically necessary)</li> </ul>	\$130 Allowance, then 15% off any remaining balance  \$130 Allowance (no additional discount)  Covered in full	Reimbursed Up To \$105  Reimbursed Up To \$105  Reimbursed Up To \$210	Once every calendar year
<b>Contact lens fit and follow-up</b>			
<i>A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.</i>			
<ul style="list-style-type: none"> <li>• Standard contact lens fitting</li> <li>• Premium contact lens fitting</li> </ul>	\$0 Copay 10% off retail price, then apply \$55 allowance	Reimbursed Up To \$35 Reimbursed Up To \$35	Once every calendar year

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

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

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

**Excess Amounts.** Amounts in excess of covered vision expense.

**Sunglasses.** Plano sunglasses and accompanying frames.

**Safety Glasses.** Safety glasses and accompanying frames.

**Not Specifically Listed.** Services not specifically listed in this plan as covered services.

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

**Non-Prescription Lenses.** Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

**Orthoptics.** Orthoptics or vision training and any associated supplemental testing

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-Network Member Cost (after any applicable copay)
<b>Retinal Imaging</b> – at member’s option, can be performed a time of eye exam		Not more than \$39
<b>Eyeglass lens upgrades</b> When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> <li>• Transitions lenses (Adults)</li> <li>• Standard Polycarbonate (Adults)</li> <li>• Tint (Solid and Gradient)</li> <li>• UV Coating</li> <li>• Progressive Lenses<sup>1</sup> <ul style="list-style-type: none"> <li>• Standard \$55</li> <li>• Premium Tier 1 \$85</li> <li>• Premium Tier 2 \$95</li> <li>• Premium Tier 3 \$110</li> <li>• Premium Tier 4 \$175</li> </ul> </li> <li>• Anti-Reflective Coating<sup>2</sup> <ul style="list-style-type: none"> <li>• Standard \$45</li> <li>• Premium Tier 1 \$57</li> <li>• Premium Tier 2 \$68</li> <li>• Premium Tier 3 \$85</li> </ul> </li> <li>• Other Add-ons 20% off retail price</li> </ul>	
<b>Additional Pairs of Eyeglasses</b> Anytime from any Blue View Vision network provider	<ul style="list-style-type: none"> <li>• Complete Pair 40% off retail price</li> <li>• Eyeglass materials purchased separately 20% off retail price</li> </ul>	
<b>Eyewear Accessories</b>	Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail
<b>Conventional Contact Lenses</b> (non-disposable type)	<ul style="list-style-type: none"> <li>• Discount applies to materials only 15% off retail price</li> </ul>	

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

<sup>2</sup>Please ask your provider for his/her recommendation as well as the available anti-reflective brands by tier.

Cannot be combined with any other offer. Discounts are subject to change without notice. Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where State law prevents discounting of products and services that are not covered benefits under this plan. Discounts on frames will not apply if the manufacturer has imposed a no discount on sales at retail and independent provider locations.

Some of our in-network providers include:



ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM
Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at <a href="http://anthem.com">anthem.com</a> , select discounts, then Vision, Hearing & Dental.

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

**OUT-OF-NETWORK**

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

**TO FAX:** 866-293-7373  
**TO EMAIL:** [oonclaims@eyewearspecialoffers.com](mailto:oonclaims@eyewearspecialoffers.com)  
**TO MAIL:** Blue View Vision  
Attn: OON Claims  
P.O. Box 8504  
Mason, OH 45040-7111

Transitions are registered trademarks of Transitions Optical, Inc. 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. Anthem Blue Cross and Blue Shield is an independent licensee 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.

# Get Help in Your Language

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

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

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

## 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. (TTY/TDD: 711)

## Amharic

ይህንን መረጃ እና እገዛ በቋንቋዎ በነጻ እገዛ የማግኘት መብት አልዎት። ለእገዛ በመታወቁዎ ላይ ያለውን የአባል አገልግሎቶች ቁጥር ይደውሉ። (TTY/TDD: 711)

## Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجانًا. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة (TTY/TDD:711).

## Bassa

Mì bédé dyí-bédèin-déò b'é m' kè b'ò nià kε kè gbo-kpá- kpá dyé dé m' bídí-wùdùün bó pídyi. Éá mébà jè gbo-gmò Kpòè nòbà nià ni Dyí-dyoin-b'èò k'òε b'é m' kè gbo-kpá-kpá dyé. (TTY/TDD: 711)

## Bengali

বিনামূল্যে এই তথ্য পাওয়ার ও আপনার ভাষায় সাহায্য করার অধিকার আপনার আছে। সাহায্যের জন্য আপনার আইডি কার্ডের থাকা সদস্য পরিষেবা নম্বরে কল করুন। (TTY/TDD: 711)

## 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。(TTY/TDD: 711)

## Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

## French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

## German

Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Rufen Sie die auf Ihrer ID-Karte angegebene Servicenummer für Mitglieder an, um Hilfe anzufordern. (TTY/TDD: 711)

## Hindi

आपके पास यह जानकारी और मदद अपनी भाषा में मुफ्त में प्राप्त करने का अधिकार है। मदद के लिए अपने ID कार्ड पर सदस्य सेवाएँ नंबर पर कॉल करें। (TTY/TDD: 711)

## Igbo

Ị nwere ikike ịnweta ozi a yana enyemaka n'asụsụ gị n'efu. Kpọọ nomba Ọrụ Onye Otu dị na kaadị NJ gị maka enyemaka. (TTY/TDD: 711)

## **Korean**

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

## **Russian**

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

## **Tagalog**

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

## **Urdu**

آپ کو اپنی زبان میں مفت ان معلومات اور مدد کے حصول کا حق ہے۔ مدد کے لیے اپنے آئی ڈی کارڈ پر موجود ممبر سروس نمبر کو کال کریں۔ (TTY/TDD:711)

## **Vietnamese**

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

## **Yoruba**

O ní ẹ̀tọ́ láti gba ìwífún yí kí o sì ẹ̀rànwọ́ ní èdè rẹ̀ lófẹ́ẹ́. Pe Nọmbà àwọn ìpèsè ọmọ-ẹgbẹ́ lóri káàdì ìdánimọ́ rẹ̀ fún ìrànwọ́. (TTY/TDD: 711)

## **It's important we treat you fairly**

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



# The ins and outs of coverage

Knowing that you have health care coverage that meets your and your family's needs is reassuring.

But part of your decision in choosing a plan also means you need to understand:

- Who can enroll
- How you and your employer handle coverage changes
- What's not covered by your plan
- How your coverage works with other health plans you might have

## Who can be enrolled

You can choose coverage for just you. Or, you can have coverage for your family, including you and any of the following family members:

- Your spouse
- Your children age 26 or younger, including:
  - A newborn, natural child or a child placed with you for adoption
  - A stepchild
  - Any other child for whom you have legal guardianship

Coverage will end on the last day of the month in which they turn 26.

Some children have mental or physical challenges that prevent them from living independently. The dependent age limit does not apply to these enrolled children as long as these challenges were present before they turned 26.

**1. At the employer level, which affects you and other employees covered by an employer’s plan, your plan can be:**

Renewed	Canceled	Changed	When
●			Your employer: <ul style="list-style-type: none"> <li>Keeps its status as an employer.</li> <li>Stays in our service area.</li> <li>Meets our guidelines for employee participation and premium contribution.</li> <li>Pays the required health care premiums.</li> <li>Doesn't commit fraud or misrepresent itself.</li> </ul>
	●		Your employer: <ul style="list-style-type: none"> <li>Makes a bad payment.</li> <li>Voluntarily cancels coverage (30-days advance written notice required).</li> <li>Is unable (after being given at least a 30-day notice) to meet eligibility requirements to maintain a group plan.</li> <li>Still does not pay the required health care premium (after being given a 31-day grace period and at least a 15-day notice).</li> </ul>
	●		<ul style="list-style-type: none"> <li>We decide to no longer offer the specific plan chosen by your employer (you'll get a 90-day advance notice).</li> <li>We decide to no longer offer any coverage in Virginia (you'll get a 180-day advance notice).</li> </ul>
		●	You and your employer received a 30-day advance written notice that the coverage was being changed (services were added to your plan or the copays were lowered). Copays can be increased or services can be decreased only when it is time for your group to renew its coverage.

**2. At the individual level, which affects you and covered family members, your plan can be:**

Renewed	Canceled	When you
●		<ul style="list-style-type: none"> <li>Stay eligible for your employer’s coverage.</li> <li>Pay your share of the monthly payment (premium) for coverage.</li> <li>Don't commit fraud or misrepresent yourself.</li> </ul>
	●	Give wrong information on purpose about yourself or your dependents when you enroll. Cancellation is effective immediately.
	●	<ul style="list-style-type: none"> <li>Lose your eligibility for coverage.</li> <li>Don't make required payments or make bad payments.</li> <li>Commit fraud.</li> <li>Are guilty of gross misbehavior.</li> <li>Don't cooperate if we ask you to pay us back for benefits that were overpaid (coordination of benefits recoveries).</li> <li>Let others use your ID card.</li> <li>Use another member's ID card.</li> <li>File false claims with us.</li> </ul> Your coverage will be canceled after you receive a written notice from us.

## Special enrollment periods

In most cases, you're only allowed to enroll in your employer's health plan during certain eligibility periods, such as when it's first offered to you as a "new hire" or during your employer's open enrollment period, when employees can make changes to their benefits for an upcoming year.

But there can be other times when you may be eligible to enroll. For example, let's say the first time you were offered coverage, you stated in writing that you didn't want to enroll yourself, your spouse or your covered dependents because you had coverage through another carrier or group health plan. If you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage) you may be able to enroll your family later. But you must ask to be enrolled within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Also, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Finally, a special enrollment period of 60 days will be allowed if:

- Your or your dependents' coverage under Medicaid or the State Children's Health Insurance Program (SCHIP) is terminated as a result of a loss of eligibility.
- You or your dependents become eligible for premium assistance under a state Medicaid or SCHIP plan.

To request special enrollment or get more information, contact your employer.

## When you're covered by more than one plan

If you're covered by two different group health plans, one is considered primary and the other is considered secondary. The primary plan is the first to pay a claim and reimburse according to plan allowances. The secondary plan then reimburses, usually covering the remaining allowable costs.

## Determining the primary and secondary plans

See the chart below to learn which health plan is considered the primary plan. The term “participant” means the person who signed up for coverage:

When a person is covered by two group plans, and	Then	Primary	Secondary
One plan does not have a COB provision	The plan without COB is	●	
	The plan with COB is		●
The person is the participant under one plan and a dependent under the other	The plan covering the person as the participant is	●	
	The plan covering the person as a dependent is		●
The person is the participant in two active group plans	The plan that has been in effect longer is	●	
	The plan that has been in effect the shorter amount of time is		●
The person is an active employee on one plan and enrolled as a COBRA participant for another plan	The plan in which the participant is an active employee is	●	
	The COBRA plan is		●
The person is covered as a dependent child under both plans	The plan of the parent whose birthday occurs earlier in the calendar year (known as the birthday rule) is	●	
	The plan of the parent whose birthday is later in the calendar year is		●
	Note: When the parents have the same birthday, the plan that has been in effect longer is	●	
The person is covered as a dependent child and coverage is required by a court decree	The plan of the parent primarily responsible for health coverage under the court decree is	●	
	The plan of the other parent is		●
The person is covered as a dependent child and coverage is <i>not</i> stipulated in a court decree	The custodial parent's plan is	●	
	The noncustodial parent's plan is		●
The person is covered as a dependent child and the parents share joint custody	The plan of the parent whose birthday occurs earlier in the calendar year is	●	
	The plan of the parent whose birthday is later in the calendar year is		●
	Note: When the parents have the same birthday, the plan that has been in effect longer is	●	

## How benefits apply if you're eligible for Medicare

Some people under age 65 are eligible for Medicare in addition to any other coverage they may have. The following chart shows how payment is coordinated under various scenarios:

When a person is covered by Medicare and a group plan, and	Then	Your plan is primary	Medicare is primary
Is qualified for Medicare coverage due solely to end-stage renal disease (ESRD-kidney failure)	During the 30-month Medicare entitlement period	●	
	Upon completion of the 30-month Medicare entitlement period		●
Is a disabled member who is allowed to maintain group enrollment as an active employee	If the group plan has more than 100 participants	●	
	If the group plan has fewer than 100 participants		●
Is the disabled spouse or dependent child of an active full-time employee	If the group plan has more than 100 participants	●	
	If the group plan has fewer than 100 participants		●
Is a person who becomes qualified for Medicare coverage due to ESRD after already being enrolled in Medicare due to a disability	If Medicare had been secondary to the group plan before ESRD entitlement	●	
	If Medicare had been primary to the group plan before ESRD entitlement		●

## Recovering overpayments

If health care benefits are overpaid by mistake, we will ask for reimbursement for the overpayment. This is referred to as “coordination of benefits recoveries.” We appreciate your help in the recovery process. We reserve the right to recover any overpayment from:

- Any person to or for whom the overpayments were made
- Any health care company
- Any other organization

## What's Not Covered

In this section you will find a review of items that are not covered by your Plan. Excluded items will not be covered even if the service, supply, or equipment is Medically Necessary. This section is only meant to be an aid to point out certain items that may be misunderstood as Covered Services. This section is not meant to be a complete list of all the items that are excluded by your Plan.

We will have the right to make the final decision about whether services or supplies are Medically Necessary and if they will be covered by your Plan.

- 1) **Acts of War, Disasters, or Nuclear Accidents** In the event of a major disaster, epidemic, war, or other event beyond our control, we will make a good faith effort to give you Covered Services. We will not be responsible for any delay or failure to give services due to lack of available Facilities or staff.

Benefits will not be given for any illness or injury that is a result of war, service in the armed forces, a nuclear explosion, nuclear accident, release of nuclear energy, a riot, or civil disobedience.

- 2) **Administrative Charges**

- a) Charges to complete claim forms,
- b) Charges to get medical records or reports,
- c) Membership, administrative, or access fees charged by Doctors or other Providers. Examples include, but are not limited to, fees for educational brochures or calling you to give you test results.

- 3) **Aids for Non-verbal Communication** Devices and computers to assist in communication and speech except for speech aid devices and tracheo-esophageal voice devices approved by us.

- 4) **Alternative / Complementary Medicine** Services or supplies for alternative or complementary medicine. This includes, but is not limited to:

- a) Acupuncture, (Removed when Acupuncture Rider is included)
- b) Acupressure, or massage to help alleviate pain, treat illness or promote health by putting pressure to one or more areas of the body,
- c) Holistic medicine,
- d) Homeopathic medicine,
- e) Hypnosis,
- f) Aroma therapy,
- g) Massage and massage therapy,
- h) Reiki therapy,
- i) Herbal, vitamin or dietary products or therapies,
- j) Naturopathy,
- k) Thermography,
- l) Orthomolecular therapy,
- m) Contact reflex analysis,
- n) Bioenergetic synchronization technique (BEST),
- o) Iridology-study of the iris,
- p) Auditory integration therapy (AIT),
- q) Colonic irrigation,
- r) Magnetic innervation therapy,
- s) Electromagnetic therapy,



t) Neurofeedback / Biofeedback.

- 5) **Applied Behavioral Treatment** (including, but not limited to, Applied Behavior Analysis) unless Medically Necessary.
- 6) **Autopsies** Autopsies and post-mortem testing unless requested by us as stated in “Physical Examinations and Autopsy” in the “General Provisions” section.
- 7) **Before Effective Date or After Termination Date** Charges for care you get before your Effective Date or after your coverage ends, except as written in this Plan.
- 8) **Certain Providers** Services you get from Providers that are not licensed by law to provide Covered Services as defined in this Booklet. Examples include, but are not limited to, masseurs or masseuses (massage therapists), and physical therapist technicians.
- 9) **Charges Not Supported by Medical Records** Charges for services not described in your medical records.
- 10) **Charges Over the Maximum Allowed Amount** Charges over the Maximum Allowed Amount for Covered Services. The exception to this exclusion is outlined in “Balance Billing by Out-of-Network Providers” in the “How Your Plan Works” section.
- 11) **Clinical Trial Non-Covered Services** Any Investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be a Covered Service under this Plan for non-Investigational treatments.
- 12) **Clinically-Equivalent Alternatives** Certain Prescription Drugs may not be covered if you could use a clinically equivalent Drug, unless required by law. “Clinically equivalent” means Drugs that for most Members, will give you similar results for a disease or condition. If you have questions about whether a certain Drug is covered and which Drugs fall into this group, please call the number on the back of your Identification Card, or visit our website at [www.anthem.com](http://www.anthem.com).

If you or your Doctor believes you need to use a different Prescription Drug, please have your Doctor or pharmacist get in touch with us. We will cover the other Prescription Drug only if we agree that it is Medically Necessary and appropriate over the clinically equivalent Drug. We will review benefits for the Prescription Drug from time to time to make sure the Drug is still Medically Necessary.

- 13) **Complications of/or Services Related to Non-Covered Services** Services, supplies, or treatment related to or, for problems directly related to a service that is not covered by this Plan. Directly related means that the care took place as a direct result of the non-Covered Service and would not have taken place without the non-Covered Service.
- 14) **Compound Drugs** Compound Drugs unless all of the ingredients are FDA approved, require a prescription to dispense, and the compound medication is not essentially the same as an FDA-approved product from a drug manufacturer. Exceptions to non-FDA approved compound ingredients may include multi-source, non-proprietary vehicles and/or pharmaceutical adjuvants.
- 15) **Contraceptives** Contraceptive devices including diaphragms, intrauterine devices (IUDs), and implants. (Added when contraceptives are excluded via a qualified religious exemption)
- 16) **Contraceptive Devices** Contraceptive devices including intrauterine devices (IUDs) and implants. (Added when contraceptive devices are excluded via partial religious exemption)
- 17) **Cosmetic Services** Treatments, services, Prescription Drugs, equipment, or supplies given for cosmetic services. Cosmetic services are meant to preserve, change, or improve how you look or are given for social reasons. No benefits are available for surgery or treatments to change the texture or look of your skin or to change the size, shape or look of facial or body features (such as your nose, eyes, ears, cheeks, chin, chest or breasts).

This Exclusion does not apply to:

- a) Surgery or procedures to correct deformity caused by disease, trauma, or previous therapeutic process.

- b) Surgery or procedures to correct congenital abnormalities that cause Functional Impairment.
- c) Surgery or procedures on newborn children to correct congenital abnormalities.
- 18) **Court Ordered Testing** Court ordered testing or care unless Medically Necessary.
- 19) **Cryopreservation** Charges associated with the cryopreservation of eggs, embryos, or sperm, including collection, storage, and thawing.
- 20) **Custodial Care** Custodial Care, convalescent care or rest cures. This Exclusion does not apply to Hospice services.
- 21) **Delivery Charges** Charges for delivery of Prescription Drugs.
- 22) **Dental Devices for Snoring** Oral appliances for snoring.
- 23) **Dental Treatment** Dental treatment, except as listed below.
- Excluded treatment includes but is not limited to preventive care and fluoride treatments; dental X rays, supplies, appliances and all associated costs; and diagnosis and treatment for the teeth, jaw or gums such as:
- Removing, restoring, or replacing teeth;
  - Medical care or surgery for dental problems (unless listed as a Covered Service in this Booklet);
  - Services to help dental clinical outcomes.
- Dental treatment for injuries that are a result of biting or chewing is also excluded.
- This Exclusion does not apply to services that we must cover by law.
- 24) **Drugs Contrary to Approved Medical and Professional Standards** Drugs given to you or prescribed in a way that is against approved medical and professional standards of practice.
- 25) **Drugs Over Quantity or Age Limits** Drugs which are over any quantity or age limits set by the Plan or us.
- 26) **Drugs Over the Quantity Prescribed or Refills After One Year** Drugs in amounts over the quantity prescribed, or for any refill given more than one year after the date of the original Prescription Order.
- 27) **Drugs Prescribed by Providers Lacking Qualifications/Registrations/Certifications** Prescription Drugs prescribed by a Provider that does not have the necessary qualifications, registrations, and/or certifications, as determined by Anthem.
- 28) **Drugs That Do Not Need a Prescription** Drugs that do not need a prescription by federal law (including Drugs that need a prescription by state law, but not by federal law), except for injectable insulin or other Drugs provided in the Preventive Care paragraph of the "What's Covered" section.
- 29) **Educational Services** Services, supplies or room and board for teaching, vocational, or self-training purposes. This includes, but is not limited to boarding schools and/or the room and board and educational components of a residential program where the primary focus of the program is educational in nature rather than treatment based.
- 30) **Emergency Room Services for non-Emergency Care** Services provided in an emergency room that do not meet the definition of Emergency. This includes, but is not limited to, suture removal in an emergency room. For non-emergency care please use the closest network Urgent Care Center or your Primary Care Physician.
- 31) **Experimental or Investigational Services** Services or supplies that we find are Experimental / Investigational. This also applies to services related to Experimental / Investigational services, whether you get them before, during, or after you get the Experimental / Investigational service or supply.
- The fact that a service or supply is the only available treatment will not make it Covered Service if we conclude it is Experimental / Investigational.

Please see the “Clinical Trials” section of “What’s Covered” for details about coverage for services given to you as a participant in an approved clinical trial if the services are Covered Services under this Plan. Please also read the “Experimental or Investigational” definition in the “Definitions” section at the end of this Booklet for the criteria used in deciding whether a service is Experimental or Investigational.

- 32) **Eyeglasses and Contact Lenses** Eyeglasses and contact lenses to correct your eyesight unless listed as covered in this Booklet. This Exclusion does not apply to lenses needed after a covered eye surgery or accidental injury.
- 33) **Eye Exercises** Orthoptics and vision therapy.
- 34) **Eye Surgery** Eye surgery to fix errors of refraction, such as near-sightedness. This includes, but is not limited to, LASIK, radial keratotomy or keratomileusis, and excimer laser refractive keratectomy.
- 35) **Family Members** Services prescribed, ordered, referred by or given by a member of your immediate family, including your Spouse, child, brother, sister, parent, in-law, or self.
- 36) **Foot Care** Routine foot care unless Medically Necessary. This Exclusion applies to cutting or removing corns and calluses; trimming nails; cleaning and preventive foot care, including but not limited to:
  - a) Cleaning and soaking the feet.
  - b) Applying skin creams to care for skin tone.
  - c) Other services that are given when there is not an illness, injury or symptom involving the foot.This Exclusion does not apply to the treatment of corns, calluses, and care of toenails when the services are medically necessary.
- 37) **Foot Orthotics** Foot orthotics, orthopedic shoes or footwear or support items unless used for a systemic illness affecting the lower limbs, such as severe diabetes.
- 38) **Foot Surgery** Surgical treatment of flat feet; subluxation of the foot; weak, strained, unstable feet; tarsalgia; metatarsalgia; hyperkeratoses.
- 39) **Fraud, Waste, Abuse, and Other Inappropriate Billing** Services from an Out-of-Network Provider that are determined to be not payable as a result of fraud, waste, abuse or inappropriate billing activities. This includes an Out-of-Network Provider's failure to submit medical records required to determine the appropriateness of a claim.
- 40) **Free Care** Services you would not have to pay for if you didn't have this Plan. This includes, but is not limited to government programs, services during a jail or prison sentence, services you get from Workers Compensation, and services from free clinics.

If your Group is not required to have Workers' Compensation coverage, this Exclusion does not apply. This Exclusion will apply if you get the benefits in whole or in part. This Exclusion also applies whether or not you claim the benefits or compensation, and whether or not you get payments from any third party.
- 41) **Growth Hormone Treatment** Any treatment, device, drug, service or supply (including surgical procedures, devices to stimulate growth and growth hormones), solely to increase or decrease height or alter the rate of growth.
- 42) **Health Club Memberships and Fitness Services** Health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a Doctor. This Exclusion also applies to health spas.
- 43) **Hearing Aids** Hearing aids or exams to prescribe or fit hearing aids, including bone-anchored hearing aids, unless listed as covered in this Booklet. This Exclusion does not apply to cochlear implants.

- 44) **Home Health Care**
- a) Services given by registered nurses and other health workers who are not employees of or working under an approved arrangement with a Home Health Care Provider.
  - b) Food, housing, homemaker services and home delivered meals. The exception to this Exclusion is homemaker services as described under “Hospice Care” in the “What’s Covered” section.
- 45) **Hospital Services Billed Separately** Services rendered by Hospital resident Doctors or interns that are billed separately. This includes separately billed charges for services rendered by employees of Hospitals, labs or other institutions, and charges included in other duplicate billings.
- 46) **Hyperhidrosis Treatment** Medical and surgical treatment of excessive sweating (hyperhidrosis).
- 47) **Infertility Treatment** Testing or treatment related to infertility. (Replaced with “**Infertility Treatment** Infertility procedures not specified in this Booklet” when Infertility Rider is included)
- 48) **Lost or Stolen Drugs** Refills of lost or stolen Drugs.
- 49) **Maintenance Therapy** Treatment given when no further gains are clear or likely to occur. Maintenance therapy includes care that helps you keep your current level of function and prevents loss of that function, but does not result in any change for the better.
- 50) **Medical Chats Not Provided through Our Mobile App** Texting or chat services provided through a service other than our mobile app.
- 51) **Medical Equipment, Devices, and Supplies**
- a) Replacement or repair of purchased or rental equipment because of misuse, abuse, or loss/theft.
  - b) Surgical supports, corsets, or articles of clothing unless needed to recover from surgery or injury.
  - c) Non-Medically Necessary enhancements to standard equipment and devices.
  - d) Supplies, equipment and appliances that include comfort, luxury, or convenience items or features that exceed what is Medically Necessary in your situation. Reimbursement will be based on the Maximum Allowed Amount for a standard item that is a Covered Service, serves the same purpose, and is Medically Necessary. Any expense that exceeds the Maximum Allowed Amount for the standard item which is a Covered Service is your responsibility.
  - e) Disposable supplies for use in the home such as bandages, gauze, tape, antiseptics, dressings, ace-type bandages, and any other supplies, dressings, appliances or devices that are not specifically listed as covered in the “What’s Covered” section.
  - f) Continuous glucose monitoring systems. These are covered under the Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy.
- 52) **Medicare** For which benefits are payable under Medicare Parts A and/or B or would have been payable if you had applied for Parts A and/or B, except as listed in this Booklet or as required by federal law, as described in the section titled “Medicare” in “General Provisions.” If you do not enroll in Medicare Part B when you are eligible, you may have large out-of-pocket costs. Please refer to [www.medicare.gov](http://www.medicare.gov) for more details on when you should enroll and when you are allowed to delay enrollment without penalties.
- 53) **Missed or Cancelled Appointments** Charges for missed or cancelled appointments.
- 54) **Non-approved Drugs** Drugs not approved by the FDA.
- 55) **Non-Approved Facility** Services from a Provider that does not meet the definition of Facility.
- 56) **Non-Medically Necessary Services** Services we conclude are not Medically Necessary. This includes services that do not meet our medical policy, clinical coverage, or benefit policy guidelines.
- 57) **Nutritional or Dietary Supplements** Nutritional and/or dietary supplements, except as described in this Booklet or that we must cover by law. This Exclusion includes, but is not limited to, nutritional

formulas and dietary supplements that you can buy over the counter and those you can get without a written Prescription or from a licensed pharmacist.

- 58) **Off label use** Off label use, unless we must cover it by law or if we approve it.
- 59) **Oral Surgery** Extraction of teeth, surgery for impacted teeth and other oral surgeries to treat the teeth or bones and gums directly supporting the teeth, except as listed in this Booklet.
- 60) **Out-of-Network Care** Services from a Provider that is not in our network. This does not apply to Emergency Care, Urgent Care, or Authorized Services. (Applicable to EPO products only)
- 61) **Personal Care, Convenience and Mobile/Wearable Devices**
- a) Items for personal comfort, convenience, protection, cleanliness such as air conditioners, humidifiers, water purifiers, sports helmets, raised toilet seats, and shower chairs,
  - b) First aid supplies and other items kept in the home for general use (bandages, cotton-tipped applicators, thermometers, petroleum jelly, tape, non-sterile gloves, heating pads),
  - c) Home workout or therapy equipment, including treadmills and home gyms,
  - d) Pools, whirlpools, spas, or hydrotherapy equipment,
  - e) Hypoallergenic pillows, mattresses, or waterbeds,
  - f) Residential, auto, or place of business structural changes (ramps, lifts, elevator chairs, escalators, elevators, stair glides, emergency alert equipment, handrails).
  - g) Consumer wearable / personal mobile devices (such as a smart phone, smart watch, or other personal tracking devices), including any software or applications.
- 62) **Private Duty Nursing** Private duty nursing services given in a Hospital or Skilled Nursing Facility. Private duty nursing services are a Covered Service only when given as part of the “Home Health Care Services” benefit.
- 63) **Prosthetics** Prosthetics for sports or cosmetic purposes.
- 64) **Residential accommodations** Residential accommodations to treat medical or behavioral health conditions, except when provided in a Hospital, Hospice, Skilled Nursing Facility, or Residential Treatment Center. This Exclusion includes procedures, equipment, services, supplies or charges for the following:
- a) Domiciliary care provided in a residential institution, treatment center, halfway house, or school because a Member’s own home arrangements are not available or are unsuitable, and consisting chiefly of room and board, even if therapy is included.
  - b) Care provided or billed by a hotel, health resort, convalescent home, rest home, nursing home or other extended care facility home for the aged, infirmary, school infirmary, institution providing education in special environments, supervised living or halfway house, or any similar facility or institution.
  - c) Services or care provided or billed by a school, Custodial Care center for the developmentally disabled, or outward-bound programs, even if psychotherapy is included. Licensed professional counseling, as described in the “What’s Covered” section of this Booklet, and provided as part of these programs, is considered a Covered Service.
- 65) **Routine Physicals and Immunizations** Physical exams and immunizations required for travel, enrollment in any insurance program, as a condition of employment, for licensing, sports programs, or for other purposes, which are not required by law under the “Preventive Care” benefit.
- 66) **Services Not Appropriate for Virtual Telemedicine / Telehealth Visits** Services that Anthem determines require in-person contact and/or equipment that cannot be provided remotely.
- 67) **Services Received Outside of Virginia** Services received from a Provider outside of Virginia. This does not apply to:

- a) Emergency or Urgent Care; or
  - b) Covered Services approved in advance by Anthem. (Applicable to EPO products only)
- 68) **Services Received Outside of the United States** Services rendered by Providers located outside the United States, unless the services are for Emergency Care, Urgent Care and Emergency Ambulance. (Applicable to EPO products only)
- 69) **Sexual Dysfunction** Services or supplies for male or female sexual problems.
- 70) **Stand-By Charges** Stand-by charges of a Doctor or other Provider.
- 71) **Sterilization** Services to reverse elective sterilization. (Replaced with “**Sterilization** For female sterilization or reversal of sterilization.” When there is a qualified religious exemption)
- 72) **Surrogate Mother Services** Services or supplies for a person not covered under this Plan for a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).
- 73) **Temporomandibular Joint Treatment** Fixed or removable appliances that move or reposition the teeth, fillings, or prosthetics (crowns, bridges, dentures).
- 74) **Travel Costs** Mileage, lodging, meals, and other Member-related travel costs except as described in this Plan.
- 75) **Vein Treatment** Treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) for cosmetic purposes.
- 76) **Vision Services**
- a) Eyeglass lenses, frames, or contact lenses, unless listed as covered in this Booklet.
  - b) Safety glasses and accompanying frames.
  - c) For two pairs of glasses in lieu of bifocals.
  - d) Plano lenses (lenses that have no refractive power).
  - e) Lost or broken lenses or frames, unless the Member has reached their normal interval for service when seeking replacements.
  - f) Vision services not listed as covered in this Booklet.
  - g) Cosmetic lenses or options, such as special lens coatings or non-prescription lenses, unless specifically listed in this Booklet.
  - h) Blended lenses.
  - i) Oversize lenses.
  - j) Sunglasses and accompanying frames.
  - k) For services or supplies combined with any other offer, coupon or in-store advertisement, or for certain brands of frames where the manufacturer does not allow discounts.
  - l) For vision services for pediatric members, no benefits are available for frames or contact lenses not on the Anthem formulary.
  - m) Services and materials not meeting accepted standards of optometric practice or services that are not performed by a licensed provider.
- 77) **Waived Cost-Shares Out-of-Network** For any service for which you are responsible under the terms of this Plan to pay a Copayment, Coinsurance or Deductible, and the Copayment, Coinsurance or Deductible is waived by an Out-of-Network Provider.
- 78) **Weight Loss Programs** Programs, whether or not under medical supervision, unless listed as covered in this Booklet.



This Exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs.

- 79) **Weight Loss Surgery** Bariatric surgery. This includes but is not limited to Roux-en-Y (RNY), Laparoscopic gastric bypass surgery or other gastric bypass surgery (surgeries to lower stomach capacity and divert partly digested food from the duodenum to the jejunum, the section of the small intestine extending from the duodenum), or Gastroplasty, (surgeries that reduce stomach size), or gastric banding procedures. (Replaced with “**Weight Loss Services and Surgery** Except for Covered Services for the treatment of morbid obesity described in the Bariatric Surgery Rider, your coverage does not include benefits for services and supplies related to obesity or services related to weight loss or dietary control, including complications that directly result from such surgeries and/or procedures. This includes weight reduction therapies/activities, even if there is a related medical problem.” when Bariatric Surgery Rider is included)
- 80) **Wilderness or other outdoor camps and/or programs.** Licensed professional counseling, as described in the “What’s Covered” section of this Booklet, and provided as part of these programs, is considered a Covered Service.

### **What’s Not Covered Under Your Prescription Drug Retail or Home Delivery (Mail Order) Pharmacy Benefit**

In addition to the above Exclusions, certain items are not covered under the Prescription Drug Retail or Home Delivery (Mail Order) Pharmacy benefit:

1. **Administration Charges** Charges for the administration of any Drug except for covered immunizations as approved by us or the PBM.
2. **Charges Not Supported by Medical Records** Charges for pharmacy services not related to conditions, diagnoses, and/or recommended medications described in your medical records.
3. **Clinical Trial Non-Covered Services** Any Investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be a Covered Service under this Plan for non-Investigational treatments.
4. **Clinically-Equivalent Alternatives** Certain Prescription Drugs may not be covered if you could use a clinically equivalent Drug, unless required by law. “Clinically equivalent” means Drugs that for most Members, will give you similar results for a disease or condition. If you have questions about whether a certain Drug is covered and which Drugs fall into this group, please call the number on the back of your Identification Card, or visit our website at [www.anthem.com](http://www.anthem.com).

If you or your Doctor believes you need to use a different Prescription Drug, please have your Doctor or pharmacist get in touch with us. We will cover the other Prescription Drug only if we agree that it is Medically Necessary and appropriate over the clinically equivalent Drug. We will review benefits for the Prescription Drug from time to time to make sure the Drug is still Medically Necessary.

5. **Compound Drugs** Compound Drugs unless all of the ingredients are FDA approved, require a prescription to dispense, and the compound medication is not essentially the same as an FDA-approved product from a drug manufacturer. Exceptions to non-FDA approved compound ingredients may include multi-source, non-proprietary vehicles and/or pharmaceutical adjuvants.
6. **Contraceptives** Contraceptive Drugs, injectable contraceptive Drugs and patches unless we must cover them by law. (Added when contraceptives are excluded via a qualified religious exemption)
7. **Contrary to Approved Medical and Professional Standards** Drugs given to you or prescribed in a way that is against approved medical and professional standards of practice.
8. **Delivery Charges** Charges for delivery of Prescription Drugs.
9. **Drugs Given at the Provider’s Office / Facility** Drugs you take at the time and place where you are given them or where the Prescription Order is issued. This includes samples given by a Doctor. This Exclusion does not apply to Drugs used with a diagnostic service, Drugs given during chemotherapy

in the office as described in the “Prescription Drugs Administered by a Medical Provider” section, or Drugs covered under the “Medical and Surgical Supplies” benefit – they are Covered Services.

10. **Drugs Not on the Anthem Prescription Drug List (a formulary)** You can get a copy of the list by calling us or visiting our website at [www.anthem.com](http://www.anthem.com). If you or your Doctor believes you need a certain Prescription Drug not on the list, please refer to “Prescription Drug List” in the “Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy” for details on requesting an exception.
11. **Drugs Over Quantity or Age Limits** Drugs which are over any quantity or age limits set by the Plan or us.
12. **Drugs Over the Quantity Prescribed or Refills After One Year** Drugs in amounts over the quantity prescribed, or for any refill given more than one year after the date of the original Prescription Order.
13. **Drugs Prescribed by Providers Lacking Qualifications/Registrations/Certifications** Prescription Drugs prescribed by a Provider that does not have the necessary qualifications, registrations and/or certifications, as determined by Anthem.
14. **Drugs That Do Not Need a Prescription** Drugs that do not need a prescription by federal law (including Drugs that need a prescription by state law, but not by federal law), except for injectable insulin or other Drugs provided in the Preventive Care paragraph of the “What’s Covered” section.  

This Exclusion does not apply to over-the-counter drugs that we must cover under federal law when recommended by the U.S. Preventive Services Task Force and prescribed by a physician.
15. **Emergency Contraceptives** Emergency contraceptives (also referred to as “the morning-after pill”), such as Plan B and Ella. (Added when contraceptive devices are excluded via partial religious exemption)
16. **Family Members** Services prescribed, ordered, referred by or given by a member of your immediate family, including your Spouse, child, brother, sister, parent, in-law, or self.
17. **Fraud, Waste, Abuse, and Other Inappropriate Billing** Services from an Out-of-Network Provider that are determined to be not payable as a result of fraud, waste, abuse or inappropriate billing activities. This includes an Out-of-Network Provider’s failure to submit medical records required to determine the appropriateness of a claim.
18. **Gene Therapy** Gene therapy that introduces or is related to the introduction of genetic material into a person intended to replace or correct faulty or missing genetic material. While not covered under the “Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy” benefit, benefits may be available under the “Gene Therapy Services” benefit. Please see that section for details.
19. **Growth Hormone Treatment** Any treatment, device, drug, service or supply (including surgical procedures, devices to stimulate growth and growth hormones), solely to increase or decrease height or alter the rate of growth.
20. **Hyperhidrosis Treatment** Prescription Drugs related to the medical and surgical treatment of excessive sweating (hyperhidrosis).
21. **Infertility Drugs** Drugs used in assisted reproductive technology procedures to achieve conception (e.g., IVF, ZIFT, GIFT). (Removed when Infertility Rider is included)
22. **Items Covered as Durable Medical Equipment (DME)** Therapeutic DME, devices and supplies except peak flow meters, spacers, and glucose monitors. Items not covered under the “Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy” benefit may be covered under the “Durable Medical Equipment (DME), Medical Devices and Supplies” benefit. Please see that section for details.
23. **Items Covered Under the “Allergy Services” Benefit** Allergy desensitization products or allergy serum. While not covered under the “Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy” benefit, these items may be covered under the “Allergy Services” benefit. Please see that section for details.

24. **Lost or Stolen Drugs** Refills of lost or stolen Drugs.
25. **Mail Order Providers other than the PBM's Home Delivery Mail Order Provider** Prescription Drugs dispensed by any Mail Order Provider other than the PBM's Home Delivery Mail Order Provider, unless we must cover them by law.
26. **Non-approved Drugs** Drugs not approved by the FDA.
27. **Non-Medically Necessary Services** Services we conclude are not Medically Necessary. This includes services that do not meet our medical policy, clinical coverage, or benefit policy guidelines.
28. **Nutritional or Dietary Supplements** Nutritional and/or dietary supplements, except as described in this Booklet or that we must cover by law. This Exclusion includes, but is not limited to, nutritional formulas and dietary supplements that you can buy over the counter and those you can get without a written Prescription or from a licensed pharmacist.
29. **Off label use** Off label use, unless we must cover the use by law or if we, or the PBM, approve it.  
The exception to this Exclusion is described in "Covered Prescription Drugs" in the "Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy" section.
30. **Onychomycosis Drugs** Drugs for Onychomycosis (toenail fungus) except when we allow it to treat Members who are immuno-compromised or diabetic.
31. **Over-the-Counter Items** Drugs, devices and products permitted to be dispensed without a prescription and available over the counter.  
This Exclusion does not apply to over-the-counter products that we must cover as a "Preventive Care" benefit under federal law with a Prescription.
32. **Sexual Dysfunction Drugs** Drugs to treat sexual or erectile problems.
33. **Syringes** Hypodermic syringes except when given for use with insulin and other covered self-injectable Drugs and medicine.
34. **Weight Loss Drugs** Any Drug mainly used for weight loss.

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

## Farsi

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

## French

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

## Arabic

لك الحق في الحصول على مساعدة بلغتك 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 ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਬਸ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਿਰਵਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੂਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

## TTY/TTD:711

## It's important we treat you fairly

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





# Protecting your privacy

## How we keep your information safe and secure

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

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

### How we help manage your care

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

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

### Special enrollment rights

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

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

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

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

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









## Your plan is here for you to use

### If you would like extra help

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

**Anthem**   
And Its Affiliate HealthKeepers, Inc.

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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