



Choosing and using your plan

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

Charlottesville City Schools

Effective July 1, 2024



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.

Table of contents

Choosing your plan

Explore your plan options..... 4

Using your plan

How to use your plan 6

Plan extras that support your health 9

Receiving help in any language 64

Protecting your privacy 65

Explore your plan options

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

Core Plan- KeyCare 30 1000/20%/3500

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

Enhanced Plan- KeyCare Plus 20/20%/3000

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

HDHP- HSA 3200/20%/5500

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

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

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

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

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 Health Guide.
- **Virtual Care** - Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.
- **Community Resources** - This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

Use your ID card from your phone

Quickly access your ID card on your phone by using the **Sydney Health** mobile app or logging in at **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.

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

Where to go for care when you need it now

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

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

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

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

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

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

Plan extras that support your health

Medical guidance

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

Call **800-337-4770**.

Anthem Health Guides — Highly trained Anthem associates are like personal support guides who can help you with all your healthcare needs. They can help you connect with the right resources, stay on top of the screenings and tests you need, and find doctors. Reach an Anthem Health Guide by calling **833-388-1400**. You also can go to **anthem.com** to send a secure email or chat with them online.

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

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

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.

Emotional well-being resources — Your emotional well-being is an important part of your overall health. Emotional well-being resources, administered by Learn to Live, can help you identify the thoughts and behavior patterns that affect your emotional well-being — and work through them with online programs and personalized coaching. You will learn effective ways to manage stress, depression, anxiety, and sleep issues. To access these resources, visit **anthem.com**, go to My Health Dashboard, choose Programs, and select Emotional Well-being Resources.

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Contract Code: Custom

Your Plan: Charlottesville City Schools Core Plan (previously Choice Premium Plan)

Anthem KeyCare 30 1000/20%/3500 Rx \$10/\$30/\$50

Your Network: KeyCare

| Visits with Virtual Care-Only Providers | Cost through our mobile app and website |
|---|--|
| Primary Care, and medical services for urgent/acute care | \$30 copay per visit medical deductible does not apply |
| Mental Health & Substance Use Disorder Services | \$20 copay per visit medical deductible does not apply |
| Specialist care | \$30 copay per visit medical deductible does not apply |

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|------------------------------------|--|--|
| Overall Deductible | \$1,000 person / \$2,000 family | \$1,500 person / \$3,000 family |
| Overall Out-of-Pocket Limit | \$3,500 person / \$7,000 family | \$5,500 person / \$11,000 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 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), while all prescription drug copayments apply to the separate prescription drug out-of-pocket limit.

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

Your benefit period is on a calendar year basis – starting January 1 and ending December 31, or until you are no longer covered.

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

| | | |
|--|--|---|
| Primary Care (PCP) virtual and office <i>Includes general physician, family practitioner, pediatrician, or OB/GYN.</i> | \$30 copay per visit medical deductible does not apply | 40% coinsurance after medical deductible is met |
|--|--|---|

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

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|--|--|--|
| <p><u>Diagnostic Services, continued</u></p> <p>Preferred Reference Lab</p> <p>Outpatient Hospital</p> | <p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p> | <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> |
| <p>X-Ray</p> <p>Office</p> <p>Outpatient Hospital</p> <p><i>Mammograms -non-routine (office or outpatient hospital)</i></p> | <p>\$30 copay per visit medical deductible does not apply</p> <p>20% coinsurance after medical deductible is met</p> <p>No charge</p> | <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> |
| <p>Advanced Diagnostic Imaging <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>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> |
| <p><u>Emergency and Urgent Care</u></p> <p>Urgent Care <i>includes doctor services. Additional charges may apply depending on the care provided.</i></p> <p>Emergency Room Facility Services</p> <p>Emergency Room Doctor and Other Services</p> <p>Ambulance</p> | <p>\$30 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>40% 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>Outpatient Mental Health and Substance Use Disorder Services at a Facility</p> <p>Facility Fees</p> <p>Doctor Services</p> | <p>\$20 copay per visit medical deductible does not apply</p> <p>\$20 copay per visit medical deductible does not apply</p> | <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> |
| <p><u>Outpatient Surgery</u></p> <p>Facility Fees</p> <p>Hospital</p> <p>Ambulatory Surgical Center</p> <p>Physician and other services <i>including surgeon fees</i></p> <p>Hospital</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>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> |
| <p><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></p> <p>Facility Fees</p> <p>Physician and other services <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>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> |
| <p>Home Health Care <i>Coverage is limited to 90 visits per benefit period. Limits are combined for all home health services.</i></p> | <p>20% coinsurance after medical deductible is met</p> | <p>40% coinsurance after medical deductible is met</p> |
| <p>Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical and occupational therapies is limited to 30 visits combined per benefit period. Coverage for speech therapy is limited to 30 visits per benefit period. Limits are combined for office and outpatient visits.</i></p> | | |

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|--|--|--|
| Rehabilitation and Habilitation services, continued Office services and Outpatient Hospital | 20% coinsurance after medical deductible is met | 40% coinsurance after medical deductible is met |
| Pulmonary rehabilitation Office and Outpatient Hospital | 20% coinsurance after medical deductible is met | 40% coinsurance after medical deductible is met |
| Cardiac rehabilitation <i>Coverage is unlimited visits per benefit period.</i> Office and Outpatient Hospital | 20% coinsurance after medical deductible is met | 40% coinsurance after medical deductible is met |
| Dialysis/Hemodialysis <i>Office</i> <i>Outpatient Hospital</i> | \$30 copay per visit medical deductible does not apply 20% coinsurance after medical deductible is met | 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met |
| Chemo/Radiation Therapy <i>Office</i> <i>Outpatient Hospital</i> | \$30 copay per visit medical deductible does not apply 20% coinsurance after medical deductible is met | 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met |
| Skilled Nursing Care (facility) <i>Coverage for skilled nursing services is limited to 100 days combined per benefit period.</i> | 20% coinsurance after medical deductible is met | 40% coinsurance after medical deductible is met |
| Hospice (Inpatient or Outpatient) | No charge | 40% coinsurance after medical deductible is met |
| Durable Medical Equipment | 20% coinsurance after medical deductible is met | 40% coinsurance after medical deductible is met |
| Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i> | 20% coinsurance after medical deductible is met | 40% coinsurance after medical deductible is met |

| Covered Prescription Drug Benefits | Cost if you use an In-Network Pharmacy | Cost if you use a Non-Network Pharmacy |
|---|---|---|
| Pharmacy Deductible | Not applicable | Not applicable |
| Pharmacy Out-of-Pocket Limit | \$2,850 per person; \$5,700 family | Not covered |
| Prescription Drug Coverage Network: <i>Base Network</i> Drug List: <i>National Direct Plus</i> <i>If you select a brand name drug when a generic drug is available, additional cost sharing amounts may apply.</i> | | |
| Day Supply Limits: Retail Pharmacy <i>30 day supply (cost shares noted below)</i> Retail 90 Pharmacy <i>90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies).</i> Home Delivery Pharmacy <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> Specialty Pharmacy <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> | | |
| Tier 1 - Typically Generic | \$10 copay per prescription (retail) and \$20 copay per prescription (home delivery) | Not covered (Retail or home delivery) |
| Tier 2 – Typically Preferred Brand | \$30 copay per prescription (retail) and \$60 copay per prescription (home delivery) | Not covered (Retail or home delivery) |
| Tier 3 - Typically, Non-Preferred Brand and Specialty (brand and generic) | \$50 copay per prescription (retail) and \$100 copay per prescription (home delivery) | Not covered (Retail or 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> | | |
| Children's Vision exam (up to age 19) <i>Limited to 1 exam per benefit period.</i> | No charge | \$0 copayment up to plan's Maximum Allowed Amount |

| Covered Vision Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|---|--|--|
| Adult Vision exam (age 19 and older) <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.
- Includes coverage for removal of impacted wisdom teeth.
- Private duty nursing is not covered.

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.

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. 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.

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

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Contract Code: Custom

Your Plan: Charlottesville City Schools Enhanced Plan (previously Standard Premium Plan)
Anthem KeyCare Plus 20/20%/3000 Rx \$10/\$30/\$50

Your Network: KeyCare

| Visits with Virtual Care-Only Providers | Cost through our mobile app and website |
|---|---|
| Primary Care, and medical services for urgent/acute care | \$20 copay per visit |
| Mental Health & Substance Use Disorder Services | \$20 copay per visit |
| Specialist care | \$40 copay per visit |

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|------------------------------------|--|--|
| Overall Deductible | \$0 person / \$0 family | \$500 person / \$1,000 family |
| Overall Out-of-Pocket Limit | \$3,000 person / \$6,000 family | \$4,500 person / \$9,000 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 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), while all prescription drug copayments apply to the separate prescription drug out-of-pocket limit.

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

Your benefit period is on a calendar year basis – starting January 1 and ending December 31, or until you are no longer covered.

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

| | | |
|--|----------------------|---|
| Primary Care (PCP) virtual and office <i>Includes general physician, family practitioner, pediatrician, or OB/GYN.</i> | \$20 copay per visit | 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>Mental Health and Substance Use Disorder Services <i>virtual and office</i></p> <p>Specialist Care <i>virtual and office</i></p> | <p>\$20 copay per visit</p> <p>\$40 copay per visit</p> | <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> |
| <p><u>Other Practitioner Visits</u></p> <p>Routine Maternity Care (Prenatal and Postnatal) <i>For global maternity care, please refer to inpatient physician services.</i></p> <p>Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i></p> <p>Chiropractic Care <i>Coverage is limited to 30 visits per benefit period.</i></p> | <p>No charge</p> <p>\$20 copay per visit</p> <p>\$40 copay per visit</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><u>Other Services in an Office</u></p> <p>Allergy Testing</p> <p>Prescription Drugs <i>Dispensed in the office</i></p> <p>Surgery</p> | <p>\$20 (PCP) or \$40 (Specialist) copay per visit</p> <p>\$20 (PCP) or \$40 (Specialist) copay per visit</p> <p>\$20 (PCP) or \$40 (Specialist) copay per visit</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>Preventive care / screenings / immunizations</p> | <p>No charge</p> | <p>30% coinsurance after medical deductible is met</p> |
| <p>Preventive Care for Chronic Conditions <i>per IRS guidelines</i></p> | <p>No charge</p> | <p>30% coinsurance after medical deductible is met</p> |
| <p><u>Diagnostic Services</u></p> <p>Lab</p> <p>Office</p> | <p>\$20 (PCP) or \$40 (Specialist) copay per visit</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><u>Diagnostic Services, continued</u></p> <p>Preferred Reference Lab</p> <p>Outpatient Hospital</p> | <p>20% coinsurance</p> <p>20% coinsurance</p> | <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> |
| <p>X-Ray</p> <p>Office</p> <p>Outpatient Hospital</p> <p><i>Mammograms -non-routine (office or outpatient hospital)</i></p> | <p>\$20 (PCP) or \$40 (Specialist) copay per visit</p> <p>20% coinsurance</p> <p>No charge</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>Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i></p> <p>Office</p> <p>Outpatient Hospital</p> | <p>20% coinsurance</p> <p>20% coinsurance</p> | <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> |
| <p><u>Emergency and Urgent Care</u></p> <p>Urgent Care <i>includes doctor services. Additional charges may apply depending on the care provided.</i></p> <p>Emergency Room Facility Services <i>Your copay will be waived if admitted.</i></p> <p>Emergency Room Doctor and Other Services</p> <p>Ambulance</p> | <p>\$40 copay per visit</p> <p>20% coinsurance after \$100 copay</p> <p>20% coinsurance</p> <p>20% coinsurance</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>Outpatient Mental Health and Substance Use Disorder Services at a Facility</p> <p>Facility Fees</p> <p>Doctor Services</p> | <p>\$20 copay per visit</p> <p>\$20 copay per visit</p> | <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> |
| <p><u>Outpatient Surgery</u></p> <p>Facility Fees</p> <p>Hospital</p> <p>Ambulatory Surgical Center</p> <p>Physician and other services <i>including surgeon fees</i></p> <p>Hospital</p> | <p>20% coinsurance after \$100 copay</p> <p>20% coinsurance after \$100 copay</p> <p>20% coinsurance</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><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></p> <p><i>If readmitted within 72 hours for the same condition, no additional facility copay is required. If transferred between facilities, only one copay will apply.</i></p> <p>Facility Fees</p> <p>Physician and other services <i>including surgeon fees</i></p> | <p>20% coinsurance after \$400 copay</p> <p>20% coinsurance</p> | <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> |
| <p>Home Health Care</p> <p><i>Coverage is limited to 90 visits per benefit period. Limits are combined for all home health services.</i></p> | <p>20% coinsurance</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>Rehabilitation and Habilitation services <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> <i>Limits are combined for office and outpatient visits.</i></p> <p>Office</p> <p>Outpatient Hospital</p> | <p>\$40 copay per visit</p> <p>\$40 copay per visit</p> | <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> |
| <p>Pulmonary rehabilitation</p> <p>Office and Outpatient Hospital</p> | <p>\$40 copay per visit</p> | <p>30% coinsurance after medical deductible is met</p> |
| <p>Cardiac rehabilitation <i>Coverage is unlimited visits per benefit period.</i></p> <p>Office and Outpatient Hospital</p> | <p>\$40 copay per visit</p> | <p>30% coinsurance after medical deductible is met</p> |
| <p>Dialysis/Hemodialysis</p> <p><i>Office</i></p> <p><i>Outpatient Hospital</i></p> | <p>\$40 copay per visit</p> <p>20% coinsurance</p> | <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> |
| <p>Chemo/Radiation Therapy</p> <p><i>Office</i></p> <p><i>Outpatient Hospital</i></p> | <p>\$40 copay per visit</p> <p>20% coinsurance</p> | <p>30% coinsurance after medical deductible is met</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 |
|---|--|---|
| Skilled Nursing Care (facility) <i>Coverage for skilled nursing services is limited to 100 days combined per benefit period.</i> | 20% coinsurance after \$400 copay | 30% coinsurance after medical deductible is met |
| Hospice (Inpatient or Outpatient) | No charge | 30% coinsurance after medical deductible is met |
| Durable Medical Equipment | 20% coinsurance | 30% coinsurance after medical deductible is met |
| Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i> | 20% coinsurance | 30% coinsurance after medical deductible is met |
| Covered Prescription Drug Benefits | Cost if you use an In-Network Pharmacy | Cost if you use a Non-Network Pharmacy |
| Pharmacy Deductible | Not applicable | Not applicable |
| Pharmacy Out-of-Pocket Limit | \$3,350 per person; \$6,700 per family | Not applicable |
| Prescription Drug Coverage Network: <i>Base Network</i> Drug List: <i>National Direct Plus</i> <i>If you select a brand name drug when a generic drug is available, additional cost sharing amounts may apply.</i> | | |
| Day Supply Limits: Retail Pharmacy <i>30 day supply (cost shares noted below)</i> Retail 90 Pharmacy <i>90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies).</i> Home Delivery Pharmacy <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> Specialty Pharmacy <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> | | |
| Tier 1 - Typically Generic | \$10 copay per prescription (retail) and \$20 copay per prescription (home delivery) | Not covered (Retail or home delivery) |

| Covered Prescription Drug Benefits | Cost if you use an In-Network Pharmacy | Cost if you use a Non-Network Pharmacy |
|---|---|--|
| Tier 2 – Typically Preferred Brand | \$30 copay per prescription (retail) and \$60 copay per prescription (home delivery) | Not covered (Retail or home delivery) |
| Tier 3 - Typically Non-Preferred Brand and Specialty (Brand and Generic) | \$50 copay per prescription (retail) and \$100 copay per prescription (home delivery) | Not covered (Retail or 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> | | |
| Children's Vision exam (up to age 19) <i>Limited to 1 exam per benefit period.</i> | No charge | \$0 copayment up to plan's Maximum Allowed Amount |
| Adult Vision exam (age 19 and older) <i>Limited to 1 exam per benefit period.</i> | \$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.
- Includes coverage for removal of impacted wisdom teeth.
- Private duty nursing is not covered.

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

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Contract Code:

Your Plan: Charlottesville City Schools: HDHP Anthem HSA 3200/20%/5500 Rx \$10/\$30/\$50

Your Network: KeyCare

| Visits with Virtual Care-Only Providers | Cost through our mobile app and website |
|---|---|
| Primary Care, and medical services for urgent/acute care | 20% coinsurance after deductible is met |
| Mental Health & Substance Use Disorder Services | 20% coinsurance after deductible is met |
| Specialist care | 20% coinsurance after deductible is met |

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|------------------------------------|--|--|
| Overall Deductible | \$3,200 person / \$6,400 family | \$3,200 person / \$6,400 family |
| Overall Out-of-Pocket Limit | \$5,500 person / \$11,000 family | \$5,500 person / \$11,000 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.

Your benefit period is on a calendar year basis – starting January 1 and ending December 31, or until you are no longer covered.

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

| | | |
|---|---|---|
| Primary Care (PCP) and Mental Health and Substance Use Disorder Services <i>virtual and office</i> | 20% coinsurance after deductible is met | 20% coinsurance after deductible is met |
| Specialist Care <i>virtual and office</i> | 20% coinsurance after deductible is met | 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 |
|--|--|--|
| <p><u>Other Practitioner Visits</u></p> <p>Routine Maternity Care (Prenatal and Postnatal)</p> <p>Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i></p> <p>Chiropractic Care <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>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> |
| <p><u>Other Services in an Office</u></p> <p>Allergy Testing</p> <p>Prescription Drugs <i>Dispensed in the office</i></p> <p>Surgery</p> | <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> | <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> |
| <p>Preventive care / screenings / immunizations</p> | <p>No charge</p> | <p>20% coinsurance after deductible is met</p> |
| <p>Preventive Care for Chronic Conditions <i>per IRS guidelines</i></p> | <p>No charge</p> | <p>20% coinsurance after deductible is met</p> |
| <p><u>Diagnostic Services</u></p> <p>Lab</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>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> |
| <p>X-Ray</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>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> |
| <p>Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i></p> <p>Office</p> | <p>20% coinsurance after deductible is met</p> | <p>20% 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 | 20% coinsurance after deductible is met |
| <u>Emergency and Urgent Care</u> Urgent Care Emergency Room Facility Services Emergency Room Doctor and Other Services Ambulance | 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 | 20% coinsurance after deductible is met Covered as In-Network Covered as In-Network Covered as In-Network |
| Outpatient Mental Health and Substance Use Disorder Services at a Facility Facility Fees Doctor Services | 20% coinsurance after deductible is met 20% coinsurance after deductible is met | 20% coinsurance after deductible is met 20% coinsurance after deductible is met |
| <u>Outpatient Surgery</u> Facility Fees Hospital Ambulatory Surgical Center Physician and other services including surgeon fees Hospital | 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 20% coinsurance after deductible is met |
| <u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u> Facility Fees Physician and other services including surgeon fees | 20% coinsurance after deductible is met 20% coinsurance after deductible is met | 20% coinsurance after deductible is met 20% coinsurance after deductible is met |
| Home Health Care <i>Coverage is limited to 90 visits per benefit period. Limits are combined for all home health services.</i> | 20% coinsurance after deductible is met | 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 |
|---|---|---|
| <p>Rehabilitation and Habilitation services <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. Limits are combined for office and outpatient visits.</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>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> |
| <p>Pulmonary rehabilitation <i>office and outpatient hospital</i></p> | <p>20% coinsurance after deductible is met</p> | <p>20% coinsurance after deductible is met</p> |
| <p>Cardiac rehabilitation <i>office and outpatient hospital</i> <i>Coverage is unlimited visits per benefit period.</i></p> | <p>20% coinsurance after deductible is met</p> | <p>20% coinsurance after deductible is met</p> |
| <p>Dialysis/Hemodialysis <i>office and outpatient hospital</i></p> | <p>20% coinsurance after deductible is met</p> | <p>20% coinsurance after deductible is met</p> |
| <p>Chemo/Radiation Therapy <i>office and outpatient hospital</i></p> | <p>20% coinsurance after deductible is met</p> | <p>20% coinsurance after deductible is met</p> |
| <p>Skilled Nursing Care (facility) <i>Coverage for skilled nursing services is limited to 100 days combined per benefit period.</i></p> | <p>20% coinsurance after deductible is met</p> | <p>20% coinsurance after deductible is met</p> |
| <p>Inpatient Hospice</p> | <p>No charge after deductible is met</p> | <p>20% coinsurance after deductible is met</p> |
| <p>Durable Medical Equipment</p> | <p>20% coinsurance after deductible is met</p> | <p>20% coinsurance after deductible is met</p> |
| <p>Prosthetic Devices <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>20% coinsurance after deductible is met</p> |

| Covered Prescription Drug Benefits | Cost if you use an In-Network Pharmacy | Cost if you use a Non-Network Pharmacy |
|--|--|--|
| <p>Pharmacy Deductible</p> | <p>Combined with In-Network medical deductible</p> | <p>Not covered/not applicable</p> |
| <p>Pharmacy Out-of-Pocket Limit</p> | <p>Combined with In-Network medical out-</p> | <p>Not covered/not applicable</p> |

| Covered Prescription Drug Benefits | Cost if you use an In-Network Pharmacy | Cost if you use a Non-Network Pharmacy |
|--|---|--|
| | of-pocket limit | |
| <p>Prescription Drug Coverage Network: <i>Base Network</i> Drug List: <i>National Direct Plus</i> <i>If you select a brand name drug when a generic drug is available, additional cost sharing amounts may apply.</i></p> | | |
| <p>Day Supply Limits: Retail Pharmacy <i>30 day supply (cost shares noted below)</i> Retail 90 Pharmacy <i>90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies).</i> Home Delivery Pharmacy <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> Specialty Pharmacy <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> | | |
| Tier 1 - Typically Generic | \$10 copay per prescription after deductible is met (retail) and \$20 copay per prescription after deductible is met (home delivery) | Not covered (Retail or 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) | Not covered (Retail or home delivery) |
| Tier 3 - Typically Non-Preferred Brand and Specialty (brand and generic) | \$50 copay per prescription after deductible is met (retail) and \$100 copay per prescription after deductible is met (home delivery) | Not covered (Retail or home delivery) |

| 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> | | |

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

Notes:

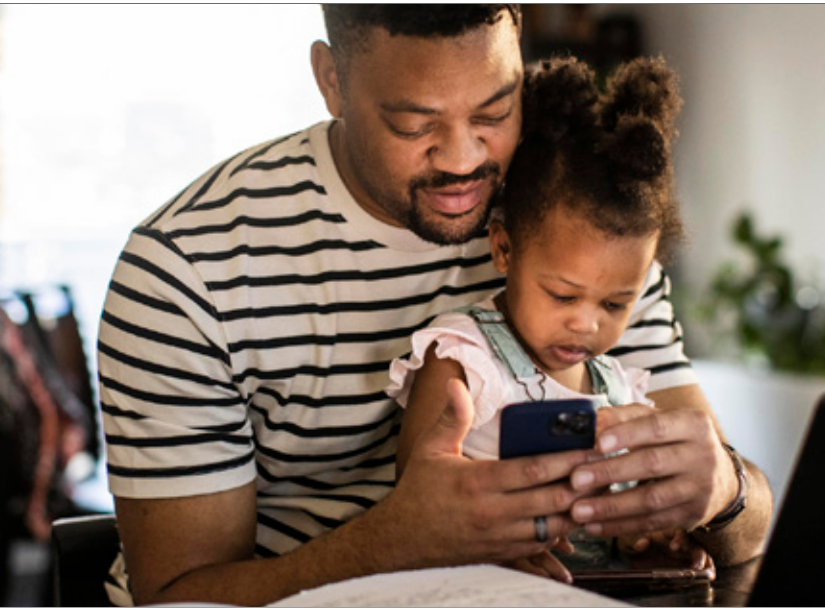
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply 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.
- Includes coverage for removal of impacted wisdom teeth.
- Private Duty Nursing is not covered.


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



 Prescriptions made easier

Welcome to your new pharmacy benefits

Make the most of your new pharmacy benefits from Anthem.

Your pharmacy coverage is important to your whole health. Use this benefits guide to help you be your healthiest and save money, too.

Get started by registering at [anthem.com](https://www.anthem.com)

Once you receive your new member ID card, register on [anthem.com](https://www.anthem.com) to see and manage your prescriptions, all in one convenient place:

- Have prescription medications you take regularly delivered to your door with convenient home delivery.
- Find a pharmacy, price a medication, and refill or renew a prescription, plus track orders and shipping status in real time, using online tools.
- Check your drug list (formulary) — drugs covered by your plan — featuring a wide range of cost-effective generic drugs and lower-cost brand name drugs.
- Compare costs of medications from CaredonRx Mail home delivery and at different retail pharmacies. Price generic drugs using our Price a Medication tool.

Find more ways to save on your prescriptions

You can save more on your prescription drugs by knowing which are covered by your plan:

- Certain preventive drugs at little or no cost to you
- Hundreds of generic and brand-name prescription drugs in every therapeutic class
- Specialty drugs if you have ongoing health issues or a serious illness

Choosing a drug on your drug list can help you pay less — especially when compared to paying out of pocket for drugs that aren't covered.

Drugs are grouped in tiers. Your share of the cost depends on which tier your drug is on. Drugs on lower tiers usually cost less.

When you receive your member ID card, you can see the most up-to-date list of drugs for your plan. Log in at [anthem.com](https://www.anthem.com).

5 ways to save more on your prescription medications

1. Take medications on your plan's drug list.
2. Find out if there are generic or over-the-counter options.
3. Check your cost with our Price a Medication tool at [anthem.com](https://www.anthem.com).
4. Use pharmacies in your plan.
5. Order 90-day supplies of medications you take regularly.

Always check with your doctor before changing your medication.

Choose how to fill your prescriptions

Local pharmacies

Your plan includes local pharmacies at major retail chains, such as CVS, Walmart, Target, and Kroger. You'll save the most money when you use one of these pharmacies. To find a pharmacy near you:

1. Log in at [anthem.com](https://www.anthem.com).
2. Choose **Locate a Pharmacy**.
3. Enter your ZIP code.

CarelonRx Mail

For medications you take regularly, our CarelonRx Mail home-delivery service will deliver up to 90-day supplies with free standard shipping. Sign up at [anthem.com](https://www.anthem.com).

CarelonRx Specialty Pharmacy

If you have a complex health condition treated with specialty drugs — those that may need special handling or are given by injection or infusion — you'll need to get them through CarelonRx Specialty Pharmacy. See a list of these specialty drugs at [anthem.com/pharmacyinformation](https://www.anthem.com/pharmacyinformation).

Preapproval (prior authorization)

Most prescriptions are filled right away when you take them to the pharmacy. But some medicines may require our review and approval — known as preapproval or prior authorization — before they're covered. Be confident knowing your prescription medication is safe and right for you, and covered by your pharmacy benefit.

Your doctor can start this process by calling the Pharmacy Member Services number on your member ID card, or by downloading a preapproval form from our website. If we approve the request, the amount you pay for the medication depends on your plan's benefit.



We're here to help

Understanding your pharmacy benefits can help you get the most from your plan. If you have questions:

- Call us at the Pharmacy Member Services number on your member ID card.
- Visit [anthem.com](https://www.anthem.com) to speak with a Pharmacy Member Services representative.

Anthem 
And Its Affiliate HealthKeepers, Inc.

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Skip the pharmacy with home delivery

Save time and effort filling your regular prescriptions

Set up home delivery through CarelonRx 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 SydneySM 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. CarelonRx 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 CarelonRx Mail at **833-320-1180**. You can also call the pharmacy number on your ID card 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.

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

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

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Exam Only A15 Plan

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 eye care doctors. Our network also has many convenient optical stores, including popular national retail stores LensCrafters®, TargetOptical®, and most Pearle Vision® locations. When you receive care from a Blue View Vision participating provider, you can maximize your benefits and money-saving discounts. To locate a participating network eye care doctor or location, log in at anthem.com, or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at the number on the back of your ID card.

| YOUR BLUE VIEW VISION PLAN BENEFITS | IN-NETWORK | OUT-OF-NETWORK | FREQUENCY |
|-------------------------------------|------------|----------------------|--------------------------|
| Routine Eye Exam | | | |
| A comprehensive eye examination | \$15 copay | Up to \$30 allowance | Once every calendar year |

USING YOUR BLUE VIEW VISION PLAN

When you are ready to schedule your eye exam, just make an appointment with your choice of any of the Blue View Vision participating eye care doctors. Your Blue View Vision plan provides services for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network.

ADDITIONALSAVINGS ON EYEWEAR AND MORE

As a Blue View Vision member, you can take advantage of valuable discounts through our Additional Savings program. See page 2 for further details.

OUT-OF-NETWORK

If you choose to, you may receive covered services outside of the Blue View Vision network. If you choose an out-of-network doctor, you must 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. To download a claim form, log in at anthem.com, or from the home page menu locate Support and 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 the number on the back of your ID card to request a claim form. To request reimbursement for out-of-network services, 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 Fax: 866-293-7373
To Email: oonclaims@eyewearspecialoffers.com
To Mail: Blue View Vision
 Attn: OON Claims
 P.O. Box 8504
 Mason, OH 45040-7111

This is a primary vision care benefit intended to cover only routine eye examinations. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network. If you have questions about your benefits or need help finding a provider, visit anthem.com or call us at the number on the back of your ID card.

This information is only a brief outline of coverage and only one piece of your entire enrollment package. 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.

| OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY | | Member Pays |
|--|--|----------------------|
| Retinal Imaging | <ul style="list-style-type: none"> At member's option can be performed at time of eye exam | Not more than \$39 |
| Eyeglass Frame | <ul style="list-style-type: none"> When purchased as part of a complete pair of eyeglasses* | 35% off retail price |
| Eyeglass Lenses Standard plastic material | <ul style="list-style-type: none"> When purchased as part of a complete pair of eyeglasses*: <ul style="list-style-type: none"> Single Vision \$50 Bifocal \$70 Trifocal \$105 | |
| Eyeglass Lens Options and Upgrades When purchasing a complete pair of eyeglasses* (frame and lenses), you may choose to upgrade your new eye glass lenses at a discounted cost. Member costs shown are in addition to the member cost of the standard plastic eyeglass lenses. | <ul style="list-style-type: none"> When purchased as part of a complete pair of eyeglasses*: <ul style="list-style-type: none"> UV Coating \$15 Tint (Solid and Gradient) \$15 Standard Scratch-Resistant Coating \$15 Standard Polycarbonate \$40 Standard Anti-Reflective Coating \$45 Standard Progressive Lenses (add-on to Bifocal) \$65 Other Add-Ons | 20% off retail price |
| Conventional Contact Lenses (non-disposable type) | <ul style="list-style-type: none"> Discount applies to materials only | 15% off retail price |

* If frames, lenses or lens options are purchased separately, members will receive a 20% discount instead.

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 the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations.

Some of the Blue View Vision participating in-network providers include:



ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM

Other savings offers are available on eyewear, hearing aids and even LASIK laser vision correction surgery through a variety of vendors. Just **log in at anthem.com**, select discounts, then Vision, Hearing & Dental.



Sydney Health makes healthcare easier

Access personalized health and wellness information wherever you are

The Sydney Health mobile app is the one place to keep track of your health and your benefits. 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.

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.

Live Chat

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

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker, then consult with a doctor through a video visit or text session.

Community Resources

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

My Health Records

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



Download Sydney Health today

Use the app anytime to:

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



Use your smartphone camera to scan this QR code



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

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

Visit with a doctor for common health concerns

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

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

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



What people say about virtual care visits²

89%

said the doctor they saw was professional and helpful

92%

thought the doctor understood their concerns

92%

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

How to download our Sydney Health app:



Scan the QR code with your phone's camera or visit the App Store[®] or Google Play[™].



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

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

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

Visit **anthem.com**.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for **anthem.com** and our **Sydney Health** app.
3. From the **Care** tab, select **Virtual Care** in the drop down menu. Then, click **Video Visit Options**.



¹ Prescription availability is defined by physician judgment.

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

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

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

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

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Sydney Health offers mental health support

Have a video visit with a psychologist or licensed therapist from the comfort of home

If you are experiencing feelings of stress, anxiety, or depression, help is available conveniently through virtual care.¹ You can use your mobile device or computer with a camera to have a video visit with a psychologist or licensed therapist from your home, or wherever you have internet access. When you need support, use our **SydneySM Health** app or **anthem.com**, to schedule a private and confidential visit. In most cases, appointments are available in seven days or less.²



Video visits can be scheduled for these issues:¹

- Anxiety
- Stress
- Depression
- Relationship or family issues
- Parenting issues
- Grief
- Coping with an illness
- Post-traumatic stress disorder
- Substance use

How to download our Sydney Health app:



Scan the QR code with your phone's camera or visit the App Store® or Google Play™.



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

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

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

Visit **anthem.com**.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for **anthem.com** and our **Sydney Health** app.
3. From the **Care** tab, select **Virtual Care** in the drop down menu. Then, click **Video Visit Options**.



1 Online counseling is not appropriate for all kinds of problems. If you are in crisis or having suicidal thoughts, it's important that you seek help from a mental health professional, a crisis counselor, or a crisis center. In the U.S., call 1-800-273-8255 (National Suicide Prevention Lifeline) or 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room. Emergency services are not provided through virtual care on the [app name] app or [website].

2 Appointments subject to availability.

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

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When you need care quickly

Knowing where to go can save you time and money

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

Where to go for care

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

| <p>PCP</p> <p>Usually available during normal business hours and may also provide medical advice by phone after hours</p> | <p>Virtual care</p> <p>24/7 access to doctors through the Sydney HealthSM app, no appointment needed</p> | <p>Retail health clinic</p> <p>Walk-in care clinics located in certain drugstores and major retailers</p> | <p>Urgent care center</p> <p>Stand-alone facilities, open extended hours</p> | <p>Emergency room</p> <p>Stand-alone facilities or part of hospitals, open 24/7</p> |
|---|---|--|---|--|
|  |  |  |  |  |
| <p>cost⁷ average wait²</p> <p>\$\$ 18 min</p> | <p>cost average wait³</p> <p>\$ 10 min</p> | <p>cost average wait⁴</p> <p>\$\$ 30 min</p> | <p>cost average wait⁵</p> <p>\$\$\$ 30 min</p> | <p>cost average wait⁶</p> <p>\$\$\$\$ 90 min</p> |
| <p>Mild asthma, back pain, flu-like symptoms, allergies, fever, sprains, diarrhea, eye or sinus infection, rash, urinary tract infection (UTI), sore throat, earaches, bumps, minor cuts and scrapes, and other nonemergency symptoms</p> | <p>Flu-like symptoms, allergies, fever, sinus pain, diarrhea, eye infection, rash, UTI</p> | <p>They help ensure tests Sore throat, earaches, bumps, minor cuts and scrapes, UTI</p> | <p>Sprain and strains, nausea, diarrhea, ear or sinus pain, minor allergic reactions, cough, sore throat, minor headache, UTI</p> | <p>Signs of a heart attack (chest pain) or stroke (sudden numbness and slurred speech), difficulty breathing, and severe burn or bleeding – and any other symptoms where it is reasonable to think you are having a life-threatening emergency or your health is in serious jeopardy</p> |



How to find the care you need:

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



Did you know?

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



Learn more about your healthcare options

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



Sources:

1 The care options and list of symptoms are not all-inclusive. If possible, consult your PCP for more guidance.

2 Business Wire; *9th Annual Vitals Wait Time Report Released* (accessed July 2021); [businesswire.com](https://www.businesswire.com).

3 LiveHealth Online, internal data 2020.

4 Healthcare Finance; *Patient wait times show notable impact on satisfaction scores. Vitals study shows* (accessed July 2021); [healthcarefinancenews.com](https://www.healthcarefinancenews.com).

5 Urgent Care Association; *UCA 2019 Benchmarking Report* (accessed July 2021); [ucaoa.org](https://www.ucaoa.org).

6 Harvard Business Review; *To Reduce Emergency Room Wait Times, Tie Them to Payments* (accessed July 2021); [hbr.org](https://www.hbr.org).

7 Costs are ranked according to the member's estimated out-of-pocket costs and average health plan copays. Each plan may have different costs. Nonemergency care outside of your network may cost more out of pocket or may not be covered at all. \$ = lower cost, and \$\$\$ = higher cost.

8 Call the Member Services number on your ID card if you have questions about your plan.

8 Healthgrades; *Should You Go to the ER or Urgent Care? How to Decide* (accessed July 2021); [healthgrades.com](https://www.healthgrades.com).

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Save money

with SpecialOffers and discounts

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



Dental, hearing, and vision

Dental

RefreshaDent

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

Hearing

NationsHearing®

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

Hearing Care Solutions

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

Amplifon

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

Eyewear

Glasses.com® and 1-800 CONTACTS®

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

EyeMed

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

LASIK

Premier LASIK Network

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

TruVision

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

Health and fitness

Health

BREVENA

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

ChooseHealthy®

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

LifeMart®

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

Fitness

Active&Fit Direct™

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

Fitbit®

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

Garmin®

Discounts are available on select Garmin wellness devices.

Husk Wellness

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

Family and home

Family

23andMe®

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

WINFertility®

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

Home

Nationwide® pet insurance

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

ASPCA® Pet Health Insurance

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

Medicine and treatment

Medicine

Puritan's Pride®

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

Allergy Control Products and National Allergy Supply™

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

Treatment

The Living Well Course Series

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

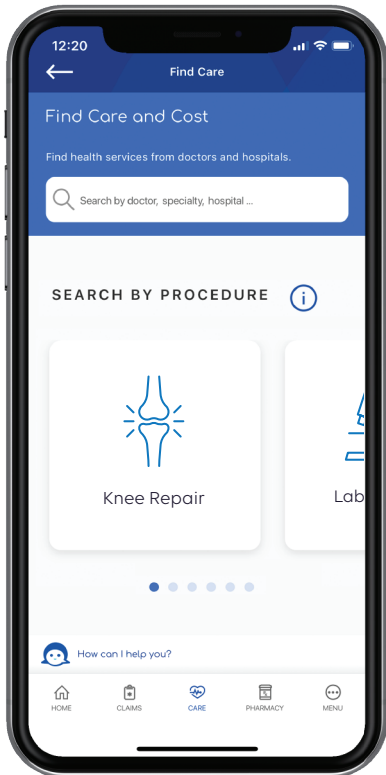
▶ Learn more about SpecialOffers

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

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Find high-quality doctors nearby and compare costs

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



Helping you find the right care

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

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

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



Search by name, specialty, or procedure.



Customize and refine results.



Compare doctors and costs.



Download the Sydney Health app

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

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

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

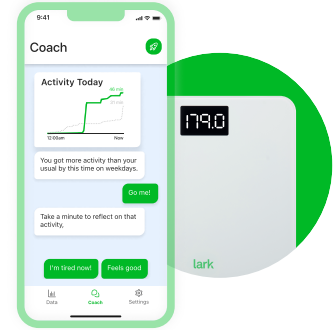
Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

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

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., aka HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc., and Anthem HealthChoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. In Ohio: Community Insurance Company, Inc. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in 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.



Preventing diabetes just got easier



Introducing Lark Digital Health Coaching

People with prediabetes have higher than normal blood sugar which can substantially increase the risk of developing type 2 diabetes. People often don't even know they have prediabetes, because it can occur with no symptoms. The good news is that there are steps you can take now to decrease your risk.

Your employer has teamed up with Lark to bring you access to the tools you need to take those steps and prevent type 2 diabetes. Available 24/7 on your smartphone, the Lark Diabetes Prevention Program is included at no extra cost as a benefit of your Anthem health plan. If you qualify, you'll also get a digital scale with the opportunity to earn a Fitbit®.

Together we can help you:



Create healthy eating habits



Make time for physical activity



Improve sleep quality



Reach or maintain a healthy weight



Manage stress levels

Get started with a quick eligibility survey

Scan this QR code with your smartphone camera to get started.



or visit Lark.com/AnthemEnroll



"Cheerful encouragement and suggestions. I've recommended it to several friends."



"It puts you on the exact path you need to go and educates you on that path along the way. I'm down 10 pounds already just from applying the tips to my everyday life."

Eligibility requirements for the Lark Diabetes Prevention Program include qualifying as prediabetic according to a survey designed by the Centers for Disease Control and membership in a participating health plan. You may be eligible to earn health-related devices such as a scale or Fitbit® at no cost to you. The ability to earn health-related devices may vary by health plan and may contain minimum program engagement requirements, such as weighing in, completing missions with your digital coach, and logging activity or meals. Eligibility determinations are made by Lark at its sole discretion.

Fitbit is a registered trademark of Fitbit Inc.

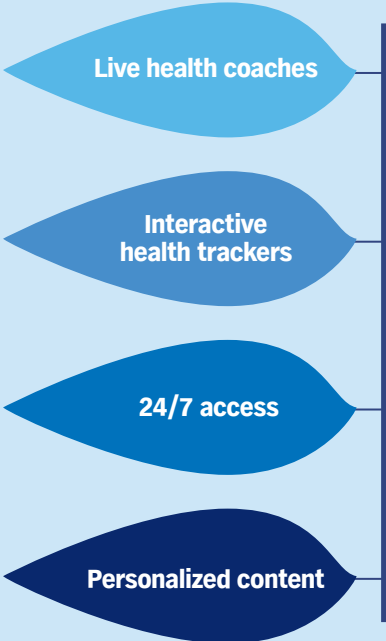


Building Healthy Families



A new program to support growing families

Benefits to help you thrive



Every family grows in its own way. That's part of what makes each one unique. Anthem's new, all-in-one program, at no extra cost to you, can help your family grow strong whether you're trying to conceive, expecting a child, or in the thick of raising young children.

Building Healthy Families offers personalized, digital support through the SydneySM Health mobile app or on **anthem.com**. This convenient hub offers an extensive collection of tools and information to help you navigate your family's unique journey.

Designed with you in mind

When you enroll in Building Healthy Families, you can count on personalized support at every stage. You'll have unlimited access to:



Digital tools and resources for pregnancy and beyond

- Track your ovulation.
- Monitor prenatal health risks, such as blood pressure and weight.
- Receive updates on your pregnancy progress, like development of your baby and body changes.
- Log feedings, diaper changes, growth, vaccinations, and developmental milestones.



Health and wellness expertise for your family and pregnancy

- Talk to a health coach via chat or phone during pregnancy about your questions and concerns.
- Explore a library with thousands of educational articles and videos.
- Connect with a maternity nurse and access lactation support.

This is an exciting time for your family, but that doesn't mean there aren't challenges. Building Healthy Families has the support you need to nurture a healthy pregnancy and tackle every stage of your family's growth with confidence.



To enroll

Open the Sydney Health mobile app and go to *My Health Dashboard*. Choose the Building Healthy Families tile under *Featured Programs*.

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

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A caring team to help guide you

Anthem Health Guide is a concierge service for your health and health care



Health care benefits can seem complicated or confusing at times. To make the most of your benefits, you need to understand them. That is why you have a team of concierge-level customer service experts — ready to answer questions, advocate for your health and explain how to use your benefits. You can call a health guide or chat from your mobile device using our Sydney Health app.

Anthem health guides are here to help

Health guides are team members hand-picked for their kindness and understanding, their ability to listen and find a solution, all while also helping you feel less overwhelmed. They are experts at:

- **One-call resolution.** Our guides use advanced technology to see your whole health care picture while talking to you or advocating for you. They understand you are busy and may not have time for multiple conversations so they find the solution in the first call. Health guides take a comprehensive and personal approach, not only to help with your immediate needs but also anticipate future questions.
- **Advocating for you.** Health guides bring knowledge and experience to help make sure you are receiving the care you need. They will help break down barriers and eliminate “homework” for you, like calling providers about billing discrepancies, so you can focus on your health. If you need help finding a provider, guides can match you with an in-network provider that suits your needs. They can also help you save money by comparing costs for care at different hospitals and save on your prescription drugs, by switching to generic from brand-name, if available.
- **Coordinating care for better health.** Many people see more than one doctor. Health guides can connect you to health professionals who will help coordinate with doctors and other members of your care team. They can remind you of important preventive care, and even help schedule appointments for you, when possible. They also have in-depth knowledge about the programs and preventive care services that are part of your benefits, and they work closely with nurses, health coaches and social workers to provide support uniquely suited to you.

Anthem Health Guide is here to give you personalized help when you need it most. That way you can focus on what is most important: your health.

Reach out to an Anthem Health Guide

Connect from your Anthem Blue Cross and Blue Shield Sydney Health mobile app or by logging in at [anthem.com](https://www.anthem.com). Then choose **Customer Support**, then **Contact Us**.

Call us at **833-388-1400**, Monday to Friday.

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

Health and wellness programs are not covered services under the health plan, but are additions; these programs' features are not guaranteed under your health plan certificate and could be discontinued at any time. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Virginia, Inc., Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc., serving all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123, are independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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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 |
|---------|----------|---------|---|
| ● | | | <p>Your employer:</p> <ul style="list-style-type: none"> Keeps its status as an employer. Stays in our service area. Meets our guidelines for employee participation and premium contribution. Pays the required health care premiums. Doesn't commit fraud or misrepresent itself. |
| | ● | | <p>Your employer:</p> <ul style="list-style-type: none"> Makes a bad payment. Voluntarily cancels coverage (30-days advance written notice required). Is unable (after being given at least a 30-day notice) to meet eligibility requirements to maintain a group plan. Still does not pay the required health care premium (after being given a 31-day grace period and at least a 15-day notice). |
| | ● | | <ul style="list-style-type: none"> We decide to no longer offer the specific plan chosen by your employer (you'll get a 90-day advance notice). We decide to no longer offer any coverage in Virginia (you'll get a 180-day advance notice). |
| | | ● | <p>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.</p> |

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

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.

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 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.

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. 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.

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>.

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



If you have questions, please contact:

Anthem Health Guides
833-388-1400

Your plan is here for you to use

If you would like extra help

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

Reach an Anthem Health Guide by calling **833-388-1400**. You also can go to **anthem.com** to send a secure email or chat with them online.



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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