

# Choosing and using your plan

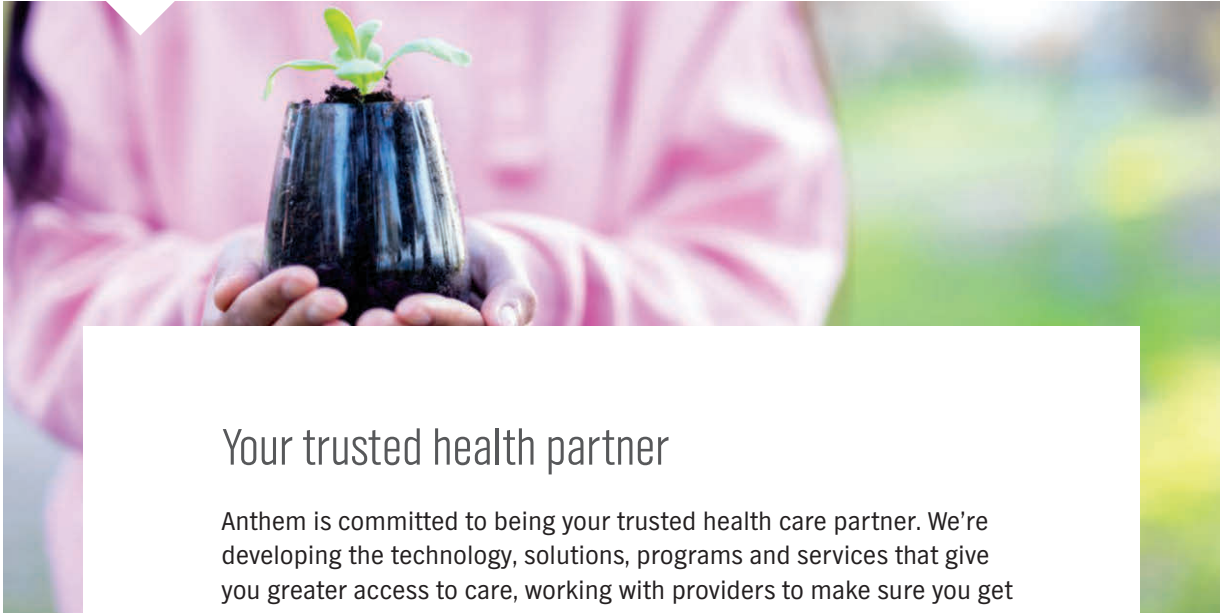
Your guide to open enrollment and  
making the most of your benefits



Pulaski County & Schools  
Medical / Rx / Vision  
Effective July 1, 2021



## It's time to choose your plan



### Your trusted health partner

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

### Save this guide

You'll find tips on how to make the most of your benefits and save on health care costs throughout the year.





# Time to choose your plan

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

Thinking about your health may not always be the first thing on your mind. But now is the right time to think about where you are and where you want to be in the future. It's your opportunity to check out the benefits, programs, and resources that can support your health and well-being all year long.

This guide will help you understand our plans and choose the one that is right for you. It's also full of tips, tools, and resources that can help you reach your health and wellness goals when you become a member. Keep it handy to make the most of your benefits throughout the year.



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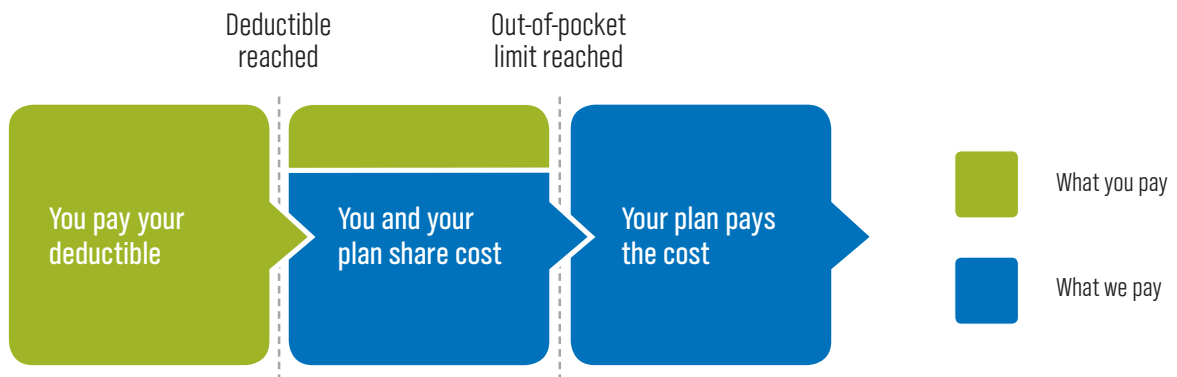


# The basics of your health plan

Before going into the plan details, it may be helpful to review the following health benefit basics.



## What you pay and what your plan pays

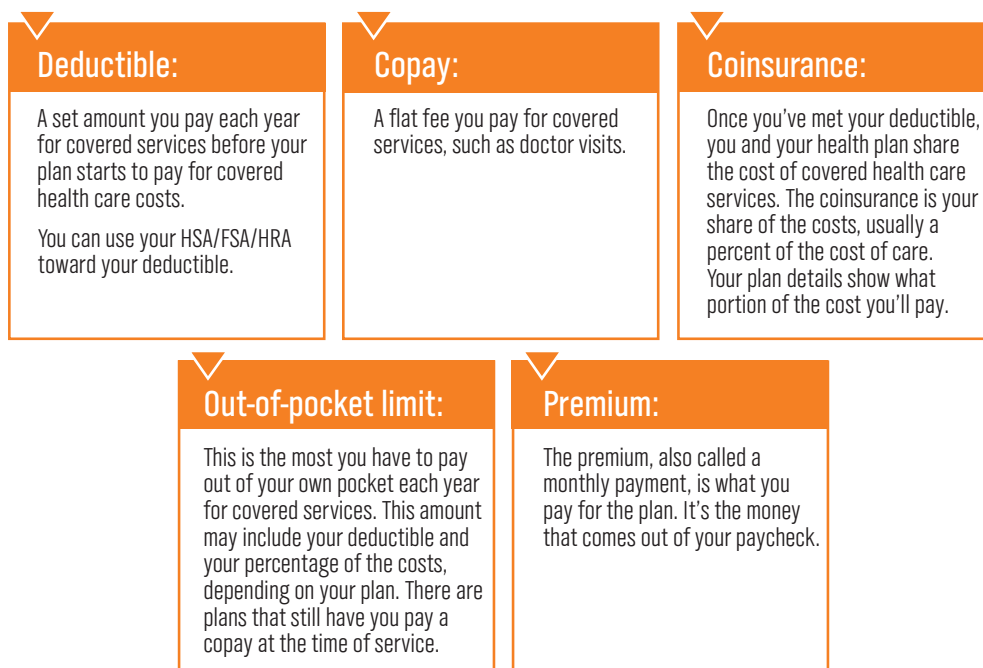


This chart is only an example. Your actual cost share will depend on your plan, the service you receive, and the doctor you choose. Refer to your plan details to see your actual share of the cost.



## Understanding health care terms

To help you manage your health plan, see the following for definitions of common terms:





# Explore your plan options

Look at the plans, and find the one that works best for you and your family.

## KeyCare PPO

With a preferred provider organization (PPO), you can go to almost any doctor or hospital and you're covered – giving you added choices and flexibility. You receive special rates for doctors in your plan, which lowers your out-of-pocket costs.

### PPO highlights:

- You can choose a primary care doctor from the plan for preventive care, such as checkups and screenings.
- You don't 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 don't need to visit your primary care doctor first for a referral. This can save you time and a copay.
- You will pay less if you use doctors who are part of the PPO.
- You can see providers who aren't part of the PPO, but the cost is higher.
- Once you pay your deductible, you'll pay a percentage of the total cost (also called "coinsurance") anytime you receive care for a covered service. Your plan will cover the rest.

## Health Savings Account

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

- Once you pay your deductible, you'll pay a percentage of the total cost (also called "coinsurance") anytime you receive care for a covered service. Your plan will cover the rest.
- All the money in your HSA rolls over from year to year, and it's yours even if you change health plans or jobs or retire.
- The money you put into your HSA, any interest you earn, and even the money you take out to pay for health care is all tax-free.
- You can contribute up to \$3,600 for an individual and \$7,200 for a family.<sup>1</sup>
- If you are 55 or older, you can contribute an extra \$1,000 a year.

Watch our HSA Basics video for details.

1. For a full list of qualified expenses for an individual, visit [anthem.com/qme](https://www.anthem.com/qme). Veterans who have received medical benefits from the VA 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 more information.



# Your pharmacy benefits

## What your plan will cover

Your pharmacy plan includes:

- Different drug lists. Be sure to check the lists for your medicines, the brand-name drugs, and the generics that are included in your plan.
  - Visit **[anthem.com/VA/Nationaltier4](https://www.anthem.com/VA/Nationaltier4)** for the **National 4-tier** Drug List.
- There are preventive drugs that come at little or no cost to you. To see a list of covered preventive drugs, visit **[anthem.com/pharmacyinformation](https://www.anthem.com/pharmacyinformation)** and see the **PreventiveRx Plus Drug List (National)**.
- Most specialty drugs are covered if you have an ongoing health issue or a serious illness. Look for "SP" or the Specialty Pharmacy icon when viewing your plan's drug list.

## How your pharmacy benefits work

### Your annual deductible

Before your plan starts to help pay for medicine, you first pay a set amount for covered medical care and drug costs out of your pocket. This is your combined medical and pharmacy deductible.

### What you pay after meeting your deductible

After you meet your deductible, your plan will share the cost of medicine. Your options include plans with different ways of sharing the cost:

- **Copays:** You pay a set amount, or "copay," for medicine. Your copay will be based on which tier the drug is in. See "Save money with Tier 1 drugs" for details.
- **Coinsurance:** You pay a certain percentage of the drug's cost, which can be different based on the pharmacy you use.

Once you're a member, you can check the price of a drug at different pharmacies on **[anthem.com](https://www.anthem.com)** and see if there are lower-cost drugs.



# Your pharmacy benefits

## Save money with Tier 1 drugs

Prescription medicines or drugs are listed in groups called tiers. Your cost is based on which tier the drug is in. Tiers 1 and 2 usually include low-cost and generic drugs. You'll save the most money when you use Tier 1 drugs.

Once you're a member, you can check the price of a drug at different pharmacies at [anthem.com](https://www.anthem.com) and see if there are lower-cost drugs available.

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

## Simple ways to save money on medicine

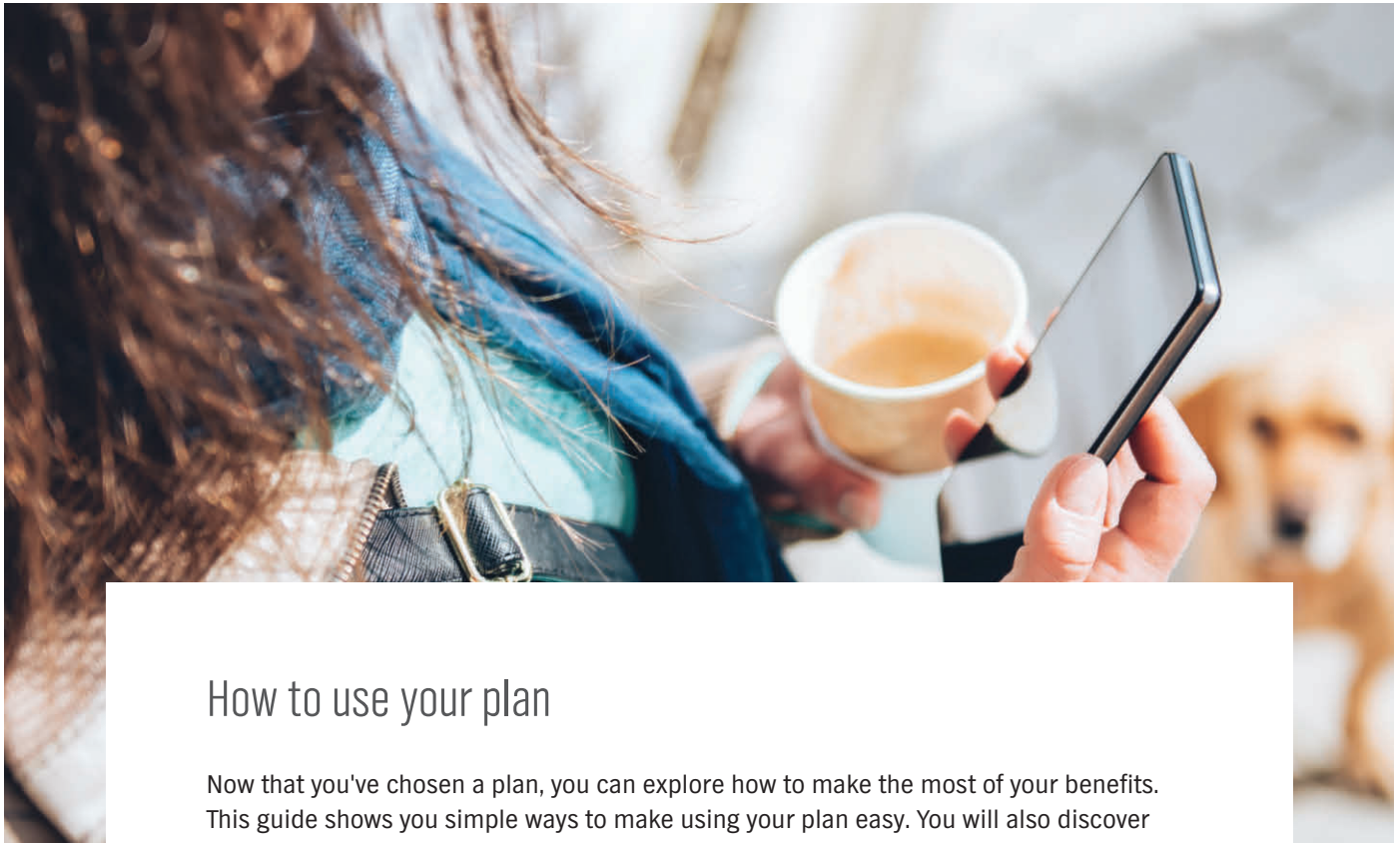
- Use home delivery for drugs you take on a regular basis. It may save you money, and there is no cost for standard shipping.
- Find a pharmacy in your plan.
- Talk to your doctor about generic medicines.
- See if an over-the-counter option is available.







## Using your plan



### How to use your plan

Now that you've chosen a plan, you can explore how to make the most of your benefits. This guide shows you simple ways to make using your plan easy. You will also discover tools and resources that can help you reach your health and wellness goals.





## How to use your plan

### Use your ID card from your phone

Quickly access your ID card on your phone by using the **Sydney Health** mobile app or logging in at **anthem.com**. Your digital ID card works the same as a paper one. It's easy to share it with your doctor or pharmacy: print a copy anytime you need one, or email or fax it from your computer or mobile device. You also can download your ID card for quick access.

### Register for online tools and resources

Accessing your health plan on your mobile phone or computer makes managing your plan easier. Register on the **Sydney Health** mobile app and **anthem.com** to receive personalized information about your health plan and more. You can:

- Quickly access your digital ID card.
- Find a doctor and estimate your costs before you go.
- Look at your prescription drug benefits, check the price of a drug, and find a pharmacy near you that's in your plan.
- View your claims, see what's covered, and what you may owe for care.
- Check your spending account balances.
- Find support managing your health conditions and tracking your goals.
- Update your email and communication preferences.



## How to use your plan

### Find a doctor in your plan

The right doctor can make all the difference — and choosing one in your plan can save you money, as well. Your plan includes a broad range of top quality doctors. If you decide to receive care from doctors outside the plan, the cost will be higher and your care might not be covered at all.

It's easy to find a doctor in your plan. Simply use the **Find Care** tool on the **Sydney Health** mobile app or at **[anthem.com/find-care](https://www.anthem.com/find-care)** to search for doctors, hospitals, labs, and health care professionals.

### Schedule a checkup

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

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

Check your plan details on the **Sydney Health** mobile app or **[anthem.com](https://www.anthem.com)** to confirm what preventive care is covered.



## How to use your plan

### See a doctor from home

You can have a video visit with a doctor using your mobile device or computer, whether you're at home, at the workplace, or on the go. Doctors are available around the clock for advice, treatment, and prescriptions.<sup>1</sup> Go to **livehealthonline.com** or download the LiveHealth Online mobile app to begin.

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

When it's an emergency, call 911 or go to the nearest emergency room. If you need non-emergency 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.
- See a doctor anytime using LiveHealth Online from your mobile device or computer.
- Call the 24/7 NurseLine and receive helpful advice from a registered nurse.



<sup>1</sup> Online prescribing only when appropriate based on physician judgment. LiveHealth Online is the trade name of Health Management Corporation.



# Make the most of your pharmacy benefits

You can manage your prescriptions and costs at **anthem.com**. Simply log in and explore the following ways to save:

- 1. Search the drug list.** Find out if your drugs are covered and which tier they're in. Lower-cost drugs and generics are usually in Tiers 1 and 2. You'll save the most money when you use Tier 1 drugs.
- 2. Price a medication.** See how much a medicine costs. You can compare retail drug costs at local pharmacies and see the price of generic options. Results will include the cost of up to a 90-day supply and home delivery pricing.
- 3. See if there are generic options.** If you're taking a brand-name drug, you can find a list of generic options that cost less, or ask your doctor.
- 4. Most specialty drugs are covered if you need them.** Specialty drugs are for people with serious health issues. They come in different forms, such as pills or liquids. There are drugs that need to be injected, inhaled, or infused. They often need special storage and handling and may be given to you by a doctor or nurse. If you have a complex health condition that requires specialty drugs for your treatment you can receive them through IngenioRx Specialty Pharmacy. Call the Pharmacy Member Services phone number on your ID card for help.
- 5. Choose a pharmacy that's in your plan.** You have many retail pharmacies from which to choose. Use a pharmacy that is in your plan to avoid paying full price. To find a pharmacy in your plan, visit **anthem.com/pharmacyinformation/rxnetworks.html** and choose your network list. Your plan uses the National Network list of pharmacies.
- 6. Save time with home delivery.** If you take medicines regularly or need them on a long-term basis, you can save time with home delivery. You may also save money. You can receive a 90-day supply of your drugs delivered to your door. Maintenance medicines can vary in amounts. Once you're a member, visit **anthem.com** to sign up.
- 7. Receive a 90-day refill at a retail pharmacy.** You can receive up to a 90-day supply of any covered medicine at a participating retail pharmacy. Maintenance medicines can vary in amounts.

For more information, go to **anthem.com/FAQs** and select your state, then **Pharmacy**.



# Plan extras that support your health

For details, register at [anthem.com](https://anthem.com) or on the **Sydney Health** mobile app.

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

## Apps

Introducing the **Sydney Health** mobile app. With **Sydney Health**, you can find everything you need to know about your benefits — all in one place. You will have a custom experience that's based on your plan and your specific health care needs. You can quickly access your digital ID card to show it to your doctor or pharmacy. You can even use **Sydney Health** to track your health goals, find care, compare costs, and manage your claims.

If you have a question, **Sydney Health** acts as a personal health guide, answering your questions and connecting you to the right resources at the right time. You can use the chatbot to receive answers quickly. **Sydney Health** makes it easier to manage your care, giving you time to focus on your health. Start now by downloading the **Sydney Health** mobile app.

**Anthem Skill** — Our new Anthem skill for Alexa is a voice-activated assistant for your health plan. Receive quick answers to your health care questions — hands-free. All you have to do is enable the Anthem skill. It works through any Alexa-enabled device, such as an

Amazon Echo, or on your mobile device using the Amazon Alexa app.

- Ask for your digital member ID card.
- Access your health savings account (HSA) or health reimbursement account (HRA) balance, if you have one.
- Check your progress toward meeting your medical plan's deductible and out-of-pocket maximum.
- Find out how close you are to reaching your dental plan's deductible and annual maximum.
- Refill, renew, and check the order status of any home delivery prescriptions.

If you don't have the Amazon Alexa app, download it today from Google Play™ or the App Store®!

## 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 providers in your area. Simply call **800-337-4770**.

**Blue Distinction® Centers** — If you are having surgery or a major procedure, such as knee or hip replacement, look for one of these two designations:

## Are you looking for healthy advice?

Follow our **Better Care Blog** ([anthem.com/blog/](https://anthem.com/blog/)) for helpful information about health benefits, living healthy, and the latest member news.





# Plan extras that support your health

For details, register at [anthem.com](https://www.anthem.com) or on the **Sydney Health** mobile app.

Blue Distinction Centers or Blue Distinction Centers+, which are hospitals recognized for excellent care and faster recovery times. Blue Distinction Centers+ are also recognized for lower costs and you don't pay extra for access to a Blue Distinction Center. It's part of your plan.

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

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

**ConditionCare** — Receive support from a dedicated nurse team to manage ongoing conditions, such as asthma, chronic obstructive pulmonary disorder (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.

**ConditionCare End-stage Renal Disease** — If you have end-stage renal disease, extra support can help with your day-to-day needs. A registered nurse will help you schedule dialysis care and doctor visits, follow your treatment plan, understand your medical equipment, and find helpful resources and information. You don't have to do anything extra to be

part of this program. A nurse will call you to ask if you want to enroll.

**Future Moms** — This program can help you take care of yourself and your baby before, during, and after pregnancy. You can talk to registered nurses 24/7 about your pregnancy and newborn care. You also have access to dietitians and social workers, as needed.

**LiveHealth Online** — At home, at the workplace, or on the go, you can have a video visit with a doctor using your mobile device or computer. Doctors are available 24/7 for advice, treatment, and prescriptions, if needed.\* The cost is usually \$59 or less, depending on your health plan. Register at [livehealthonline.com](https://livehealthonline.com).

\* Online prescribing only when appropriate, based on a doctor's judgment. 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.

**Anthem Shopper Programs** — This is a helpful way to make decisions about expensive procedures. If you qualify and are scheduled for one of the included procedures, such as an MRI or CT scan, we will contact you about lower-cost alternative facilities in your area. We'll even help you make an appointment if you need it. The program is voluntary. You can go to any facility you want, but now you can make an informed choice.

## Healthy living

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

**Online Wellness Toolkit** — Receive tools that help you set and achieve your unique health goals. It includes a Health Assessment, personalized trackers to monitor



## Plan extras that support your health

For details, register at [anthem.com](https://www.anthem.com) or on the **Sydney Health** mobile app.

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your progress toward reaching your goals, and fun activities that promote healthier decisions.

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

**The Weight Center** — This online resource connects you to information on how to manage your weight, eat healthier, and take care of your emotional well-being. It includes access to helpful tools, such as a body mass index (BMI) calculator, the *Weight Management Playbook*, and FitLife podcasts, at no extra cost to you.



# Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Contract Code: 3REA

Your Plan: Anthem KeyCare Plus 20/20%/2500 Rx \$10/\$30/\$50/\$50

Your Network: KeyCare

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Overall Deductible</b>	\$0 person / \$0 family	\$750 person / \$1,500 family
<b>Out-of-Pocket Limit</b>	\$2,500 person / \$5,000 family	\$3,750 person / \$7,500 family
The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.		
<b>Preventive Care / Screening / Immunization</b>	No charge	30% coinsurance after medical deductible is met
<b><u>Doctor Home and Office Services</u></b>		
<b>Primary Care Visit</b>	\$20 copay per visit	30% coinsurance after medical deductible is met
<b>Enhanced Personal Healthcare Provider Office Visit</b>	\$10 copay per visit	Not Applicable
<b>Specialist Care Visit</b>	\$40 copay per visit	30% coinsurance after medical deductible is met
<b>Prenatal and Post-natal Care</b>	\$300 copay per pregnancy	30% coinsurance after medical deductible is met

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

VA/LG/Anthem KeyCare Plus 20/20%/4000 Rx \$10/\$40/\$70/20%/5VLH/01-01-2021

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b><u>Other Practitioner Visits:</u></b> Medical Chats - <i>within our mobile app</i> Retail Health Clinic  Preferred On-line Visit <i>Includes Mental Health and Substance Abuse</i> <i>Live Health Online is the preferred telehealth solution.</i> <a href="http://www.livehealthonline.com">www.livehealthonline.com</a> . Other Participating Provider On-line Visit <i>Includes Mental Health and Substance Abuse</i>  Manipulation Therapy <i>Coverage is limited to 30 visits per benefit period.</i>	No charge \$20 copay per visit  \$10 copay per visit  \$20 copay per visit  \$20 copay per visit	Not Applicable 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met
<b><u>Other Services in an Office:</u></b> Allergy Testing  Chemo/Radiation Therapy  Dialysis/Hemodialysis  Prescription Drugs - <i>Dispensed in the office</i>	\$20 copay per visit  20% coinsurance  20% coinsurance  20% coinsurance	30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met
<b><u>Diagnostic Services</u></b> <b>Lab:</b> Office  Preferred Reference Lab	No charge  No charge	30% coinsurance after medical deductible is met 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
Outpatient Hospital	\$300 copay per visit	30% coinsurance after medical deductible is met
<b>X-Ray:</b>		
Office	20% coinsurance	30% coinsurance after medical deductible is met
Outpatient Hospital	\$300 copay per visit	30% coinsurance after medical deductible is met
<b>Advanced Diagnostic Imaging:</b>		
Office	20% coinsurance	30% coinsurance after medical deductible is met
Outpatient Hospital	\$300 copay per service	30% coinsurance after medical deductible is met
<b><u>Emergency and Urgent Care</u></b>		
<b>Urgent Care</b>	\$40 copay per visit	30% coinsurance after medical deductible is met
<b>Emergency Room Facility Services</b> <i>Copay waived if admitted.</i>	\$250 copay per visit	Covered as In-Network
<b>Emergency Room Doctor and Other Services</b>	20% coinsurance	Covered as In-Network
<b><u>Ambulance</u></b>	20% coinsurance	Covered as In-Network
<b><u>Outpatient Mental/Behavioral Health and Substance Abuse</u></b>		
<b>Doctor Office Visit</b>	\$20 copay per visit	30% coinsurance after medical deductible is met
<b>Facility Visit:</b>		
Facility Fees	\$300 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
Doctor Services	\$20 copay per visit	30% coinsurance after medical deductible is met
<b><u>Outpatient Surgery</u></b> <b>Facility Fees:</b> Hospital  Freestanding Surgical Center  <b>Doctor and Other Services:</b> Hospital	\$300 copay per visit  \$150 copay per visit  \$40 copay per visit	30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met
<b><u>Hospital (Including Maternity, Mental / Behavioral Health, Substance Abuse):</u></b> <b>Facility Fees</b>  <b>Doctor and other services</b>	\$300 copay per day to a maximum of \$1,500 per admission  \$40 copay per visit	30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met
<b><u>Recovery &amp; Rehabilitation</u></b> <b>Home Health Care</b> <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i>	20% coinsurance	30% coinsurance after medical deductible is met
<b>Rehabilitation services:</b>  Office <i>Coverage for rehabilitative and habilitative physical therapy and occupational therapy combined is limited to 30 visits per benefit period. Coverage for rehabilitative and habilitative speech therapy is limited to 30 visits per benefit period.</i>  Outpatient Hospital	\$20 copay per visit  20% coinsurance	30% coinsurance after medical deductible is met  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
<i>Coverage for rehabilitative and habilitative physical therapy and occupational therapy combined is limited to 30 visits per benefit period. Coverage for rehabilitative and habilitative speech therapy is limited to 30 visits per benefit period.</i>		
<b>Cardiac rehabilitation</b> Office <i>Coverage is limited to 36 visits per benefit period.</i>  Outpatient Hospital <i>Coverage is limited to 36 visits per benefit period.</i>	\$40 copay per visit   20% coinsurance	30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met
<b>Skilled Nursing Care (facility)</b> <i>Coverage for Inpatient rehabilitation and skilled nursing services is limited to 150 days combined per benefit period.</i>	\$300 copay per day to a maximum of \$1,500 per admission	30% coinsurance after medical deductible is met
<b>Hospice</b>	20% coinsurance	30% coinsurance after medical deductible is met
<b>Durable Medical Equipment</b>	20% coinsurance	30% coinsurance after medical deductible is met
<b>Prosthetic Devices</b>	20% coinsurance	30% coinsurance after medical deductible is met
Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Pharmacy Deductible</b>	Not applicable	Not applicable
<b>Pharmacy Out of Pocket</b>	Combined with medical	Combined with medical
<b>Prescription Drug Coverage</b> <i>National Network  National Drug List  This product has a 90-day Retail Pharmacy Network available. No coverage for non-formulary drugs.</i>		

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Tier 1 - Typically Generic</b> 30 day supply (retail pharmacy). 90 day supply (home delivery).	\$10 copay per prescription, deductible does not apply (retail and home delivery)	30% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
<b>Tier 2 – Typically Preferred Brand</b> 30 day supply (retail pharmacy). 90 day supply (home delivery).	\$30 copay per prescription, deductible does not apply (retail) and \$60 copay per prescription, deductible does not apply (home delivery)	30% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
<b>Tier 3 - Typically Non-Preferred Brand</b> 30 day supply (retail pharmacy). 90 day supply (home delivery).	\$50 copay per prescription, deductible does not apply (retail) and \$150 copay per prescription, deductible does not apply (home delivery)	30% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
<b>Tier 4 - Typically Specialty (brand and generic)</b> 30 day supply (retail pharmacy). 30 day supply (home delivery).	\$50 copay per prescription, deductible does not apply (retail only and home delivery)	30% coinsurance, deductible does not apply (retail) and Not covered (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. Only children's vision services count towards your out of pocket limit.</i>		
<b>Child Vision exam</b> Limited to 1 exam per benefit period.	No charge	Reimbursed Up to \$30
<b>Adult Vision exam</b> Limited to 1 exam per benefit period.	\$15 copay	Reimbursed Up to \$30

**Notes:**

- Your copays, coinsurance and deductible count toward your out of pocket amount.
- The representations of benefits in this document are subject to Division of Insurance approval and are subject to change.
- 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.

*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 to the applicable Anthem enrollment brochure.*





The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://eoc.anthem.com/eocdps/fi>. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call (833) 592-9956 to request a copy.

Important Questions		Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?		\$0/person or \$0/family for In- <a href="#">Network Providers</a> . \$750/person or \$1,500/family for Non- <a href="#">Network Providers</a> .	Generally, you must pay all of the costs from <a href="#">providers</a> up to the deductible amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
Are there services covered before you meet your <a href="#">deductible</a> ? 23		Yes. Primary Care <a href="#">Specialist Visit Preventive Care</a> for In- <a href="#">Network Providers</a> . Tier 1 Tier 2 Tier 3 Tier 4 Prescription <a href="#">Drugs</a> for In- <a href="#">Network</a> and Non- <a href="#">Network Providers</a> . Vision for In- <a href="#">Network</a> and Non- <a href="#">Network Providers</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?		No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?		\$2,500/person or \$5,000/family for In- <a href="#">Network Providers</a> . \$3,750/person or \$7,500/family for Non- <a href="#">Network Providers</a> .	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?		<a href="#">Premiums</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?		Yes, KeyCare. See <a href="http://www.anthem.com">www.anthem.com</a> or call (833) 592-9956 for a list of <a href="#">network</a>	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">Out-of-Network Provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your

	<a href="#">providers</a> .	<a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware your <a href="#">network provider</a> might use an <a href="#">Out-of-Network Provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
<b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b>	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's office</a> or clinic	Primary care visit to treat an injury or illness	PCP \$20/visit EPHC \$10/visit \$40/visit	30% <a href="#">coinsurance</a>	-----none-----
	<a href="#">Specialist</a> visit		30% <a href="#">coinsurance</a>	-----none-----
	<a href="#">Preventive care/screening/immunization</a>	No charge	30% <a href="#">coinsurance</a>	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	Lab – Office No charge X-Ray – Office 20% <a href="#">coinsurance</a>	Lab – Office 30% <a href="#">coinsurance</a> X-Ray – Office 30% <a href="#">coinsurance</a>	Costs may vary by site of service.
	Imaging (CT/PET scans, MRIs)	\$300/service	30% <a href="#">coinsurance</a>	Costs may vary by site of service.
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.anthem.com/pharmacyinformation/">http://www.anthem.com/pharmacyinformation/</a>	Tier 1 - Typically Generic	\$10/prescription (retail and home delivery)	30% <a href="#">coinsurance, deductible</a> does not apply (retail) and Not covered (home delivery)	*See Prescription Drug section
	Tier 2 - Typically Preferred Brand & Non-Preferred Generic Drugs	\$30/prescription (retail) and \$60/prescription (home delivery)	30% <a href="#">coinsurance, deductible</a> does not apply (retail) and Not covered (home delivery)	
	Tier 3 - Typically Non-Preferred Brand and Generic drugs	\$50/prescription (retail) and \$150/prescription (home delivery)	30% <a href="#">coinsurance, deductible</a> does not apply (retail) and Not covered (home delivery)	
	Tier 4 - Typically Preferred Specialty (brand and generic)	\$50/prescription (retail and home delivery)	30% <a href="#">coinsurance, deductible</a> does not apply (retail) and Not covered (home delivery)	
National Drug List				

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/fi>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$300/visit	30% <a href="#">coinsurance</a>	Costs may vary by site of service.
	Physician/surgeon fees	\$40/visit	30% <a href="#">coinsurance</a>	-----none-----
If you need immediate medical attention	<a href="#">Emergency room care</a>	\$250/visit	Covered as In- <a href="#">Network</a>	Copay waived if admitted.
	<a href="#">Emergency medical transportation</a>	20% <a href="#">coinsurance</a>	Covered as In- <a href="#">Network</a>	-----none-----
	<a href="#">Urgent care</a>	\$40/visit	30% <a href="#">coinsurance</a>	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	\$300/day to a maximum of \$1,500/admission	30% <a href="#">coinsurance</a>	150 days/benefit period for Inpatient rehabilitation and skilled nursing services combined.
	Physician/surgeon fees	\$40/visit	30% <a href="#">coinsurance</a>	-----none-----
If you need mental health, behavioral health, or substance abuse services 51	Outpatient services	Office Visit \$20/visit Other Outpatient \$150/visit	Office Visit 30% <a href="#">coinsurance</a> Other Outpatient 30% <a href="#">coinsurance</a>	Office Visit -----none----- Other Outpatient -----none-----
	Inpatient services	\$300/day to a maximum of \$1,500/admission	30% <a href="#">coinsurance</a>	-----none-----
	Office visits	\$300/pregnancy	30% <a href="#">coinsurance</a>	One <a href="#">copayment</a> per pregnancy for both office visits and childbirth/delivery professional services. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
If you are pregnant	Childbirth/delivery professional services	\$300/pregnancy	30% <a href="#">coinsurance</a>	100 visits/benefit period for Home Health and Private Duty Nursing combined.
	Childbirth/delivery facility services	\$300/day to a maximum of \$1,500/admission	30% <a href="#">coinsurance</a>	*See Therapy Services section.
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	20% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	150 days/benefit period for Inpatient rehabilitation and skilled nursing services combined.
	<a href="#">Rehabilitation services</a>	\$20/visit	30% <a href="#">coinsurance</a>	*See <a href="#">Durable Medical Equipment</a> Section
	<a href="#">Habitatation services</a>	\$20/visit	30% <a href="#">coinsurance</a>	
	<a href="#">Skilled nursing care</a>	\$300/day to a maximum of \$1,500/admission	30% <a href="#">coinsurance</a>	
	<a href="#">Durable medical equipment</a>	20% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/fi>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	<a href="#">Hospice services</a>	20% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	-----none-----
If your child needs dental or eye care	Children's eye exam	No charge	Reimbursed Up to \$30	*See Vision Services section
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	

#### Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)	
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Dental care (Adult)</li> <li>• Glasses for a child</li> <li>• Long-term care</li> </ul>	<ul style="list-style-type: none"> <li>• Bariatric surgery</li> <li>• Dental care (Pediatric)</li> <li>• Hearing aids</li> <li>• Routine foot care unless medically necessary</li> <li>• Cosmetic surgery</li> <li>• Dental Check-up</li> <li>• Infertility treatment</li> <li>• Weight loss programs</li> </ul>

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)	
<ul style="list-style-type: none"> <li>• Chiropractic care 30 visits/benefit period</li> <li>• Routine eye care (Adult) 1 exam/benefit period.</li> </ul>	<ul style="list-style-type: none"> <li>• Most coverage provided outside the United States. See <a href="http://www.bcbsglobalcore.com">www.bcbsglobalcore.com</a></li> <li>• Private-duty nursing 100 visits/benefit period combined with Home Health</li> </ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Virginia Bureau of Insurance, 1300 East Main Street, P. O. Box 1157, Richmond, VA 23218, (800) 552-7945, Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), or contact Anthem at the number on the back of your ID card. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

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

ATTN: Grievances and Appeals, P.O. Box 27401, Richmond, VA 23279

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

Virginia Bureau of Insurance, 1300 East Main Street, P. O. Box 1157, Richmond, VA 23218, (800) 552-7945

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/fi>.

**Does this plan provide Minimum Essential Coverage? Yes**

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

**Does this plan meet the Minimum Value Standards? Yes**

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

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





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

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

- The [plan's overall deductible](#) \$0
- [Specialist copayment](#) \$40
- Hospital (facility) [copayment](#) \$300
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
--------------------	----------

In this example, Peg would pay:

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$700
<a href="#">Coinsurance</a>	\$70
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$830

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

- The [plan's overall deductible](#) \$0
- [Specialist copayment](#) \$40
- Hospital (facility) [copayment](#) \$300
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
--------------------	---------

In this example, Joe would pay:

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$1,400
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,420

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

- The [plan's overall deductible](#) \$0
- [Specialist copayment](#) \$40
- Hospital (facility) [copayment](#) \$300
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
--------------------	---------

In this example, Mia would pay:

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$500
<a href="#">Coinsurance</a>	\$300
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$800

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

# Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Contract Code: 3REB

Your Plan: Anthem HSA 1400NE/20%/4075 Rx \$10/\$30/\$50/\$50 w/ PreventiveRx @ 100%

Your Network: KeyCare

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Overall Deductible</b>	\$1,400 person / \$2,800 family	\$1,400 person / \$2,800 family
<b>Out-of-Pocket Limit</b>	\$4,075 person / \$8,150 family	\$10,000 person / \$20,000 family
The family deductible and out-of-pocket maximum are non-embedded meaning the cost shares of all family members apply to one shared family deductible and one shared family out-of-pocket maximum. The individual deductible and individual out-of-pocket maximum only apply to individuals enrolled under single coverage.		
<b>Preventive Care / Screening / Immunization</b>	No charge	40% coinsurance after deductible is met
<b><u>Doctor Home and Office Services</u></b>		
<b>Primary Care Visit</b>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Specialist Care Visit</b>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Prenatal and Post-natal Care</b>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b><u>Other Practitioner Visits:</u></b>		
Medical Chats - <i>within our mobile app</i>	0% coinsurance after deductible is met	Not Applicable
Retail Health Clinic	20% coinsurance after deductible is met	40% coinsurance after deductible is met
On-line Visit <i>Includes Mental Health and Substance Abuse</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met

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

VA/LG/Anthem HSA 2000NE/20%/4250 Rx \$10/\$40/\$70/20%/5VKY/01-01-2021



Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><i>Live Health Online is the preferred telehealth solution. (<a href="http://www.livehealthonline.com">www.livehealthonline.com</a>).</i></p> <p>Manipulation Therapy <i>Coverage is limited to 30 visits per benefit period.</i></p>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<p><b><u>Other Services in an Office:</u></b></p> <p>Allergy Testing</p> <p>Chemo/Radiation Therapy</p> <p>Dialysis/Hemodialysis</p> <p>Prescription Drugs - <i>Dispensed in the office</i></p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p>
<p><b><u>Diagnostic Services</u></b></p> <p><b>Lab:</b></p> <p>Office</p> <p>Preferred Reference Lab</p> <p>Outpatient Hospital</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p>
<p><b>X-Ray:</b></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p>
<p><b>Advanced Diagnostic Imaging:</b></p> <p>Office</p>	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b><u>Emergency and Urgent Care</u></b> Urgent Care	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Emergency Room Facility Services	20% coinsurance after deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	20% coinsurance after deductible is met	Covered as In-Network
<b><u>Ambulance</u></b>	20% coinsurance after deductible is met	Covered as In-Network
<b><u>Outpatient Mental/Behavioral Health and Substance Abuse</u></b> Doctor Office Visit	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Facility Visit:		
Facility Fees	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Doctor Services	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b><u>Outpatient Surgery</u></b> Facility Fees:		
Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Freestanding Surgical Center	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Doctor and Other Services:		
Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b><u>Hospital (Including Maternity, Mental / Behavioral Health, Substance Abuse):</u></b> <b>Facility Fees</b>  <b>Doctor and other services</b>	20% coinsurance after deductible is met  20% coinsurance after deductible is met	40% coinsurance after deductible is met  40% coinsurance after deductible is met
<b><u>Recovery &amp; Rehabilitation</u></b> <b>Home Health Care</b> <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Rehabilitation services:</b>  Office <i>Coverage for rehabilitative and habilitative physical therapy and occupational therapy combined is limited to 30 visits per benefit period. Coverage for rehabilitative and habilitative speech therapy is limited to 30 visits per benefit period.</i>  Outpatient Hospital <i>Coverage for rehabilitative and habilitative physical therapy and occupational therapy combined is limited to 30 visits per benefit period. Coverage for rehabilitative and habilitative speech therapy is limited to 30 visits per benefit period.</i>	20% coinsurance after deductible is met  20% coinsurance after deductible is met	40% coinsurance after deductible is met  40% coinsurance after deductible is met
<b>Cardiac rehabilitation</b>  Office <i>Coverage is limited to 36 visits per benefit period.</i>  Outpatient Hospital <i>Coverage is limited to 36 visits per benefit period.</i>	20% coinsurance after deductible is met  20% coinsurance after deductible is met	40% coinsurance after deductible is met  40% coinsurance after deductible is met
<b>Skilled Nursing Care (facility)</b> <i>Coverage for Inpatient rehabilitation and skilled nursing services is limited to 150 days combined per benefit period.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Hospice</b>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Durable Medical Equipment</b>	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Prosthetic Devices</b>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Pharmacy Deductible</b>	Combined with medical deductible	Combined with medical deductible
<b>Pharmacy Out of Pocket</b>	Combined with medical	Combined with medical
<b>Prescription Drug Coverage</b> <i>National Network</i> <i>National Drug List</i> <i>This product has a 90-day Retail Pharmacy Network available. No coverage for non-formulary drugs.</i>		
<b>PreventiveRx Plus Medications</b>	No charge	40% coinsurance after deductible is met (retail) and Not covered (home delivery)
<b>Tier 1 - Typically Generic</b> <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$10 copay per prescription after deductible is met (retail and home delivery)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)
<b>Tier 2 – Typically Preferred Brand</b> <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$30 copay per prescription after deductible is met (retail) and \$60 copay per prescription after deductible is met (home delivery)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)
<b>Tier 3 - Typically Non-Preferred Brand</b> <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$50 copay per prescription after deductible is met (retail) and \$150 copay per prescription after deductible is met (home delivery)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)
<b>Tier 4 - Typically Specialty (brand and generic)</b> <i>30 day supply (retail pharmacy). 30 day supply (home delivery).</i>	\$50 copay per prescription after deductible is met	40% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
	(retail and home delivery)	(retail) and Not covered (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. Only children's vision services count towards your out of pocket limit.</i>		
<b>Child Vision exam</b> <i>Limited to 1 exam per benefit period.</i>	No charge	Reimbursed Up to \$30
<b>Adult Vision exam</b> <i>Limited to 1 exam per benefit period.</i>	\$15 copay	Reimbursed Up to \$30

**Notes:**

- Your copays, coinsurance and deductible count toward your out of pocket amount.
- The representations of benefits in this document are subject to Division of Insurance approval and are subject to change.
- 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.


*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 to the applicable Anthem enrollment brochure.*

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://eoc.anthem.com/eocdps/fi>. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call (833) 592-9956 to request a copy.

Important Questions		Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?		\$1,400/person or \$2,800/family for In- <a href="#">Network Providers</a> . \$1,400/person or \$2,800/family for Non- <a href="#">Network Providers</a> .	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the policy, the overall family <a href="#">deductible</a> must be met before the <a href="#">plan</a> begins to pay.
Are there services covered before you meet your <a href="#">deductible</a> ?		Yes. <a href="#">Preventive Care</a> for In- <a href="#">Network Providers</a> . Vision for In- <a href="#">Network</a> and Non- <a href="#">Network Providers</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?		No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?		\$4,075/person or \$8,150/family for In- <a href="#">Network Providers</a> . \$10,000/person or \$20,000/family for Non- <a href="#">Network Providers</a> .	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family <a href="#">out-of-pocket limit</a> must be met.
What is not included in the <a href="#">out-of-pocket limit</a> ?		<a href="#">Premiums</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?		Yes, KeyCare. See <a href="http://www.anthem.com">www.anthem.com</a> or call (833) 592-9956 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">Out-of-Network Provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware your <a href="#">network provider</a> might use an <a href="#">Out-of-Network Provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.

Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .
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 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's office</a> or clinic	Primary care visit to treat an injury or illness	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	-----none-----
	<a href="#">Specialist</a> visit	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	-----none-----
	<a href="#">Preventive care/screening</a> /immunization	No charge	40% <a href="#">coinsurance</a>	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	Costs may vary by site of service.
	Imaging (CT/PET scans, MRIs)	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	Costs may vary by site of service.
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.anthem.com/pharmacyinformation/">http://www.anthem.com/pharmacyinformation/</a>	Tier 1 - Typically Generic	\$10/prescription (retail and home delivery)	40% <a href="#">coinsurance</a> (retail) and Not covered (home delivery)	*PreventiveRx Plus medications covered with no member cost share.  *See Prescription Drug section
	Tier 2 - Typically Preferred Brand & Non-Preferred Generic Drugs	\$30/prescription (retail) and \$60/prescription (home delivery)	40% <a href="#">coinsurance</a> (retail) and Not covered (home delivery)	
	Tier 3 - Typically Non-Preferred Brand and Generic drugs	\$50/prescription (retail) and \$150/prescription (home delivery)	40% <a href="#">coinsurance</a> (retail) and Not covered (home delivery)	
	Tier 4 - Typically Preferred Specialty (brand and generic)	\$50/prescription (retail and home delivery)	40% <a href="#">coinsurance</a> (retail) and Not covered (home delivery)	
National Drug List  If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	-----none-----
	Physician/surgeon fees	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	-----none-----
	<a href="#">Emergency room care</a>	20% <a href="#">coinsurance</a>	Covered as In-Network	-----none-----
	<a href="#">Emergency medical transportation</a>	20% <a href="#">coinsurance</a>	Covered as In-Network	-----none-----
If you need immediate medical attention	<a href="#">Urgent care</a>	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	-----none-----
	Facility fee (e.g., hospital room)	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	150 days/benefit period for Inpatient rehabilitation and

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/fi>.



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Physician/surgeon fees	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	skilled nursing services combined. -----none-----
	Outpatient services	Office Visit 20% <a href="#">coinsurance</a> Other Outpatient 20% <a href="#">coinsurance</a>	Office Visit 40% <a href="#">coinsurance</a> Other Outpatient 40% <a href="#">coinsurance</a>	Office Visit -----none----- Other Outpatient -----none----- -----none-----
	Inpatient services	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	-----none-----
	Office visits	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
If you are pregnant	Childbirth/delivery professional services	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery facility services	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
	<a href="#">Home health care</a>	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
If you need help recovering or have other special health needs	<a href="#">Rehabilitation services</a>	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	100 visits/benefit period for Home Health and Private Duty Nursing combined.
	<a href="#">Habituation services</a>	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
	<a href="#">Skilled nursing care</a>	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	150 days/benefit period for Inpatient rehabilitation and skilled nursing services combined.
	<a href="#">Durable medical equipment</a>	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	*See <a href="#">Durable Medical Equipment</a> Section
If your child needs dental or eye care	<a href="#">Hospice services</a>	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	-----none-----
	Children's eye exam	No charge	Reimbursed Up to \$30	*See Vision Services section
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	

### Excluded Services & Other Covered Services:

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

- |                                                                                                                                                         |                                                                                                                                  |                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Dental care (Adult)</li> <li>• Glasses for a child</li> <li>• Long-term care</li> </ul> | <ul style="list-style-type: none"> <li>• Bariatric surgery</li> <li>• Dental care (Pediatric)</li> <li>• Hearing aids</li> </ul> | <ul style="list-style-type: none"> <li>• Cosmetic surgery</li> <li>• Dental Check-up</li> <li>• Infertility treatment</li> <li>• Weight loss programs</li> </ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/fi>.

- Routine foot care unless medically necessary

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

- Chiropractic care 30 visits/benefit period
- Routine eye care (Adult) 1 exam/benefit period.
- Most coverage provided outside the United States. See [www.bcbsglobalcore.com](http://www.bcbsglobalcore.com)
- Private-duty nursing 100 visits/benefit period combined with Home Health

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Virginia Bureau of Insurance, 1300 East Main Street, P. O. Box 1157, Richmond, VA 23218, (800) 552-7945, Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), or contact Anthem at the number on the back of your ID card. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

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

ATTN: Grievances and Appeals, P.O. Box 27401, Richmond, VA 23279

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

Virginia Bureau of Insurance, 1300 East Main Street, P. O. Box 1157, Richmond, VA 23218, (800) 552-7945

**Does this plan provide Minimum Essential Coverage? Yes**

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

**Does this plan meet the Minimum Value Standards? Yes**

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

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

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/fi>.



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

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

- The [plan's overall deductible](#) **\$1,400**
- [Specialist coinsurance](#) **20%**
- Hospital (facility) [coinsurance](#) **20%**
- Other [coinsurance](#) **20%**

This EXAMPLE event includes services like:

- [Specialist](#) office visits (*prenatal care*)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services
- [Diagnostic tests](#) (*ultrasounds and blood work*)
- [Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$1,400
<a href="#">Copayments</a>	\$10
<a href="#">Coinsurance</a>	\$2,075
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$3,545

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

- The [plan's overall deductible](#) **\$1,400**
- [Specialist coinsurance](#) **20%**
- Hospital (facility) [coinsurance](#) **20%**
- Other [coinsurance](#) **20%**

This EXAMPLE event includes services like:

- [Primary care physician](#) office visits (*including disease education*)
- [Diagnostic tests](#) (*blood work*)
- [Prescription drugs](#)
- [Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$1,400
<a href="#">Copayments</a>	\$900
<a href="#">Coinsurance</a>	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$2,420

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

- The [plan's overall deductible](#) **\$1,400**
- [Specialist coinsurance](#) **20%**
- Hospital (facility) [coinsurance](#) **20%**
- Other [coinsurance](#) **20%**

This EXAMPLE event includes services like:

- [Emergency room care](#) (*including medical supplies*)
- [Diagnostic test](#) (*x-ray*)
- [Durable medical equipment](#) (*crutches*)
- [Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
--------------------	---------

In this example, Mia would pay:

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$1,400
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,600

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



**Albanian (Shqip):** Nëse keni pyetje në lidhje me këtë dokument, keni të drejtë të merrni falas ndihmë dhe informacion në gjuhën tuaj. Për të kontaktuar me një përkthyes, telefononi (833) 592-9956

Amharic (አማርኛ): ስለዚህ ሰነድ ማንኛውም ጥያቄ ካለዎት በራስዎ ቁንቁ እርዳታ እና ይህን መረጃ በነጻ የማግኘት መብት አለዎት። አስተርጓሚ ለማናገር (833) 592-9956 ይደውሉ።

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

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

**Bassa (Bǎsǎo Wùdù):** M̐ d̐yɪ d̐yɪ-d̐iè-d̐è b̐ě b̐éqé b̐á c̐éè-d̐è n̐à k̐e d̐yɪ n̐í, ɔ m̐ò n̐í d̐yɪ-b̐éq̐d̐ìn-d̐è b̐é m̐ k̐é gbo-kpá-kpá k̐è b̐ǎ kp̐ó d̐é m̐ b̐íq̐f-wùd̐ùl̐ùn b̐ó pídyi. B̐é m̐ k̐é wuɖu-z̐l̐ìn-n̐yò d̐ò gbo wùd̐ù k̐e, d̐á (833) 592-9956.

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**Bengali (বাংলা):** যদি এই নথিপত্রের বিষয়ে আপনার কোনো প্রশ্ন থাকে, তাহলে আপনার ভাস্য বিনামূল্য সাহায্য পাওয়ার ও তথ্য পাওয়ার অধিকার আপনার আছে।  
একজন দোভাষীর সাথে কথা বলার জন্য (৪৩৩) ৫৭২-৭৭৫৬ -তে কল করুন।

Burmese (မြန်မာ): ဤစာရွက်စာတမ်းနှင့် ပတ်သက်၍ သင့်တွင် မေးမြန်းလိုသည်များရှိပါက အချက်အလက်များနှင့် အကူအညီကို အခကြေးငွေ ပေးစရာမလိုပဲ သင့်ဘာသာစကားဖြင့် ရယူနိုင်ခွင့် သင့်တွင် ရှိပါသည်။ စကားပြန် တစ်ဦးနှင့် စကားပြောနိုင်ရန် ဖုန် (833) 592-9956 သို့ ခေါ်ဆိုပါ။

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

**Dinka (Dinka):** Na nən thiēc nē ke de yā thorē, ke yin nən loŋ bē yī kuony ku wēr alēu bē gēer yīc yin ne thoŋ du ke cin wēu tāauē ke piny. Te kōr yin ba iam wēnē ran ye thok geyic, ke yin cōl (833) 592-9956.

**Dutch (Netherlands):** Bij vragen over dit document hebt u recht op hulp en informatie in uw taal zonder bijkomende kosten. Als u een tolk wilt spreken, belt u (833) 592-9956.

هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره 592-9956 (833) تماس بگیرید.

## Language Access Services:

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

**German (Deutsch) :** Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (833) 592-9956.

**Greek (Ελληνικά) :** Αν έχετε τυχόν απορίες σχετικά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στα ελληνικά. Για να μιλήσετε με κάποιον διερμηνέα, τηλεφωνήστε στο (833) 592-9956.

**Gujarati (ગુજરાતી):** જો આ દસ્તાવેજ અંગે આપને કોઈપણ પ્રશ્નો હોય તો, કોઈપણ ખર્ચ વગર આપની ભાષામાં મદદ અને માહિતી મેળવવાનો તમને અધકાર છે. દુભાષણિ સાથે વાત કરવા માટે, કોલ કરો (833) 592-9956.

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

**Hindi (हिंदी):** अगर आपके पास इस दस्तावेज़ के बारे में कोई प्रश्न हैं, तो आपको निःशुल्क अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है।  
दुभाषिये से बात करने के लिए, कॉल करें (833) 592-9956 ।

**Hmong (White Hmong) :** Yog tias koj muaj lus nug dab tsi ntsig txog daim ntawv no, koj muaj cai tau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus nqi. Txhawm rau tham nrog tus neeg txhais lus, hu xov tooj rau (833) 592-9956.

**Igbo (Igbo) :** O bur u na i nwere ajụjụ o bula gbasara akwkwọ a, i nwere ikike inweta enyemaka na ozi n'asụsụ gị na akwughị ugwo o bula. Ka gị na okowa okwu kwuo okwu, kpọọ (833) 592-9956.

**Ilokano (Ilokano) :** Nu addaan ka iti aniaman a saludsod panggep iti daytoy a dokumento, adda karbengam a makaala ti tulong ken impormasyon babael ti lengguahem nga awan ti bayad na. Tapno makatungtong ti maysa nga tagipatarus, awagan ti (833) 592-9956.

**Indonesian (Bahasa Indonesia) :** Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (833) 592-9956.

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

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



## Language Access Services:

**Khmer (ខ្មែរ):** បើអ្នកមានសំណួរផ្សេងទៀតអំពីឯកសារនេះ អ្នកមានសិទ្ធិទទួលជំនួយនឹងព័ត៌មានជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។  
ដើម្បីជ្រើសរើសភាសាអ្នកបកប្រែ សូមហៅ (833) 592-9956 ។

**Kirundi (Kirundi):** Ugize ikibazo icyo arico cose kuri iyi nyandiko, ufise uburenganzira bwo kuronka ubufasha mu rurimi rwawe ata giciro. Kugira uvugishe umusemuzi, akura (833) 592-9956.

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

**Lao (ພາສາລາວ):** ຖ້າທ່ານມີຄຳຖາມໃດໆກ່ຽວກັບເອກະສານນີ້, ທ່ານມີສິດໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ.  
ເພື່ອໄວ້ລົມກັບລ່າມເປັນພາສາ, ໃຫ້ໂທຫາ (833) 592-9956.

**Navajo (Diné):** Dít naaltsoos biká'ígíí łahgo bína'ídiłkíidgo ná bohónéédzá dóó bee ahóót'í' t'áá ní nizaad k'ehjı́ bee nít hodoonih t'áadoo bááh ilínígóó. Ata' halne'ígíí ła' bich'ı'ı' hadeesdzih nínízingo kojı' hodiłnih (833) 592-9956.

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**Nepali (नेपाली):** यदि यो कागजातबारे तपाईंसँग केही प्रश्नहरू छन् भने, आफ्नै भाषामा निःशुल्क सहयोग तथा जानकारी प्राप्त गर्न पाउने हक तपाईंसँग छ।  
दोभाषेसँग कुरा गर्नका लागि, यहाँ कल गर्नुहोस् (833) 592-9956

**Oromo (Oromifaa):** Sanadi kanaa wajjin walqabaate gaffi kamiyyuu yoo qabduu tanaan, Gargaarsa argachuu fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana dubaachuuf, (833) 592-9956 bilbilla.

**Pennsylvania Dutch (Deutsch):** Wann du Frooge iwwer selle Document hoscht, du hoscht die Recht um Hilfe un Information zu griege in dei Schprooch mitaus Koscht. Um mit en Iwversetze zu schwetze, ruff (833) 592-9956 aa.

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

**Portuguese (Português):** Se tiver quaisquer dúvidas acerca deste documento, tem o direito de solicitar ajuda e informações no seu idioma, sem qualquer custo. Para falar com um intérprete, ligue para (833) 592-9956.

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

## Language Access Services:

**Romanian (Română):** Dacă aveți întrebări referitoare la acest document, aveți dreptul să primiți ajutor și informații în limba dumneavoastră în mod gratuit. Pentru a vă adresa unui interpret, contactați telefonic (833) 592-9956.

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

**Samoan (Samoa):** Afai e iai ni ou fesili e uiga i lenei tusi, e iai lou 'aia e maua se fesoasoani ma faamatalaga i lou lava gagana e aunoa ma se toto'i. Ina ia talanoa i se tagata faaliliu, vili (833) 592-9956.

**Serbian (Srpski):** Ukoliko imate bilo kakvih pitanja u vezi sa ovim dokumentom, imate pravo da dobijete pomoć i informacije na vašem jeziku bez ikakvih troškova. Za razgovor sa prevodiocem, pozovite (833) 592-9956.

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

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

Thai (ไทย): หากท่านมีคำถามใดๆ เกี่ยวกับเอกสารฉบับนี้ ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่านโดยไม่ค่าใช้จ่าย โดยโทร (833) 592-9956 เพื่อพูดคุยกับล่าม

Україніан (Українська): якщо у вас виникають запитання з приводу цього документа, ви маєте право безкоштовно отримати допомогу й інформацію вашою рідною мовою. Щоб отримати послуги перекладача, зателефонуйте за номером: (833) 592-9956.

Urdu (اردو): اگر اس دستاویز کے بارے میں آپ کا کوئی سوال ہے، تو آپ کو مدد کو اپنی زبان میں مفت معلومات حاصل کرنے کا حق حاصل ہے۔ کسی مترجم سے بات کرنے کے لئے، (833) 592-9956 پر کال کریں۔

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

אן איבערזעצער, רופט 592-9956 (833) .

**Yoruba (Yorùbá):** Tí o bá ní èyíkẹyí ibèrè nípá àkòsílẹ̀ yù, o ní ètò láti gba àrànwò àti iwífún ní èdè rè lófèé. Bá wa ògbùfò kan sòrò, pe (833) 592-9956.



## Language Access Services:

### It's important we treat you fairly

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

# PreventiveRx<sup>SM</sup> Drug List: PreventiveRx Plus Plan



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

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

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

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

\*Some drugs may be excluded from your benefits. Please refer to your Certificate or Evidence for Coverage for coverage limitations and exclusions.

## Asthma

Advair  
Advair HFA  
albuterol sulfate  
nebulization soln, syrup,  
tabs  
aminophylline  
Arnuity Ellipta  
Asmanex  
Asmanex HFA  
Breo Ellipta  
budesonide inhalation  
suspension  
cromolyn sodium  
nebulization soln  
Dulera  
dyphylline  
dyphylline/ guaifenesin  
elixophylline  
Flovent Diskus  
Flovent HFA  
Foradil  
levalbuterol nebulization  
soln  
metaproterenol sulfate  
syrup, tabs  
montelukast  
Perforomist  
ProAir HFA  
Pulmicort Flexhaler  
QVAR  
Serevent Diskus  
Symbicort  
terbutaline sulfate injection,  
tabs  
Theo- 24  
Theochron  
theophylline

Ventolin HFA  
zafirlukast

## Blood clots

Brilinta  
Coumadin  
Eliquis  
heparin  
Pradaxa  
warfarin  
Xarelto

## Diabetes

*Diabetic supplies including blood glucose meters, test strips and lancets require a prescription to be covered by this plan. Only blood glucose meters & blood glucose test strips by Lifescan & Roche will be covered by this benefit.*

acarbose  
ActoPlusMet XR  
Bydureon  
Byetta  
chlorpropamide  
glimepiride  
glipizide  
glipizide er/xl  
glipizide with metformin hcl  
glyburide  
glyburide with metformin  
hcl  
glyburide, micronized  
Glyset  
Humalog  
Humulin  
Janumet

Janumet XR  
Januvia  
Jentadueto  
Juvisync  
Lantus  
Levemir  
metformin hcl  
metformin hcl er  
nateglinide  
Novolin  
Novolog  
pioglitazone  
pioglitazone- glimepiride  
pioglitazone- metformin  
repaglinide  
Symlin  
tolazamide  
tolbutamide  
Tradjenta  
Victoza

## Heart health and high blood pressure

acebutolol hcl  
acetazolamide  
afeditab cr  
amiloride hcl  
amiloride/ hctz  
amlodipine besylate  
amlodipine/ benazepril  
amlodipine/ valsartan  
amlodipine/ valsartan/ hctz  
atenolol  
atenolol/ chlorthalidone  
benazepril hcl  
benazepril hcl/ hctz  
betaxolol hcl  
Bidil  
bisoprolol fumarate

bisoprolol fumarate/ hctz  
bumetanide  
candesartan  
candesartan/ hctz  
captopril  
captopril/ hctz  
cartia xt  
carvedilol  
chlorthiazide  
chlorthalidone  
clonidine hcl  
Clorpres 0.1, 0.2mg  
Coreg CR  
digitek  
digoxin  
Dilatrate SR  
dilt-cd  
diltia XT  
diltiazem hcl  
diltiazem hcl er  
doxazosin mesylate  
enalapril maleate  
enalapril/ hctz  
eplerenone  
eprosartan  
felodipine er  
fosinopril sodium  
fosinopril/ hctz  
furosemide  
guanfacine hcl  
hydralazine hcl  
hydrochlorothiazide  
indapamide  
irbesartan  
irbesartan/ hctz  
Isordil 40mg  
isosorbide dinitrate  
isosorbide dinitrate er

# PreventiveRx<sup>SM</sup> Drug List: PreventiveRx Plus Plan



isosorbide mononitrate	Nitro-Dur 0.3, 0.8mg/ hr	trandolapril	Welchol	<b>Stroke</b>
isosorbide mononitrate er	nitroglycerin	trandolapril/ verapamil	<b>Osteoporosis</b>	aspirin- dipyridamole ER
isradipine	nitroglycerin 400 mcg spray	triamterene/ hctz	alendronate sodium	cilostazol
labetolol hcl	nitroglycerin er	valsartan	calcitonin- salmon	clopidogrel bisulfate
Lanxoin	nitroglycerin lingual	valsartan/ hctz	Climara Pro	dipyridamole
lisinopril	nitroglycerin spray	Valturna	Combipatch	Effient
lisinopril/ hctz	Nitrostat	verapamil hcl	covaryx	ticlopidine
losartan	perindopril	verapamil hcl er	covaryx HS	
losartan/ hctz	pindolol	<b>High cholesterol</b>	est. estrogens with methyltestosterone	
Matzim LA	prazosin hcl	Advicor	estradiol tab, patch	
methazolamide	propranolol hcl	atorvastatin	estradiol/ norethindrone	
methyclothiazide	propranolol hcl er	atorvastatin/ amlodipine	acetate	
methylidopa	propranolol/ hctz	cholestyramine	estropipate	
methylidopa/ hctz	quinapril hcl	cholestyramine light	Femtrace	
metolazone	quinapril/ hctz	colestipol hcl	fortical	
metoprolol succinate er	ramipril	Crestor	Fosamax Plus D	
metoprolol tartrate	reserpine	fenofibrate (43, 67, 130, 134, 200 mg capsules & 48, 54, 145, 160mg tablets)	ibandronate sodium tablets	
metoprolol/ hctz	sotalol hcl	fenofibric acid	Jevantique	
minoxidil	sotalol hcl af	fluvastatin	Jinteli	
moexipril hcl	spironolactone	gemfibrozil	medroxyprogesterone acetate	
moexipril/ hctz	spironolactone/ hctz	lovastatin	Menest	
nadolol	Taztia XT	niacin ER	norethindrone- ethin estradiol	
nadolol/ bendroflumethiazide	telmisartan	omega- 3 ethyl ester 1 gm capsule	Premarin tablets	
nicardipine hcl	telmisartan/ amlodipine	pravastatin	Premphase	
nifedipine	telmisartan/ hctz	Prevalite	Prempro	
nifedipine er	terazosin hcl	simvastatin	raloxifene	
nimodipine	thalitone		risedronate	
nisoldipine	timolol maleate			
Nitro-Bid	torsemide			

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# The savvy member's action guide

Smart ideas to get more out of your health plan

## Little things make a big difference

You can make the most of your benefits and save money with these easy tips. See more details on [anthem.com](https://www.anthem.com) or the Sydney mobile app.



### Savvy ways to keep costs down

#### Tip #1: Use our Care & Cost Finder tool

Different providers may charge different amounts for the same services, such as MRIs and surgeries. Getting estimates, based on your plan benefits, can save you a lot before you ever set foot in a doctor's office or hospital. Start researching costs on [anthem.com](https://www.anthem.com).

#### Tip #2: Make sure your doctor and other providers are in your plan

If you're not sure:

- Use the Find a Doctor tool on [anthem.com](https://www.anthem.com) to check or search for a doctor near you.
- Ask the facility if each provider is contracted with our network.
- Call Member Services to request a list of providers or use the Sydney mobile app to confirm the provider is in our network.

#### Tip #3: Review your explanation of benefits (EOB)

Your EOB is your personal claim/coverage report and should list the care you've received. You can view your EOB at [anthem.com](https://www.anthem.com) or on the Sydney mobile app. If you ever have EOB questions, call the Member Services number on your member ID card.



### Savvy places to save on quality care

#### Tip #1: Access doctors online, 24/7

LiveHealth Online allows you to talk to board-certified primary care doctors, psychologists and psychiatrists by two-way video for the cost of an office visit copay. You can schedule an appointment with a psychologist or psychiatrist, or live chat with a primary care doctor 24/7. Register at [livehealthonline.com](https://livehealthonline.com).

#### Tip #2: Ask about your radiology and lab service options

We give your doctors quality and cost data for radiology centers in your area to help them choose the right one for you. You can also lower your out-of-pocket costs by visiting a freestanding lab for things like blood and urine tests.

### Download the Sydney mobile app

from the App Store® or Google Play™ to access your ID card, find a plan doctor and much more.







## Savvy programs for prevention and well-being

### Tip #1: Get preventive care

You're covered 100% for checkups, flu shots and certain cancer screenings. To learn more, visit the *Preventive Health* section on **anthem.com** or log in to the Sydney mobile app. And ask your doctor about preventive versus. diagnostic care to avoid surprise costs.

### Tip #2: Understand the difference between preventive care and diagnostic care

Routine screenings are considered "preventive" and fully covered by your plan. If your doctor finds a problem that requires more testing or you're following up on an existing issue, the visit becomes "diagnostic" and you'll need to pay your regular cost share.

### Tip #3: Take advantage of health and wellness programs

Get support for an ongoing medical condition, call the 24/7 NurseLine with questions or work with a coach to meet personal health goals. These resources are all part of your plan at no extra cost. Some of our other health and wellness offerings include:

- **Health Record:** Regularly update and store your health history in one secure place. Then, share it with your doctor to make sure you're on the same page. You can create your Health Record on **anthem.com**.
- **SpecialOffers:** Enjoy discounts on products and services that promote well-being. Visit **anthem.com** to start saving.

- **The Weight Center:** This website focuses on weight management, good eating habits and emotional health. It includes links to a BMI calculator, the *Weight Management Playbook*, FitLife podcasts and helpful articles. Visit **anthem.com/theweightcenter** to get started.



## Savvy alternatives for prescriptions

### Tip #1: Shop around for the lowest drug costs

You don't have to buy your medicines from one place, so compare costs before filling prescriptions. Log in to **anthem.com** or the Sydney mobile app to research how medicine is covered under your benefit plan — as well as therapeutic alternatives.

### Tip #2: Choose generic and over-the-counter drugs when you can

They're as safe and effective as brand-name drugs, but usually cost much less. Ask your doctor if either makes sense for you.

### Tip #3: Look into our special pharmacy programs

Programs like GenericSelect can lower your copay or coinsurance. Call the pharmacy number on your ID card to see if you qualify.

### Tip #4: Save time by getting your maintenance prescriptions mailed to you

For cost savings and convenience, most benefit plan options offer home delivery when you get up to a 90-day supply of maintenance medications.

## Register today at **anthem.com** or download the Sydney mobile app

Explore and sign up on **anthem.com** to give us your communication preferences and get information about your care options, costs, and ways to take control of your health.

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# Take care of yourself

## Use your preventive care benefits

Regular checkups and exams can help you stay healthy and catch problems early — when they are easier to treat.

That is why our health plans offer all the preventive care services and immunizations below at no cost to you.<sup>1</sup> As long as you use a plan doctor, pharmacy or lab, you will not have to pay anything. If you go outside the plan, you may have out-of-pocket costs.

If you are not sure which services make sense for you, talk to your doctor.

### Preventive vs. diagnostic care

Preventive care helps protect you from becoming sick. If your doctor recommends services even though you have no symptoms, that is preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to find out what is causing those symptoms.

### Adult preventive care

#### Preventive physical exams

##### Screening tests

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (for men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) levels
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)<sup>2</sup>
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection, and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening<sup>3</sup>
- Eye chart test for vision<sup>4</sup>
- Hearing screening
- Height, weight and body mass index (BMI)
- Human immunodeficiency virus (HIV) screening and counseling
- Lung cancer screening for those ages 55 to 80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years<sup>2</sup>
- Obesity: related screening and counseling<sup>3</sup>
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal and domestic: related screening and counseling

##### Immunizations

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

##### Women's preventive care

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met<sup>4</sup>
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling<sup>6,7,8</sup>
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those at high risk for breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- HPV screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression<sup>7</sup>
- Pelvic exam and Pap test, including screening for cervical cancer

These preventive care services are recommendations of the Affordable Care Act (ACA or health care reform law). They may not be right for every person, so ask your doctor what is right for you.

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

## Child preventive care

### Preventive physical exams

#### Screening tests

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid levels
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and BMI
- Hemoglobin or hematocrit (blood count)

#### Immunizations

- Chickenpox
- Flu
- Haemophilus influenza type b (Hib)
- Hepatitis A and hepatitis B
- HPV
- Meningitis

- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Skin cancer counseling for those ages 10 to 24 with fair skin
- Oral (dental health) assessment, when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening, when done as part of a preventive care visit<sup>4</sup>

- MMR
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

## A word about pharmacy items

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

- Meet certain age requirements and other rules.
- Receive prescriptions from plan doctors and fill them at plan pharmacies.
- Have prescriptions (even for the OTC items).

### Adult preventive drugs and other pharmacy items — age appropriate

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

### Child preventive drugs and other pharmacy items — age appropriate

- Dental fluoride varnish to prevent the tooth decay of primary teeth for children ages 0 to 5 years
- Fluoride supplements for children ages 6 months to 16 years

### Women's preventive drugs and other pharmacy items — age appropriate

- Contraceptives, including generic prescription drugs, brand-name drugs with no generic equivalent and OTC items like female condoms and spermicides<sup>7</sup>
- Low-dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women ages 55 or younger who are planning and able to become pregnant
- Breast cancer risk-reducing medications, such as tamoxifen, raloxifene and aromatase inhibitors, that follow the U.S. Preventive Services Task Force criteria<sup>2,9</sup>

**For a complete list of covered preventive drugs under the Affordable Care Act, view the Preventive ACA Drug List flyer at [anthem.com/pharmacyinformation](https://www.anthem.com/pharmacyinformation).**

<sup>1</sup> The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your **Certificate of Coverage** or call the Member Services number on your ID card.

<sup>2</sup> You may be required to receive preapproval for these services.

<sup>3</sup> The Centers for Disease Control and Prevention (CDC)-recognized diabetes prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

<sup>4</sup> Some plans cover additional vision services. Please see your contract or **Certificate of Coverage** for details.

<sup>5</sup> Check your medical policy for details.

<sup>6</sup> Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

<sup>7</sup> This benefit also applies to those younger than age 19. A cost share may apply for other prescription contraceptives, based on your drug benefits. Your cost share <sup>50</sup>be waived if your doctor decides that using the multisource brand is medically necessary.

<sup>8</sup> Counseling services for breastfeeding (lactation) can be provided or supported by a plan doctor or hospital provider, such as a pediatrician, obstetrician/gynecologist or family medicine doctor, and hospitals with no member cost share (deductible, copay or coinsurance). Contact the provider to see if such services are available.

<sup>9</sup> Aromatase inhibitors are included, effective October 1, 2020.

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# No waiting room, no need to leave home.

Use LiveHealth Online, anytime, for a private video visit with a doctor or mental health professional.



When you're not feeling well you can get the support you need easily using LiveHealth Online. Whether you have a cold, you're feeling anxious or need help managing your medication, doctors and mental health professionals are right there, ready to help you feel your best. Using LiveHealth Online you can have a video visit with a board-certified doctor, psychiatrist or licensed therapist from your smartphone, tablet or computer from home or anywhere.

## On LiveHealth Online, you can:

- **See a board-certified doctor 24/7.** You don't need an appointment to see a doctor. They're always available to assess your condition and send a prescription to the pharmacy you choose, if needed.<sup>1</sup> It's a great option when you have pink eye, a cold, the flu, a fever, allergies, a sinus infection or another common health issue.
- **Visit a licensed therapist in four days or less.**<sup>2</sup> Have a video visit with a therapist to get help with anxiety, depression, grief, panic attacks and more. Schedule your appointment online or call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.
- **Consult a board-certified psychiatrist within two weeks.**<sup>3</sup> If you're over 18 years old, you can get medication support to help you manage a mental health condition. To schedule your appointment call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.

## You've got access to affordable and convenient care

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs — usually \$59 or less for medical doctor visits, and a 45-minute therapy or psychiatry session usually costs the same as an office mental health visit.

## Sign up for LiveHealth Online today – it's quick and easy

Go to [livehealthonline.com](https://livehealthonline.com) or download the app and register on your phone or tablet.



1 Prescription availability is defined by physician judgment and state regulations. Visit the home page of [livehealthonline.com](https://livehealthonline.com) to view the service map by state.

2 Appointments subject to availability of a therapist.

3 Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using LiveHealth Online. Psychiatrists on LiveHealth Online will not offer counseling or talk therapy. Appointments subject to availability.

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

If you're a retiree or have coverage that complements your Medicare benefits, your employer sponsored health plan may not include coverage for online visits using LiveHealth Online. Check your plan documents for details. You can still use LiveHealth Online, but you may have to pay the full cost of a visit. Online visits using LiveHealth Online may not be a covered benefit for HRA and HIA+ members.

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.

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# Say hi to Sydney

Anthem's new app is simple, smart — and all about you

With Sydney, you can find everything you need to know about your Anthem benefits — personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

**Get started with Sydney**  
Download the app today!



## Simple

Ready for you to use quickly, easily, seamlessly — with one-click access to benefits info, Member Services, wellness resources and more.

## Smart

Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly.

## Personal

Get alerts, reminders and tips directly from Sydney. Get doctor suggestions based on your needs. The more you use it, the more Sydney can help you stay healthy and save money.

### With just one click, you can:

- Find care and check costs
- Check all benefits
- See claims
- Get answers even faster with our chatbot
- View and use digital ID cards

### Already using one of our apps?

It's easy to make the switch. Simply download the Sydney app and log in with your Anthem username and password.

# Simple, smart — and all about you

Get instant access to your health plan info at [anthem.com](https://www.anthem.com) or with Sydney, our new app

## Check claims

See what's covered and what you owe.

## Find a doctor

Look for doctors in your plan.

## Get discounts

Save on health-related products and services.

## See benefits

Check what your plan covers and how much you might pay.

## Get medicine

Refill your prescriptions online.

## Manage health care accounts

Pay or reimburse yourself for health care expenses. See your account balance anytime.

## Get your ID card

Share, fax or email your ID card right from your device.

## Estimate costs

Compare costs and quality for common procedures.

It's easy. Everything you need to know about your Anthem benefits — all in one place. It's simple, personal and all about you.

**You can do more in less time — just log in at [anthem.com](https://www.anthem.com).**

**Don't forget: You can have your health information at your fingertips anytime through the Sydney mobile app.**



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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.



# The ins and outs of coverage

(continued)

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

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

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

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



# The ins and outs of coverage

(continued)

## 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.





# The ins and outs of coverage

(continued)

## 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	●	



# The ins and outs of coverage

(continued)

## 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 (PPO)

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

- 5) **Applied Behavioral Treatment** (including, but not limited to, Applied Behavior Analysis and Intensive Behavior Interventions) for all indications except as described under Autism Services in the “What’s Covered” section unless otherwise required by law.
- 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), physical therapist technicians, and athletic trainers.
- 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.
- 11) **Clinical Trial Non-Covered Services** Any Investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be a Covered Service under this Plan for non-Investigational treatments.
- 12) **Clinically-Equivalent Alternatives** Certain Prescription Drugs may not be covered if you could use a clinically equivalent Drug, unless required by law. “Clinically equivalent” means Drugs that for most Members, will give you similar results for a disease or condition. If you have questions about whether a certain Drug is covered and which Drugs fall into this group, please call the number on the back of your Identification Card, or visit our website at [www.anthem.com](http://www.anthem.com).

If you or your Doctor believes you need to use a different Prescription Drug, please have your Doctor or pharmacist get in touch with us. We will cover the other Prescription Drug only if we agree that it is Medically Necessary and appropriate over the clinically equivalent Drug. We will review benefits for the Prescription Drug from time to time to make sure the Drug is still Medically Necessary.
- 13) **Complications of/or Services Related to Non-Covered Services** Services, supplies, or treatment related to or, for problems directly related to a service that is not covered by this Plan. Directly related means that the care took place as a direct result of the non-Covered Service and would not have taken place without the non-Covered Service.
- 14) **Compound Drugs** Compound Drugs unless all of the ingredients are FDA-approved as designated in the FDA’s Orange Book: *Approved Drug Products with Therapeutic Equivalence Evaluations*, 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) **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.
- 16) **Court Ordered Testing** Court ordered testing or care unless Medically Necessary.

- 17) **Cryopreservation** Charges associated with the cryopreservation of eggs, embryos, or sperm, including collection, storage, and thawing.
- 18) **Custodial Care** Custodial Care, convalescent care or rest cures. This Exclusion does not apply to Hospice services.
- 19) **Delivery Charges** Charges for delivery of Prescription Drugs.
- 20) **Dental Devices for Snoring** Oral appliances for snoring.
- 21) **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.
- 22) **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.
- 23) **Drugs Over Quantity or Age Limits** Drugs which are over any quantity or age limits set by the Plan or us.
- 24) **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.
- 25) **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.
- 26) **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.
- 27) **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.
- 28) **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.
- 29) **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.

- 30) **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.
- 31) **Eye Exercises** Orthoptics and vision therapy.
- 32) **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.
- 33) **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.
- 34) **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 for patients with diabetes or vascular disease.
- 35) **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.
- 36) **Foot Surgery** Surgical treatment of flat feet; subluxation of the foot; weak, strained, unstable feet; tarsalgia; metatarsalgia; hyperkeratoses.
- 37) **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 part
- 38) **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.
- 39) **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.
- 40) **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.
- 41) **Home 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.
- 42) **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.

- 43) **Hyperhidrosis Treatment** Medical and surgical treatment of excessive sweating (hyperhidrosis).
- 44) **Infertility Treatment** Testing or treatment related to infertility.
- 45) **Lost or Stolen Drugs** Refills of lost or stolen Drugs.
- 46) **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.
- 47) **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 Allowable Amount for a standard item that is a Covered Service, serves the same purpose, and is Medically Necessary. Any expense that exceeds the Maximum Allowable 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.
- 48) **Medicare** For which benefits are payable under Medicare Parts A and/or B or would have been payable if you had applied for Parts A and/or B, except as listed in this Booklet or as required by federal law, as described in the section titled "Medicare" in "General Provisions." If you do not enroll in Medicare Part B when you are eligible, you may have large out-of-pocket costs. Please refer to [www.medicare.gov](http://www.medicare.gov) for more details on when you should enroll and when you are allowed to delay enrollment without penalties.
- 49) **Missed or Cancelled Appointments** Charges for missed or cancelled appointments.
- 50) **Non-approved Drugs** Drugs not approved by the FDA.
- 51) **Non-Approved Facility** Services from a Provider that does not meet the definition of Facility.
- 52) **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.
- 53) **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.
- 54) **Off label use** Off label use, unless we must cover it by law or if we approve it.
- 55) **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]

**EPO Only:**

- 56) **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.
- 57) **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) Hypo-allergenic 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.
- 58) **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 Care Services” benefit.
- 59) **Prosthetics** Prosthetics for sports or cosmetic purposes. This includes wigs and scalp hair prosthetics. This exclusion does not apply to wigs needed after cancer treatment.
- 60) **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.
- 61) **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.

#### **Optional EPO/Non-HPN:**

- 62) **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 HealthKeepers.
- 63) **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.
- 64) **Sexual Dysfunction** Services or supplies for male or female sexual problems.
- 65) **Stand-By Charges** Stand-by charges of a Doctor or other Provider.
- 66) **Sterilization** Services to reverse elective sterilization.
- 67) **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).

- 68) **Telemedicine** Non-interactive Telemedicine Services, such as audio-only telephone conversations, electronic mail message, fax transmissions or online questionnaire.
- 69) **Temporomandibular Joint Treatment** Fixed or removable appliances which move or reposition the teeth, fillings, or prosthetics (crowns, bridges, dentures).
- 70) **Travel Costs** Mileage, lodging, meals, and other Member-related travel costs except as described in this Plan.
- 71) **Vein Treatment** Treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) for cosmetic purposes.
- 72) **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.
- 73) **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.
- 74) **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.
- 75) **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.
- 76) **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. **Compound Drugs** Compound Drugs unless all of the ingredients are FDA-approved as designated in the FDA's Orange Book: *Approved Drug Products with Therapeutic Equivalence Evaluations*, 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.
5. **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.
6. **Delivery Charges** Charges for delivery of Prescription Drugs.
7. **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.
8. **Drugs Not on the Anthem Prescription Drug List (a formulary)** You can get a copy of the list by calling us or visiting our website at [www.anthem.com](http://www.anthem.com). If you or your Doctor believes you need a certain Prescription Drug not on the list, please refer to "Prescription Drug List" in the "Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy" for details on requesting an exception.
9. **Drugs Over Quantity or Age Limits** Drugs which are over any quantity or age limits set by the Plan or us.
10. **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.
11. **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.
12. **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.

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.
13. **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.
14. **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.

15. **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.
16. **Hyperhidrosis Treatment** Prescription Drugs related to the medical and surgical treatment of excessive sweating (hyperhidrosis).
17. **Infertility Drugs** Drugs used in assisted reproductive technology procedures to achieve conception (e.g., IVF, ZIFT, GIFT.)
18. **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 and Medical Devices" benefit. Please see that section for details.
19. **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.
20. **Lost or Stolen Drugs** Refills of lost or stolen Drugs.
21. **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.
22. **Non-approved Drugs** Drugs not approved by the FDA.
23. **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.
24. **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.
25. **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.
26. **Onychomycosis Drugs** Drugs for Onychomycosis (toenail fungus) except when we allow it to treat Members who are immuno-compromised or diabetic.
27. **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.
28. **Sexual Dysfunction Drugs** Drugs to treat sexual or erectile problems.
29. **Syringes** Hypodermic syringes except when given for use with insulin and other covered self-injectable Drugs and medicine.
30. **Weight Loss Drugs** Any Drug mainly used for weight loss.

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# Protecting your privacy

## How we keep your information safe and secure

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

You also have certain rights and responsibilities when receiving your health care. To understand how we protect your privacy, your rights and responsibilities when receiving health care, 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 health care 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.

**For full details**, read your plan documents, which contain everything you need to know about your plan. You can find them on [anthem.com](https://www.anthem.com).

### 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>.



## Notes





## Notes



## Are you ready to use your plan?

### If you would like extra help

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



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