

Expanded Access

Your State BlueCare Point of Service (POS) plan offers flexibility and controlled costs

Having a doctor you choose, who knows your family history and your situation, can make a difference in your care. With your Expanded Access plan, you can choose doctors or specialists you are comfortable with, in or out of your plan's network. Seeing doctors in your plan's network saves you out-of-pocket costs. If you prefer to see a doctor not in your plan's network, you can, but you may pay more.

Your plan includes access to care:



In Connecticut.

With the State BlueCare network, you have low copays for office visits and vision and hearing exams. You do not need a referral from your doctor to see a specialist.



Across the country and the globe.

If you travel outside Connecticut in the U.S., you have national access and can receive care from doctors and hospitals through the BlueCard program in all 50 states and Puerto Rico. If you are out of state 90 days or more, ask and we can help you arrange an optional guest membership in a plan where you are living temporarily. BlueCross BlueShield Global Core program gives you access to providers in nearly 200 countries. Call **800-810-2583** to learn more about both programs. If you are outside the U.S., call collect: **804-673-1177**.



At home or on the go.

Our no-cost SydneySM Health app connects you to virtual care, so you can have private and secure visits with doctors from your smartphone, tablet, or computer with a camera. Doctors can assess your condition, provide treatment, and even send a prescription to your pharmacy, if needed.¹ Virtual care is convenient, and lets you access the care you need when it fits your schedule.



Sydney Health connects you to your care and benefits from anywhere

Our Sydney Health mobile app not only gives you access to care 24/7, it also links you to your benefits and health plan's wellness features.

Whenever it is convenient, you can:

- See what is covered and check your claims.
- View and use digital ID cards.
- Check symptoms and engage in a virtual chat visit.

Download the Sydney Health App today



Your plan's coverage and costs

Here are the benefits included with your plan, and the amount you will pay when you use doctors, hospitals, and other healthcare professionals in your plan's network or outside the network.

Benefit features	In network, you pay	Out of network, you pay
Upfront deductible	HEP enrollees: none Non-HEP individual: \$350 individual Non-HEP family: \$350 each member (\$1,400 maximum)	Does not apply
Individual deductible	\$0	\$300
Family deductible	\$0	\$900
Annual out-of-pocket maximum	Individual \$2,000 Family \$4,000	Individual: \$2,000 (plus deductible) HEP family: \$4,000 (plus deductible)
Coinsurance	\$0	20% of maximum allowable charge ² after deductible, plus 100% of any amount your provider bills over the maximum allowable amount
Lifetime benefit maximum	Unlimited	Unlimited
Outpatient doctor visits	\$15 copay per visit	20% of the maximum allowable charge, and coinsurance
Preventive care – pediatric	No copay with well-child visits and immunizations	20% of maximum allowable charge ² after deductible
Preventive care – adult	No copay	20% of maximum allowable charge ² after deductible
Routine gynecological exam	No copay	20% of maximum allowable charge ² after deductible
Inpatient doctor	\$0 (precertification required) ³	20% of maximum allowable charge ² after deductible with precertification ⁴
Inpatient hospital	\$0 with precertification ³	20% of maximum allowable charge ² after deductible with precertification ⁴
Preadmission certification /concurrent review	Through participating provider	Penalty of 20%, up to \$500 for no precertification ^{4,5}
Outpatient surgical facility	\$0 with precertification ⁵	20% of maximum allowable charge ² after deductible with precertification ⁴
Outpatient mental health and substance abuse	\$15 copay per visit	20% of maximum allowable charge ² after deductible
Emergency room (wherever you are)	\$250 copay, waived if admitted	\$250 copay, waived if admitted
Ambulance (wherever you are)	\$0 if medical emergency	\$0 if medical emergency
Diagnostic X-ray, lab, and preadmission testing ⁸	\$0 for lab and radiology services performed by a Site of Service provider ⁶	40% of maximum allowable charge ² after deductible
Routine eye exam	\$15 copay per visit; one exam per calendar year ⁷	50% of maximum allowable charge ² after deductible; one exam per calendar year
Hearing exam	\$15 copay per visit; one exam per calendar year	20% of maximum allowable charge ² after deductible; one exam per calendar year

HEP = Health Enhancement Plan

¹ Prescription availability is defined by physician judgment and state regulations.

² Members are also responsible for charges above the maximum allowable charge.

³ Precertification for in-network services is the healthcare provider's responsibility.

⁴ Precertification for out-of-network services is the member's responsibility.

⁵ Precertification may be required.

⁶ You must pay 20% of the rate (known as 20% coinsurance) when you use a lab and radiology provider that is not listed as Site of Service.

⁷ HEP participants have the \$15 copay waived once every two years, in accordance with the HEP Preventive Minimum Requirement Schedule.

This does not constitute your health plan or insurance policy. It is only a general description of the plan. Please refer to your plan documents for exclusions and limitations. Anthem Blue Cross and Blue Shield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

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