

Use the Find Care tool at [anthem.com](https://www.anthem.com) to find an Anthem provider

Anthem's Find Care tool was created to make it easy to find the care you need. Use this quick step-by-step guide to help you find care.

Step 1

Go to [anthem.com/find-care](https://www.anthem.com/find-care).

- For guests — Choose **Basic search as a guest**.
- For members — You can either select **Log in for Personalized Search** on the left or you can search without logging in by selecting **Use Member ID for Basic Search** on the right.



Basic search as a guest
 Search for care and services without logging in. [Learn more](#)

Step 2

Scroll down and complete the following fields:

- Select the type of plan or network — Use the drop-down menu to choose **Medical Plan or Network**
- Select the state — Use the drop-down menu to choose **New York**
- Select how you get health insurance — Use the drop-down menu to choose **Medical Networks**
- Select a plan or network — Use the drop-down menu to choose **Blue Access (Employer Sponsored)**
- Select the **Continue** button.

Basic search as a guest

Select the type of plan or network
 Medical Plan or Network (may also include dental, vision, or pharmacy benefits)

Care Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical plan or network.

Select the state where the plan or network is offered. (For employer sponsored plans, select the state where your employer's plan is contracted in. Most of the time, it's where the headquarters is located.)
 Select One

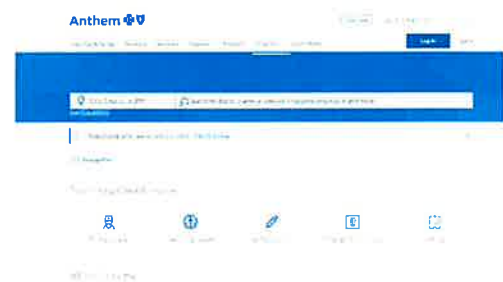
Select how you get health insurance
 Select One

Select a plan or network
 Select One

Step 3

Enter the city, county, or ZIP code on the top left. You now have two options to narrow your search:

- **Option 1** — Enter a care provider or hospital by name or specialty in the search box. The results will appear below the *search box*, where you can select the name for more details about the care provider or hospital.
- **Option 2** — **Search by Care Provider**. Select the icon of the type of care provider you're looking for. The results will appear on a new screen, and you can select the care provider or hospital name for additional details.



Step 4

View your search results:

- Choose the printer icon to print the results of your search, or select the email icon to email the search results.
- Select a care provider name to see more details.
- Choose **Back to Find Care** on the upper left or **Back** button at the bottom of the screen to return to your results.



We are here to help

If you have questions, please call Member Services using the phone number listed on the back of your health plan ID card.



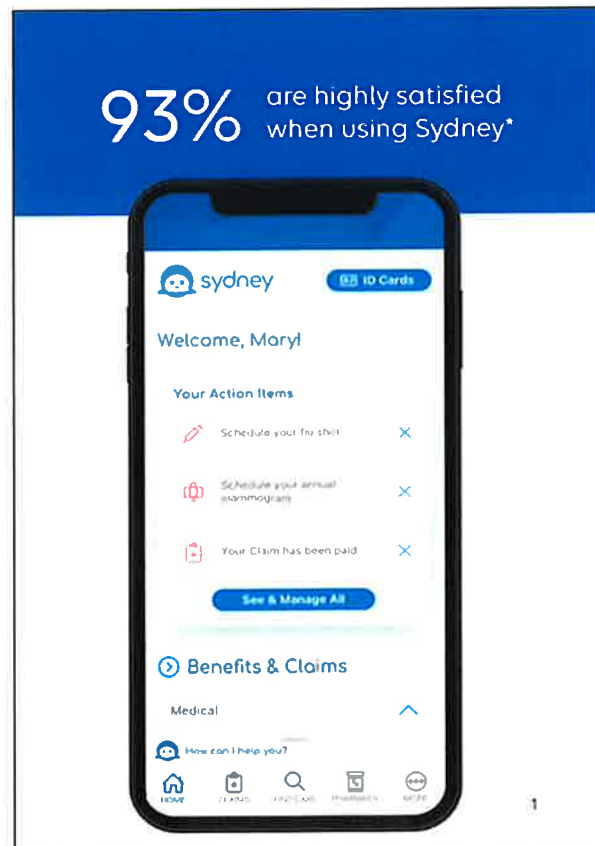
Sydney Health

Integrated benefits, all in one place

With our digital health capabilities, your employees can:

- View all benefits and claims status in real time.
- Submit claims and start appeals.
- Find care and research provider/service costs.
- Click to chat and click to call/schedule a callback with Member Services, Anthem Health Guide, or a clinical team.
- Access digital coaching, our exclusive Nutrition Tracker, personal challenges, and other wellness activities.
- Access virtual care options.
- Prepopulate a personalized care team and maintain a Family Health Record.

*Anthem internal data, 2022



Anthem Health Guide

Surrounding you with a circle of care

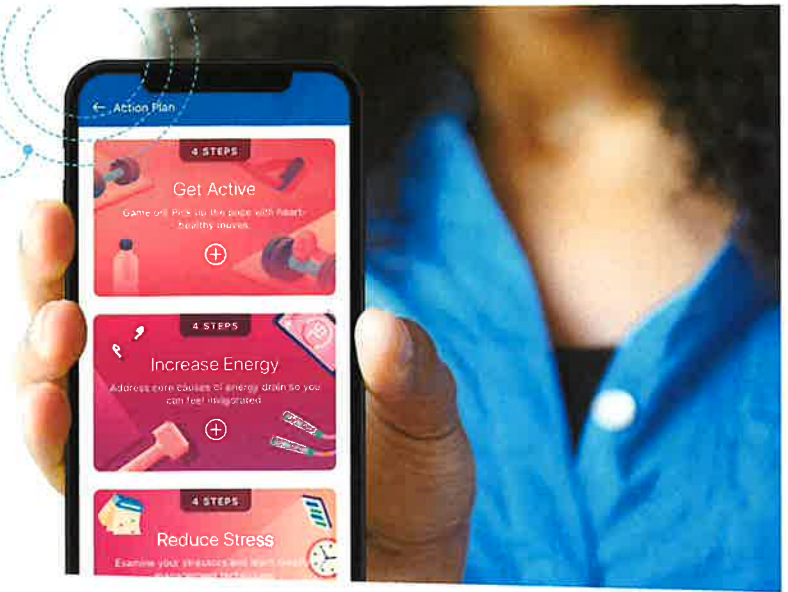
Health guides help connect employees to extra care, including:

- Health Guides are a team of concierge-level customer service experts — ready to answer questions, advocate for your health and explain how to use your benefits.
- You can call a health guide or chat from your mobile device using our Sydney Health app.
- If you need help finding a provider, guides can match you with an in-network provider that suits your needs
- Health guides can connect you to health professionals who will help coordinate with doctors and other members of your care team. They can remind you of important preventive care, and even help schedule appointments for you, when possible.



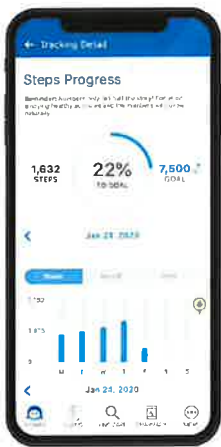
Discover a powerful and more personalized health app

View all your benefits and access wellness tools to improve your overall health with the Sydney Health app



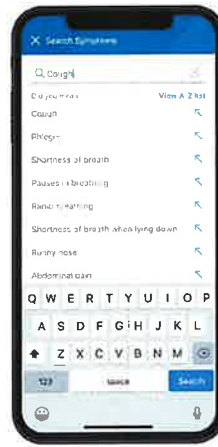
The SydneySM Health mobile app works with you by guiding you to better overall health — and for you by bringing your benefits and health information together in one convenient place. Sydney Health has everything you need to know about your benefits, so you can make the most of them while taking care of your health.

Working with you



- Reminding you about important preventive care needs*
- Planning and tracking your health goals, fitness, and rewards
- Guiding you with insights based on your history and changing health needs
- Empowering you with personalized tools to find and compare healthcare providers and check costs*

Working for you



- Storing your member ID card so you can show, email, or fax it right from your phone
- Providing answers quickly through real-time live chat with Anthem Health Guides and nurses



Download
Sydney Health
today



* Based on your plan enrollment.

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

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

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Helpful FSA facts

Learn more about the two types of FSAs that your Anthem plan offers so you can choose what's best for you.

	Healthcare FSA	Dependent care FSA
Maximum annual contribution	\$3,200	\$5,000 ²
What is covered (qualified expenses)	<p>Healthcare costs such as:</p> <ul style="list-style-type: none"> • Prescriptions • Doctor visits • Dental or vision care • Deductibles, copays, and coinsurance (your percentage of the costs) • Qualified Over the counter (OTC) medical expenses . See link below. 	<p>Care for your child, disabled spouse, elderly parent, or other dependent, including:</p> <ul style="list-style-type: none"> • Before- and after- school care • Day care, adult care, or elder care • Summer day camp
When funds are available	Day one of the plan	As your payroll deposits are made

Visit anthem.com/qme for a full list of qualified expenses.

What is substantiation?

When you use your FSA debit card or mobile wallet to pay for care, the merchant or provider gives us the information we need to process your claim. Sometimes, that information is incomplete. Substantiation is when we ask you for more details so we can confirm your FSA funds were used for qualified expenses. It's a simple process, and we'll walk you through it. Here's what you need to know:

- 1 Save your qualified expense receipts — if substantiation occurs, this makes the process faster and easier.
- 2 If we need to substantiate a claim, we'll send you up to three emails or letters to let you know, depending on your communication preferences.
- 3 If you don't substantiate your claim, your FSA debit card might be turned off and the dollar amount of unsubstantiated claims will be reported on your W-2 as taxable income, as required by the IRS.

To learn more about substantiation, log in at anthem.com. Then, go to the My Plan tab and select **Spending Accounts**. Next, choose **Manage My Account** and select **Keeping Your FSA/LPFSA Card Active** from the menu.

¹ Once you make your annual FSA election, you can't change the amount unless you have a qualifying event, like a marriage or birth. Your deductions will stop when your employment ends, unless if you have COBRA. If you don't have COBRA, you can request to be reimbursed for qualified expenses until your employer's run-out period ends.

² Married couples can contribute a combined \$5,000 maximum pretax to a dependent care FSA, even if each spouse has their own FSA.

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

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Stretch your dollars further

With a flexible spending account

Your flexible spending account (FSA) makes it easier to control your healthcare or care costs and save on taxes. That's because the money you set aside for your FSA from your paycheck isn't taxed, so your dollars go further. You can use your FSA funds to pay for qualified expenses throughout the year.

How to use your FSA



1 Set your contribution

Once a year, you can decide how much you want to contribute to your FSA through automatic payroll deductions.¹ For healthcare FSAs, the funds you contribute to your account over the year are available to spend on day one of the plan. For dependent care FSAs, you can use your funds as they accumulate throughout the year.



2 Look for your debit card in the mail

To activate your card, call the phone number on the card's sticker. Call Member Services at the number on your ID card to request an additional debit card for a spouse or dependent. If you have Apple Pay, Google Pay, or Samsung Pay on your smartphone, you can also add your FSA debit card to your mobile wallet. Simply follow your phone's instructions to add a new debit card. Then, use your phone to pay for qualified expenses where mobile payments are allowed.



3 Pay for qualified expenses

There are two ways to use your FSA to pay for qualified expenses for you or your tax dependent:

- Use your FSA debit card or mobile wallet.
- Pay out of pocket and request reimbursement.



4 Manage your account

Log in to [anthem.com](https://www.anthem.com) or use the SydneySM Health app to:

- Track your claims and FSA spending.
- Check your FSA balance
- Request reimbursement.
- Find a doctor in your plan's network.
- Substantiate claims, if needed (learn more on page 2).



5 Know your grace period policy

- **Grace period:** After your plan year ends, you have until March 15th to submit expenses from previous year to spend last year's FSA dollars. If you don't use the funds by the end of your grace period, they'll go back to your employer.