



2025 open enrollment

Your guide to your health plan and benefits

Alt PPO / EPO Select 20 / Blue View Vision

Dutchess Educational Health Insurance Consortium

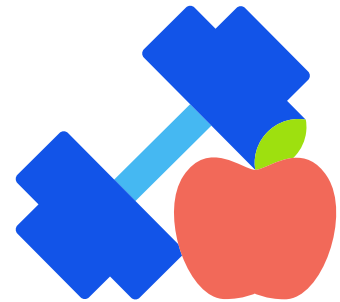


Welcome to Anthem

We're here to help you choose your health plan with confidence

Choosing a health plan is one of the most important decisions you'll make this year. We're here to help you make the best choice so you and your family feel confident and cared for every step of the way. Open enrollment is your time to explore benefits, programs, and resources that can support your whole health and well-being all year long.

This guide will help you understand everything that's available to you, from benefits to wellness programs. You'll also find tips and tools that can help you reach your health and wellness goals once you've enrolled in an Anthem health plan.



Why Anthem

At Anthem, we're dedicated to improving your health and providing quality coverage to the 47 million people who have an Anthem health plan.¹ To make sure you're receiving safe, quality care and service, we review the benefits and programs you use to know what's working — and learn where we can take action — to help you be your healthiest self. With an Anthem plan, you'll have access to a variety of benefits, including:

The nation's largest network

Anthem gives you access to more than 1.7 million doctors and hospitals — the nation's largest network of care providers, which touches every ZIP code in the U.S.²

No- or low-cost preventive care

Your plan covers preventive care at little or no added cost when you see a doctor in your plan's network. Preventive care, such as your annual physical, vaccinations, and screenings, can help you stay healthy and catch issues early when they're easier to treat.

Convenient virtual care

Virtual care allows you to connect directly to care from anywhere with a smartphone, tablet, or computer with a camera. You'll be able to meet with a board-certified doctor through video or chat with little to no wait time.³⁻⁵

Health and wellness programs

Your Anthem benefits offer access to a variety of programs, digital tools, and health guides at no added cost to help you with your individual health needs and goals.

¹ Elevance Health website: *Advancing Health Together* (May 2023): advancinghealth.elevancehealth.com.

² Blue Cross Blue Shield Association: *About Us: The Blue Cross Blue Shield System*: [bcbs.com](https://www.bcbs.com).

³ Virtual text and video visits powered by K Health. LiveHealth Online is the trade name of Carelon Health Solutions, Inc., a separate company, providing telehealth services on behalf of your health plan.

⁴ 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.

⁵ LiveHealth Online, internal data (2023).



Table of contents

Medical plans.....4

Vision benefits5

Plan extras6

Plan tools and resources.....8

Protecting your privacy29

Find help in your language.....30



Medical plans

Review your options to find the right fit for your needs

You deserve peace of mind when it comes to your healthcare. An Anthem health plan gives you that and more, supporting you every step of the way with coverage that fits your needs and your budget.

Review the health plans before making your selection. You'll want to check to see if your doctors are in the plan's network, which will help you make the most of your benefits and save money.

PPO

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

- Choose a primary care doctor in the plan's network for preventive care, such as checkups and screenings.
- No referral is needed from your primary care doctor to see a specialist, such as an orthopedic doctor or a cardiologist — saving you time and money.
- You'll pay less if you choose doctors and facilities in your plan's network.

EPO

The exclusive provider organization (EPO) plan covers services from a specific group of doctors and hospitals.

- Normally, you won't have to go through your primary care doctor if you need to see a specialist, such as an orthopedic doctor or a cardiologist.
- If you visit a doctor outside of the plan's network, you'll have limited benefits and are likely to pay a higher cost for care.

Healthcare terms

Deductible: A set amount of money you must pay for covered healthcare services before your health plan shares the costs. An example deductible is \$1,250.

Coinurance: Your share of the costs for covered healthcare services after you've met your deductible. For example, if you have 30% coinsurance, your plan covers 70% of the cost.

Copay: A set fee that you pay at a doctor's visit or when picking up a prescription.²

Primary care doctor: A doctor you see regularly for checkups and minor illnesses and injuries. Learn more healthcare terms online at [anthem.com/glossary](https://www.anthem.com/glossary).

Find care



Use our **Find Care** tool to see if your doctors are in the plan's network by visiting [anthem.com/find-care](https://www.anthem.com/find-care)

¹ For a full list of qualified expenses, go to [anthem.com/qme](https://www.anthem.com/qme).

² There are plans that require you to pay a copay at the time of service.



Vision benefits

Eye care is important to your whole health

When you choose Blue View Vision, you'll be covered for routine eye exams and receive an annual allowance for eyeglasses or contact lenses. The plan features additional plan benefits to help you save even more, such as discounts on lens upgrades and extra pairs of glasses.

Save money by using an independent eye doctor, retail store, or online option that's in your plan's network. If traveling abroad, you'll have access to translation support and resources as needed.

Your vision benefits include:

- Routine adult and pediatric eye exams. A copay may apply.

If you choose eyeglasses, your plan includes:

- An annual frame allowance, savings on lens options and upgrades, and enhanced benefits at no extra cost, such as factory scratch coating.
- Discounts off the balance if you buy glasses that cost more than your benefit allowance, additional pairs of glasses, and noncovered upgrades and accessories.

If you choose contact lenses, you'll receive:

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



Keep an eye on your health

Routine eye checkups go beyond making sure you're seeing clearly. They can also catch other health issues early, such as diabetes, high blood pressure, high cholesterol, and autoimmune diseases.*

Plan extras

Extra benefits that support your whole health

Once you enroll in your Anthem health plan, you'll have access to a variety programs and resources — at no added cost. These programs will help you to improve your overall health, save on the cost of care, and better manage a health condition if you have one.

Condition support

Managing a health condition can be hard, which is why we have programs to help you coordinate care and manage your care more easily. Whether you're managing diabetes, heart disease, or asthma, help is just a call, tap, or click away.

24/7 NurseLine

A registered nurse is available to answer your health questions anytime, day or night. They can help you decide where to go for care and find doctors and other healthcare professionals in your area.

Autism Spectrum Disorder Program

This program focuses on building a strong support system for the entire family. A specialized team of clinicians will work with you to create a customized care plan, help coordinate care, and connect you with resources in your community.

Case Management

A care management team will reach out to help you as you transition home from surgery or if you have a serious health condition. They'll answer your questions about your follow-up care, medicines, or treatment options, coordinate benefits for home therapy or medical supplies, and find community resources for you.

ConditionCare CORE

A dedicated care management team, including dietitians, health educators, and pharmacists, is available to help you learn about and manage chronic health conditions, such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, heart disease, or heart failure.



Diabetes Prevention Program

ABCBS offers you this 12-month program at no extra cost as part of your health plan. This prevention program can help you lose weight and lower your risk of developing type 2 diabetes. It's flexible, customized for you, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help you make small changes that can improve your health.

Maternity

Our maternity programs help support you no matter where you're at in your parenting journey. From planning a family to raising small children, there's resources available to help you thrive.

Building Healthy Families

Offering 24/7 digital support, Building Healthy Families is here to help your family with everything from preconception and pregnancy to childbirth and early childhood. The program features an extensive content library to support diverse families, including single parents and same-sex and multicultural couples. You'll have access to a library and other tools, such as fertility, diaper change and feeding trackers, due date calculators, and blood pressure monitoring.

Whole health connections

Staying on top of your health is important but can sometimes be hard to do on your own. We connect you to the right resources that can help you more easily meet your goals.

MyHealth Advantage

Stay healthy and save money with this no-cost service that can remind you when you need to refill a prescription or have a checkup, test, or exam. You'll also receive personalized and confidential MyHealth Notes.

SpecialOffers

SpecialOffers features discounts on a variety of programs that help promote better health and well-being. Discounts are available on products and services for dental, vision, hearing, weight loss, fitness, family planning, pet insurance, health supplements, and skincare.

Plan tools and resources

Make the most of your benefits

Your health plan comes with tools and resources that make it easier to access your benefits and find care.

Find Care

Our **Find Care** tool is a great way to find care providers in your health plan's network. Even if you haven't yet enrolled, using this tool to see if your current care providers are in the plan's network can help you make the right choice during open enrollment and save you money on care. Search by the doctor's name or specialty, type of procedure, or facility. If you don't yet have an Anthem health plan, you can still access the Find Care tool on [anthem.com/find-care](https://www.anthem.com/find-care) and search as a guest.

- Select **Basic search**.
- Select the type of plan or network — **Medical Plan or Network** — then select the state in which your employer's plan is contracted. Most often it's where the company's headquarters are located.
- Select how you get health insurance, which is Medical (Employer Sponsored).
- Choose a plan or network by entering the PPO/EPO. Then select the **Continue** button.
- Enter your *city, county, or ZIP code*. You also can search by doctor or procedure, as well as using other care-related terms.
- View results.
- You can also search vision providers. For the type of plan, select Dental Plan or Network or Vision Plan or Network, and for the Plan or Network, for Vision for Vision Blue View Vision.

Anthem Health Guides

Highly trained Anthem associates are your personal health guides who can help you with all your healthcare needs. They can help you find doctors in your plan's network, connect with the right resources, and stay on top of preventive screenings and tests. Once you have an Anthem health plan, reach an Anthem Health Guide by calling the number on your health plan ID card, using the **SydneySM Health** app, or visiting [anthem.com](https://www.anthem.com).

SydneySM Health app

Once you have an Anthem health plan, you'll be able to access your benefits and digital health plan ID card, wellness resources, and the **Find Care** tool with the **SydneySM Health** app.

The app brings your benefits and health information together in one convenient place and works with you to guide you to better overall health.

Your Summary of Benefits



ALT PPO

DEHIC
7/1/2025

Benefit	In-Network ¹	Out-of-Network ^{2,3}
Deductible	N/A	\$300/\$750
Coinsurance	N/A	30%
Coinsurance Stop Loss	N/A	\$2,500/\$4,166 (\$750/\$1,250 out-of-pocket)
Out-of-Pocket Maximum	\$5,080 individual / \$12,700 family (All In-Network Medical & Rx Cost Shares)	\$1,050 individual / \$2,000 family
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to the end of the month of the dependent's birthday)	Dependents to age 26	Dependents to age 26
Covered Preventive Care ⁴	Member Pays In-Network	Member Pays Out-of-Network
Covered Adult Preventive Care	\$0	Deductible and Coinsurance
Annual Physical Exam	\$0	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0	Deductible and Coinsurance
Preventive Well-Woman Care	\$0	Deductible and Coinsurance
Home/Office/Outpatient Care	Member Pays In-Network	Member Pays Out-of-Network
Home/Office Visits / Online Visits	\$15 copayment	Deductible and Coinsurance
Urgent Care Center	\$15 copayment	\$15 copayment
Emergency Room/Facility (initial visit per occurrence)	\$35 copayment (Waived if admitted within 24 hours)	\$35 copayment (Waived if admitted within 24 hours)
Ambulatory Surgery ⁵ / Outpatient Surgery	\$0	Deductible and Coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and Coinsurance
Routine Maternity Care	\$0	Deductible and Coinsurance
Laboratory Tests, X-rays	\$0	Deductible and Coinsurance
MRI ⁷ /MRA ⁷ , CAT Scan ⁷ , PET ⁷ & Nuclear Cardiology ⁷	\$0	Deductible and Coinsurance
Allergy Routine Testing and Treatment <ul style="list-style-type: none"> Office Visit Routine Testing Allergy Injections/Immunotherapy 	\$15 copayment (Waived for treatment) \$0 \$0	Deductible and Coinsurance
Chiropractic Care ⁷	\$15 copayment	Deductible and Coinsurance
Home Healthcare (Up to 365 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Covered in-network only
Hospice Care (Up to 210 days per lifetime)	\$0	Covered in-network only
Physical Therapy ⁵ (Unlimited visits per calendar year combined in home, office or outpatient facility)	\$0 copay for outpatient facility \$15 copay for home or office	Covered in-network only
Other Short-Term Rehabilitative Therapies — Speech/Language ⁵ , Occupational ⁵ (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$0 copay for outpatient facility \$15 copay for home or office	Covered in-network only
Vision Therapy	\$15 copay for home or office	Covered in-network only

Medical Chats and Virtual Visits for Primary Care
(From our Online Provider K Health, its affiliated Provider groups, via our mobile app, website or Anthem -enabled device)*

\$0 copayment

Covered in-network only

*Anthem -enabled device refers to laptops/tablets/other devices where our app can be downloaded

Services provided by Anthem HealthChoice Assurance, Inc.,
licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Your Summary of Benefits



ALT PPO

Benefit	In-Network ¹	Out-of-Network ^{2,3}
Cardiac Rehabilitation (Unlimited visits per calendar year)	\$15 copayment	Deductible and Coinsurance
Second Surgical Opinion	\$15 copayment (no copayment applies if arranged through the Medical Management Program)	Deductible and Coinsurance
Kidney Dialysis	\$0	Deductible and Coinsurance
Inpatient Care⁹	Member Pays In-Network	Member Pays Out-of-Network
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Surgery, Covered Surgical Assistant, Anesthesia	\$0	Deductible and Coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Unlimited inpatient days per calendar year)	\$0	Deductible and Coinsurance
Skilled Nursing Facility (Up to 365 days per calendar year)	\$0	Covered in-network only
Mental Health⁸	Member Pays In-Network	
Outpatient Visits in Office	\$15 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Care ⁹ (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Alcohol/Substance Abuse⁸	Member Pays In-Network	Member Pays Out-of-Network
Outpatient Visits in Office	\$15 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Detoxification ⁹ (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Inpatient Rehabilitation ⁹	\$0	Deductible and Coinsurance
Other	Member Pays In-Network	Member Pays Out-of-Network
Medical Supplies	\$0 when obtained through Anthem's medical supplies vendor	Difference between the allowed amount and the total charge (deductible and coinsurance do not apply)
Durable Medical Equipment ⁶	\$0	Covered in-network only
Prosthetics & Orthotics ⁶	\$0	Covered in-network only
Ambulance (Land/Air ambulance)	\$0	In-network benefits apply
Prescription Drugs ¹⁰ Retail Program – One copayment required for up to a 30-day supply	Retail: \$5 copay for generic \$5 copay plus ancillary charge for multisource brand \$20 copay for single source brand Includes Contraceptives (Retail & Mail-Order)	Covered in-network only
Mail-Order Program ¹¹ – Only two copayments required for a 90-day supply	The Mail-Order Program has the same copayments as the Retail Program listed above.	
Qualified Mail Order Service Options (Maintenance Medications)	<p>If you are taking a Maintenance Medication, you must select one of the qualified mail order service options through our Pharmacy Benefits Manager, CVS, or a DEHIC designated participating retail pharmacy. For new Maintenance Medication prescriptions, you may get the first 30 day supply and up to one additional 30 day refill of the Maintenance Medication at your local Retail Pharmacy. After that, you will need to select one of the qualified mail order service options to fill your prescription through the mail order supplier, CVS, or a designated participating pharmacy for maintenance drugs in order to realize the In-Network level of benefits.</p>	

Your Summary of Benefits



ALT PPO

Routine Vision Care Please see separate Blue View Vision benefit summary for additional detail	\$5 copay for 1 exam every 24 months \$10 eyeglass lense copay \$115 allowance then 20% off remaining balance for frames \$75 allowance then 15 % off remaining balance for conventional contacts	\$30 exam allowance \$64 frame allowance \$25-\$45 eyeglass lense allowance
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- (1) Network provider delivers care. Anthem's network provider must precertify in-network services; Anthem network providers cannot bill members beyond the copayment for covered services.
- (2) Out-of-network services (except Mental Health and Alcohol/Substance Abuse) are those from a provider that does not participate in Anthem's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. (This does not apply to emergency benefits.) See (8) for Mental Health and Alcohol/Substance Abuse Services.
- (3) Out-of-network (O-O-N) providers – those who do not participate in Anthem's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. Out-of-network providers who do not participate with Anthem or with another Blue Cross and Blue Shield Plan, may balance bill over Anthem's allowed amount. Precertification is not required for out-of-network services, nor for out-of-area in-network BlueCard® PPO provider services.
- (4) Preventive Care benefits not subject to copayment when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- (5) You are responsible for obtaining precertification from Anthem's Medical Management Program for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. For ambulatory surgery, precertification is required for reconstructive surgery, outpatient transplants and ophthalmological or eye-related procedures. Precertification is also required for cosmetic surgery, an excluded benefit except when medically necessary.
- (6) For services received from an Anthem PPO provider, the provider must precertify in-network services; Anthem PPO providers cannot bill members beyond the copayment, deductible, or coinsurance for covered services. Outside Anthem's network area, you or your provider must obtain precertification from Anthem's Medical Management Program for services from in-network BlueCard® PPO providers.
- (7) You are responsible for obtaining precertification from AIM for MRI, MRA, PET, CAT, Nuclear Cardiology, and Echocardiography services rendered by an Anthem PPO provider. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. Precertification is not required for these services when rendered from an in-network BlueCard® provider outside of Anthem's network area or out-of-network providers.
- (8) You are responsible for obtaining precertification from the Behavioral Healthcare Manager for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
- (9) Network providers must obtain precertification from Anthem's Medical Management Program for Inpatient Facility Services received from an out-of-area BlueCard PPO Provider.
- (10) This prescription drug coverage meets the CMS standard for Creditable Coverage under the Medicare Modernization Act of 2003.
- (11) To receive a 90-day supply of prescription drugs through Anthem's Mail-Order Program, the prescription must be written specifically for a 90-day supply.

IMPORTANT NOTE: This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in your Certificate of Coverage, Schedule of Benefits, and any additional Riders or Contracts your group has purchased. Be sure to consult your benefit Contract or Certificate for full details about your coverage. To the extent that there is a conflict between this Summary and your benefit Contract or Certificate, the terms of the Contract or Certificate will control. Failure to comply with Anthem's Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

PPO Rev. February 2016

Prepared 02/12/2020 NRG

Blue View VisionSM

FS.D.5.10.115.75



Welcome to your Blue View Vision plan!

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

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

Your vision plan includes coverage for routine eye exams and prescription eyewear from your choice of eye care providers.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	\$5 Copay	Reimbursed Up To \$30	Once every 24 months
Eyeglass Frames			
One pair of eyeglass frames	\$115 Allowance, then 20% off any remaining balance	Reimbursed Up To \$64	Once every 24 months
Eyeglass Lenses (instead of contact lenses)			
One pair of standard plastic prescription lenses <ul style="list-style-type: none"> Single vision lenses Bifocal lenses Trifocal lenses 	\$10 Copay \$10 Copay \$10 Copay	Reimbursed Up To \$25 Reimbursed Up To \$35 Reimbursed Up To \$45	Once every 24 months
Eyeglass Lens Enhancements			
<i>When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost</i>			
<ul style="list-style-type: none"> Transitions Lenses (for a child under age 19) Standard polycarbonate (for a child under age 19) Factory Scratch Coating 	\$0 Copay \$0 Copay \$0 Copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses (instead of eyeglass lenses)			
<i>Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.</i>			
<ul style="list-style-type: none"> Elective conventional (non-disposable) OR Elective disposable OR Non-elective (medically necessary) 	\$75 Allowance, then 15% off any remaining balance \$75 Allowance (no additional discount) Covered in full	Reimbursed Up To \$75 Reimbursed Up To \$75 Reimbursed Up To \$999	Once every 24 months

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

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

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

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Plano sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

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

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

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

Orthoptics. Orthoptics or vision training and any associated supplemental testing

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY (Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage.)		In-Network Member Cost (after any applicable copay)
Retinal Imaging - at member's option, can be performed at time of eye exam		Not More Than \$39
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> Transitions lenses (Adults) Standard Polycarbonate (Adults) Tint (Solid and Gradient) UV Coating Progressive Lenses¹ <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 Premium Tier 3 Anti-Reflective Coating² <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 Other Add-ons (i.e. high index lenses, anti-fog coating) 	\$75 \$40 \$15 \$15 \$65 \$85 \$95 \$110 \$45 \$57 \$68 20% off retail price
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	<ul style="list-style-type: none"> Complete Pair Eyeglass materials purchased separately 	40% off retail price 20% off retail price
Eyewear Accessories	<ul style="list-style-type: none"> Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 	20% off retail
Conventional Contact Lenses (non-disposable type)	<ul style="list-style-type: none"> Discount applies to materials only 	15% off retail price
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> Standard contact lens fitting³ Premium contact lens fitting⁴ 	Up to \$55 10% off retail price

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

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

³ Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

⁴ Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

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



Online stores:



Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at anthem.com, select discounts, then Vision, Hearing & Dental. * Discounts cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

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

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

Your Summary of Benefits



EPO Select 20

DEHIC
7/1/2025

Benefit	In-Network ¹
Lifetime Maximum	Unlimited
Out-of-Pocket Maximum	\$5,080 / \$12,700 (All In-Network Medical & Rx Cost Shares)
Dependent Children (covered to the end of the month)	Dependents to Age 26
Covered Preventive Care²	Member Pays In-Network
Covered Adult Preventive Care	\$0 copayment
Annual Physical Exam	\$0 copayment
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0 copayment
Preventive Well-Woman Care	\$0 copayment
Home/Office/Outpatient Care	Member Pays In-Network
Home/Office Visits / Online Visits	\$20 copayment
Urgent Care Center	\$20 copayment
Emergency Room/Facility (initial visit per occurrence)	\$50 copayment (Waived if admitted within 24 hours)
Surgery ³ , Pre-surgical Testing, Anesthesia	\$0
Chemotherapy, Radiation Therapy	\$0
Routine Maternity Care	\$0
Laboratory Tests, X-rays	\$0
MR ¹⁵ /MRA ⁵ , CAT Scan ⁵ , PET ⁵ & Nuclear Cardiology ⁵	\$0
Allergy Care Routine Testing and Treatment (Allergy Injections/Immunotherapy)	\$20 copayment (Waived for treatments)
Chiropractic Care ⁶	\$20 copayment
Home Healthcare (Up to 200 visits per calendar year)	\$0
Home Infusion Therapy	\$0
Hospice Care (Up to 210 days per lifetime)	\$0
Physical Therapy ³ (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment
Other Short-Term Rehabilitative Therapies ³ — Speech/Language, Occupational (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment
Vision Therapy	\$20 copayment
Cardiac Rehabilitation (Unlimited visits per calendar year)	\$20 copayment
Second Surgical Opinion	\$20 copayment
Kidney Dialysis	\$0
Medical Chats and Virtual Visits for Primary Care (From our Online Provider K Health, its affiliated Provider groups, via our mobile app, website or Anthem-enabled device)*	\$0 copayment

*Anthem-enabled device refers to laptops/tablets/other devices where our app can be downloaded

Services provided by Anthem HealthChoice Assurance, Inc.,
licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Your Summary of Benefits



EPO Select 20

Benefit	In-Network ¹
Inpatient Care³	Member Pays In-Network
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0
Surgery, Surgical Assistant, Anesthesia	\$0
Physical Therapy, Physical Medicine or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0
Mental Health	
Outpatient Visits in Office	\$20 copayment
Outpatient Visits in Facility	\$0
Inpatient Care ⁴ (As many days as is medically necessary; semiprivate room and board)	\$0
Alcohol/Substance Abuse	
Outpatient Visits in Office	\$20 copayment
Outpatient Visits in Facility	\$0
Inpatient Detoxification ⁴ (As many days as is medically necessary; semiprivate room and board)	\$0
Inpatient Rehabilitation ⁴	\$0
Other	
Medical Supplies	\$0 when obtained through Anthem's medical supplies vendor
Durable Medical Equipment ⁵	\$0
Prosthetics & Orthotics ⁵	\$0
Ambulance (Land/Air ambulance)	\$0
Prescription Drugs ⁷	
Retail Program – One copayment required for up to a 30-day supply	Tier 1/Tier 2/Tier 3 \$10/\$20/\$40 copay Includes Contraceptives (Retail & Mail-Order)
Mail-Order Program ⁸ – Only two copayments required for a 90-day supply	The Mail-Order Program has the same copayments as the Retail Program listed above.
Qualified Mail Order Service Options (Maintenance Medications)	If you are taking a Maintenance Medication, you must select one of the qualified mail order service options through our Pharmacy Benefits Manager, CVS, or a DEHC designated participating retail pharmacy. For new Maintenance Medication prescriptions, you may get the first 30 day supply and up to one additional 30 day refill of the Maintenance Medication at your local Retail Pharmacy. After that, you will need to select one of the qualified mail order service options to fill your prescription through the mail order supplier, CVS, or a designated participating pharmacy for maintenance drugs in order to realize the In-Network level of benefits.
Routine Vision Care - Please see separate Blue View Vision benefit summary for additional detail	\$5 copay for 1 exam every 12 months \$10 eyeglass lense copay \$115 allowance then 20% off remaining balance for frames \$75 allowance then 15 % off remaining balance for conventional contacts *OON benefits available. See BVV benefit summary.

Your Summary of Benefits



EPO Select 20

- (1) A network provider must deliver all care. There is no out-of-network option for this product, except for emergency care, urgent care, and Blue View Vision services.
- (2) Preventive Care benefits not subject to copayment when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- (3) You are responsible for obtaining precertification from Anthem's Medical Management Program for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. For ambulatory surgery, precertification is required for reconstructive surgery, outpatient transplants and ophthalmological or eye-related procedures. Precertification is also required for cosmetic surgery, an excluded benefit except when medically necessary.
- (4) You are responsible for obtaining precertification from the Behavioral Healthcare Manager for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
- (5) For services received from an Anthem network provider, the provider must precertify in-network services; Anthem's network providers cannot bill members for covered services. Outside Anthem's network area, you must obtain precertification from Anthem's Medical Management Program for services from in-network BlueCard® PPO providers (with the exception of MRI, MRA, PET, CAT and Nuclear Cardiology services, which do not require precertification for services rendered from in-network BlueCard® PPO providers outside of Anthem's network area). The BlueCard® PPO provider may call for you for services that do require precertification, but you will be responsible for penalties applied if precertification is not obtained.
- (6) Anthem's network provider must obtain authorization for clinical/medical necessity for in-network services; Anthem network providers cannot bill members beyond the in-network copayment for covered services. Authorization is not required for services rendered from in-network BlueCard® PPO providers outside of Anthem's network area.
- (7) This prescription drug coverage meets the CMS standard for Creditable Coverage under the Medicare Modernization Act of 2003.
- (8) To receive a 90-day supply of prescription drugs through Anthem's Mail-Order Program, the prescription must be written specifically for a 90-day supply.

IMPORTANT NOTE: This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in your Certificate of Coverage, Schedule of Benefits, and any additional Riders or Contracts your group has purchased. Be sure to consult your benefit Contract or Certificate for full details about your coverage. To the extent that there is a conflict between this Summary and your benefit Contract or Certificate, the terms of the Contract or Certificate will control. Failure to comply with Anthem's Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

EPO Rev Sept 2014

Prepared on 02.12.2020 NRG

Blue View VisionSM

FS.A.5.10.115.75



Welcome to your Blue View Vision plan!

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

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

Your vision plan includes coverage for routine eye exams and prescription eyewear from your choice of eye care providers.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	\$5 Copay	Reimbursed Up To \$30	Once every 12 months
Eyeglass Frames			
One pair of eyeglass frames	\$115 Allowance, then 20% off any remaining balance	Reimbursed Up To \$64	Once every 12 months
Eyeglass Lenses (instead of contact lenses)			
One pair of standard plastic prescription lenses <ul style="list-style-type: none"> Single vision lenses Bifocal lenses Trifocal lenses 	\$10 Copay \$10 Copay \$10 Copay	Reimbursed Up To \$25 Reimbursed Up To \$35 Reimbursed Up To \$45	Once every 12 months
Eyeglass Lens Enhancements			
<i>When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost</i>			
<ul style="list-style-type: none"> Transitions Lenses (for a child under age 19) Standard polycarbonate (for a child under age 19) Factory Scratch Coating 	\$0 Copay \$0 Copay \$0 Copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses (instead of eyeglass lenses)			
<i>Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.</i>			
<ul style="list-style-type: none"> Elective conventional (non-disposable) OR Elective disposable OR Non-elective (medically necessary) 	\$75 Allowance, then 15% off any remaining balance \$75 Allowance (no additional discount) Covered in full	Reimbursed Up To \$75 Reimbursed Up To \$75 Reimbursed Up To \$999	Once every 12 months

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

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

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

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Plano sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

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

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

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

Orthoptics. Orthoptics or vision training and any associated supplemental testing

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY (Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage.)		In-Network Member Cost (after any applicable copay)
Retinal Imaging - at member's option, can be performed at time of eye exam		Not More Than \$39
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> Transitions lenses (Adults) Standard Polycarbonate (Adults) Tint (Solid and Gradient) UV Coating Progressive Lenses¹ <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 Premium Tier 3 Anti-Reflective Coating² <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 Other Add-ons (i.e. high index lenses, anti-fog coating) 	\$75 \$40 \$15 \$15 \$65 \$85 \$95 \$110 \$45 \$57 \$68 20% off retail price
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	<ul style="list-style-type: none"> Complete Pair Eyeglass materials purchased separately 	40% off retail price 20% off retail price
Eyewear Accessories	<ul style="list-style-type: none"> Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 	20% off retail
Conventional Contact Lenses (non-disposable type)	<ul style="list-style-type: none"> Discount applies to materials only 	15% off retail price
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> Standard contact lens fitting³ Premium contact lens fitting⁴ 	Up to \$55 10% off retail price

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

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

³ Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

⁴ Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

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



Online stores:



Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at anthem.com, select discounts, then Vision, Hearing & Dental. * Discounts cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

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

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

Use the Find Care tool at [anthem.com](https://www.anthem.com/find-care) to find Blue View Vision 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.

Step 2

Scroll down and complete the following fields:

- Select the type of plan or network — Use the drop-down menu to choose **Vision 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 **Vision**
- Select a plan or network — Use the drop-down menu to choose **Blue View Vision**
- Select the **Continue** button.

Step 3

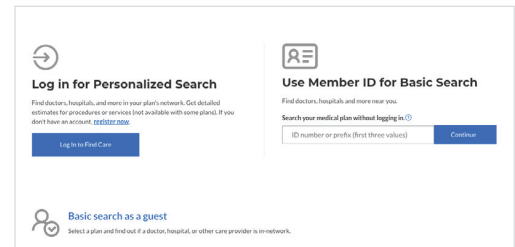
Enter the city, county, or ZIP code on the top left. You now have two options to narrow your search:

- **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.

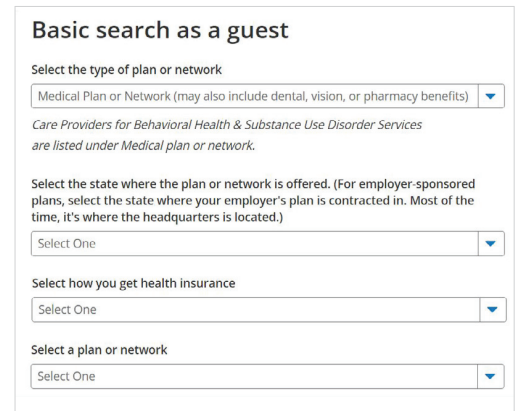
Step 4

View your search results:

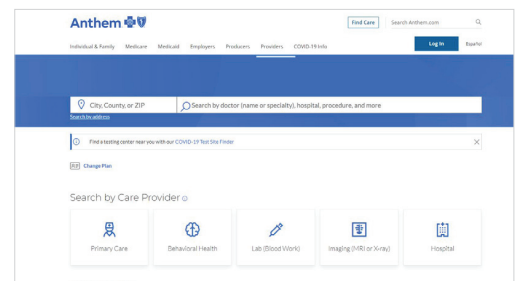
- Choose the printer icon to print the results of your search, or select the email icon to email the search results.
- Select a care provider name to see more details.
- Choose **Back to Find Care** on the upper left or **Back** button at the bottom of the screen to return to your results.



The screenshot shows two main options for logging in: 'Log in for Personalized Search' and 'Use Member ID for Basic Search'. The 'Log in for Personalized Search' option includes a link to 'Log in to Find Care'. The 'Use Member ID for Basic Search' option includes a field for 'ID number or profile (first three values)' and a 'Continue' button. Below these options, there is a 'Basic search as a guest' section with a link to 'Select a plan and find out if a doctor, hospital, or other care provider is in network.'



The screenshot shows the 'Basic search as a guest' form. It includes a dropdown menu for 'Select the type of plan or network' with the option 'Medical Plan or Network (may also include dental, vision, or pharmacy benefits)'. Below this is a link to 'Care Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical plan or network.' There is a section for 'Select the state where the plan or network is offered' with a dropdown menu set to 'Select One'. Another section for 'Select how you get health insurance' also has a dropdown menu set to 'Select One'. A final section for 'Select a plan or network' has a dropdown menu set to 'Select One'.



The screenshot shows the search results page. At the top, there is a search bar with the text 'City, County, or ZIP' and a link to 'Search by doctor (name or specialty), hospital, procedures, and more'. Below the search bar, there is a section for 'Search by Care Provider' with icons for 'Primary Care', 'Behavioral Health', 'Lab (Blood Work)', 'Imaging (X-Rays or X-rays)', and 'Hospital'. At the bottom, there is a link to 'More Options'.



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.



DEHIC
ALT PPO / EPO Select 20 Benefit Comparison
Effective 7/1/2025

	ALT PPO		EPO Select 20
Benefit	In-Network	Out-of Network	In Network
	N/A	\$300/\$750	\$0
Coinsurance	N/A	30%	0%
Coinsurance Stop Loss	N/A	\$2,500/\$4,166 (\$750/\$1,250 out-of-pocket)	N/A
Out-of-Pocket Maximum	\$5,080 individual/ \$12,700 family	\$1,050 individual / \$2,000 family	\$5,080 individual/ \$12,700 family
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Dependent Children (covered to the end of the month)	Dependents to age 26	Dependents to age 26	Dependents to age 26
Preventive Care			
Adult Preventive Care	\$0	Deductible and Coinsurance	\$0
Annual Physical Exam	\$0	Covered in-network only	\$0
Well-Child Care (Up to age 19; including necessary immunizations)	\$0	Deductible and Coinsurance	\$0
Well-Woman Care	\$0	Deductible and Coinsurance	\$0
Home/Office/Outpatient Care			
Home/Office Visits***	\$15 copay	Deductible and Coinsurance	\$20 copay
Emergency Room/Facility (initial visit per occurrence)	\$35 copay (Waived if admitted within 24 hours)	\$35 copay (Waived if admitted within 24 hours)	\$50 copay (Waived if admitted within 24 hours)
Maternity Care	\$0	Deductible and Coinsurance	\$0
Allergy Testing & Treatment	\$15 copay (Waived for treatment)	Deductible and Coinsurance	\$20 copay (waived for treatment)
Home Healthcare	\$0 (Up to 365 visits per calendar year)	Coinsurance (no deductible)	\$0 (Up to 200 visits per calendar year)
Home Infusion Therapy	\$0	Covered in-network only	\$0
Hospice Care (Up to 210 days per lifetime)	\$0	Covered in-network only	\$0
Surgery, Presurgical Testing, Anesthesia	\$0	Deductible and Coinsurance	\$0
Chemotherapy, Radiation Therapy	\$0	Deductible and Coinsurance	\$0
Laboratory Tests, X-rays	\$0	Deductible and Coinsurance	\$0
MRI/MRA, CAT Scan, PET & Nuclear Cardiology	\$0	Deductible and Coinsurance	\$0
Chiropractic Care	\$15 copay	Deductible and Coinsurance	\$20 copay
Physical Therapy	\$0 copay for outpatient facility \$15 copay for home or office (Unlimited visits per calendar year combined in home, office or outpatient facility)	Covered in-network only	\$20 copay (30 visits per calendar year)
Other Short-Term Rehabilitative Therapies - Speech/Language, Occupational (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$0 copay for outpatient facility \$15 copay for home or office	Covered in-network only	\$20 copay
Vision Therapy	\$0 copay for outpatient facility \$15 copay for home or office	Covered in-network only	\$20 copay
Cardiac Rehabilitation (Unlimited visits per calendar year)	\$15 copay	Deductible and Coinsurance	\$20 copay
Second Surgical Opinion	\$15 copay	Deductible and Coinsurance	\$20 copay
Kidney Dialysis	\$0	Deductible and Coinsurance	\$0
Inpatient Care			
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance	\$0
Surgery, Surgical Assistant, Anesthesia	\$0	Deductible and Coinsurance	\$0
Physical Therapy, Physical Medicine, or Rehabilitation	\$0 (Unlimited inpatient days per calendar year)	Deductible and Coinsurance	\$0 (90 days per calendar year)
Skilled Nursing Facility	\$0 (Up to 365 visits per calendar year)	Covered in-network only	\$0 (60 days per calendar year)
Mental Health			
Outpatient Visits in Office	\$15 copay	Deductible and Coinsurance	\$20 copay
Outpatient Visits in Facility	\$0	Deductible and Coinsurance	\$0
Inpatient Care (As many days as is medically necessary; semiprivate room and board)	\$0 (Up to 365 days per calendar year)	Deductible and Coinsurance	\$0

***Office visits include in-office care as well as Medical Chats and Virtual Visits for Primary Care (From our Online Provider K Health, its affiliated Provider groups, via our mobile app, website or Empire-enabled device)** : **\$0 copayment - Covered in-network only**

**Empire-enabled device refers to laptops/tablets/other devices where our app can be downloaded

	ALT PPO		EPO Select 20
Benefit	In-Network	Out-of Network	In Network
Alcohol/Substance Abuse			
Outpatient Visits in Office	\$15 copay	Deductible and Coinsurance	\$20 copay
Outpatient Visits in Facility	\$0	Deductible and Coinsurance	\$0
Inpatient Detoxification (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance	\$0
Inpatient Rehabilitation	\$0	Deductible and Coinsurance	\$0
Other			
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	Difference between the allowed amount and the total charge (deductible and coinsurance do not apply)	\$0
Durable Medical Equipment	\$0	Covered in-network only	\$0
Prosthetics & Orthotics	\$0	Covered in-network only	\$0
Ambulance (Land/Air ambulance)	\$0	In-network benefits apply	\$0
Prescription Drugs			
Retail Program – One copay required for up to a 30-day supply	\$0 Deductible per person per calendar year Retail: \$5 copay for generic \$5 copay plus ancillary charge for multisource brand \$20 copay for single source brand Includes Contraceptives (Retail & Mail-Order)	Covered in-network only	\$0 Deductible Tier 1/Tier 2/Tier3 \$10/\$20/\$40 Includes Contraceptives (Retail & Mail-Order)
Mail-Order Program – Only two copays required for a 90-day supply	\$0 Deductible The Mail-Order Program has the same copayments as the Retail Program listed above	Covered in-network only	\$0 Deductible The Mail-Order Program has the same copayments as the Retail Program listed above
Qualified Mail Order Service Options (Maintenance Medications)	If you are taking a Maintenance Medication, you must select one of the qualified mail order service options through our Pharmacy Benefits Manager, CVS, or a DEHIC designated participating retail pharmacy. For new Maintenance Medication prescriptions, you may get the first 30 day supply and up to one additional 30 day refill of the Maintenance Medication at your local Retail Pharmacy. After that, you will need to select one of the qualified mail order service options to fill your prescription through the mail order supplier, CVS, or a designated participating pharmacy for maintenance drugs in order to realize the In-Network level of benefits.		
Routine Vision Care	<i>Vision benefits - once every 24 months frequency</i> \$5 copay for 1 exam \$10 eyeglass lense copay \$115 allowance then 20% off remaining balance for frames \$75 allowance then 15 % off remaining balance for conventional contacts	\$30 allowance for out-of-network exam \$64 allowance for pair of frames \$25-\$35 allowance for lenses	<i>Vision benefits - once every 12 months frequency</i> \$5 copay for 1 exam \$10 eyeglass lense copay \$115 allowance then 20% off remaining balance for frames \$75 allowance then 15 % off remaining balance for conventional contacts *OON benefits available. See BVV benefit summary.
NOTE: Please refer to your SPD (Summary Plan Description) for detailed information regarding your coverage as well as services that require pre-certification. This is a benefit comparison only and is subject to terms, conditions, limitations and exclusions set forth in your Certificate of Coverage, Schedule of Benefits, and any additional Riders or Contracts your group has purchased.			



Use your preventive care benefits

Stay healthy and catch problems early for easier treatment



Our health plans offer all the preventive care services and immunizations below at no cost to you.¹

If you are not sure which exams, tests, or shots are right for you, talk to your doctor.

Preventive care vs. diagnostic care: Knowing the difference

Preventive care helps protect you from getting sick. If your doctor recommends services when you have no symptoms, that's preventive care. **Diagnostic care** is when you have symptoms, and your doctor recommends services to determine what's causing those symptoms.

Adult preventive care

General preventive physical exams, screenings, and tests (all adults):

- Alcohol and drug misuse: related screening and behavioral counseling
- Anxiety, depression, and suicide risk screenings
- Aortic aneurysm screening (for men who have smoked)
- Behavioral counseling to promote a healthy diet and physical activity
- High blood pressure (hypertension) screening
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) levels screening
- Colorectal cancer screenings, including fecal occult blood test, barium enema, flexible sigmoidoscopy (exam of the large intestine), screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)²
- Diabetes screening (type 2)³
- Exercise interventions to prevent falls in adults over age 65

- Hepatitis B virus (HBV) screening for people at increased risk of infection
- Hepatitis C virus (HCV) screening
- Hearing screening
- Height, weight, and body mass index (BMI) measurements
- Human immunodeficiency virus (HIV): screening and counseling
- Interpersonal and domestic violence: screening and counseling
- Lung cancer screening for adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years²
- Obesity: related screening and counseling³
- Prostate cancer screenings, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Syphilis infection screening for persons who are at increased risk
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening

Women's preventive care:

- Breast cancer screenings, including exam, mammogram, and genetic testing for BRCA1 and BRCA2 when certain criteria are met⁵
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies, and counseling^{6,7,8/9}
- Chlamydia and gonorrhea screening
- Contraceptive (birth control) counseling
- Counseling related to chemoprevention for those at high risk for breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Human papillomavirus (HPV) screening⁷
- Pelvic exam and Pap test, including screening for cervical cancer
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, HIV, healthy weight, preeclampsia, and depression⁷
- Urinary incontinence screening
- Well-woman visits

Immunizations:

- Diphtheria, tetanus, and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps, and rubella (MMR)
- Meningococcal (meningitis)
- Monkeypox and/or smallpox (at risk)
- Pneumococcal (pneumonia)
- Respiratory syncytial virus (RSV)
- Severe acute respiratory syndrome coronavirus 2 (SARS CoV 2)(COVID-19)
- Varicella (chickenpox)
- Zoster (shingles)

Child preventive care

Preventive physical exams, screenings, and tests:

- Anemia screening
- Anxiety, depression, and suicide risk screenings
- Autism Spectrum Disorder (ASD) screening
- Blood pressure screening
- Cervical dysplasia (abnormal cell growth on the cervix) screening
- Cholesterol and lipid (fat) levels screening
- Development and behavior screening
- Diabetes screening (type 2)
- Hearing screening
- Height, weight, and BMI measurements
- Hemoglobin or hematocrit (blood count) screening
- Hepatitis B screening
- HIV screening
- Lead testing
- Newborn screening
- Obesity: related screening and counseling
- Ocular prophylaxis for Gonococcal Ophthalmia Neonatorum: Preventive medication: newborns
- Oral (dental health) assessment, when done as part of a preventive care visit
- Sexually transmitted infections: related screening and counseling
- Skin cancer counseling for those ages 6 months to 24 years with fair skin
- Sudden cardiac arrest/death risk assessment
- Tobacco, alcohol, and drug use assessments
- Vision screening for those ages 6 months to 5 years



Immunizations:

- Chickenpox
- Flu
- Haemophilus influenza type B (HIB)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Meningitis
- Measles, mumps, and rubella (MMR)
- Pneumonia
- Polio
- Respiratory syncytial virus (RSV)
- Rotavirus
- Severe acute respiratory syndrome coronavirus 2 (SARS CoV 2)(COVID-19)
- Whooping cough

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

¹The 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.

² You may be required to receive preapproval for these services.

³ 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.

⁴ Some plans cover additional vision services. Please see your contract or certificate of coverage for details.

⁵ Check your medical policy for details.

⁶ Breast pumps and supplies must be purchased from suppliers or retailers in your plan's network for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

⁷ This benefit also applies to those younger than age 19.

⁸ You may pay a share of cost for other prescription contraceptives, based on your drug benefits. Your cost share may be waived if your doctor decides that using the multisource brand or brand name is medically necessary.

^{8/9} Counseling services for breastfeeding (lactation) can be provided or supported by a doctor or facility in your plan's network, such as a pediatrician, OB-GYN, or family medicine doctor, and hospitals with no member cost share (deductible, copay, or coinsurance). Contact the provider to see if such services are available.

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

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

Visit with a doctor for common health concerns

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

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

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



What people say about virtual care visits²

89%

said the doctor they saw was professional and helpful

92%

thought the doctor understood their concerns

92%

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

How to download our Sydney Health app:



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



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

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

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

Visit **anthem.com**.

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



¹ Prescription availability is defined by physician judgment.

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

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

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

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

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The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use SydneySM Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat

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

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

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

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Community Resources

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

My Health Records

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

¿Prefieres obtener información en español?

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



Download the Sydney Health app today

Use the app anytime to:

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



Scan the QR code to download the Sydney Health app.

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

Protecting your privacy

How we keep your information safe and secure

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

You also have certain rights and responsibilities when receiving your healthcare. To understand how we protect your privacy, rights, and responsibilities when receiving healthcare, and your rights under the Women's Health and Cancer Rights Act, go to anthem.com/privacy. For a printed copy, please contact your benefits administrator or Human Resources representative.

How we help manage your care

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

For additional information about how we help manage your care, go to anthem.com/memberrights. 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 your 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 document, which has all the details about your plan. You can find it on anthem.com.

We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

Spanish

Usted tiene derecho a recibir ayuda en su idioma en forma gratuita. Simplemente llame al número de Servicios para Miembros que figura en su tarjeta de identificación.

Chinese

您有權免費獲得透過您使用的語言提供的幫助。請撥打您的ID卡片上的會員服務電話號碼。若您是視障人士，還可索取本文件的其他格式版本。

Vietnamese

Quý vị có quyền nhận miễn phí trợ giúp bằng ngôn ngữ của mình. Chỉ cần gọi số Dịch vụ dành cho thành viên trên thẻ ID của quý vị. Bị khiếm thị? Quý vị cũng có thể hỏi xin định dạng khác của tài liệu này."

Korean

귀하는 자국어로 무료지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

Tagalog

May karapatan ka na makakuha ng tulong sa iyong wika nang libre. Tawagan lamang ang numero ng Member Services sa iyong ID card. May kapansanan ka ba sa paningin? Maaari ka ring humiling ng iba pang format ng dokumentong ito.

Russian

Вы имеете право на получение бесплатной помощи на вашем языке. Просто позвоните по номеру обслуживания клиентов, указанному на вашей идентификационной карте. Пациенты с нарушением зрения могут заказать документ в другом формате.

Armenian

Դուք իրավունք ունեւ ստանալ անվճար օգնություն ձեր լեզվով: Պարզապես զանգահարեք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշված է ձեր ID քարտի վրա:

Farsi

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

French

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

Arabic

لك الحق في الحصول على مساعدة بلغتك مجاناً. ما عليك سوى الاتصال برقم خدمة الأعضاء الموجود على بطاقة الهوية. هل أنت ضعيف البصر؟ يمكنك طلب أشكال أخرى من هذا المستند.

Japanese

お客様の言語で無償サポートを受けることができます。IDカードに記載されているメンバーサービス番号までご連絡ください。

Haitian

Se dwa ou pou w jwenn èd nan lang ou gratis. Annik rele nimewo Sèvis Manm ki sou kat ID ou a. Èske ou gen pwoblèm pou wè? Ou ka mande dokiman sa a nan lòt fòm tou.

Italian

Ricevere assistenza nella tua lingua è un tuo diritto. Chiama il numero dei Servizi per i membri riportato sul tuo tesserino. Sei ipovedente? È possibile richiedere questo documento anche in formati diversi.

Polish

Masz prawo do uzyskania darmowej pomocy udzielonej w Twoim języku. Wystarczy zadzwonić na numer działu pomocy znajdujący się na Twojej karcie identyfikacyjnej.

Punjabi

ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਵਿੱਚ ਮਦਦ ਹਾਸਲ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਬਸ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਰਵਿਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੂਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

TTY/TTD:711

It's important we treat you fairly

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



Your benefits administrator or Human Resources representative will contact you with step-by-step instructions on how to enroll in your Anthem health plan.



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Carelon Health, Inc. is a separate company providing care management services on behalf of Anthem BCBS.

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.

Virtual text and video visits powered by K Health. LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

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