



2025 open enrollment

Your guide to your health plan

Ferrotec USA Corp

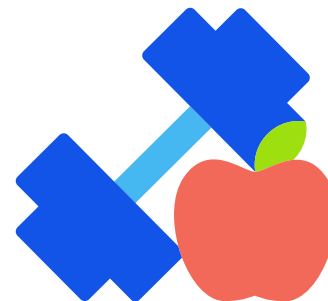


Welcome to Anthem

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.

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.



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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.

Preferred Blue

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.

- You can contribute up to \$4,300 for an individual and \$8,550 for a family. If you're 55 or older, you can contribute an extra \$1,000 a year.

Health Savings Account

A high-deductible health plan with a Health Savings Account (HSA) plan allows you to set aside pretax dollars to pay for care tax free. Use the money in the account to pay for qualified medical expenses, such as doctor or hospital visits, prescription drugs, or copays.¹

- The money in your HSA rolls over from year to year and is yours to keep, even if you change health plans or jobs, or retire.

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.

Coinsurance: 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.

Your summary of benefits



Anthem® Health Plans of NH, INC. (DBA Anthem® Blue Cross and Blue Shield)

Your Plan: Anthem Preferred Blue PPO 4000/10%/4500 Rx 10/30/60 – 771T – HRA Copay Plan

Your Network: Preferred Blue PPO

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	K Health: \$0 copay per visit medical deductible does not apply LiveHealth Online: \$20 copay per visit medical deductible does not apply
Mental Health & Substance Use Disorder Services	\$20 copay per visit medical deductible does not apply
Specialist care	\$50 copay per visit medical deductible does not apply

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$4,000 person / \$8,000 family	\$4,000 person / \$8,000 family
Overall Out-of-Pocket Limit	\$4,500 person / \$9,000 family	\$9,000 person / \$18,000 family
Pharmacy Out-of-Pocket Maximum <i>The out-of-pocket costs you pay for prescription drugs obtained at a pharmacy will apply to a separate Pharmacy Out-of-Pocket Limit. See the Covered Prescription Drug Benefits section.</i>	Individual: \$500 Family: \$1,000	Individual: \$500 Family: \$1,000

The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.

Your copays, coinsurance and deductible count toward your out of pocket limit(s).

The amount you pay for all covered expenses counts toward both your in-network and out-of-network deductibles and out-of-network out-of-pocket maximums. Expenses do not cross accumulate the in-network and out-of-network deductibles and out-of-pocket maximums.

Under the separate Pharmacy out-of-pocket maximum, expenses do not cross accumulate in-network and out-of-network. Pharmacy expenses do not accumulate to the plan Out-of-Pocket Limit.

Ferrotec has established a Health Reimbursement Account-HRA that can be used to pay for eligible out-of-pocket deductible expenses throughout the plan year.

The HRA pays 50% of covered expenses to a \$2,000 maximum per member, \$4,000 maximum per family.

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

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Primary Care (PCP) <i>virtual and office</i></p> <p>Mental Health and Substance Use Disorder Services <i>virtual and office</i></p> <p>Specialist Care <i>virtual and office</i></p>	<p>\$20 copay per visit medical deductible does not apply</p> <p>\$20 copay per visit medical deductible does not apply</p> <p>\$50 copay per visit medical deductible does not apply</p>	<p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p>
<p><u>Other Practitioner Visits</u></p> <p>Routine Maternity Care (Prenatal and Postnatal) <i>In-network preventive prenatal and postnatal services are covered at 100%.</i></p> <p>Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i></p> <p>Manipulation Therapy <i>Coverage is limited to 25 visits per benefit period.</i></p> <p>Acupuncture <i>Coverage is limited to 20 visits per benefit period.</i></p>	<p>10% coinsurance after medical deductible is met</p> <p>\$20 copay per visit medical deductible does not apply</p> <p>\$20 copay per visit medical deductible does not apply</p> <p>\$20 copay per visit medical deductible does not apply</p>	<p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p>
<p><u>Other Services in an Office</u></p> <p>Allergy Testing</p> <p>Prescription Drugs <i>Dispensed in the office</i></p> <p>Surgery</p>	<p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p> <p>PCP \$20 copay per visit medical deductible does not apply</p> <p>Specialist \$50 copay per visit medical deductible does not apply</p>	<p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p>
<p>Preventive care / screenings / immunizations</p>	<p>No charge</p>	<p>50% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Preventive Care for Chronic Conditions <i>per IRS guidelines</i>	No charge	50% coinsurance after medical deductible is met
<u>Diagnostic Services</u> Lab Office Site of Service Provider Outpatient Hospital	No charge No charge 10% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met
X-Ray Office Freestanding Radiology Center Outpatient Hospital	10% coinsurance after medical deductible is met 10% coinsurance after medical deductible is met 10% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met
Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i> Office Freestanding Radiology Center Outpatient Hospital	10% coinsurance after medical deductible is met 10% coinsurance after medical deductible is met 10% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met 50% coinsurance after medical deductible is met
<u>Urgent Care</u> Walk-in Center/Walk-in Doctor's Office Visit Urgent Care Center Visit	\$20 copay per visit medical deductible does not apply 10% coinsurance after medical deductible is met	Covered as In-Network Covered as In-Network

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Other Urgent Care services</p> <p><u>Emergency Care</u></p> <p>Emergency Room Facility Services</p> <p>Emergency Room Doctor and Other Services</p> <p>Emergency Room Doctor Services for Mental Health and Substance Use Disorders</p> <p>Ambulance</p>	<p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p>	<p>Covered as In-Network</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p>Outpatient Mental Health and Substance Use Disorder Services at a Facility</p> <p>Facility Fees</p> <p>Doctor Services</p>	<p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p>	<p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p>
<p><u>Outpatient Surgery</u></p> <p>Facility Fees</p> <p>Hospital</p> <p>Ambulatory Surgical Center</p> <p>Physician and other services <i>including surgeon fees</i></p> <p>Hospital</p> <p>Ambulatory Surgical Center</p>	<p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p>	<p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></p> <p>Facility Fees</p> <p>Physician and other services <i>including surgeon fees</i></p>	<p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p>	<p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p>
<p>Home Health Care</p>	<p>10% coinsurance after medical deductible is met</p>	<p>50% coinsurance after medical deductible is met</p>
<p>Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical, occupational and speech therapies is limited to 60 visits combined per benefit period.</i></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>\$20 copay per visit medical deductible does not apply</p> <p>10% coinsurance after medical deductible is met</p>	<p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p>
<p>Pulmonary rehabilitation</p> <p>Office</p> <p>Outpatient Hospital</p>	<p>\$50 copay per visit medical deductible does not apply</p> <p>10% coinsurance after medical deductible is met</p>	<p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p>
<p>Cardiac rehabilitation <i>Coverage is limited to 36 visits per benefit period.</i></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>\$50 copay per visit medical deductible does not apply</p> <p>10% coinsurance after medical deductible is met</p>	<p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p>
<p>Dialysis/Hemodialysis <i>office and outpatient hospital</i></p>	<p>10% coinsurance after medical deductible is met</p>	<p>50% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Chemo/Radiation Therapy</p> <p>Office</p> <p>Outpatient Hospital</p>	<p>PCP \$20 copay per visit medical deductible does not apply</p> <p>Specialist \$50 copay per visit medical deductible does not apply</p> <p>10% coinsurance after medical deductible is met</p>	<p>50% coinsurance after medical deductible is met</p> <p>50% coinsurance after medical deductible is met</p>
<p>Skilled Nursing Care (facility) <i>Coverage for Inpatient rehabilitation and skilled nursing services is limited to 100 days per benefit period.</i></p>	<p>10% coinsurance after medical deductible is met</p>	<p>50% coinsurance after medical deductible is met</p>
<p>Inpatient Hospice</p>	<p>10% coinsurance after medical deductible is met</p>	<p>50% coinsurance after medical deductible is met</p>
<p>Durable Medical Equipment <i>Durable Medical Equipment and Prosthetics are subject to a combined in network annual benefit deductible of no more than \$100 per member per benefit period.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>50% coinsurance after medical deductible is met</p>
<p>Prosthetic Devices <i>Durable Medical Equipment and Prosthetics are subject to a combined in network annual benefit deductible of no more than \$100 per member per benefit period. Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>50% coinsurance after medical deductible is met</p>
<p>Hearing Aids <i>Durable Medical Equipment and Prosthetics are subject to a combined in network annual benefit deductible of no more than \$100 per member per benefit period.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>50% coinsurance after medical deductible is met</p>

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Not applicable	Not applicable
Pharmacy Out-of-Pocket Limit	\$500 person / \$1,000 family	\$500 person / \$1,000 family
Prescription Drug Coverage Network: <i>Base Network</i> Drug List: <i>Essential Drugs not included on the Essential drug list will not be covered.</i>		
Day Supply Limits: Retail Pharmacy 30 day supply (cost shares noted below) Retail 90 Pharmacy 90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies). Home Delivery Pharmacy 90 day supply (maximum cost shares noted below). Maintenance medications are available through CarelonRx Pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. Specialty Pharmacy 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.		
Tier 1 - Typically Generic	\$10 copay per prescription (retail) and \$20 copay per prescription (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand	\$30 copay per prescription (retail) and \$60 copay per prescription (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand/Specialty Drugs	\$60 copay per prescription (retail) and \$120 copay per prescription (home delivery)	50% coinsurance (retail) and Not covered (home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><i>This is a brief outline of your vision coverage. To receive the In-Network benefit, you must use a Blue View Vision Provider. Adult and children's vision services count towards your out-of-pocket limit.</i></p>		
<p>Children's Vision exam (up to age 19) <i>Limited to 1 exam per benefit period.</i></p>	\$20 copay	\$0 copayment up to plan's Maximum Allowed Amount
<p>Frames <i>Limited to 1 unit every 2 benefit periods.</i></p>	No charge	\$0 copayment up to plan's Maximum Allowed Amount
<p>Lenses <i>Limited to 1 unit every 2 benefit periods.</i></p>	\$20 copay	\$0 copayment up to plan's Maximum Allowed Amount
<p>Elective Contact Lenses <i>Limited to 1 unit every 2 benefit periods.</i></p>	No charge	\$0 copayment up to plan's Maximum Allowed Amount
<p>Non-Elective Contact Lenses <i>Limited to 1 unit every 2 benefit periods.</i></p>	No charge	\$0 copayment up to plan's Maximum Allowed Amount
<p>Adult Vision exam (age 19 and older) <i>Limited to 1 exam per benefit period.</i></p>	\$20 copay	Reimbursed Up to \$48
<p>Frames <i>Limited to 1 unit every 2 benefit periods.</i></p>	\$100 Allowance	Reimbursed Up to \$52
<p>Lenses <i>Limited to 1 unit every 2 benefit periods combined with OON Coverage. OON Reimbursement: Single Reimbursed Up to \$32, Bifocal Reimbursed Up to \$47, Trifocal Reimbursed Up to \$66.</i></p>	\$20 copay	Receives Reimbursement
<p>Elective Contact Lenses <i>Limited to 1 unit every 2 benefit periods.</i></p>	\$100 Allowance	Reimbursed Up to \$84
<p>Non-Elective Contact Lenses <i>Limited to 1 unit every 2 benefit periods.</i></p>	No charge	Reimbursed Up to \$210

Notes:

- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

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Questions: (833) 772-4122 or visit us at www.anthem.com

NH/LG/Anthem Preferred Blue PPO non-PPC 4000/10%/4500/771T/07-01-2025

Language Access Services:

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (833) 772-4122

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (833) 772-4122.

Armenian (հայերեն). Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (833) 772-4122:

Chinese(中文): 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(833) 772-4122。

Farsi (فارسی): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (833) 772-4122 تماس بگیرید.

French (Français): Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 772-4122.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (833) 772-4122.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 772-4122.

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(833) 772-4122 にお電話ください。

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(833) 772-4122로 문의하십시오.

Navajo (Diné): Díí naaltsoos biká'ígíí lahgo bína'ídiłkidgo ná bohónéedzá dóó bee ahóót'i' t'áá ni nizaad k'ehj bee nił hodoonih t'áadoo báąh ilínígóó. Ata' halne'ígíí la' bich'í' hadeesdzih nínízingo kojí' hodiłlnih (833) 772-4122.

Language Access Services:

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (833) 772-4122.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (833) 772-4122 ਤੇ ਕਾਲ ਕਰੋ।

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (833) 772-4122.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (833) 772-4122.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (833) 772-4122.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (833) 772-4122.

It's important we treat you fairly

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

Your summary of benefits



Anthem® Health Plans of NH, INC. (DBA Anthem® Blue Cross and Blue Shield)

Your Plan: Anthem Preferred Blue PPO HSA 3300/10%/4500 Rx 10/30/60 After Ded – 771S

Your Network: Preferred Blue PPO

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	K Health: No charge after deductible is met LiveHealth Online: 10% coinsurance after deductible is met
Mental Health & Substance Use Disorder Services	10% coinsurance after deductible is met
Specialist care	10% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$3,300 person / \$6,600 family	\$3,300 person / \$6,600 family
Overall Out-of-Pocket Limit	\$4,500 person / \$9,000 family	\$9,000 person / \$18,000 family

The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.

Your copays, coinsurance and deductible count toward your out of pocket limit(s).

The amount you pay for all covered expenses counts toward both your in-network and out-of-network deductibles and out-of-network out-of-pocket maximums. Expenses do not cross accumulate the in-network and out-of-network deductibles and out-of-pocket maximums.

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

Primary Care (PCP) and Mental Health and Substance Use Disorder Services <i>virtual and office</i>	10% coinsurance after deductible is met	50% coinsurance after deductible is met
Specialist Care <i>virtual and office</i>	10% coinsurance after deductible is met	50% coinsurance after deductible is met
<u>Other Practitioner Visits</u>		
Routine Maternity Care (Prenatal and Postnatal) <i>In-network preventive prenatal and postnatal services are covered at 100%.</i>	10% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Retail Health Clinic for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.	10% coinsurance after deductible is met	50% coinsurance after deductible is met
Manipulation Therapy Coverage is limited to 25 visits per benefit period.	10% coinsurance after deductible is met	50% coinsurance after deductible is met
Acupuncture Coverage is limited to 20 visits per benefit period.	10% coinsurance after deductible is met	50% coinsurance after deductible is met
<u>Other Services in an Office</u> Allergy Testing Prescription Drugs Dispensed in the office Surgery	10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met
Preventive care / screenings / immunizations	No charge	50% coinsurance after deductible is met
Preventive Care for Chronic Conditions per IRS guidelines	No charge	50% coinsurance after deductible is met
<u>Diagnostic Services</u> Lab Office Site of Service Provider Outpatient Hospital	10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met
X-Ray Office Freestanding Radiology Center Outpatient Hospital	10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met
Advanced Diagnostic Imaging for example: MRI, PET and CAT scans Office	10% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Freestanding Radiology Center	10% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	10% coinsurance after deductible is met	50% coinsurance after deductible is met
<u>Urgent Care</u> Walk-in Center/Walk-in Doctor's Office Visit Urgent Care Center Visit Other Urgent Care services <u>Emergency Care</u> Emergency Room Facility Services Emergency Room Doctor and Other Services Emergency Room Doctor Services for Mental Health and Substance Use Disorders Ambulance	10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met	Covered as In-Network Covered as In-Network Covered as In-Network Covered as In-Network Covered as In-Network Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility Facility Fees Doctor Services	10% coinsurance after deductible is met 10% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met
<u>Outpatient Surgery</u> Facility Fees Hospital Ambulatory Surgical Center Physician and other services <i>including surgeon fees</i> Hospital Ambulatory Surgical Center	10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></p> <p>Facility Fees</p> <p>Physician and other services <i>including surgeon fees</i></p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p>Home Health Care</p>	<p>10% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p>
<p>Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical, occupational and speech therapies is limited to 60 visits combined per benefit period.</i></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p>Pulmonary rehabilitation <i>office and outpatient hospital</i></p>	<p>10% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p>
<p>Cardiac rehabilitation <i>office and outpatient hospital</i> <i>Coverage is limited to 36 visits per benefit period.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p>
<p>Dialysis/Hemodialysis <i>office and outpatient hospital</i></p>	<p>10% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p>
<p>Chemo/Radiation Therapy <i>office and outpatient hospital</i></p>	<p>10% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p>
<p>Skilled Nursing Care (facility) <i>Coverage for Inpatient rehabilitation and skilled nursing services is limited to 100 days per benefit period.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p>
<p>Inpatient Hospice</p>	<p>10% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p>
<p>Durable Medical Equipment</p>	<p>10% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p>
<p>Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p>
<p>Hearing Aids</p>	<p>10% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p>

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Combined with In-Network medical deductible	Combined with Non-Network medical deductible
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit
Prescription Drug Coverage Network: <i>Base Network</i> Drug List: <i>Essential</i> <i>Drugs not included on the Essential drug list will not be covered.</i>		
Day Supply Limits: Retail Pharmacy <i>30 day supply (cost shares noted below)</i> Retail 90 Pharmacy <i>90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies).</i> Home Delivery Pharmacy <i>90 day supply (maximum cost shares noted below). Maintenance medications are available through CarelonRx Pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.</i> Specialty Pharmacy <i>30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.</i>		
Preventive Drugs <i>The deductible does not apply to prescription drugs on the PreventiveRx Plus drug list when you use an In-Network Pharmacy.</i>		
Tier 1 Preventive – Typically Generic	No charge	50% coinsurance, deductible does not apply (retail only)
Tier 2 Preventive – Typically Preferred Brand	No charge	50% coinsurance, deductible does not apply (retail only)
Tier 1 - Typically Generic	\$10 copay per prescription after deductible is met (retail) and \$20 copay per prescription after deductible is met (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand	\$30 copay per prescription after deductible is met (retail) and \$60 copay per prescription after deductible is met (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand/Specialty Drugs	\$60 copay per prescription after deductible is met (retail) and \$120 copay per prescription after deductible is met (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><i>This is a brief outline of your vision coverage. To receive the In-Network benefit, you must use a Blue View Vision Provider. Adult and children's vision services count towards your out-of-pocket limit.</i></p>		
<p>Children's Vision exam (up to age 19) <i>Limited to 1 exam per benefit period.</i></p>	\$20 copay	\$0 copayment up to plan's Maximum Allowed Amount
<p>Frames <i>Limited to 1 unit every 2 benefit periods.</i></p>	No charge	\$0 copayment up to plan's Maximum Allowed Amount
<p>Lenses <i>Limited to 1 unit every 2 benefit periods.</i></p>	\$20 copay	\$0 copayment up to plan's Maximum Allowed Amount
<p>Elective Contact Lenses <i>Limited to 1 unit every 2 benefit periods.</i></p>	No charge	\$0 copayment up to plan's Maximum Allowed Amount
<p>Non-Elective Contact Lenses <i>Limited to 1 unit every 2 benefit periods.</i></p>	No charge	\$0 copayment up to plan's Maximum Allowed Amount
<p>Adult Vision exam (age 19 and older) <i>Limited to 1 exam per benefit period.</i></p>	\$20 copay	Reimbursed Up to \$48
<p>Frames <i>Limited to 1 unit every 2 benefit periods.</i></p>	\$100 Allowance	Reimbursed Up to \$52
<p>Lenses <i>Limited to 1 unit every 2 benefit periods combined with OON Coverage. OON Reimbursement: Single Reimbursed Up to \$32, Bifocal Reimbursed Up to \$47, Trifocal Reimbursed Up to \$66.</i></p>	\$20 copay	Receives Reimbursement
<p>Elective Contact Lenses <i>Limited to 1 unit every 2 benefit periods.</i></p>	\$100 Allowance	Reimbursed Up to \$84
<p>Non-Elective Contact Lenses <i>Limited to 1 unit every 2 benefit periods.</i></p>	No charge	Reimbursed Up to \$210

Notes:

- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

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Questions: (833) 772-4122 or visit us at www.anthem.com

NH/LG/Anthem Preferred Blue PPO HSA 3300/10%/4500 (Prev Rx)/771S/07-01-2025

Language Access Services:

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (833) 772-4122

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (833) 772-4122

Armenian (հայերեն). Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (833) 772-4122:

Chinese(中文): 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(833) 772-4122。

Farsi (فارسی): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (833) 772-4122 تماس بگیرید.

French (Français): Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 772-4122.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (833) 772-4122.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 772-4122.

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(833) 772-4122 にお電話ください。

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(833) 772-4122로 문의하십시오.

Navajo (Diné): Díí naaltsoos biká'ígíí lahgo bina'ídiłkidgo ná bohónéedzá dóó bee ahóót'i' t'áá ni nizaad k'ehj bee nił hodoonih t'áadoo báąh ilínígóó. Ata' halne'ígíí la' bich'í' hadeesdzih nínízingo kojí' hodiłlnih (833) 772-4122.

Language Access Services:

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (833) 772-4122.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (833) 772-4122 ਤੇ ਕਾਲ ਕਰੋ।

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (833) 772-4122.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (833) 772-4122.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (833) 772-4122.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (833) 772-4122.

It's important we treat you fairly

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



Additional Plans for your health

Ferrotec USA Corp

Accident
& Critical Illness



Accident coverage

Protect yourself from the unexpected



When an accident happens, most of us aren't financially prepared for the overwhelming costs of care — even if we have medical coverage. Accident coverage can help take care of those unexpected costs and provide peace of mind.

You can benefit from accident coverage if you:

- Have children who are active or play sports.
- Participate in active hobbies.
- Work at a physically demanding job.
- Enjoy working around the house.

How the accident plan works

If you or a covered family member is injured because of a qualifying accident, the plan pays out a cash benefit in one lump sum. The injury doesn't have to be severe. Some commonly covered accidental injuries include broken bones or dislocations, burns, and dental and eye injuries.

You decide how to use the benefits to best support your recovery. Use them to help pay for:

- **Out-of-pocket medical costs**, like your deductible, copays, or coinsurance (your percentage of the costs).
- **Other medical costs**, such as ambulance fees, physical therapy, X-rays, or crutches.
- **Daily expenses**, like rent, food, transportation, or help around the house.



IMPORTANT: This is a fixed indemnity policy, NOT health insurance. This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying for the cost of your care: the payment you get isn't based on the size of your medical bill; there might be a limit on how much this policy will pay each year; this policy isn't a substitute for comprehensive health insurance; since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance. **Looking for comprehensive health insurance?** Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options. To find out if you get health insurance through your job, or a family member's job, contact the employer. **Questions about this policy?** For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments." If you have this policy through your job, or a family member's job, contact the employer.

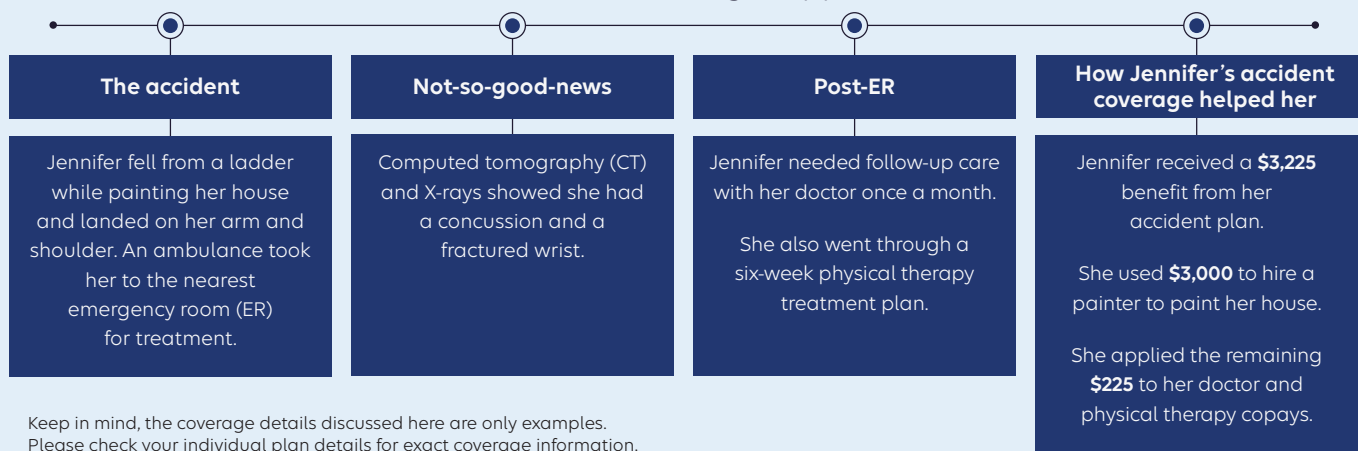
Key plan features

- Cash benefit is paid directly to you in a lump-sum payment.
- No medical questions or exam needed to enroll.
- No limitations for preexisting conditions.¹
- Coverage is available for yourself, your spouse, and dependent children.
- You can take your coverage with you even if you leave your employer.²



Jennifer's story — An example of accident coverage:

Here's how Jennifer's accident coverage supported her after a fall.³



Keep in mind, the coverage details discussed here are only examples. Please check your individual plan details for exact coverage information.



Connected benefits make things easier for you

When you have supplemental health coverage, you will have to submit a claim to be paid for your qualifying accidental injury. If you have a medical plan and accident coverage with us, we'll automatically let you know when you may have an eligible accident claim to file, based on the medical claims we see filed by your healthcare professionals. Just make sure you've created an account on the SydneySM Health mobile app or anthem.com and are signed up for email alerts.

¹ Covered accidents must occur after the effective date of coverage.

² Not available in all states. Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.

³ The people and situation in this example are not real. They're only used to show how the plan works.

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

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

Accident Medium 24 Hour Plan

Accident coverage provides a cash benefit for qualifying accidental losses. It can help pay for out-of-pocket medical costs, costs that may not be covered under your medical plan, or daily expenses.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- No medical questions or exam needed to enroll.
- You can take your coverage with you even if you leave your employer.¹
- No limitations for pre-existing conditions.²

On the job accidents are covered

Coverage Options	Employee Only	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
Monthly Cost	\$8.14	\$12.81	\$13.42	\$21.17

Hospital and Emergency Benefits

Benefit	Payment Limitation	Amount
Hospital Admission	Once/accident within 90 days	\$1,000
Daily Hospital Confinement	Up to 365 days/lifetime (total daily and ICU)	\$200
Daily ICU Confinement	Up to 30 days/accident (subject to 365 days/lifetime)	\$400
Ambulance – Air	Once/accident within 72 hours	\$1,000
Ambulance – Ground	Once/accident within 90 days	\$300
Blood/Plasma/Platelets	Once/accident within 90 days	\$300
Emergency Room	Once/accident within 72 hours	\$200
Diagnostic Exam	Once/accident within 90 days	\$150
Urgent Care	Once/accident within 72 hours	\$150
X-Ray	Once/accident within 90 days	\$150

Follow Up Care Benefits

Benefit	Payment Limitation	Amount
Accident Follow-up	Up to 3 treatments/accident within 90 days	\$75
Acupuncture	Up to 10 visits/accident within 365 days	\$25
Child Care	Up to 30 days/accident while insured is confined	\$25
Chiropractic Care	Up to 10 visits/accident within 365 days	\$25
Transportation	Up to 3 trips/accident	\$300
Initial Physician Office Visit	Once/accident within 90 days	\$75
Lodging	Up to 30 nights/lifetime	\$125
Medical Appliance	Once/accident within 90 days	\$150
Physical Therapy	Up to 10 visits/accident within 90 days	\$50
Rehabilitation Facility	Up to 15 days/lifetime within 90 days	\$150

Specified Injury & Surgery Benefits

Benefit	Amount
Abdominal/Thoracic Trauma	\$1,000
Arthroscopic Surgery	\$300
Concussion	\$200
Emergency Dental - Crown	\$300
Emergency Dental - Extraction	\$100
Eye Injury- Object Removal	\$150
Eye Injury- Surgery	\$450
Knee Cartilage- With Repair	\$750
Knee Cartilage – Without Repair	\$150
Laceration- 2" To 6"	\$150
Laceration- 6" Or Greater	\$300
Ruptured Disc	\$750
Tendon/Ligament/Cuff – single	\$750
Tendon/Ligament/Cuff – 2 or more	\$1,000

Catastrophic Benefits

Benefit	Amount
Coma (≥ 168] continuous hours)	\$10,000
Burn - 2 ND Degree (≥ 34% Of Body Surface)	\$1,000
Burn - 3 RD Degree (≥ 18 Sq. In. Of Body Surface)	\$10,000
Burn – Skin Graft (For 3 RD Degree Burn)	25% Of 3 rd Degree Burn Benefit
Home Health Care	\$50
Paralysis – quadriplegia	\$10,000
Paralysis – paraplegia	\$5,000
Prosthesis – single	\$750
Prosthesis – 2 or more	\$1,500

Accidental Death & Dismemberment

Benefit	Payment Limitation	Amount
Accidental Death	Within 90 Days	\$50,000
Common Carrier Death	Spouse benefit payable at 50% of employee benefit	\$150,000
Both hands or both feet	Child(ren) benefit payable at 25% of employee benefit	\$50,000
Sight – both eyes		\$50,000
Speech & Hearing (both ears)		\$50,000
1 hand & 1 foot		\$25,000
1 hand/foot & sight of 1 eye		\$50,000
1 hand or 1 foot		\$25,000
Sight – 1 eye		\$25,000
Speech or Hearing (both ears)		\$25,000
Thumb & Index finger (same hand)		\$5,000

Dislocation Schedule

Benefit	Payment Limitation	Amount
Ankle, foot bones (except toes)	- Closed/non-surgical benefit is 50% of open benefit shown	\$1,400
Collarbone – acromio/separation	- Benefit for dependent spouse is 100% of the amount shown	\$320
Collarbone – sternoclavicular	- Benefit for dependent child(ren) is 100% of the amount shown	\$500
Elbow	- Incomplete dislocations and dislocation without anesthesia are 25% of the benefit shown	\$640
Finger, toe	- Multiple dislocations and fractures are payable up to 200% of the highest benefit	\$320
Hip		\$3,800
Knee		\$1,800
Lower Jaw		\$640
Shoulder (glenohumeral)		\$1,400
Wrist		\$1,400
Hand Bones (except fingers)		\$640

Fractures Schedule

Benefit	Payment Limitation	Amount
Ankle	- Closed/non-surgical benefit is 50% of open benefit shown	\$1,800
Foot Bones (except toes)	- Benefit for dependent spouse is 100% of the amount shown	\$1,800
Coccyx	- Benefit for dependent child(ren) is 100% of the amount shown	\$500
Collarbone/clavicle or sternum	- Chip fracture is payable at 25% of the benefit shown	\$1,800
Finger, toe	- Multiple dislocations and fractures are payable up to 200% of the highest benefit	\$320
Forearm – radius or ulna		\$1,800
Hip, thigh/femur		\$4,000
Kneecap/patella		\$1,800
Lower jaw/mandible (exc. alv. process)		\$1,400
Lower leg – fibula or tibia		\$2,200
Nose, facial bones (except jaw bones)		\$640
Pelvis (except coccyx)		\$3,600
Vertebrae – processes		\$640
Rib		\$500
Shoulder blade/scapula		\$1,800
Skull – depressed		\$3,600
Skull – non-depressed/simple		\$1,000
Upper arm/humerus		\$1,800
Upper jaw/maxilla (exc. alveolar process)		\$1,400
Vertebrae – body		\$3,600
Wrist, hand bones (except fingers)		\$1,800

How to file claims

You can file claims online at <https://supplemental-health.Anthem.com> or you can complete a claim form and file it by mail or fax. Contact us at (888) 828-2423 with any questions.

Exclusions

The information provided below is applicable in most states; however, please be aware that state variations may apply.

A benefit is not payable for any covered illness that results from or is caused by:

- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- War or act of war, declared or undeclared
- A nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to them
- A covered person's taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed or administered by a Physician
- A covered person's being intoxicated as defined by the jurisdiction in which the cause of the loss was incurred
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests.
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft. Aircraft includes those which are not motor-driven. This exclusion does not apply where the Covered Person is riding as a fare-paying passenger on a regularly scheduled commercial airline or as a passenger for transportation only and not as a pilot or crew member
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

THIS POLICY PROVIDES LIMITED ACCIDENT-ONLY COVERAGE AND IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS

Accident means a sudden, unforeseeable event that causes an Injury and that: 1) occurs while this Certificate is in force; 2) occurs while the Covered Person's insurance is effective; and 3) is not subject to any exclusion in the Policy.

¹ Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.

² Covered accidents or illness must occur after the effective date of coverage.

In Colorado and Georgia, members must be enrolled in comprehensive health benefits from a group health insurance plan, an employer sponsored plan, an HMO plan, or an individual health plan that provides essential health benefits.

Group Accident benefits provided by policy form SAI B XX18 P or state equivalent.

This is not a contract; it is a partial listing of benefits and services. All covered service are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

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Critical illness coverage

Helping to ease your stress and protect your finances



Illness can happen to anyone at any time, regardless of age. That's why it's important to be prepared. Knowing your family history and risk factors can help give you peace of mind, and so can Critical illness coverage.

How the Critical illness plan works

Critical illness coverage offers a lump-sum cash benefit for unexpected costs and supports recovery if you or a covered family member are diagnosed with a Critical illness, like a heart attack or cancer.

You decide how to use the benefits to best support your recovery. Use them to help pay for:

- **Out-of-pocket medical costs**, like your deductible, copays, or coinsurance (your percentage of the costs).
- **Other medical costs**, such as doctor bills, imaging, or rehabilitation.
- **Daily expenses**, like rent, food, transportation, or help around the house.

Our Critical illness coverage provides benefits for up to 18 Critical illness, including heart attack, stroke, certain cancers, and major organ transplant. The coverage pays for the diagnosis of certain illnesses after your coverage is effective.



IMPORTANT: This is a fixed indemnity policy, NOT health insurance. This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying for the cost of your care: the payment you get isn't based on the size of your medical bill; there might be a limit on how much this policy will pay each year; this policy isn't a substitute for comprehensive health insurance; since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance. **Looking for comprehensive health insurance?** Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options. To find out if you get health insurance through your job, or a family member's job, contact the employer. **Questions about this policy?** For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments." If you have this policy through your job, or a family member's job, contact the employer.

Key plan features

- Cash benefit is paid directly to you in a lump-sum payment.
- No limitations for preexisting conditions.²
- Coverage is available for yourself, your spouse, and dependent children.
- You can take your coverage with you even if you leave your employer.³
- You can earn \$50 each year for having an eligible health screening, such as a mammogram or colonoscopy. Complete your health screening and call the Claims line at **888-828-2432**. We'll confirm your screening and then send you a check.



Mason's story — An example of Critical illness coverage:

Here's how Mason's Critical illness coverage supported him after a heart attack.

The life-changing event

When Mason felt pain in his chest and shortness of breath, he called 911 and went to the emergency room (ER). He was diagnosed with a heart attack.

Not-so-good-news

Two months after his heart attack, Mason's doctor recommended coronary artery bypass surgery, which he had the following week.

How Mason's coverage helped him

Mason received a **\$30,000** lump-sum benefit to cover heart attack expenses.

After his bypass surgery, he received an additional **\$7,500** benefit.*

He applied part of his **\$37,500** in benefits to pay for a health coach and gym membership after his surgery.

Keep in mind, the coverage details discussed here are only examples. Please check your individual plan details for exact coverage information.

*As part of the heart attack benefit, members receive an additional payment if they have a coronary artery bypass diagnosis.



Connected benefits make things easier for you to file a claim

When you have supplemental health coverage, you will have to submit a claim to be paid for your qualifying Critical illness.

If you have a medical plan and Critical illness coverage with us, we'll automatically let you know when you may have an eligible claim to file, based on the medical claims we see filed by your healthcare professionals. Just make sure you've created an account on the SydneySM Health mobile app or [anthem.com](https://www.anthem.com) and are signed up for email alerts.

¹ Restrictions may apply.

² Covered accidents or illness must occur after the effective date of coverage.

³ Not available in all states; insured will only be able to continue coverage while the policy is in-force with the policyholder, and the insured must pay premium if electing to continue coverage after leaving employer.

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Critical Illness 5K Plan

With Skin Cancer Benefit

Critical Illness coverage provides the added layer of security you want and need when illness occurs— a lump-sum cash benefit to help pay for unexpected costs. You decide how to use the benefits : Help pay for out-of-pocket medical costs, prescriptions, hospital bills, X-rays, daily expenses, rent, food, or transportation.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- Health screenings, such as a lipid panel or fasting glucose test.
- You can take your coverage with you even if you leave your employer.¹
- Benefits for covered spouse are 50% and children are 50% of the amount shown below, except for Health Screening and Skin Cancer

Cancer Benefits

Benefit	Amount
Invasive Cancer	\$5,000
Non-Invasive Cancer	\$1,250
Benign Brain Tumor	\$5,000

Vascular Benefits

Benefit	Amount
Heart Transplant	\$5,000
Heart Attack (Myocardial Infarction)	\$5,000
Stroke	\$5,000
Coronary Artery By-Pass Surgery	\$1,250

Neurological Benefits

Benefit	Amount
Advanced Parkinson's Disease	\$5,000
Advanced Alzheimer's Disease	\$5,000
Amyotrophic Lateral Sclerosis	\$5,000
Advanced Multiple Sclerosis	\$5,000

Other Specified Illness Benefits

Benefit	Amount
Coma	\$5,000
Paralysis	\$5,000
Major Organ Transplant	\$5,000
End Stage Renal Disease	\$5,000
Loss of Hearing	\$5,000
Loss of Speech	\$5,000
Loss of Vision	\$5,000

Recurrence Benefits

Benefit	Amount
Recurrence Waiting Period	12 months
Invasive Cancer	50% of Previously Covered Benefit
Benign Brain Tumor	50% of Previously Covered Benefit
Heart Transplant	50% of Previously Covered Benefit
Heart Attack (Myocardial Infarction)	50% of Previously Covered Benefit
Stroke	50% of Previously Covered Benefit
Coma	50% of Previously Covered Benefit
Major Organ Transplant	50% of Previously Covered Benefit

Other key features

Benefit	Amount
Health screening benefit: per member, per calendar year	\$50, per covered person, per calendar year
Skin Cancer benefit, per member, once per lifetime	\$250
Additional occurrence of multiple conditions	Covered with 30 day separation period If both conditions are Vascular or both are Cancer. Otherwise, covered with no separation period.
Pre-Existing Conditions Limitation	None
Lifetime Benefit Maximum - Employee	\$125,000
Lifetime Benefit Maximum - Spouse	\$62,500
Lifetime Benefit Maximum - Children	\$62,500

How to file claims

You can file claims online at <https://supplemental-health.anthem.com> or you can complete the claim form and file it by mail or fax. Contact us with any questions: please call (888) 828-2432.

Monthly Cost³

Uni-Tobacco Rates

Employee Age	Employee	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
18-24	\$1.87	\$3.20	\$3.00	\$4.52
25-29	\$2.24	\$3.77	\$3.37	\$5.09
30-34	\$2.48	\$4.15	\$3.61	\$5.47
35-39	\$3.03	\$4.98	\$4.16	\$6.30
40-44	\$3.94	\$6.41	\$5.07	\$7.73
45-49	\$5.59	\$9.01	\$6.72	\$10.33
50-54	\$7.54	\$12.06	\$8.67	\$13.38
55-59	\$10.25	\$16.34	\$11.38	\$17.66
60-64	\$14.26	\$22.60	\$15.39	\$23.92
65-69	\$19.05	\$29.99	\$20.18	\$31.31
70-74	\$25.48	\$39.89	\$26.61	\$41.21
75-79	\$34.40	\$53.45	\$35.53	\$54.77
80-84	\$41.73	\$64.54	\$42.86	\$65.86

Annual age redetermination on anniversary is calculated using date of birth on or before anniversary date.

Exclusions

A benefit is not payable for any covered illness that results from or is caused by:

- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- War or act of war, declared or undeclared
- A covered person's participation in a felony, riot or insurrection
- A covered person's engaging in any illegal occupation
- A covered person's service in the armed forces or units auxiliary to them

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

General Limitations

Benefits under the policy are not payable for any covered illness:

- Diagnosed prior to the effective date of insurance for a covered person (except for newborn children)
- Diagnosed during an applicable Benefit Separation Period
- For which a covered person has already received a benefit payment under the policy, unless the covered illness is included in a Recurrence provision
- For which a covered person has already received a benefit payment under the Recurrence provision

In addition, benefits are not payable for any critical illness not included as a covered illness in a covered person's certificate.

THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

¹ Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.

² Covered accidents or illness must occur after the effective date of coverage.

³ Actual deductions may vary slightly due to rounding and payroll frequency.

Group Critical Illness benefits provided by policy form SCI B XX18 P or state equivalent.

This is not a contract; it is a partial listing of benefits and services. All covered service are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail. If you have any questions, please contact your Human Resources/Benefits manager. If you have any questions, please contact your Human Resources/Benefits manager.

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Critical Illness 10K Plan

With Skin Cancer Benefit

Critical Illness coverage provides the added layer of security you want and need when illness occurs— a lump-sum cash benefit to help pay for unexpected costs. You decide how to use the benefits : Help pay for out-of-pocket medical costs, prescriptions, hospital bills, X-rays, daily expenses, rent, food, or transportation.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- Health screenings, such as a lipid panel or fasting glucose test.
- You can take your coverage with you even if you leave your employer.¹
- Benefits for covered spouse are 50% and children are 50% of the amount shown below, except for Health Screening and Skin Cancer

Cancer Benefits

Benefit	Amount
Invasive Cancer	\$10,000
Non-Invasive Cancer	\$2,500
Benign Brain Tumor	\$10,000

Vascular Benefits

Benefit	Amount
Heart Transplant	\$10,000
Heart Attack (Myocardial Infarction)	\$10,000
Stroke	\$10,000
Coronary Artery By-Pass Surgery	\$2,500

Neurological Benefits

Benefit	Amount
Advanced Parkinson's Disease	\$10,000
Advanced Alzheimer's Disease	\$10,000
Amyotrophic Lateral Sclerosis	\$10,000
Advanced Multiple Sclerosis	\$10,000

Other Specified Illness Benefits

Benefit	Amount
Coma	\$10,000
Paralysis	\$10,000
Major Organ Transplant	\$10,000
End Stage Renal Disease	\$10,000
Loss of Hearing	\$10,000
Loss of Speech	\$10,000
Loss of Vision	\$10,000

Recurrence Benefits

Benefit	Amount
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Heart Attack (Myocardial Infarction)	50% of Previously Covered Benefit
Stroke	50% of Previously Covered Benefit
Coma	50% of Previously Covered Benefit
Major Organ Transplant	50% of Previously Covered Benefit

Other key features

Benefit	Amount
Health screening benefit: per member, per calendar year	\$50, per covered person, per calendar year
Skin Cancer benefit, per member, once per lifetime	\$250
Additional occurrence of multiple conditions	Covered with 30 day separation period If both conditions are Vascular or both are Cancer. Otherwise, covered with no separation period.
Pre-Existing Conditions Limitation	None
Lifetime Benefit Maximum - Employee	\$250,000
Lifetime Benefit Maximum - Spouse	\$125,000
Lifetime Benefit Maximum - Children	\$125,000

How to file claims

You can file claims online at <https://supplemental-health.anthem.com> or you can complete the claim form and file it by mail or fax. Contact us with any questions: please call (888) 828-2432.

Monthly Cost³

Uni-Tobacco Rates

Employee Age	Employee	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
18-24	\$2.90	\$4.74	\$4.41	\$6.50
25-29	\$3.56	\$5.74	\$5.07	\$7.50
30-34	\$4.00	\$6.43	\$5.51	\$8.19
35-39	\$5.07	\$8.04	\$6.58	\$9.80
40-44	\$6.81	\$10.72	\$8.32	\$12.48
45-49	\$10.02	\$15.70	\$11.53	\$17.46
50-54	\$13.85	\$21.66	\$15.36	\$23.42
55-59	\$19.18	\$30.00	\$20.69	\$31.76
60-64	\$27.08	\$42.27	\$28.59	\$44.03
65-69	\$36.49	\$56.70	\$38.00	\$58.46
70-74	\$49.24	\$76.26	\$50.75	\$78.02
75-79	\$67.00	\$103.17	\$68.51	\$104.93
80-84	\$81.62	\$125.28	\$83.13	\$127.04

Annual age redetermination on anniversary is calculated using date of birth on or before anniversary date.

Exclusions

A benefit is not payable for any covered illness that results from or is caused by:

- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- War or act of war, declared or undeclared
- A covered person's participation in a felony, riot or insurrection
- A covered person's engaging in any illegal occupation
- A covered person's service in the armed forces or units auxiliary to them

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

General Limitations

Benefits under the policy are not payable for any covered illness:

- Diagnosed prior to the effective date of insurance for a covered person (except for newborn children)
- Diagnosed during an applicable Benefit Separation Period
- For which a covered person has already received a benefit payment under the policy, unless the covered illness is included in a Recurrence provision
- For which a covered person has already received a benefit payment under the Recurrence provision

In addition, benefits are not payable for any critical illness not included as a covered illness in a covered person's certificate.

THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

¹ Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.

² Covered accidents or illness must occur after the effective date of coverage.

³ Actual deductions may vary slightly due to rounding and payroll frequency.

Group Critical Illness benefits provided by policy form SCI B XX18 P or state equivalent.

This is not a contract; it is a partial listing of benefits and services. All covered service are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail. If you have any questions, please contact your Human Resources/Benefits manager. If you have any questions, please contact your Human Resources/Benefits manager.

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Critical Illness 20K Plan

With Skin Cancer Benefit

Critical Illness coverage provides the added layer of security you want and need when illness occurs— a lump-sum cash benefit to help pay for unexpected costs. You decide how to use the benefits : Help pay for out-of-pocket medical costs, prescriptions, hospital bills, X-rays, daily expenses, rent, food, or transportation.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- Health screenings, such as a lipid panel or fasting glucose test.
- You can take your coverage with you even if you leave your employer.¹
- Benefits for covered spouse are 50% and children are 50% of the amount shown below, except for Health Screening and Skin Cancer

Cancer Benefits

Benefit	Amount
Invasive Cancer	\$20,000
Non-Invasive Cancer	\$5,000
Benign Brain Tumor	\$20,000

Vascular Benefits

Benefit	Amount
Heart Transplant	\$20,000
Heart Attack (Myocardial Infarction)	\$20,000
Stroke	\$20,000
Coronary Artery By-Pass Surgery	\$5,000

Neurological Benefits

Benefit	Amount
Advanced Parkinson's Disease	\$20,000
Advanced Alzheimer's Disease	\$20,000
Amyotrophic Lateral Sclerosis	\$20,000
Advanced Multiple Sclerosis	\$20,000

Other Specified Illness Benefits

Benefit	Amount
Coma	\$20,000
Paralysis	\$20,000
Major Organ Transplant	\$20,000
End Stage Renal Disease	\$20,000
Loss of Hearing	\$20,000
Loss of Speech	\$20,000
Loss of Vision	\$20,000

Recurrence Benefits

Benefit	Amount
Recurrence Waiting Period	12 months
Invasive Cancer	50% of Previously Covered Benefit
Benign Brain Tumor	50% of Previously Covered Benefit
Heart Transplant	50% of Previously Covered Benefit
Heart Attack (Myocardial Infarction)	50% of Previously Covered Benefit
Stroke	50% of Previously Covered Benefit
Coma	50% of Previously Covered Benefit
Major Organ Transplant	50% of Previously Covered Benefit

Other key features

Benefit	Amount
Health screening benefit: per member, per calendar year	\$50, per covered person, per calendar year
Skin Cancer benefit, per member, once per lifetime	\$250
Additional occurrence of multiple conditions	Covered with 30 day separation period If both conditions are Vascular or both are Cancer. Otherwise, covered with no separation period.
Pre-Existing Conditions Limitation	None
Lifetime Benefit Maximum - Employee	\$500,000
Lifetime Benefit Maximum - Spouse	\$250,000
Lifetime Benefit Maximum - Children	\$250,000

How to file claims

You can file claims online at <https://supplemental-health.anthem.com> or you can complete the claim form and file it by mail or fax. Contact us with any questions: please call (888) 828-2432.

Monthly Cost³

Uni-Tobacco Rates

Employee Age	Employee	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
18-24	\$4.96	\$7.82	\$7.23	\$10.47
25-29	\$6.21	\$9.69	\$8.48	\$12.34
30-34	\$7.06	\$10.98	\$9.33	\$13.63
35-39	\$9.16	\$14.14	\$11.43	\$16.79
40-44	\$12.56	\$19.33	\$14.83	\$21.98
45-49	\$18.89	\$29.08	\$21.16	\$31.73
50-54	\$26.47	\$40.84	\$28.74	\$43.49
55-59	\$37.04	\$57.32	\$39.31	\$59.97
60-64	\$52.71	\$81.60	\$54.98	\$84.25
65-69	\$71.39	\$110.13	\$73.66	\$112.78
70-74	\$96.78	\$149.02	\$99.05	\$151.67
75-79	\$132.19	\$202.62	\$134.46	\$205.27
80-84	\$161.40	\$246.75	\$163.67	\$249.40

Annual age redetermination on anniversary is calculated using date of birth on or before anniversary date.

Exclusions

A benefit is not payable for any covered illness that results from or is caused by:

- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- War or act of war, declared or undeclared
- A covered person's participation in a felony, riot or insurrection
- A covered person's engaging in any illegal occupation
- A covered person's service in the armed forces or units auxiliary to them

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

General Limitations

Benefits under the policy are not payable for any covered illness:

- Diagnosed prior to the effective date of insurance for a covered person (except for newborn children)
- Diagnosed during an applicable Benefit Separation Period
- For which a covered person has already received a benefit payment under the policy, unless the covered illness is included in a Recurrence provision
- For which a covered person has already received a benefit payment under the Recurrence provision

In addition, benefits are not payable for any critical illness not included as a covered illness in a covered person's certificate.

THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

¹ Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.

² Covered accidents or illness must occur after the effective date of coverage.

³ Actual deductions may vary slightly due to rounding and payroll frequency.

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6/2025

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Critical Illness 30K Plan

With Skin Cancer Benefit

Critical Illness coverage provides the added layer of security you want and need when illness occurs— a lump-sum cash benefit to help pay for unexpected costs. You decide how to use the benefits : Help pay for out-of-pocket medical costs, prescriptions, hospital bills, X-rays, daily expenses, rent, food, or transportation.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- Health screenings, such as a lipid panel or fasting glucose test.
- You can take your coverage with you even if you leave your employer.¹
- Benefits for covered spouse are 50% and children are 50% of the amount shown below, except for Health Screening and Skin Cancer

Cancer Benefits

Benefit	Amount
Invasive Cancer	\$30,000
Non-Invasive Cancer	\$7,500
Benign Brain Tumor	\$30,000

Vascular Benefits

Benefit	Amount
Heart Transplant	\$30,000
Heart Attack (Myocardial Infarction)	\$30,000
Stroke	\$30,000
Coronary Artery By-Pass Surgery	\$7,500

Neurological Benefits

Benefit	Amount
Advanced Parkinson's Disease	\$30,000
Advanced Alzheimer's Disease	\$30,000
Amyotrophic Lateral Sclerosis	\$30,000
Advanced Multiple Sclerosis	\$30,000

Other Specified Illness Benefits

Benefit	Amount
Coma	\$30,000
Paralysis	\$30,000
Major Organ Transplant	\$30,000
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Loss of Hearing	\$30,000
Loss of Speech	\$30,000
Loss of Vision	\$30,000

Recurrence Benefits

Benefit	Amount
Recurrence Waiting Period	12 months
Invasive Cancer	50% of Previously Covered Benefit
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Heart Transplant	50% of Previously Covered Benefit
Heart Attack (Myocardial Infarction)	50% of Previously Covered Benefit
Stroke	50% of Previously Covered Benefit
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Other key features

Benefit	Amount
Health screening benefit: per member, per calendar year	\$50, per covered person, per calendar year
Skin Cancer benefit, per member, once per lifetime	\$250
Additional occurrence of multiple conditions	Covered with 30 day separation period If both conditions are Vascular or both are Cancer. Otherwise, covered with no separation period.
Pre-Existing Conditions Limitation	None
Lifetime Benefit Maximum - Employee	\$750,000
Lifetime Benefit Maximum - Spouse	\$375,000
Lifetime Benefit Maximum - Children	\$375,000

How to file claims

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Monthly Cost³

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Employee Age	Employee	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
18-24	\$7.02	\$10.90	\$10.05	\$14.43
25-29	\$8.86	\$13.63	\$11.89	\$17.16
30-34	\$10.11	\$15.53	\$13.14	\$19.06
35-39	\$13.25	\$20.25	\$16.28	\$23.78
40-44	\$18.31	\$27.94	\$21.34	\$31.47
45-49	\$27.76	\$42.46	\$30.79	\$45.99
50-54	\$39.10	\$60.02	\$42.13	\$63.55
55-59	\$54.90	\$84.64	\$57.93	\$88.17
60-64	\$78.35	\$120.94	\$81.38	\$124.47
65-69	\$106.29	\$163.56	\$109.32	\$167.09
70-74	\$144.31	\$221.78	\$147.34	\$225.31
75-79	\$197.38	\$302.07	\$200.41	\$305.60
80-84	\$241.18	\$368.23	\$244.21	\$371.76

Annual age redetermination on anniversary is calculated using date of birth on or before anniversary date.

Exclusions

A benefit is not payable for any covered illness that results from or is caused by:

- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- War or act of war, declared or undeclared
- A covered person's participation in a felony, riot or insurrection
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Earn \$50 for taking care of your health



As part of your Anthem Critical Illness plan, you can earn \$50 for having a health screening, such as a mammogram, colonoscopy, fasting blood glucose test, or one of many common cancer screenings.

To take advantage of this benefit:

Step 1: Complete your health screening or test.

Step 2: Call the Claims line at 888-828-2432. Be ready to share the following information:

- Social Security number
- Date of birth
- Address
- Name of doctor or facility
- Name of the test
- Date of the test

Step 3: We'll confirm your test and then send you a check.

You and your covered dependents can each earn one \$50 health screening benefit every calendar year.



For more information, call 888-828-2432.



IMPORTANT: This is a fixed indemnity policy, NOT health insurance. This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying for the cost of your care: the payment you get isn't based on the size of your medical bill; there might be a limit on how much this policy will pay each year; this policy isn't a substitute for comprehensive health insurance; since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance. **Looking for comprehensive health insurance?** Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options. To find out if you get health insurance through your job, or a family member's job, contact the employer. **Questions about this policy?** For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments." If you have this policy through your job, or a family member's job, contact the employer.

Eligible tests include:¹

Abdominal aortic aneurysm ultrasound
Bone density screening
Bone marrow testing
Breast ultrasound²
CA 15-3 (blood test for breast cancer)
CA 125 (blood test for ovarian cancer)
Carotid ultrasound
CEA (blood test for colon cancer)
Cervical cancer screening
Chest X-ray
Colonoscopy
CT angiography
Double-contrast barium enema
ECG/EKG
Fasting blood glucose test
Flexible sigmoidoscopy
Hemoccult stool analysis
Lipid panel
Mammography
PAD ultrasound
Pap test
PSA (blood test for prostate cancer)
SPEP (blood test for myeloma)
Serum cholesterol test
Stress test (bicycle or treadmill)
Thermography
Triglycerides blood test (HDL/LDL)

¹ Tests can vary by state and by the type of plan offered. Not available for all plans in all states. Please check your Certificate of Coverage for details.

² Not available for members in Virginia and Colorado.



Using your supplemental health benefits

When you have an Anthem medical plan and our supplemental health plans, you can count on extra financial protection when you need it most.¹ Learn how to submit claims for qualifying events and take advantage of these benefits.

How do I know I have an eligible supplemental health claim?

If you sign up for email auto notifications, we can quickly notify you by email or an alert on your **anthem.com** account when you have an eligible claim.

You would then need to submit your supplemental health claim for the qualifying injury, illness and hospital stay. This process is different from medical claims where the care provider files the claim for you.



To sign up for email auto notifications, follow these steps:

1. Log in to your account on the Sydney Health mobile app or **anthem.com**.
2. On **SydneySM Health**, type **Profile** in the chat feature. On **anthem.com**, choose **Profile** in the top right corner. Go to My Account, and choose **Communications & Settings**.
3. Under *Plan Communications Settings*, confirm your email address is correct. You can change it or add a new one, if necessary.
4. Under *Go 100% Digital*, select **On**.
5. Then, **check the box for email** for Benefit Updates, Legal Information, and Annual Notice of Change under *Customize Going Digital*.



IMPORTANT: This is a fixed indemnity policy, NOT health insurance. This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying for the cost of your care: the payment you get isn't based on the size of your medical bill; there might be a limit on how much this policy will pay each year; this policy isn't a substitute for comprehensive health insurance; since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance. **Looking for comprehensive health insurance?** Visit **HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options. To find out if you get health insurance through your job, or a family member's job, contact the employer. **Questions about this policy?** For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (**naic.org**) under "Insurance Departments." If you have this policy through your job, or a family member's job, contact the employer.

How to submit a supplemental health claim

1. Gather your documents

You'll need to provide all the paperwork related to your supplemental health claim. You may have to ask your doctors or other care providers for these records:

- Doctor notes
- Lab reports
- Emergency room or hospital discharge papers
- Itemized hospital and/or doctor bills
- Medical explanation of benefits
- Child care, transportation, and/or lodging receipts
- Police reports (if your claim involves a car accident)

2. File your claim

Online

This is the fastest and easiest way to start the supplemental health claims process.

- Go to **supplemental-health.anthem.com** or scan the QR code below.
- Choose **Supplemental Health Claim** as the Type of Claim.
- Fill in the required information and choose **Start**.

Go one step at a time and be sure to provide all the information you have related to your claim. The system will confirm when your claim submission is complete.

By mail

Download a supplemental health claim form from our website at **anthem.com/forms**, or ask your Human Resources representative for a copy. Mail the completed form and all required documents to:

✉ Supplemental Insurance Benefit Department
P.O. Box 2076
Grapevine, TX 76099

Reach out if you have questions

You can contact your Human Resources department or call Anthem at **888-828-2432**.



Scan this QR code with your phone's camera to submit your supplemental health claim online.

¹ Anthem HMO plans are not eligible for auto-notification.

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

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Know your costs before receiving care

Use SmartShopper to find high-quality care that costs less

Protecting your health is important — and so is protecting your budget. When you need care, such as blood work, an MRI, or a colonoscopy, your doctor may refer you to a lab, facility, or specialist that isn't in your plan's network. When that happens, you end up paying more. To help you get the care you need and control the costs, your plan comes with exclusive access to SmartShopper®.

This program helps you shop around before receiving care. Not only can you find high-quality care to meet your needs at lower costs, but you also have the chance to earn rewards. Rest assured, the doctors, labs, and facilities listed on SmartShopper are carefully vetted and in your plan's network.

SmartShopper can help you:



Make informed choices.



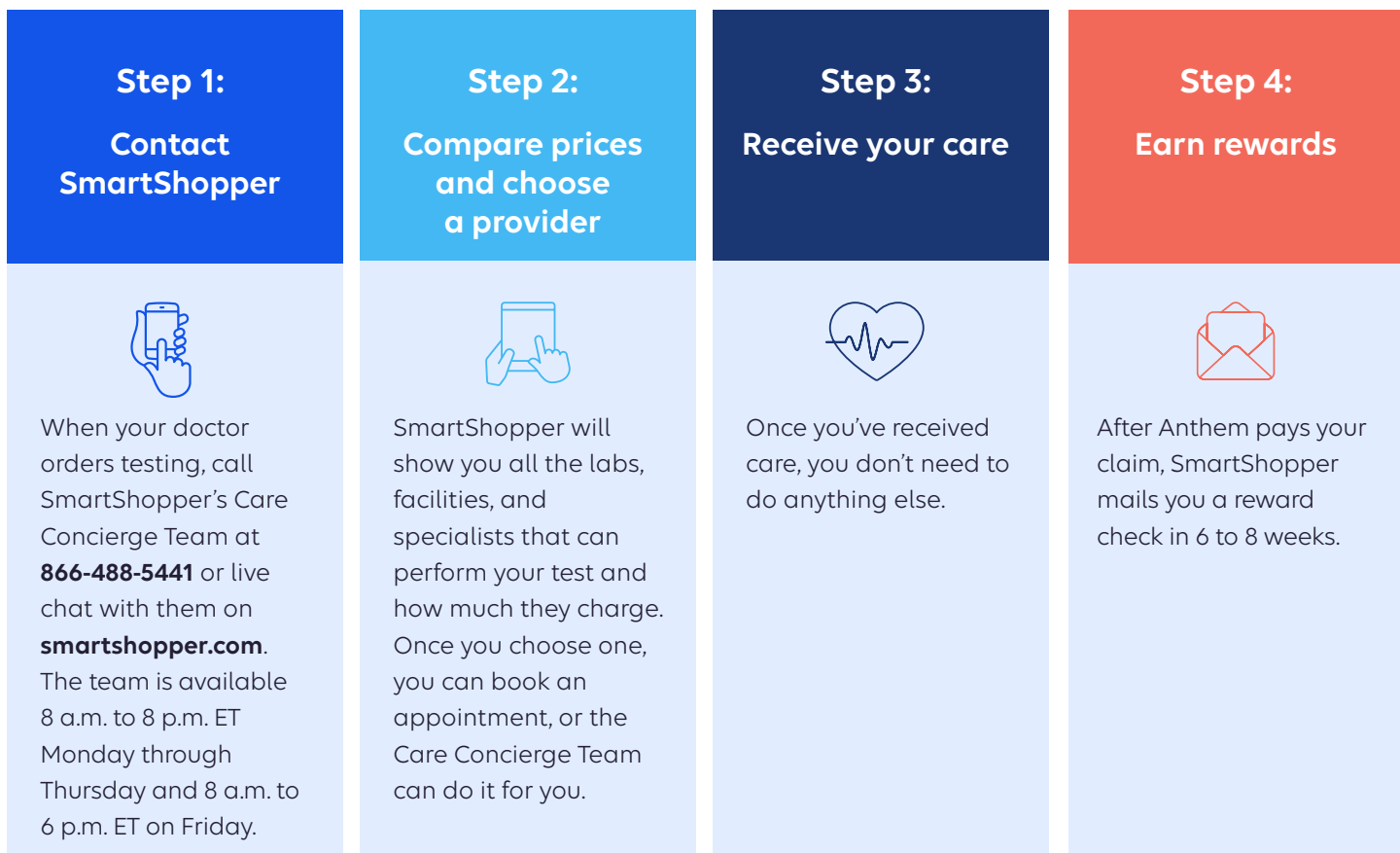
Save money.



Earn up to a \$500 cash reward.



Here's how it works:



Explore how you can earn

For a full list of eligible procedures and rewards, go to **smartshopper.com** or call **866-488-5441**.

Service	Your reward*
Lab work	\$25
Colonoscopy	Up to \$150
Ultrasound	Up to \$50

* Rewards vary by state and location.

Take charge of your care and costs



Scan this QR code with your phone's camera to create an account and start shopping for care. You can also go to **smartshopper.com** or call **866-488-5441** to get started.

The SmartShopper program is offered by MDX Medical, LLC, a Zelis company. Reward-eligible options and reward amounts are subject to change. Rewards are available for select procedures only. Rewards may be a taxable form of income. MDX Medical, LLC, a Zelis company, does not provide tax advice. Rewards may be delivered by check or an alternative form of payment. Members with primary coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program.

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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.

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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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.



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 to access most of the same features from your computer.



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

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

Visit with a doctor for common health concerns

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

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

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



What people say about virtual care visits²

89%

said the doctor they saw was professional and helpful

92%

thought the doctor understood their concerns

92%

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

How to download our Sydney Health app:



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



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

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

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

Visit **anthem.com**.

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



¹ Prescription availability is defined by physician judgment.

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

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

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

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

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Wellbeing Solutions




Focus on wellness and earn rewards up to \$1,100


Complete activities to earn rewards

The Wellbeing Solutions program connects you with easy-to-use digital health and wellness tools that can help you stay your best. When you complete any of the employer-sponsored activities below, you'll earn rewards to put toward electronic gift cards for select retailers. Choose the activities you'd like to complete to receive up to \$700. You can also earn up to \$400 with the Gym Reimbursement program by simply logging your workouts, for a total of up to \$1,100 in rewards.

Activity Type	Activities	Amount
 <p>Digital & wellness activities Rewards are added to your account as you complete activities on the SydneySM Health app or on anthem.com.</p>	Log in to your Anthem account	\$5
	Connect a fitness or lifestyle device	\$5
	Complete a health assessment and receive tailored health recommendations	\$25
	Complete action plans around eating healthy, weight management, and physical activity	Up to \$20 (\$4 per action plan)
	Track your steps	Up to \$60 (\$2 per 50,000 steps tracked)
	Complete Well-being Coach digital daily check-ins ¹	Up to \$20 (\$4 per milestone)
	Update your contact information	\$15



Activity Type	Activities	Amount
 <p>Preventive care Complete your annual screenings or wellness visits. Rewards are added to your account after your claim is processed (may take up to 60 days).</p>	Have an annual preventive wellness exam or well-woman exam with your doctor	\$20
	Get an annual cholesterol test ²	\$5
	Have a colorectal cancer screening (ages 45 and older)	\$25
	Have a routine mammogram (women ages 40 to 74)	\$25
	Have an annual eye exam ³	\$20
	Get an annual flu shot	\$10

Activity Type	Activities	Amount
 <p>Condition management Rewards are added to your account as you meet benchmarks or complete a program.</p>	ConditionCare: Work one on one with your health coach and earn rewards for participating in and completing the program ⁴	Up to \$225 (\$90/\$135)
	Well-being Coach – Weight Management: Receive one-on-one coaching by phone as you complete your goal to earn a reward ⁵	\$60
	Well-being Coach – Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward ⁶	\$60
	Building Healthy Families: Help your family grow and thrive through the Sydney Health app and earn rewards for completing certain activities ⁷	Up to \$125 (\$30/\$35/\$30/\$30)

Achieve your health goals with Well-being Coach

The Well-being Coach digital coaching app can help you maintain a healthy weight or quit tobacco, while improving your nutrition, exercise, mindfulness, and sleep. To access your Well-being Coach for personalized digital and telephonic support, go to the Sydney Health app or [anthem.com](https://www.anthem.com).



Make exercise pay off with the Gym Reimbursement program

The Gym Reimbursement program pays you back for being active. Through the program, we'll repay up to \$400 of your fitness membership dues a year.

How it works:

1. Work out at least 35 times in each six-month period of your benefit plan year at a qualifying fitness center or through an online class.
2. Track your workouts and submit the required forms.
3. Get reimbursed up to \$200 every six months, for a total of up to \$400 per benefit plan year.

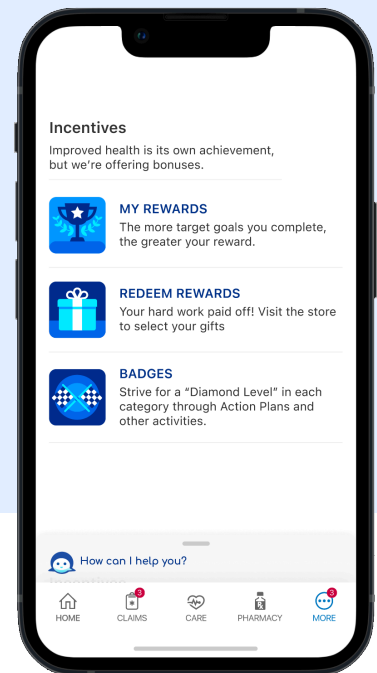
To learn more about the program, find an eligible gym, download the required forms, and then go to the Sydney Health app or log in to **anthem.com**. Then, go to **My Health Dashboard**, select **Programs** from the menu, and go to the **Gym Reimbursement** section.

Earn and redeem your rewards

To view your rewards, log in to **Sydney Health**, go to the **Menu**, click **Access Care**, scroll down, and click **Incentives**.

You can select **My Rewards** to see a snapshot of your reward status, as well as ways to earn more rewards.

You can select **Redeem Rewards** to see how much you have earned. Use your rewards toward electronic gift cards for popular retailers, such as Amazon, Apple, all Gap brands, Target, The Home Depot, T.J. Maxx, Uber, and Uber Eats. Minimum gift card amounts are set by each individual retailer.



Scan this QR code with your phone's camera to view your rewards on the Sydney Health app. You can also log in to **anthem.com**, click **My Health Dashboard**, and select **My Rewards**.

¹ Members may earn rewards for completing quarterly Well-being Coach digital milestones while logging daily check-in activities on the app. Daily check-in reward values are first check-in: \$4; next 15 check-ins during first quarter: \$4; 25 check-ins during second through fourth quarters: \$4 each quarter. Log in to Sydney Health or <anthem.com> to download the Well-being Coach digital app. Well-being Coach is provided by Larik Health.

² Annual cholesterol test eligibility: men 35 years and older, women 40 years and older with a full cholesterol (lipid) panel.

³ Annual eye exam reward is available if employer provides vision coverage in addition to medical benefits through Anthem.

⁴ Adult members identified as moderate or high risk are eligible for ConditionCare and may receive a reward for participation in one of five ConditionCare programs and completion for one of five ConditionCare programs: chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), asthma, diabetes, and congestive heart failure (CHF). Rewards include \$90 for program participation and \$135 for program completion.

⁵ Well-being Coach Weight Management program (telephonic) is available for members who are identified as high risk based on a body mass index (BMI) of 30 or higher.

⁶ Well-being Coach Tobacco Cessation program (telephonic) is available for members who are identified as high risk based on any tobacco usage.

⁷ Building Healthy Families milestone completion dates: BHF Pregnancy Screener must be completed in first trimester; at least one of six mini assessments must be completed by one day prior to delivery; postpartum assessment must be completed by 56 days after delivery. Rewards include \$30 for profile completion; \$35 for a BHF Pregnancy Screener; \$30 for completing at least one of six mini assessments; and \$30 for a postpartum assessment.

We encourage you to actively participate in your rewards program. Rewards earned should be redeemed before the end of the current plan year. Unused rewards are forfeited six months after the end of your plan year. Make sure to redeem them before then.

All preventive care activities are claims based, which means your completion is determined when a claim is processed. Medical waivers apply to claim-based activities.

Rewards eligibility applies only to subscribers and their enrolled spouse/domestic partner with Anthem medical benefits. Members must be active on the plan and their activity must take place during the plan year. A subscriber and spouse/domestic partner may earn rewards when eligible activities are completed and, in some instances, are verified by an Anthem claim.

The reward amount you receive may be considered income to you and subject to state and federal taxes in the tax year it is paid. You should consult a tax expert with any questions regarding tax obligations.

Electronic gift card availability may vary. The list of retailers available for electronic gift card rewards redemption is subject to change. Log on to anthem.com or open the Sydney Health app to explore the electronic gift card options available to you.

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

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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 As long as you use a doctor, pharmacy, or lab in your plan's network, you won't have to pay anything. If you go to doctors or facilities that are not in your plan, you may have to pay out of pocket.

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)

The preventive care services listed above are recommendations of the Affordable Care Act (ACA) and are subject to change. They may not be right for every person. Ask your doctor what's right for you.

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the group policy provisions will rule. Please see your combined evidence of coverage (EOC) and disclosure form or certificate for exclusions and limitations.

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 influenzae 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

Coverage for pharmacy items

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

- Meet certain age requirements and other rules
- Receive and fill prescriptions from doctors, pharmacies, or other healthcare professionals in your plan's network
- Have prescriptions, including for OTC items

Women's preventive drugs and other pharmacy items (age appropriate):

- Breast cancer risk-reducing medications, such as tamoxifen, raloxifene, and aromatase inhibitors, that follow the U.S. Preventive Services Task Force criteria²
- Contraceptives, including generic prescription drugs and OTC items like condoms and spermicides^{7,8}
- Folic acid for women ages 55 or younger who are planning to become pregnant
- Low-dose aspirin (81 mg) for pregnant women who have an increased risk of preeclampsia

Adult preventive drugs and other pharmacy items (age appropriate):

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease (CVD), preeclampsia, and colorectal cancer in adults younger than age 70
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening for members ages 45 to 75
- Generic low-to-moderate dose statins for members ages 40 to 75 who have one or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking)
- Preexposure prophylaxis (PrEP) for the prevention of HIV
- Tobacco cessation products, including all FDA-approved brand-name and generic OTC and prescription products, for members ages 18 and older

Child preventive drugs and other pharmacy items (age appropriate):

- Dental fluoride varnish to prevent tooth decay in children ages 5 and younger
- Fluoride supplements for children ages 6 and younger

If you'd like more help understanding your preventive care benefits, call the Member Services number on your health plan ID card. For a complete list of covered preventive drugs under the Affordable Care Act, view the *Preventive ACA Drug List* flyer, available at anthem.com/pharmacyinformation.

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

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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Get the medications you take regularly sent to your home with CarelonRx Pharmacy

Set up home delivery through CarelonRx Pharmacy for the prescriptions you take long-term for conditions like high blood pressure, diabetes, heart disease, or asthma. You'll receive your medications at your door and enjoy the convenience of not having to visit the pharmacy.

With home delivery, you can count on:



Convenience. Medications are delivered directly to your home or any location you choose.

- Manage your prescriptions with the SydneySM Health app or at [anthem.com](https://www.anthem.com).
- Expect first-time home delivery orders to take about two weeks and refills to take 3 to 5 days.
- Track your order.
- Set up reminders and automatic refills, too.



Safety. All orders are checked by a licensed pharmacist before they ship. Discreet packaging is:

- Tamperproof
- Temperature controlled, if needed
- Weatherproof



Peace of mind. You're less likely to miss a dose and more likely to stay on track with the treatment your doctor prescribed when you switch to home delivery.* You can also talk, text, or chat 24/7 with a trained pharmacist if you have questions or need help.



Hassle-free service. CarelonRx Pharmacy will contact your doctor to order a new, 90-day prescription if you need one. If a medication preapproval is needed, the home delivery team will reach out to you for consent before shipping your medication.



Savings. Many medications cost less when you fill a 90-day supply instead of three 30-day supplies. Shipping is always free. With CarelonRx Pharmacy, you can also learn about lower-cost options and use coupons to save money.

We're here to help

Call the Pharmacy Member Services phone number on your member ID card or use the live chat feature on Sydney Health or [anthem.com](https://www.anthem.com).

Start home delivery now

1. Log in to [anthem.com](https://www.anthem.com) and go to the **Prescriptions Home** page. You can also log in to your mobile app and select **Pharmacy**.
2. Choose **Request a New Home Delivery Prescription** and follow the guided steps to submit.


*National Library of Medicine, National Center for Biotechnology website: A Retrospective Database Study Comparing Diabetes-Related Medication Adherence and Health Outcomes for Mail-Order Versus Community Pharmacy (accessed September 2022): ncbi.nlm.nih.gov/pubmed/30816817.

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Services provided by CarelonRx, Inc.

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

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	<p>Mail this form to:</p> <p style="text-align: center;">  CarelonRx Mail PO BOX 659541 SAN ANTONIO, TX 78265-9541 </p>																				
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Instructions:
Please use **blue or black ink** and **print in capital letters**. Fill in **both sides** of this form.

New Prescriptions - Mail your new prescriptions with this form. Number of **New** prescriptions:

Refills - Order by web, phone, or write in Rx number(s) below. Number of **Refill** prescriptions:

TO RECEIVE YOUR ORDER SOONER request refills or new prescriptions online or by phone at the website/phone number on your member ID card.

A Shipping Address. To ship to an address different from the one printed above, enter the changes here.

Last Name	First Name	MI	Suffix (JR, SR)
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City	State	ZIP Code	
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B Refills. To order mail service refills, enter your prescription number(s) here.

1) _____	2) _____	3) _____	4) _____
5) _____	6) _____	7) _____	8) _____

* WEB

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Log in to check order status and access personalized information about your prescription benefits. When getting a new prescription, be sure to ask your doctor to write it for the maximum amount allowed by your plan, usually a 90-day supply. Make sure your doctor SIGNS and DATES all new prescriptions. We want to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions, including drug names, in the "Special Instructions" section of this form.

Services provided by CarelonRx Inc.

We may package all of these prescriptions together unless you tell us not to.



C Tell us about the people ordering prescriptions. If there are more than two people, please complete another form.

First person with a refill or new prescription.

Spanish forms and labels

Last Name

Nickname

First Name MI Suffix (JR,SR)

Date of birth: MM-DD-YYYY - -

E-mail address: _____ Date new prescription written: _____

Doctor's last name _____ Doctor's first name _____ Doctor's phone # _____

Tell us about new health information for 1st person if never provided or if changed.

Allergies: None Aspirin Cephalosporin Codeine Erythromycin Peanuts Penicillin
 Sulfa Other: _____

Medical conditions: Arthritis Asthma Diabetes Acid reflux Glaucoma Heart problem
 High blood pressure High cholesterol Migraine Osteoporosis Prostate issues Thyroid
 Other: _____

Second person with a refill or new prescription.

Spanish forms and labels

Last Name

Nickname

First Name MI Suffix (JR,SR)

Date of birth: MM-DD-YYYY - -

E-mail address: _____ Date new prescription written: _____

Doctor's last name _____ Doctor's first name _____ Doctor's phone # _____

Tell us about new health information for 2nd person if never provided or if changed.

Allergies: None Aspirin Cephalosporin Codeine Erythromycin Peanuts Penicillin
 Sulfa Other: _____

Medical conditions: Arthritis Asthma Diabetes Acid reflux Glaucoma Heart problem
 High blood pressure High cholesterol Migraine Osteoporosis Prostate issues Thyroid
 Other: _____

D Special instructions: _____

E How would you like to pay for this order? (If your copay is \$0, you do not need to provide payment information.)

Electronic check. Pay from your bank account. (You must first register online or call Customer Care.)

Credit or debit card. (VISA®, MasterCard®, Discover®, or American Express®)

- Use your card on file.
- Use a new card or update your card's expiration date.

Exp. Date

MMYY

Check or money order. Amount: \$.

- Make check/money order out to CarelonRx.
- Write your prescription bene it ID number on your check or money order.
- If your check is returned, we will charge you up to \$40.

Payment for Balance Due and Future Orders: If you choose electronic check or a credit or debit card, we will use it to pay for any balance due and for future orders unless you provide another form of payment.

Fill in this oval if you **DO NOT** want us to use this payment method for future orders.

Credit card holder signature/Date

Regular delivery is free and takes up to 5 days after your order is processed.

If you want faster delivery, choose:

2nd business day (\$17)

Next business day (\$23)

Faster delivery can only be sent to a street address, not a PO Box

Expected processing time from receipt of this form:

- Refills: 1-2 days
- New/renewed prescriptions: Within 5 days unless additional information is needed from your doctor (Charges subject to change)



Please fold here →

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Protecting your privacy

How we keep your information safe and secure

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

You also have certain rights and responsibilities when receiving your 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](https://www.anthem.com/privacy). For a printed copy, please contact your benefits administrator or Human Resources representative.

How we help manage your care

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

For additional information about how we help manage your care, go to [anthem.com/memberrights](https://www.anthem.com/memberrights). To request a printed copy, please contact your benefits administrator or Human Resources representative.

Special enrollment rights

Open enrollment usually happens once a year. That's the time you can choose a plan, enroll in it, or make changes to it. If you choose not to enroll, there are special cases when you're allowed to enroll during other times of the year:

- **If you had another health plan that was canceled.** If you, your dependents, or your spouse are no longer eligible for benefits with another health plan (or if the employer stops contributing to that health plan), you may be able to enroll with us. You must enroll within 31 days after the other health plan ends (or after the

employer stops paying for the plan). For example: You and your family are enrolled through your spouse's health plan at work. Your spouse's employer stops paying for health coverage. In this case, you and your spouse, as well as other dependents, may be able to enroll in one of our plans.

- **If you have a new dependent.** You gain new dependents from a life event, such as marriage, birth, adoption, or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you marry, your new spouse and any new children may be able to enroll in a plan.
- **If your eligibility for Medicaid or SCHIP changes.** You have a special period of 60 days to enroll after:
 - You (or your eligible dependents) lose Medicaid or the State Children's Health Insurance Program (SCHIP) benefits because you're no longer eligible.
 - You (or your eligible dependents) become eligible to receive help from Medicaid or SCHIP for paying part of the cost of a health plan with us.

We're here for you – in many languages

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

Spanish

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

Chinese

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

Vietnamese

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

Korean

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

Tagalog

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

Russian

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

Armenian

Դուք իրավունք ունեւ ստանալ անվար օգնություն ձեր լեզվով: Պարզապէս զանգահարե՛ք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշուած 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? ਤੁਸ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੂਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

TTY/TTD:711

It's important we treat you fairly

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

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>



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

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