



2026 open enrollment

Your guide to your health plan and benefits

Anthem PPO Low / Vision
Fulmont Health Trust

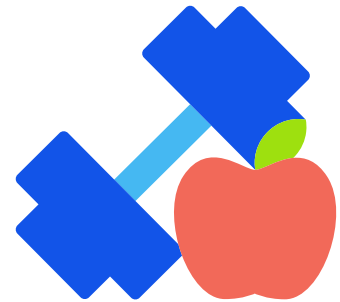


Welcome to Anthem

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

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

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



Why Anthem

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

The nation's largest network

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

No- or low-cost preventive care

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

Convenient virtual care

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

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: 2024 Notice of Annual Meeting of Shareholders and Proxy Statement (accessed May 21, 2025): https://s202.q4cdn.com/665319960/files/doc_financials/2024/ar/2024-elevance-health-proxy-statement.pdf.

² Blue Cross Blue Shield Association: The Blue Cross Blue Shield System (accessed May 21, 2025): [bcbs.com](https://www.bcbs.com).

³ In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

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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 will want to check to see if your doctors are in the plan's network, which will help you make the most of your benefits and save money.

PPO

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

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

Find care



Use our **Find Care** tool to see if your doctors are in the plan's network by visiting anthembluecross.com/find-care



Pharmacy benefits

Reliable prescription drug coverage

Having the right medicine at the right time can make a big difference in your health and well-being. We're here to help you access the medications you need, when you need them, while also saving money.

Your plan covers:

- Brand-name and generic drugs on your drug list.
- Certain preventive drugs at a more affordable or no extra cost to you.
- Most specialty drugs required to treat an ongoing health matter or serious illness.

Coverage requirements

Certain medications require you to take other steps before your plan covers them.

- **Preapproval, also known as prior authorization**, helps ensure your medications are safe and appropriate. If necessary, we'll work directly with your doctor to find the best fit with no action needed on your part.

- **Step therapy:** You may need to try other medicine before we can cover the one your doctor prescribed.
- **Quantity limits:** To help protect your health, your plan may limit how much medication you can receive each month.
- **Dose optimization:** If a higher strength is available, you may be able to switch from taking multiple doses to a single dose each day.
- **90-day supply:** If you take maintenance medication for ongoing conditions like asthma, diabetes, or high cholesterol, your plan may require that you set up a 90-day supply at a local pharmacy or through CarelonRx Pharmacy home delivery.

Review your drug list

Your plan uses the drug list below. It includes hundreds of generic and brand-name prescription drugs in every therapeutic class that can help keep your costs down. Choosing a medicine on your drug list can help you pay less — especially when compared to paying out of pocket for medicines that aren't covered.

Your plan includes various drug lists with details about brand-name and generic drugs. Check the lists for your medications; if they are not covered on the list, you'll see other options

Visit:

- https://fm.formularynavigator.com/FBO/143/National_Drug_List_3_Tier_ABC_.pdf

To understand pharmacy benefits:

- Review your medication list to see if your prescriptions are covered.
- Use the Price a Medication tool on **SydneySM Health** to find the best price in your plan's network, which can save you more when buying certain medicines.
- Check to make sure your local retail pharmacy is in your plan's network by using the Find a Pharmacy tool on **SydneySM Health**.
- Explore home delivery with CaredonRx Pharmacy to make getting your regular prescription medications easier and help lower your costs.
- Get more information on our specialty pharmacy once you have a health plan. Most specialty drugs are covered if you need them.

Your pharmacy options

You have choices for filling your prescriptions, including local retail pharmacies in your plan's network and convenient home delivery with CaredonRx Pharmacy. If you use a specialty medicine, it will need to be filled through our specialty pharmacy.

The **Base Network** is our national pharmacy network with nearly 70,000 retail pharmacies across the country.

To find a pharmacy, visit

anthembluecross.com/pharmacy-information/rx-networks and choose the Base Network list.

Save with a 90-day supply

Retail 90: Receive a 90-day fill of the medicines you take regularly at a participating retail pharmacy. You can save money and time with fewer trips to the pharmacy and stay on top on your medicine easier by switching to a 90-day supply.

How your benefits and deductible work

Combined medical and pharmacy deductible

Your plan comes with a combined medical and pharmacy deductible, which is the amount you pay out of pocket for covered prescriptions and medical care before the plan starts to share the cost.

Your summary of benefits



Anthem® Blue Cross

Fulmont Health Trust

Your Plan: Anthem PPO – Low (\$10/\$25/\$40)

Your Network: Blue Access

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge
Mental Health & Substance Use Disorder Services	No charge
Specialist care	\$20 copay per visit

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Overall Deductible	\$0 person / \$0 family	\$750 person / \$1,500 family
Overall Out-of-Pocket Limit	\$6,350 person / \$12,700 family	\$2,500 person / \$5,000 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. All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit. In-Network and Out-of-Network out-of-pocket limit amounts are separate and do not accumulate toward each other.		
Doctor Visits (virtual and office) <i>You are encouraged to select a Primary Care Physician (PCP).</i>		
Primary Care (PCP) <i>virtual and office</i>	\$20 copay per visit	30% coinsurance after deductible is met
Mental Health and Substance Use Disorder Services <i>virtual and office</i>	No charge	30% coinsurance after deductible is met
Specialist Care <i>virtual and office</i>	\$20 copay per visit	30% coinsurance after deductible is met
<u>Other Practitioner Visits</u>		
Maternity Doctor services (prenatal/postnatal care and delivery) <i>The first visit with In-network provider to establish pregnancy diagnosis is \$20 copay</i>	No charge	30% coinsurance after deductible is met
Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	\$20 copay per visit	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Chiropractic Services	\$20 copay per visit	30% coinsurance after deductible is met
Acupuncture	No charge	Not covered
<u>Other Services in an Office</u>		
Allergy Testing	No charge	30% coinsurance after deductible is met
Prescription Drugs <i>Dispensed in the office</i>	No charge	30% coinsurance after deductible is met
Surgery	No charge	30% coinsurance after deductible is met
Preventive care / screenings / immunizations	No charge	30% coinsurance after deductible is met
Preventive Care for Chronic Conditions <i>per IRS guidelines</i>	No charge	30% coinsurance after deductible is met
<u>Diagnostic Services</u>		
Lab		
Office	No charge	30% coinsurance after deductible is met
Freestanding Lab/Reference Lab	No charge	30% coinsurance after deductible is met
Outpatient Hospital	No charge	30% coinsurance after deductible is met
X-Ray		
Office	No charge	30% coinsurance after deductible is met
Outpatient Hospital	No charge	30% coinsurance after deductible is met
Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i>		
Office	No charge	30% coinsurance after deductible is met
Outpatient Hospital	No charge	30% coinsurance after deductible is met
<u>Emergency and Urgent Care</u>		
Urgent Care <i>includes doctor services. Additional charges may apply depending on the care provided.</i>	\$25 copay per visit	\$25 copay per visit deductible does not apply
Emergency Room Facility Services <i>Your copay will be waived if admitted.</i>	\$200 copay per visit	Covered as In-Network
Emergency Room Doctor and Other Services	No charge	Covered as In-Network

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Ambulance	No charge	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility		
Facility Fees	No charge	30% coinsurance after deductible is met
Doctor Services	No charge	30% coinsurance after deductible is met
<u>Outpatient Surgery</u>		
Facility Fees		
Hospital	No charge	30% coinsurance after deductible is met
Ambulatory Surgical Center	No charge	30% coinsurance after deductible is met
Physician and other services including surgeon fees		
Hospital	No charge	30% coinsurance after deductible is met
Ambulatory Surgical Center	No charge	30% coinsurance after deductible is met
<u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u>		
Facility Fees	No charge	30% coinsurance after deductible is met
<i>Coverage for Inpatient Rehabilitation is limited to 120 days per year.</i>		
Physician and other services including surgeon fees	No charge	30% coinsurance after deductible is met
Home Health Care	No charge	30% coinsurance after deductible is met
Rehabilitation and Habilitation services including physical, occupational and speech therapies.		
<i>Coverage for physical, occupational and speech therapies is limited to 120 visits combined per benefit period.</i>		
Office	\$20 copay per visit	Not covered
Outpatient Hospital	\$20 copay per visit	Not covered
Pulmonary rehabilitation office and outpatient hospital	\$20 copay per visit	30% coinsurance after deductible is met
Cardiac rehabilitation office and outpatient hospital	\$20 copay per visit	30% coinsurance after deductible is met
Dialysis/Hemodialysis office and outpatient hospital	No charge	30% coinsurance after deductible is met
Chemo/Radiation Therapy office and outpatient hospital	No charge	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Skilled Nursing Care (facility)	No charge	30% coinsurance after deductible is met
Inpatient Hospice	No charge	30% coinsurance after deductible is met
Durable Medical Equipment	No charge	30% coinsurance after deductible is met
Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	20% coinsurance	30% coinsurance after deductible is met
Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
Pharmacy Deductible	Not applicable	Not covered
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Not covered
Prescription Drug Coverage Network: <i>Base Network</i> Drug List: <i>National</i> <i>If you select a brand name drug when a generic drug is available, additional cost sharing amounts may apply.</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 our home delivery 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>		
Tier 1 - Typically Generic	\$10 copay per prescription (retail) and \$20 copay per prescription (home delivery)	Not covered
Tier 2 - Typically Preferred Brand	\$25 copay per prescription (retail) and \$50 copay per prescription (home delivery)	Not covered
Tier 3 - Typically Non-Preferred Brand/Specialty Drugs	\$40 copay per prescription (retail) and \$80 copay per	Not covered

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
	prescription (home delivery)	

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.
- Screening and diagnostic imaging for the detection of breast cancer, including diagnostic mammograms, 3D mammography, breast ultrasounds and MRIs are covered in full as required by state mandate.
- 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.
- Covered Infertility services: lab and radiology tests, cryopreservation, fertility drugs, surgical treatments such as: Artificial Insemination, In-vitro fertilization (IVF), GIFT, ZIFT. Cost share will be applied based on service and setting. Lifetime Maximum: IVF limited to 3 cycles.

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.

Anthem Blue Cross is the trade name of Anthem HealthChoice Assurance, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Questions: Visit us at www.anthem.com

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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 obtener asistencia en su idioma sin cargo. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación ¿Tiene alguna deficiencia visual? También puede solicitar este documento en otros formatos.

Chinese

您有權免費獲得使用您的語言提供的協助。只需撥打印於您的 ID 卡上的會員服務部電話號碼即可。視力障礙？您也可以索取本文件的其他格式。

Vietnamese

Quý vị có quyền nhận trợ giúp bằng ngôn ngữ của mình, miễn phí. Quý vị chỉ cần gọi đến số điện thoại của Ban Dịch vụ Thành viên trên thẻ ID của quý vị. Quý vị bị khiếm thị? Quý vị cũng có thể yêu cầu các định dạng khác của tài liệu này.

Korean

귀하는 귀하의 언어로 된 도움을 무료로 받을 권리가 있습니다. 귀하의 ID 카드에 있는 가입자 서비스 번호로 전화하십시오. 시각 장애인인가요? 다른 형식으로 된 이 문서를 요청하실 수 있습니다.

Tagalog

May karapatan kang makakuha ng tulong na nasa iyong wika nang libre. Tawagan lang ang numero ng Member Services na nasa iyong ID card. May kapansanan sa paningin? Maaari ka ring humingi ng iba pang mga format ng dokumentong ito.

Russian

У вас есть право на бесплатное получение помощи на вашем родном языке. Просто позвоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. У вас проблемы со зрением? Вы также можете запросить этот документ в других форматах.

French Creole

Ou gen dwa jwenn èd nan lang ou gratis. Jis rele nimewo Sèvis Manm ki sou Kat ID ou a gratis Gen pwoblèm vizyèl? Ou ka mande tou pou lòt fòm nan dokiman sa a.

Arabic

لك الحق في الحصول على هذه المعلومات والحصول على المساعدة بلغتك مجاناً. فقط اتصل برقم خدمات الأعضاء الموجود على بطاقة هويتك. هل تعاني من ضعف البصر؟ يمكنك أيضاً طلب تنسيقات أخرى لهذه الوثيقة.

French

Vous avez le droit d'obtenir de l'aide dans votre langue gratuitement. Appelez simplement le numéro du Services membres figurant sur votre carte d'identité. Vous êtes une personne malvoyante ? Vous pouvez également demander à accéder à ce document dans d'autres formats.

Persian

شما حق دارید به زبان خود به صورت رایگان کمک بگیرید. فقط با شماره خدمات اعضا مندرج در کارت عضویت خود تماس بگیرید. آیا دچار اختلال بینایی هستید؟ همچنین می‌توانید فرمت‌های دیگر این سند را درخواست کنید.

Armenian

Դուք իրավունք ունեք անվճար օգնություն ստանալու ձեր լեզվով: Դարգապես զանգահարեք ձեր ID քարտի վրա գտնվող Անդամների սպասարկման համարին: Տեսողության խանգարում ունեցող եք: Կարող եք նաև խնդրել այս փաստաթղթի այլ ձևաչափեր:

Japanese

あなたにはあなたの言語で無料で支援を受ける権利があります。ID カードに記載されている会員サービス番号にお電話ください。視覚障害をお持ちですか？他の形式でこの文書を要求することもできます。

Italian

Hai il diritto di ricevere assistenza gratuita nella tua lingua. Basta chiamare il numero del Servizio Membri presente sulla tua tessera identificativa. Hai problemi di vista? È possibile richiedere anche altri formati di questo documento.

German

Sie haben das Recht, kostenlose Hilfe in Ihrer Sprache zu erhalten. Rufen Sie einfach die Nummer des Mitgliederservices auf Ihrer ID-Karte an. Sehbehindert? Sie können dieses Dokument auch in anderen Formaten anfordern.

Polish

Masz prawo do bezpłatnej pomocy w swoim języku. Wystarczy zadzwonić pod numer Biura Obsługi Klienta podany na karcie identyfikacyjnej. Masz wadę wzroku? Możesz również poprosić o inne formaty tego dokumentu.

Pennsylvania Dutch

Du hoscht's Recht fer Hilf griege in dei Schprooch fer nix. Duh yuscht die Member Services Number uffrufe uff dei ID Card. Hoscht Druwwel fer sehne? Du kannscht des do Schreiwes in en differnter Weg griege so as du's besser sehne kannscht.

TTY/TTD:711

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don't discriminate, on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, 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>

Welcome to your Blue View Vision plan!

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

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

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

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	\$10 Copay	Reimbursed Up To \$40	Once every 12 months
Eyeglass Frames			
One pair of eyeglass frames	\$150 Allowance, then 20% off any remaining balance	Reimbursed Up To \$45	Once every 12 months
Eyeglass Lenses (<i>instead of contact lenses</i>)			
One pair of standard plastic prescription lenses - Single vision lenses - Bifocal lenses - Trifocal lenses	\$0 Copay \$0 Copay \$0 Copay	Reimbursed Up To \$25 Reimbursed Up To \$40 Reimbursed Up To \$55	Once every 12 months
Eyeglass Lens Enhancements			
<i>When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost</i>			
- Transitions Lenses (for a child under age 19) - Standard polycarbonate (for a child under age 19) - Factory Scratch Coating	\$0 Copay \$0 Copay \$0 Copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses (<i>instead of eyeglass lenses</i>)			
<i>Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.</i>			
- Elective conventional (non-disposable) OR - Elective disposable OR - Non-elective (medically necessary)	\$105 Allowance, then 15% off any remaining balance \$105 Allowance (no additional discount) Covered in full	Reimbursed Up To \$105 Reimbursed Up To \$105 Reimbursed Up To \$210	Once every 12 months

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

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

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

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Plano sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

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

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

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

Orthoptics. Orthoptics or vision training and any associated supplemental testing

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY (Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage.)		In-Network Member Cost (after any applicable copay)
Retinal Imaging - at member's option, can be performed at time of eye exam		Not More Than \$39
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	- Transitions lenses (Adults) - Standard Polycarbonate (Adults) - Tint (Solid and Gradient) - UV Coating - Progressive Lenses¹ - Standard - Premium Tier 1 - Premium Tier 2 - Premium Tier 3 - Anti-Reflective Coating² - Standard - Premium Tier 1 - Premium Tier 2 - Other Add-ons (i.e. high index lenses, anti-fog coating)	\$20 \$30 \$0 \$12 \$50 \$85 \$95 \$110 \$35 \$57 \$68 20% off retail price
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	- Complete Pair - Eyeglass materials purchased separately	40% off retail price 20% off retail price
Eyewear Accessories	Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail
Conventional Contact Lenses (non-disposable type)	- Discount applies to materials only	15% off retail price
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	- Standard contact lens fitting³ - Premium contact lens fitting⁴	Up to \$55 10% off retail price

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

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

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

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

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



LENSCRAFTERS



GLASSES.COM

contactsdirect

1800contacts



befitting



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

OUT-OF-NETWORK

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

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

Get Help in Your Language

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

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

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.

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Albanian

Keni të drejtën të merrni falas ndihmë dhe informacion në gjuhën tuaj. Për ndihmë, telefononi numrin e shërbimeve për anëtarët, të shënuar në kartën tuaj ID. (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة (TTY/TDD: 711).

Bengali

বিনামূল্যে এই তথ্য পাওয়ার ও আপনার ভাষায় সাহায্য করার অধিকার আপনার আছে। সাহায্যের জন্য আপনার আইডি কার্ডের থাকা সদস্য পরিষেবা নম্বরে কল করুন। (TTY/TDD: 711)

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。 (TTY/TDD: 711)

French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

Greek

Έχετε το δικαίωμα να λάβετε αυτές τις πληροφορίες και αυτήν τη βοήθεια στη γλώσσα σας δωρεάν. Καλέστε τον αριθμό του Τμήματος Υπηρεσιών Μέλους (Member Services) που αναγράφεται στην ταυτότητά σας (ID card) για βοήθεια. (TTY/TDD: 711)

Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Urdu

آپ کو اپنی زبان میں مفت ان معلومات اور مدد کے حصول کا حق ہے۔ مدد کے لیے اپنے آئی ڈی کارڈ پر موجود ممبر سروس نمبر کو کال کریں۔
(TTY/TDD:711)

Yiddish

רופט די מעמבער באדינונגען נומער אויף אייער קארטל איר האט די רעכט צו באקומען דעם אינפארמאציע און הילפט אין אייער שפראך בחינם.
פאר הילף (TTY/TDD:711)

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>.



Vision benefits

Eye care is important to your whole health

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

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

Your vision benefits include:

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

If you choose eyeglasses, your plan includes:

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

If you choose contact lenses, you'll receive:

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



Keep an eye on your health

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

Plan extras

Extra benefits that support your whole health

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

Condition support

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

24/7 NurseLine

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

Autism Spectrum Disorder Program

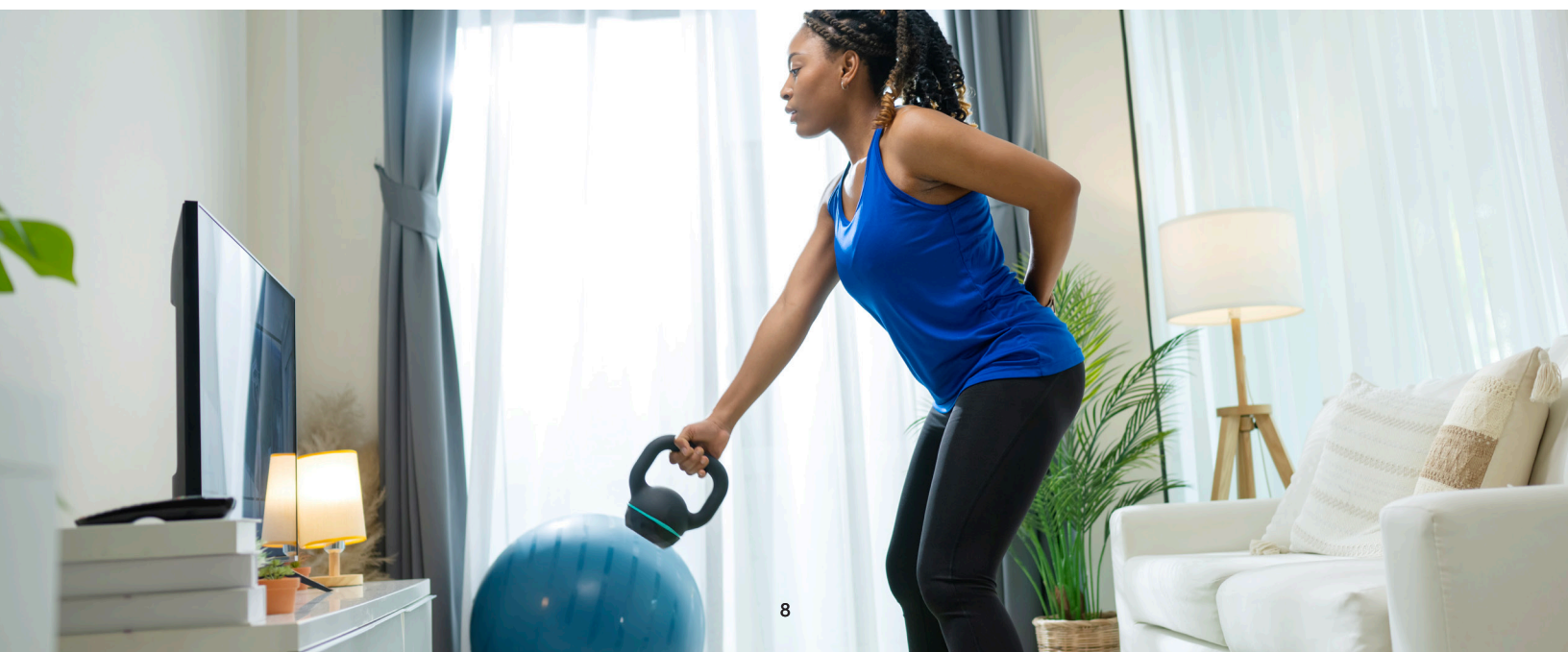
This program focuses on building a strong support system for the entire family. A specialized team of clinicians will work with you to create a customized care plan, help coordinate care, and connect you with resources in your community.

Case Management

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

ConditionCare CORE

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



Lark Diabetes Prevention Program

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

Maternity

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

Building Healthy Families

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

Whole health connections

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

MyHealth Advantage

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

SpecialOffers

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

Plan tools and resources

Make the most of your benefits

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

Find Care

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

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

SydneySM Health app

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

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

Wellbeing Solutions



Focus on wellness and earn rewards up to \$700

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 potential total of \$1,100 in rewards.

Activity type	Activities	Amount
 Digital & wellness activities Rewards are added to your account as you complete activities on the SydneySM Health app or on anthembluecross.com .	Log in to your Anthem account	Up to \$60 (\$15 per quarter)
	Connect a fitness or lifestyle device	\$5
	Complete a health assessment and receive tailored health recommendations	\$50
	Complete action plans around eating healthy, weight management, and physical activity	Up to \$100 (\$20 per action plan)
	Track your steps	Up to \$120 (\$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	\$40
	Select a primary care provider (PCP) in Sydney Health	\$40
	Participate in Emotional Well-being Resources program	\$5
	Log daily nutrition (at least 45 days per quarter)	Up to \$60 (\$15 per quarter)



Activity type	Activities	Amount
 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).	Have an annual preventive wellness exam or well-woman exam with your doctor	\$35
	Get an annual cholesterol test (men ages 35 and older, women ages 40 and older, or upon doctor recommendation)	\$30
	Have a colorectal cancer screening (ages 45 and older or upon doctor recommendation)	\$35
	Have a routine mammogram (women ages 40 to 74 or upon doctor recommendation)	\$35
	Have an annual eye exam ²	\$35
	Get an annual flu shot	\$25
	Get an A1C lab test	\$30

Activity type	Activities	Amount
 Condition management Rewards are added to your account as you meet benchmarks or complete a program.	ConditionCare: Work one-on-one with your health coach and earn rewards for participating in and completing the program ³	Up to \$225 (\$90/\$135)
	Building Healthy Families: Help your family grow and thrive through the Sydney Health app and earn rewards for completing certain activities ⁴	Up to \$125 (\$30/\$35/\$30/\$30)
	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
	Get a diabetic foot exam	\$35
	Get a LDL or lipid diabetic lab test	\$30
	Get a microalbumin and eGFR diabetic lab test	\$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 phone support, go to the Sydney Health app or anthembluecross.com.



Earn and redeem your rewards

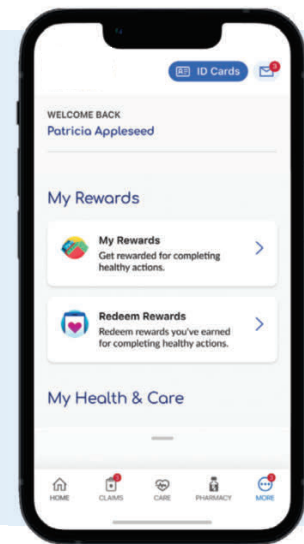
Start by logging in to Sydney Health and scroll down to *My Rewards*. From there you can:

Choose **My Rewards** to:

- Get a quick view of earning activities.
- See a snapshot of your reward status.

Choose **Redeem Rewards** to:

- Get electronic gift cards for stores like Amazon, Apple, Target, Uber, and others.⁷



Scan this QR code to view your rewards on the Sydney Health app. You can also log in to anthembluecross.com, and scroll down to *My Rewards*.

For questions about Gym Reimbursement or the Active&Fit Exercise Rewards program, email fitnessservice@ashn.com or call 877-771-2746.

Earn more with exercise

With the Gym Reimbursement program, employees 18 and older can be reimbursed for their gym membership to a qualified fitness center. By visiting 35 times over six months, you can earn up to \$400 more rewards per year.

Potential rewards:

\$700 Wellbeing Solutions
+ \$400 Gym Reimbursement

\$1,100 Total 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 anthembluecross.com to download the Well-being Coach digital app. Well-being Coach is provided by Lark Health.

² Annual eye exam reward is available if employer provides vision coverage in addition to medical benefits through Anthem.

³ 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.

⁴ Building Healthy Families milestone completion dates: BHF Pregnancy Screener must be completed by one day prior to delivery 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.

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 Retailers include Amazon, Apple, all Gap brands, Target, The Home Depot, T.J. Maxx, Uber, and Uber Eats. Monetary value varies by retailer.

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 (if applicable) with Anthem medical benefits unless employer chooses subscriber-only rewards. Eligible members must be active on the plan and their activity must take place during the plan year. A subscriber and eligible 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 anthembluecross.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 Cereon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

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

Anthem Blue Cross is the trade name of Anthem HealthChoice HMO, Inc. and Anthem HealthChoice Assurance, Inc. Anthem Blue Cross HP is the trade name of Anthem HP, LLC. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



Make your workouts pay off

Put money back in your pocket with the Gym Reimbursement program

Exercising regularly is one of the best things you can do for your health. Now, it's good for your wallet, too. When you join Anthem's Gym Reimbursement program, we will pay back up to \$400 of you and your family's fitness membership dues per year.

Step 1: Choose how you work out²



Traditional fitness center¹



Virtual or livestream fitness classes or subscriptions¹



A fitness center through the Active&Fit ExerciseRewards™, which includes thousands of locations nationwide

See **Frequently Asked Questions** (FAQ) for more details about what kinds of locations qualify.

To enroll in the Active&Fit ExerciseRewards program or learn more about it, log in at anthembluecross.com. Then, go to My Health Dashboard > Programs > Gym Reimbursement.

Step 2: Track your workouts

You and any participating family members must each log at least 35 workouts during each six-month period in your benefit plan year to qualify for reimbursement.²

How to track workouts:

Traditional fitness centers

Get a copy of their records of your visits. You can also fill out the fitness log on the *Visit Submission* form and have a fitness center employee sign it.

Virtual classes

You can send screen captures showing your attendance, a workout log from the virtual class, or a combination of the two.

Fitness centers through the Active&Fit ExerciseRewards program

If you are enrolled in a participating Active&Fit fitness center, you don't need to track your workouts. The fitness center tracks and submits your visits for you.

Step 3: Submit your receipts

Traditional fitness centers and virtual classes:

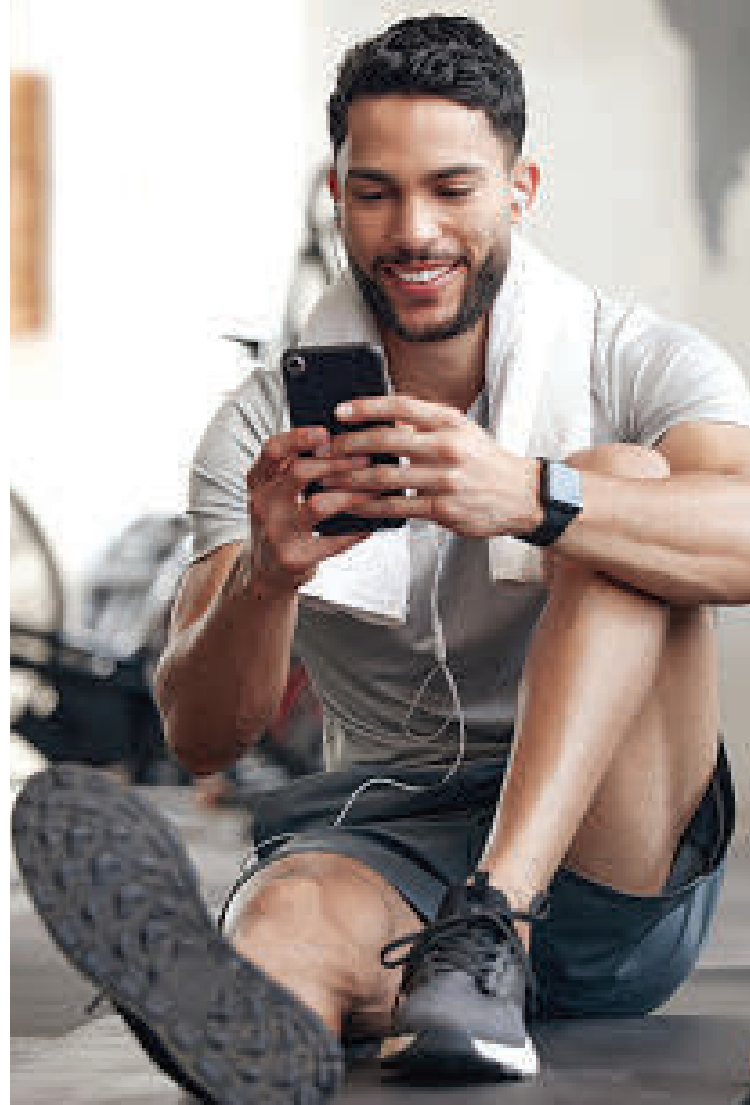
- Download and fill out the *Visit Submission* form.
- Include a copy of a receipt or credit card statement that shows payment for the months you're asking for reimbursement.
- Send the form and your workout records to the mailing address or email listed on the *Visit Submission* form.

Fitness centers through the Active&Fit ExerciseRewards program:

- If you are enrolled in a participating Active&Fit fitness center, you don't need to submit receipts. The fitness center will handle this for you.

Step 4: Get paid back

Once we receive your completed forms, it can take up to 30 days to process your payment. If you're enrolled in an Active&Fit fitness center, your reimbursements will be processed automatically.



Start tracking your visits

To download the *Visit Submission* form, log in at anthembluecross.com. Go to *My Health Dashboard* and select **Programs**. Then go to the *Gym Reimbursement* section and

Choose your favorite workouts, including:²

- Barre
- Boxing
- Cardio
- Dance, Zumba®
- High-intensity interval training (HIIT)
- Indoor cycling, Peloton®
- Kickboxing
- Pilates
- Strength training
- Swimming
- Yoga



Frequently asked questions

Who is eligible?

This program is open to you and your family as long as you are all covered by an Anthem health plan.

If you become eligible or add a new dependent after your group's benefit plan year starts, you and your dependent(s) can still take part in the program. The workout requirements and reimbursement will be based on the number of months you are eligible.

How much will Anthem pay me back?

We will pay back up to \$400 of fitness membership dues for you and your family per year.

How many times do I need to work out?

To be reimbursed, each program participant must log at least 35 workouts at a qualifying fitness center or virtual classes in each six-month period within the plan benefit year.¹

What is the Active&Fit ExerciseRewards program?

The Active&Fit ExerciseRewards program offers a network of thousands of participating fitness centers nationwide. As a member of the program, you'll enjoy substantially discounted fitness center membership rates, and you can cancel or change anytime. For more information, log in at anthembluecross.com. Then, go to My Health Dashboard > Programs > Gym Reimbursement.

What if I change health plans or lose my Anthem coverage?

You must have Anthem health coverage through your current employer the entire time you take part in the program.

Which types of fitness-related expenses qualify?

Memberships at qualified gyms, health clubs, and fitness centers, as well as qualified online and app-based fitness programs, are eligible.²

What are qualified fitness centers and online programs?

Qualifying facilities and programs include fitness centers, gyms, and studios that:

- Offer monthly memberships or collect dues.
- Are open to the public.
- Have staff oversight, meaning employees that oversee operations and attend to members during operational hours. Class instructors don't count.
- Hold regularly scheduled cardio, flexibility, and/or weight-training programs.
- Offer virtual on-demand or livestream workout classes.²

Which types of fitness-related expenses don't qualify?

- Rehabilitation, physical therapy, and massages
- Memberships for country clubs, tennis clubs, social clubs, and sports teams or leagues
- Personal training or coaching lessons
- Services at weight loss clinics, spas, or similar facilities
- Exercise sessions before you became eligible for the program
- Exercise sessions at fitness centers where a membership or class agreement isn't offered or there's no staff oversight
- Fees or dues, such as homeowner's association fees or gym access that's included in your rent, or for fitness activities in clubs or centers that don't qualify

Does the program pay for equipment or gear?

No, items such as exercise or sports equipment, clothing, shoes, and vitamins are not eligible for reimbursement, even if they are sold by the gym you attend.

When will I be reimbursed?

You must submit your reimbursement forms within 90 days of the end of your benefit plan year. Once we receive your completed forms, it takes up to 30 days to process payment.

Reimbursement requests received more than 90 days after the end of your benefit plan year don't qualify. You also can't request reimbursement for future expenses.

What if I take a medical leave of absence?

Submit a doctor's note to Anthem and the time period covering your medical leave of absence will be excluded from your eligibility period. Your workout requirements and reimbursement will be based on the number of months you were able to participate.

How do I renew my participation in the program?

As long as you keep your Anthem plan and your employer stays enrolled in the program, you can participate. Simply continue to complete and submit the forms.



Do you have questions?

Log in at anthembluecross.com to live chat with us, or call Member Services at the number on your ID card.

For questions about the Active&Fit ExerciseRewards program, contact their support team at fitnessservice@ashn.com or **877-771-2746**.

We'll distribute your reimbursements in the order you submit your receipts, until you reach the maximum amount.

The Active&Fit ExerciseRewards program is not a covered service under your group's health plan. It is an addition. The program's features are not guaranteed under your health plan Certificate and could be discontinued at any time.

This program may not be safe for everyone. Talk to your doctor or care provider before you start, especially if you are pregnant or have an injury or health condition. Contact us at 877-809-2746, Monday through Friday, 5 a.m. to 6 p.m. PT, and we'll explain how you can work with your doctor to find an alternative that makes sense for you and your health status.

The reimbursement may be considered income and subject to state and federal taxes in the tax year it's paid. We recommend that you consult with a tax advisor if you have questions about your tax obligations.

This is a summary only. It's subject to the terms, conditions, limitations, and exclusions set forth in additional riders or contracts your group may have bought. Check your benefit contract or Certificate for full details.

1 The benefit plan year is determined by your group's effective and renewal dates. Your benefit plan year is based on 12 months; therefore, this reimbursement program is based on two specific six-month periods within your benefit plan year.

2 To be eligible for reimbursement, you must use a qualifying fitness club or center open to the public, or attend online/virtual workout classes that serve the primary purpose of improving or maintaining physical health and require a membership fee that is billed monthly, annually, or semiannually.

All rights reserved. The Active&Fit ExerciseRewards program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Active&Fit ExerciseRewards, and the Active&Fit Enterprise™ logo are trademarks of ASH and used with permission herein. Members aren't required to participate at an ASH Fitness-contracted fitness center to be eligible for the programs. Not all services may be available in all areas and the program may be changed (including monthly and enrollment fees and/or the introductory period) or discontinued at any time. These are health improvement and education programs, not insurance. ASH Fitness is a separate company that administers the Active&Fit Exercise Rewards program on behalf of Anthem Blue Cross.

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ConditionCare

A personalized program to help you manage your health



If you have an ongoing condition that may put you at risk for future health issues, we can help. When you sign up for **ConditionCare**, a health and wellness program, we work with you to support your physical and mental health. Your health plan offers this program at no extra cost.

ConditionCare can help you or your covered family members manage conditions, such as:

- Coronary artery disease (CAD) and heart failure
- Diabetes
- Asthma and chronic obstructive pulmonary disease (COPD)



An extra layer of care at no extra cost

Your health is a priority. Call us today at **866-962-0951** to learn how the ConditionCare program can help you take care of your health. Sign-up is quick and easy.

“The ConditionCare nurses are very knowledgeable and very willing to listen and offer good advice. They follow up when they say they are going to. I really appreciate that. Awesome program.”

- ConditionCare participant

Support for your unique needs

Our team of healthcare professionals work closely with you to create a care plan based on your specific condition. The program offers:

- Telephone access to healthcare professionals who can answer questions and work with you to optimize your health.
- Continued guidance from care managers, nurses, pharmacists, dietitians, and other healthcare professionals who work together to help you reach your health goals.
- Educational resources and tips to help you learn more about your condition

To find out more about the ConditionCare program, call us toll free at 866-962-0951.



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Anthem

Blue View Vision



Benefits that focus on your eye care

Many of us put our vision to the test every day with reading, driving, and spending time on a computer or phone. That's why we want to make it easier for you to take care of your eyes — and help catch health issues earlier.

Working together for your total health

Eye doctors are often the first to find signs of chronic health conditions, such as diabetes, high blood pressure, and high cholesterol¹ — all through an eye exam. So, if they notice any signs of one of these conditions during your eye checkup, they can share that information with your primary care doctor to get a better picture of your overall health.

Accessible care on your terms

Blue View Vision gives you options to receive care when and where you need it with one of the nation's largest vision networks.

- **More doctors and locations.** With over 43,000 eye doctors and other eye care providers at more than 36,000 locations² in your plan's network, you're sure to find care that's close to home or work. Within that network is a group of 11,300 Blue View Vision PLUS providers who can help you make the most of your benefits to save money on your eye care.
- **Convenience and flexibility.** Visit an independent eye doctor or choose from a variety of popular regional and national retail and online stores included in our standard network. Many of these stores have evening and weekend hours to work with most schedules.

Eyewear to fit your style

Access eye care and buy eyewear at a price that works with your budget. Keep in mind you'll receive discounts³ when you go to an independent eye doctor or optical retail store that's in your plan's network. You can also include the following options at no additional cost:

- Factory scratch coating on standard/basic eyeglass lenses.
- Polycarbonate and Transitions® lenses for covered dependents under age 19.

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS®

PEARLE
EST. 1961
VISION

OPTICAL™

GLASSES.com

contactsdirect

1800contacts®

Ray-Ban

befitting

OAKLEY

Other plan benefits:

- Negotiated savings on other popular lens options and treatments.
- High-quality progressive lenses and antireflective coatings at different price levels.
- Access to translation support and vision resources when traveling abroad.
- 15-20% off the balance of the cost over your benefit allowance for contact lenses or eyeglass frames.
- 20% off other upgrades, accessories, and nonprescription sunglasses.
- 40% off extra pairs of glasses anytime, from any provider in your plan's network.
- Up to 30% savings on prescription eye drops for myopia (low dose Atropine) and dry eyes (Total Tears) filled through ImprimisRx home delivery.



Search for an eye doctor

To find eyecare professionals in your plan's network near you, use Find Care on the **SydneySM Health** mobile app or **[anthembluecross.com](https://www.anthembluecross.com)**.



We're here to help

If you have questions, log in to the **Sydney Health** app or **[anthembluecross.com](https://www.anthembluecross.com)** or call us at the Member Services number on your ID card.



¹ American Academy of Ophthalmology: EyeSmart: 20 Surprising Health Problems an Eye Exam Can Catch (accessed April 2025): [aaa.org](https://www.aaao.org).

² Zelis Network360 data, January 2023.

³ Discounts don't apply to frames for which a manufacturer has imposed a no-discount policy.

What you've read here is a brief outline of the products and services included in our standard full service vision plan that provides coverage for exams and prescription eyewear. It is not a legal contract. Your plan benefits may vary from this. To get the details of your specific benefits, exclusions, and restrictions, please see your plan documents.

Transitions is a registered trademark of Transitions Optical, Inc. Photochromic performance is influenced by temperature, UV exposure, and lens material.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. Virtual text and video visits powered by K Health.

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Save money

with SpecialOffers and discounts

As part of your health plan, you qualify for discounts on products and services that help promote better health and well-being. These discounts are available through SpecialOffers, which can help you save money while taking care of your health.



Vision, hearing, and dental

Eyewear

Glasses.com® and 1-800 CONTACTS®

Shop for the latest brand-name frames at a fraction of the cost of similar frames from other retailers. You also can receive additional savings on orders of \$100 or more, plus no-cost shipping and returns.

EyeMed

Take advantage of discounts on new glasses, nonprescription sunglasses, and eyewear accessories.

LASIK

Premier LASIK Network

Save on LASIK when you choose any featured Premier LASIK Network provider.

TruVision

Save on LASIK eye surgery at over 1,000 locations.

Hearing

NationsHearing®

Receive hearing screenings and in-home service at no additional cost. You can also receive hearing aids at a discounted rate.

Hearing Care Solutions

Receive no-cost hearing exams and discounts on hearing aids. Hearing Care Solutions has 3,100 locations and eight manufacturers. They also offer a three-year warranty, batteries for two years, and unlimited visits for one year.

Amplifon

Save on top-quality care and receive ongoing service and support for your hearing aids.

Dental

RefreshaDent

Save on premium dentures sent direct to your home. You can receive a 50% discount on a lifetime warranty. This program includes a lifetime digital record of your dentures for easy replacement.



Fitness and Health

Fitness

Active&Fit Direct™

Choose from thousands of participating gyms nationwide with no long-term contracts or annual fees, or get fit at home with access to 12,000+ on-demand workout videos at no cost.

Fitbit®

Work toward your fitness goals with Fitbit trackers and find smartwatches that fit your lifestyle and budget.

Garmin®

Discover discounts available on select Garmin wellness devices.

Husk Wellness

GlobalFit, by Husk Wellness, offers discounts on gym memberships, fitness equipment and technology, nutrition and mental health services, and virtual wellness solutions.

Health

Ahara

With a personalized nutrition plan, you can improve your health by discovering key nutrients your body needs along with hidden health risks. This includes a personalized meal plan tailored to your health goals and symptoms.

ChooseHealthy®

Find discounts on acupuncture, chiropractic, massage, podiatry, physical therapy, and nutritional services. You also have discounts on fitness equipment, wearable health trackers, and health products such as vitamins and nutrition bars.

LifeMart®

Receive deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services, yoga classes, sports gear, and vision care.

► Learn more about SpecialOffers

Log in to anthembluecross.com, choose **Care**, and select **Discounts**.

Family and home

Family

23andMe®

Save on health and ancestry kits to learn about your wellness, ancestry, and more.

WINFertility®

Save up to 40% on infertility treatment. WINFertility helps make quality treatment more affordable.

Home

Nationwide® pet insurance

Receive discounts when you enroll through your company or organization. Additional savings are available when you enroll multiple pets.

ASPCA® Pet Health Insurance

Find reduced rates on pet insurance and choose from three levels of care, including flexible deductibles and custom reimbursements.

Medicine and treatment

Medicine

Puritan's Pride®

Choose from a large selection of discounted vitamins, minerals, and supplements.

Allergy Control Products and National Allergy Supply™

Save on select doctor-recommended products, such as allergy-friendly bedding, air purifiers and filters, and asthma products. Some orders qualify for no-cost ground shipping within the contiguous U.S.

Treatment

The Living Well Courses

Choose one of the online wellness programs and save on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep, or address alcohol or substance dependence.

BREVENA

Enjoy a discount on BREVENA skin care creams and balms for smooth, rejuvenated skin from head to toe.



Access virtual care and support

through our Sydney Health mobile app

When you aren't feeling your best—physically, mentally, or emotionally—or you need guidance managing a health condition, help is available. You can connect to the care you need using our **SydneySM Health** mobile app. You can have a video visit with a doctor 24/7 for common health issues and annual wellness visits. Care for mental and emotional health is available by appointment.¹ Plus, the Sydney Health app is your avenue to specialized programs designed to help you improve your habits and your health.



Visit with a doctor for common medical concerns

Doctors are available anytime, with no long wait times and no appointments needed. They can help you with health issues, such as a cold or the flu, allergies, sore throat, migraines, or skin rashes. During your private and secure video visit, the doctor will assess your condition, provide a treatment plan, and send prescriptions to the pharmacy of your choice, if needed.³



Receive care for your behavioral health

If you're feeling anxious or depressed, or having trouble coping, you can set up a video visit with a therapist, psychologist, or psychiatrist.⁴ Appointments can be scheduled within one to two weeks.¹ Psychiatrists help manage medications; they do not provide counseling or talk therapy.⁵

What people say about virtual care visits²

92%

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

89%

said the doctor they saw was professional and helpful

92%

thought the doctor understood their concerns

How to download our Sydney Health app:

Scan the QR code with your phone's camera.





Use Sydney Health app to:



Help you manage your blood pressure

Our Healthy Blood Pressure program connects you with a health coach, doctor, and therapist to help you reach your blood pressure goals through virtual visits. The program also includes a free, smart blood-pressure cuff mailed directly to your home. Of those in the program, 71% indicated that the health coach had an impact on how they manage their blood pressure.⁶



Help you avoid diabetes

Our Prevent Diabetes program combines the latest in telehealth technology, biometric data, and artificial intelligence to provide you with a personalized behavior-change experience. If you qualify, you will work with a health coach to achieve your health goals and help you prevent diabetes.



Connect with a sleep specialist

Through our app, you can have a virtual care visit with a sleep specialist who can help diagnose sleep issues and treat them. Schedule an online visit through Sydney Health and a sleep specialist will assess your habits and history. They may suggest therapy or a sleep test. You will have a follow-up visit to discuss your results, next steps, and further treatment.

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

Download our Sydney Health app or visit [anthembluecross.com](https://www.anthembluecross.com).

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 [anthembluecross.com](https://www.anthembluecross.com).
3. Select **Care** and then select **Virtual Care**.

¹ Appointments subject to availability.

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

³ The doctor will determine what medications should be prescribed or refilled.

⁴ Online counseling is not appropriate for all kinds of problems. If you are in crisis or having suicidal thoughts, it's important that you seek help immediately. Please text, chat, or call 988 (Suicide and Crisis Lifeline), or 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room. Emergency services are not provided through virtual care on the Sydney Health app or [anthembluecross.com](https://www.anthembluecross.com).

⁵ Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed through virtual care on the Sydney Health app or [anthembluecross.com](https://www.anthembluecross.com).

⁶ Anthem internal data, 2020.

LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of 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.

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.

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

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Register with us

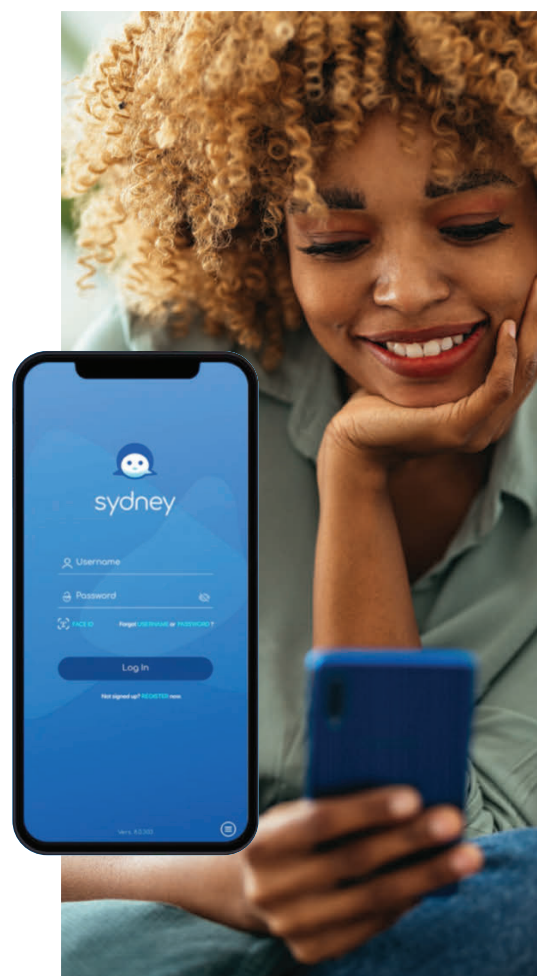
for quick, secure, digital access to all your plan information

Keep on top of your health benefits with 24/7 access to your plan details. Register on our SydneySM Health app or through our website at anthembluecross.com/register so your account is ready to use when you need it. **There is no cost, and it only takes a few minutes.**

Once you're registered, you'll have one place you can go for all your plan and benefits information. You can review coverage and claims, find care, estimate cost of care, manage your prescriptions, and access your digital plan ID card.

Have your plan ID card ready to get started

- 1 Download our free Sydney Health app and select **Register new account** or go to anthembluecross.com/register.
- 2 Select your identification type (in most cases, this is your member ID).
- 3 Enter your plan ID number, full name, and date of birth.
- 4 Follow the one-time security prompt and create a username and password. (You'll use the same login information when you log in to either the app or website.)
- 5 Review your information to complete your registration.



Scan this QR code with your phone's camera to **download our Sydney Health app** today.



On-screen experiences may vary due to personalization, benefit plans, and ongoing enhancements.

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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 anthembluecross.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 anthembluecross.com/memberrights. To request a printed copy, please contact your benefits administrator or Human Resources representative.

Special enrollment rights

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

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

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

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

For full details, read your plan document, which has all the details about your plan.
You can find it on anthembluecross.com.

We're here for you – in many languages

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

Spanish

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

Chinese

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

Vietnamese

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

Korean

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

Tagalog

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

Russian

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

Armenian

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

Farsi

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

French

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

Arabic

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

Japanese

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

Haitian

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

Italian

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

Polish

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

Punjabi

ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਵਿੱਚ ਮਦਦ ਹਾਸਲ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਬਸ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਰਵਿਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? 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>



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



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

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

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

In California Anthem Blue Cross is the trade name of Blue Cross of California, Inc. Also serving California: Anthem Blue Cross Life and Health Insurance Company. In 11 northeastern counties of New York Anthem Blue Cross is the trade name of Anthem HealthChoice Assurance, Inc., and Anthem HealthChoice HMO, Inc., and Anthem Blue Cross HP is the trade name of Anthem HP, LLC. Independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.